Introduction

HELEN SMITH

#SuicidePreventionProgramme
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>10:30 – 11:00</td>
<td>Registration</td>
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<td>11:00 – 11:05</td>
<td>Welcome</td>
<td>Helen Smith</td>
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<td>11:05 – 11:25</td>
<td>NCISH</td>
<td>Nav Kapur</td>
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<td>The latest findings for self-harm and suicide prevention</td>
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<td>(10 minute update and 10 minute Q&amp;A)</td>
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<td>11:25 – 11:50</td>
<td>Kent and Medway</td>
<td>Tim Woodhouse</td>
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<td>Programme management</td>
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<td>11:50 – 12:20</td>
<td>Suicide, A Different Story</td>
<td>Kane Dodgson</td>
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<td>Suicide innovation project around storytelling</td>
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<td>(20 minute presentation and 10 minute Q&amp;A)</td>
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<td>12:20 – 13:05</td>
<td>Lunch</td>
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<td>13:05 – 13:10</td>
<td>Introduction to the afternoon session</td>
<td>Helen Smith</td>
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<td>13:10 – 13:35</td>
<td>Support After Suicide Partnership</td>
<td>Sarah Bates</td>
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<td>Bereavement support</td>
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<td>(15 minute presentation and 10 minute Q&amp;A)</td>
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<td>13:35 – 14:00</td>
<td>Barber Talk (City of London)</td>
<td>Claire Giraud</td>
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<td>Training barbers to recognise, talk and listen out for mental health</td>
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<td>in clients to prevent suicide</td>
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<td>14:00 – 14:30</td>
<td>Breakout Sessions</td>
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<td>14:30 – 14:55</td>
<td>Introduction to LifeQI</td>
<td>Kate Lorrimer</td>
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<td>(20 minute presentation and 5 minute Q&amp;A)</td>
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<td>14:55 – 15:00</td>
<td>Final comments and close</td>
<td>Helen Smith</td>
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Latest findings for self-harm and suicide

NAV KAPUR
NCISH

#SuicidePreventionProgramme
National Confidential Inquiry into Suicide and Safety in Mental Health

STP Learning Day
Quality Improvement for Suicide Prevention
12\textsuperscript{th} November 2019

Professor Nav Kapur
Outline

- Recent rise in suicide
- Self-harm
- Bereavement support
- NCISH update
Age-standardised suicide rates, UK (2001-2018)

Source: ONS
Percentage change in the number of suicides per quarter

Source: ONS, 2019
Potential explanatory factors

- Standard of proof
- More dangerous suicide methods
- Economic adversity
- Demand for mental health care
- Alcohol and drugs
- Loss of social cohesion
Change in the standard of proof

The standard of proof has been **lowered** from **criminal** to **civil** standard.

It was **beyond reasonable doubt** but now **balance of probabilities**
UK unemployment rates (aged 16 years and over), seasonally adjusted, January to March 1971 to May to July 2019

% of all economically active

Source: ONS
Suicide rate 2018 by region, males

- North East: 16% rise
- Yorkshire & The Humber: 23% rise
- East Midlands: 18% rise
- East: 30% rise
- London: 14% rise

Source: Office for National Statistics

Source: ONS, 2019
Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm: a long-term follow-up study

Summary
Background Suicide is the strongest risk factor for subsequent suicide, but risk may vary. We compared the risk of suicide following hospital presentation for self-harm according to patient characteristics, method of self-harm, and variations in hospital service provision and management, and estimated the incidence of suicide by time after hospital discharge.

Methods In this ongoing Multicentre Study of Self-harm in England, the study population consists of individuals aged at least 15 years who had attended the emergency department of five general hospitals in London, Manchester, and Dudley after non-fatal self-harm between Jan 1, 2001, and Dec 31, 2013. Information on method of self-harm was obtained through prospective monitoring in hospitals. Level of socioeconomic deprivation was based on the Index of Multiple Deprivation (IMD) (deprivation score based on area where patient lived, grouping them according to IMD quintiles). Mortality follow-up was up to Dec 31, 2013, resulting in up to 6 years of follow-up. We calculated the incidence of suicide since first hospital presentation by follow-up period and estimated the association between individual factors in a generalised linear model of suicide (GAM) and the incidence of suicide using mixed-effects models.

Findings Between Jan 1, 2001, and Dec 31, 2013, there were 52 177 presentations to the study hospitals by 54 188 individuals. 13 155 patients involved in 15 649 self-harm episodes were excluded from the study because they had existing information on gender, age, or mortality. The remaining study sample consisted of 236 618 hospital presentations among 194 120 individuals. The overall incidence of suicide was 1 per 10 000 person-years (95% CI 1.0-1.0) per 100 000 person-years among men and 0.9 per 10 000 person-years in women. The incidence of suicide was highest in the year following discharge from hospital (1.1 per 100 000 person-years, particularly in the first 3 months: 1.3 (95% CI 0.9-1.8) per 100 000 person-years). Based on all presentations in hospital, men were three times more likely than women to die by suicide after self-harm (OR 1.3, 95% CI 1.2-1.5, p<0.001). Age was positively related to suicide risk in both genders, with a 5% increase in risk every 5 years increase in age in hospital presentation (OR 1.05 (95% CI 1.03-1.07), p=0.001). Relative to hospital presentations after self-poisoning, those presenting with both self-poisoning and self-harming were associated with higher suicide risk (adj OR 2.4, 95% CI 2.2-2.7, p<0.001) as were presentations after self-harming alone (adj OR 1.4, 95% CI 1.3-1.6, p<0.001). Similar results were found for women by self-poisoning alone, attempted hanging or suspension (adj OR 2.8, 95% CI 2.5-3.1, p<0.001) and self-referred acts of self-harm (adj OR 2.2, 95% CI 2.0-2.5, p<0.001) with greater risk of suicide. Suicide combined with self-poisoning was also associated with increased suicide risk (adj OR 1.8, 95% CI 1.4-2.4, p<0.001). Compared with those patients living in the most deprived areas, those living in the least deprived areas (first quintile IMD quintile) had a greater risk of dying by suicide (adj OR 1.9, 95% CI 1.6-2.4, p<0.001). After adjusting for the gender, age, deprivation of self-harm, and psychiatric treatment, as well those living in the second least deprived area (adj OR 1.4, 95% CI 1.2-1.7, p<0.001).

Interpretation Patients attending hospital for self-harm are at high risk of suicide, especially immediately after hospital discharge. Certain patient characteristics and methods of self-harm, together with living in areas of low socioeconomic deprivation, can be used to identify those at greatest risk of suicide, and can be used to improve the management of patients. Individual factors have a small relative impact on predicting suicide, so the needs and risks of all patients should be assessed over time, including early follow-up.

Funding UK Department of Health and Social Care. Review 1.5

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D Total study population in the first 12 months

Time since hospital discharge (months)
NICE self-harm guidelines – Draft scope

Risk assessment/machine learning

Harm minimisation

Assessment and interventions
Suicide bereavement support to be made available across England

Personalised bereavement support will be available on the NHS in England to care for people after a relative or friend’s suicide.

Published 27 October 2019
From: Department of Health and Social Care
Learning from clinicians’ views of good quality practice

• Safer environments
• Stronger relationship with families
• Timely access
• Seamless transitions
• Skilled teams
National Confidential Inquiry
into Suicide and Safety in Mental Health

ANNUAL REPORT: ENGLAND, NORTHERN IRELAND, SCOTLAND AND WALES
NOVEMBER 2019
Programme Management

TIM WOODHOUSE
KENT AND MEDWAY

#SuicidePreventionProgramme
Programme management - Kent and Medway style.

“The good, the bad and the ‘slightly shoddy but it works’.”

Tim Woodhouse, Suicide Prevention Programme Manager tim.woodhouse@kent.gov.uk
DISCLAIMER...

Perfection is overrated.
1) How we began
2) How do we know we are on the right track?
3) The lessons we have learnt
1) How we began
We were lucky to already have a well engaged Suicide Prevention Steering Group (over 120 organisations and individuals).
Right from the start we established a simple governance and reporting structure for the funded programme.
and in partnership with the wider steering group we used data...

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority

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<td>Tunbridge Wells</td>
<td>11.0</td>
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data...
and more data...

67% of people who died by suicide in Kent and Medway were NOT known to secondary mental health services*

*Based on 2017 coroner registrations in Kent and Medway. Source KPHO and KMPT
...to develop a driver diagram

**AIM**
In order to;

- Reduce suicide rates in Kent and Medway by 10% by 2021

**PRIMARY DRIVERS**
We need to reduce suicides amongst;

1. People not known to primary or secondary MH services (including high risk groups: middle aged men, CYP and students)
2. People not known to secondary MH services but known to primary care
3. People known to secondary MH services

**SECONDARY DRIVERS**
We will do this by;

1. Raising awareness of available support through social marketing
2. Training over 1000 individuals in suicide awareness & prevention
3. Reducing access to means
4. Understanding more about why people want to die
5. Improving awareness and knowledge of appropriate interventions amongst primary care teams
6. Better identification and support for people with previous suicide attempts
7. Strengthening services at three high risk points
8. Developing a Zero-suicide plan for in-patient settings
9. Increasing knowledge and skills amongst secondary MH staff

**CHANGE IDEAS**
Examples of how this will be delivered include;

- Release the pressure
- Commission a package of Suicide Awareness and Prevention training
- Review high risk locations
- Suicide Safer Universities Project
- Coroners’ Audit
- GP training pilots (including bespoke training for receptionists)
- “Quality Lab” workshop about primary care innovation
- Enhanced 7 day follow up after discharge from psychiatric ward
- Strengthened support for patients discharged from CMHT
- Enhanced follow up & support for people presenting with self harm at A+E
- Mandatory Suicide Prevention training for all KMPT staff
… which we turned into a huge programme of activity in the first year

1) Release the Pressure
A co-commissioned campaign & helpline taking over 20,000 calls, and 1000 webchats a year

2) Strengthening secondary MH services
KMPT delivering 5 key projects to improve safety including high risk points
Kent and Medway NHS and Social Care Partnership Trust

3) Supporting those bereaved by suicide
5 key recommendations produced after workshop in 2018

4) Suicide Awareness & Prevention Training
Over 2500 free places on Suicide Prevention training delivered by 3rd sector partners. E-learning developed and available on KSCB website

5) Innovation fund
Funding awarded to 29 projects which supported 1298 individuals

6) Suicide Safer Universities
An action plan between the Universities and local partners has been agreed and implemented

7) Workplace interventions
High risk industries targeted through tradeshows, exhibitions and support to individual businesses

8) Qualitative research
Public Health and the Coroner reviewed 119 inquests and interviewing men who have attempted suicide to ensure lessons are learnt

9) Children and Young People
Action plan agreed including KSCB and Public Health undertaking thematic review
2) How do we know we are on the right track?
We use as many evaluation methods as we can (but please note none of them are perfect)

• Number and rate of suicides (broken by age, gender, location, method, known to services etc)
  • Number of callers to our 24/7 helpline
    • Website visitors
    • Media coverage
  • Number of people at training / events / presentations
    • Pre / post and 3 month post training evaluations
  • Case studies and bespoke project evaluations from Innovation Fund
    • *Support from the national evaluation partners*

NICHE
This is a graph which shows the direct impact a few google and Facebook ads had on the number of visits to Release the Pressure website in 2018/19.
but direct feedback (particularly when it is unsolicited) is perhaps even more powerful

Your service has kept me alive, I would have killed myself otherwise if it wasn't for you people on the phone

“Incidentally the training you provided came in useful on Friday evening when I spent an hour persuading a young man not to {end his own life}.”

Suicide Prevention and Awareness Training

Unsolicited feedback on Facebook March 2019

I called this service and spoke to a guy called Mike. He listened to me and help me get the help I needed. This service helped to keep me alive and for that I am so grateful.
Quotes from participants in four of our 29 Innovation Fund projects

“Thank you for giving me my daughter back”
Mother of a (selective mute) 15 year old girl who started talking, and stopped self harming, after our Horses for Health project

“This project has been incredibly draining, difficult and hard. But it’s also been fantastic, inspiring and humbling. And I believe deep in my heart that it will save lives. In fact it already has.

His name is Paul, & his wife and children still have a husband and a father because of this film. He told me that.”
Ben Akers – Director of “Steve – A film to save men from suicide”

“The project has helped me to realise what I am capable of and that giving up is not an option… I now know that I am not alone.”
Living Words Participant

“I wouldn’t have made it through such a mentally and physically challenging time without the team and support”.
Divorcing parent supported by Dads Unlimited
We also continue to invest time and money into research to our theories and to help shape and target our interventions.

**Focus groups**

We spoke to men to try and understand what is going on.

- Many in this audience feel hemmed in by the pressures of modern life
- Men bottle these emotions up and need to have outlets provided to them
- Most men feel isolated and do not have an opportunity to release

In this audience...

- Debt
- Isolation
- Unemployment
- Relationship breakdown
- Reduced contact with children

*My wife thinks I sleep soundly every night. She doesn’t know, no one knows, that I’m lucky if I get 2 hours a night with all the worry.*

We’re all men; we think we’re supposed to go out and earn money. You don’t get a bunch of welders talking about their feelings.

**Coroner audits**

**Known to any services?**

- E.g. GP, Social Services, Mental Health, Housing, Benefits, Voluntary Sector

**A physical health diagnosis/disability?**

- E.g. Diabetes, COPD, Cancer, Heart Failure, Asthma, Dementia, Stroke.

**A mental health diagnosis/disability?**

- E.g. Anxiety, Depression, Bipolar Disorder, Psychosis, Schizophrenia, Eating disorder

**Any history of substance misuse?**

- E.g. Alcohol, Illegal Drugs, Prescription Drugs, Solvents, Legal Highs, Addiction

**New topics for 2019**

* Domestic abuse
* Debt

**In-depth interviews with men who have attempted suicide**
And we also come to events like these to learn from others…
3) The lessons we have learnt
Lesson 1 – make sure your programme is realistic

... which we turned into a huge programme of activity in the first year:

1) Release the Pressure
   A co-commissioned campaign & helpline taking over 20,000 calls, and 1000 webchats a year

2) Strengthening secondary MH services
   KMPT delivering 5 key projects to improve safety including high risk points

3) Supporting those bereaved by suicide
   5 key recommendations
   Workshop in Universities

4) Suicide Awareness in the workplace
   Prevention training
   3rd sector partners, developed and available on website

5) Workplace interventions
   High risk industries targeted through trade shows, exhibitions and support to individual businesses

6) Young People
   Work including Public Health
   Thematic review

You don’t need to do everything in year one

interviewing men who have attempted suicide to ensure lessons are learnt
Lesson 2 – dedicated support (in whatever form) is vital

But make sure they are well supported (clinical supervision etc)
Lesson 3 – find simple but effective programme management tools

As long as they meet your governance requirements they don’t need to be ultra fancy

Oct 18th 2019 Suicide Prevention monthly highlight report

Key achievements in the last month (Particularly busy!!!)

- Named as National Mental Health Award Winner – All Age Crisis Care Category. Highly commended in Suicide Prevention Category
- Hosted successful CYP Suicide Prevention Conference 1st Oct (200 delegates – Ashford International Hotel)
- Innovation Fund Showcase held 17th October and Grant Agreements developed for all projects
- Activ Mobs completing write ups from Thanet MH Summit and the Maidstone Suicide Prevention workshop
- Submitted application to Good Help Place programme
- Release the Pressure mailshot sent to every GP in Kent and Medway and 200 small businesses in Thanet
- Medway Bridge Project Group met and agreed action plan
- Presented to HSJ judges 23rd Sept
- Every Mind Matters launched nationally and locally with media release
- World Mental Health Day activity and KCC event
- KMPT moving forward on their 5 projects – particularly the training and AAE self harm follow up
- Presented programme at Kent Community Safety Partnership
- Exhibited at Kent Construction Expo
- Budget forecast review with KCC PH Finance
- In the last 6 weeks the team has hosted 6 major events (facilitating 650 delegates, 50 exhibitors, 35 speakers and 1 wellbeing pony)

Look forward (what’s coming up in the next month)

- HSJ Awards Nov 6th
- West Kent CCG PLT session 29/10
- Kent LMC presentation 31/10
- National suicide prevention learning set 12 Nov
- K&M Suicide Prevention Steering Group 26th Nov
- NICHE 2 day inspection visit 3rd and 4th Dec
- Full 2018/19 data available soon. Observatory waiting to analyse
- Agree a way forward regarding research
- Agree outcomes and actions in relation to Thanet MH Summit (money available)
- Lin to set up co-occurring conditions pilot
- Need to develop 2020-25 Suicide Prevention Strategy consultation document

Risks and issues to escalate

- Increasing uncertainty about 2020/21 budget

I produce a monthly highlight report (1 slide).

I update the budget (monthly).

And I update a basic excel steering grid which lists each of the 40 individual activities and gives a two line update for each (also monthly)
Lesson 4 – in the right hands a small amount of funding goes a long way

Be prepared to take risks…
Lesson 5 – but don’t forget that the best way of sustaining change is system leadership rather than funding one off projects.

Our Year 2 programme is focusing heavily on reviewing pathways, and advocating for policy changes.
Finally - Lesson 6 – celebrate success.

It’s a really tough subject, so create a positive team culture and keep morale high.
Saving Lives – Suicide Prevention Innovation Fund

Evaluation of 2018/19 funding

Suicide, A Different Story

KANE DODGSON

#SuicidePreventionProgramme
Suicide, A different Story
A tiny Story

(about my history to put my project into context)
Lunch
12:20 – 13:05

#SuicidePreventionProgramme
Introduction to the afternoon session
Bereavement support

SARAH BATES
SUPPORT AFTER SUICIDE PARTNERSHIP

#SuicidePreventionProgramme
National implementation of suicide bereavement support

Sarah Bates, Executive Lead
Support after Suicide Partnership
Outline

The Support after Suicide Partnership

The NHS Long Term Plan

Developing and delivering services
The Support after Suicide Partnership (SASP)

Matthew Elvidge was a bright, energetic and caring young man, who had everything to live for and yet, aged 23, he took his own life.
Everyone bereaved or affected by suicide is offered timely and appropriate support
Our Team

Leadership Team

Hamish Elvidge  Chair of the SASP
Fergus Crow  Vice Chair of the SASP
Anne Embury
Richard Brown
Penny Fosten
Shirley Smith
David Mosse

Hub Team

Sarah Bates  Executive Lead of the SASP
Saira Waheed  Project Manager at the SASP
Holly Tolson  Project Manager at the SASP
Our members and Supporters

Our Members

AMPARO Suffolk, AMPARO/Listening Ear (Cheshire), AtaLoss.org, Bereavement Care UK, British Transport Police, CALM, Child Bereavement UK, Childhood Bereavement Network, Cruse Bereavement Care, DrugFam, Facing the Future, Greater Manchester Suicide Bereavement Project, Harmless, If U Care Share Foundation, James' Place, Leeds Mind, Life After Suicide (L.A.S), LifeCraft, Maytree, Mind, Mind in Haringey, National Bereavement Alliance, National Suicide Prevention Alliance, Norfolk and Suffolk NHS Foundation Trust, NW Counselling Hub CIC, Outlook SouthWest Suicide Liaison Service, Oxford Health NHS Foundation Trust/ CalmZone, PAPYRUS Prevention of Young Suicide, Pennine Care NHS Foundation Trust, Pete's Dragons, SAIF (Society of Allied and Independent Funeral Directors), Samaritans, Stigma Statistics, Suicide Bereaved Network, Suicide Bereavement UK, Suicide Prevention and Intervention Network (SPIN), Sunflowers Suicide Support, Survivors of Bereavement by Suicide (SoBS), Sussex Community Development Association, The Compassionate Friends, The James Wentworth-Stanley Memorial Fund, The Kaleidoscope plus group, The Laura Centre, The Matthew Elvidge Trust, The MindEd Trust, The Red Lipstick Foundation, Winston's Wish.

Our Supporters

Alexandra Pitman, Angela Samata, Barry McGale, Co-op Funeral Care, Coroners Court Support Service, Devon & Somerset Fire and Rescue Service, Hanover Communications, Hector's House, Judi Meadows Memorial Trust, Liz Koole, Madeleine Moon, Network Rail, Public Health England, Royal College of Psychiatrists, The Alliance of Suicide Charities (TASC), The Listening Place, Widowed and Young, Winston Churchill Memorial Trust
Our Members
Our Work

Hubs for public and for commissioners

Partnerships; IPSO, Coroners, CCSS, SAIF, Tell Us Once, PHE

Leading change

Consulting for local areas

Supporting the implementation of the NHS Long Term Plan

Building a national multi-agency network
Resources
Our public face

Welcome to the Support after Suicide Partnership

We are a network of organisations that support people who have been bereaved or affected by suicide.
NHS Long Term Plan
Post-crisis support for families and staff who are bereaved by suicide, through the NHS 111 helpline system (page 70, paragraph 3.97)

Suicide bereavement support for [bereaved] families, and staff working in mental health crisis services in every area of the country (page 72, paragraph 3.106)
What is happening?

Ten pilot areas in the UK
Berkshire, Oxfordshire, Bedfordshire; Derbyshire; Devon; Durham ICS;
Leicestershire; North West London; North Central London; Nottingham;
South West London; West Yorkshire and Harrogate

Central Hub of Resources, Information, Support
hub.supportaftersuicide.org.uk

Roll out plan
Impact on local areas

New proactive bereavement services
Better signposting and somewhere to signpost to

Joined up communication for impacted people
Through local networks, better systems, real time data

Community involved in the bereavement pathway

More understanding and less stigma
Through education, awareness, and local campaigns
Central Hub Website

A message of support from Professor Tim Kendall, NHS England’s National Clinical Director for Mental Health

WELCOME TO THE CENTRAL HUB

We have put together this hub to provide quality evidence, best practice guidance and professional support for all those involved in planning and delivering suicide bereavement and liaison services.

The information you will find here is only the beginning, the Central Hub Team can also support you with more bespoke questions through our contact page.

We hope you find your time here helpful and informative.

Preparing a funding proposal?
Need to develop a service?
Browse the resources

WELCOME TO THE CENTRAL HUB

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The information you will find here is only the beginning, the Central Hub Team can also support you with more bespoke questions through our contact page.
There is no standard approach to developing and delivering a suicide bereavement service, and the detail of every service needs to match local need and context.

Based on the experience and learnings of existing services, we have put together common development stages to make your planning journey as seamless as possible.

1/ Understand the local context

You will need to understand the scale and shape of local need for your service. In addition, placing this in the context of national priorities helps you to build your local case for support.
Support after a suicide: resources
Preparing a proposal

Before reading ‘Preparing a proposal’, we suggest you might want to look at our page on Developing a Suicide Bereavement Service to give you an idea of what a good service looks like, and what you might want to think about.

Fragmentation of services and organisations is a problem for many areas. This is especially pronounced in relation to mental health-related services where continuity of care and inter-agency working is critical to giving people the support they need. Support after suicide can only be effective with appropriate alignment between services and stakeholders, taking into account existing structures, policies and guidelines, both local and national. For example, how will you navigate between the Suicide Liaison Worker, the family, and the Coroner? Or will the police have access to local services who can contact the family within one week of the death?

Your proposal will need to be grounded in a whole locality approach, with strong evidence of the involvement and alignment of all of the relevant agencies and stakeholders.

You may wish to consider:

- Existing suicide prevention and bereavement support policies locally
Resources

The Inquest Handbook: A guide for bereaved families, friends and advisors

- View online
- Download

Support after a suicide: A guide to providing local services

- View online
- Download

Support After A Suicide

- View online
- Download

Suicide Safer Universities

- View online
- Download

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Cambridgeshire and Peterborough’s suicide prevention
Fiona Breaker-Rolfe was responsible for setting up the service from the start and she has shared some of her learnings and experiences with us.

The journey to support in Leeds
Laura Pattison leads the Leeds Suicide Bereavement Service, which launched in September 2015. Laura told us about how the service works with bereaved people, offering a range of ways to engage to meet with local need.

A Day in the Life of a Suicide Liaison Worker in a rural area
Anne Embury is employed by Outlook South West, a provider of mental health services in Cornwall & Isles of Scilly.
Thank you

sarah@supportaftersuicide.org.uk
Barber Talk
CLAIRE GIRAUD
CITY OF LONDON

#SuicidePreventionProgramme
BarberTalk in the City of London

City of London and the Lions Barbers Collective team up to tackle mental health issues and prevent suicide amongst men!

Barbers spend 2000 hours a year listening so for many men, getting their hair cut can be the chance for a good old chat...
History of the Lions Barber Collective

Set up by inspirational British barber Tom Chapman after losing a friend to suicide in 2015, the Lions Barber Collective is turning barbershops into safe spaces for men, using the opportunity of a regular haircut to start conversations about mental health.

This international group of barbers or lions as they call themselves, helps raise awareness of mental illness and aims to prevent suicide by creating and delivering a specific training for barbers enabling them to recognise, talk and listen out for symptoms of depression in clients and signpost them to relevant support services.

Tom’s movement builds on the unique relationship between barbers and their clients to tackle the biggest killer of men in the UK. Indeed Barbers are in a unique position to help their clients, through the trust and bond they build with them. An incredibly strong relationship where clients become friends and can share aspect of their lives with their barbers, then walk out the shop and leave it behind knowing it goes no further because of client confidentiality and the fact that their barber is often not in their social circle.
Lions Barber Collective – Achievements

Tom’s work started in Torbay, Devon but has now grown nationally and internationally with his Barbers Talk training being delivered in big metropolis such as Vancouver. The Lions Barber Collective has attracted the support of the Duke of Cambridge via the ‘Heads Together Legacy’ and received the Prime Minister’s Point of Light Award in 2017. It is having an enormous impact with men whom traditional mental health services can struggle to reach.
The Barber Talk Trainings

Tom developed Barber Talk with the help of psychiatrists and mental health professionals, it is an adaptation of Safe Talk for barbers.

The barber talk training takes various forms (live, lite, etc) that aim to arm barbers with the knowledge of how to spot those struggling with their mental health and how to be the support that person needs.

The idea is not to make barbers into counsellors or psychiatrists but with the aid of the training’s four pillars (RECOGNISE, ASK, LISTEN and HELP) barbers can spot the signs of mental ill health in their customers, signpost them to the appropriate resources bridging the gap between the communities they serve and the services that are available while providing a safe non-judgemental safe space to share, open up and or offload.

Through Barber talk, Barbers are given some great skills to help as barbers/hair professionals in general, but more importantly, to save lives.

Recently the development of Barber Talk Live and Lite have had a complete review and now exist in a new and improved online video format as well as half day facilitation that combines mental health training with barbering demos.
BarberTalk Functions around 4 Pillars

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Description</th>
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<tbody>
<tr>
<td>Recognise</td>
<td>Give hair professionals the ability to recognise the signs that may indicate there is a problem or issue</td>
</tr>
<tr>
<td>Ask</td>
<td>Arm hair pros with those hard to ask direct questions and the confidence to ask them</td>
</tr>
<tr>
<td>Listen</td>
<td>Possibly the most important thing one can do. Listen with empathy and without judgement</td>
</tr>
<tr>
<td>Help to help</td>
<td>Help barbers create a plan, have the knowledge of what resources are available and put that all together to help look after our clients and colleague</td>
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The Ambition behind BarberTalk

Even though barber talks does not aim for barbers to become counsellors, it would like to see the industry embrace the trust they have earned from customers to make a difference and be able to become that first step on the journey of people getting the help they need.

Tom’s dream, supported by the City of London Corporation, is to roll this training out to all areas of the globe, creating safe places for people to go and talk about the issues they have with the people they trust, breaking the taboo and showing the world that it is ok to be not ok and to share their problems without fear of judgement.
The City of London Corporation Public Health Team is well aware that men are more likely to commit suicide but also tend to engage less with mental health services.

In a bid to address both issues came the idea of barbers being trained in having difficult conversations with their customers. Indeed men visit their barbers more than they do their GP and have frank conversations with the former once in the chair.

Alas engaging with barbershops in the City proved very difficult, the barbers were not very interested in the offer of free Mental Health First Aid training, this is when Tom Chapman’s collective proved invaluable.
Training Barbers in the Square Mile

The Lions Barber Collective visited barbershops around the square mile and was able to create a rapport with the hair professionals around the City, “barber to barber” which officers of the Corporation would never have been capable of doing despite their best efforts.

After engaging with the barbers in the Square Mile, Tom Chapman delivered a barber talk live session to 20% of the barbers in the City on 14 September 2019, feedback from the participants was very positive and the City of London Corporation is hoping to deliver another training session before March 2020.
Supporting the Lions Barber Collective’s ambition

To support the Lions Barber Collective and promote the great work they achieve in making barbershops safe places for men to talk about potential mental health issues, the City of London Corporation supported a promotional event on 7 October 2019 at the Worshipful Company of Barber-Surgeons’ Livery Hall.

The aim of the event was to connect national and local leaders from the City of London, business, health, care, politics, charities and the military with the work of the Lions Barber Collective.

Ambassadors and volunteers shared their story and the mission of the Lions Barber Collective), leading to a celebratory ‘first cut’ in the hall in centuries, under Holbein’s painting of Henry VIII with his Barber-Surgeons and Apothecaries.

In the middle of the City of London of Barbers trained in BarberTalk by the Lions Barbers received their certificates whilst Lions Barber Ambassadors demonstrated how the barber talk training should be applied with hair models.

Six international hair designers offered celebrity haircuts in exchange for voluntary donations to attendees interested in promoting and supporting the work of the Lions Barber Collective.

The day finished with drinks and time to interact with the Lions to find out more about their mission and ask questions.
Promoting the work of the Lions Barber Collective

The event on the 7 October 2019 was a success with about 120 people attending throughout the day. It got a lot of press coverage which has helped achieve the purpose of the event: creating a “buzz” around the work of the Lions Barber Collective’s work so as to generate appetite for barbers everywhere to undertake the training. The City of London Corporation is hopeful that other local authorities will want to promote and support barbers in their area being trained and helping save lives.
YouTube video

https://www.youtube.com/watch?v=68Xq2gh-hQ4&feature=youtu.be
GROUP 1 - KATE
SELF-HARM

GROUP 2 - MATT
SUBSTANCE MISUSE

GROUP 3 - EMILY
COPRODUCTION

Breakout sessions

#SuicidePreventionProgramme
Introduction to LifeQI

KATE LORRIMER
NCCMH

#SuicidePreventionProgramme
LifeQI demonstration

Kate Lorrimer
Where people, tools, data come together to make improvement happen

**Tools**
QI tools are seamlessly integrated, providing an easy to use platform, tailored to running QI projects.

**People**
Bring your people together to share ideas, accelerate learning and drive change - anytime, anywhere.

**Data**
Track outcomes and analyse progress across your team, organisation and beyond with secure analytics tools.
Time-saving improvement tools

Build Driver Diagrams

Run and Ramp PDSA Cycles

Evidence with SPC charts
Accessing your project

- Access the project that you have been invited to direct from your Start page.

NCCMH - Suicide Prevention Collaborative
Only members can view

Projects in this programme

Lancashire and South Cumbria - Suicide Prevention Collaborative
National Collaborating Centre for Mental Health (NCCMH) Unlink project

CLICK HERE
You are part of a team on this programme.
View your team

General Driver diagram Measures & charts Teams Projects Discuss

Manage project templates Add a project

Terms Privacy Acceptable use Help

Provided for you by National Collaborating Centre for Mental Health (NCCMH)
Once in your project, you can see an overview of the status of your project and begin to add in further information.
Editing your project

• To edit your project, select the edit button highlighted below.
Adding Data to your project

• To add data to your project, select the button highlighted below and you will see your 5 outcome measures listed.
Adding Data to your project

- Select the measure you would like to add your data to
Adding Data to your project

- Select the measure you would like to add your data to.

CLICK HERE AGAIN
Adding Data to your project

• Select ‘edit’ above the chart.

C Chart – Number of possible suicides across STP (Number of possible suicides across STP)
Adding Data to your project

• Scroll down to the bottom of the page, select ‘Add row’ and type in your data
Adding Data to your project

- Don’t forget to scroll back up to the top of the page and save your changes. Your chart will then be re-drawn to include your new data.
Introducing your Driver Diagram

• Your driver diagram has been started...
Defining and beginning your PDSA cycles

- The Plan-Do-Study-Act (PDSA) cycle is a 'trial-and-learning' method that allows you to temporarily test and evaluate ideas for change.

- Life QI enables you to run the full cycle on a single page under the 'PDSAs' menu option of your project (highlighted here).

- Feel free to have a look at this section and add any change ideas/PDSAs you have already started.
Discussions are a great way of collaborating with the collaborative team members, your organisation, and the wider Life QI community.

You can create discussions on any subject you want and invite who you want.
LifeQI Discussion forum

• There is a wealth of work being done across STPs on suicide prevention, to support continued sharing and learning a discussion forum has been created on LifeQI.

• The discussion forum on LifeQI will provide you all with an opportunity to share knowledge and ideas, ask questions of your fellow teams and to provide a social space for discussions to take place.

• Once the discussion forum has been set up, your allocated QI coach will inform you.
LifeQI Discussion forum

• To take part in this forum, once you’ve logged into LifeQI, click on the ‘Discussions’ button on the left-hand side.
To ensure you can view a list of all discussions please ‘deselect’ the subscribed button. You will then need to search for the discussion group ‘Reducing Restrictive Practice Collaborative’ and subscribe.

‘DESELECTED’ TO VIEW ALL DISCUSSIONS
Once you have located the discussion forum, please click on the ‘Actions’ button on the top right-hand side to ‘Pin’ the group to your start page for easy access.
Subscribing to the Discussion forum

To subscribe to the thread and be kept up to date with all posts and uploaded information, click on 'Actions' and select 'Subscribe'. Once you've 'Subscribed' to the thread you will be alerted (by email) when a new post has been posted.
Posting on the discussion forum

Discussion Area for the Reducing Restrictive Practice Col

Only members can view

Test discussion

A moment ago

Saiqa Akhtar

Files

Attach a file

Post comment

E

TYPE YOUR POST HERE

YOUR POST WILL BE DISPLAYED LIKE THE EXAMPLE HERE
Help and Support

- There are demonstration videos on the help centre

- For example to create a chart: https://help.lifeqisystem.com/measures-and-charts/creating-a-chart

- Please use the help page or ask your QI coach if you require any further assistance.
Help and Support

- In addition to the Help Centre, you can....

Visit the Help Centre
100s of how-to articles guiding you through the platform at your own place.
help.lifeqisystem.com

Live Chat
The quickest and easiest way to chat to our experts online. Get in touch via our website or platform.

Drop us a line
Send us a quick email and a member of our team will be in touch to answer your query.
help@lifeqisystem.com

Sign up or log in now...
uk.lifeqisystem.com