Suicide Prevention Programme

3rd Shared Learning Day

National Collaborating Centre for Mental Health
There is a planned fire alarm test today. The alarm is due to be tested around 11am, please do not panic.

In the case of a continuous ringing lasting longer than 15 seconds, please follow the green fire exit signs located above all doors.

There are two ways to exit:

1) To the left of the room and take the stairwell which leads to the back of the building

2) Leaving through the main entrance

The toilet are located on this floor across the walk way and additionally there toilets on ground floor (to the right of the main entrance).

If you need to leave the room for any reason, there are some quite space located on this floor.
Twitter…

- You have all made excellent progress with the work so far so we know it is tempting to share …
- Below is the NCCMH twitter handle
- Wifi access codes: RCP19@w1f1

@NCCMentalHealth
@NCISH_UK
#NationalSuicidePreventionProgramme
Agenda

This morning:

• NCISH – Self-harm presentation
• NCISH - Q&A and discussion

► Group peer review:
• Co-production in suicide and bereavement
• Barriers and engaging groups

Morning break:
11:30 to 11:50

Lunch:
12:50 to 13:40

Afternoon break:
14:40 to 15:00

Finish:
16.30
Agenda

This afternoon:

► PFA
► Group peer review (swap over)
► S. Yorkshire and Bassettlaw – Video Campaigns
► Bristol, N. Somerset & S.Glocs. HOPE project
► Action planning, next steps
► Closing reflection

Morning break:
11:30 to 11:50

Lunch:
12:50 to 13:40

Afternoon break:
14:40 to 15:00

Finish:
16.30
NCISH: Self-harm

PROF LOUIS APPLEBY
Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives

Published January 2019
Suicide rates 2017, England

Source: ONS
Self-inflicted deaths in prison custody

Rates per 100,000 prisoners, England and Wales

- Figures doubled 2012-2016
- 92 deaths 2018
- 89 men, most in 30s/40s

Source: MoJ
Media coverage of young suicide

What’s behind the rise in youth suicides?

Youth suicide rates are rising. School and the Internet may be to blame.

Lara Korte | The Cincinnati Enquirer
Published 6:16 PM EDT May 30, 2017

Stressful environments and unfettered access to information may have boosted the number of teens and children hospitalized for suicidal thoughts or actions.

More teens are attempting suicide. It's not clear why.

Children face mental health epidemic, say teachers

More pupils are struggling with anxiety, depression and addictions but not receiving the help they need.
Suicide rates in 15-19 year olds, date of death v registration

Source: ONS data for England, NCISH
Self-harm in young people in primary care

Recent rise in self-harm by girls age 13-16

Source: Morgan et al. BMJ 2017

©2017 by British Medical Journal Publishing Group
### Suicide-related internet use

<table>
<thead>
<tr>
<th>Activity</th>
<th>10-19 year olds</th>
<th>20-24 year olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide related internet use</td>
<td>26%</td>
<td>13%</td>
</tr>
<tr>
<td>Searched the internet for information on suicide method</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>10 died by a method they were known to have searched on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visited websites that may have encouraged suicide</td>
<td>4%</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Communicated suicidal ideas or intent online</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Victims of online bullying</td>
<td>7%</td>
<td>Uncommon</td>
</tr>
</tbody>
</table>

Source: National Confidential Inquiry
Risk of self-harm according to time spent in financially disadvantaged versus affluent conditions

Mok et al, Lancet Public Health, 2018
Suicide in NHS long-term plan

- Diversity of crisis services to be developed
- Bereavement support in every area
Wellbeing Commission 2019

- Focus on suicide prevention in NHS staff
- Investigation of staff suicides
- Bereavement support for colleagues
Time for a....
Group 1
co-production in suicide and bereavement
(G1-2, G3-4)

Group 2
middle-aged men: engagement and barriers
(1.1, 1.7)
South Yorkshire and Bassetlaw – Suicide learning panel
The factors leading to someone taking their own life are complex and no one organisation is able to directly influence them all. However, it is important that lessons are learned from each suspected suicide by reviewing the circumstances and the way in which local professionals and organisations work individually and collectively to avoid future loss of life.

Diane Lee
Head of Public Health
dianelee@barnsley.gov.uk
Suspected Suicide Learning Panels: presenting the case

• To monitor and learn from suspected suicides in real time and respond in a timely manner
• The impact on others
• To challenge myths and identify emerging trends in real time
New and emerging trends for Barnsley

Suicide by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>57%</td>
</tr>
<tr>
<td>Women</td>
<td>43%</td>
</tr>
</tbody>
</table>
Means of Death by Gender

- Drowning
- Hanging
- Other Railway
- Overdose
- Self-immolation
- Stabbing/cutting

Number of deaths

Means of Death

Men
Women

Barnsley Metropolitan Borough Council
Judge us by our actions
Mental Health Diagnosis

- Depressive illness: 91%
- Paranoid schizophrenic, autism (Asperger’s syndrome), moderate learning disability: 4%
- Unknown: 5%

Unknown exceed depressive illness by 86%.
Employment Status

- Employed: 13
- Long term sick/disabled: 2
- Retired: 1
- Student: 1
- Unemployed: 3
- Un-Employed- Carer: 1
- Unknown: 0

Number of deaths

Axis Title

Bar Width: 0.25
The process: stage 1 - information and intelligence

- Real time intelligence from South Yorkshire Police sent to public health secure mail box
- Provided within 48 hours of death; often earlier
- Obtains consent for postvention - AMPARO
The process: stage 2 – confidential enquiry form

- Substance/alcohol use
- Prescribing
- Mental health
- Physical health
- Chronological timeline of contact with deceased
- Personal situation
- Who might have been affected?
The process: stage 3 – Suspected Suicide Learning Panel

• Case history prepared
• Suspected Suicide Learning Panel held quarterly and considers between 4 and 6 cases per meeting
• Focus on life circumstances (rather than service input)
• Learning actions reported into Suicide Strategic Group and Safeguarding Boards
Local learning

• Alcohol
• Domestic abuse
• Children (not protective factor)
• Need to review DNA procedure for those affected by suicide
What next?

• Portal
• Expanding RTS across South Yorkshire and Bassetlaw
• Expanding to attempted suicide – how define?
• Learn from others
Diane Lee
Head of Public Health
dianelee@barnsley.gov.uk
Telephone number
Lancashire & South Cumbria: Co-production and bereavement
Healthier Lancashire and South Cumbria is a partnership of organisations coming together to improve outcomes and care for local people.

HLSC Co-production – Bereaved by Suicide
Vicki Wagstaff - NHSE
5th March 2019
Multiple organisations – Police, Local Authority and NHSE

Short Term Outcome 17
All those bereaved by suicide will be offered timely and appropriate information and offered support by appropriate bereavement services within 72 hours
The plan

Stage 1
- Research other geographical options

Stage 2
- Gap Analysis of current provision

Stage 3 (Highlighted)
- Consultation to confirm requirements & generate ideas

Stage 4
- Produce recommendations report
- Produce draft pathway

Stage 5
- Consult full steering group for final recommendations

Stage 6
- Present to Suicide Prevention Board
To co-produce with those with lived experience, the session has to:-

- Have purpose
- Have clear outcomes
- Be meaningful for all involved
- GIVE as well as TAKE
- Provide clear expectations of those involved in the session

We didn’t have this until the Gap Analysis was completed
Ran 8 Focus Groups, 2 in each of 4 ICP’s (West Lancs and Central Preston happened together in Leyland)

Marketing
- Used our contacts to send out an email across the system
- Tweeted
- Accessed NHS Trust Intranets
- Contacted support groups
- Contacted 3rd sector services to advertise the focus groups
What did we do?

- Bereavement Support on hand – excellent ‘partnership working’
- Moved about in the room
- Non-healthcare venues
- Safe symbol
- Provided refreshments
- Task Focussed
- Scribers/note-takers on each table to harness any discussion points
- Spelt out the expectations from everyone involved at the beginning (see sheet)
- DIDN’T ask who they had lost to suicide
- Had table ice-breakers rather than full groups
- Worked in groups
Task 2 – 25 minutes

- Sheets on table
- Put each tile (on table) in the DID or DIDN’T column
- If some did and some didn’t – straddle the two columns
- Using the **BLACK** pen – write on the **number that agreed** from the **group** (e.g. **2/4**)

<table>
<thead>
<tr>
<th>Did have contact</th>
<th>Didn’t have contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tasks

Task 2 – 25 minutes

- Using the **GREEN** pen – tick any that gave information.
- Using the **RED** pen – tick any that you would consider really good

Other Support Online/Phone ✓

GP ✓ ✓
Task 3 – 15 minutes

- Current support is generally:-
  - Online/Phone
  - Face-2-Face
  - Information

- Write on the tiles what support you found helpful (more than 1 of each)
- Stick the tiles to the timeline on the wall of when they were accessed
- Any rubbish – put it in the bin
Task 3 – 15 minutes

- Is there any type of support, help or information not available that would have helped?
- Use the clouds to note each idea
- Stick them on the timeline
- Engagement with over 25 people, all bereaved by suicide
- 82 Big Ideas generated by those with lived experience to provide support for others
- A group of people who are keen to continue working with the ICS on the suicide prevention plan and to inform change across the system
- 9 PILOT PROJECTS BEGINNING 1ST APRIL 2019!!
Communicated with the full group on what is happening with their ideas
Consulted with the group on the new elements of the HLSC website
Have had members of the group on the recent Innovation Fund panel
Members of the group working with us on our Community Feedback Sessions
People from the group joining us for our Suicide Prevention Digital Technology Focus Group
Thank You
Kent and Medway Co-production: Men, suicide and the barriers to seeking help

DAWN HART
Men & Suicide
Conversations with Men
Barriers to Seeking Help and Support

National Suicide Prevention Programme, 3rd Shared Learning Day
Royal College of Psychiatrists, London

Tuesday 5 March 2019
Dawn Hart – Darzi Fellow
MEN & SUICIDE - PROJECT SUMMARY

• To explore the help seeking behaviours of men who were not known to secondary mental health services in the 12 months prior to attempting or completing suicide.

• To gain better understanding of the barriers and causes of these barriers to men seeking help and support within Kent and Medway.

• To influence services and support to improve awareness and opportunity for those men in need.

• Three Phases:
  1. Listen to Coroner inquest audios
  2. Conversational interviews with men who have lived experience
  3. Co-design workshops for recommendations, support and service design
CORONER DATA FINDINGS – 119 Inquest Recordings

Data Sample Information

- A total of 119 inquest recordings were provided by the Coroner’s office and listened to. This represents a sample of inquests during 2017-2018, not the total number of deaths within the categories.
- Information gathering was limited by the amount of evidence shared verbally during the inquest hearing.
- At the time of the data collection, access to further written documentation had not been achieved.
- There are some gaps in the data analysis as a result of not all information relevant to the data collection scope being spoken within court.
- Note: The purpose of a Coroner Inquest is to establishing four key things: the identity of the deceased, and where, when and how they died. Therefore, only information relevant to these is submitted in court.
INITIAL CORONER DATA FINDINGS

Suicide by Gender

- Female: 13
- Male: 73

73 Male Suicide Verdicts

- Drugs/alcohol related
- Suicide
- Other
- Mis-adventure
- Accident
- Open
- Suicide narrative

Male Suicide by Age

- 15-19: 4
- 20-24: 6
- 25-29: 2
- 30-34: 6
- 35-39: 8
- 40-44: 6
- 45-49: 7
- 50-54: 6
- 55-59: 10
- 60-64: 4
- 65-69: 2
- 70-74: 1
- 75-79: 2
- 80-84: 1

75% Males Not Known to (or not stated to be) 2ndry MH Services 12 Months Prior to...

- Known: 25%
- Not known: 29%
- Not stated/unclear: 46%

3 out of 4 Men were not known to 2ndry MH Services
INITIAL CORONER DATA FINDINGS

High-Risk Triggers

- Other: 7%
- Not stated: 2%
- Relationship breakdown: 9%
- Previous suicide attempt: 2%
- Bereavement: 11%
- Debt problems: 44%
- Self harm: 27%

Help-Seeking

- No help seeking displayed: 56%
- Visited GP: 6%
- Told friend: 7%
- Told family member: 6%
- Other: 25%

Mental Health Diagnosis

- Depression: 56%
- Anxiety: 27%
- Not stated: 9%
- Other: 11%
SHARED STORIES – Conversational Interviews

Data Sample Information

• Eight men from within Kent volunteered to take part in interviews and share their lived experience of a suicide attempt.

• Each interview explored the participant's suicide attempt and any help or support available at the time or earlier on, together with any barriers to help-seeking experienced at that time.

• All participants received full written information of the project prior to committing to the interviews, and were able withdraw from the project at any time.

• Written consent to record and use audio samples was gained from the participants prior to the interviews starting.

• Over 10 hours of rich conversation has been recorded, from 30 minutes to 90 minutes per session.
SHARED STORIES – Conversations with Men: a Visual Audio

Men and Suicide

https://vimeo.com/316125863/8ce98cb29b
CO-DESIGN WORKSHOPS

Workshops Summary

• Using co-design methodology, three workshops were arranged.
• One workshop for the interview participants, one for the stakeholders, and a final joint workshop bring together both groups.
• The workshops enabled conversations and dialogue for a better understanding of everyone's perspective.
• Discussions from the first two workshops were shared at the joint workshop as was Coroner data and the visual audio clip from the interviews.
• The day produced many new focuses going forward, with an overwhelming commitment to share the conversations wider, work together and, not just do things better, but do better things.
ACTIONS FROM THE JOINT WORKSHOP...

- Engage one GP surgery in West Kent area in exploring the referral process to support services and pilot changes by June 2019
- Solicit Innovation projects which would pilot peer support within two GP surgeries as part of the 2019/20 Innovation Fund
- Over the next 3 months:
  - Understand the training/support needs for workers in contact with this cohort of men: such as barbers, taxi drivers, bar staff
  - Monitor the ongoing development of the effective pathway design for case management of depression in primary care, with potential to identify a pilot site to trial the pathway
  - Increase awareness for men by providing information through key areas: Release the Pressure on beer mats, shopping receipts, bus/parking tickets
  - Explore the current process/pathways to upskill teachers to identify self-harm early and equip with the skills for early intervention.
WHEN I LEAVE THE WORKSHOP I PLEDGE TO...

- Join a PPG & seek to ensure GPs recognise symptoms of depression/suicide
- Open up more referral pathways to organisations to access our services
- Look at areas that rolled out suicide prevention training in barbers – how we go about doing this?
- Continue to support the Transport groups
- Produce a sign-posting board for my centre
- Listen as much as I speak
- Carry on supporting this project!
- Add signage to the bridges in Kent
- Help make more connections in the innovation fund
- Discuss the themes from today with my team and supervisor
- Speak to GP leads about a Peer Project by the end of April
- Look at how to contact local supermarkets in regards to marketing RTP on the back of receipts, including home delivery
- Commit to taking the Improvement Project forward by liaising with the appropriate people in the CCG
- Continue to support to wear down the stigma and barriers of male suicide, particularly with the professions. Hear the real voice – they need to.
Thank you for giving me the chance for my voice to be heard and giving me more courage to battle through this, not give up.

(The video), it’s brilliant, it really highlights the problem that there is. Hopefully now with doing this for us and letting our voices be heard, I think it’s a new path opened up to a better future, and no more stigma.

It was not the easiest but good to be involved to try to help. That conversations are changing already is brilliant.
Cornwall and Isles of Scilly: Get Set to Go

JAMIE TRESIDDER
Jamie Tresidder
Get Set To Go Project Officer, Cornwall Sports Partnership
• 3 x12 weekly blocks of group based physical activity sessions across 5 locations in Cornwall delivered by local coaches and supported by volunteers

• 1-1 sessions and support is also on offer through a team of peer volunteers with lived experience who receive bespoke training from MIND
Local Delivery Model
Bodmin/St Austell/West Penwith/Camborne,Pool,Redruth/Falmouth

**Tier 1**
Local Promotion & Signposting
Ongoing 50 weeks
\(n=60+60+60\)

**Tier 2**
- Round 1 Taster \((n=28)\)
- Round 2 Taster \((n=28)\)
- Round 3 Taster \((n=28)\)

**Tier 3**
- 12wk prog \((n=10)\)
- 12wk prog \((n=10)\)

**Tier 4**
Exit community provision and/or extension activity
\((n=16)\)

Exit Offer
Local Signposting
Exit Offer
Local Signposting
Component parts of the GStG programme;

i) Mental Health Awareness Training

ii) Peer Support Volunteers

iii) Marketing, Promotion & Recruitment

iv) Sport & Physical Activity Delivery
   • Taster sessions
   • 12 week intervention
   • Exit to mainstream community provision
Target Locations

- Bodmin
- St Austell
- Redruth
- Camborne
- Penryn
- Falmouth
- St Just
- Sennen
- Mousehole
- Porthcurno
Why these locations?

• High rates of suicide amongst men in comparison to the rest of Cornwall and The UK

• Large number of lower super output areas that are ranked in the top 10% of most disadvantaged in the Country
• Cornwall’s premier sports team

• Recognisable and identifiable brand, especially for those living in West Cornwall

• Community team delivering GSTG in Penzance

• Recruitment to programme through supporters club

• Significant added value to GSTG - Player visits, free tickets etc
Session Delivery & Co Design

• Delivery is led by The Cornish Pirates Community Team and local community interest company SPARC rather than “traditional” sports clubs/coaches.

• Sessions are based on creating a relaxing, fun, safe and social environment where the participants can enjoy a range of activities at their own pace and in a style that suits them.

• Session’s allow participants to sample different activities and choose what they want to do each week. Participants have also led small parts of sessions in Penzance.
Ongoing Promotion & Signposting

Taster Sessions x 3 x 5 localities

Rolling 12wk Programme x 3 x 5 localities

Exit mainstream community provision or extension activity

Ongoing Promotion & Signposting

Self-referral  Charities  GPs  MH Services  Debt & Employment

Mental Health Awareness for Sport & Physical Activity
Volunteer peer Support Programme
Linking to mainstream activities/sports clubs

- Community facilities for local delivery which can then link to existing provision i.e. table tennis groups at The Dracaena Centre, Falmouth and Redruth

- GLL Healthwise 12 week programme at GLL sites in Bodmin & St Austell.

- Bringing coaches/instructors in to GSTG sessions to make the transition for participants easier

- Identifying the correct community opportunities for people

- Supporting groups to sustain the activity. Get Set To Go Plus- St Austell Fit 4 Life Group.

- Offering sports/leadership based qualifications for participants to sustain activity.
Mental Health Awareness for sport and physical activity training

Course objectives:

• Understand common perceptions and misconceptions about mental health including the positive impact of sport and physical activity on physical and mental health.

• Appreciate the barriers that people living with mental health problems can experience when taking up a sport or physical activity.

• Be aware of how stigma and discrimination surrounding mental health impacts on people living with mental health problems.

• Identify practical actions that you can take to create a positive sporting environment that is more inclusive and accessible to people with mental health problems.

• Feel more confident to talk about mental health and know where to signpost people to if they need support.

• Develop an action plan to embed practices into your organisation.
Activity:

In your groups/tables: Identify referral routes and key local stakeholders to create a plan for how you could implement a physical activity project for people who are at risk of suicide/suffering with poor mental health in your area.

Things to consider:

- Where will you recruit the participants from? Charities, CMH teams etc.
- Who will deliver the activities? Are they understanding of the target audience? Can they add value?
- Where will you base the project?
- What existing provision is out there to compliment your programme/signpost people to.
- Sustainability
TIME FOR LUNCH
Group 1
co-production in suicide and bereavement
\( (G1-2, G3-4) \)

Group 2
middle-aged men: engagement and barriers
\( (1.1, 1.7) \)
Time for a....
Professional Football Association
Questions
Bristol, N. Somerset & S. Glocs.

HOPE PROJECT
JEZ SPENCER

21/03/2019
HOPE

Bristol/S.Gloucestershire/N.Somerset
PILOT 2015

- Brief psychosocial intervention for people presenting to the Emergency Department after self harm or in acute distress because of financial/employment or welfare difficulties

- 19 people referred

- Motivational interviewing used by Hope workers for up to 6 sessions

- Control group – 1 session signposting and not using MI techniques
MAIN FINDINGS – PERCEIVED BENEFITS

- Resolution of specific financial problems
- Providing support when it is most needed – soon after presentation to A and E
- Insight into coping strategies

- Small scale study – demonstrated evidence of need but any future study should widen criteria
HOPE PROJECT OCTOBER 2018 – OCTOBER 2020

- 59 referrals (meeting criteria)
- 19 following self harm/suicide attempt
- 10% self referrals
- Depression and anxiety present (not necessarily a diagnosis) for many
- Housing problems
- Debt/no money
- Relationship difficulties
- Isolated
REFERRAL CRITERIA – HOPE 2018

- Men – aged between 30 and 64 (changed from 35 – 64 in February 19)
- Not in receipt of secondary mental health care
- SH/suicide attempt
- Acute distress - benefit/finance/housing related difficulties
PROCESS AND AIMS

1. Referral received
2. Phone call same day (M-F) to arrange appointment – can take over an hour – signposting if relevant/possible
3. Appointment offered within 72 hours if above not possible
4. Initial conversation (assessment) usually within 1 week and has been the next day
5. Questionnaire completed in 1st session (or within first 3)
6. Ongoing support (aiming for a maximum of 8 sessions)
WHAT’S IMPORTANT?

- Staff support – supervision + reflective practice + clinical supervision + training MI and suicide prevention/awareness
- Connection
- Responsive at first contact – crisis loans/foodbank vouchers
- Flexibility – meeting at a place they feel safe
- Safety plan on first meeting or with Senior Co-ordinator when appointment made
- Offered option of contacting Hope before 1st appointment if needed
- Use of text/phone and 1-1
- Initial action plan and action asap
- Partnership work – housing/DWP/debt agencies/substance misuse
CASE STUDY

- Presentation – referred following suicide attempt and still having thoughts of suicide
- Significant debt and relationship difficulties
- Contacted straight away following receipt of referral
- Initial appointment arranged
- First meeting – over 2 hours
- Safety Plan made and removal of means by Hope worker
- Still alive today and receiving support
WHERE ARE REFERRALS FROM?

- Self (10%)
- Psychiatric Liaison Teams (60%)
- DWP
- Foodbanks
- Landlord
- Energy company
LEARNING

- Reduction of age criteria to 30
- Focus on foodbanks for next 3 months (March to May)
- Raise awareness through targeting toilets/Gp’s/sports venues/barbers/betting shops
- Questionnaire challenging to complete
- Staff support
FUTURE
HOPE Project – Media Coverage
South Yorkshire and Bassetlaw - Media Campaigns
South Yorkshire and Bassetlaw - Pledge Video

https://www.youtube.com/watch?v=b3wV89-3L7w
Sorry we couldn’t share this with you. The national team will let you know when it goes LIVE. If you would like more information about the “Please Talk” video.

**Contact:**

**Sarah Boul**
Quality Improvement Manager (Mental Health)
Clinical Networks (Yorkshire & the Humber)
NHS England - North (Yorkshire & the Humber)

Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY
0113 8253458 / 07584 362 063
sarah.boul@nhs.net
Questions
Action planning & next steps
Reflection on the day
CLOSE
THANK YOU

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH