Suicide Prevention Programme – Workshop 1
Tuesday 3\textsuperscript{rd} November 2019, 12:45 – 14:00

<table>
<thead>
<tr>
<th>Item</th>
<th>Summary</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductions</td>
<td><strong>Suicide Prevention Programme Team Attendees:</strong> NCCMH: Emily Cannon, Matt Milarski, Saiqa Akhtar, Kate Lorrimer, Tom Ayers NCISH: Nic Richards</td>
<td></td>
</tr>
<tr>
<td>Agenda item</td>
<td>Shared messages/coms/winter campaign – could we do something at scale/higher profile and have bigger wider impact? Keeping in mind the unprecedented context this winter and that most people who take their own lives do so at home. What could we do to get info to more people as a national network? Others also expressed an interest in a joined-up approach. NCCMH to discuss with NHSE/I.</td>
<td></td>
</tr>
<tr>
<td>Other discussions</td>
<td>There was a question on whether there was any data or thoughts about increased suicide rates/expected increase in rates during/following the pandemic. Nic Richards from NCISH confirmed that interrogation of local real-time surveillance data showed no initial evidence of a rise in suicide rates post lockdown, with findings to be reported soon. However there remain a number of concerns about the impact of the pandemic on people’s mental health. Resource was shared on suicide prevention during COVID-19 Are any other areas looking at Christmas season specific campaigns bearing in mind COVID-19 restrictions and public reaction?</td>
<td>[Post meeting note: this report has now been published]. Suicide prevention amid coronavirus pandemic: 'We’re still there for each other' (website)</td>
</tr>
</tbody>
</table>
Hertfordshire Partnership University NHS Foundation Trust (HPFT) has undertaken a deep dive of 12 SI's that occurred during the 1st COVID-19 wave to inform risk assessment and RAG rating prior to a potential 2nd wave. It highlighted the importance of:

- regular reviews of RAG status by the MDT
- liaison with primary care and other involved agencies for physical health monitoring and interventions
- support for staff working remotely and making clinical decisions for example about frequency of contact due to an absence of 'corridor conversations' with colleagues that naturally occur in an office environment
- considering and acting on safeguarding issues and signposting to support for domestic abuse
- liaison with agencies to provide support for alcohol and illicit substance misuse
- robust follow up on disengagement or failed contacts
- acting on concerns from families or other professionals
- Physical health monitoring including for those at increased risk and vulnerability from COVID-19
- timely signposting to bereavement support
- increase of support for those in crisis with crisis support plans
- considering support required for other ‘At Risk’ groups such as Older People or Young People
- awareness of the impact of the pandemic on finances, employment, isolation, increase in domestic abuse, reluctance in accessing support, engagement, liaison with other agencies and absence of usual support systems.

North Cumbria ICP and North ICP- part of North East and North Cumbria ICS shared their key message:

- look after your own mental health & wellbeing
- How to support others
- Get help early
Others suggested a suicide prevention version of the COVID-19 messaging:

- Stay connected
- Seek help
- Save lives

Others shared they are framing this similarly to:

- Look after yourself
- Look out for others
- Get help early

The question was put to the group:

- Can local campaigns focus raising awareness to the individual who may need to seek help. Can a national campaign focus on society and the need to be kind and human contact?

A suggestion for this was partnering up with Zero Suicide Alliance.

Staffordshire and Stoke-on-Trent Suicide Prevention Programme shared they are putting out their own #talksuicide campaign with links to the Zero Suicide Alliance and their own work on community champions and community facing training.

It was also suggested a need to publicise dialling 111 and using option 2.

Barnet have launched COVID-19 Health Champions based on the Newham Model.

The National Child Mortality Database (NCMD) report was mentioned regarding an increase in suicides in Children & Young People during COVID-19.
NCISH shared a systematic review showing currently there is no evidence of an increase in suicide or self-harm behaviour.

It was shared that there is a lot of speculation especially on social media that suicides have increased and so, it would be great to challenge these assumptions.

In Shropshire they have invited some stakeholders from voluntary sector, Mental Health Trust, Public Health and Social Care to discuss older peoples mental health to explore what they know about local issues, what assets are already in place and whether they could agree a shared ambition for a task & finish approach.

Mike McHugh shared anecdotally, the impact he saw was cases of overdoses of prescribed medication.

Understanding the psychological and social impact of the pandemic resources shared.

Others asked how far into SARS did people take their life; was this during or post SARS?

Others suggested we think a bit about the BAME population and how people are supporting this group specifically in any way?

NCISH shared their webpage dedicated to COVID/Suicide prevention and section on ethnicity.

In Essex, at audit level it is clear BAME is a field with a lot of missing information and is something that is coming out of audit recommendations to be picked up within RTSS when it is set up.

James Holland shared they are trying to scope a national piece of work on LGBTQ+ and are therefore are keen to have local examples.
NCCMH and NCISH have run COVID-19 specific webinars.

Nikki Willmott (Hertfordshire Partnership University NHS Foundation Trust) shared that they will be adding a front sheet with key demographics when sending Coroners statements. Public Health colleagues review the coroner’s files to inform our local audit.

Others expressed interest in what evidence there is around young mums in lockdown, there is anecdotal noise from coroners, but this is usually pre coroner verdict and therefore this can’t be validated.

AOB

| The next workshop is on **Thursday 14th January 2021, 12:45-14:00** |

**COVID-19 suicide prevention on ethnicity**
(website)

**RCPsych COVID-19 webinars**
(website)
## Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide prevention amid coronavirus pandemic: ‘We’re still there for each other’</td>
<td><a href="https://www.dw.com/en/suicide-prevention-amid-coronavirus-pandemic-were-still-there-for-each-other/a-54856427">https://www.dw.com/en/suicide-prevention-amid-coronavirus-pandemic-were-still-there-for-each-other/a-54856427</a></td>
<td>Suicide prevention during COVID-19</td>
</tr>
<tr>
<td>Psychological and social impact of the pandemic resources</td>
<td><a href="https://www.covidsocialstudy.org/results">https://www.covidsocialstudy.org/results</a></td>
<td>COVID-19 Social Study is a research study run by University College London, exploring the effects of the virus and social distancing measures on adults in the UK during the outbreak of COVID-19.</td>
</tr>
<tr>
<td>NCISH resources</td>
<td><a href="https://sites.manchester.ac.uk/ncish/resources/national-academic-response-to-covid-19-related-suicide-prevention/">https://sites.manchester.ac.uk/ncish/resources/national-academic-response-to-covid-19-related-suicide-prevention/</a></td>
<td>COVID-19 suicide prevention on ethnicity</td>
</tr>
<tr>
<td>RCPsych webinar</td>
<td><a href="https://www.rcpsych.ac.uk/improving-care/nccmh/covid-19-mental-health-improvement-network/webinars">https://www.rcpsych.ac.uk/improving-care/nccmh/covid-19-mental-health-improvement-network/webinars</a></td>
<td>Suicide Prevention COVID-19 webinars</td>
</tr>
</tbody>
</table>