

Suicide Prevention Programme – Monthly Clinic 4

Monday 16th December 2019, 14:00 – 16:00

Item	Summary	Resource
Introductions	<p>Suicide Prevention Programme Team Attendees NCCMH: Emily Cannon, Helen Smith, Kaycee Meads, Matt Milarski, Saiqa Akhtar, Tom Ayers NCISH: Nic Richards</p> <p>Wave 2 sites</p> <ul style="list-style-type: none"> • Sussex • Hampshire and Isle of Wight (H&IoW) • Cheshire and Merseyside (C&M) <p>Wave 1 sites</p> <ul style="list-style-type: none"> • Kent and Medway (K&M) • Norfolk and Waveney (N&W) • Coventry and Warwickshire (C&W) <p>Trailblazer sites</p> <ul style="list-style-type: none"> • South West London (SWL) • West Yorkshire and Harrogate ICS (WY&H) • Derbyshire • Devon <p>NHS England</p> <ul style="list-style-type: none"> • James Holland (East) • Mira Dimitrova <p>Other Organisations</p>	

	<ul style="list-style-type: none"> • Central and North West London NHS FT (CNWL) • Milton Keynes Council • Lincolnshire Partnership NHS FT • Hertfordshire Partnership NHS FT 	
<p>Updates on work happening in the Suicide Prevention Programme</p>	<p>West Yorkshire and Harrogate ICS (WY&H) WY&H joined their first monthly clinic and asked how the calls work. Tom (NCCMH) explained that people raise things or ask questions on the calls and others contribute.</p> <p>Postvention work WY&H launched their postvention service in December – they are expanding a peer-led postvention project that’s been running for 4 years. They have recruited 3 postvention practitioners and are recruiting a new team leader. The service takes GP referrals and self-referrals. They are working with the police to set up real-time surveillance (RTS) and in time they will get referrals from this.</p> <p>CW asked what training postvention practitioners receive. WY&H have allocated money for training and are reviewing what each practitioner needs. They mentioned a lot can be done in-house. The team manager is providing clinical and peer supervision.</p> <p>Reaching men WY&H are looking to develop a more strategic pathway for men to access services. They are finding out what’s already happening in the community to see if there is a better way of linking to existing services. They have partnered with ‘State of Mind’ to deliver a programme to help men.</p> <p>Tom (NCCMH) mentioned that quite a few Wave 1 sites have done similar work (particularly reaching men) and asked for people to share insights.</p> <ul style="list-style-type: none"> • C&M are expanding work on men’s health. The university have done a rapid review of what works in community. Conclusions from the review included safe settings, language familiar to men, facilitators with lived experience, group-based, activities that include goal setting and accessible times for men. A previous review occurred 2 years ago. They are funding different boroughs to run their own initiatives (a lot are 	<p>Community-based mental health and suicide prevention interventions for men – Rapid Evidence Review November 2019 (PDF)</p> <p>Promoting Mental Health and Wellbeing With Men and Boys: What Works? (PDF)</p>

	<p>sports themed) and are building on what's already there (e.g men's shed, photography group).</p> <ul style="list-style-type: none"> N&W have 4 GP surgeries that make referrals to MH services. For urgent cases, a person will visit within 48 hours. Mens Craft and the 12th Man are projects that target men. Nick Little presented about the 12th Man at Learning Set 1 – if you'd like to get in contact Nick, please email Suicide.Prevention@rcpsych.ac.uk. <p>Funding WY&H asked if there were any updates on postvention funding. Mira (NHS England) commented that sites from the original Wave 1 cohort have had their funding confirmed. Funding for Wave 2s and other STP/ICS areas are still being confirmed.</p> <p>K&M asked if the been asked if the bereavement announcement will be made by the time bereavement proposals are due (17th January). Mira confirmed NHS England are aiming to communicate this by January. She commented that all sites will receive an element of funding from suicide prevention and from bereavement.</p> <p>Mira mentioned that she is happy to take queries via email – if you have any queries for Mira, please email Suicide.Prevention@rcpsych.ac.uk.</p>	<p>Mens Craft (website)</p> <p>12th Man (website)</p> <p>Suicide Prevention Programme Learning Sets (website)</p>
<p>Work to reduce suicide in inpatient settings</p>	<p>Derbyshire There has been a lot of debate around zero suicide. Derbyshire has been struggling to find a central point to share and discuss what has and hasn't worked well to reduce suicide in inpatient settings. They asked how we can get partnerships working together and use the clinics as a platform for this (and how to get special interest groups on the clinics).</p> <p>Nic (NCISH) mentioned that NCISH's annual report analyses inpatient suicide numbers and characteristics around this (they don't monitor numbers from wards).</p> <p>Tom (NCCMH) asked if anyone knows of areas where this happens, or if the clinics should be used for this.</p> <ul style="list-style-type: none"> Helen Smith used to be part of a big collaborative in the South West supporting NCISH's 10 steps to reduce inpatient and MH suicides. She agreed that the clinics 	<p>NCISH Annual Report 2019: England, Northern Ireland, Scotland and Wales (website)</p>

	<p>would be a good forum to share work and seek support – getting experts in the cohort involved would be great.</p> <ul style="list-style-type: none"> • K&M agreed with using the clinics and suggested to invite people from MH trusts onto the clinics. • It was suggested to determine some topics for future clinics and invite people in advance – people from MH trusts need notice to allow them to be available for clinics. • Michelle (CNWL) offered to give an overview on the next call. • C&M asked if LifeQI could be used as a forum. Tom (NCCMH) mentioned that LifeQI doesn't have a wide enough reach. <p>NCISH shared the following resources around reducing in-patient suicides prior to the clinic:</p> <ul style="list-style-type: none"> • Suicide in recently admitted psychiatric in-patients (2013) • In-patient suicide under observation (2015) • Our Safer Services toolkit, section on Safer Wards 	<p>Suicide in recently admitted psychiatric in-patients (2013) (PDF)</p> <p>In-patient suicide under observation (2015) (PDF)</p> <p>Our Safer Services toolkit, section on Safer Wards (PDF)</p>
<p>Safety planning</p>	<p>Lancashire and South Cumbria ICS (L&SC) Tom asked on behalf of Emily from L&SC (unable to join the call) if anyone developed safety planning tools and resources.</p> <p>Cornwall started looking at standardising safety plans across county in August. They have developed documents around the Stanley and George Safety Plan to help people collaboratively create a safety plan. They investigated developing an app but there wasn't enough evidence to suggest it's needed. Cornwall are developing easy-read versions. They are developing training for other channels where people are accessing services for MH support (e.g. social prescribing) and are aiming to complete by February. Dr Rebecca Osborne presented her work around safety planning in Cornwall at Learning Set 3 – if you'd like to get in contact with her, please email Suicide.Prevention@rcpsych.ac.uk.</p> <p>Apps WY&H asked to know more about the app. Cornwall researched whether existing apps did what they wanted and whether focus groups would want to use them in times of crisis -</p>	<p>Stanley and George Safety Plan, p262 (PDF)</p> <p>Suicide Prevention Programme Learning Sets (website)</p>

	<p>people said they would avoid their phones in down times. They narrowed it down to 3 apps – Stay Alive, Safety Plan, My3 – and asked people to review them. They considered commissioning the Stay Alive app but decided to signpost people to it instead. They are focused on sharing the message that planning in advance and getting helplines out to people are crucial.</p> <p>It was mentioned that Hertfordshire are evaluating the Stay Alive app.</p> <p>Derbyshire are using the Stay Alive app and Staying Safe as it met their need and paralleled what was in their training - it highlights that it's the individual putting the plan together rather than the service.</p> <p>It was mentioned that Cambridgeshire and Peterborough are using the safetool which is a component for system one and a module from Connecting with People. Mental health secondary services are looking at adopting the same tool so that there is consistency between primary and secondary care in relation to safety planning.</p> <p>C&M asked if people involve mental wellbeing plans when doing safety planning. Derbyshire mentioned that principles can overlap. Safety planning is about acknowledging how to keep people alive if they have suicidal thoughts.</p> <p>Helen Smith mentioned the Letter of Hope that was developed by people with lived experience of suicide in Devon. It's a toolkit for people when things get difficult. She suggested that it can be adapted for local use. There is also an audio version.</p> <p>The following resources around safety planning were shared prior to the clinic:</p> <ul style="list-style-type: none"> • Comparison of the Safety Planning Intervention with Follow-up v. Usual Care of Suicidal Patients Treated in the Emergency Department (Stanley et al., 2018) • Oxford Health NHS FT's Safety Planning Guidance 	<p>Stay Alive (website) My3 (website)</p> <p>Staying Safe (website)</p> <p>Kathy Hartley - Cambridgeshire and Peterborough (email address)</p> <p>Letter of Hope (website)</p> <p>Comparison of the Safety Planning Intervention (PDF)</p> <p>Oxford Health NHS FT's Safety Planning Guidance (PDF)</p>
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<p>Sustainability</p>	<p>Kent and Medway STP K&M are receiving funding next year but it's reduced. They are thinking about how to embed everything into the STP and pathways that outlive the programme. They asked if anyone has started thinking about sustainability for medium to longer term.</p> <p>C&W are training the wider community in suicide prevention. People are trained as champions and meet to discuss plans - the aim is for these people to take the lead for this work. They have trained 145 people and 10 people have really invested work in their organisations (e.g. the Department of Work and Pensions). C&W have started to train GPs in primary care and are offering yearly refresh sessions. They make use of online training and HEE projects too.</p> <p>C&M asked how we can justify sustainable funding. They suggested that data collection will be key. Their suicide surveillance group is well-attended and has an interest in keeping suicide reduced. They may have money or be open to business cases to continue the work. C&M also suggested the voluntary sector. K&M suggested that the police is a good angle to explore.</p> <p>H&loW are looking at how to embed local structures and are trying to work with commissioners to see how to sustain this work.</p> <p>K&M are going to approach CCGs about investing money to top up their funding and appeal to keep funding going forward. They will also look at funding through public health routes.</p> <p>It was asked if policy is relevant and if the national team will be influencing policy going forward. Mira (NHS England) agreed about working with local CCG partners to match and sustain funding past the national element and to work in collaboration with Public Health England. She mentioned that local areas have found that feeding into policy works well. NHS England are focusing on Long Term but there is not a lot of clarity at this point.</p> <p>It was mentioned that performance indicators for suicide prevention work will be useful – e.g. how it's impacted numbers in GP and primary care. Tom (NCCMH) mentioned that</p>	
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	measurement is tricky as suicide data has long time lag and encourages people to use RTS to see shifts in data. He commented that NCISH have developed data dictionary outlining different data sources and suggested to ask Nic (NCISH) about measurement (it also on the Suicide Prevention Programme website under NCISH's programme resources). It was suggested to have a learning set session to think about how work in the programme can be sustained by local funding or taken on by community groups.	NCISH data dictionary (PDF) Suicide Prevention Programme (website)
AOB	The next monthly clinic is on Wednesday 15th January 2020, 10:00 – 12:00.	

Contacts

Contact person	Email address	
Kathy Hartley (Cambridgeshire and Peterborough)	Kathy.Hartley@peterborough.gov.uk	Safety planning

Resources

Resource	Link	Topic
Community-based mental health and suicide prevention interventions for men – Rapid Evidence Review November 2019 (Cheshire and Merseyside)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/champs-eitc-rapid-review-comm-mens-health-programmes.pdf	Suicide prevention for men
Promoting Mental Health and Wellbeing With Men and Boys: What Works? (Leeds Beckett University and Men's Health Forum)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/promoting_mentalhealth_wellbeing_final.pdf	Suicide prevention for men
Mens Craft – Norfolk and Waveney STP	https://www.menscraft.org.uk/introduction	Suicide prevention for men
12 th Man Project – Norfolk and Waveney STP	https://the-outsiders.org.uk/project/the-12th-man/	Suicide prevention for men
Suicide Prevention Programme Learning Sets	https://www.rcpsych.ac.uk/improving-care/nccmh/national-suicide-prevention-programme/spp-learning-sets	Suicide prevention

NCISH Annual Report 2019: England, Northern Ireland, Scotland and Wales	https://sites.manchester.ac.uk/ncish/reports/annual-report-2019-england-northern-ireland-scotland-and-wales/	Inpatient suicide
Suicide in recently admitted psychiatric in-patients (2013)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/suicide-in-recently-admitted-in-patients-(2013).pdf	Reducing in-patient suicides
In-patient suicide under observation (2015)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/in-patient-suicide-under-observation-(2015).pdf	Reducing in-patient suicides
Our Safer Services toolkit, section on Safer Wards	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/safer-services_a-toolkit-for-specialist-mental-health-services.pdf	Reducing in-patient suicides
Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk, p262 – Stanley and George	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/safety-planning-intervention_stanley_brown-2012.pdf	Safety planning
Stay Alive app	https://www.prevent-suicide.org.uk/find-help-now/stay-alive-app/	Safety planning
My Three app	https://my3app.org/	Safety planning
Staying Safe.net	https://www.stayingsafe.net/home	Safety planning
Letter of Hope – Devon Partnership NHS FT	https://www.dpt.nhs.uk/resources/recovery-and-wellbeing/letter-of-hope	Safety planning
Comparison of the Safety Planning Intervention with Follow-up v. Usual Care of Suicidal Patients Treated in the Emergency Department (Stanley et. al., 2018)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/comparison-of-safety-planning_stanley_2018.pdf	Safety planning
Oxford Health NHS FT's Safety Planning Guidance	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/ohft-safety-planning-guidance.pdf	Safety planning
NCISH data dictionary	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/data-dictionary-sept-2019.pdf	Measurement and evaluation
Suicide Prevention Programme website	https://www.rcpsych.ac.uk/improving-care/nccmh/national-suicide-prevention-programme	