Suicide Prevention Programme – Wave 4 Workshop 11

8th March 2023 13:45-15:00

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| **Details** | **Link/Resources** |
| **Welcome and introduction**Matt Milarski *National Collaborating Centre for Mental Health** The aim of these monthly workshops is to bring a learning community together to support each other, discuss issues and share some of our work around suicide prevention. They provide an opportunity to learn from the community, make connections and share resources.
* Housekeeping was covered.
* Session is recorded for note-taking purposes but not going online.
 | Please get in touch with NCCMH at Suicide.Prevention@rcpsych.ac.uk if you would like to contact any workshop participants. |
| **Topic 1:****Rebecca Lilley** **Real Time Surveillance Analysis & Learning Project Support Officer and Veterans Mental Health Network Project Lead***North East & North Cumbria Suicide Prevention Network***Female suspected suicides within** **the North East and North Cumbria from April 2019-December 2022*** This study is looking at suspected female suicides between April 2019 and December 2022 in North East and North Cumbria
* Methods and location data has been collected.
* The study has also been collecting data on age.
* 13 key themes related to the suspected suicides were extracted: Each of the themes that were identified also had sub themes.
* The next steps of this work is to look in further depth at perinatal issues, involvement with services and contacting someone to tell them of their intentions.
* This study will also look at this data from a health inequalities perspective.

 For further information regarding this study please contact: rebecca.lilley@cntw.nhs.uk  |  |
| **Topic 2:****Sukhi Khattran****Health Improvement Coordinator – Mental Health & Suicide Prevention, Gypsy, Roma and Traveller Communities** *Hertfordshire County Council* **Question/topic: What work (if any) has been done in relation to the impact on Mental Health for women experiencing perimenopausal symptoms?*** There are a lot of challenges related to menopause and stigma associated with it, and how this is also affecting mental health of women who go through this process
* A lot of women don’t know the impact menopause does have on mental health. Support is also hard to access
* Do women know what is going to happen when they go through menopause.

**Question/discussion**:* National data is presenting questions regarding the link between suicide and menopause and the impact on female mental health.
* We need to also consider the historical data.
* As we begin to understand more about the menopause and it’s links to female mental health, we need to do more to raise awareness regarding it.
* There is support available, but it is not well advertised. There are networks that are beginning to be formed. NHSE has a good network to promote awareness of this issue. The Royal College of GP’s also has awareness and clinical training.
* Trusts need someone to volunteer and take menopause awareness support forward.
* There doesn’t feel like there is a central point where all the resources and support can be found.
* Worth looking at the British Menopause Society and Dr Louise Newson. Newson Health has an app that is helpful.
* We need to put evidence behind menopause awareness, as people don’t often see the link behind mental health and menopause.
* From a real time surveillance perspective, we don’t see anything regarding menopause. Hard to get this on the agenda locally.
* There is also a lack of joint clinics between gynecology and mental health.
* A lever to try and get menopause and mental health on the agenda is the connection between physical ailment induced menopause and mental health.
* In Cambridgeshire and Peterborough there is no data being collected regarding the link between menopause, mental health and suicide risk. This could be down to when we think of suicide risk related to physical health we think about chronic pain and terminal illnesses. Could this be down to the fact that we are overlooking menopause.

**Topic 3:** **Sally DarwinPractice Development Nurse***West London Forensic Services***Question/topic:** **Does the NHS have a safe culture for discussion, disclosure and support for anyone experiencing symptoms of menopause, if not, how might we encourage this, from both a patient and workforce perspective?*** From a patient experience perspective, we know that GP’s are the front door for mental health discussion but not always the best option for discussion regarding menopause. Women often go into the voluntary sector to get further information as they don’t find discussions regarding menopause very satisfactory.
* There are a few private options in place for women. They are monetized due to lack of demand for them.
* There are some opportunities in the voluntary sector for support for women.
* In Greater Manchester there have been café drop-in sessions for menopause set up. There is a wellbeing toolkit as well. There are monthly drop-in sessions that look at providing support and advice regarding menopause.
* In Devon there has been a group been set up for staff to get support through menopause.
* In West London they have put sanitary packs in the toilets. It is a quick win which supports female members of support.
* There is a question around how often patients are asked about menopause and how it is impacting their mental health. This is something we need to understand more. We need to understand the needs of service users more.
* There is a combined difficulty regarding perimenopause and mental illness. In services we need to have joint clinics between psychiatrists and the GP/gynecologist so we can manage patients really difficult physical conditions.
* In Devon Partnership Trust we are starting to talk more about menopause. We need practitioners to ask women about menopause.
* NICE now advocating HRT to be used for women with menopause and mental health instead of anti-depressants. HRT has a better efficacy
* In West London Trust, there was a nurse’s leadership forum where this was mentioned. Lead to emails from people interested in setting up a group. When it first started it involved a lot of teaching regarding physical changes and discussion. It is hard for people to share their experiences regarding this, often someone needs to kickstart the conversation. People have varied experiences with GP’s which again effects how they work through menopause.
 | [Maternal mortality rises by nearly 20% in UK, report finds | Women's health | The Guardian](https://www.theguardian.com/society/2022/nov/10/sharp-rise-in-number-of-women-in-uk-dying-in-pregnancy-or-shortly-after)<https://www.rcpsych.ac.uk/improving-care/nccmh/quality-improvement-programmes/national-suicide-prevention-programme/our-programme-resources><https://www.gmhsc.org.uk/wp-content/uploads/2022/03/GMHSCP-Greater-Manchester-Wellbeing-Toolkit-March-2022.pdf><https://www.wellbeingofwomen.org.uk/what-we-do/>https://www.youtube.com/watch?v=DSYFKgGyM\_s<https://youtu.be/_uKjYo--XT4><https://www.lattelounge.co.uk/menopause/><https://www.nhsemployers.org/articles/menopause-and-workplace>https://blog.ons.gov.uk/2023/03/06/sociodemographic-inequalities-of-dying-by-suicide/[British Menopause Society | For healthcare professionals and others specialising in post reproductive health (thebms.org.uk)](https://thebms.org.uk/) |