

Suicide Prevention Programme Learning Set 1

20th October 2020

Welcome!

Thank you for joining this National
Suicide Prevention event

The event will start at 13:00

Introduction

National Collaborating Centre for Mental Health

Tom Ayers

Housekeeping

- Please mute your speakers/audio unless you are speaking
- Please turn your camera off when others are presenting
- If you would like to ask a question or leave a comment, please use the chat function within the meeting
- If you experience any technical difficulties, please email safetyimprovement@rcpsych.ac.uk
- The presentations and Q&A will be recorded and shared on our website. If following today's event you do not wish to be identified please contact us on the email above

Agenda

12:45 – 13:00	All attendees to join the meeting
13:00 – 13:10	Welcome Tom Ayers <i>National Collaborating Centre for Mental Health</i>
13:10 – 13:40	Latest findings on self-harm and suicide prevention, including COVID-19 Prof. Louis Appleby <i>National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)</i>
13:40 – 14:10	Co-production and engaging people in the community Louise Thomas & Vicki Wagstaff <i>Lancashire and South Cumbria STP</i>
14:10 – 14:30	Raising awareness Mike Doyle <i>South West Yorkshire Partnership Foundation NHS Trust</i>
	Breakout groups
14:30 – 15:00	Links and group allocations will be provided during the event

NCISH Update

NCISH

Prof. Louis Appleby

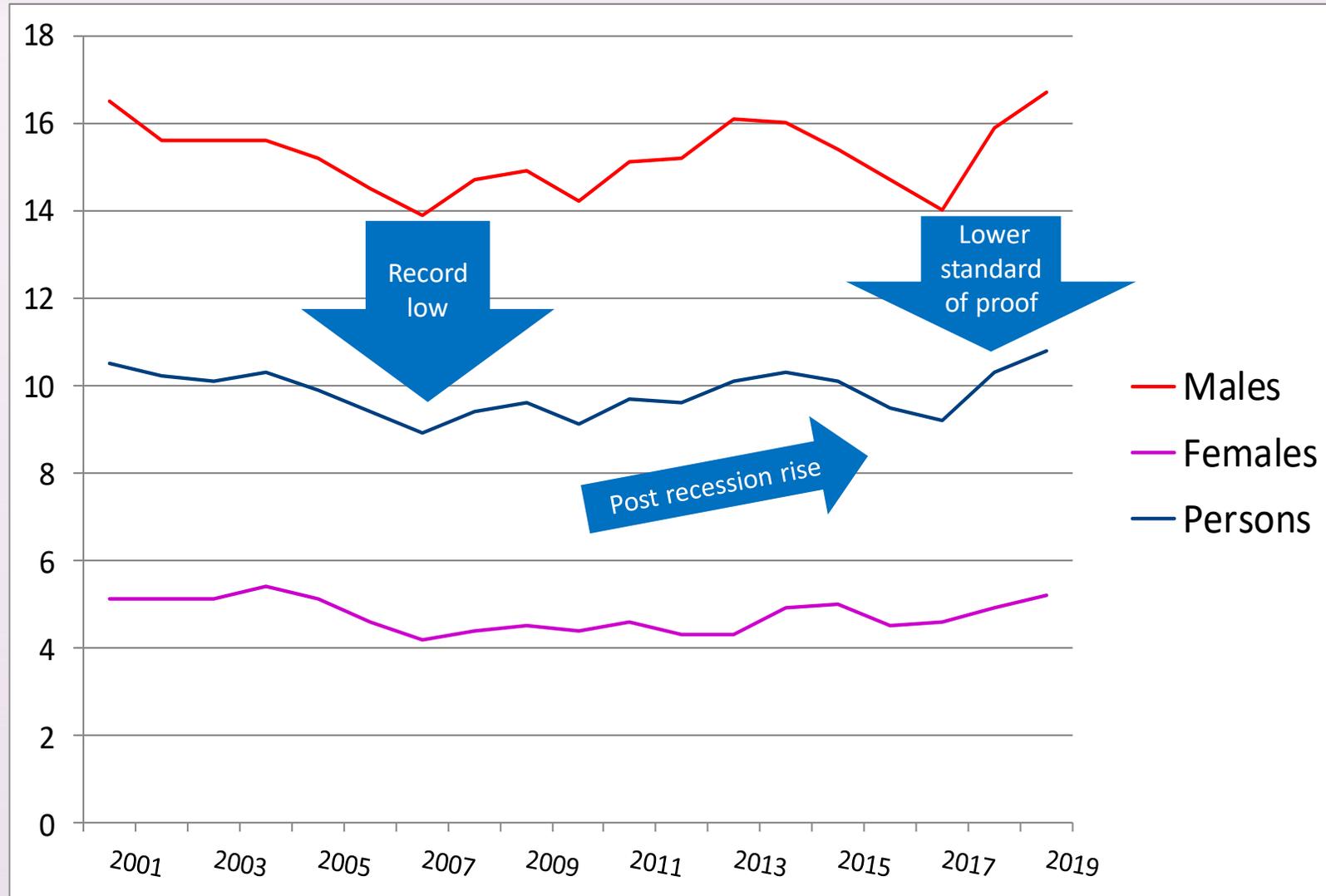
National Confidential Inquiry into Suicide and Safety in Mental Health

STP Learning Day
Latest findings on self-harm and suicide prevention, including COVID-19

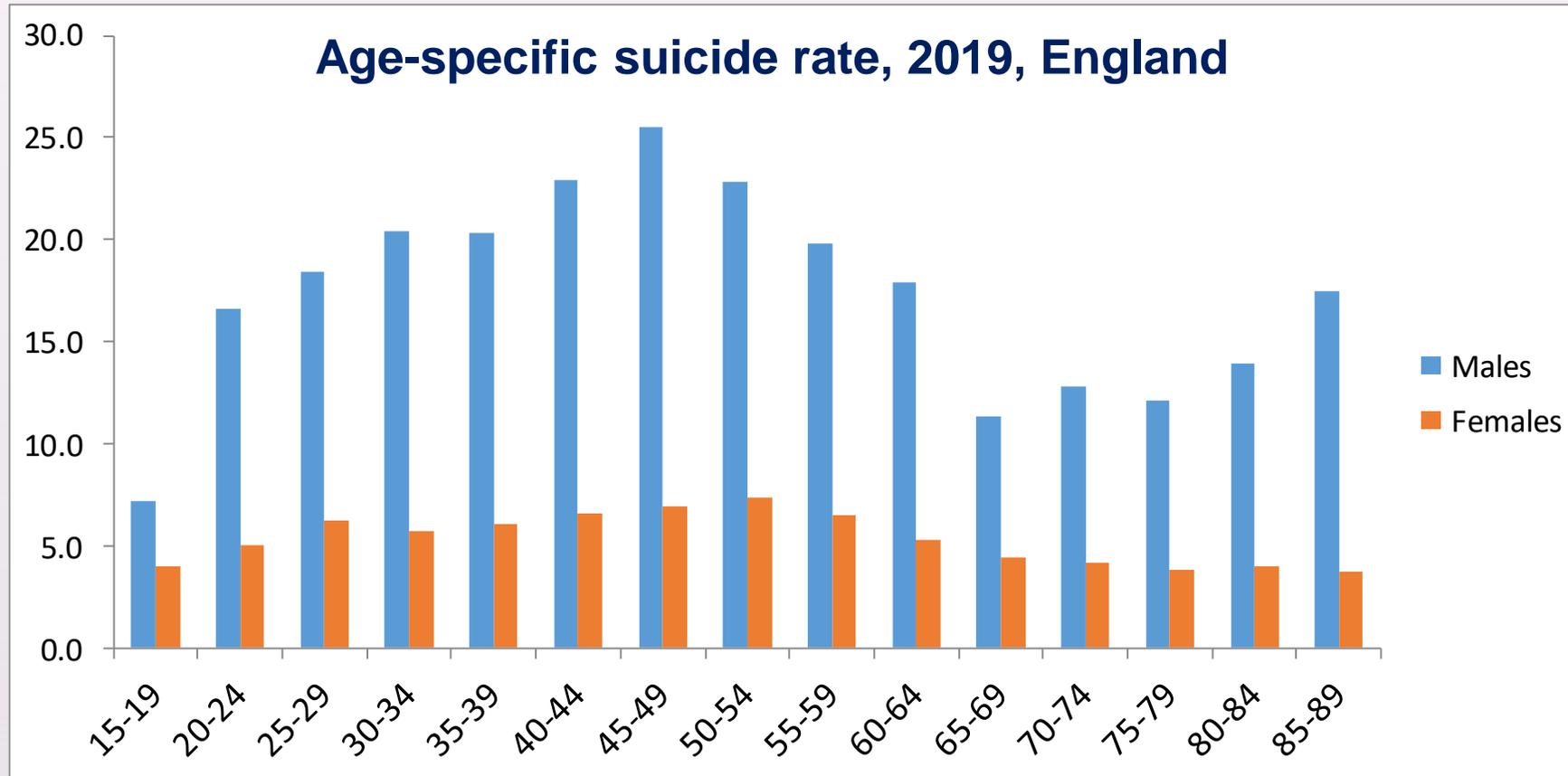
20th October 2020

Professor Louis Appleby

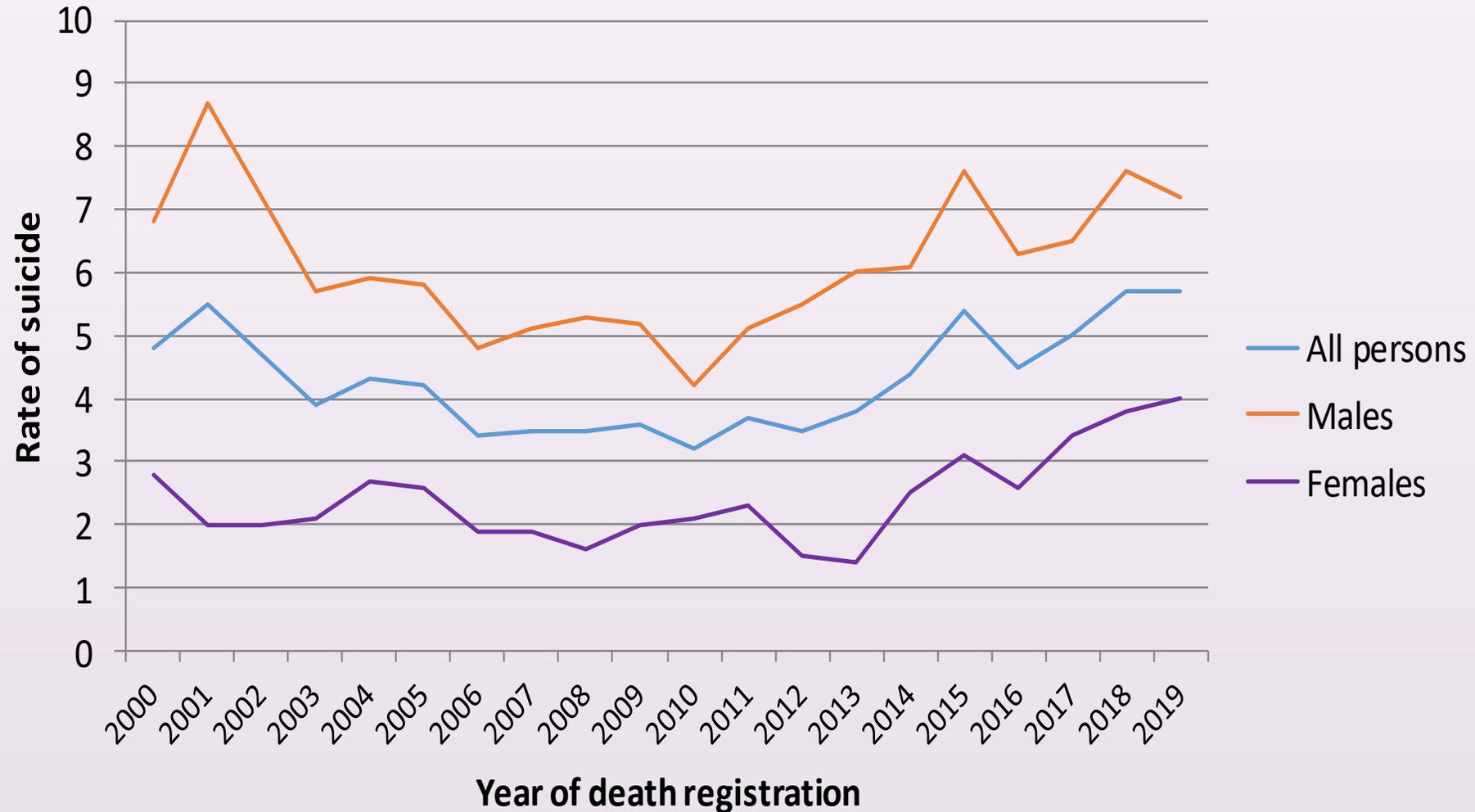
Suicide rate in England



Suicide in age & sex groups



Suicide rates 15-19 year olds



1. Extended STP support to include **wave 3**
2. UK-wide **COVID-19** suicide support
3. Real Time Surveillance (**RTS**) data
4. Contributing to **national suicide prevention response**



THE LANCET Psychiatry

COMMENT | VOLUME 7, ISSUE 6, P468-471, JUNE 01, 2020

PDF [500 KB] Figures Save

Suicide risk and prevention during the COVID-19 pandemic

David Gunnell • Louis Appleby • Ella Arensman • Keith Hawton • Ann John • Nav Kapur • et al. Show all authors

Published: April 21, 2020 • DOI: [https://doi.org/10.1016/S2215-0366\(20\)30171-1](https://doi.org/10.1016/S2215-0366(20)30171-1)

Supplementary Material

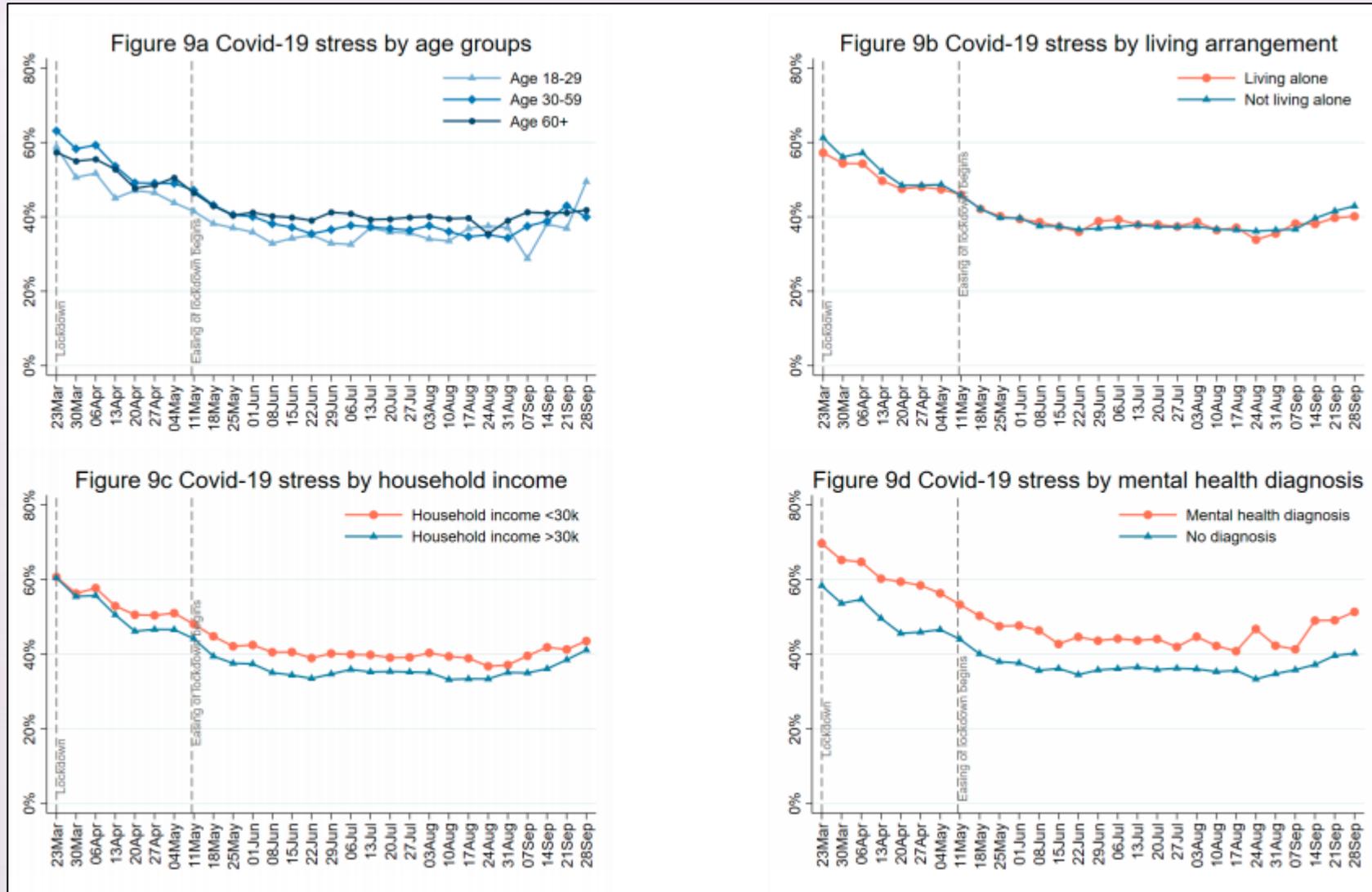
The mental health effects of the coronavirus disease 2019 (COVID-19) pandemic might be profound¹ and there are suggestions that suicide rates will rise, although this is not inevitable. Suicide is likely to

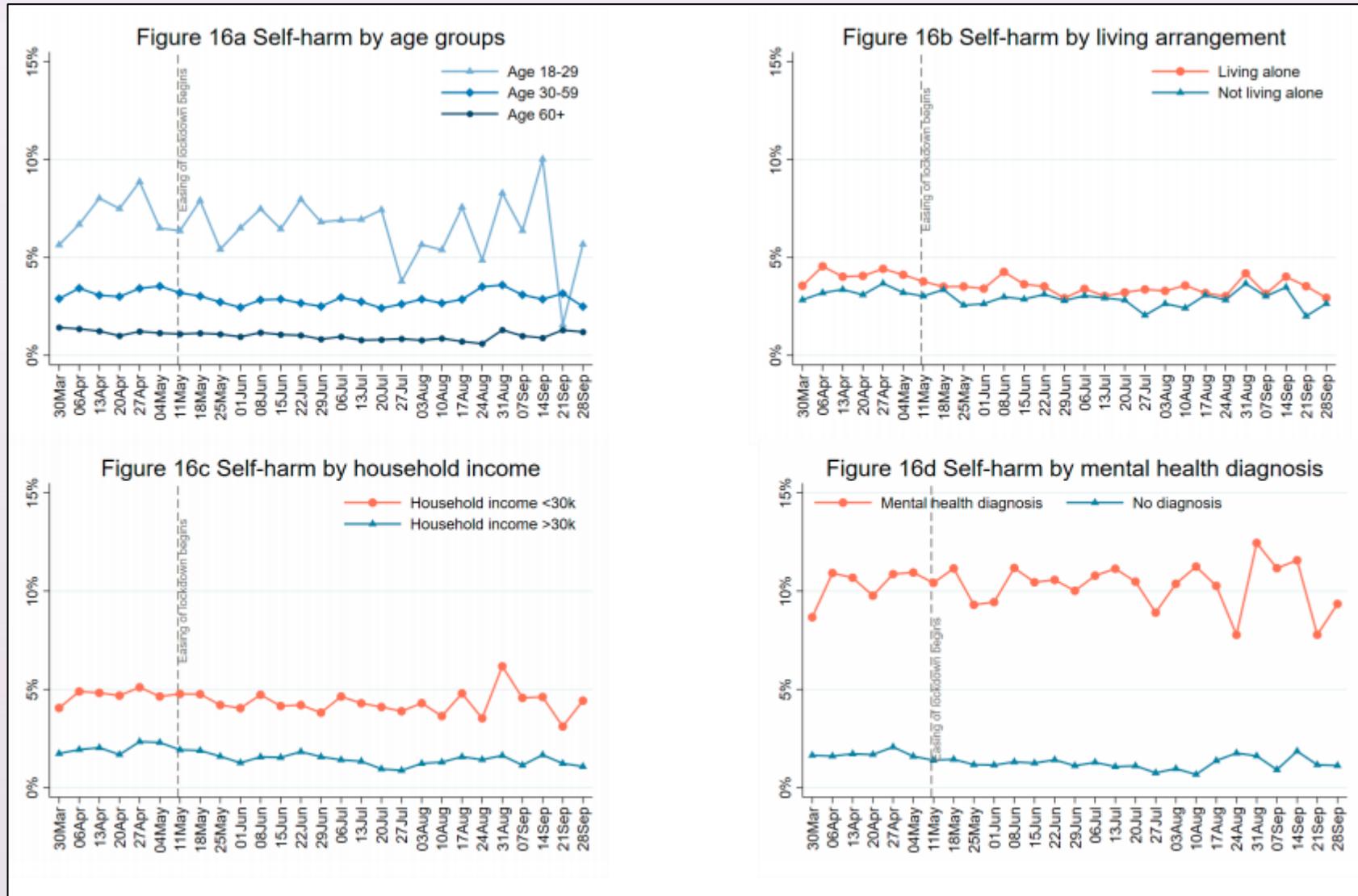
Selective and indicated interventions (Target individuals who are at heightened risk of suicide or are actively suicidal; designed to reduce risk of suicide among these individuals)		Universal interventions (Target the whole population and focus on particular risk factors without identifying those risk factors; designed to improve mental health and reduce suicide)			
Mental illness	Experience of suicidal crisis	Financial stressors	Domestic violence	Alcohol consumption	Isolation, entrapment, loneliness, and bereavement
Mental health services and individual providers Deliver care in different ways (eg, digital modalities); develop support for health-care staff affected by adverse exposures (eg, multiple traumatic deaths); ensure frontline staff are adequately supported, given	Mental health services and individual providers Clear assessment and care pathways for people who are suicidal, including guidelines for remote assessment; digital resources to train expanded workforce; evidence-based online interventions and applications Crisis helplines	Government Provide financial safety nets (eg, food, housing, and unemployment supports, emergency loans); ensure longer-term measures (eg, active labour market programmes) are put in place	Government Public health responses that ensure that those facing domestic violence have access to support and can leave home	Government Public health responses that include messaging about monitoring alcohol intake and reminders about safe drinking	Communities Provide support for those who are living alone Friends and family Check in regularly, if necessary via digital alternatives to face-to-face meetings Mental health services and individual providers Ensure easily accessible help is available for

Research evidence & experience of **national strategies** provide strong basis for suicide prevention

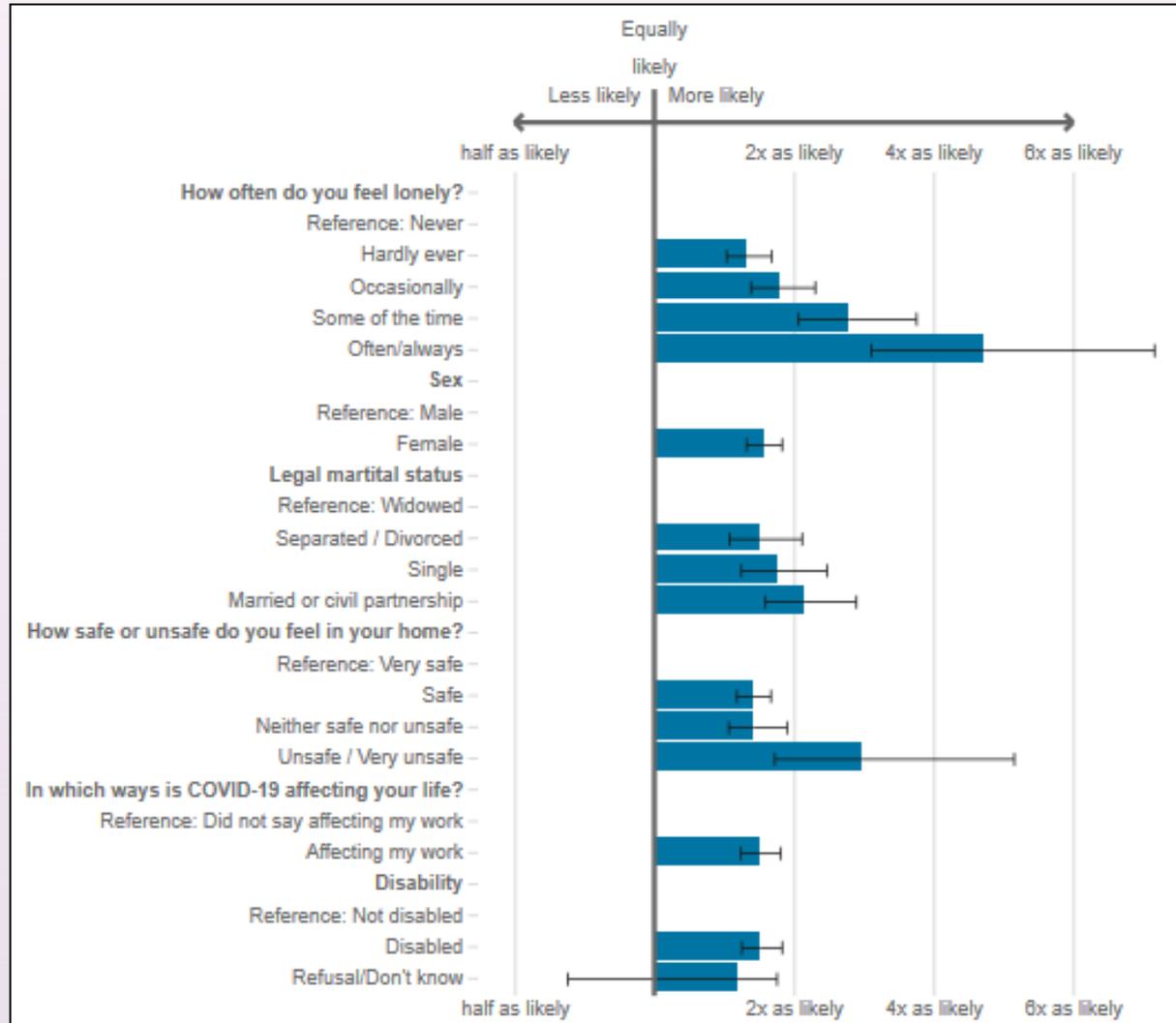
Universal interventions on economic stresses, isolation, alcohol, domestic violence, access to means & media reporting

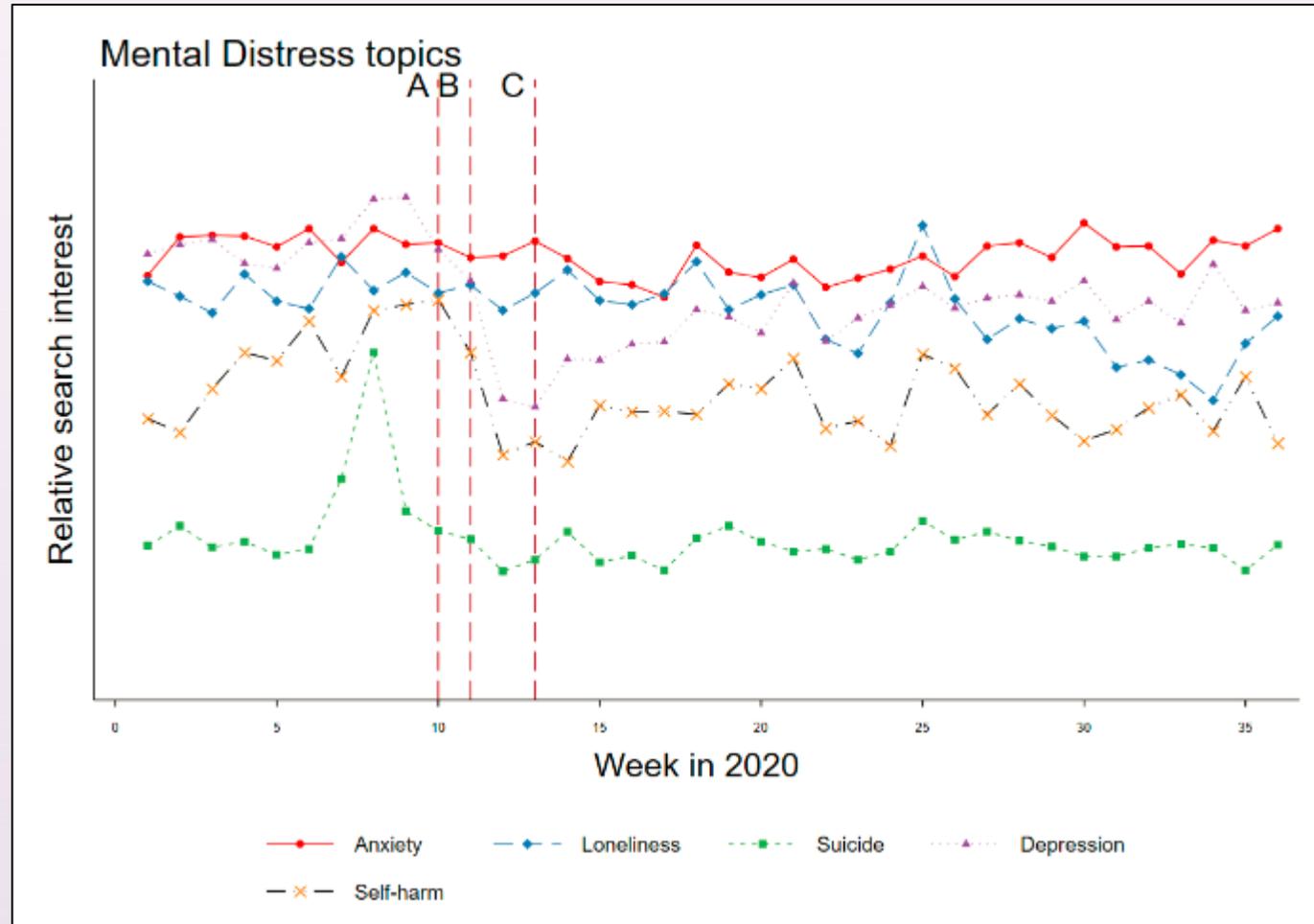
Targeted interventions for those with pre-existing MH problems & people in crisis

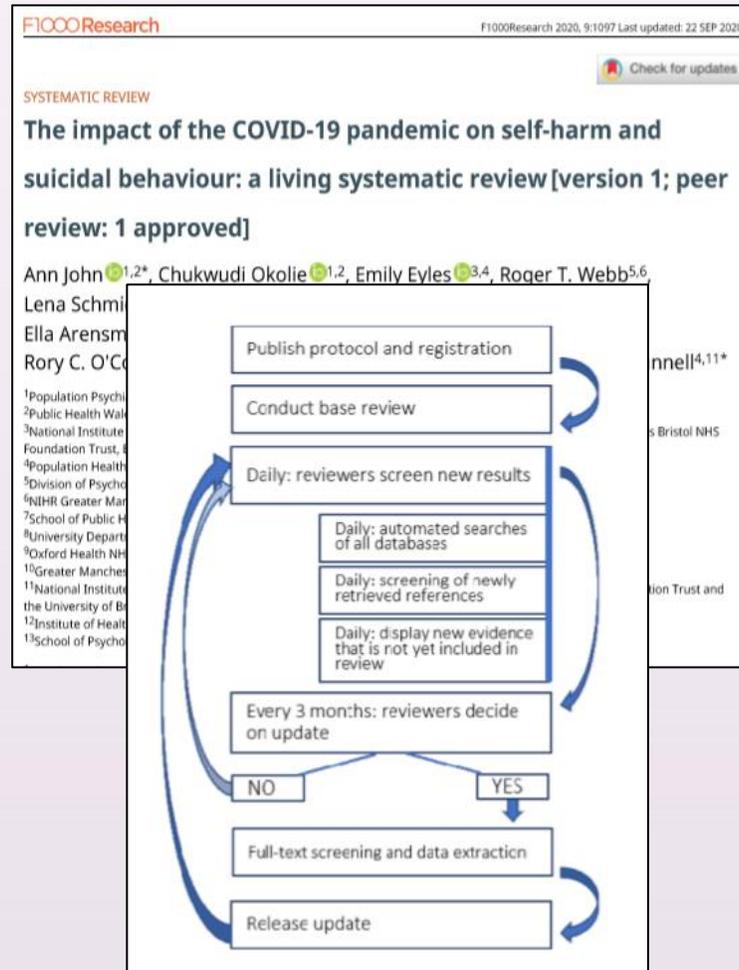




Factors affecting anxiety





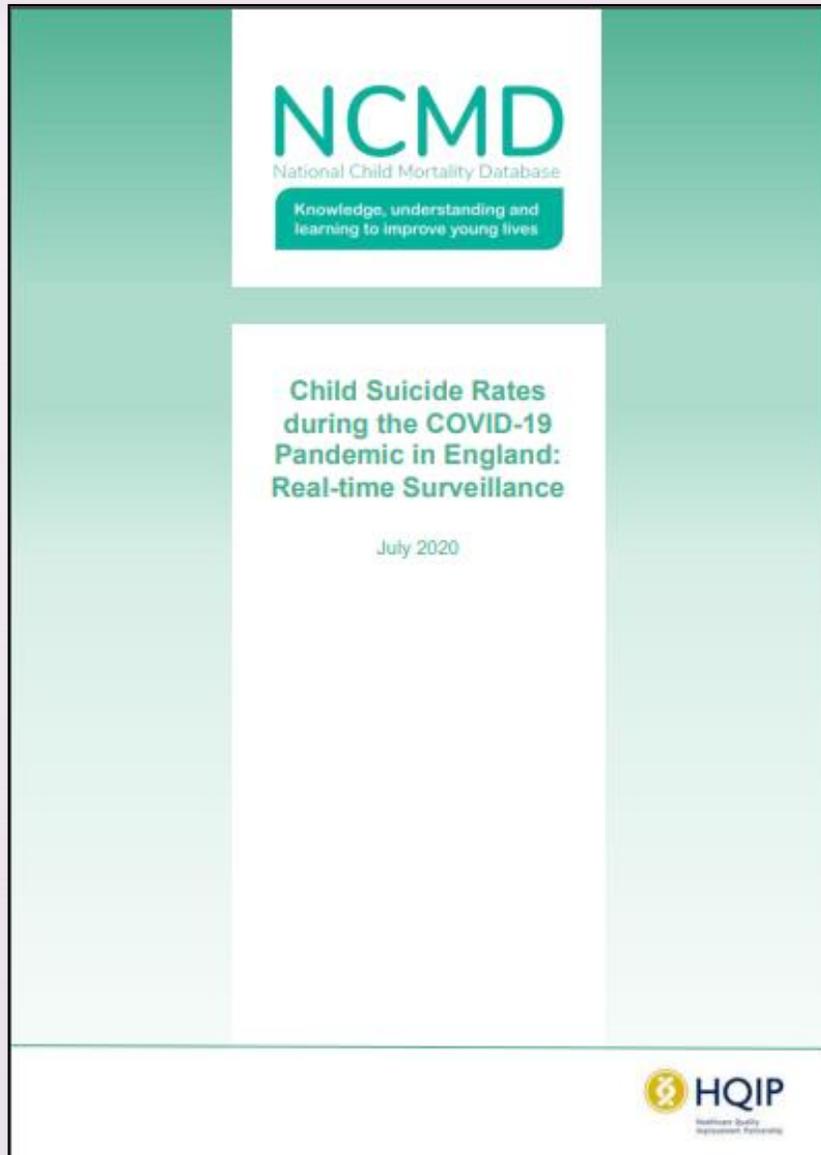


Living systematic review

No evidence of an increase in suicide, self-harm, suicidal behaviour, or suicidal thoughts

Factors associated with suicide include: fear of infection, social isolation and economic concerns

Child suicide rates during the COVID-19 pandemic



Child suicides **may have increased** in first 56 days of lockdown

Risk remains **low**

Numbers too small to reach definitive conclusions

Restriction to education & other activities, disruption to care & support, tensions at home & isolation appeared to be **contributing factors**

Social Psychiatry and Psychiatric Epidemiology
<https://doi.org/10.1007/s00127-020-01927-4>

ORIGINAL PAPER



Impact on mental health care and on mental health service users of the COVID-19 pandemic: a mixed methods survey of UK mental health care staff

Sonia Johnson^{1,2} · Christian Dalton-Locke¹  · Norha Vera San Juan³ · Una Foye³ · Sian Oram³ · Alexandra Papamichail³ · Sabine Landau³ · Rachel Rowan Olive⁴ · Tamar Jaynes⁴ · Prisha Shah⁴ · Luke Sheridan Rains¹ · Brynmor Lloyd-Evans¹ · Sarah Carr⁵ · Helen Killaspy^{1,2} · Steve Gillard⁶ · Alan Simpson^{3,7,8} · The COVID-19 Mental Health Policy Research Unit Group

Received: 12 June 2020 / Accepted: 6 August 2020
© The Author(s) 2020

Abstract
Purpose The COVID-19 pandemic has potential to disrupt and burden the mental health care system, and to magnify inequalities experienced by mental health service users.
Methods We investigated staff reports regarding the impact of the COVID-19 pandemic in its early weeks on mental health care and mental health service users in the UK using a mixed methods online survey. Recruitment channels included professional associations and networks, charities, and social media. Quantitative findings were reported with descriptive statistics, and content analysis conducted for qualitative data.
Results 2,180 staff from a range of sectors, professions, and specialties participated. Immediate infection control concerns were highly salient for inpatient staff, new ways of working for community staff. Multiple rapid adaptations and innovations in response to the crisis were described, especially remote working. This was cautiously welcomed but found successful

Concerns & priorities of 2,180 staff:

Combining **infection control & therapeutic environment** in hospital

Service users losing **support**, feeling **isolated**

Effective targeted **tele-health** implementation in community



Support for:
Isolated
Bereaved
Victims of
domestic abuse



Community:
Enhance social capital
Green space



MH Services:
Access
Crisis/self-harm
Maximise digital
CAMHS,
esp ASD/ADHD



Partnership with:
3rd sector
Local media



Data:
Real Time
Surveillance



www.manchester.ac.uk/ncish



@NCISH_UK

Co-production and engaging people in the community

Lancashire and South Cumbria STP

Louise Thomas & Vicki Wagstaff



Healthier
**Lancashire &
South Cumbria**

Suicide Prevention Team – Wave 1 funding

Louise Thomas (Clinical Network Programme Manager)
Vicki Wagstaff (Clinical Network Manager)

The Partnership

Lancashire and South Cumbria Integrated Care System is the partnership of NHS, local authority, public sector, voluntary, faith, community and social enterprise and academic organisations working together to help the 1.7million residents live longer, healthier lives.

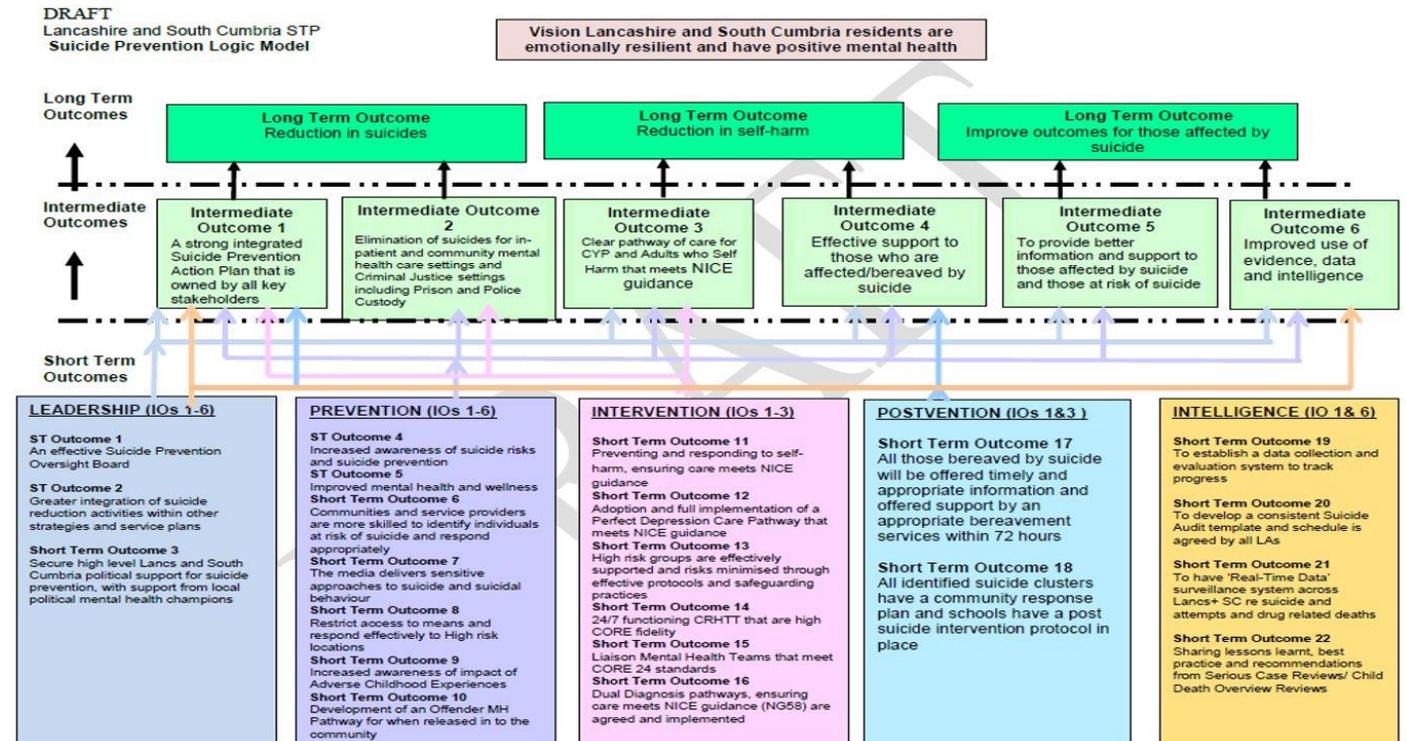


Background

- Lancashire & South Cumbria had the 4th highest suicide rates at the time of funding
- Lancashire & South Cumbria had 2 districts (Blackpool and Barrow in Furness) as the 1st and 3rd highest IN ENGLAND for self-harm admissions at the time of funding
- The region had an STP in place which was in the process of becoming an Integrated Care System (ICS) which is now fully established

Where we were

- Wave 1 STP funded in 2018/19 financial year
- Logic model produced which identified;-
 - 3 long term outcomes
 - 6 Intermediate outcomes
 - 22 Short Term Outcomes
 - **Over 80 tasks/projects** to fully satisfy the logic model



3-year process – Suicide Prevention is ‘Everybody’s Business’

Year	Plan	Outcome
2018/19 – Y1	Create a whole system approach and understanding to suicide prevention	<ul style="list-style-type: none"> - Suicide Prevention Steering Group - Community feedback and information events - Embed SP into NHSE/Local Authorities/Police etc - Focus groups and lived experience workshops
2019/20 – Y2	Build & run projects to achieve greater awareness and prevention	<ul style="list-style-type: none"> - Tackle the 22 Short Term Outcomes - Use existing systems where possible - Utilise rich information and gaps identified within year 1, to design and build services/support that is needed and fit for purpose
2020/21 – Y3	Embed project outcomes into whole system	<ul style="list-style-type: none"> - Maintenance of programmes - Embed into existing services/ICS SLT -Covid-19!!! Intense increase in SP work across the whole system

Year 1 – setting up

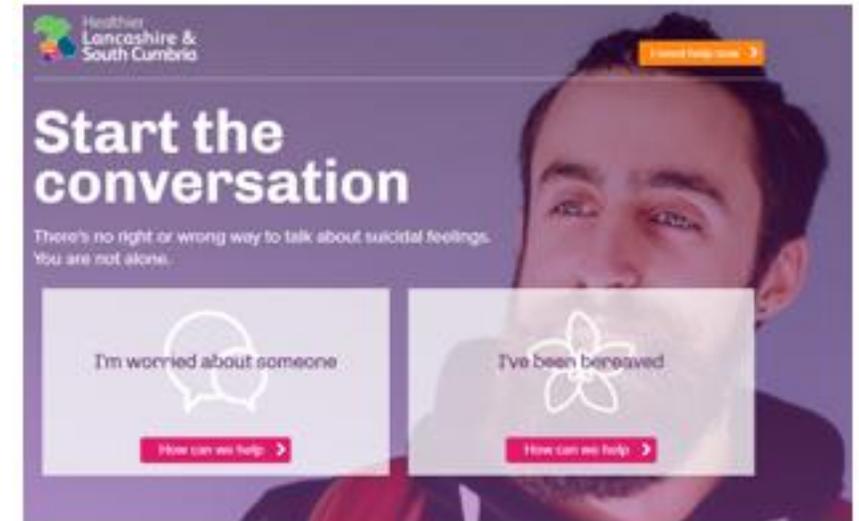
Getting full involvement of the system is imperative

- Whole system input
 - Suicide Prevention Oversight Board formed with whole system representation
 - Locality Suicide Prevention Groups formed
 - Steering groups formed for Self-Harm, Bereavement and Dual Diagnosis
 - Training opportunities identified
 - Real Time Surveillance (RTS) system started
- Lived experience
 - Bereavement by Suicide Lived Experience Focus Group formed
 - Suicide Attempts lived experience group workshops took place
 - Website focus group with lived experience input

Year 2 - projects

Just a selection!!

- RTS system up and running
- Training package in place
- Keep talking – men’s campaign
- Help is at Hand flooded into the system (Police/NWAS/Fire) and public spaces (libraries/hubs)
- Bereavement peer support groups set up – moving from 2 (none actually on patch) to now 8 groups available (all on patch)
- Website directory produced and available to all
- Dual Diagnosis pilot between MH Trust and Substance Misuse Provider
- Bereavement Support pilot run across 2 areas in Lancashire
- Self-Harm task and finish groups set up



Year 3 – Embed and.....Covid-19

Maintenance of projects within the system & respond to Covid-19

- AMPARO support service fully commissioned across Lancashire
- Samaritans Bedside Phonenumber available on Hospedia phones within Acute Trust Wards
- Mental Health listings on website for use by anybody
- Campaign designed and delivered around Mental Health, Suicide and Support
- Bereavement groups moved to online (MS Teams provided)
- Coordinated digital communications package across the system for World Suicide Prevention Day (WSPD)
- Orange Button Community Scheme launched on WSPD linked to quality assured Suicide Prevention training
- RTS reporting went from monthly to weekly to spot any urgent interventions

Mental health support resources in Lancashire and South Cumbria

HEALTHIER WITH YOU FIRST	Confidential and anonymous service supporting wellbeing and mental health for people who prefer to text.	lscfhs.uk/healthier-with-you-first Text HELLO to 07560 02546.
Age UK	Helping older people who are at home and need a little extra support with their wellbeing.	lscfhs.uk/ageuk 0800 679 1602 Available: 8am-7pm, daily. Language support on Thursday.
The Samaritans	A free confidential helpline providing information, friendship and advice to older people.	samaritans.org.uk 0800 470 80 90 Available: 24/7
Practical Advice	Practical advice - from how to deal with stress and anxiety, to boosting our mood or sleeping better.	lscfhs.uk/mentalhealth/mind-portal Available: Online only 24/7.
R	Supporting adults recovering from addiction and with mental health/diagnosis.	recovery.org.uk 0800 1111 (children 10 young people) 0508 900 000 (for report abuse). Information available: 24 hours a day, daily.
EMSA	Emotional support for families across East Lancashire.	hometelethon.org
Mind	Psychological therapy via telephone / video conference or online support.	lscfhs.uk/MindMastercraft/hsa/about-services/supporting-minds
Minded	Educational resource for adults on children's mental health.	minded.org.uk
Advice on how to look after your mental health during Coronavirus.	Resources to equip young people to look after their mental wellbeing.	mentalhealth.org.uk/coronavirus camh.org.uk
Supporting recovery and continued sobriety of alcoholics.	Supporting recovery and continued sobriety of alcoholics.	alcoholics-anonymous.org.uk E: eastlancsaa@gmail.com
Private and confidential service where children can talk about anything.	A range of mental health support services.	online.org.uk richmondellowhip.org.uk
Helping people who suffer from panic attacks, and other anxiety disorders.	Helping people who suffer from panic attacks, and other anxiety disorders.	panic.org.uk 0330 606 1174 Available: weekdays 3-6pm
Young people living across Cumbria	Young people living across Cumbria	153 742928 10177cumbria@nhs.uk Available: weekdays 9am-5pm

How to suggest additional content
This document is reviewed on a regular basis. Email suggestions of mental health support available in Lancashire and South Cumbria to Healthier.LSC@hsa.net. For the latest updates, visit healthier.lscfhs.uk/HealthierWithYouFirst
Last reviewed: 4 May 2020.

‘How do you start?’

1. Louise - The right people!

- Whole system needed, so get people from all areas of the system to be onboard and build those relationships
- It has to be a MUST DO – not a wish list
- Use what is already available e.g. Health & well-being boards, community groups, police with a mental health remit; and put Suicide Prevention on their agenda.

2. Vicki - Lived Experience

- We have never walked in their shoes so don't know exactly what is needed
- Put the work in to find the people that will add their voice. People want to be heard and want to make a difference.
- Don't be put off by any negative experiences; they are what can help shape future positives.
- LISTEN to everything – there are some really good positives that do take place and can be replicated.
- Give people space to talk about the loved one they have lost as it is very empowering, and gives great purpose to the role we do.
- Put out a call to join in - Use existing networks, social media, board members, healthwatch, Universities – everywhere.

Learning points for Wave 1

Revisit, revisit, revisit – keep the plan fluid!

- Things that seemed good ideas may be impossible, already exist or may not be needed when consultation takes place
- Don't get hung up on hitting ALL the outcomes, they may need to change (you may encounter an unplanned global pandemic for instance!!!)
- Constantly revisit the plan

Learning points for Wave 1

Multiagency MEANS multiagency

- Don't take it all on board as a suicide prevention team – share the load between the partners
- Try to get statutory organisations to take the lead where possible to ensure continuation of projects
- Work together and SHARE information, data, resources at every opportunity



Healthier Lancashire & South Cumbria

Thank you.

Any questions?

vickiwagstaff@nhs.net

Louise.Thomas1@nhs.net

Web healthierlsc.co.uk | **Facebook** @HealthierLSC | **Twitter** @HealthierLSC

Raising awareness

South West Yorkshire Partnership
Foundation NHS Trust

Mike Doyle



Suicide Prevention Strategy
UPDATE
October 2020

Dr Michael Doyle Suicide Prevention Lead,
West Yorkshire & Harrogate Integrated Care System

Lin Harrison Suicide Prevention Project Manager,
West Yorkshire and Harrogate Integrated Care System

Suicide Prevention Strategy Aim

“To develop working relationships between partner agencies to provide an evidence-based but practical framework across the WY region to help reduce the frequency of suicide and minimise the associated human, collateral and financial costs”

West Yorkshire and Harrogate
Health and Care Partnership



NHS

Suicide prevention Five year strategy

2017-2022

November 2017

Progress to date...

- ✓ Partnership working improved
 - Suicide Prevention Advisory Network (SPAN)
- ✓ New links made including Network Rail, British Transport Police, Papyrus, Highways England, Military, YAS, WY Fire & Rescue Service and VCS agencies
- ✓ Zero suicide ambition and SP improvement plans across WY&H mental health and LD providers
- ✓ Experts by experience engaged e.g. 'Messages of hope', 'Great Minds' branding exercise and State of Mind lived experience model
- ✓ Train-the-Trainer for ASIST and SafeTALK
- ✓ Real-time surveillance model developed with West Yorkshire Police

Plans 2019/21

- Trail blazer funding
 - Support pathway for males who are vulnerable and at risk*
 - Establish pathway for men to access support services
 - Facilitate peer support groups and networks based on *Offload* programme
 - Develop online support materials
 - Provide training and supervision to partner agencies and stakeholders
- Postvention funding
 - Bereavement by suicide postvention service*
 - Expanded well established and evaluated Leeds Suicide Bereavement Service across WY&H and evaluate new service
- Suicide Prevention Campaign
 - Inspire individual action
 - Reduce suicide in the identified target audience of staff across the ICS
 - Reduce further suicide and highlighting services for bereaved

Trailblazer update...

- ✓ Mapping and engagement with services began December 2019
- ✓ Over 71 services engaged locally
- ✓ 8 x National/West Yorkshire; 6 x Bradford and Craven; 15 X Leeds; 8 x Kirklees; 4 x Calderdale; 19 x Wakefield; 1 x Harrogate
- ✓ Monthly online network forum established for local men's projects
- ✓ Close working with State of Mind to develop support groups targeted at men using sporting metaphor
- ✓ First group sessions due to start at Huddersfield Giants April 2020 **DELAYED** 😞
- ✓ Plans for roll out across WY&H using sporting venues **DELAYED** 😞



- ✓ Partner with State of Mind Sport to provide mental health/fitness awareness programmes for the population of vulnerable men.
- ✓ Pathfinder development workers will co-facilitate sessions
- ✓ Help men understand issues around their own mental health and emotional well-being inc mental fitness, stress management, building resilience, exploring emotional intelligence and anger management
- ✓ Branding and messaging of project informed by men with lived experience

swy-tr.greatminds@nhs.net

[Great Minds Overarch Promo](#)

- Nearly 1000 views and 16 men engaged

Trailblazer next steps

- Continue to take the offer of sessions for men, in partnership with State of Mind Sport, online in a variety of settings.
- Develop plans to make the SoM men's sessions accessible to both staff and residents within our prison populations.
- Plan to relaunch face to face sessions once COVID restrictions allow.
- SPOG group to formalise contract extension of Pathfinder Development Workers (self-harm in acute hospitals, primary care)
- New Project Manager inducted in post to continue to lead on workplan and management of PDWs.
- Develop Suicide Prevention microsite to promote work with men.
- Develop extensive pathfinder resource section on new SP microsite and explore other ways to make resources accessible so there is a clear pathway for men in our communities needing support.
- Explore opportunities to showcase work with men at conference, training events, webinars and on the media.



Thank you

Michael Doyle

Deputy Director of Nursing & Quality and Honorary Chair

michael.doyle@swyt.nhs.uk

University of Manchester: michael.doyle@manchester.ac.uk

Lin Harrison

Suicide Prevention Project Manager, Senior Psychotherapist
and Staff Governor

lin.harrison@swyt.nhs.uk

Breakout groups