Suicide Prevention Programme – Learning Set 3

10TH JANUARY 2020

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

IMPROVING MENTAL HEALTH SAFETY
National Suicide Prevention

NCCMH NCISH

#SuicidePreventionProgramme

Introduction

TOM AYERS

NCCMH

Agenda

Agenda		
10:30 – 11:00	Registration	
11:00 – 11:05	Welcome	Tom Ayers
11:05 – 11:40	**NCISH** • Update on the latest findings for self-harm and suicide prevention (*10 minutes*) • Self-harm research (*15 minutes*) • Q&A (*10 minutes*)	Nav Kapur
11:40 – 11:45	**Session 1: Implementation and scale up**	Helen Smith
11:45 – 12:00	**Cornwall** Suicide prevention training for GPs (*10 minute presentation and 5 minute Q&A*)	Becki Osborne
12:00 – 12:15	**North East and North Cumbria** Suicide Safer Communities (*10 minute presentation and 5 minute Q&A*)	Katherine McGleenan
12:15 – 12:45	**Implementation and scale up** • How to make ideas stick (*15 minutes*) • Scale up (*15 minutes*)	Helen Smith
12:45 – 13:00	**Panel Discussion** (*15 minute panel discussion*)	Helen Smith Becki Osborne Katherine McGleenan
13:00 – 13:45	Lunch	
	Session 2: Self-harm and CYP	Wendy Minhinnett
13:45 – 14:55	**Self-harm and CYP** Wendy shares her experience and learning as a parent who was faced with self-harm (*70 minute session*)	Wendy Minhinnett
14:55 – 15:00	Final comments and close	Helen Smith

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National Suicide Prevention

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Update on the latest findings for self-harm and suicide prevention

PROF NAV KAPUR

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NCISH

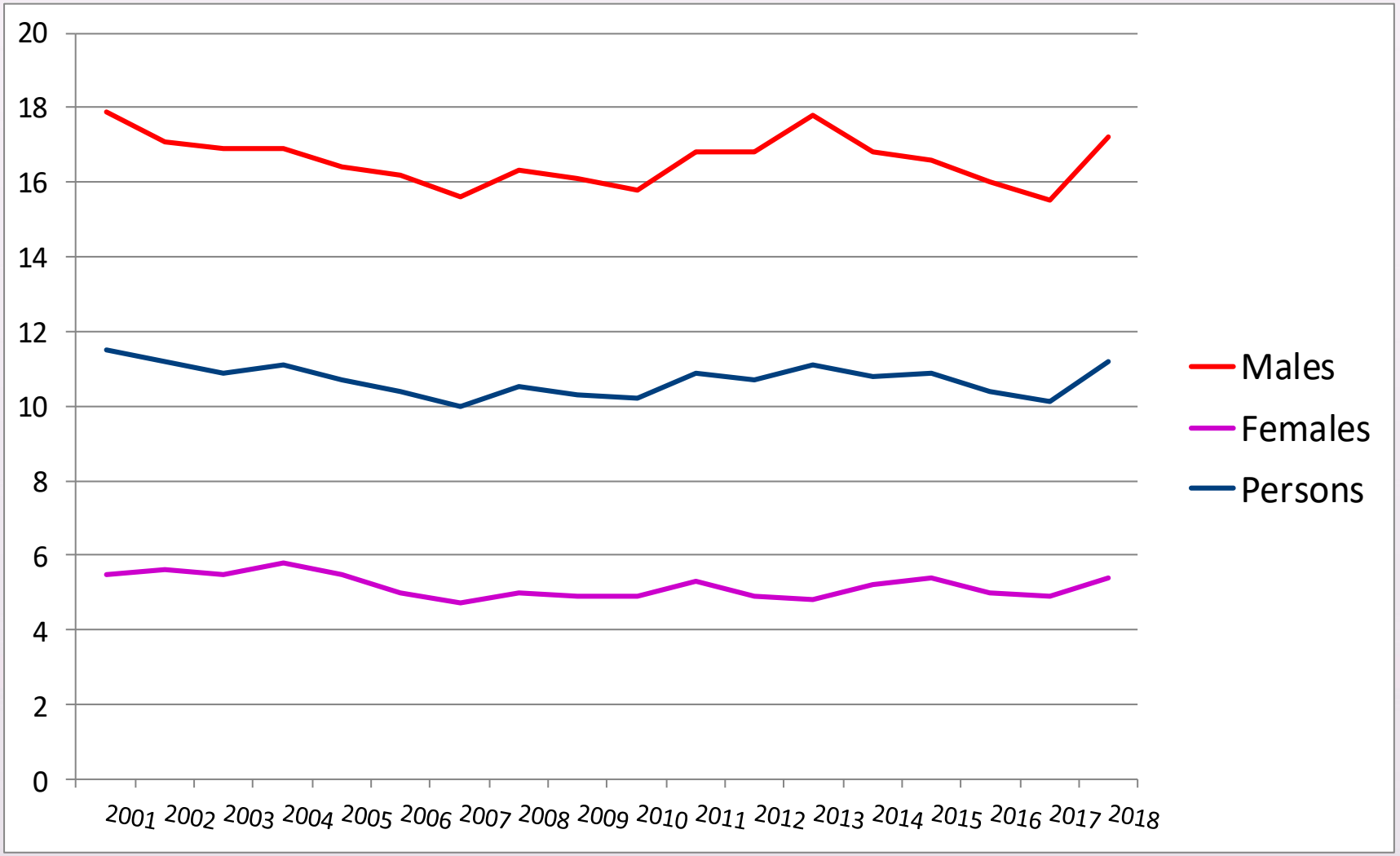
HQIP
Healthcare Quality Improvement Partnership

National Confidential Inquiry into Suicide and Safety in Mental Health

STP Learning Day- Update
Quality Improvement for Suicide Prevention
10th January 2020

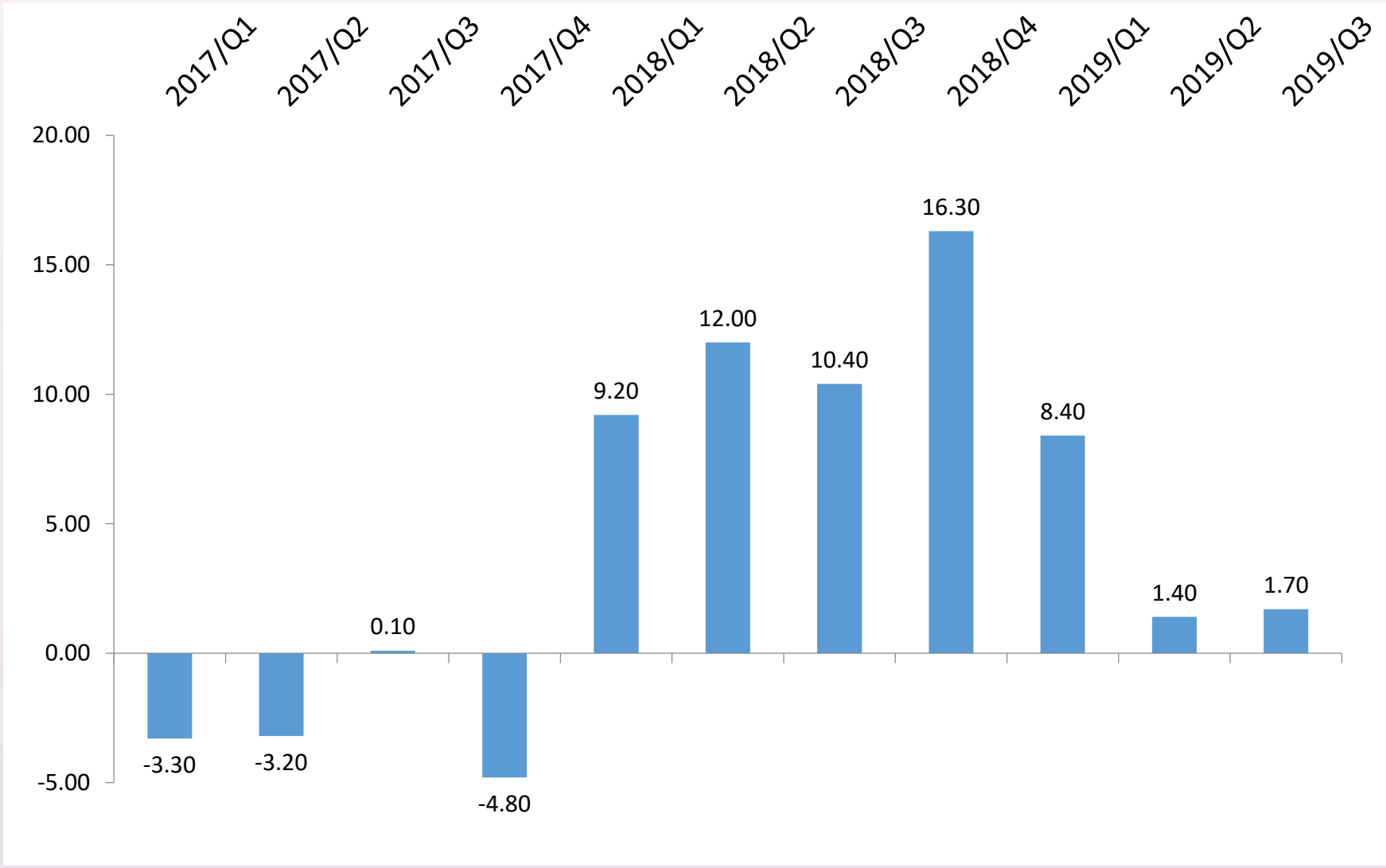
Professor Nav Kapur

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



Source: ONS

Percentage change in the number of suicides per quarter



Source: ONS, 2019

Suicide after self-harm in young people

Mortality in children and adolescents following presentation to hospital after non-fatal self-harm in the Multicentre Study of Self-harm: a prospective observational cohort study

Keith Hawton, Liz Bale, Fiona Brand, Ellen Townsend, Jennifer Ness, Keith Waters, Caroline Clements, Nav Kapur, Galit Geulayov

Summary

Background Self-harm and suicide in children and adolescents are growing problems, and self-harm is associated with a significant risk of subsequent death, particularly suicide. Long-term follow-up studies are necessary to examine the extent and nature of this association.

Methods For this prospective observational cohort study, we used data from the Multicentre Study of Self-harm in England for all individuals aged 10–18 years who presented to the emergency department of five study hospitals in Oxford, Manchester, and Derby after non-fatal self-harm between Jan 1, 2000, and Dec 31, 2013. Deaths were identified through the Office for National Statistics via linkage with data from NHS Digital up until Dec 31, 2015. The key outcomes were mortality after presentation to hospital for self-harm, categorised into suicide, accidental deaths, and death by other causes. We calculated incidence of suicide since first hospital presentation for self-harm and used Cox proportional hazard models to estimate the associations between risk factors (sex, age, previous self-harm) and suicide.

Findings Between Jan 1, 2000, and Dec 31, 2013, 9303 individuals aged 10–18 years presented to the study hospitals. 130 individuals were excluded because they could not be traced on the national mortality register or had missing data on sex or age, thus the resulting study sample consisted of 9173 individuals who had 13 175 presentations for self-harm. By the end of the follow-up on Dec 31, 2015, 124 (1%) of 9173 individuals had died. 55 (44%) of 124 deaths were suicides, 27 (22%) accidental, and 42 (34%) due to other causes. Of the 9173 individuals who presented for self-harm, 55 (0·6%) died by suicide. Most suicide deaths involved self-injury (45 [82%] of 55 deaths). Switching of method between self-harm and suicide was common, especially from self-poisoning to hanging or asphyxiation. The 12-month incidence of suicide in this cohort was more than 30 times higher than the expected rate in the general population of individuals aged 10–18 years in England (standardised mortality ratio 31·0, 95% CI 15·5–61·9). 42 (76%) of 55 suicides occurred after age 18 years and the annual incidence remained similar during more than 10 years of follow-up. Increased suicide risk was associated with male sex (adjusted hazard ratio 2·50, 95% CI 1·46–4·26), being an older adolescent at presentation to hospital for self-harm (1·82, 0·93–3·54), use of self-injury for self-harm (2·11, 1·17–3·81; especially hanging or asphyxiation [4·90, 1·47–16·39]), and repeated self-harm (1·87, 1·10–3·20). Accidental poisoning deaths were especially frequent among males compared with females (odds ratio 6·81, 95% CI 2·09–22·15).

Interpretation Children and adolescents who self-harm have a considerable risk of future suicide, especially males, older adolescents, and those who repeated self-harm. Risk might persist over several years. Switching of method from self-harm to suicide was common, usually from self-poisoning to self-injury (especially hanging or asphyxiation). Self-harm is also associated with risk of death from accidental poisoning, particularly involving drugs of abuse, especially in young males.

Funding UK Department of Health and Social Care.

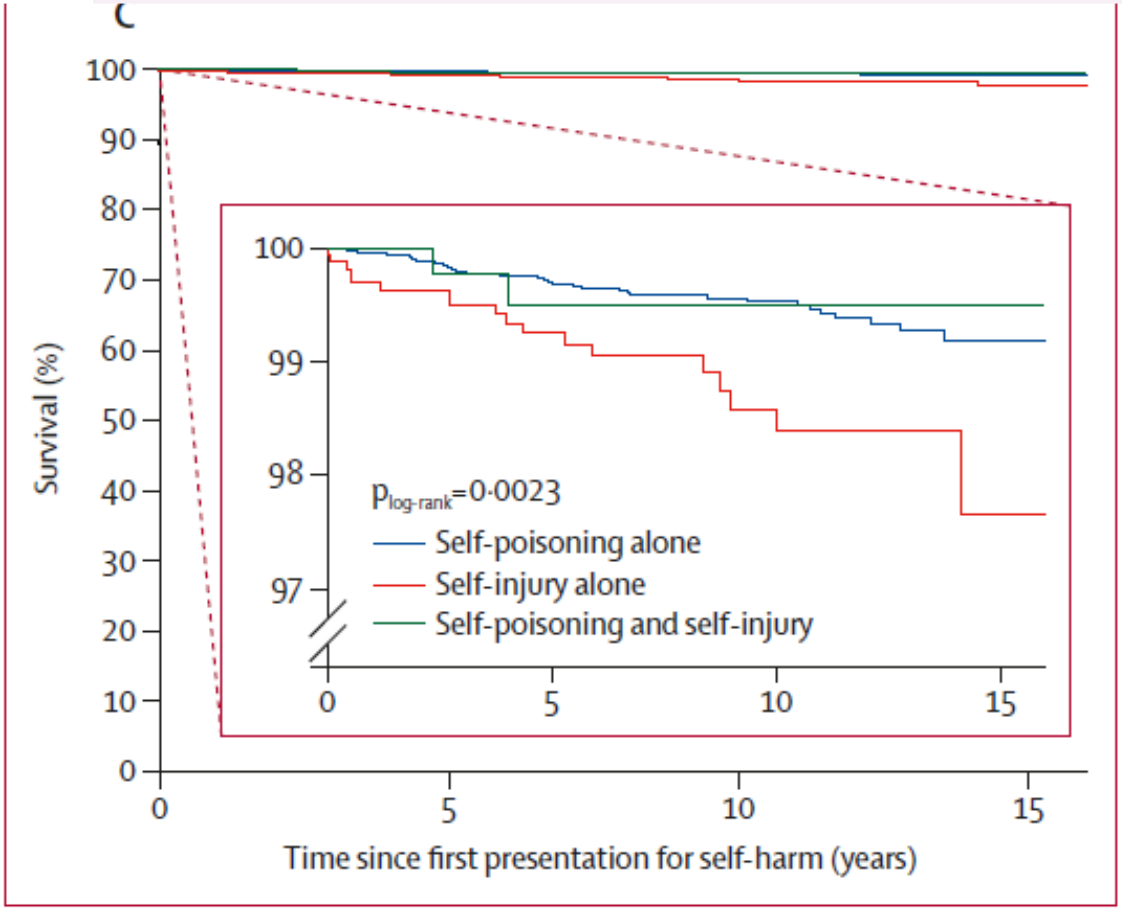


Figure 2: Kaplan-Meier curves for death by suicide, by sex (A), age at first presentation for self-harm (B), and by method of self-harm at first presentation (C)

Hawton, Keith et al. "Mortality in Children and Adolescents Following Presentation to Hospital after Non-Fatal Self-Harm in the Multicentre Study of Self-Harm: a Prospective Observational Cohort Study." *The Lancet Child & Adolescent Health*.

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Take a minute…

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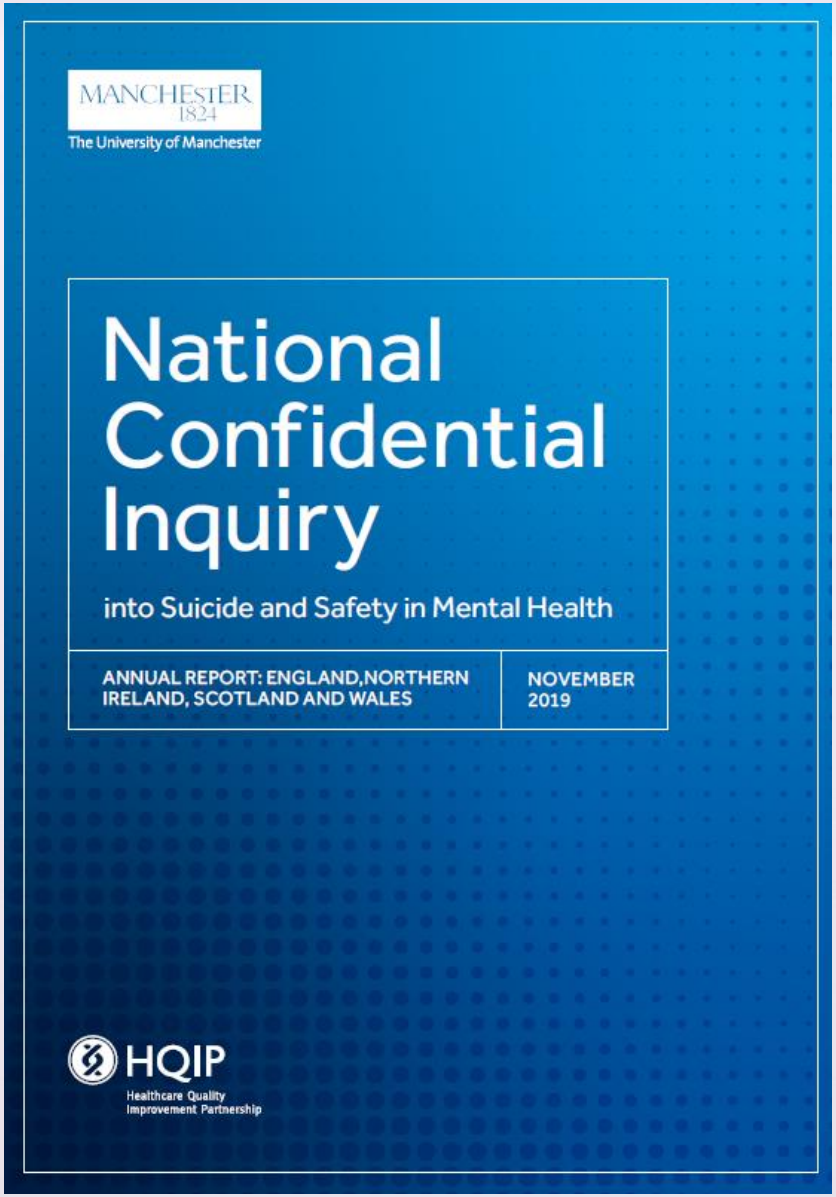
Healthcare Quality Improvement Partnership

NCISH Annual Report 2019



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NCISH

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Healthcare Quality Improvement Partnership

National Confidential Inquiry into Suicide and Safety in Mental Health

Self-harm

Outline

1) Context

2) Guidelines

3) Interventions

1) Context

2) Guidelines

3) Interventions

Self-harm

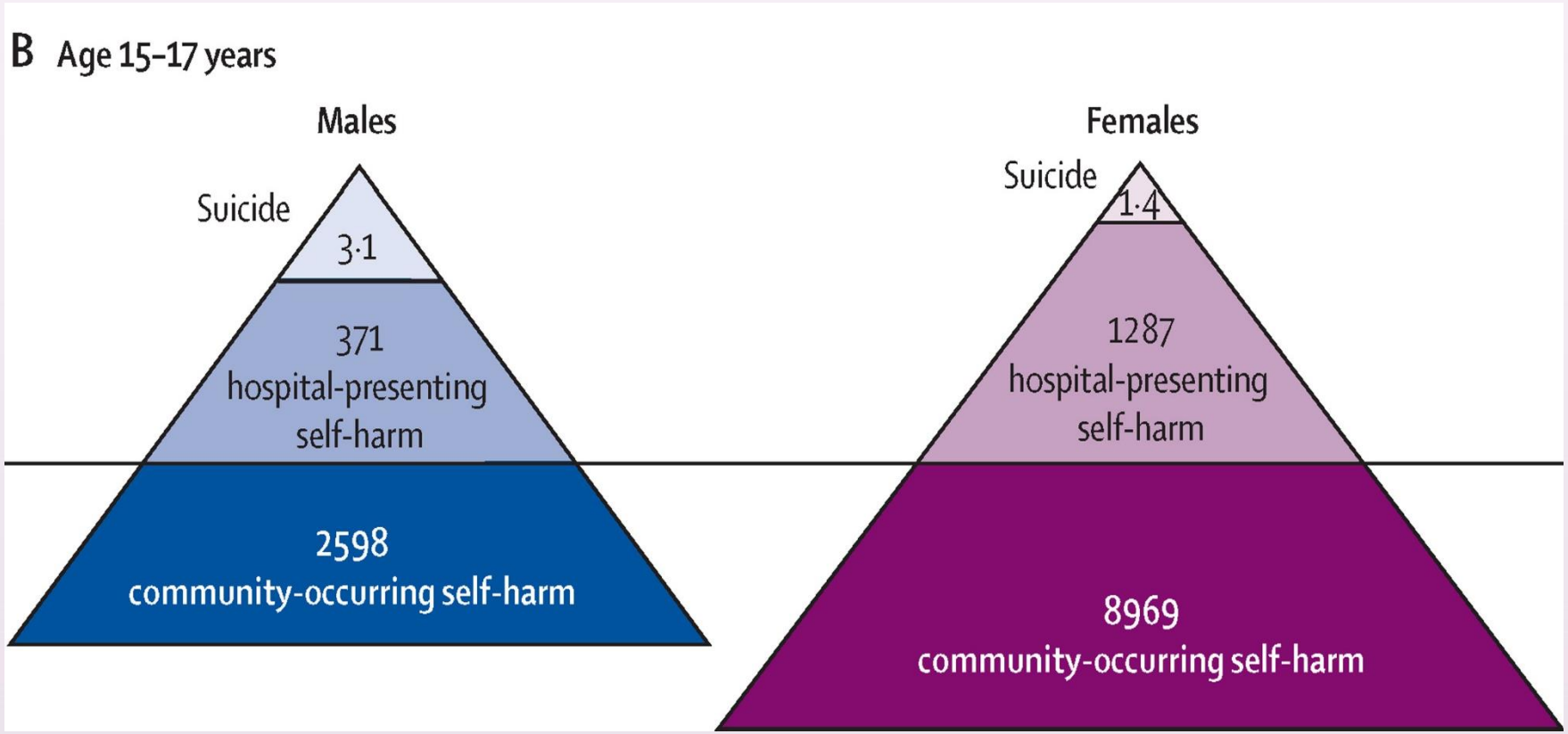
Self-poisoning or self-injury irrespective of apparent motivation or medical seriousness

80%

20%

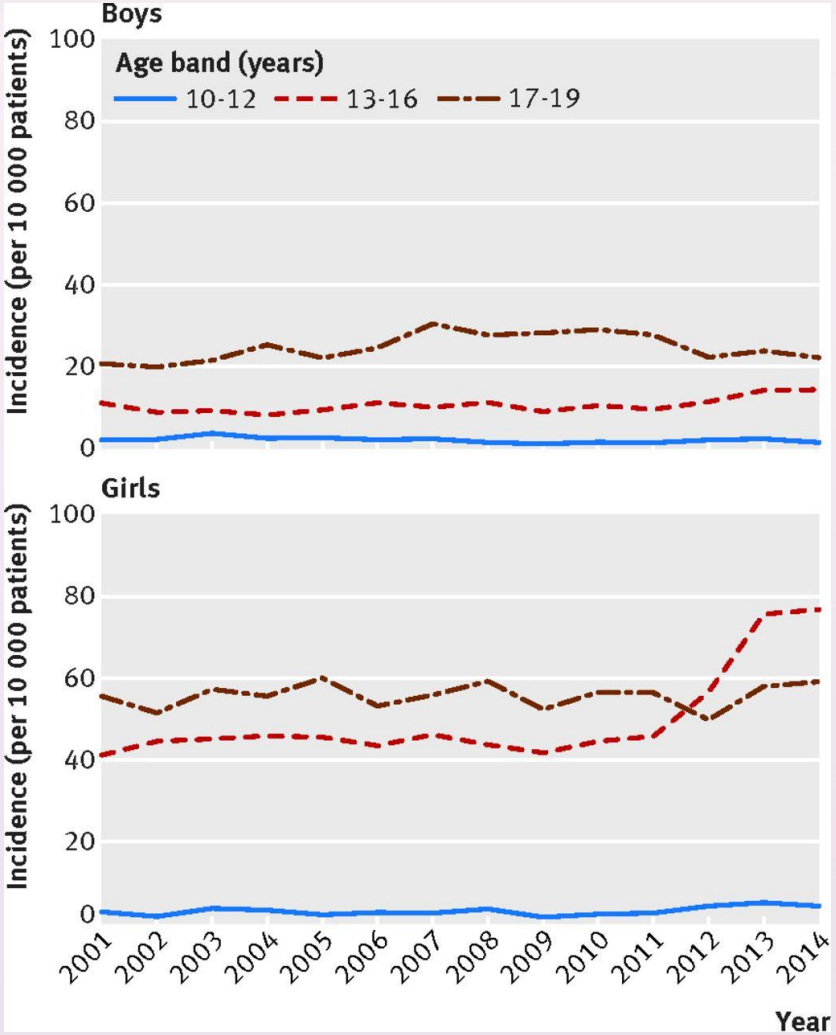
Every year, hospitals in England deal with around 220,000 self-harm episodes by 150,000 people

Iceberg model of suicidal behaviour



Geulayov et al 2017

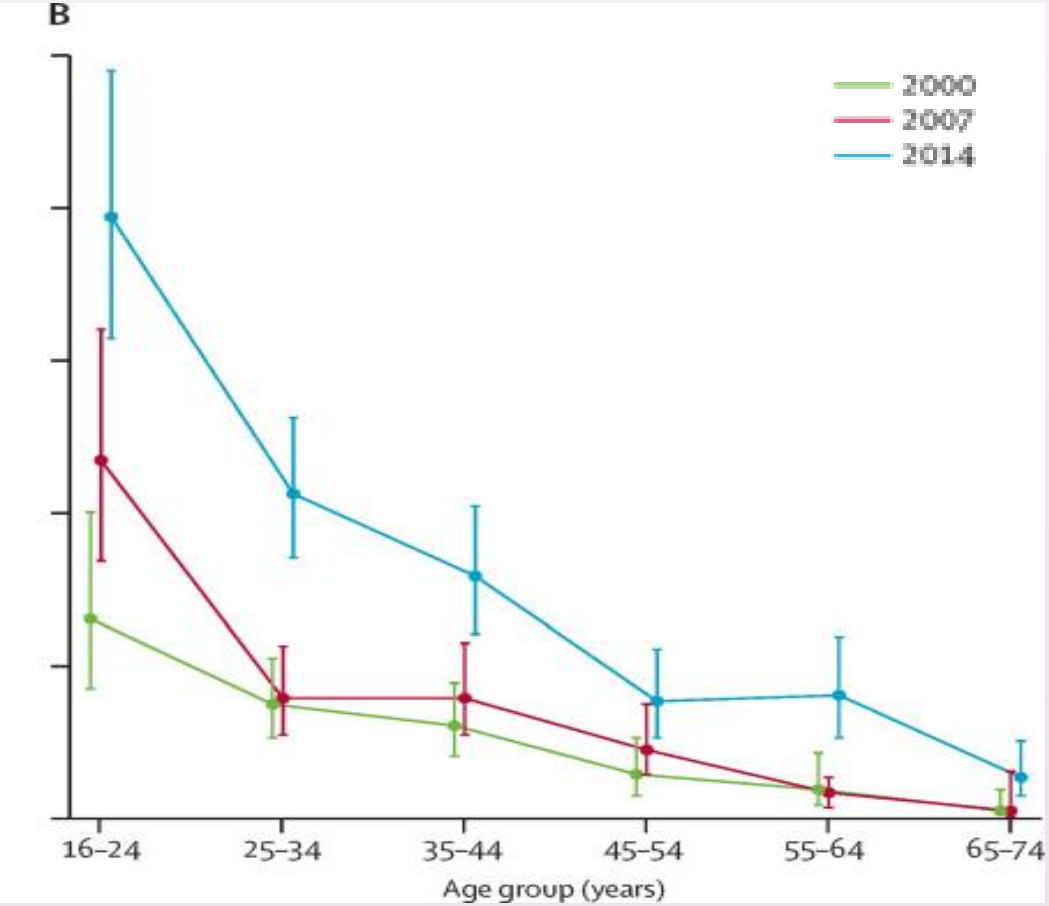
Self-harm attendance in primary care



Catharine Morgan et al. BMJ 2017;359:bmj.j4351

Rising self-harm rates

Prevalence of non-suicidal self-harm in women and girls, by age group



McManus S, Gunnell D, Cooper C, Bebbington PE, Howard LM, Brugha T, Jenkins R, Hassiotis A, Weich S, Appleby L. Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population. The Lancet Psychiatry. 2019 Jun 4.

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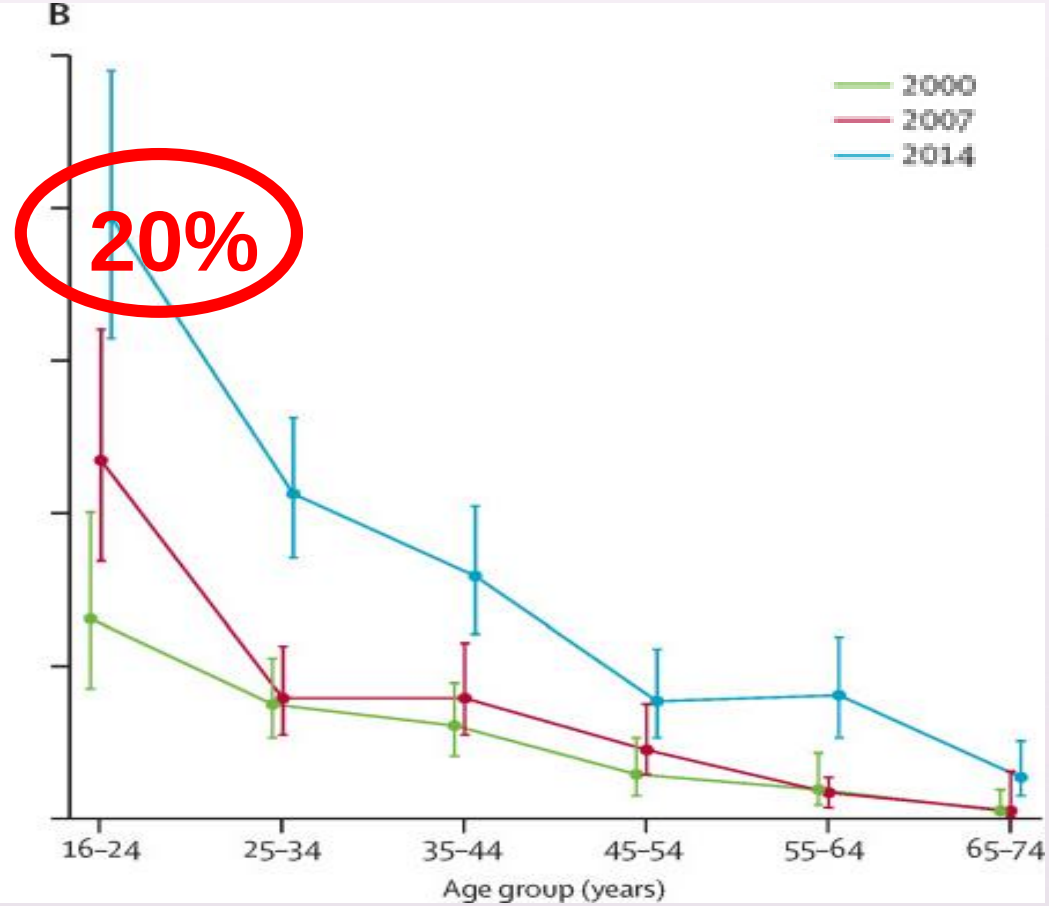

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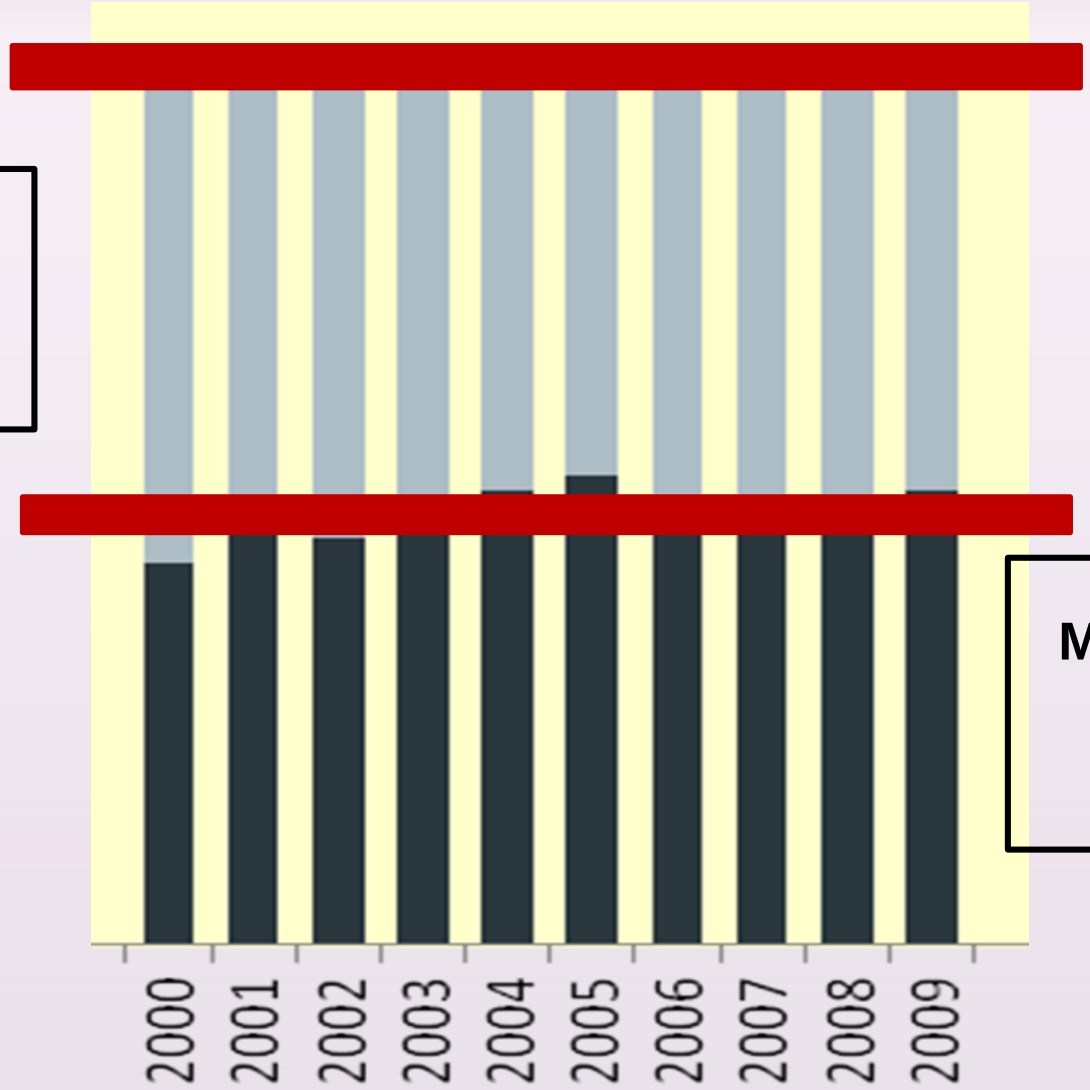
Life expectancy



Men
80+ years

Men who self-harm
40 years

Bergen et al 2012, Lancet

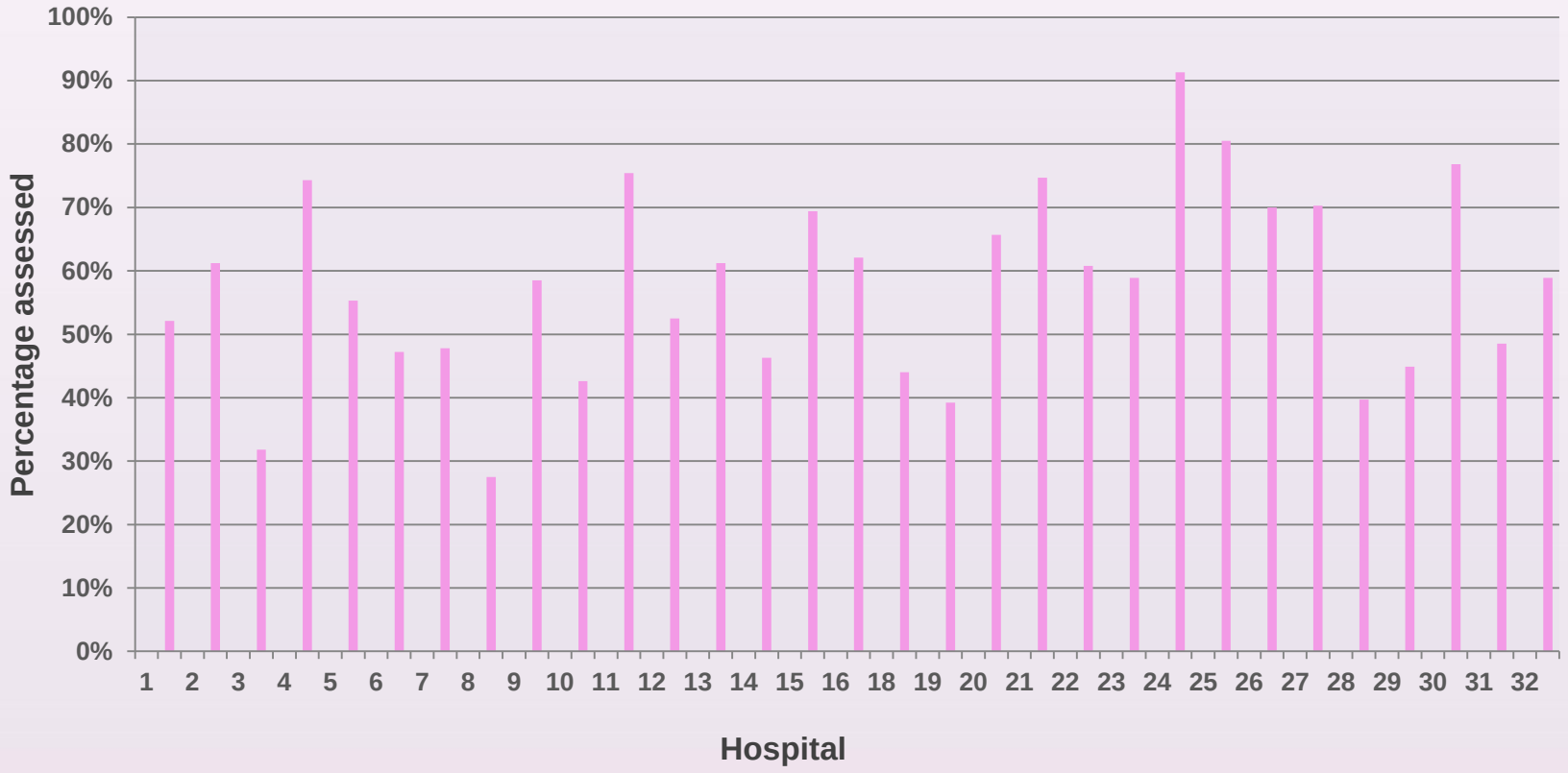
Service user experience

`They wouldn't touch me... they looked at me as if to say ``I'm not touching you in case you flip on me"... they didn't actually say it, it was their attitude...'

`The last time I had a blood transfusion the consultant said that I was wasting blood that was meant for patients after they'd had operations or accident victims. He asked whether I was proud of what I'd done...'

(Taylor et al 2009, BJPsych)

Variations in self-harm services



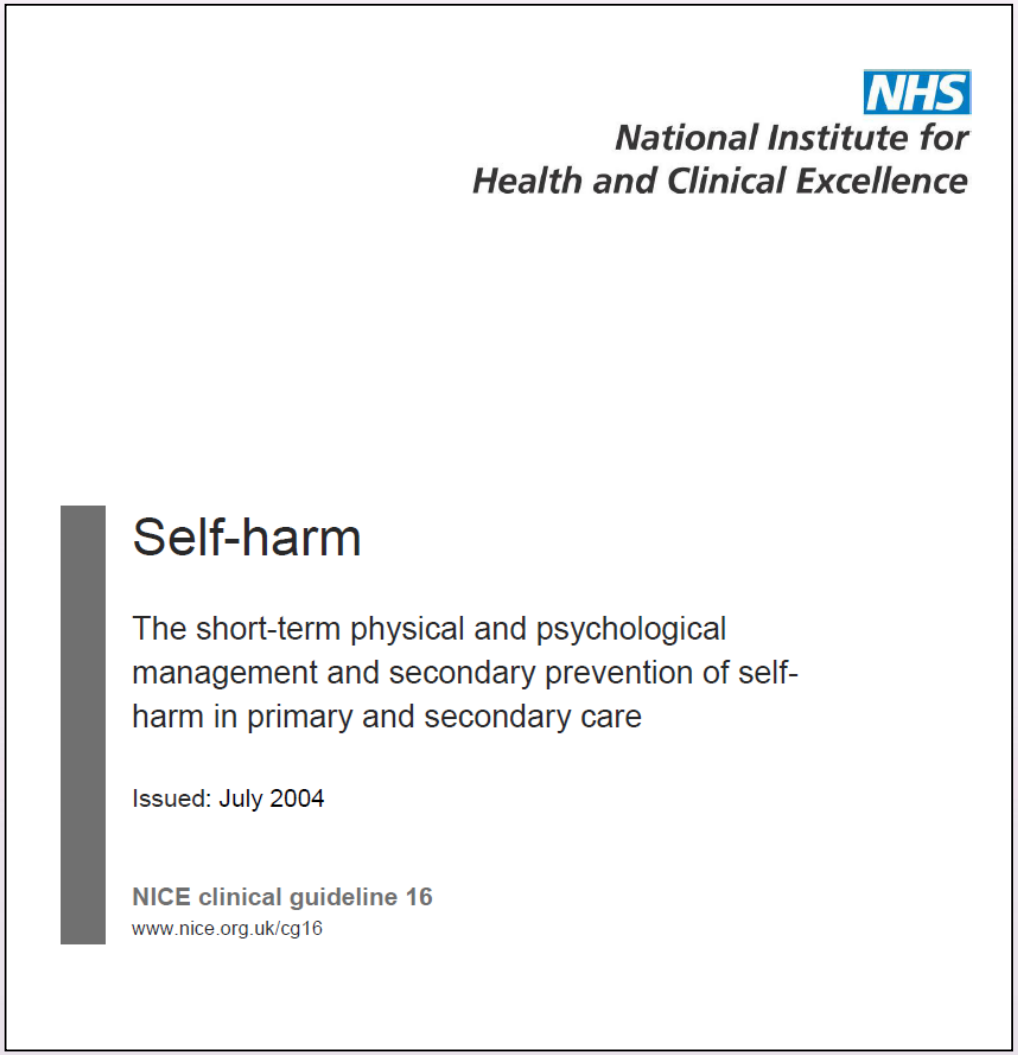
(Cooper et al BMJ Open 2013)

1) Context

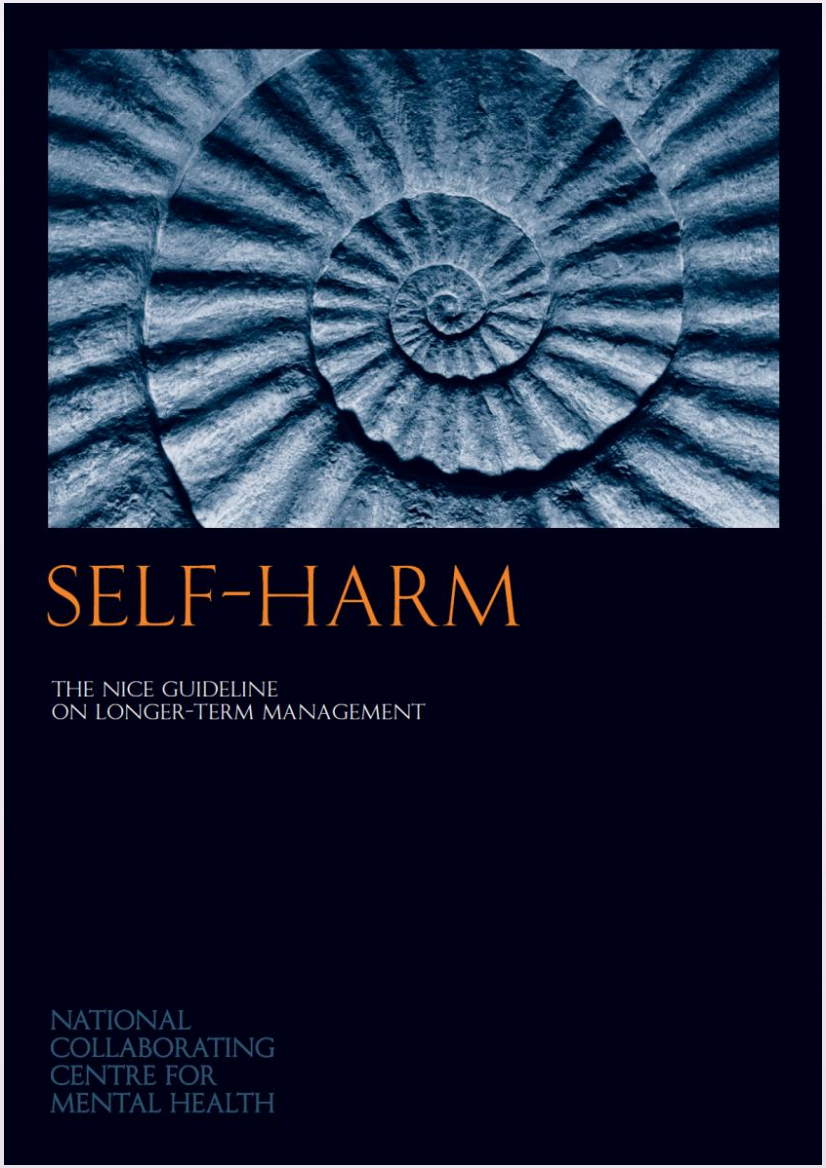
2) Guidelines

3) Interventions

NICE self-harm guidelines 2004



NICE self-harm guidelines 2012



Implementing guidance

NICE quality standards for self-harm June 28th 2013

1. People are treated with compassion, respect and dignity
2. They receive an initial assessment of physical health, mental state, social circumstances and risk of suicide.
3. They receive a comprehensive psychosocial assessment
4. They receive the monitoring they need to keep them safe
5. They are cared for in a safe physical environment
6. Collaborative risk management plan are in place.
7. They have access to psychological interventions.
8. There is a transition plan when moving between services.

http://publications.nice.org.uk/quality-standard-for-selfharm-qs34

NICE self-harm guidelines 2022

NICE National Institute for Health and Care Excellence

Search NICE...

Sign in

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

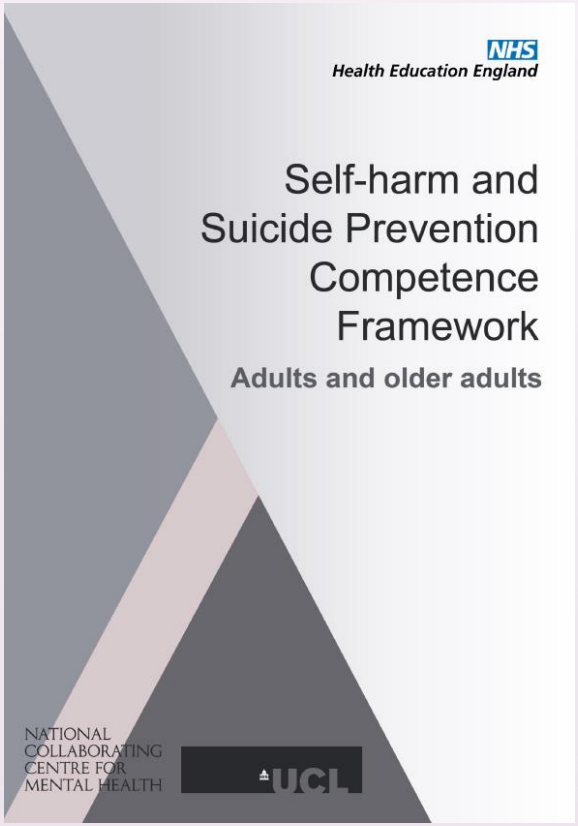
In development [GID-NG10148] Expected publication date: 26 January 2022 Register as a stakeholder

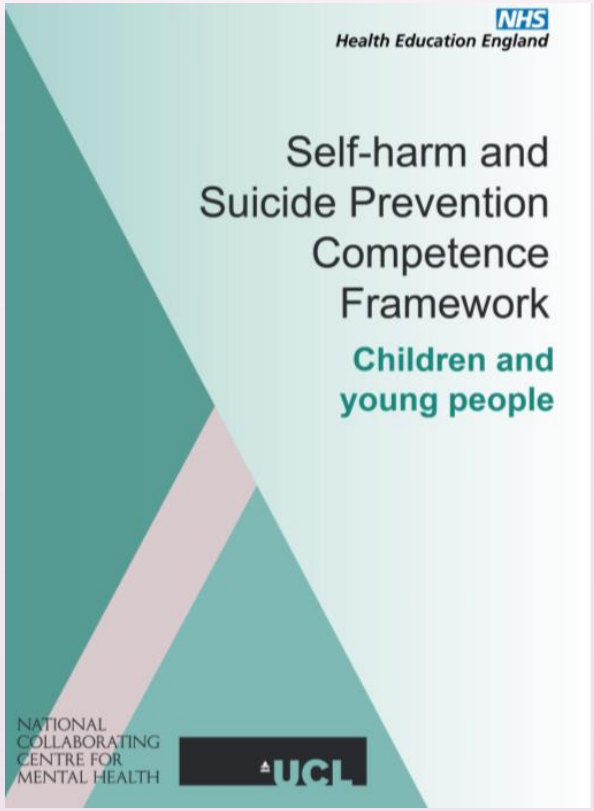
Project information | Project documents

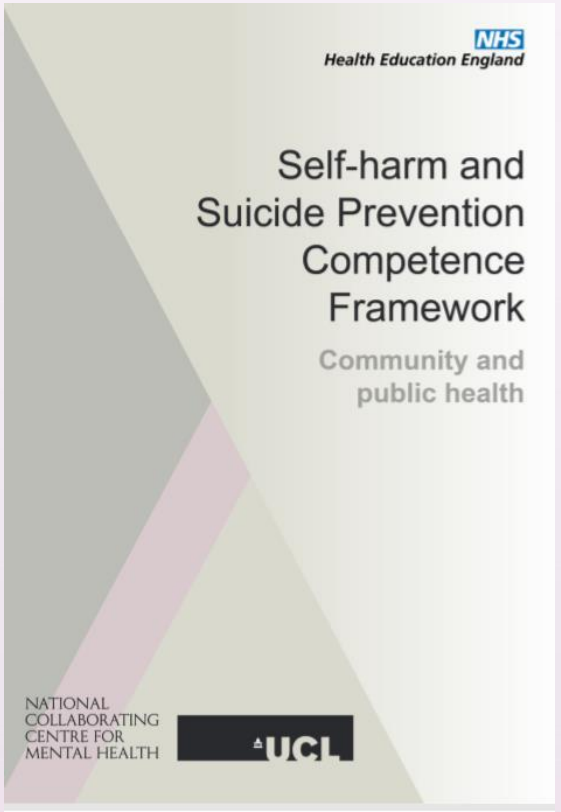
This guidance will fully update the following:

- Self-harm in over 8s: short-term management and prevention of recurrence (CG16)
- Self-harm in over 8s: long-term management (CG133)

Competencies

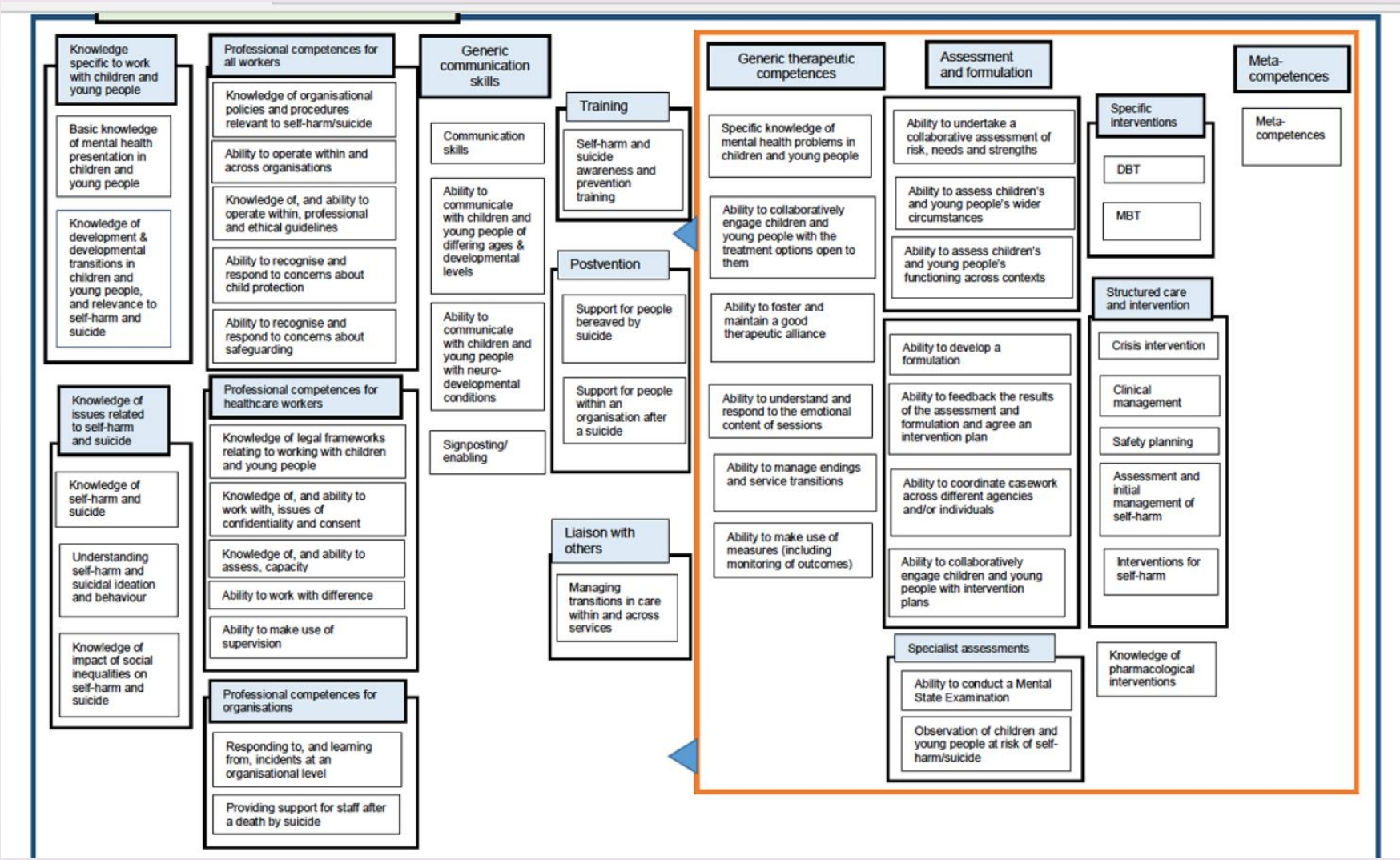






https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks/self

Competencies



https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks/self

1) Context

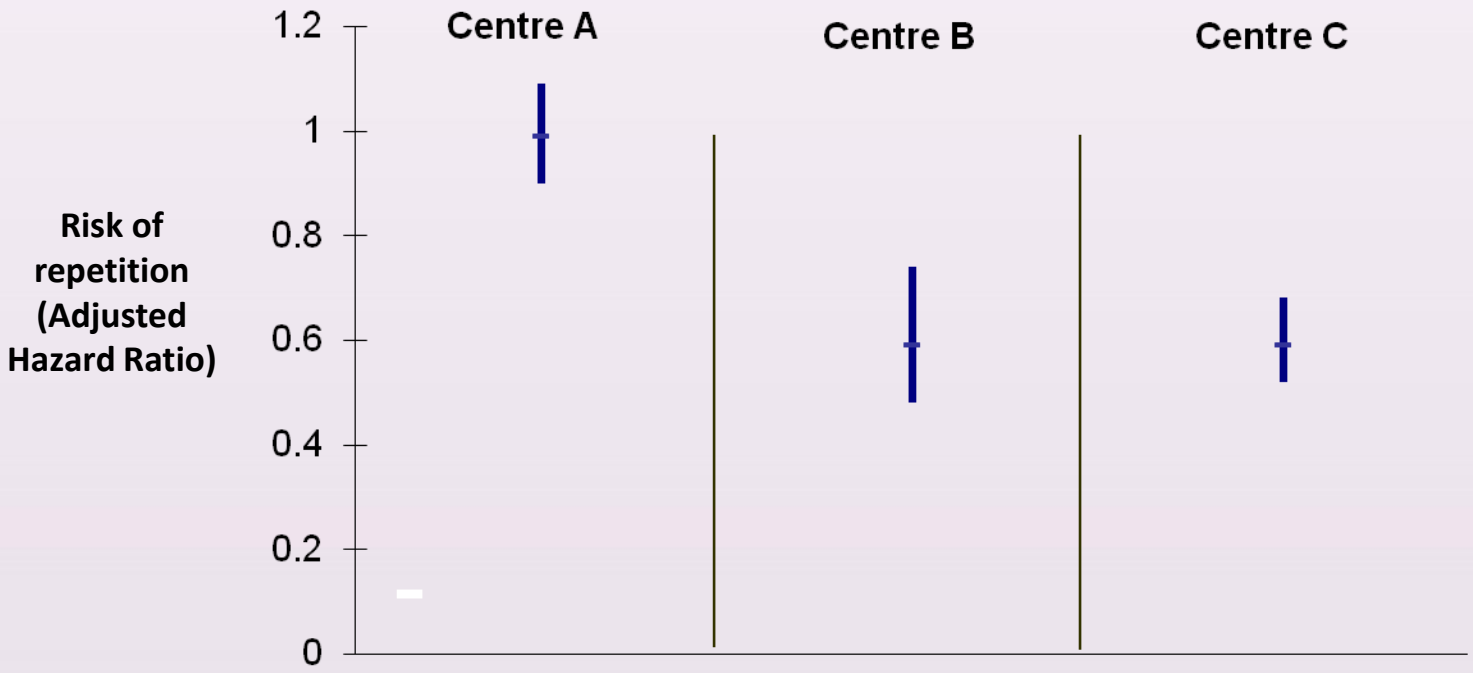
2) Guidelines

3) **Interventions**

What works?

Psychosocial assessment

Observational data on 35,938 individuals presenting with self-harm to 3 centres in England, comparing repetition in those receiving vs not receiving specialist assessment (adjusted for baseline characteristics)



(Kapur et al 2013)

How does it work?

The assessment itself

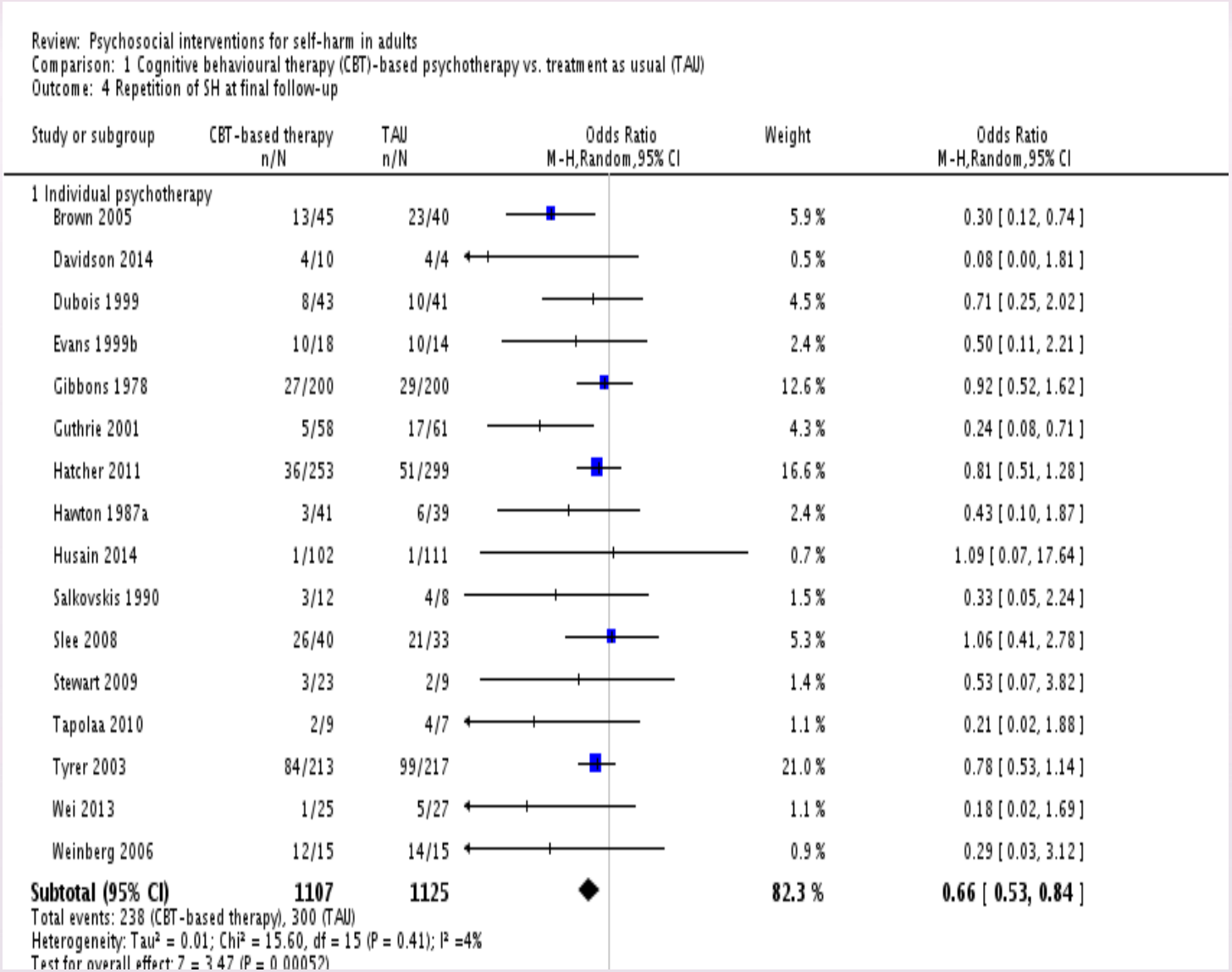
The main thing was that [psychiatrist] did look as if he actually cared, that's it, and he wanted, he really wanted to help me, and so that was a very positive thing" (P4)

Access to aftercare

[I'm] hugely grateful that I've got the help, it's made a whole world of difference [yeah], I'm getting regular phonecalls, people are phoning me, keeping me informed, my care people are coming, I know that within the next couple of weeks, I will have the support I need" (P10).

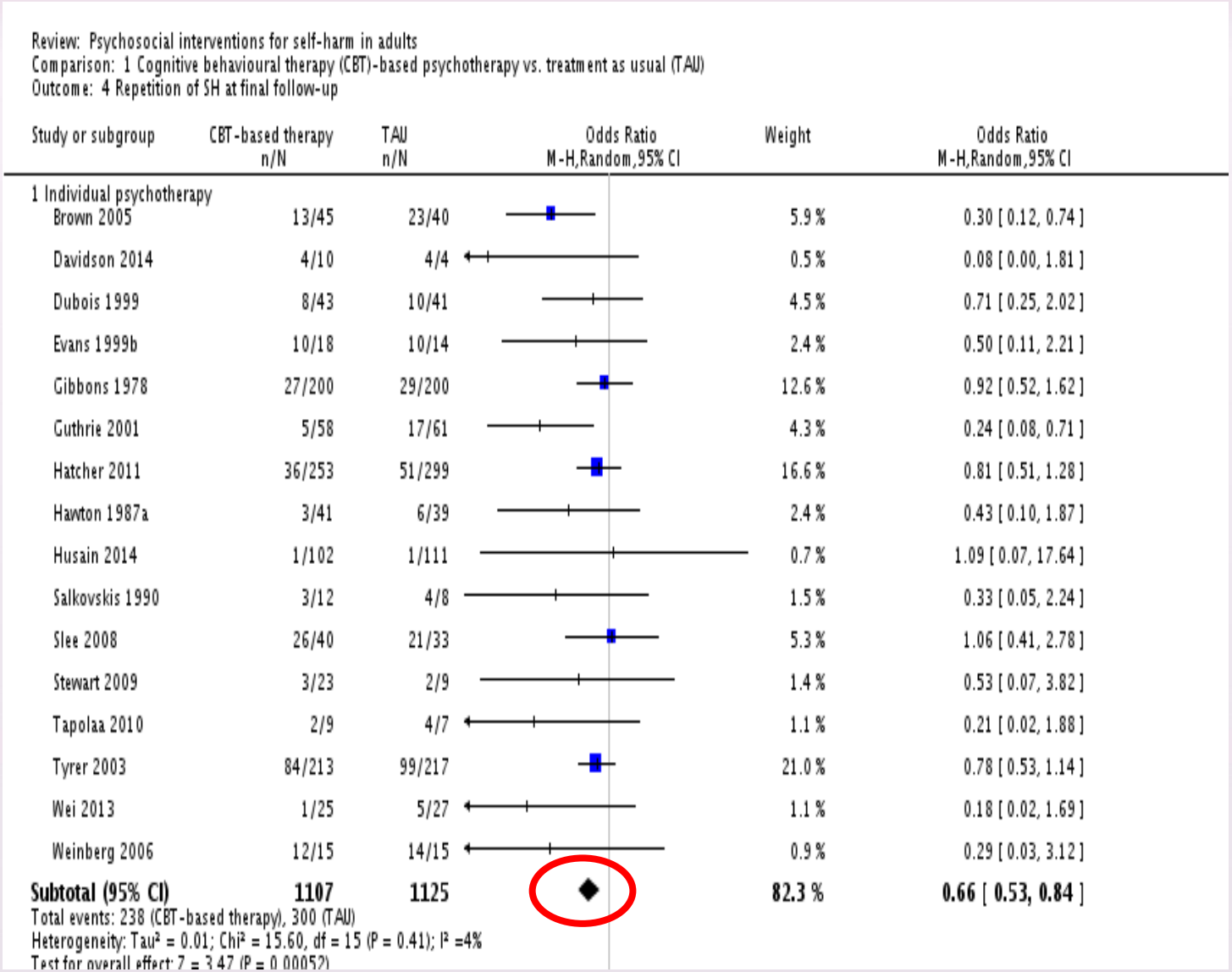
(Hunter et al 2013)

Psychological interventions



(Hawton et al 2016)

Psychological interventions



(Hawton et al 2016)

Psychological interventions

Open Access Research

BMJ Open

Effective psychological and psychosocial approaches to reduce repetition of self-harm: a systematic review, meta-analysis and meta-regression

Sarah E Hetrick,[1,2] Jo Robinson,[1,2] Matthew J Spittal,[3] Greg Carter[4]

To cite: Hetrick SE, Robinson J, Spittal MJ, *et al*. Effective psychological and psychosocial approaches to reduce repetition of self-harm: a systematic review, meta-analysis and meta-regression. *BMJ Open* 2016;**6**:e011024. doi:10.1136/bmjopen-2016-011024

► Prepublication history and

ABSTRACT

Objective: To examine the efficacy of psychological and psychosocial interventions for reductions in repeated self-harm.

Design: We conducted a systematic review, meta-analysis and meta-regression to examine the efficacy of psychological and psychosocial interventions to reduce repeat self-harm in adults. We included a sensitivity analysis of studies with a low risk of bias for the meta-analysis. For the meta-regression, we examined whether the type, intensity (primary analyses) and other components of intervention or methodology (secondary

Strengths and limitations of this study

- We used robust systematic review methodology, including analysis of meaningful secondary outcomes, and sensitivity analysis to assess the impact of risk of bias on the results.
- Our search was thorough and has identified 45 relevant randomised controlled trials; this is the largest number of trials identified in a systematic review of this type.
- The risk of bias in various domains was rated as high, and sensitivity analyses when restricted to

Psychological interventions

Open Access Research

BMJ Open

Effective psychological and psychosocial approaches to reduce rep… atic rev… me…

- **Risk Ratio: 0.84**
- **NNT: 33**
- **No effect of type, intensity or site of therapy**

Sarah E Hetrick, Jo Robinson, Matthew J Spittal, Greg Carter[4]

To cite: Hetrick SE, Robinson J, Spittal MJ, *et al*. Effective psychological and psychosocial approaches to reduce repetition of self-harm: a systematic review, meta-analysis and meta-regression. *BMJ Open* 2016;**6**:e011024. doi:10.1136/bmjopen-2016-011024

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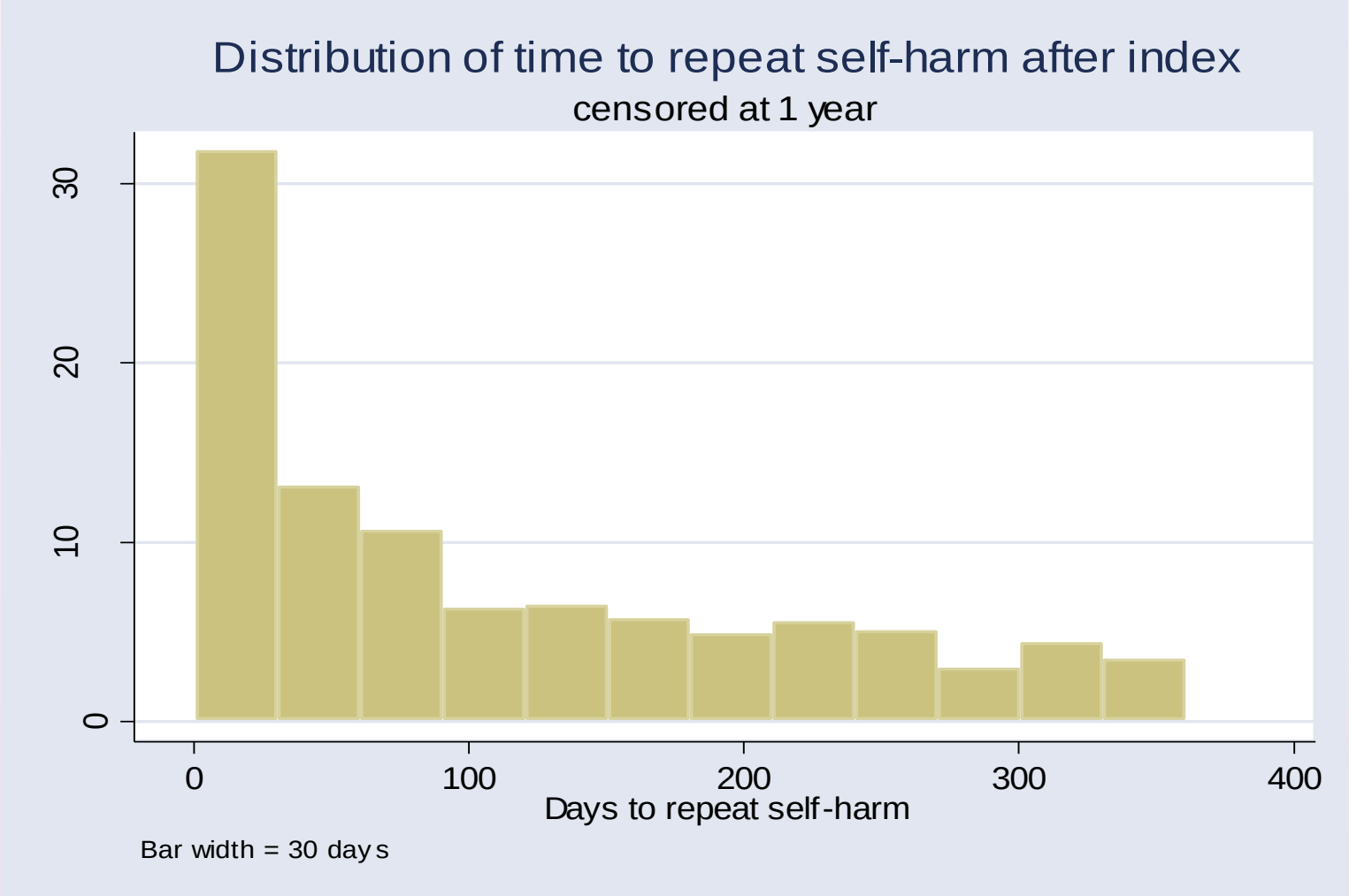
Interventions for self-harm



(Kapur et al J Clin Psychiatry 2006)

Are safety plans a good idea?

Safety Plan

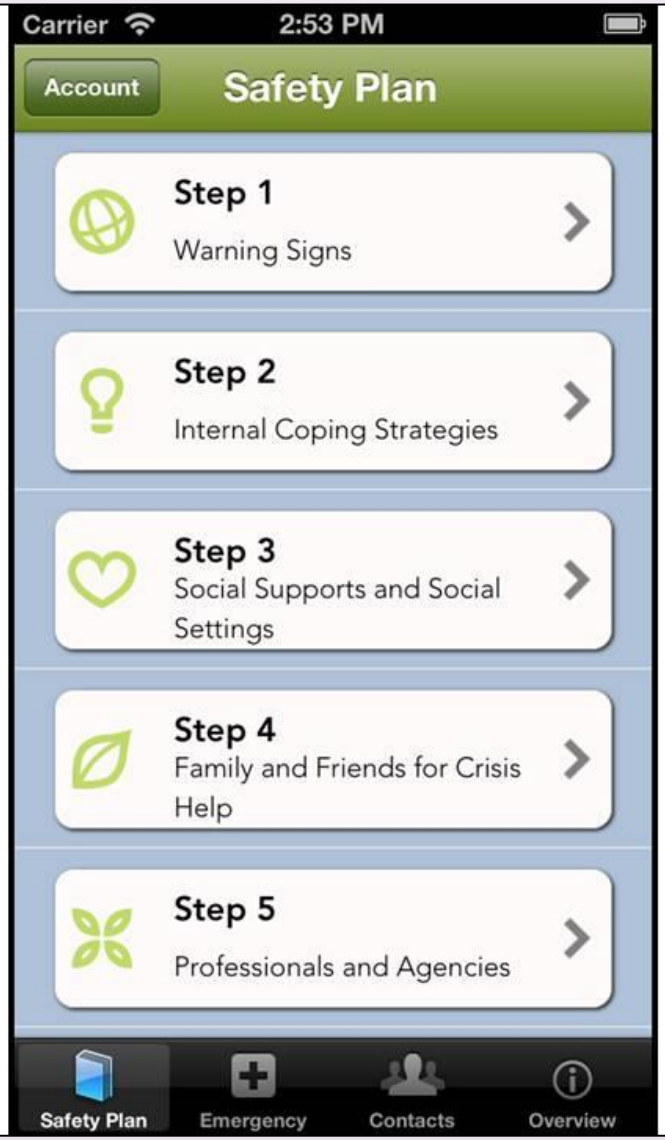
Name of App:
Safety Plan

App Developer:
Padraic Doyle

Writers:
Barbara Stanley and Gregory Brown

Available:
iTunes (free of charge)

Funding:
NYS OMH Suicide Prevention Center of New York and Columbia University



Safety plans

Research

JAMA Psychiatry | Original Investigation

Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department

Barbara Stanley, PhD; Gregory K. Brown, PhD; Lisa A. Brenner, PhD; Hanga C. Galfalvy, PhD; Glenn W. Currier, MD; Kerry L. Knox, PhD; Sadia R. Chaudhury, PhD; Ashley L. Bush, MMA; Kelly L. Green, PhD

Author Audio Interview

CME Quiz at Jamanetwork.com/learning and CME Questions page

IMPORTANCE Suicidal behavior is a major public health problem in the United States. The suicide rate has steadily increased over the past 2 decades; middle-aged men and military veterans are at particularly high risk. There is a dearth of empirically supported brief intervention strategies to address this problem in health care settings generally and particularly in emergency departments (EDs), where many suicidal patients present for care.

OBJECTIVE To determine whether the Safety Planning Intervention (SPI), administered in EDs with follow-up contact for suicidal patients, was associated with reduced suicidal behavior and improved outpatient treatment engagement in the 6 months following discharge, an established high-risk period.

DESIGN, SETTING, AND PARTICIPANTS Cohort comparison design with 6-month follow-up at 9 EDs (5 intervention sites and 4 control sites) in Veterans Health Administration hospital EDs. Patients were eligible for the study if they were 18 years or older, had an ED visit for a suicide-related concern, had inpatient hospitalization not clinically indicated, and were able to read English. Data were collected between 2010 and 2015; data were analyzed between 2016 and 2018.

INTERVENTIONS The intervention combines SPI and telephone follow-up. The SPI was defined as a brief clinical intervention that combined evidence-based strategies to reduce suicidal behavior through a prioritized list of coping skills and strategies. In telephone follow-up, patients were contacted at least 2 times to monitor suicide risk, review and revise the SPI, and support treatment engagement.

MAIN OUTCOMES AND MEASURES Suicidal behavior and behavioral health outpatient services extracted from medical records for 6 months following ED discharge.

RESULTS Of the 1640 total patients, 1186 were in the intervention group and 454 were in the comparison group. Patients in the intervention group had a mean (SD) age of 47.15 (14.89) years and 88.5% were men (n = 1050); patients in the comparison group had a mean (SD) age of 49.38 (14.47) years and 88.1% were men (n = 400). Patients in the SPI+ condition were less likely to engage in suicidal behavior (n = 36 of 1186; 3.03%) than those receiving usual care (n = 24 of 454; 5.29%) during the 6-month follow-up period. The SPI+ was associated with 45% fewer suicidal behaviors, approximately halving the odds of suicidal behavior over 6 months (odds ratio, 0.56; 95% CI, 0.33-0.95, $P = .03$). Intervention patients had more than double the odds of attending at least 1 outpatient mental health visit (odds ratio, 2.06; 95% CI, 1.57-2.71; $P < .001$).

CONCLUSIONS AND RELEVANCE This large-scale cohort comparison study found that SPI+ was associated with a reduction in suicidal behavior and increased treatment engagement among

Author Affiliations: Author affiliations are listed at the end of

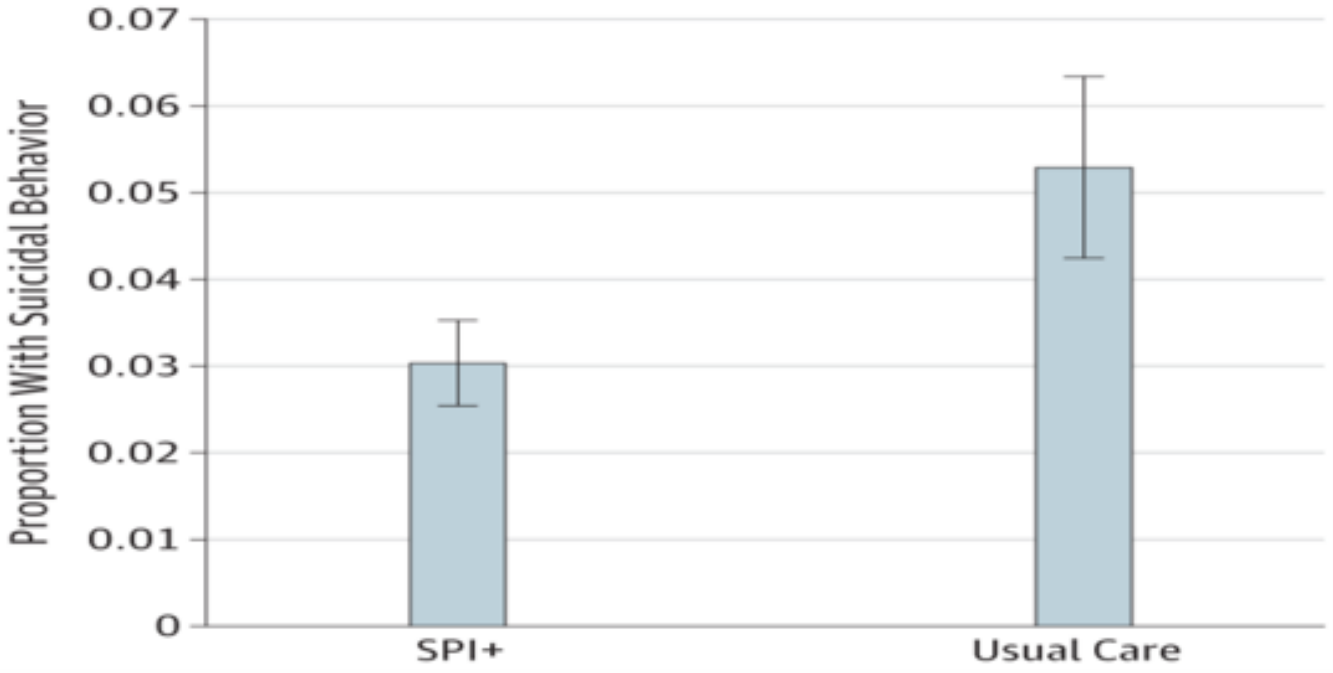
- 5 intervention sites (n=1186)
- 4 case record ‘control sites’(n=484)

Safety plans

JAMA Network

From: **Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department**

JAMA Psychiatry. 2018;75(9):894-900. doi:10.1001/jamapsychiatry.2018.1776



Suicidal Behavior in 6-Month Follow-up for Safety Planning Intervention With Structured Follow-up Telephone Contact (SPI+) and Usual CareProportion of patients with suicidal behavior in the 6 months following emergency department discharge in SPI+ compared with usual care patients. Error bars denote the standard error of the proportion.

Articles

School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial

Danuta Wasserman, Christina W Hoven, Camilla Wasserman, Melanie Wall, Ruth Eisenberg, Gergö Hadlaczky, Ian Kelleher, Marco Sarchiapone, Alan Apter, Judit Balazs, Julio Bobes, Romuald Brunner, Paul Corcoran, Doina Cosman, Francis Guillemin, Christian Haring, Miriam Iosue, Michael Kaess, Jean-Pierre Kahn, Helen Keeley, George J Musa, Bogdan Nemes, Vita Postuvan, Pilar Saiz, Stella Reiter-Theil, Airi Varnik, Peeter Varnik, Vladimir Carli

Lancet 2015; 385: 1536–44

Published Online January 9, 2015 http://dx.doi.org/10.1016/S0140-6736(14)61213-7

See Comment page 1489

National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institutet, Stockholm, Sweden (Prof D Wasserman MD, G Hadlaczky PhD, I Kelleher MD, V Carli MD); Division of Child and Adolescent Psychiatry (C W Hoven DrPH, C Wasserman MA, R Eisenberg MSc, G J Musa PhD)

Summary

Background Suicidal behaviours in adolescents are a major public health problem and evidence-based prevention programmes are greatly needed. We aimed to investigate the efficacy of school-based preventive interventions of suicidal behaviours.

Methods The Saving and Empowering Young Lives in Europe (SEYLE) study is a multicentre, cluster-randomised controlled trial. The SEYLE sample consisted of 11110 adolescent pupils, median age 15 years (IQR 14–15), recruited from 168 schools in ten European Union countries. We randomly assigned the schools to one of three interventions or a control group. The interventions were: (1) Question, Persuade, and Refer (QPR), a gatekeeper training module targeting teachers and other school personnel, (2) the Youth Aware of Mental Health Programme (YAM) targeting pupils, and (3) screening by professionals (ProfScreen) with referral of at-risk pupils. Each school was randomly assigned by random number generator to participate in one intervention (or control) group only and was unaware of the interventions undertaken in the other three trial groups. The primary outcome measure was the number of suicide attempt(s) made by 3 month and 12 month follow-up. Analysis included all pupils with data available at each timepoint, excluding those who had ever attempted suicide or who had shown severe suicidal ideation during the 2 weeks before baseline. This study is registered with the German Clinical Trials Registry, number DRKS00000214.

Articles

School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial

Danuta W… Wasserman, Melanie Wall, Ruth Eisenberg, Gergö Hadlaczky, Ian Kelleher, Marco Sarchiapone, … Paul Corcoran, Doina Cosman, Francis Guillemin, Christian Haring, Miriam Iosue, … Bogdan Nemes, Vita Postuvan, Pilar Saiz, Stella Reiter-Theil, Airi Varnik,

Lancet 2015; 385: 1536–4…
Published Online January 9, 2015 http://dx.doi.org/10.1016/S0140-6736(14)61213-7
See Comment page 1489

National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institutet, Stockholm, Sweden (Prof D Wasserman MD, G Hadlaczky PhD, I Kelleher MD, V Carli MD); Division of Child and Adolescent Psychiatry (C W Hoven DrPH, C Wasserman MA, R Eisenberg MSc, G J Musa PhD)

… are a major publ… to investigate the … suici…

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QPR - Teachers

ProfScreen - Professionals

YAM -Pupils

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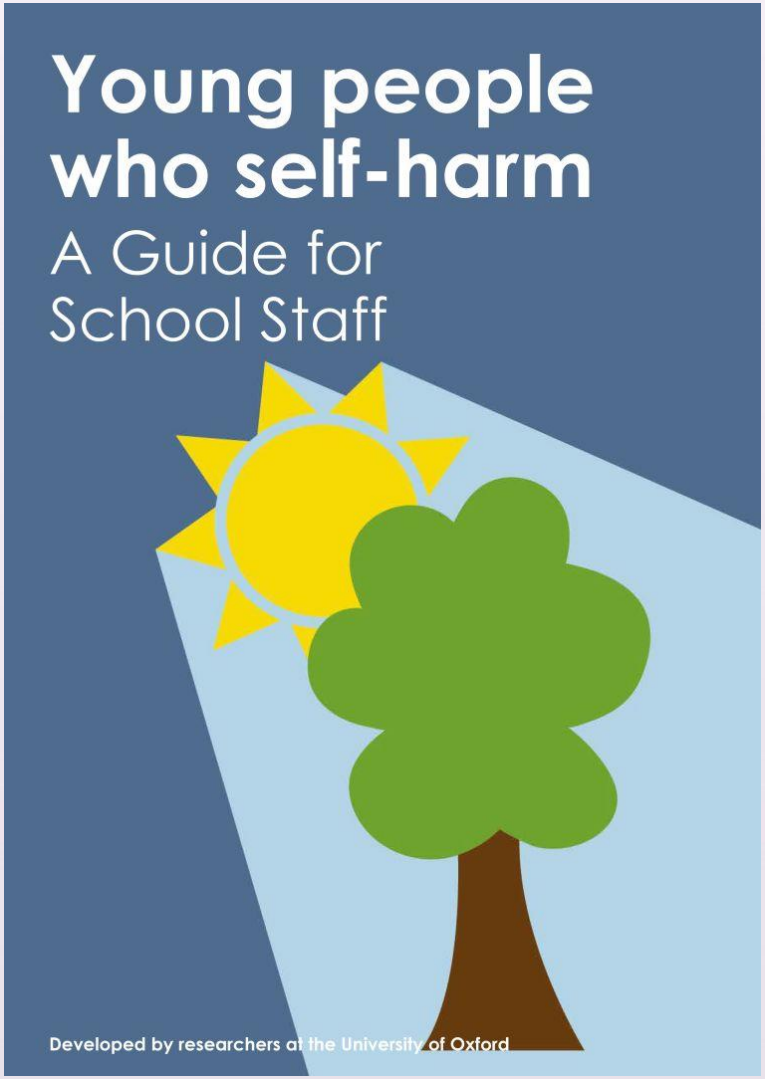
ProfScreen - Professionals

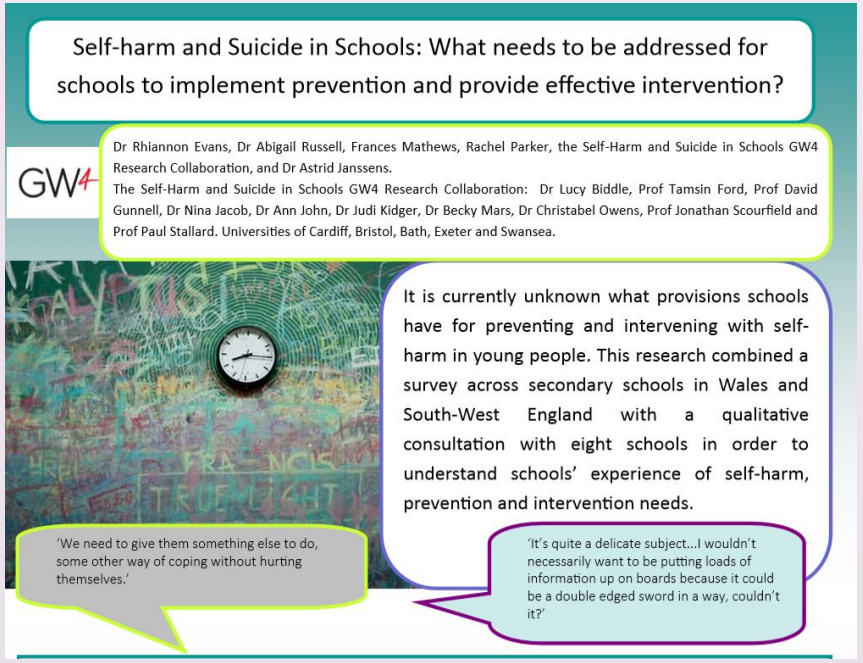
YAM -Pupils

MANCHESTER 1824
The University of Manchester

Self-harm in schools

HQIP
Healthcare Quality Improvement Partnership





Self-harm and the internet

PLOS ONE

RESEARCH ARTICLE

A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown

Amanda Marchant[1], Keith Hawton[2], Ann Stewart[3], Paul Montgomery[4], Vinod Singaravelu[5], Keith Lloyd[1], Nicola Purdy[1], Kate Daine[4], Ann John[1]*

1 Medical School, Swansea University, Swansea, Wales, United Kingdom, 2 Centre for Suicide Research, University of Oxford, Oxford, United Kingdom, 3 Oxford Central Child and Adolescent Mental Health Services, Oxford Health NHS Foundation Trust, Oxford, United Kingdom, 4 Centre for Evidence Based Intervention, University of Oxford, Oxford, United Kingdom, 5 Oxford Health NHS Foundation Trust, Oxford, United Kingdom

* a.john@swansea.ac.uk

Self-harm and the internet

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RESEARCH ARTICLE

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1 Medical School, Swansea University, Swansea, Wales, United Kingdom, 2 Centre for Suicide Research

Check for updates

Conclusions

There is significant potential for harm from online behaviour (normalisation, triggering, competition, contagion) but also the potential to exploit its benefits (crisis support, reduction of social isolation, delivery of therapy, outreach). Young people appear to be increasingly using social media to communicate distress, particularly to peers. The focus should now be on how specific mediums' (social media, video/image sharing) might be used in therapy and recovery. Clinicians working with young people who self-harm or have mental health issues should engage in discussion about internet use. This should be a standard item during assessment.

Helping young people and parents

healthtalk.org

UNIVERSITY OF OXFORD

Self-harm: experiences of parents

Watch parents and carers share their experiences of having a child who self-harms, on the award-winning website healthtalk.org. Research by The University of Oxford.

"I'm just thinking 'why is my little girl doing this? What did I do?'"

"Just remain hope-ful and strong and realise that nothing stays the same"

Outline

1) Context

2) Guidelines

3) Interventions

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The University of Manchester

HQIP
Healthcare Quality Improvement Partnership

www.manchester.ac.uk/ncish

Centre for Mental Health and Safety

@NCISH_UK

MANCHESTER 1824

The Manchester Self-Harm Project

the centre for suicide prevention

20 Years of The Manchester Self-Harm Project
5th December 2017

The MaSH Team

Dr Caroline Clements
Project Manager

Harriet Bickley
Research Associate

Bushra Farooq
Research Assistant

Jackie Ward
Administrator

Iain Donaldson
Research Secretary

Session 1: Implementation and scale up

HELEN SMITH

Suicide prevention training for GPs

DR REBECCA OSBORNE

CORNWALL

IMPROVING MENTAL HEALTH SAFETY
National Suicide Prevention

NCCMH

NCISH

#SuicidePreventionProgramme

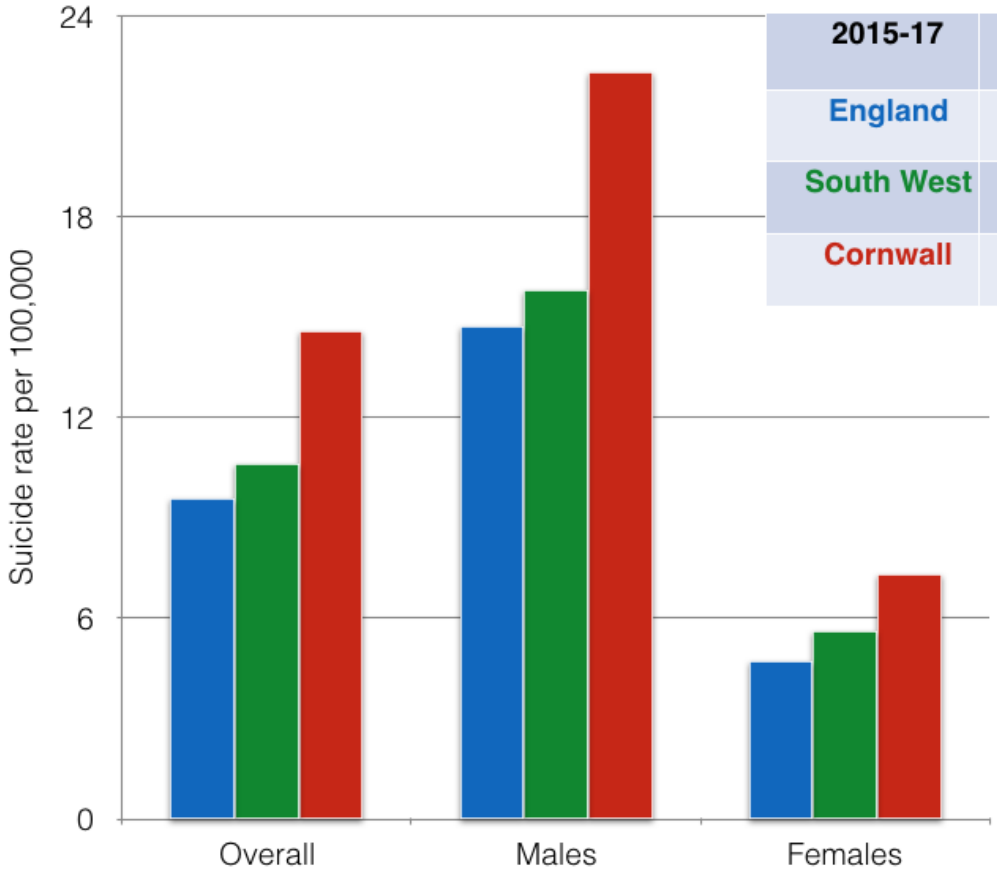
‘Suicide Safer Primary Care’

Dr Rebecca Osborne

Kernow CCG lead for suicide prevention

90-120 min session

- Local context



2015-17	Suicide rate per 100,000	Males	Females
England	9.6	14.7	4.7
South West	10.6	15.8	5.3
Cornwall	14.6	22.3	7.3

PHE Fingertips Data

90-120 min session

- Local context
- Our team

90-120 min session

- Local context
- Our team
- Why do people die by suicide?
- How do we explore risk?
- How do we reduce risk?
    - Safety planning

My Safety Plan

Name:-

1. What are my warning signs? What makes me vulnerable?

2. Coping Strategies for when I'm alone -

3. People and social settings that provide distraction – (Names and phone numbers)

4. Family/friends I can reach out to for help - (Names and Phone numbers)

5. Professionals or agencies to contact in a crisis -

6. Making the environment safe - (reduce access to means) - Ask for help if needed.

My Safety Plan

Name:

REMEMBER - Most people fully recover from a mental health crisis.
Recovery is not only possible but probable.

My Reasons for Living are:

If I feel I can no longer keep myself safe I will:

PHONE NUMBERS

- **Samaritans - 116 123**
- **Papyrus**- for young adults - **0800 068 4141**
- **CALM** Campaign against Living Miserably for men - **0800 58 58 58**
- **ChildLine 0800 1111**
- **Valued Lives - 01209 901438**
- **My GP Surgery:**
- **NHS helpline 111**
- **Non-urgent police 101**
- **Stay Alive App**
  - Free on Apple/Android

- www.StayingSafe.net
- www.MIND.org.uk

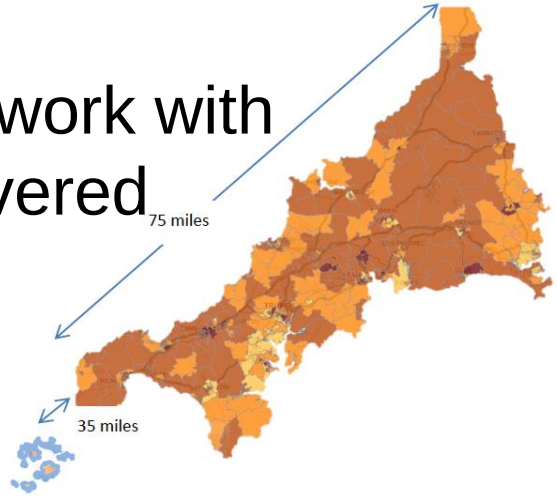
- **Other useful resources:**

Coverage across the county

Aim: To have contact with at least one GP from every surgery across Cornwall and the Isles of Scilly

60 practices across large area!

To promote uptake, and hopefully work with many GPs from each practice delivered at / close to surgeries in clusters.

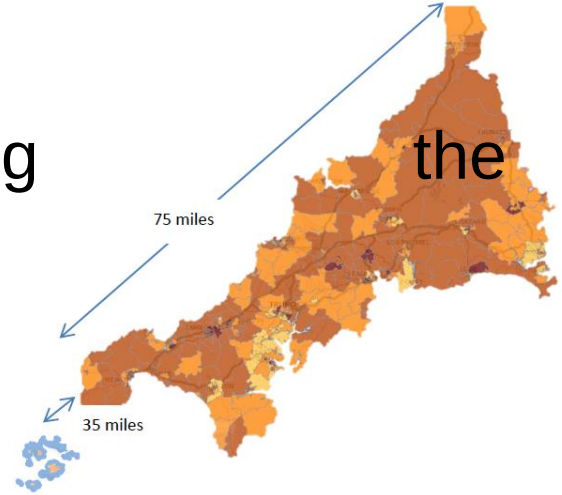


Coverage across the county

So far:
Training with GPs from 29 practices, covering 46% of Cornish population in 12 sessions.

Sessions with practices covering a further 37% scheduled for 2020

Efforts to pin down GPs representing the remaining 17% ongoing!

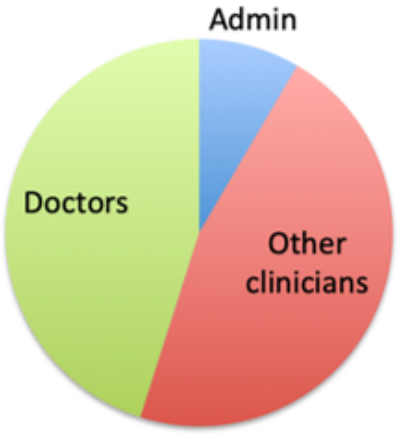


Uptake and Feedback

Pilot session, GPs only

- Positive feedback and wider audience welcomed..
  - Community and Practice nurses,
  - Reception and prescribing admin staff
  - Practice managers
- Community Nurse conference session

	90+ minute	60 minute	30 minute	**Total**
Doctors	96			**96**
Other healthcare professionals	47	2	50	99
Admin staff	8	10		18
Participants so far	**151**	12	50	**213**



Feedback

Brief post-session questionnaire including:

’Did you find this session helpful today?’
- 100% Yes!

‘Will you change your practice after today?’
- 99.3% Yes!

Valuable qualitative feedback for development:

What was most useful from session?
Further info or resources?
Who else might benefit?

Future plans..

‘Suicide Safer Primary Care’ Resources

Posters and fold-out ‘How are Your Really Feeling?” leaflet

“Don’t flush your life away” - posters for surgery toilet doors!

Samaritans pocket sized cards

‘Suicide Safer Primary Care’ Resources

PAPYRUS
PREVENTION OF YOUNG SUICIDE

Resources and helpline for suicidal young people and their families

CAMPAIGN AGAINST LIVING MISERABLY
CALM
KEEPING MEN ALIVE BY TALKING
www.thecalmzone.net

Helpline, web chat and campaigns to prevent male suicide

‘Suicide Safer Primary Care’ Resources

Rebecca.Osborne5@nhs.net

Suicide Safer Communities

KATHERINE MCGLEENAN

NORTH EAST AND NORTH CUMBRIA

IMPROVING MENTAL HEALTH SAFETY
National Suicide Prevention

NCCMH

NCISH

#SuicidePreventionProgramme

Suicide Prevention
EVERY LIFE MATTERS

Developing Suicide Safer Communities in Cumbria

North East and North Cumbria Suicide Prevention Network

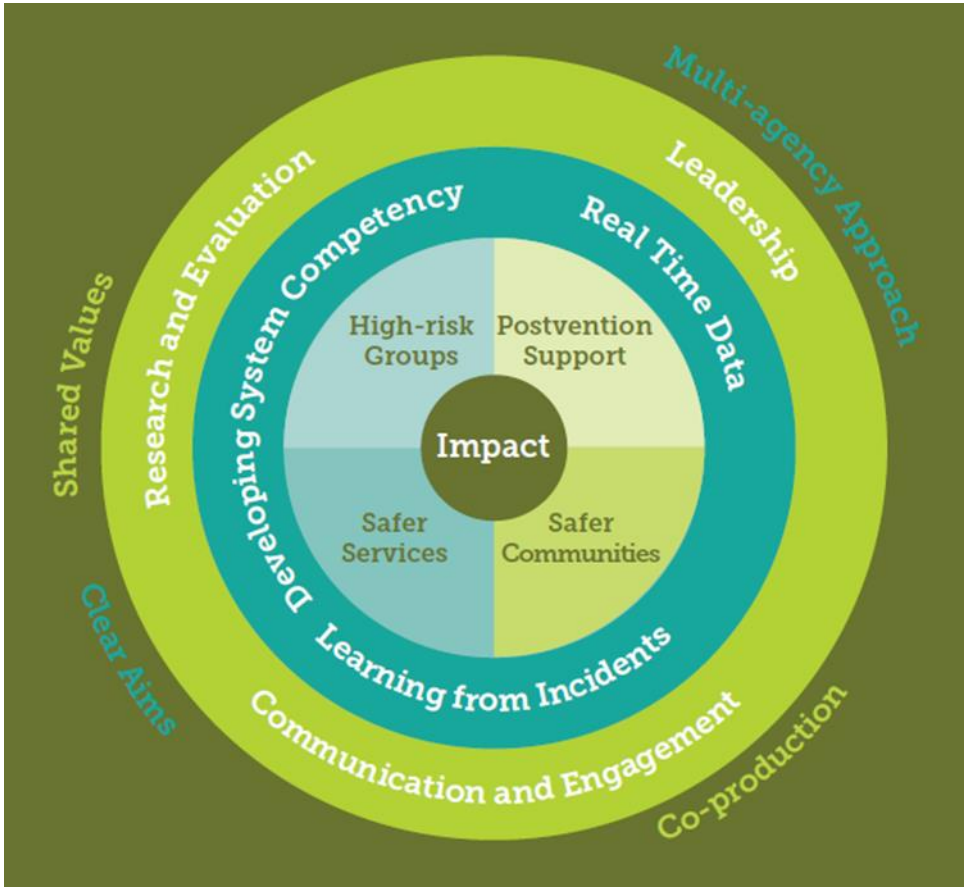
ICS
Integrated Care System
North East & North Cumbria

@StopSuicideNENC

Join our Journey
North East and North Cumbria

Suicide Prevention

EVERY LIFE MATTERS



ICS

Integrated Care System

North East & North Cumbria

Join our Journey

North East and North Cumbria

NENC ICS - Developing Suicide Safer Communities

- To support the development of **local community suicide prevention activity/resources.**
- Support a **social movement/place-based** approach.
- Focus on **high-risk groups and locations.**
- Support proactive **pathways for self-harm.**
- Develop **community resilience/safety planning.**

Suicide Prevention EVERY LIFE MATTERS

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Background - Suicide Safer Communities Cumbria pilot project

Suicide Prevention EVERY LIFE MATTERS

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Pilot project activity

- **2 local areas** across Cumbria
- **Focus groups**
- 1 to 1 **interviews**
- Attended local **forums and events**
- Self-reported **suicide safety level** (naïve/aware/alert/safer)

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Pilot project aims

- People having suicidal thoughts will know **where to find help.**
- People having suicidal thoughts will always be **taken seriously.**
- People having suicidal thoughts are helped to **access the right support.**
- Communities will take steps to become **suicide-safer.**

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Priorities from people with lived experience

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

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Julie

- Julie is 29 and lives in Cumbria.
- She is now **getting the help she needs.**
- However, this was only after many years **not knowing how or where to get help**, until she was **desperate** and it was **crisis point.**
- She hopes her story will help others find the help they need sooner.

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Recommendations from pilot project

1. **Training** and raising **awareness.**
2. **Resources** and **information**.
3. Clear **pathways**/signposting.
4. Community **champions.**
5. **Safety planning** and risk **mitigation.**

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SSE
Suicide Safer Eden

- **How it started in Eden.**
- **From a conversation in a car** on the way back from a countywide Suicide Prevention Leadership meeting & **inspired by other** initiatives across the country - we decided to see if this could work in Eden.
- We organized a **public meeting** to gauge interest – over 50 people attended.
- From there we developed a **working group** to look at what next.

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Some of the people involved in leading the work

Survivors	Bereaved families and friends	GPs	Police
Social workers	Paramedics/ ambulance staff	Chambers of Commerce / local businesses	Local MPs; councillors
Public Health	Housing	Teachers & students	Youth groups
Samaritans; third sector	Healthwatch	Local community groups (veterans, farmers, churches)	Local press

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SUICIDE SAFER EDEN

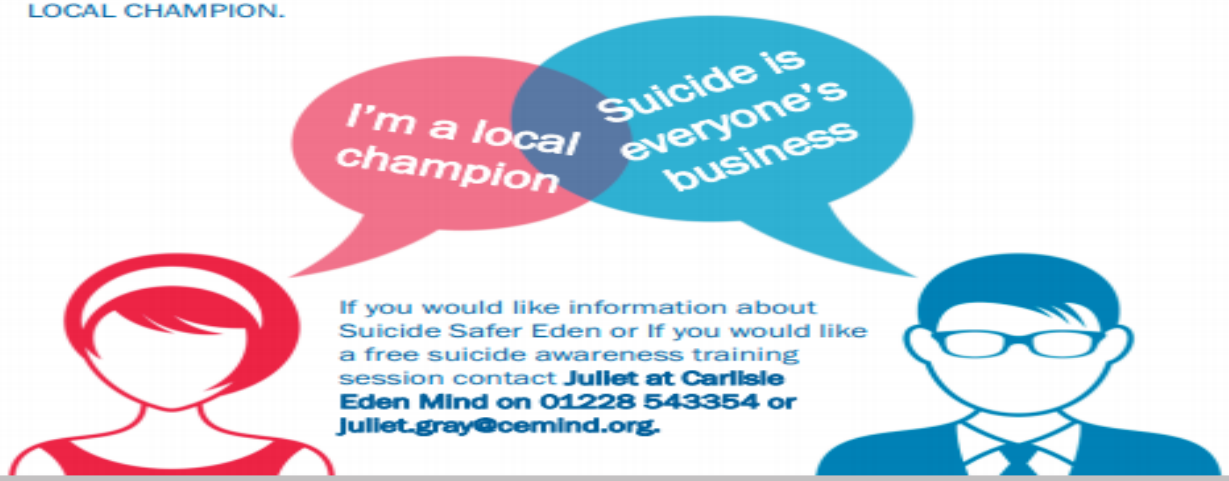
A group of volunteers in Eden are working towards reducing the dreadful loss of life to suicide in our area and the devastating impact this has on family members, friends and the community.

The role of the local champions is to raise the profile of suicide prevention, make information available, identify opportunities for suicide awareness training and signpost to agencies for help.

Suicide Safer Eden aims to reduce the stigma of suicide and raise awareness of help and information that is available.

We are looking for people with a caring approach and commitment to the wellbeing of their local community who would like to volunteer to become a LOCAL CHAMPION.

If you think you may be able to help in a champion role contact **Juliet at Carlisle Eden Mind on 01228 543354 or juliet.gray@cemind.org.**



If you would like information about Suicide Safer Eden or If you would like a free suicide awareness training session contact **Juliet at Carlisle Eden Mind on 01228 543354 or juliet.gray@cemind.org.**

If you need to talk to someone about suicidal thoughts contact:

Samaritans 116 123

Cumbria Mindline 0300 561 0000

SSE
Suicide Safer Eden

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SSE
Suicide Safer Eden

Public awareness meetings	Targeted awareness sessions	Mental Health First Aid (through local Chamber of Trade)
Awareness training for multiple groups (targeting high-risk)	Champions role	Parkrun takeovers
Police cadet project	E-newsletters; social media; local media coverage	Safety boxes

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Ben

In 2014, Ben, aged 27, took his own life.

He had not had contact with any services.

Ben worked and lived in Cumbria and seemed to have a bright future.

He had been making plans with his girlfriend and did not appear to be depressed, although he did have some stresses in his life, such as worries about debt.

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North East and North Cumbria Suicide Prevention Network

“Please just do something”

April 2018, Kate – Ben’s mum

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The role of the NENC Suicide Prevention Network

- **Attend events/meetings** - provide advice, support and information.
- **Listen to, engage and support** people affected who wish to help.
- **Help raise awareness, promote, share** and spread good practice.
- **Connect, signpost and link** people.
- **Provide funding** support through small grants.
- Support **roll out/sustainability**.

Suicide Prevention EVERY LIFE MATTERS

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Every Life Matters - Building a Network

Suicide Prevention EVERY LIFE MATTERS

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Every life matters...

Suicide Safer Communities - Secured a major 5 year grant to co-ordinate the development of suicide safer communities across Cumbria

NHS Morecambe Bay Clinical Commissioning Group

COMMUNITY FUND

Walney Extension Community Fund

Supported by The Cumberland

Healthier Lancashire & South Cumbria

Sir John Fisher Foundation

- **Current activity;**

- Training sessions
- Attend local events/forums
- Held open public meetings
- Work with local press
- Used a variety of social media channels
- Lobbied and trained district /county level councillors
- Supported people with lived experience to help

Future activity

- Develop supporting materials
- Developing Cumbria specific App
- Upgrade website
- Rolling out local campaigns
- Recruiting dedicated community support workers
- Comprehensive Suicide Bereavement Service

Questions?

Follow us on social media **@StopSuicideNENC**

Suicide Prevention EVERY LIFE MATTERS

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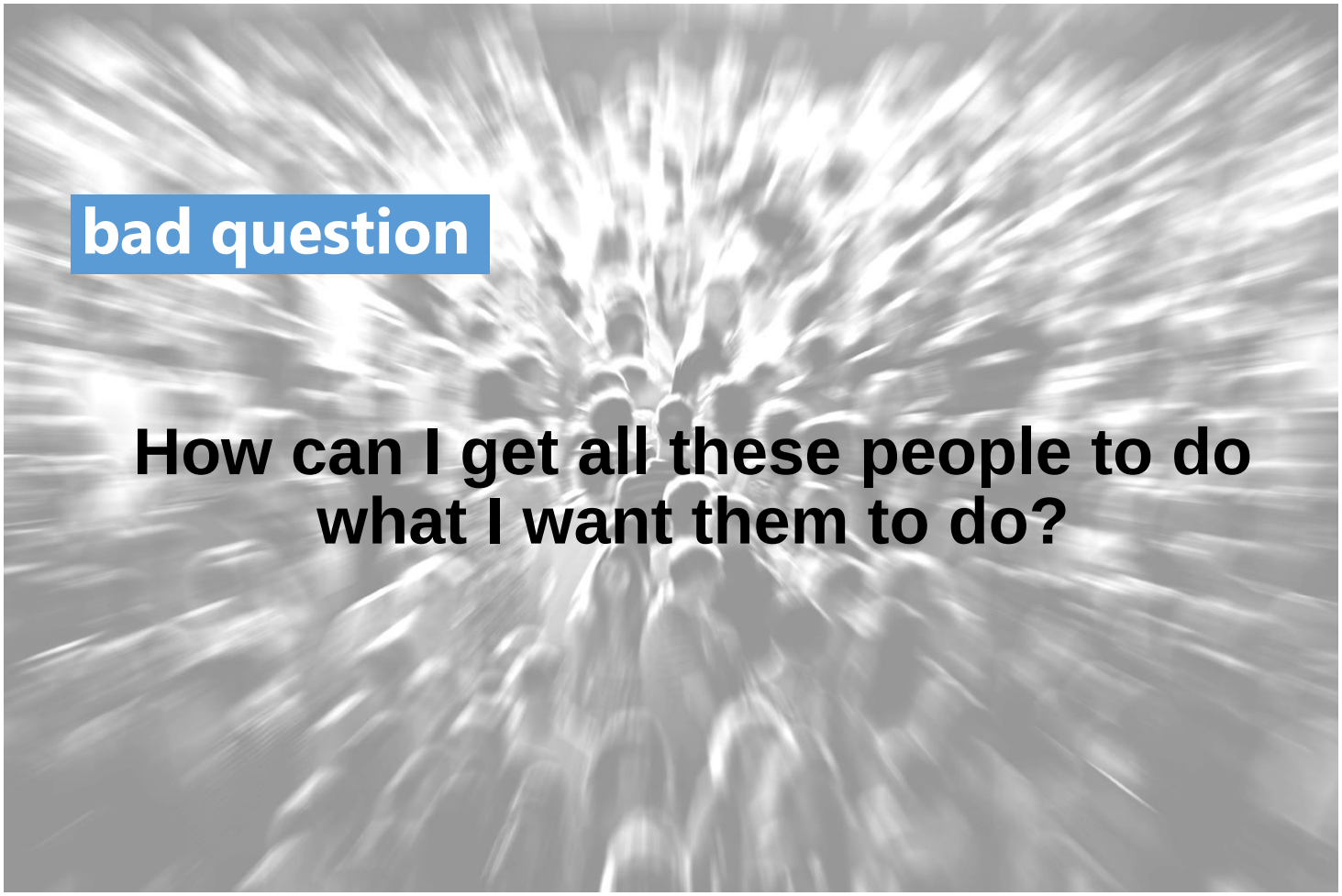
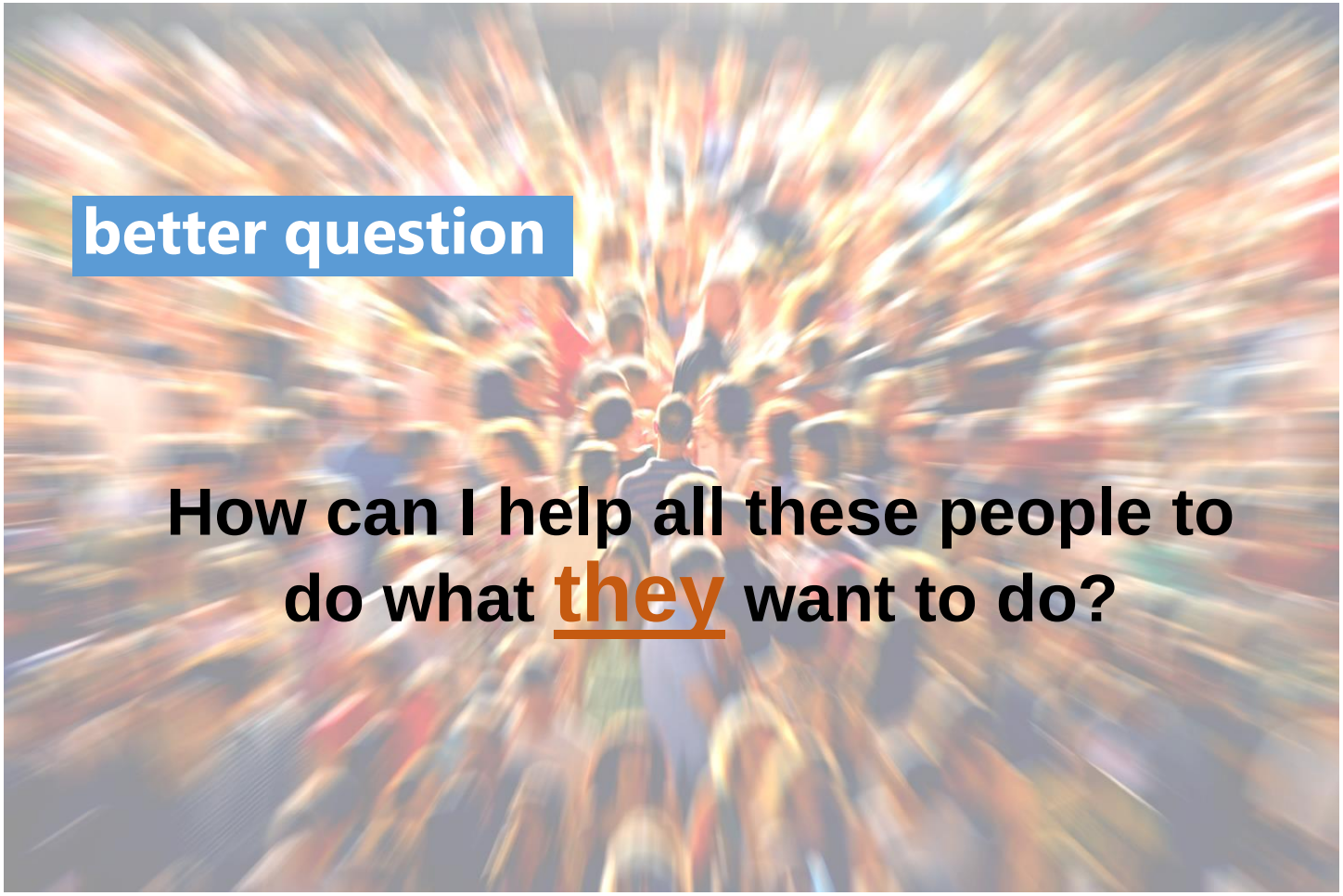
Implementation and scale up

HELEN SMITH

Scale Up and Spread


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


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

The #1 mistake
of leading change…

We try to spark motivation
with information.

ANALYZE	SEE
THINK	FEEL
CHANGE	CHANGE

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

Find the feeling & show visible progress.

MADE to STICK
SUCCESs Model

A sticky idea is understood, it's remembered, and it changes something. Sticky ideas of all kinds—ranging from the "kidney thieves" urban legend to JFK's "Man on the Moon" speech—have six traits in common. If you make use of these traits in your communication, you'll make your ideas stickier. (You don't need all 6 to have a sticky idea, but it's fair to say the more, the better!)

PRINCIPLE 1

SIMPLE

Simplicity isn't about dumbing down, it's about prioritizing. (Southwest will be THE low-fare airline.) What's the core of your message? Can you communicate it with an analogy or high-concept pitch?

PRINCIPLE 2

UNEXPECTED

To get attention, violate a schema. (The Nordie who ironed a shirt…) To hold attention, use curiosity gaps. (What are Saturn's rings made of?) Before your message can stick, your audience has to want it.

PRINCIPLE 3

CONCRETE

To be concrete, use sensory language. (Think Aesop's fables.) Paint a mental picture. ("A man on the moon…") Remember the Velcro theory of memory—try to hook into multiple types of memory.

PRINCIPLE 4

CREDIBLE

Ideas can get credibility from outside (authorities or anti-authorities) or from within, using human-scale statistics or vivid details. Let people "try before they buy." (Where's the Beef?)

PRINCIPLE 5

EMOTIONAL

People care about people, not numbers. (Remember Rokia.) Don't forget the WIIFY (What's In It For You). But identity appeals can often trump self-interest. ("Don't Mess With Texas" spoke to Bubba's identity.)

PRINCIPLE 6

STORIES

Stories drive action through simulation (what to do) and inspiration (the motivation to do it). Think Jared. Springboard stories (See Denning's World Bank tale) help people see how an existing problem might change.

s

www.MADE to STICK.com

Making Presentations That Stick

A guide by Chip Heath & Dan Heath

Selling your idea

Created in partnership with Chip and Dan Heath, authors of the bestselling book Made To Stick, this template advises users on how to build and deliver a memorable presentation of a new product, service, or idea.

1. Intro

Choose one approach to grab the audience's attention right from the start: unexpected, emotional, or simple.

- ➔ **Unexpected**
  Highlight what's new, unusual, or surprising.
- ➔ **Emotional**
  Give people a reason to care.
- ➔ **Simple**
  Provide a simple unifying message for what is to come

How many languages do you need to know to communicate with the rest of the world?

Tip

In this example, we're leading off with something **unexpected.**

While the audience is trying to come up with a number, we'll surprise them with the next slide.

Just one! Your own.

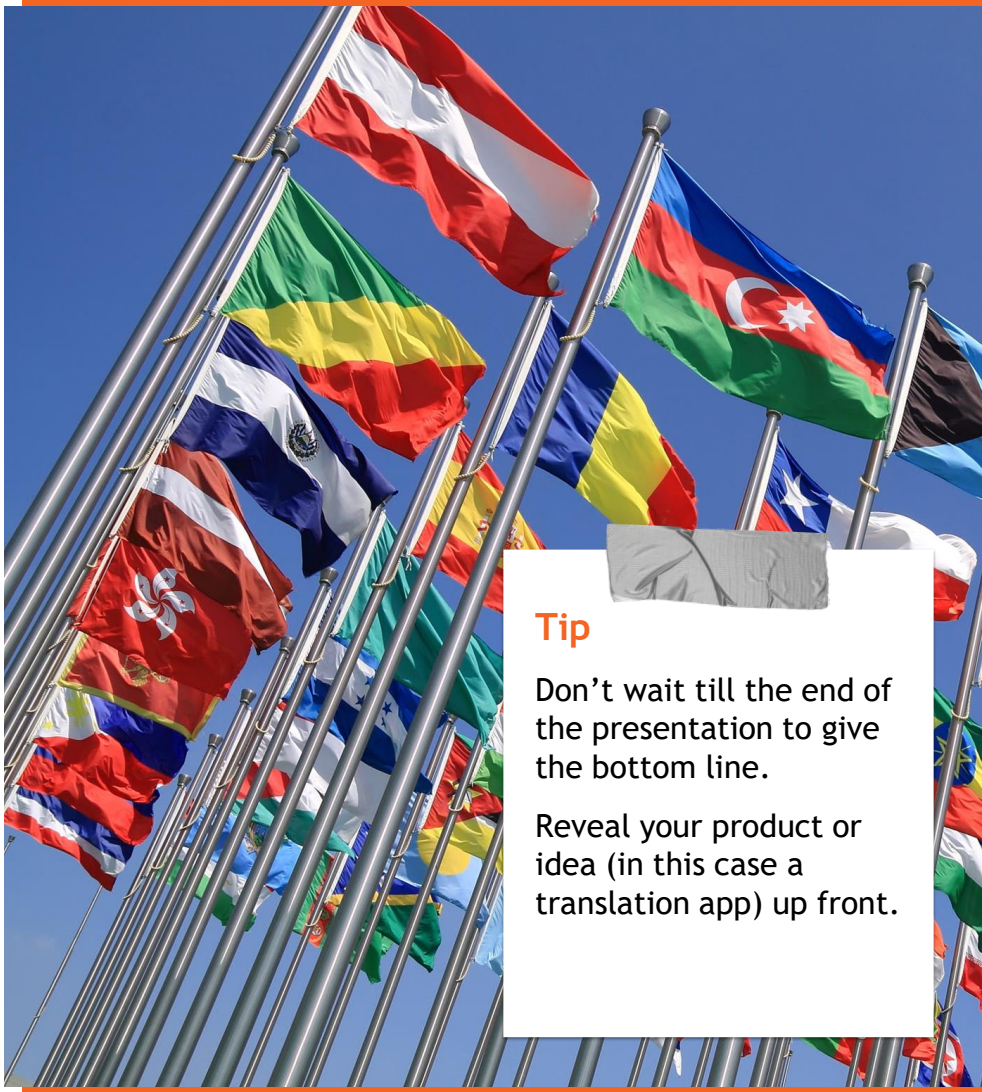
(With a little help from your smart phone)

Tip

Remember. If something sounds like common sense, people will ignore it.

Highlight what is unexpected about your topic.

The Google Translate app can repeat anything you say in up to **NINETY LANGUAGES** from German and Japanese to Czech and Zulu



Tip

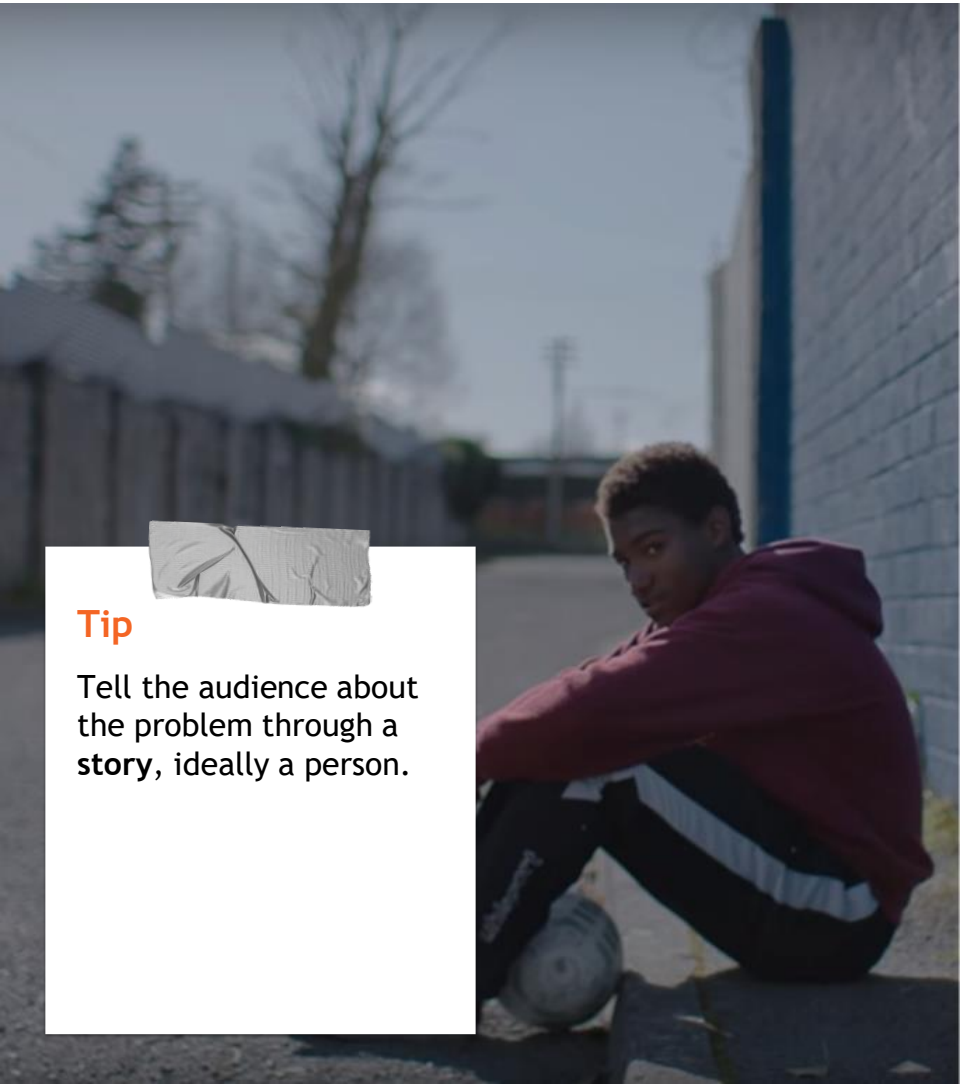
Don’t wait till the end of the presentation to give the bottom line.

Reveal your product or idea (in this case a translation app) up front.

2. Examples

By the end of this section, your audience should be able to visualize:

- ➔ **What**
  What is the pain you cure with your solution?
- ➔ **Who**
  Show them a specific person who would benefit from your solution.



Tip

Tell the audience about the problem through a **story**, ideally a person.

Meet Alberto.

He recently moved from Spain to a small town in Northern Ireland.

He loved soccer, but feared he had no way to talk to a coach or teammates.

Meet Marcos.

He recently opened a camera shop near the Louvre in Paris.

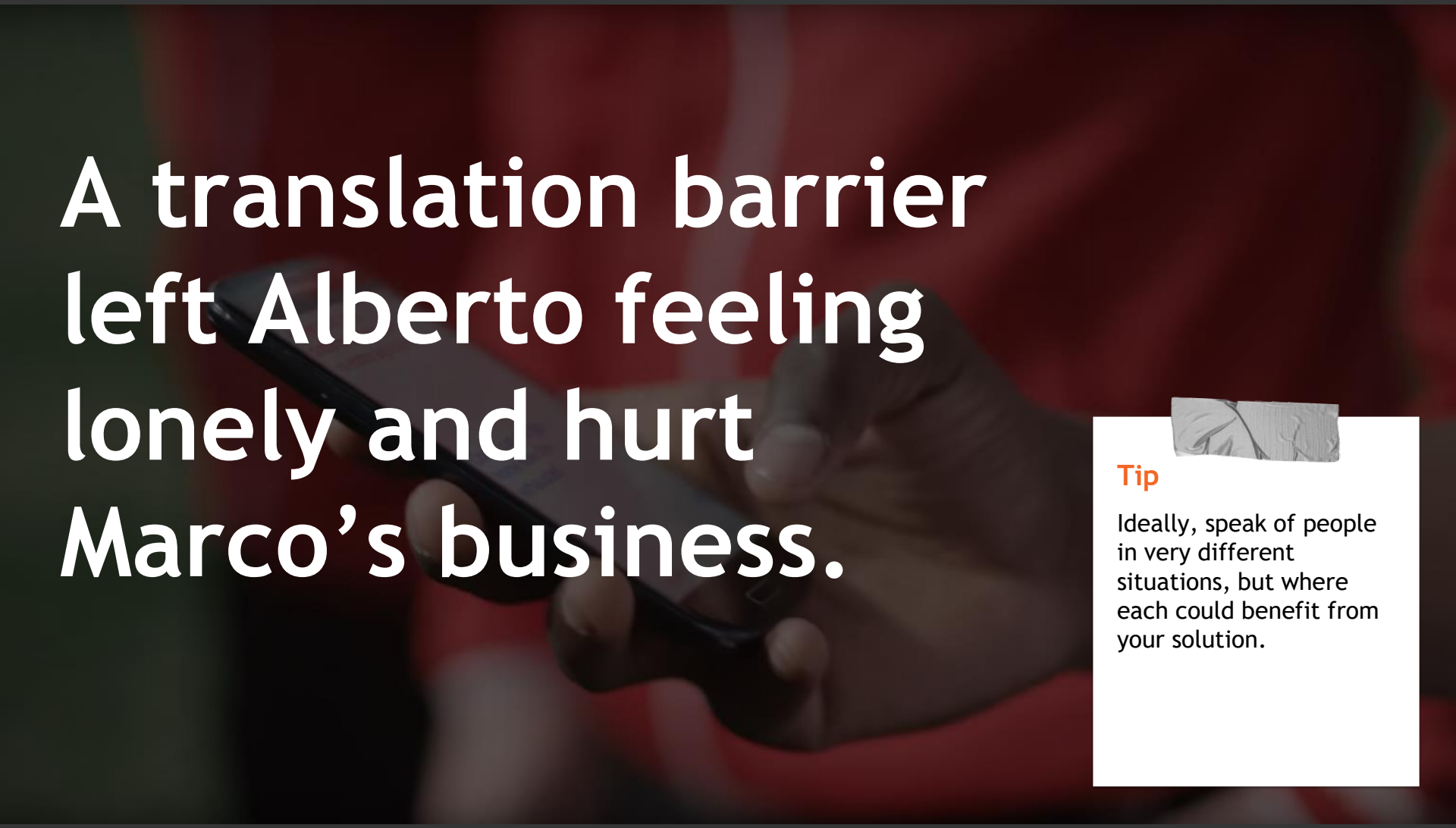
Visitors to his store, mostly tourists, speak many different languages making anything beyond a simple transaction a challenge.

Story for illustration purposes only

Tip

If one example isn't sufficient to help people understand the breadth of your idea, pick a couple of examples.

A translation barrier left Alberto feeling lonely and hurt Marco’s business.



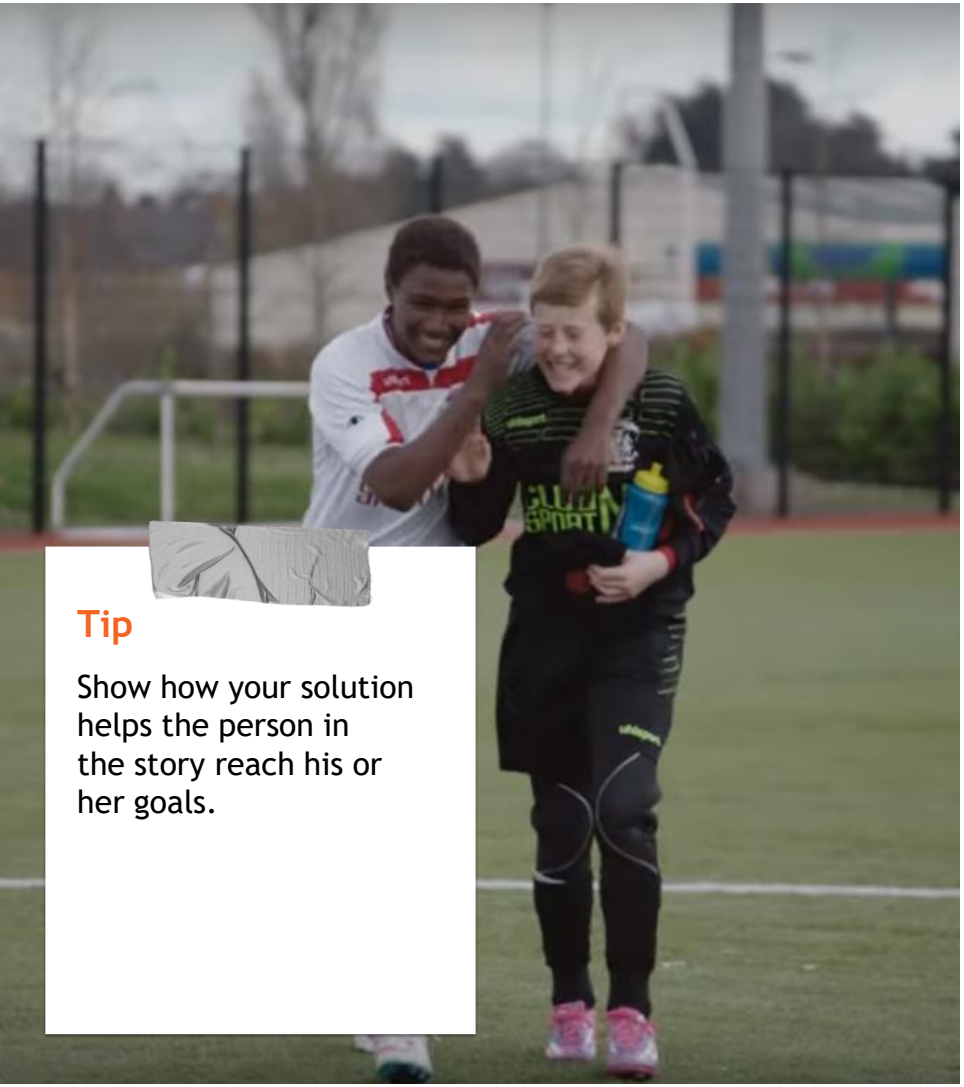
Tip

Ideally, speak of people in very different situations, but where each could benefit from your solution.

Then, Marcos discovered Google Translate

He has his visiting customers speak their camera issues into the app.

He’s able to give them a friendly, personalized experience by understanding exactly what they need.



Tip

Show how your solution helps the person in the story reach his or her goals.

A simple gesture

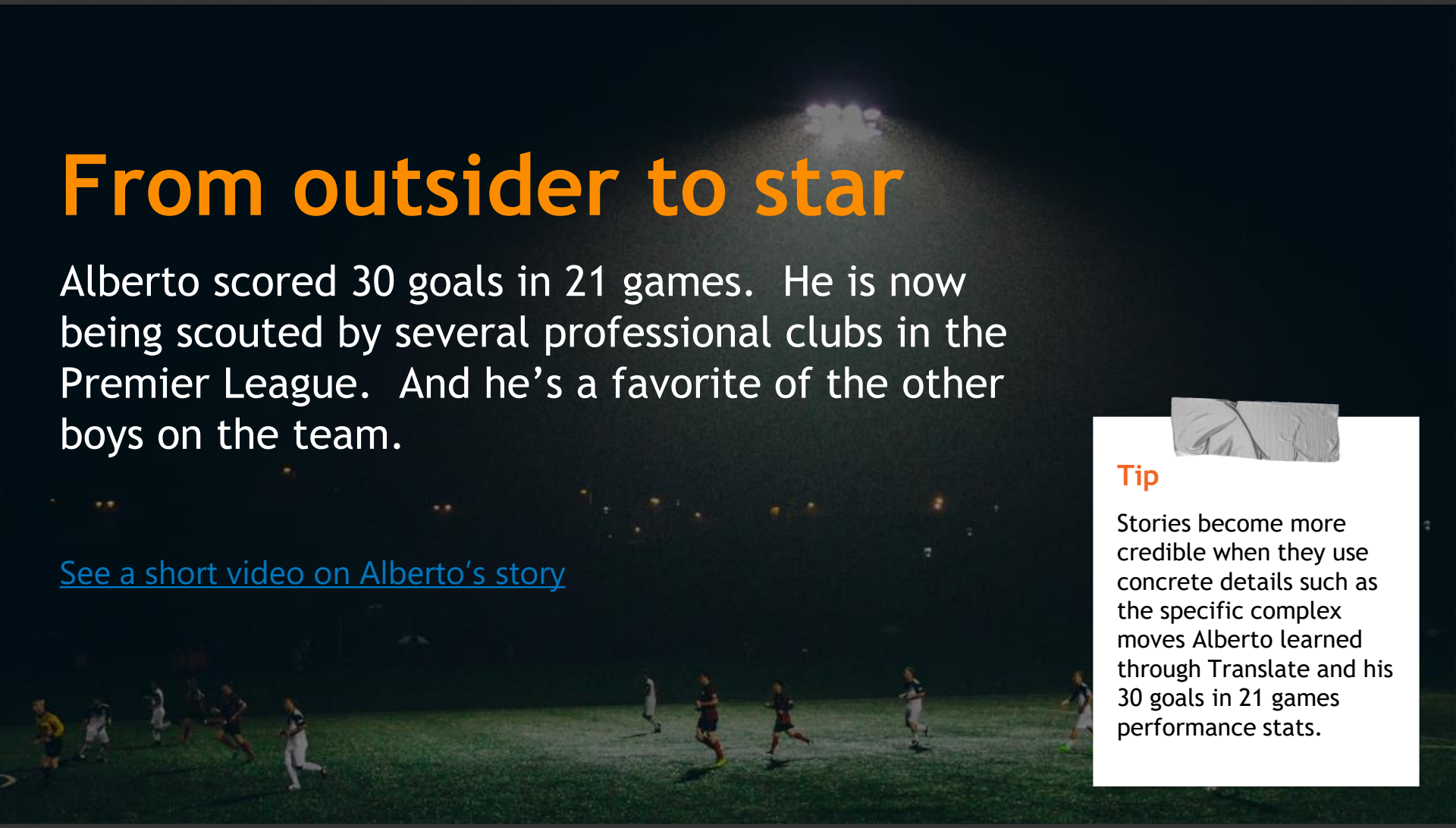
Coaches Gary and Glen knew no Spanish.

They used Google Translate to invite Alberto to join in... “Do you want to play?”... “Can you defend the left side?”

From outsider to star

Alberto scored 30 goals in 21 games. He is now being scouted by several professional clubs in the Premier League. And he's a favorite of the other boys on the team.

See a short video on Alberto's story



Tip

Stories become more credible when they use concrete details such as the specific complex moves Alberto learned through Translate and his 30 goals in 21 games performance stats.

3. Examples

People need to understand how rare or frequent your examples are.

Pick 1 or 2 statistics and make them as concrete as possible. Stats are generally not sticky, but here are a few tactics:

- ➔ **Relate**
  Deliver data within the context of a story you've already told
- ➔ **Compare**
  Make big numbers digestible by putting them in the context of something familiar

It’s no surprise Marcos uses Google Translate in his shop regularly.

There are 23 officially recognized languages in the EU.

Source: theguardian.com

Tip

Don’t let data stand alone. Always relate it back to a story you’ve already told, in this case, Marco’s shop.

More than 50 million Americans travelled abroad in 2015

THAT'S MORE THAN THE POPULATION OF CALIFORNIA AND TEXAS COMBINED

Source: travel.trade.gov

Tip

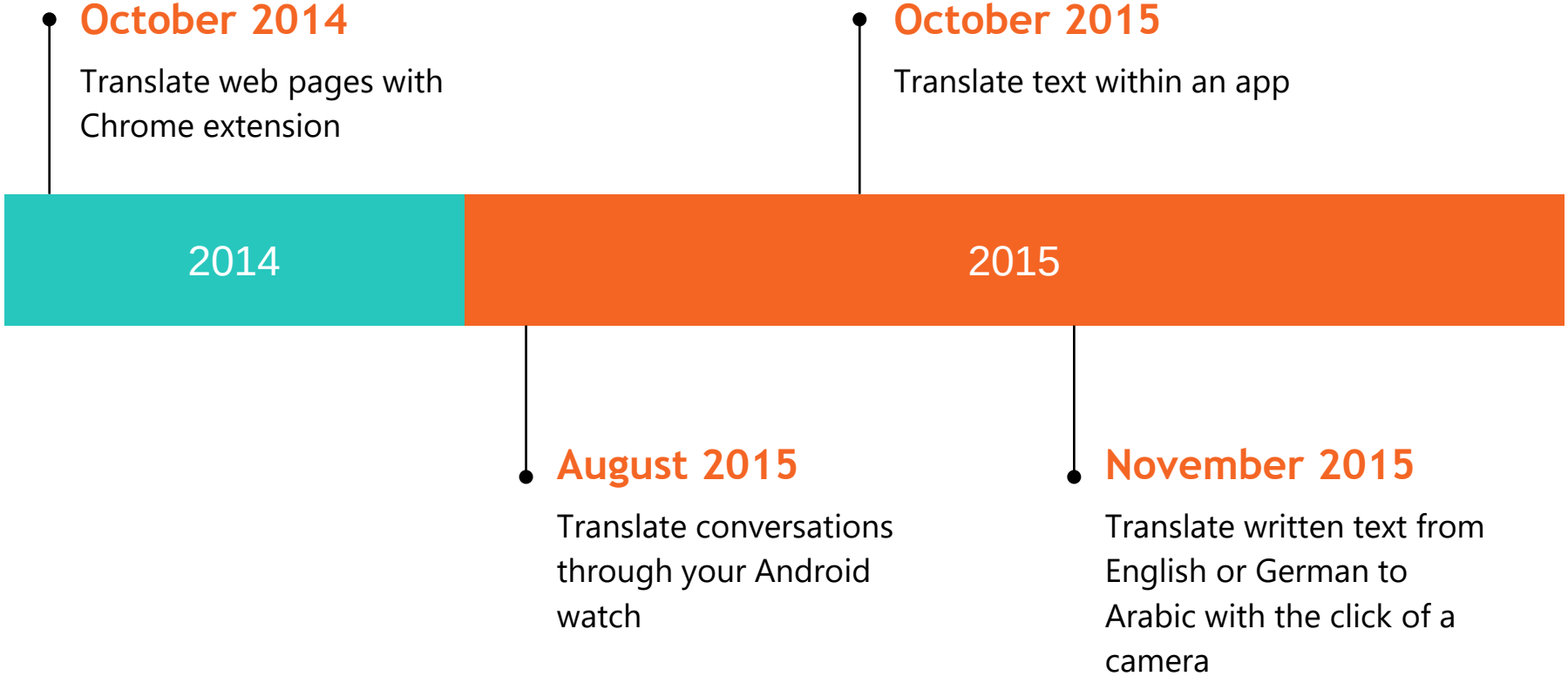
When a number is too large or too small to easily comprehend, clarify it with a comparison to something familiar.

4. Closing

Build confidence around your product or idea by including at least one of the these slides:

- ➔ **Milestones**
  What has been accomplished and what might be left to tackle?
- ➔ **Testimonials**
  Who supports your idea (or doesn't)?
- ➔ **What's next?**
  How can the audience get involved or find out more?

Milestones


October 2014
Translate web pages with Chrome extension
October 2015
Translate text within an app
2014
2015
August 2015
Translate conversations through your Android watch
November 2015
Translate written text from English or German to Arabic with the click of a camera

What people are saying

With this app, I'm confident to plan a trip to rural Vietnam

Wendy Writer, CA

Visual translation feels like magic

Ronny Reader, NYC

Translate has officially inspired me to learn French

Abby Author, NYC

Quotes for illustration purposes only

Tip

Inspire your audience to act on the information they just learned.

Depending on your idea, this can be anything from downloading an app to joining an organization.

Good luck!

We hope you'll use these tips to go out and deliver a memorable pitch for your product or service!

For more (free) presentation tips relevant to other types of messages, go to heathbrothers.com/presentations

For more about making your ideas stick with others, check out our book!

How to Get From Here to There?

HERE
(TODAY)

AWARENESS

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

WILL

- RECOGNITION
- STORYTELLING
- FRAMING
- EVIDENCE
- FUN
- ASSOCIATION
- VISION
- SENSEMAKING
- ADVANCEMENT
- MONEY
- TRANSPARENCY
- POLICY
- REGULATION
- PUNISHMENT
- HUMILIATION
- CRISIS

BEHAVIOR CHANGE

- COLLABORATIVES
- COMMUNITIES OF PRACTICE
- CAMPAIGNS
- EXTENSION AGENTS
- FRANCHISING
- GAMIFICATION
- INNOVATION CHALLENGES
- GRASSROOTS ORGANIZING
- "WEDGE AND SPREAD"
- NETWORK RIDING

THERE
(AIM)

Lunch

13:00 – 13:45

Session 2: Self-harm and CYP

WENDY MINHINNETT

ROLLER COASTER

PARENT/CARER SUPPORT

- Support Groups
- E-Network & Social Media
- Parent Peer Support Training
- Parent Advisory Work

A journey of self harm
Parents, pebbles
& Lessons from a Sat Nav

Sleep Problems

Outbursts after school

Tummy aches

Friendship issues

“I’m really worried”

Courage

“Fine in school,
there's nothing we can do”

Didn't believe me

Stupid

It must be me

Embarrassed


12
1
2
3
4
5
6
7
8
9
10
11

Getting worse

anger

battle

everyday

anxious

tears

"I don't know what to do"

Courage

Relieved

CAMHS
Child & Adolescent Mental Health Services

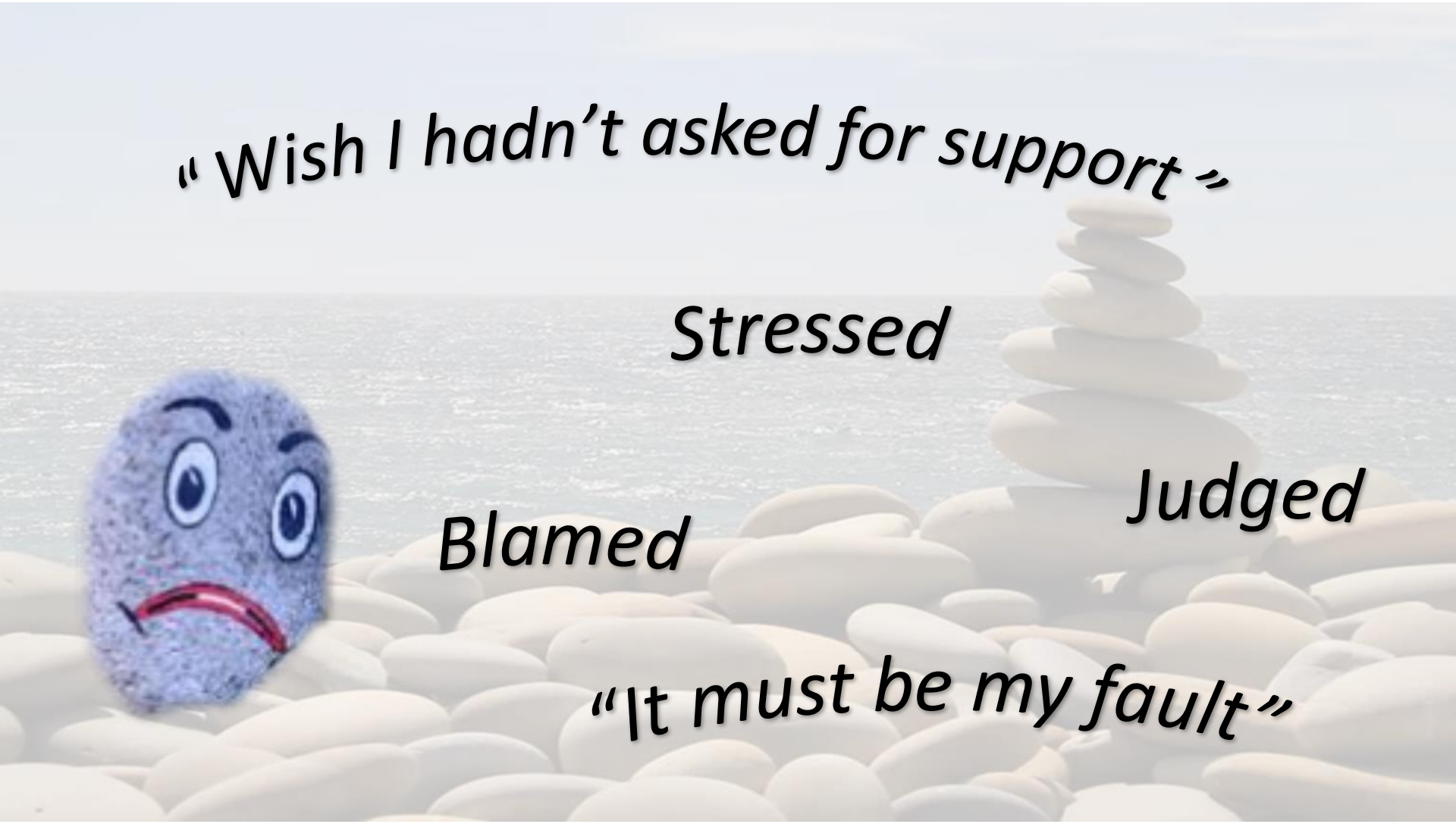
CAMHS
Child & Adolescent Mental Health Services

What have you tried?

Family Worker

HOME VISITS

Parenting Programme 6 weeks


“Wish I hadn’t asked for support”
Stressed
Judged
Blamed
“It must be my fault”


12
1
2
3
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11

Refusing to go to school

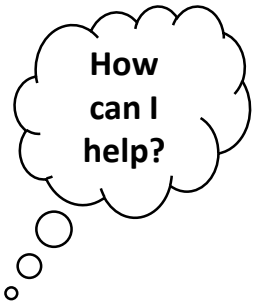
Anxiety Increases

Low Mood

Self-harm

"I'm so scared, just don't know what to do"

Courage



CAMHS
Child & Adolescent Mental Health Services

"Nothing we can do if they won't engage"

"Excluded"

“We are going through some tough things at the minute, and because he won't engage, we are on our own.”

“She had cut her wrist, and was holding a bread knife saying she would kill me and then proceeding to slam her wrist in the larder door, to try and make it bleed more.”

Lost

"I lived in fear every day that I would lose my daughter."

Isolated

Failure

Getting it wrong

“I walked into the bedroom and found my daughter unconscious, she had tied a piece of clothing to the curtain pole... I thought my world was ending and no words can describe the fear and feelings I felt that night.”

“I found it unhelpful when my daughter was into her 3rd day of being in a rage. She was completely unapproachable, I called the crisis team and they came from her room, and just told me to stay out and they couldn't assess her. I told them she was a risk to us or her, the next day she took an overdose.”

Crisis

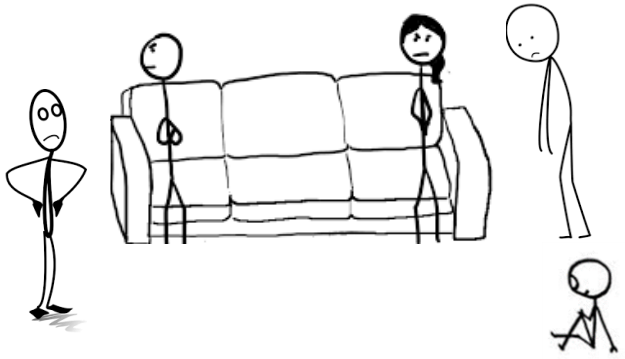
"she's doing it when someone is in the house so she mustn't want to die"

"It's not a mental health crisis"

"It's not a social care crisis"

"It's not a police crisis"

10+ services



“Just feeling really scared tonight as it’s my first CPA meeting tomorrow, and so much of the report reads so very wrong. Labelling me as neglecting my child, when I've fought for 3 years to get him help for his mood swings and anger including self-harm being expelled and wanting to die.”

“The hardest thing is to get people to believe that they aren't just being naughty, or wilful that it's not the results of drugs. But the drugs are a way they cope, as they know they are different and struggle to fit in.”

Can't take any more

Despair

Frustrated

Alone

Lost

Scared

Failure

I Feel like giving up,
I'm sick of fighting

This is what our system is doing to families

Some weather the storm & turn out beautiful

Others get completely worn down & lost in the world

If we want to prevent self harm-We have to do better!

Listened & strategies

Skills training

Always a way to engage

CAMHS
Child & Adolescent Mental Health Services

Online Support

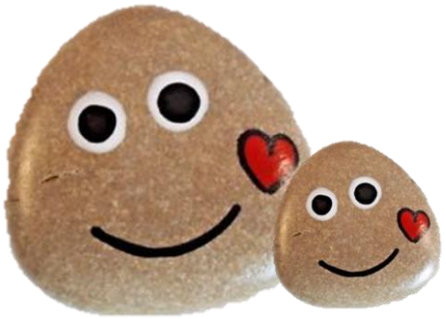
Relationships

Children's Services

Peer support

Navigator

Crisis



HELPFUL THINGS

Practical help in the moment

Meeting other people going through similar experiences- Support Groups

Home visits & not giving up

Having a family centred crisis management plan

Involvement/co-production- sense of purpose

Training & information sessions

Parent Training

Gave me a life again

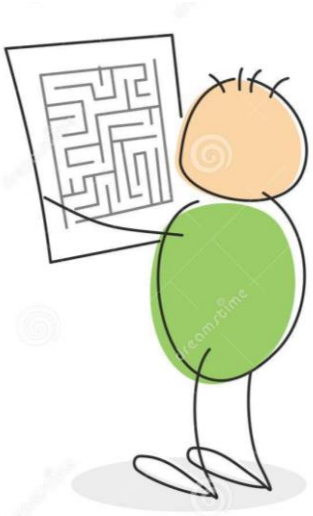
- **Information on how to manage children's mental health**
- **Funding Charlie Waller Memorial Trust**
- **Co-produced training-parent/CAMHS Clinicians**
- **10 courses-over 200 parents**

The self harm and crisis course are still helping me cope with the extreme situations we find ourselves in

Finding the course really helpful – especially with the practical strategies and how to talk/ work through coping strategies when daughter is calm.

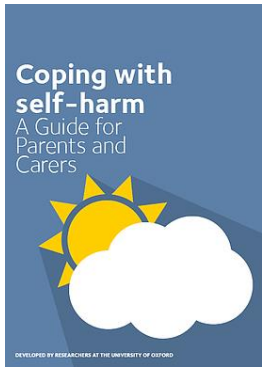
Parent Experience

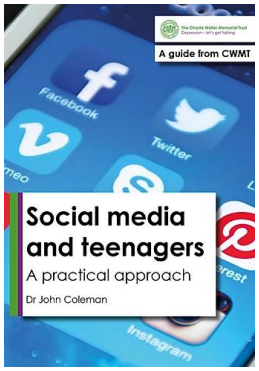
- Being consistent
- Looking behind the behaviour
- Keeping an open dialogue
- Honesty
- Firm and constant boundaries
- A good first aid kit
- Distraction
- Buckets of empathy
- Being present
- Listening
- Reflecting together
- Naming the need
- Noticing and talking through the moods
- Remembering this is not personal
- This is not about you, it's about them, so just being there



- Mental health nurses who think that they should punish.
- Lack of good resources
- Poor communication with parents
- Doing to patients, rather than taking the time understand or listen
- Medicating instead of support
- Blaming parents
- Ignoring wounds
- Lack of kindness
- School searching bags
- School asking child to sign contract

Free Resources



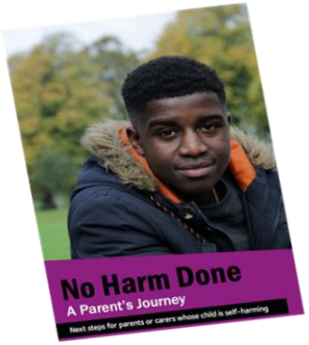


MindEd Suicide prevention and self-harm Prevention

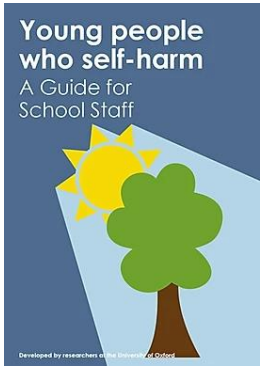
https://www.minded.org.uk/catalogue/TileView

https://www.minded.org.uk/Catalogue/Index?HierarchyId=0_42929&programmeId=42929

https://mindedforfamilies.org.uk/young-people/i-am-urgently-concerned/



https://youtu.be/b4cPCcJ6o88



https://papyrus-uk.org/

https://www.happymaps.co.uk/crisis-self-harm

https://www.giveusashout.org/

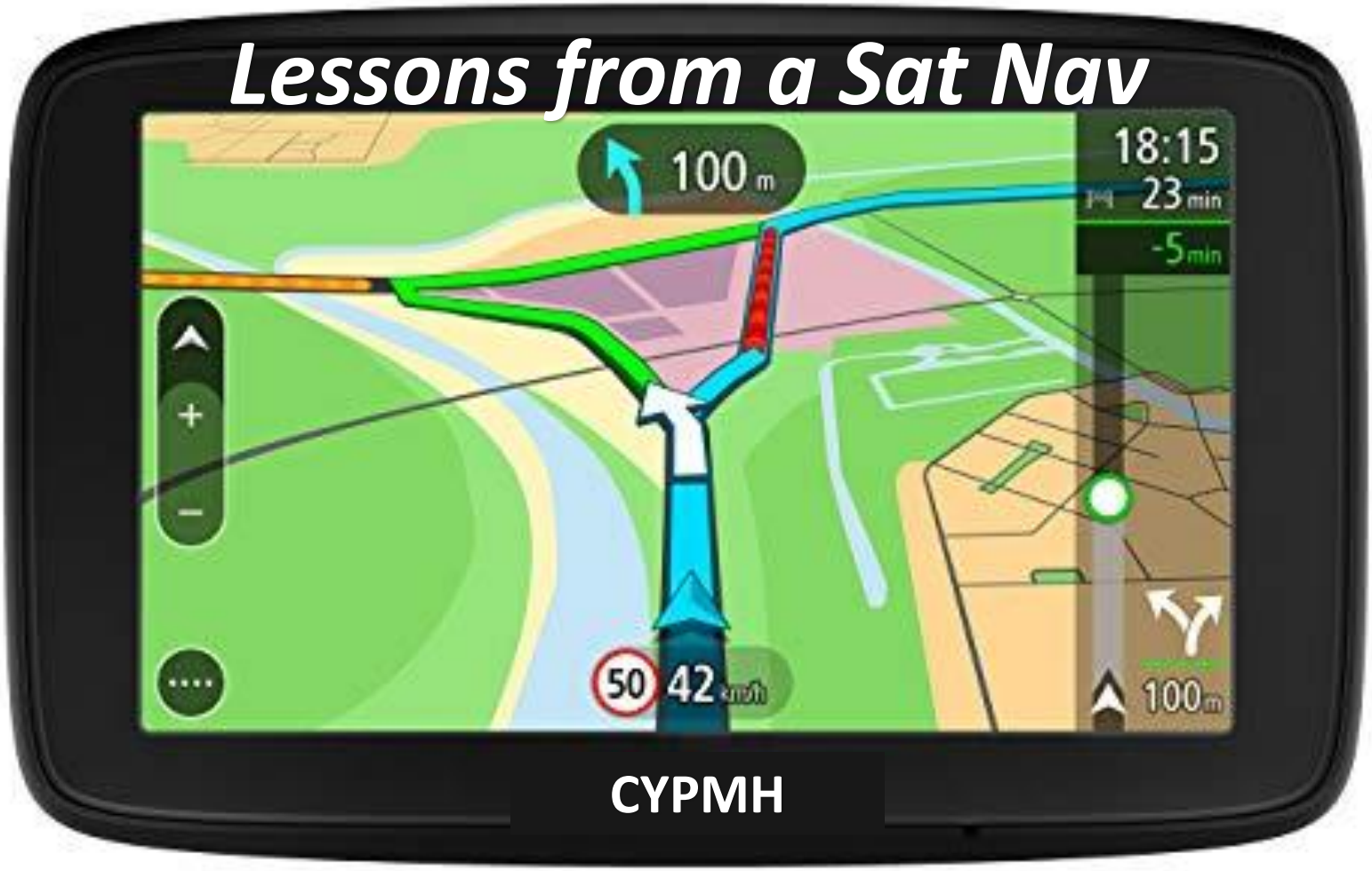
http://www.helpforparents.org.uk/

https://www.cwmt.org.uk/schools-families-resources

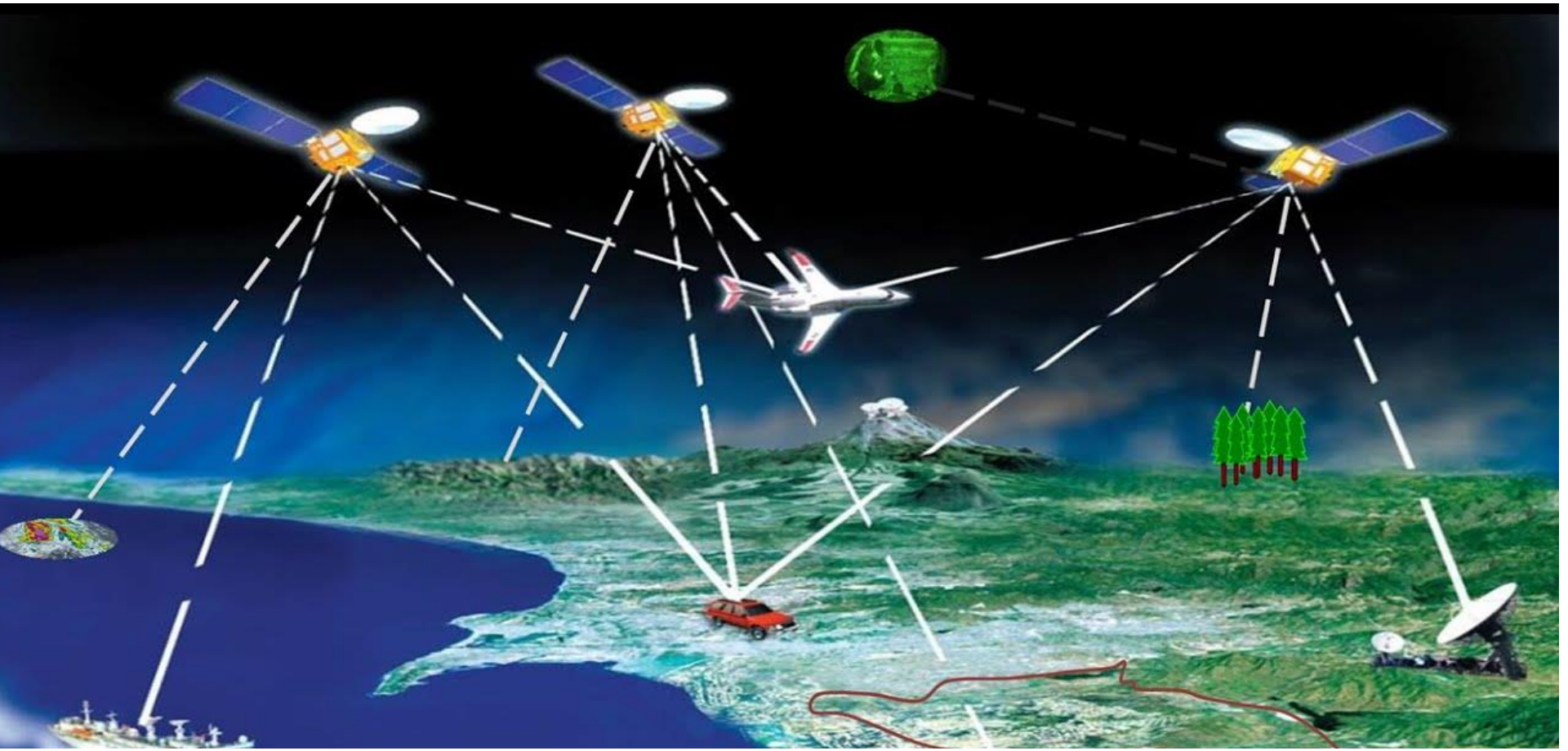
A few things I've learned

- Hope
- You can't make someone stop self harming
- Learning, understanding and being there
- It's a personal journey-young person and the family
- No one size fits all-offer a range of support options
- Helping families heal (wrong thing for right reason)
- Helping young people find a sense of purpose is key

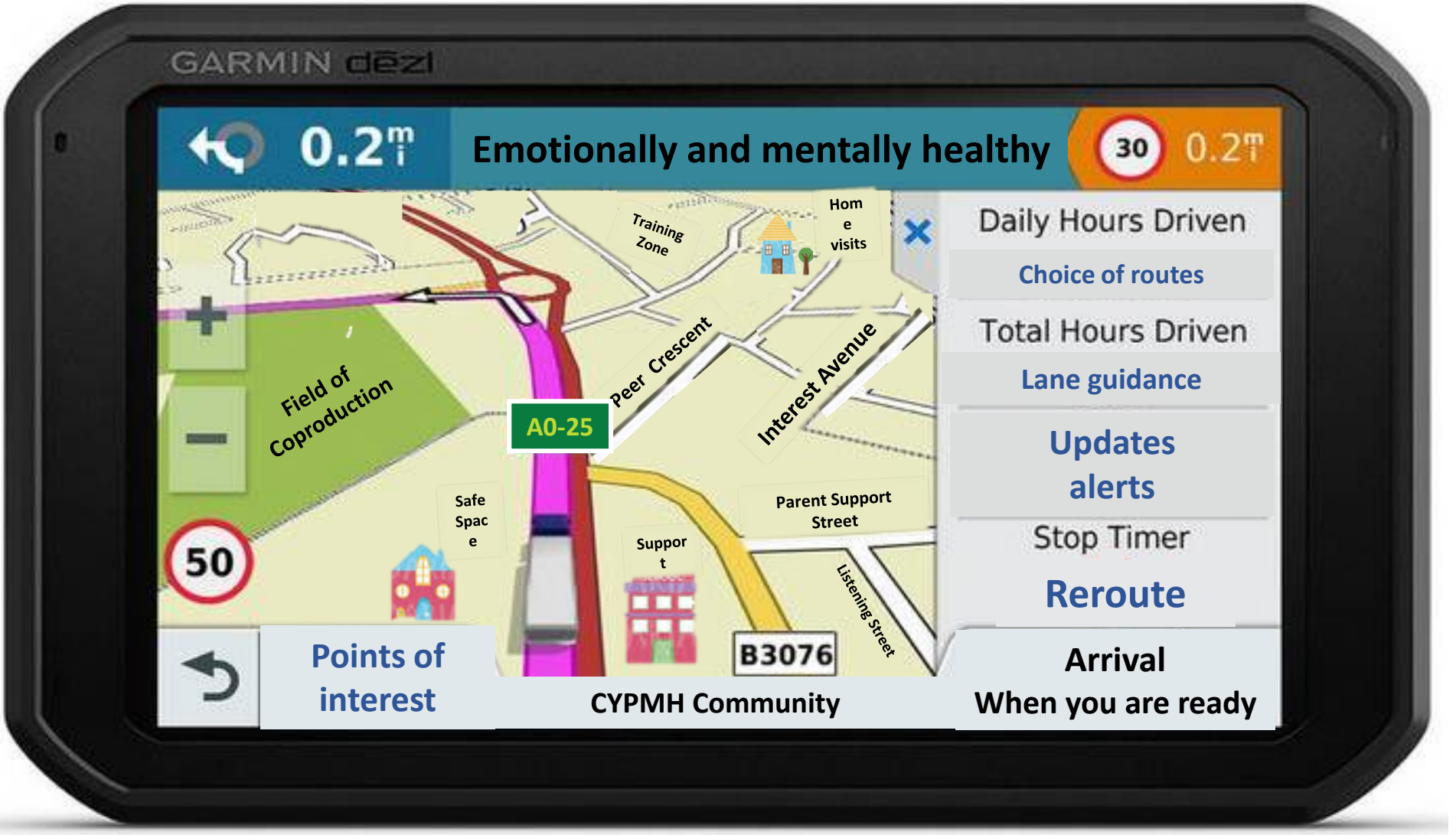
Lessons from a Sat Nav



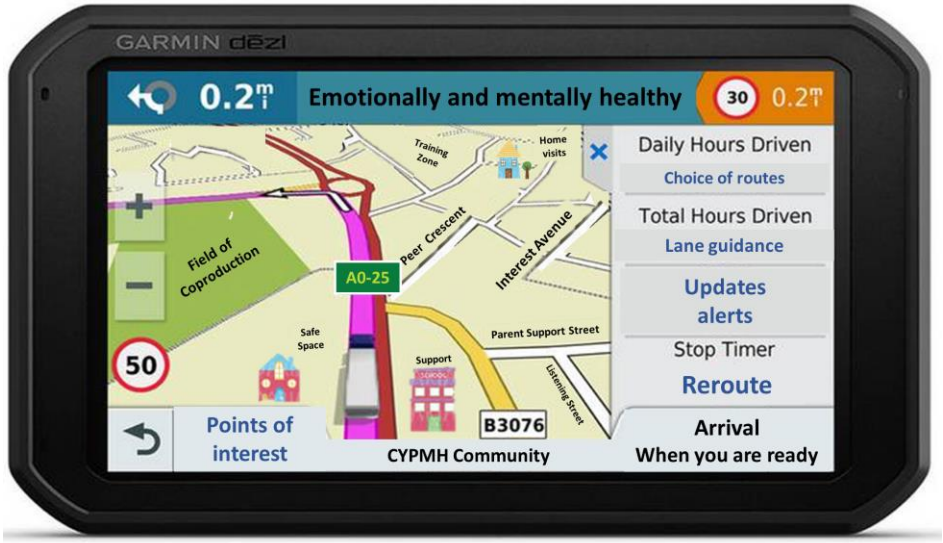
CYPMH



Driving along-amazing system at work
This is a system families hope for


GARMIN dēzl
0.2m
Emotionally and mentally healthy
30
0.2m
Training Zone
Hom e visits
Field of Coproduction
Peer Crescent
Interest Avenue
A0-25
Safe Spac e
Suppor t
Parent Support Street
Listening Street
B3076
50
Daily Hours Driven
Choice of routes
Total Hours Driven
Lane guidance
Updates alerts
Stop Timer
Reroute
Points of interest
CYPMH Community
Arrival
When you are ready

Design your Self harm support system



What do you already have in place that's working? Think about the things families ask for e.g.

- Safe space
- Engagement activities
- Skills Training
- Free Resources

Self harm Support Post Code

D	O	1	8	6	Y	A
Deliver training to families	Order free resources	1 shared message around self-harm	8 schools per year to receive training	6 people with lived experience to be involved	Young people's drop in	Access to digital support available

Final Destination-shared postcode

THANK YOU

Close