

Suicide Prevention Programme – Wave 3 Workshop 2

14th January 2021, 13:00 – 14:00

Details	Link
<p>Welcome and introduction Tom Ayers, NCCMH</p> <p>The aim of these workshops is to bring a learning community together to support each other, discuss issues and share some of our work around suicide prevention.</p>	<p>Please get in touch with NCCMH at Suicide.Prevention@rcpsych.ac.uk if you would like to contact any workshop participants.</p>
<p>Item 1: Suicide prevention and risk factors among frontline health and social care staff. London Borough of Redbridge</p> <p>We know that the stress and trauma of COVID is having a massive effect on the mental health of our health and social care professionals. Given that the data shows that there is a higher prevalence of suicide amongst health care professionals, what are we doing to address these risks and help them access the support they need?</p>	<ul style="list-style-type: none"> Please also see YouTube video link to Sky news article on suicide in health and social care workers.
<p>Discussion:</p> <ul style="list-style-type: none"> Greater Manchester Health and Social Care Partnership have been offering psycho-social support for health & social care/blue light services during COVID-19 through their Greater Manchester Resilience Hub. This offers MH screening, 1-2-1 meetings, supporting families of frontline workers, facilitating peer support sessions. 	<ul style="list-style-type: none"> Greater Manchester Resilience Hub - health and care staff wellbeing service: Pennine Care NHS Foundation Trust (website)
<ul style="list-style-type: none"> West Yorkshire and Harrogate Health and Care Partnership's 'check-in' campaign aimed at supporting staff with workplace stress - is due to launch 4th February. Targeted to a broad range of workers, including public health and voluntary sector, and guided by EBE. 	<ul style="list-style-type: none"> WY&H Suicide Prevention Campaign – Third Sector Leaders (tslkirklees.org.uk) (website)

<ul style="list-style-type: none"> • Samaritans helpline for health and social care staff - access to confidential support from Samaritans if you work or volunteer for NHS England. May be worth disseminating in case people are not aware. 	<ul style="list-style-type: none"> • Samaritans support line for NHS and social care workers poster (PDF) • Information on the wellbeing support line for health and social care workers (website)
<ul style="list-style-type: none"> • The issue of staff being incentivised to work longer hours was raised; this may exacerbate the risks of stress. It is important to promote and communicate the importance of taking time out for oneself – it's ok not to be ok – it's ok not to feel you have to be on the wards. 	
<ul style="list-style-type: none"> • In South Yorkshire, the 'Listening Ear South Yorkshire Bereavement Service' is offered to care home staff recognising the impact on them. 	<ul style="list-style-type: none"> • Listening Ear South Yorkshire Bereavement Service (website)
<ul style="list-style-type: none"> • The Hope Project, Bristol, have responded to the increased pressures on staff by providing non-negotiable time for additional clinical supervision which focuses on promoting resilience, this seems to be working very well. <p>The Hope Project's funding is due to end in March 2021, it is hoped that this will be renewed to enable their excellent work with people who are disadvantaged to be continued.</p>	<ul style="list-style-type: none"> • Hope Project Mental Health Charity Second Step Bristol (second-step.co.uk) (website)
<ul style="list-style-type: none"> • Hants CC has developed a Wellbeing Support Guide for Managers, as well as one for adults and one for volunteers. Also are developing a suicide prevention guidance for frontline staff, based on Leeds version. 	<ul style="list-style-type: none"> • https://documents.hants.gov.uk/adultservices/HCC-Wellbeing-Guide-Support-for-Managers.pdf (PDF)
<ul style="list-style-type: none"> • The East & North Hertfordshire NHS Trust formed a 'How Are You Doing' team in response to the pandemic, a conversation with the team lead is included in an RCPsych Suicide Prevention webinar held on 28th May 2020. 	<ul style="list-style-type: none"> • How are you doing team report (report) • Suicide Prevention COVID-19 Virtual Clinic #1 - Wednesday 6 May (rcpsych.ac.uk) (webinar)
<ul style="list-style-type: none"> • Derbyshire ICS developed a support guide for non-mental health organisations - recognising the pressure and lack of resource in voluntary and community organisations and have invested in a counselling support service for VCS organisations. 	<ul style="list-style-type: none"> • Promoting mental health and wellbeing: Joined Up Care Derbyshire (website)

<ul style="list-style-type: none"> Some trusts use Wobble Rooms - at any time before/during/or after their shift staff can go and take time out. Western Trust NI's room provides a safe space for staff and has access to telephone psychotherapy sessions. The NCCMH change package around communication includes ideas tried by teams during the first wave of COVID-19. 	<ul style="list-style-type: none"> NHSE/I & NCCMH COVID-19 Change Package for Communication (PDF, Wobble Rooms on page 16/17)
<ul style="list-style-type: none"> Additional resources for supporting staff during the pandemic on NCCMH COVID-19 Mental Health Improvement Network webpages 	<ul style="list-style-type: none"> COVID-19 Mental Health Improvement Network Resources Royal College of Psychiatrists (rcpsych.ac.uk) (website)
<ul style="list-style-type: none"> In Sussex, ICS's are creating resilience hubs to help with support. 	
<ul style="list-style-type: none"> Western Trust, Northern Ireland use affirmation cards for daily use - something positive to focus on first thing in the morning. 	
<ul style="list-style-type: none"> At the Suicide Bereavement UK 2020 Conference, Dr. Ananta Dave shared her Churchill Research at the about suicide risk for doctors. 	<ul style="list-style-type: none"> Please contact NCCMH for Dr. Ananta Dave's contact details.
<ul style="list-style-type: none"> It was noted that professionals do not always seek help early on. As they must keep going in and dealing with traumatic work, they may not feel it is the best time to address their worries - or they may struggle to return to the workplace. They will often feel they cannot let the side down so keep going, feeling guilty if they take time out as other colleagues are still working. 	
<ul style="list-style-type: none"> It was acknowledged that showing people who act as role models asking for help, would make it much more acceptable. 	
<ul style="list-style-type: none"> It was suggested that the issue could be referred to the local STP workforce leaders, to raise on the local workforce agenda. 	
<ul style="list-style-type: none"> NCISH directed the group to evidence highlighting the risk of mental health problems in healthcare staff, particularly female health professionals and nurses. This can be seen in ONS data around suicide by occupation. An NHSE study aimed to establish preliminary data about women who died by suicide while employed as nurses. 	<ul style="list-style-type: none"> Suicide by occupation, England - Office for National Statistics (ons.gov.uk) (website) NCISH Suicide by female nurses - NCISH (manchester.ac.uk) (website)

<ul style="list-style-type: none"> • A journal article examines how the COVID-19 pandemic may exacerbate trauma and anxieties in frontline staff. 	<ul style="list-style-type: none"> • Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic (journal article)
<ul style="list-style-type: none"> • NCISH COVID-19 resource pages have details of a range of support available from NHS, BPS, GMC under 'Occupational Concerns' tab. 	<ul style="list-style-type: none"> • NCISH National academic response to COVID-19-related suicide prevention - NCISH (manchester.ac.uk) (website)
<ul style="list-style-type: none"> • Free psychological and practical support is available for NHS staff via an NHSE /I helpline, text service and online portal 	<ul style="list-style-type: none"> • Our NHS People – Supporting our people: Helping you manage your own health and wellbeing whilst looking after others (website)
<ul style="list-style-type: none"> • Sussex Partnership held a seminar on moral injury: The History of Moral Injury. 	<ul style="list-style-type: none"> • Reframing Clinician Distress: Moral Injury Not Burnout (journal article)
<ul style="list-style-type: none"> • COVID-19 support available for NHS staff. 	<ul style="list-style-type: none"> • Support available for NHS staff - NHS Employers (website)
<ul style="list-style-type: none"> • Doctors in Distress – a charity committed to eradicating stigma, change behaviours & cultures and promote the value of good leadership to reduce suicide rates of medical doctors 	<ul style="list-style-type: none"> • Doctors in Distress (website)
<ul style="list-style-type: none"> • Second Victim support – information for healthcare providers who are involved in an unanticipated adverse patient event, a medical error and/or a patient related injury and become victimized in the sense that they are traumatized by the event. These individuals can feel personally responsible for the patient outcome, feeling as though they have failed the patient, second guessing their clinical skills and knowledge base. 	<ul style="list-style-type: none"> • Second Victim (website)
<ul style="list-style-type: none"> • The Australian RU ok campaign has some simple tools for looking after people. 	<ul style="list-style-type: none"> • RU ok campaign
<p>Item 2: Real-time surveillance and place-based data Northern England Clinical Networks Worcestershire County Council Solihull Metropolitan Borough Council</p> <p>Northern England Clinical Networks already have good systems in place for real time surveillance – using a dashboard managed by Cumbria Police with good processes in place</p>	

to get data from local Suicide Prevention Co-ordinator. The next phase is to try and replicate or adapt the RTS process to include serious self-harm or attempted suicide (all levels of self-harm would be too broad to manage at this stage). Has anyone had success in this area, given that this will come from various sources not just police or coroners? Has anyone carried out any scoping/intelligence or data gathering which could help us? We know that self-harm is hugely prevalent, but people do not always present at A&E – the issue is where we gather that data from.

Hereford and Worcestershire are setting up RTS processes. How do people gather reliable intelligence at a local level – some research data sets are quite small. Can anyone share any ideas on intelligence gathering particularly where data may be hidden e.g. within transient communities such as migrant worker or traveller communities?

Birmingham and Solihull Council are currently setting up RTS systems across both areas and requested support from anyone able to help with their scoping exercises, to understand what may be working for others.

Discussion:

- **Yorkshire and Humber Clinical Networks** – South Yorkshire and Bassetlaw have a good process in place for RTS and are now embarking on this work on attempted suicide. They are finding there is a lot of data available and are looking at ways to refine it – to class what is ‘attempted suicide’ as opposed to ‘self-harm’. Working with partners in NHS Digital, ambulance and police colleagues, liaison, emergency and mental health teams, to look at data extraction and making comparisons.
- The issue of what defines attempted suicide in the realm of self-harm was discussed. Different functions of self-harm make it difficult to evaluate especially when some have lethal intent, some have not and some in between. Post incident assessment is essential. **NCISH** advised that their approach is not to distinguish between what is ‘serious or suicidal self-harm’, and what is ‘non-serious’ – it is kept fairly broad because people who are in this distressed state and are self-harming may have a change of mind about intent.

<ul style="list-style-type: none"> • Bristol had a self-harm register in A&E - collating data on attendance frequency. EMDR nurses in the hospital also work with people who present with a history of trauma and self-harm but are not able to engage with traditional services. 	
<ul style="list-style-type: none"> • The question 'so what' was discussed - In addition to tracking attempted suicides, the key question is 'so what?' What are we doing with this data and what are we going to do to support those people? There is a need to 'round out' the data – to ensure we can include the at-risk groups not showing up in completed suicide data. 	
<ul style="list-style-type: none"> • There may be specific groups who might be missed in assessing risk factors; for example, older adults in independent care settings, with dementia or neuro-degenerative illnesses who self-harm. 	
<ul style="list-style-type: none"> • Greater Manchester Health and Social Care Partnership are involved in a self-harm task and finish group as part of their MH in Education programme of work, to increase awareness amongst education staff on how they can support children and young people who self-harm, to try to avoid the situation where CYP are just directed to A&E with some excluded from school due to concerns about risk. 	
<ul style="list-style-type: none"> • It was suggested that understanding attempts in public places would be useful as it would give a fuller picture of high frequency locations in our areas and could possibly be easier to get from police and other blue light services. • Greater Manchester Health and Social Care Partnership are aware of a pilot in Wigan where follow-ups are carried out for those people police have found on bridges talking of self-harm. • S Yorks Police advised that almost all people talked down from bridges etc., will be detained under section 136 of the Mental Health Act - so should be assessed by MH Team. 	
<ul style="list-style-type: none"> • Buckinghamshire, Oxfordshire and Berkshire West ICS have included a RTS type post within their wave 4 bid to monitor self-harm and attempted suicides from health-based information systems (such as those within MH providers, A&E, Ambulance Trusts). This would enable picking up on trends, patterns and any concerns (e.g. new methods). This would then be taken forward in collaboration with 	

<p>relevant agencies at place such as Local Authority, Educational settings, MH providers, 3rd sector and community organisations with the intention of developing targeted preventative interventions that are tailored to the needs / concerns identified.</p>	
<p>Item 3: Increasing the involvement of people with lived experience in our work Konsel Kernow / Cornwall Council</p> <p>Cornwall currently has some representation from people with lived experience in the mental health multi-agency groups/steering groups and would like to grow this group. Could others suggest ideas on how/where this is being done well?</p>	
<ul style="list-style-type: none"> • Sussex Partnership MH Trust have embedded co-production within the organisation with a full time Participation Programme Lead, a participation strategy and around 60 paid EBEs working throughout the ICS workstreams. They have a service user and carer engagement forum with a focus on diversity; the forum includes representation from the travelling and LGBT communities. There is a focus on creating a strategic mechanism for connecting voices, to create a clear definition of what would be helpful. They plan to develop Patient Leaders – people with lived experience who are working with other EBEs - to create a strategic link with other organisations. • They also use the Devon Letter of Hope - written by people from Devon, who wish to offer help and hope to those who are thinking about suicide. 	<ul style="list-style-type: none"> • Downloads and publications for Letter of Hope DPT (website)
<ul style="list-style-type: none"> • Hants CC have grown a People with Lived Experience forum, kickstarted by workshops and development programme delivered online over 2-3 months, which focused a lot on self-care/resilience/storytelling. 	
<ul style="list-style-type: none"> • Greater Manchester has an Independent MH Network in place. They will support members with guidance/training and expenses those with lived experience attending strategic meetings to participate. 	<ul style="list-style-type: none"> • Greater Manchester - IMHN - Independent Mental Health Network
<ul style="list-style-type: none"> • NCISH provided a link to an article by Simpson and House on user and carer involvement in mental health services 	<ul style="list-style-type: none"> • User and carer involvement in mental health services (Journal article)

<ul style="list-style-type: none"> • A guide by Central and North West London Trust explaining how to involve patients and carers in Quality Improvement (QI) projects 	<ul style="list-style-type: none"> • How to involve patients and carers in Quality Improvement (QI) projects (PDF)
<ul style="list-style-type: none"> • Bristol Independent Mental Health Network represent a diverse community of past, current and future users of Bristol's mental health services, as well as those with lived experiences of mental health. 	<ul style="list-style-type: none"> • Bristol Independent Mental Health Network (website)
<ul style="list-style-type: none"> • Western Trust, Northern Ireland advised that service user consultation within their Trust has been valuable – they have established LECA - Lived Experience Carers and Advocates - as a workstream within their 'Towards Zero Suicide'. • 	
<ul style="list-style-type: none"> • Northern England Clinical Networks are working with the NSPA, who are developing a national Lived Experience Network, to recruit some trained lived experience 'influencers' from the area and make sure they are given full support to work with them. 	