

## Suicide Prevention Programme – Monthly Clinic 1

Friday 27<sup>th</sup> September 2019, 10:00 – 12:00

Item	Summary	Resource
Introductions	<p><b>Suicide Prevention Programme Team Attendees</b>                      NCCMH: Eva Gautam-Aitken, Helen Smith, Kaycee Meads, Saiqa Akhtar, Tom Ayers                      NCISH: Cathryn Rodway, Nic Richards</p> <p><b>Wave 2 sites</b></p> <ul style="list-style-type: none"> <li>• Sussex</li> <li>• Hampshire and Isle of Wight (H&amp;IoW)</li> <li>• Staffordshire and Stoke on Trent (S&amp;SoT)</li> <li>• Cheshire and Merseyside (C&amp;M)</li> <li>• Suffolk and North East Essex (S&amp;NEE)</li> </ul> <p><b>Wave 1 sites</b></p> <ul style="list-style-type: none"> <li>• Lancashire and South Cumbria (L&amp;SC)</li> </ul> <p><b>Trailblazer sites</b></p> <ul style="list-style-type: none"> <li>• South West London (SWL)</li> </ul> <p><b>NHS Regional Lead</b></p> <ul style="list-style-type: none"> <li>• James Holland (East region)</li> </ul>	
Hampshire and Isle of Wight (Wave 2)	<p><b>Involving people with lived experience (coproduction)</b>                      H&amp;IoW asked how others have embedded people with lived experience in their projects.</p> <ul style="list-style-type: none"> <li>• The NCCMH developed the <i>Working Well Together</i> resource which focuses on this (see resources).</li> <li>• ELFT reviewed their service user (SU) involvement and found that their projects with SU involvement were 4 times more likely to be successful.</li> <li>• Some Wave 1 sites involved survivors, families and carers in awareness campaigns.</li> </ul>	<p><a href="#">Working Well Together</a> (PDF)</p>

- The NCCMH have a large bank of people with lived experience who have worked on projects that they call on.
- L&SC advised to involve people at every stage. They have involved people with lived experience in planning and running their World Suicide Prevention Day event and contacted people through the men's shed initiative to run focus group. This has been very helpful particularly with using more colloquial language.
- Film was suggested as a good way to do this.
- L&SC mentioned a man in Blackpool with lived experience who is capturing stories through journaling etc. The SPP team will look to contact him about presenting at a learning set.

#### Sustainability

H&loW asked if there were any examples from Wave 1 where teams have sustained their projects.

- It was suggested to link up with NHS personalised care teams in the area – they have MH projects within them.
- The SPP team will look to have a learning set session on sustainability.

#### Suicide bereavement

H&loW enquired about work around suicide bereavement.

- Trailblazer sites are doing work on this but it's very early stages.
- The **Support After Suicide Partnership** website has stories about emotional support, practical support and support guides. Sarah Bates who manages it is well plugged into bereavement work (NCCMH has Sarah's contact).
- **AMPARO** was recommended as a good suicide liaison service that can respond straight after a suicide, but it doesn't offer suicide bereavement counselling. C&M have been using AMPARO for a number of years (not funded through NHSE money) and have found it very helpful – none of the people who received support from AMPARO have engaged in self-harm or suicide.
- Sussex suggested that the University of East London's **Evaluation of Counselling Partnership's 'Survivors of Suicide' service** is a good resource.

[Support After Suicide Partnership](#) (website)

[AMPARO](#) (website)

[Evaluation of Counselling Partnership's 'Survivors of Suicide' service](#) (PDF)

<p>Kent and Medway (Wave 1)</p>	<p><b>Domestic abuse victims and perpetrators</b></p> <p>A Domestic Homicide Review in Kent and Medway found that victims and perpetrators of domestic abuse (DA) are dying through suicide rather than murder. Evidence from DA charities showed that 60% women considered suicide and a similar percentage of perpetrators threatened suicide. There have been 5-7 cases of suicide among DA victims and perpetrators in the last 18 months. Most agencies coming across DA use the DASH questionnaire as a standard assessment. Examples of questions are:</p> <ul style="list-style-type: none"> <li>• Is a person is feeling depressed or having suicidal thoughts</li> <li>• if the abuser has ever threatened or attempted suicide.</li> </ul> <p>Kent and Medway asked for advice on what they can do to address suicide in DA contexts. It was also suggested that this could be linked with prisoners or offenders.</p> <p>St Helens (C&amp;M) face the same issue. The police were considering taking a recent suicide to a Domestic Suicide Review, but this didn't happen. Sue Forster is presenting at a local summit conference on DA as she feels that these are the suicides of the future but people in the area aren't focusing on this. She emphasised that this is important to address as research has shown a link between DA and suicide, risk factors for suicide are the same for victims and perpetrators and that DA is one of the biggest issues for looked after children. The STP is looking at a DA strategy, using a public health approach (everyone's business) to address this and identify causes. Sue has shared two <b>DA presentations</b> from their local summit.</p> <p>NCISH mentioned the <b>Refuge Report</b> which highlights links to suicide for victims and perpetrators. It identifies risk factors (e.g. substance misuse) and emphasises the importance of trauma interventions (people involved in DA often get PTSD). They suggested that Kent and Medway tackle substance misuse or trauma interventions. Kent and Medway suggested providing MH training for DA staff and DA training for MH staff.</p> <p>It was commented that DA doesn't get the political or national coverage that suicide prevention does. It was suggested to join up agendas for DA and suicide prevention as they are linked. The SPP team will look to discuss DA in the programme and have asked that people share any ideas about this.</p>	<p><a href="#">Sue Forster's DA presentation</a> (PDF)</p> <p><a href="#">Dr Emma Katz's DA presentation</a> (PDF)</p> <p><a href="#">Refuge Report</a> (PDF)</p>
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<p>Staffordshire and Stoke on Trent (Wave 2)</p>	<p><b>Wave 2 STP site visits</b> The SPP team are visiting all Wave 2 sites from October to December. S&amp;SoT asked for clarity around what is expected of attendees, how the visit will run, the pre-call and any preparation required.</p> <p>1) Pre-call The pre-call is to plan the site visit. It will give the SPP team an understanding of the STP's work around self-harm and suicide prevention so far and identify areas the STP can work on. The STP will have a Quality Improvement (QI) coach from the NCCMH assigned to work with them. The QI coach will ask the STP if they are currently measuring or collecting any data, their plans for future measurement and if they are using real-time surveillance (RTS). An agenda for the site visit will be created after this call to circulate to attendees.</p> <p>2) Site visit The site visit is an improvement meeting, not a performance meeting. The SPP team are there to listen and to support the STP, it's an all teach all learn approach. It provides visitors with an opportunity to learn from experts (NCISH) and to think through measurement and how to apply QI. NCISH will run the first half and present:</p> <ul style="list-style-type: none"> <li>• the national picture and the 3 priorities in the programme</li> <li>• evidence from research on what works to reduce suicide in the 3 areas</li> <li>• bespoke data from the STP's area and compare it to the national figures to identify what areas to focus on for the project</li> </ul> <p>The STP lead will present the STP's work and plans. The NCCMH will:</p> <ul style="list-style-type: none"> <li>• explain the QI approach and implementation of QI</li> <li>• explore how to measure the impact of the QI work</li> </ul> <p>3) Who to invite to the site visit Outside of the STP's suicide prevention steering group, it was suggested to invite:</p> <ul style="list-style-type: none"> <li>• Secondary care mental health services</li> <li>• Third sector organisations who can support with self-harm and suicide prevention</li> <li>• People with lived experience</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Activators in the community</li> </ul> <p>It was mentioned that it's better to have people who are enthusiastic in the room and will get activated by it (e.g. people with lived experience).</p> <p>C&amp;M found their site visit useful to think about where they needed QI support and how to use the national team for QI work. NCISH gave a good overview of areas where C&amp;M are different and possible areas to focus on. They invited many outside organisations to their visit (many people in the SPP group were on leave) – e.g. they invited James' Place (charity) and are considering using QI to support them to create a pathway into this service.</p> <p><b>NHSE Reporting</b> S&amp;SoT asked if there is something standard to report to NHSE. It was commented that Jay Nairn (NHSE) has emphasised that it's 'light touch' reporting. The SPP team can check with NHSE.</p>	
AOB	<p><b>Support for staff involved in SPP</b> L&amp;SC are concerned for staff working with RTS data as information can be disturbing and hard hitting. They have linked with MH leads to get clinical supervision for staff. This hasn't been discussed in the programme. They asked if others can share any thoughts or advice.</p> <p>C&amp;M mentioned that individuals have access to clinical supervision through <b>Papyrus</b> through a general phone line. This is also offered to GPs – many GPs felt they got more support from this. They have started giving supervision for staff in social prescribing – risk groups for suicide (e.g. men in debt) are coming to services via social prescribing as there is a gap between IAPT and MH services.</p> <p>H&amp;IoW are planning to put together principles/protocols for staff (suicide audit) and create a supportive network. They saw a presentation for people in the Coroner's Office which suggested that the starting point is staff caring for their own mental health.</p> <p><b>Social media</b> C&amp;M asked if there is anything to help with social media. They mentioned that after a suicide, there tends to be an outpouring on social media that cannot be stopped which becomes a frenzy of grief (e.g. people disclosing information about the death).</p>	<p><a href="#">Papyrus UK</a> (website)</p>

	<p>The following suggestions were made:</p> <ul style="list-style-type: none"> <li>• <b>Samaritans Media Training</b> – it focuses on reporting on media and radio</li> <li>• Sharing contact details for Samaritans and Papyrus on social media</li> <li>• Focus on educating the public and setting a good example (Facebook and Instagram are the main go-to platforms)</li> <li>• Involve media in a positive way and use responsible reporting</li> </ul>	<p><a href="#">Samaritans Media Guidelines</a> (website)</p>
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## Resources

Resource	Link	Topic
Working Well Together – NCCMH	<a href="https://www.rcpsych.ac.uk/improving-care/nccmh/other-work/coproduction">https://www.rcpsych.ac.uk/improving-care/nccmh/other-work/coproduction</a>	Coproduction
Support After Suicide Partnership	<a href="https://supportaftersuicide.org.uk/">https://supportaftersuicide.org.uk/</a>	Suicide bereavement
AMPARO	<a href="https://listening-ear.co.uk/amparo/">https://listening-ear.co.uk/amparo/</a>	Suicide liaison service
Evaluation of Counselling Partnership's 'Survivors of Suicide' service – University of East London	<a href="https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/evaluation-of-counselling-partnership-s-survivors-of-suicide-service.pdf">https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/evaluation-of-counselling-partnership-s-survivors-of-suicide-service.pdf</a>	Suicide bereavement
Sue Forster's DA presentation	<a href="https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/sue-forster-domestic-abuse-director-of-public-health-1st-october-19.pdf">https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/sue-forster-domestic-abuse-director-of-public-health-1st-october-19.pdf</a>	Domestic abuse and suicide
Dr Emma Katz's DA presentation	<a href="https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/dr-emma-katz-presentation-for-domestic-abuse-summit-1-october-2019.pdf">https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/dr-emma-katz-presentation-for-domestic-abuse-summit-1-october-2019.pdf</a>	Domestic abuse
Refuge Report	<a href="https://www.refuge.org.uk/wp-content/uploads/2018/10/domestic-abuse-suicide-refuge-warwick-july2018.pdf">https://www.refuge.org.uk/wp-content/uploads/2018/10/domestic-abuse-suicide-refuge-warwick-july2018.pdf</a>	Domestic abuse and suicide
Papyrus UK	<a href="https://papyrus-uk.org/">https://papyrus-uk.org/</a>	Clinical supervision and support
Samaritans Media Guidelines	<a href="https://www.samaritans.org/about-samaritans/media-guidelines/">https://www.samaritans.org/about-samaritans/media-guidelines/</a>	Reporting suicide