

Suicide Prevention Programme

Wave 4 Workshop

Thank you for joining this National Suicide Prevention event. The event will start at **14:00**.

13 March 2024













Introduction

Renata Souza

National Collaborating Centre for Mental Health







Housekeeping

- We will be recording this session for the purposes of note taking only.
- Please mute your microphone/audio unless you are speaking
- We encourage lots of questions! Please use the hand up function or the chat function within the meeting.
- If you experience any technical difficulties, please email Suicide.Prevention@rcpsych.ac.uk



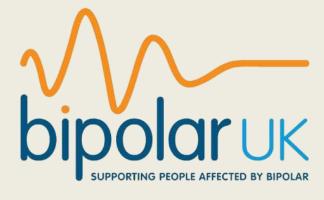
Agenda

14:00 – 14:05	Welcome	Renata Souza National Collaborating Centre for Mental Health
14:05 – 14:25	How understanding bipolar can save lives	Simon Kitchen CEO Bipolar UK Ben Expert by Experience
14:25 – 14:40	Risk Assessments	Philip Pirie Suicide Prevention Campaigner
14:40 – 14:55	Arranging suicide prevention training/inputs to local Police Force Call Handlers as Police and partners work to bring in the Right Care Right Person approach	Adele Owen Greater Manchester Suicide Prevention & Bereavement Support Programme Manager, NHS Greater Manchester Integrated Care
14:55 – 15:00	Close	Renata Souza National Collaborating Centre for Mental Health



How understanding bipolar can save lives

Simon Kitchen CEO Bipolar UK



The Bipolar UK Mood Scale

MANIA	Total loss of judgement, exorbitant spending, religious delusions and hallucinations	10
	Lost touch with reality, incoherent, no sleep, paranoid and vindictive, reckless behaviour	9
HYPOMANIA	Inflated self-esteem, rapid thoughts and speech, counter-productive simultaneous tasks	8
	Very productive, everything to excess (phone calls, writing, smoking, tea), charming and talkative	7
BALANCED MOOD	Self-esteem good, optimistic, sociable, and articulate, good decisions, need less sleep and get work done	6
	Mood in balance, no symptoms of depression or mania	5
	Slight withdrawal from social situations, concentration less than usual, slight agitation	4
MILD TO MODERATE DEPRESSION	Feelings of panic and anxiety, concentration difficult and memory poor, some comfort in routine	3
	Slow thinking, no appetite, need to be alone, sleep excessive or difficult, everything a struggle	2
SEVERE DEPRESSION	Feelings of hopelessness and guilt, thoughts of suicide, little movement, impossible to do anything	1
	Recurring suicidal thoughts, no way out, no movement, everything is bleak and it will always be like this	0

www.bipolaruk.org



Is bipolar common?

Approx 1 in 50 people have bipolar

More than 1 million people in the UK alone

56% are still undiagnosed

Bipolar accounts for 17% of the total mental health burden

50% of people get symptoms before age of 21

There is a 9.5-year delay to diagnosis in UK





Suicide and bipolar: the link

Studies show having bipolar increases the risk of suicide by 20-fold.

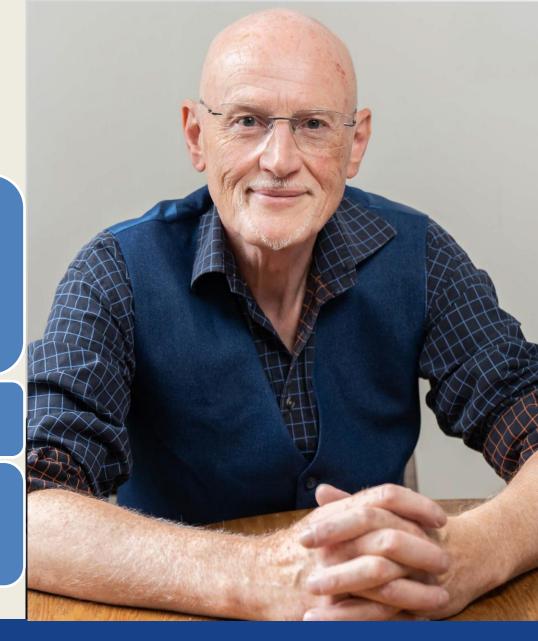
A Delphi exercise by the Bipolar Commission found that at least 5% of all suicides in the UK were by people with a bipolar diagnosis.

However, the true figure is thought to be significantly higher due to the number of people living with undiagnosed bipolar and the lack of diagnosis data.

Recent research estimates up to 1 in 5 people with bipolar will take their own life.

60% of people with bipolar will attempt suicide at least once during their lifetime.

36% of our community attempted suicide due to diagnosis delay and research shows that 'time to treatment' is significantly associated with hospitalisations and lifetime suicide attempts.





5 ways to reduce the suicide risk in bipolar patients

- **1. Earlier diagnosis:** a delay to diagnosis worsens prognosis and can result in the loss of jobs, relationships, home and, tragically, lives.
- **2. Timely, appropriate treatment**: a combination of therapy and medication e.g. Lithium is proven to reduce risk of suicide; antidepressants can trigger mania.
- **3. Peer support**: a recent independent evaluation found that 38% of people with bipolar who'd had suicidal thoughts said using Bipolar UK's support services had helped to stop them acting on those thoughts.
- **4. Psychoeducation**: a better understanding of bipolar prevalence, symptoms, triggers, treatments and self-management strategies can be life-changing, if not life-saving.
- **5. Specialist bipolar services**: continuity of care, not episodic care = better outcomes.



Could it be bipolar?

In 2022, Bipolar UK launched a campaign to highlight symptoms that could indicate bipolar. Campaign's key messages:

- 1. **Hypomania** as people often only visit their GP when they're depressed.
- 2. Antidepressants can trigger mania.
- 3. **Resources** on our website to support someone's diagnosis journey.



Find out more

Our 20-minute eLearning course covers what bipolar is, diagnosis, treatment, and some of the challenges people living with the condition often face.

The course also signposts people to our free Mood Tracker app, diagnosis resources and peer support services.







Life-changing support

Our services support people with a diagnosis, people pre-diagnosis and their friends, family, colleagues and carers

- 1-1 Peer Support via phone and email
- Peer Support Groups online and in person
- eCommunity 24/7, 365 days a year: 14,500+ users
- Free Mood Tracker app
- Free annual online conference
- Free self-management courses and webinars





Any questions?





Risk Assessments

Philip Pirie

Suicide Prevention Campaigner



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Arranging suicide prevention training/inputs to local Police Force Call Handlers as Police and partners work to bring in the Right Care Right Person approach

Adele Owen

Greater Manchester Suicide Prevention & Bereavement Support Programme Manager

NHS Greater Manchester Integrated Care





Close

Renata Souza

National Collaborating Centre for Mental Health





