

## Suicide Prevention Programme – Wave 4 Workshop 8

22<sup>nd</sup> July 15:00-16:00

Details	Link
<p><b>Welcome and introduction</b> Emily Cannon, Head of QI <i>National Collaborating Centre for Mental Health</i></p> <p>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.</p>	<p>Please get in touch with NCCMH at <a href="mailto:Suicide.Prevention@rcpsych.ac.uk">Suicide.Prevention@rcpsych.ac.uk</a> if you would like to contact any workshop participants.</p>
<p><b>Dr Manawar Jan-Khan, Hertfordshire County Council:</b> What approaches are being taken by different areas to provide practical support for families following a suicide?</p> <ul style="list-style-type: none"> <li>• This question focusses around when people die by suicide in the home, and how we support the family members who have been bereaved by suicide and gaps in the bereavement support pathway for families. In some areas when there is a fatality in the home, the family are responsible for sourcing and funding the clean-up. This can be very traumatic for families. In some areas, such as the Thames Valley, the police have agreed to fund and manage this process. How many other areas around England are aware of this gap in the pathway, and what solutions are being implemented?</li> <li>• In Greater Manchester the Police fund it themselves and have a specialist cleaning company who they call upon.</li> <li>• There is a gap in the pathway in the East of England. There isn't a uniform approach or standard across England on this.</li> <li>• Many on the call said they would look into the process in their local area to determine whether cleaning post suspected suicide is funded, or whether there is a gap in provision.</li> </ul>	

- There is a question around parity with a homicide, in which there are family liaison officers and funding for a funeral, this helps reduce the risk of funeral poverty. There could be a similar approach for families bereaved by suicide.
- Funeral poverty is a big problem that is linked to this issue, and needs exploring. Family liaison officers are assigned to families to help carry out the investigation. When there is a suspected death by suicide on the rail network, the British Transport Police assign a family liaison officer. In the case of deaths by suicide on the road network, a family liaison officer is only assigned if the individual was hit by a vehicle. The ideal situation would be a family liaison officer, not involved with the police. In one area of Greater Manchester there is bereavement nurse attached to the coroner's office. This nurse then provides support to families. In Germany when there is suspected death by suicide and the emergency services are called, a pastoral support officer is also called to provide the family support and attend the scene. They also provide support to the members of the emergency services who attend the scene of the death.
- In the case of a major incident in the UK, counsellors are also involved to provide support. Could this be extended for families bereaved by suicide?
- The danger with seeking parity of support with homicides is the re-establishment of the association of criminality with suicide. We need bespoke solutions.

**Chris Stanley, Staffordshire County Council:** What community interventions are being used for high-risk suicide locations and how are these interventions balanced against the risk of creating heightened awareness of these areas?

- Staffordshire County Council are trying to carry out some work to prevent suicides at a footbridge over a busy dual carriage way. They want to take a community, asset-based approach, i.e. making the area nicer and then increasing the knowledge of the community about this bridge and preventing suicide. However, there is a risk of raising the profile of this bridge through the community engagement approach. Has anyone done something similar in their area and how did they managed the risk of raising awareness?
- In Hertfordshire, the British Transport Police did some work around a local railway bridge. It's recommended to get in touch with the local branch and see if they have any ideas and expertise.
- National Highways can offer support. They can provide engineering support to make bridges safer.
- For community action, an option is to use the Cumbria and South Lancashire "Every Life Matters" community framework.
- Structural engineering interventions can also be problematic due to the challenges such as closing the road network - this makes it more challenging for National Highways to intervene. In Ipswich, a particular bridge has a phone on it

- [Suicide prevention: suicides in public places - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- [Our Future Foyle Improving the Experience of the River | Royal College of Art \(rca.ac.uk\)](http://rca.ac.uk)
- [Disclaimer \(rcpsych.ac.uk\)](http://rcpsych.ac.uk)

and this has been moved to access points at the base of the bridge, so that people making a call can hear the conversation over traffic noise. There is also work to make the areas with the phone, under the bridge, a nice place to sit and help people take a moment to reflect.

- An idea could be reflection benches with some sign posting to support services.
- Suffolk are also working on crisis cafes nearby for people to go to.
- Design interventions are useful - an example of this is Our Future Foyle Improving the Experience of the River. This can make an area nicer and construct more physical barriers that look nice. This also looks at how we can change the perception of an area.
- Communications is challenging, as you don't want to make people aware of these potential locations. However, this is needed for community engagement.
- Local media can be challenging to engage and sometimes bring attention to the location of suicides.
- Suffolk public health have done a lot of work round location-based suicide.

- [Preventing suicides in car parks \(park-active.co.uk\)](http://park-active.co.uk)
- [Urban Scale Interventions](#)

**Naomi Sutcliffe, Fieldhead Hospital, Wakefield:** Capacity and suicide risk assessment - welcomed discussion for sharing insights to support wider learning.

- Has anyone got any learning about why staff are interchanging capacity and suicide when exploring the needs of an individual and undertaking risk assessments?
- Staff training is needed. To try and improve language around suicide and suicidal decision making.
- When individuals join an organisation, they should be trained about suicide and perceived mental capacity.
- "Having capacity to make a decision does not mean that you shouldn't do anything to protect the patient. The clinician should not be making a decision around capacity, because when you assume they have capacity, you make a decision for the patient."

- <https://youtu.be/vMuykOJ6JhE>
- [Suicide and the \(mis\)use of capacity – in conversation with Dr Chloe Beale – Mental Capacity Law and Policy](#)

- Recent tweets on this topic from Professor Louis Appleby were shared, as was a talk by Dr Chloe Beale on suicide and capacity.