Suicide Prevention Programme – Wave 4 Workshop 13

26th April 2023 13:45-15:00

|  |  |
| --- | --- |
| **Details** | **Link/Resources** |
| **Welcome and introduction**Emily Cannon *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:****Jayne Abbot** **Resilient Schools Manager, Start and Grow Well Team** *Barnet Public Health* **Learning from the Multiple Suicide Response in Barnet** * Public Health Barnet partnered with family services, CAMHS, Education and other partners to create a Multiple Suicide Response Group (MSRG) to look into suicides in schools in the local area.
* The focus of the response was the connections and culture in the schools involved.
* There were two insight reports commissioned, one focusing on the views of young people at the schools and one on the views of staff
* The schools worked to improve systems and support mental health
* The suicide prevention plan 2021-2025 for Barnet has now been updated and the following is in place:
	+ Wise before the event training is now being carried out for schools so that schools are aware of the postvention support that is available to them and how to communicate following a suicide.
	+ Whilst support was offered to the schools from multiple sources, this was hard for the schools to navigate. This led to a refresh of the critical incident policy to ensure a joined up approach.
	+ The Head Teacher/ Designated Safeguarding Lead for schools will be provided information on all the processes related to suicide response by Barnet Education Learning Service (BELS) as part of their postvention support.
	+ Children and young people wanted more information on how to stay healthy (physically and mentally) and parents wanted more information and support on how to help their children to stay mentally well. To improve this, the public health team provided information and training on mental health and physical health. They also ensured all schools have at least one trained Youth Mental Health First Aider, whose training covers self-harm and suicide prevention and the crisis response for suicide.
	+ A Multiple Suicide Response Plan specific to children and young people is now in development for the local area.

Discussion: * Merseyside are currently trailing the Multimodal Approach to preventing Suicide in School (MAPSS) to respond to suicide in schools. This is a regionally-based pilot study to an integrated response to suicide risk among secondary school pupils.
 |  |
| **Topic 2:****Marcus Law** *Black Country Healthcare NHS Foundation Trust* **Question/topic: Perimenopause and Suicide** Black Country are keen to identify any potential suicides that have menopause as a potential cause factor. We know the percentage of female population between 40 and 55 that have taken their lives in the black country, but we don’t have a clear way of identifying this group with this as a potential cause. We have flagged this internally around future reviews of suicide. The Black Country are looking for good practice examples from other areas where this has been connected to women’s health commissioners and jointly worked for example, this might really help us look at this risk group. We’d be keen to work with primary care colleagues and other partners to recognise related symptoms and ‘open-up’ this cohort of people to suicide prevention training and information sharing.**Questions/discussion**:* This was a topic at our previous workshop, and the notes from that contain some helpful information and links (these can be found in the right hand column)
* The Balance App provides links to research for women to understand and manage symptoms of the peri and menopause better
* A good approach is to use applications that can help track mood during the menstrual cycle, at all ages.
 | [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/)<https://youtu.be/_uKjYo--XT4>https://vimeo.com/760754854 |
| **Rachel Gibbons****Co-Chair Patient Safety Group, Chair Working Group on the Effect of Suicide and Homicide on Clinicians, Vice-Chair of the Psychotherapy Faculty***Royal College of Psychiatrists***Question/topic: Managing risk: Risk assessment tools and biopsychosocial formulation*** We are now moving away from risk assessments to a biopsychological approach, more compassion, more open ended conversation and taking a more open hearted approach. Traditional risk assessments don’t tell us a lot about the reasons why someone might attempt suicide
* To move away from the risk assessment, we need to have a culture shift where clinicians are empowered to take an approach dictated by curiosity.

**Questions/Discussion** * In Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust they have recently completed a study in which they co-produced a framework for practitioners on personalised safety planning
* The risks must change depending on what is happening for the person at that time, we know the risk of suicide where there is domestic abuse present is heightened too. The open-hearted approach is a good idea to understand the current experience of the person.
* When developing this new approach, we need to consider that one of the challenges around this will be that it may simply replace one tool, which isn’t something we want to occur.
* This is why we need to make sure that simple questions are at the basis of how we look at suicide risk, let’s start with how are you and use that as a way of delving further into the way someone is feeling and around suicide.
* The key to all of this is staff and culture change. At the moment when providers have carried out research into this approach, they have found that stress, pressure to respond to volume of people presenting needing care and lack of freedom to explore and build relationships is a problem. All these factors are preventing the open-hearted approach being used.
* In Devon, new training has been developed in collaboration with people with lived experience, their families and all disciplines within the trust. This training has also been developed alongside policy changes within the trust so practitioners have more space to use this different approach.
* If people are struggling to get buy in within their localities it is important to show them the evidence of how personalised safety planning has been very successful in areas that have implemented or tested it.
* Additionally, the college have created guidance about how we should look at the workforce and approach to suicide prevention.
 | * [Suicide and the Risk Elephant - YouTube](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DPuSJrO--WoE&data=05%7C01%7CEdward.Barrett%40rcpsych.ac.uk%7C69266c8749ad42b328be08db466dcb3d%7C75aac48a29ab4230adac69d3e7ed3e77%7C0%7C0%7C638181209609280923%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=jM2djb7hygYIFtRuuSolUshBW0PvE0kEn61WIBjBffQ%3D&reserved=0)
* [Creative conversations about suicide: Talking to suicidal people - YouTube](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DDcZdqBJRFMI&data=05%7C01%7CEdward.Barrett%40rcpsych.ac.uk%7C69266c8749ad42b328be08db466dcb3d%7C75aac48a29ab4230adac69d3e7ed3e77%7C0%7C0%7C638181209609280923%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=jUEiem4JvZivfNdcPflAEqMej%2F4FST5W0ANlux%2FGhq8%3D&reserved=0)
* [Co-produced framework for practitioners on personalised safety planning – 11 January 2023 - YouTube](https://www.youtube.com/watch?v=1s7H0tJd0xU)
* [Supporting mental health staff following the death of a patient by suicide: A prevention and postvention framework (CR234) (rcpsych.ac.uk)](https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr234?searchTerms=CR234)
 |