Suicide Prevention Programme – Wave 4 Workshop 3

23rd September 2021, 13:00 – 14:00

Details	Link
Welcome and introduction Tom Ayers, NCCMH 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.	Please get in touch with NCCMH at Suicide.Prevention@rcpsych.ac.uk if you would like to contact any workshop participants.
<u>**Question 1: Suicide prevention in online communities**</u> Joseph Davies, Suicide Prevention Manager, *Peterborough City Council and Cambridgeshire County Council Public Health Directorate* **How do we work as a system to understand reports of suicides in children and young people through online platforms? These chat rooms operate across geographical boundaries, and it is difficult to either verify or support children and young people (CYP) who may be affected by a supposed suicide of a member of a chat room group.** **For example, we know of an online friendship group of around 15 children and young people aged 14/15, where a suicide was reported by a member of the group who said they were a parent. Shortly afterwards was a second report of another suicide in a group member. We have no way of verifying this information - we don't have names or any details. How can we keep children and young people safe online with regards to suicide prevention and other issues; e.g. trolling?** <u>**Discussion**</u> **Other Agencies** There are charities that deal with online safety – one example is '**Safer Internet UK**'. They can provide support from an internet safety point of view, on dealing with speculation or rumours which can affect children and young people.	UK Safer Internet Centre - Online Safety Tips, Advice and Resources | Safer Internet Centre

In 2020 **Public Health England (East Sussex)** commissioned research from an external provider (details on request to look at internet traffic on suicides to understand peoples' journeys online: e.g. what search terms they were using, where did they end up, a profile of the person etc, in order to support intervention online. Being able to understand this kind of data helps with planning suicide prevention interventions.

In addition **East Sussex** have been looking at what behaviours and actions would generate concern amongst peers – what has become normalised? What do CYP do if they see worrying chat on forums? They also mapped different platform policies to understand how internet providers deal with content of concern etc. and found this varied considerably across each platform.

A new online tool called '**Ripple**' can be installed onto existing internet search platforms such as Google, Firefox etc; if a user undertakes a harmful search it will display a downloadable positive message. It is free for everyday use, may be free for schools, and businesses may be able to purchase it for their employee network. However it isn't yet available on mobile devices, only web browsers.

https://www.ripplesuicideprevention.com/

Research
An **NCISH** study examined suicide by children and young people, a quarter of under 20s searched information on suicide methods and 4% had died using a method they had searched on. Clinicians need to be aware of and ask about online behaviour when assessing people when presenting to services.

https://sites.manchester.ac.uk/ncish/reports/suicide-by-children-and-young-people/

The **NCISH 2019 Annual Report** contains information on internet risks in mental health patients who died by suicide.

https://sites.manchester.ac.uk/ncish/reports/annual-report-2019-england-northern-ireland-scotland-and-wales/

Communication around internet safety
Perhaps a review on how we communicate internet safety could be helpful. How we navigate the boundaries of online communities is of increasing importance – particularly as for most children and young people, their 'online community' is one of their most important communities. We need to reiterate to them that if things happen online that they are not comfortable with, they need to share with a trusted person as they would if something happened in their physical communities.

Sharing information
As we are looking to expand our real time suicide surveillance in our areas and other areas, what opportunities are there to connect across boundaries and work with the different online communities? It is difficult to share information across county borders on potential suicide clusters, or specific websites. It may be worth thinking about how we communicate on this so that GDPR is not breached.

The **Southwest region** are looking at sharing information; where a death by suicide occurs within an online community, there should be an online response, or something which links people back to commissioned service – perhaps talking to **'Support After Suicide'** about this might be helpful.	
North/Central London have a data insight group who have recently started sharing real time surveillance data recently across this area. The numbers are quite small, so caution is being applied and no personally identifiable data is being shared but working together is very useful.	
Southwest London's suicide surveillance steering group have set up subgroups whose membership includes public health leads. They regularly look at relevant data from their London Hub, to help understand issues and develop interventions. This is linked to suicide prevention and suicide bereavement work.	**Other useful links:** https://www.samaritans.org/about-samaritans/research-policy/internet-suicide/samaritans-online-harms-advisory-service/
Additional Question and Answers	
Question 2: RTS strategy meetings **Has anyone established real time surveillance post-death strategy meetings - for adults? For example sharing information/identifying early learning – checking people are getting the support they need? Is there any cluster information? It is important not to duplicate work of other agencies.**	
This has started in **North/Central London** where they are bringing key immediate partners together sharing individual level data amongst those different agencies, and to look at whether there is any action that may have been missed.	
Question 3: Co-Production: **How much coproduction are organisations implementing in suicide prevention work?**	
Devon Partnership Trust's Safe from Suicide team work closely with a person with lived experience; in addition the team links with the Trust's existing peer support network in order to include a variety of different voices from all areas of this network. The team also works with families, supporting those who have been bereaved or those who have family members with suicidal ideation, with a view to what can be done around family involvement and improving care.	
There are a good examples of co-production and user-led work which have been shared during the Suicide Prevention learning sets over the last three years. Detail of these can be found on the NCCMH website; for example the resources for Learning Set 1 (October 2020) includes a recorded presentation from **Lancashire and South Cumbria ICS** covering the importance of working alongside people with lived experience.	Suicide Prevention Programme resources| Royal College of Psychiatrists (rcpsych.ac.uk)

Question 4: Public Health Ethics
The Southwest region has a study group on public health ethics. Have others considered issues around data protection and autonomy when thinking about intervening with online communities etc.?

It was acknowledged a couple of years ago, some internet platforms had been looking at whether they could identify possible suicidal ideation from search terms but there had been a debate around this being an ethical dilemma so this may not have continued.