

Suicide Prevention Programme – Wave 4 Workshop 1

27th May 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>Discussion topic 1: Addressing the risk of suicide amongst people who are at risk of losing their children to the care system Sarah Khalil, Designated Nurse Adult Safeguarding, <i>Manchester CCG</i> and Adele Owen, Greater Manchester Suicide Prevention & Bereavement Support Programme Manager, <i>Greater Manchester Health and Social Care Partnership</i></p> <p>People who experience child removal can feel extreme emotional distress, which can also increase risks of death by suicide, death by self-neglect and death by homicide, and the ability to access support services may differ from location. To help address these risks there are opportunities to raise awareness of these issues, focussing on information sharing, inclusion in suicide prevention training and appropriate referrals.</p>	
<p>Discussion</p> <ul style="list-style-type: none"> Where safeguarding can sometimes be focused on the child, it may not take into account the issues being faced by the parent, which doesn't help break the cycle where repeat child removal has occurred. 	

<ul style="list-style-type: none"> • In Greater Manchester there is a focus on ensuring that an integrated, whole family approach care provision includes different pathways: covering pregnancy, postnatal and at least up to school age, plus an adult pathway to support the parent and prevent future further trauma if children are removed to support the parent. • It was noted that during pregnancy, appropriate care/support services for those deemed to be at risk may be available, but these may disappear after birth. It could be worth exploring these issues with local perinatal mental health services. • Support services for parents at risk of child removal can be addressed through the Adult Specialist Worker model within the Children’s system (e.g. in Hertfordshire) to help with safeguarding the child at home. However, this support may not continue if the child is taken into care. • Important to acknowledge that this affects both parents - there are risks around male suicide following removal of children – men struggling with anxiety and depression post fatherhood may be a group to target. There may be a perception that the attention is focused on the mother, or issues around accessing children. 	<p>Example of how a whole family approach is being implemented in Trafford: https://www.trafford.gov.uk/residents/children-and-families/stronger-families/stronger-families.aspx</p> <p>Resources aimed at supporting fathers: https://dadmatters.org.uk/ https://thedadpad.co.uk/ https://www.epicdad.co.uk/</p>
<p>Discussion topic 2 Suicide prevention ‘post-covid’ - maximising opportunities, identifying and addressing challenges Dr Pamela Nkyi, Public Health Principal, <i>Integrated Strategy and Commissioning, London Borough of Redbridge</i></p> <p>This area’s suicide prevention strategy is reaching the end of its 3-year duration. How are others refreshing/re-evaluating their strategies in light of COVID-19; in terms of new challenges, learnings etc?</p>	
<p>Discussion</p> <ul style="list-style-type: none"> • The full picture of the impact of the pandemic on mental health is still developing. NCISH advise that the same evidence-based suicide prevention priorities still apply - throughout and post-COVID. However, there are new priority groups; people who 	<p>The NCISH 2021 annual report: https://sites.manchester.ac.uk/ncish/reports/annual-report-2021-england-northern-ireland-scotland-and-wales/</p>

have always been vulnerable but who haven't necessarily had the same focus before - such as people from ethnic minority groups, people in isolation, younger people.

- **Suggestions for inclusion in suicide prevention strategies going forwards:**
 - One of the impacts of COVID-19 appears to be an increased focus/awareness of risk factors to poor mental health, including vulnerability, isolation etc. Maintaining this focus is important post-COVID and there is an opportunity for refreshed strategies to embed this, perhaps through partnership working/encouraging people to seek help.
 - To ensure that as many people as possible, who are in contact with vulnerable groups have an understanding of signposting, training could be a strategic priority.
 - A person-centred approach is required to provide all support that is needed.
- **Lincolnshire County Council** are reviewing all suicide prevention related services to ensure that every person who works with those at risk of, or who present with suicidal thoughts, should know how to manage. For further details, please see next discussion topic.

Discussion topic 3

Creating a pathway for support

Ania Hewis, Programme Officer for Public Health, Lincolnshire County Council

This area has refreshed their suicide prevention strategy and would like to evaluate its effectiveness. There is a focus on a shared responsibility across all multidisciplinary/ partnership agencies and work towards this includes implementing an assessment and treatment pathway to avoid services working in silos. This looks at variables such as risk factors and referral thresholds. Do others have experience of something similar and how have they evaluated the effectiveness? How can we make this service user centred?

Discussion:

- When working in quality improvement evaluations, **NCCMH** suggest starting small-scale with making changes – especially if they involve cultural changes - and measure impact/results, gradually testing with more users.
- The **Cumbria** suicide prevention strategy focuses on a multi-agency approach, link in next column.
- **Focus on Co-production:**
 - Design stage of initiatives should be the longest stage if being carried out collaboratively/co-produced. The **NCCMH** have produced guidance in relation to co-production.
 - In **Cambridgeshire and Peterborough NHS FT**, service user and carer input is integral to their 'Zero Suicide' steering group - it is important to include breadth and perspective from a wider group of people. Work is under way with gypsy and travelling communities which includes co-production with this group.
 - **The Sun Network** in Cambridge have co-produced a document on co-production.

Cumbria suicide prevention strategy:

<https://cemind.org/wp-content/uploads/2020/04/Multi-Agency-Suicide-Prevention-Strategy-Appendix.pdf>

Evidence and tools to enable co-production in mental health commissioning:

<https://www.rcpsych.ac.uk/improving-care/nccmh/other-programmes/coproduction>

[The-SUN-Network-Co-production-and-Involvement-Best-Practice-guidance-April-2021-FV.pdf \(sunnetwork.org.uk\)](https://www.sun-network.org.uk/wp-content/uploads/2021/04/The-SUN-Network-Co-production-and-Involvement-Best-Practice-guidance-April-2021-FV.pdf)