Suicide Prevention Programme – Wave 4 Workshop 4

4th November 2021, 13:00 – 14:00

Details	Link
Welcome and introduction Emily Cannon, Head of QI *National Collaborating Centre for Mental Health* 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. Please contact debra.fisher@manchester.ac.uk if you would like to request a virtual consultation with Professor Louis Appleby and Professor Nav Kapur from NCISH (National Confidential Inquiry into Suicide and Safety in Mental Health) to gain expert knowledge of suicide prevention and to discuss local support and specific local concerns.
Question 1: Stakeholder mapping Ania Hewis, Programme Officer for Public Health *Lincolnshire County Council* **In Lincolnshire we are trying to understand what is driving high rates of suicide. A large number of partners are interested in supporting with this work, but in the interests of time and resources we need to ensure that we are linking in with those who are best placed to provide the right information. We are therefore looking to map all our stakeholders to identify: who are the decision makers; how we obtain the information and evidence to help make those decisions; who we need to link with to inform and keep suicide prevention on their agenda; and who we need to empower to ensure that suicide prevention is part of their role.** **It is important to get the balance right between ensuring we don't exclude anyone but ensuring we are working most effectively with the right people. How have others carried this out?** **Lincolnshire will be producing a stakeholder map for this work and will share with the group when this is available.**	

Discussion In **Greater Manchester,** in addition to their main steering group**,** suicide prevention leads for their 10 local Borough groups are looking at how best to engage with key stakeholders to bring them together – ensuring that meetings are relevant for all, and that everyone's agenda is aligned. One of the Boroughs have produced a Terms of Reference document to support this – available to share on request – contact suicideprevention@rcpsych.ac.uk. **West Yorks** have found that bringing together all groups to one meeting can result in the content/discussion quickly becoming irrelevant for some people. The region has 2 major Yorkshire-wide groups: (1) an oversight/governance group which includes place-based suicide prevention leads, Trust representation and partners from the voluntary sector; and (2) an advisory network group which acts as a forum for learning and sharing/provoking discussion. Anyone who works with those at risk is actively encouraged to participate in the latter group. In addition, there are separate groups including one who looks at real time surveillance data; one for suicide prevention leads within public health; and a secondary mental health service group. Working collaboratively, collective agreement across all groups has been reached as to where the focus needs to be to deliver the 5-year suicide prevention strategy. The ICS Suicide Prevention Lead attends all meetings to link to all areas and is able to take suicide prevention to key decision makers, encouraging thematic interventions to deliver the strategy. In **Gloucester**, the suicide prevention multi-agency group has been re-structured to include a smaller steering/surveillance group - a smaller closed group which provides a safe space for members. Includes representation from coroners, police, mental health trust, commissioners and public health colleagues, all of whom have signed up to an information sharing agreement. In addition to this group, there is a larger forum group, open to all, which facilitates updates on policy changes, new projects etc, share and learn sessions etc. The **Gloucester** steering group's Terms of Reference are available on their website.	https://www.suicidepreventionwestyorkshire.co.uk/ Suicide Prevention Resources for West Yorkshire This is an information portal for anyone in West Yorkshire with suicidal thoughts and in crisis, those bereaved by suicide or seeking suicide prevention training. Gloucester steering group terms of reference (steering-group-tor-v20.pdf (gloucestershire.gov.uk)) soon to be updated to include surveillance
Question 2. Linking in with social prescribing Lourdes Colclough, Head of Suicide Prevention *Rethink Mental Illness* **Are others aware of any mechanisms to enable therapists to link with social prescribers when conducting a suicide risk assessment, or is this more ad-hoc? Aware of an example where daily suicide risk assessments were conducted for a client by different people but provided no connection to any kind of social interventions which could be of support to that person.** **Discussion**	

Adele Owens from Greater Manchester is involved in a social prescribing conference to take place in 2022; the topic of suicide prevention was requested by staff. To find out more from Adele please contact Suicide.Prevention@rcpsych.ac.uk In **Plymouth**, most social prescribers in primary care networks are commissioned by the same organisation. They are linked with their secondary care providers for mental health as well as a peer support crisis café service. A programme has just been started in the area for mental health community training, this includes a resilience package. Social prescribers and those working with homeless people, drug and alcohol providers and debt advisors are the priority groups to receive this training, which mirrors the training given to the secondary care organisations so that they have a common language around safety planning. **W Yorks** are asking social prescribers to become members of the suicide prevention network, as well as working on providing access to Safe Talk training, and raising awareness of risk factors. **Gloucester** provide Applied Suicide Intervention Skills Training (ASIST) to anyone working in public or VCS sectors, including social prescribers. Have 2 sets of social prescribers: 1) through the primary care networks and 2) through the community wellbeing services. The training is regularly promoted to these groups, additionally, mental health and crisis awareness training is provided for those working in debt advisory services such as Citizen's Advice. This is funded through the Healthy Lifestyles Service. This offers their "core" training i.e. ASIST (or equivalent), Mental Health First Aid (MHFA) and MFHA Lite/Awareness. Ad hoc training is also provided outside of this offer for additional courses Postvention Assisting those Bereaved By Suicide (PABBS) and more ASIST/MHFA where there's an identified need. **Cornwall** also fund ASIST training for social prescribing link workers. In **Somerset,** the community mental health service is an alliance between the mental health service and voluntary sector organisations such as Citizens Advice; sports activity partnerships; this is a useful model to ensure these kinds of interventions are offered by case workers. In **Barnet** all social prescribing link workers are given zero suicide alliance training as a minimum, other options include mental health first aid and 1-day suicide prevention training. Their Head of Social Prescribing is involved in the suicide prevention partnership which is very useful in working together and maintaining a strong link between the two. **W Yorks** carried out a mapping exercise to identify those who worked in non-mental health services and were likely to have touch points with those likely to be at biggest risks. This showed that social prescribers were missing so this area is now proactively trying to engage and include them.	
Question 3: Risk assessments for suicide: information sharing and confidentiality Lourdes Colclough, Head of Suicide Prevention *Rethink Mental Illness*	

When counsellors and therapist deem someone to be at as high risk of suicide, in the context of confidentiality, when is it appropriate to share this information with friends and family? **Discussion** **Keith Waters, Derbyshire Healthcare NHS Foundation Trust** – a lot of therapists will be aware of the government's recently published consensus statement on information sharing and suicide prevention. Despite any dilemma around therapeutic relationship/confidentiality and respecting the client's wishes/involvement of others we should encourage therapists to work alongside others who are important to clients, as these people are often best placed to help provide support. Most organisations should have a protocol on information sharing but if this is not the case, would encourage seeking guidance from others. **Bath Mind** promote an open approach, encouraging therapists to support clients in sharing any information that can help them have the best possible life they can hope for, bearing in mind what is in the best interests of the client. Important for the therapist to reach a point where they feel confident to share, with consent, to meet the person's needs. Will be linked to therapist's governing body and sharing guidelines. In **Gloucester**, through the community wellbeing services, the link workers can attend/arrange multi-disciplinary meetings in which case they would discuss risk with other professionals.	Information sharing and suicide prevention: consensus statement - GOV.UK (www.gov.uk) Zero_Suicide_Alliance_-_Share_Report_August_2021.pdf (amazonaws.com) consent, confidentiality & information sharing in mental healthcare & suicide prevention
Additional discussion **Suicide in older people** In **Somerset**, over the last 6 months they have seen an increase in number of people over the age of 65 dying by suicide. Reasons for this are varied – Covid may be a factor as well as other health diagnoses such as cancer. Social prescribers tend to work with older people so important to recognise this. **NCISH research**: • Found that in the UK in 2007-2017, there were 4,675 suicides in the general population by those aged 75 and over, 7% of all suicides, an average of 425 deaths per year. • 925 (20%) were suicides by patients, i.e. people who had been in contact with mental health services in the previous 12 months, an average of 84 per year. • Clinical services should be aware of (1) the lower rate of contact with specialist mental health services among those who die by suicide in this age group and the need to work with other agencies where people at risk may attend and (2) different patterns of clinical risk, with more depression, bereavement and physical illness, and lower rates of some common suicide risk factors such as self-harm and substance misuse.	NCISH 2019 Annual Report

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National Suicide Prevention

Commissioning suicide prevention training **West Yorks** are about to commission suicide prevention training across the region, could others offer support with the specification? **Gloucester** is in the process of putting together an accredited list, includes ad-hoc training as well as suicide prevention, suicide bereavement, mental health awareness, this can be widely shared; **Hertfordshire and West Essex ICS** and **West Sussex** also happy to share their training specifications, please contact suicideprevention@rcpsych.ac.uk.	