Suicide Prevention Programme – Learning Set 3

10^TH JANUARY 2020

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

#SuicidePreventionProgramme
Introduction

TOM AYERS
NCCMH

#SuicidePreventionProgramme
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 11:00</td>
<td>Registration</td>
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<tr>
<td>11:00 – 11:05</td>
<td>Welcome</td>
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<tr>
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<td><strong>NCISH</strong></td>
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<tr>
<td></td>
<td>- Update on the latest findings for self-harm and suicide prevention (10 minutes)</td>
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<td></td>
<td>- Self-harm research (15 minutes)</td>
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<td></td>
<td>- Q&amp;A (10 minutes)</td>
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<td>11:05 – 11:40</td>
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<tr>
<td>11:40 – 11:45</td>
<td><strong>Session 1: Implementation and scale up</strong></td>
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<td>11:45 – 12:00</td>
<td><strong>Cornwall</strong></td>
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<td></td>
<td>Suicide prevention training for GPs (10 minute presentation and 5 minute Q&amp;A)</td>
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<tr>
<td>12:00 – 12:15</td>
<td><strong>North East and North Cumbria</strong></td>
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<td></td>
<td>Suicide Safer Communities (10 minute presentation and 5 minute Q&amp;A)</td>
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<tr>
<td>12:15 – 12:45</td>
<td><strong>Implementation and scale up</strong></td>
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<td></td>
<td>- How to make ideas stick (15 minutes)</td>
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<tr>
<td></td>
<td>- Scale up (15 minutes)</td>
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<tr>
<td>12:45 – 13:00</td>
<td><strong>Panel Discussion</strong></td>
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<td></td>
<td>(15 minute panel discussion)</td>
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<tr>
<td>13:00 – 13:45</td>
<td><strong>Session 2: Self-harm and CYP</strong></td>
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<tr>
<td>13:45 – 14:55</td>
<td><strong>Self-harm and CYP</strong></td>
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<tr>
<td></td>
<td>Wendy shares her experience and learning as a parent who was faced with self-harm (70 minute session)</td>
</tr>
<tr>
<td>14:55 – 15:00</td>
<td><strong>Final comments and close</strong></td>
</tr>
</tbody>
</table>

#SuicidePreventionProgramme
Update on the latest findings for self-harm and suicide prevention

PROF NAV KAPUR
NCISH

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

STP Learning Day- Update Quality Improvement for Suicide Prevention

10th January 2020

Professor Nav Kapur
Age-standardised suicide rates, UK (2001-2018)

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

Source: ONS, 2019
Suicide after self-harm in young people

Take a minute...
National Confidential Inquiry into Suicide and Safety in Mental Health

Self-harm
Outline

1) Context
2) Guidelines
3) Interventions
1) Context

2) Guidelines

3) Interventions
Self-harm

Self-poisoning or self-injury irrespective of apparent motivation or medical seriousness

Every year, hospitals in England deal with around 220,000 self-harm episodes by 150,000 people
Iceberg model of suicidal behaviour

Geulayov et al 2017
Self-harm attendance in primary care

Catharine Morgan et al. BMJ 2017;359:bmj.j4351
Rising self-harm rates

Prevalence of non-suicidal self-harm in women and girls, by age group

Rising self-harm rates

Prevalence of non-suicidal self-harm in women and girls, by age group

20%

Life expectancy

Men
80+ years

Men who self-harm
40 years

Bergen et al 2012, Lancet
`They wouldn't touch me... they looked at me as if to say `I'm not touching you in case you flip on me”... they didn't actually say it, it was their attitude...‘

`The last time I had a blood transfusion the consultant said that I was wasting blood that was meant for patients after they'd had operations or accident victims. He asked whether I was proud of what I'd done...'

(Taylor et al 2009, BJPych )
Variations in self-harm services

(Cooper et al. BMJ Open 2013)
1) Context

2) Guidelines

3) Interventions
NICE self-harm guidelines 2004

National Institute for Health and Clinical Excellence

Self-harm

The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care

Issued: July 2004

NICE clinical guideline 16
www.nice.org.uk/cg16
SELF-HARM

THE NICE GUIDELINE
ON LONGER-TERM MANAGEMENT

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH
NICE quality standards for self-harm June 28th 2013

1. People are treated with compassion, respect and dignity.
2. They receive an initial assessment of physical health, mental state, social circumstances and risk of suicide.
3. They receive a comprehensive psychosocial assessment.
4. They receive the monitoring they need to keep them safe.
5. They are cared for in a safe physical environment.
6. Collaborative risk management plan are in place.
7. They have access to psychological interventions.
8. There is a transition plan when moving between services.

http://publications.nice.org.uk/quality-standard-for-selfharm-QS34
Self harm in over 8s: management and preventing recurrence

In development [GID-NG10148]  Expected publication date: 26 January 2022

This guidance will fully update the following:
- Self-harm in over 8s: short-term management and prevention of recurrence (CG16)
- Self-harm in over 8s: long-term management (CG133)
Competencies

Self-harm and Suicide Prevention Competence Framework
- Adults and older adults
- Children and young people
- Community and public health

https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks/self
1) Context
2) Guidelines
3) Interventions
Psychosocial assessment
Observational data on 35,938 individuals presenting with self-harm to 3 centres in England, comparing repetition in those receiving vs not receiving specialist assessment (adjusted for baseline characteristics)

(Kapur et al 2013)
How does it work?

The assessment itself
*The main thing was that [psychiatrist] did look as if he actually cared, that's it, and he wanted, he really wanted to help me, and so that was a very positive thing”* (P4)

Access to aftercare
*[I'm] hugely grateful that I've got the help, it's made a whole world of difference [yeah], I'm getting regular phonecalls, people are phoning me, keeping me informed, my care people are coming, I know that within the next couple of weeks, I will have the support I need”* (P10).

*(Hunter et al 2013)*
Psychological interventions

**Review:** Psychosocial interventions for self-harm in adults
**Comparison:** 1 Cognitive behavioural therapy (CBT)-based psychotherapy vs. treatment as usual (TAU)
**Outcome:** 4 Repetition of SH at final follow-up

<table>
<thead>
<tr>
<th>Study or subgroup</th>
<th>CBT-based therapy n/N</th>
<th>TAU n/N</th>
<th>Odds Ratio M-H,Random,95% CI</th>
<th>Weight</th>
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<tbody>
<tr>
<td>Brown 2005</td>
<td>13/45</td>
<td>23/40</td>
<td></td>
<td>5.9%</td>
<td>0.30 [0.12, 0.74]</td>
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<tr>
<td>Davidson 2014</td>
<td>4/10</td>
<td>4/4</td>
<td></td>
<td>0.5%</td>
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<td>Dubois 1999</td>
<td>8/43</td>
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<td>4.5%</td>
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<tr>
<td>Evans 1999b</td>
<td>10/18</td>
<td>10/14</td>
<td></td>
<td>2.4%</td>
<td>0.50 [0.11, 2.21]</td>
</tr>
<tr>
<td>Gibbons 1978</td>
<td>27/200</td>
<td>29/200</td>
<td></td>
<td>12.6%</td>
<td>0.92 [0.52, 1.62]</td>
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<tr>
<td>Guthrie 2001</td>
<td>5/58</td>
<td>17/61</td>
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<td>4.3%</td>
<td>0.24 [0.08, 0.71]</td>
</tr>
<tr>
<td>Hatcher 2011</td>
<td>36/253</td>
<td>51/299</td>
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<td>16.6%</td>
<td>0.81 [0.51, 1.28]</td>
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<td>Hawton 1987a</td>
<td>3/41</td>
<td>6/39</td>
<td></td>
<td>2.4%</td>
<td>0.43 [0.10, 1.87]</td>
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<tr>
<td>Husain 2014</td>
<td>1/102</td>
<td>1/111</td>
<td></td>
<td>0.7%</td>
<td>1.09 [0.07, 17.64]</td>
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<tr>
<td>Salkovskis 1990</td>
<td>3/12</td>
<td>4/6</td>
<td></td>
<td>1.5%</td>
<td>0.33 [0.05, 2.24]</td>
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<td>Slee 2008</td>
<td>25/40</td>
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<td>1.06 [0.41, 2.78]</td>
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<td>Tapolaa 2010</td>
<td>2/9</td>
<td>4/7</td>
<td></td>
<td>1.1%</td>
<td>0.21 [0.02, 1.88]</td>
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**Subtotal (95% CI):** 1107/1125 82.3% 0.66 [0.53, 0.84]

Total events: 238 (CBT-based therapy), 300 (TAU)
Heterogeneity: Tau² = 0.01; Chi² = 15.80, df = 15 (P = 0.41); I² = 4%
Test for overall effect: 7 = 1.47 (P = 0.00057)

*(Hawton et al 2016)*
### Psychological interventions

**Review:** Psychosocial interventions for self-harm in adults  
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**Subtotal (95% CI)**

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Test for overall effect: $Z = 1.47 (P = 0.0052)$

(Hawton et al 2016)
Effective psychological and psychosocial approaches to reduce repetition of self-harm: a systematic review, meta-analysis and meta-regression

Sarah E Hetrick,¹,² Jo Robinson,¹,² Matthew J Spittal,³ Greg Carter⁴

ABSTRACT

Objective: To examine the efficacy of psychological and psychosocial interventions for reductions in repeated self-harm.

Design: We conducted a systematic review, meta-analysis and meta-regression to examine the efficacy of psychological and psychosocial interventions to reduce repeat self-harm in adults. We included a sensitivity analysis of studies with a low risk of bias for the meta-analysis. For the meta-regression, we examined whether the type, intensity (primary analyses) and other components of intervention or methodology (secondary analyses) were associated with a reduced risk of self-harm.

Strengths and limitations of this study

- We used robust systematic review methodology, including analysis of meaningful secondary outcomes, and sensitivity analysis to assess the impact of risk of bias on the results.
- Our search was thorough and has identified 45 relevant randomised controlled trials; this is the largest number of trials identified in a systematic review of this type.
- The risk of bias in various domains was rated as high, and sensitivity analyses when restricted to
Psychological interventions

- Risk Ratio: 0.84
- NNT: 33
- No effect of type, intensity or site of therapy
Interventions for self-harm

Distribution of time to repeat self-harm after index
censored at 1 year

Bar width = 30 days

(Kapur et al J Clin Psychiatry 2006)
Are safety plans a good idea?

Name of App: Safety Plan

App Developer: Padraic Doyle

Writers: Barbara Stanley and Gregory Brown

Available: iTunes (free of charge)

Funding: NYS OMH Suicide Prevention Center of New York and Columbia University
Safety plans

- 5 intervention sites (n=1186)
- 4 case record ‘control sites’ (n=484)
From: Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department


Suicidal Behavior in 6-Month Follow-up for Safety Planning Intervention With Structured Follow-up Telephone Contact (SPI+) and Usual Care: Proportion of patients with suicidal behavior in the 6 months following emergency department discharge in SPI+ compared with usual care patients. Error bars denote the standard error of the proportion.
School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial

Danuta Wasserman, Christina W Hoven, Camilla Wasserman, Melanie Wall, Ruth Eisenberg, Gergő Hadiaczy, Ian Kelleher, Marco Sarchiapone, Alan Apter, Judit Balazs, Julio Bobes, Romuald Brunner, Paul Corcoran, Doina Cosman, Francis Guillemin, Christian Haring, Miriam Issue, Michael Kaess, Jean-Pierre Kahn, Helen Keeley, George J Musa, Bogdan Nemes, Vita Postuvan, Pilar Saiz, Stella Reiter-Theil, Ari Varnik, Peeter Varnik, Vladimir Carli

Summary

Background Suicidal behaviours in adolescents are a major public health problem and evidence-based prevention programmes are greatly needed. We aimed to investigate the efficacy of school-based preventive interventions of suicidal behaviours.

Methods The Saving and Empowering Young Lives in Europe (SEYLE) study is a multicentre, cluster-randomised controlled trial. The SEYLE sample consisted of 11110 adolescent pupils, median age 15 years (IQR 14–15), recruited from 168 schools in ten European Union countries. We randomly assigned the schools to one of three interventions or a control group. The interventions were: (1) Question, Persuade, and Refer (QPR), a gatekeeper training module targeting teachers and other school personnel, (2) the Youth Aware of Mental Health Programme (YAM) targeting pupils, and (3) screening by professionals (ProfScreen) with referral of at-risk pupils. Each school was randomly assigned by random number generator to participate in one intervention (or control) group only and was unaware of the interventions undertaken in the other three trial groups. The primary outcome measure was the number of suicide attempt(s) made by 3 month and 12 month follow-up. Analysis included all pupils with data available at each timepoint, excluding those who had ever attempted suicide or who had shown severe suicidal ideation during the 2 weeks before baseline. This study is registered with the German Clinical Trials Registry, number DRKS00000214.
School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial

QPR - Teachers

ProfScreen - Professionals

YAM - Pupils
School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial

QPR - Teachers

ProfScreen - Professionals

YAM - Pupils
Self-harm in schools

Young people who self-harm
A Guide for School Staff

Developed by researchers at the University of Oxford

Managed self-harm
Practical guidance and toolkit for schools in Cornwall and the Isles of Scilly

Self-harm and Suicide in Schools: What needs to be addressed for schools to implement prevention and provide effective intervention?

Dr Rhiannon Evans, Dr Abigail Russell, Frances Matheers, Rachel Parker, the Self-Harm and Suicide in Schools GW4 Research Collaboration, and Dr Astrid Janssens.

The Self-Harm and Suicide in Schools GW4 Research Collaboration: Dr Lucy Biddle, Prof Fames Ford, Prof David Gunnell, Dr Nina Jacob, Dr Ann John, Dr Judi Kidger, Dr Becky Mars, Dr Christabel Owens, Prof Jonathan Scourfield and Prof Paul Stallard. Universities of Cardiff, Bristol, Bath, Exeter and Swansea.

It is currently unknown what provisions schools have for preventing and intervening with self-harm in young people. This research combined a survey across secondary schools in Wales and South-West England with a qualitative consultation with eight schools in order to understand schools’ experience of self-harm, prevention and intervention needs.

“We need to give them something else to do, some other way of coping without hurting themselves.”

“It’s quite a delicate subject... I wouldn’t necessarily want to be putting loads of information up on boards because it could be a double edged sword in a way, couldn’t it?”
A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown

Amanda Marchant¹, Keith Hawton², Ann Stewart³, Paul Montgomery⁴, Vinod Singaravelu⁵, Keith Lloyd¹, Nicola Purdy¹, Kate Daines⁶, Ann John¹

¹ Medical School, Swansea University, Swansea, Wales, United Kingdom, ² Centre for Suicide Research, University of Oxford, Oxford, United Kingdom, ³ Oxford Central Child and Adolescent Mental Health Services, Oxford Health NHS Foundation Trust, Oxford, United Kingdom, ⁴ Centre for Evidence Based Intervention, University of Oxford, Oxford, United Kingdom, ⁵ Oxford Health NHS Foundation Trust, Oxford, United Kingdom

* a.john@swansea.ac.uk
A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown

Amanda Marchant¹, Keith Hawton², Ann Stewart³, Paul Montgomery⁴, Vinod Singaravelu⁵, Keith Lloyd⁶, Nicola Purdy⁷, Kate Daine⁸, Ann John¹*

¹ Medical School, Swansea University, Swansea, Wales, United Kingdom. 2 Centre for Suicide Research, University of Oxford, United Kingdom. 3 College of Humanities, Swansea University, Swansea, Wales, United Kingdom. 4 School of Psychology, University of Leeds, Leeds, United Kingdom. 5 Department of Public Health, School of Public Health, University of Oxford, United Kingdom. 6 Department of Social and Preventive Medicine, University of Oxford, United Kingdom.

Conclusions

There is significant potential for harm from online behaviour (normalisation, triggering, competition, contagion) but also the potential to exploit its benefits (crisis support, reduction of social isolation, delivery of therapy, outreach). Young people appear to be increasingly using social media to communicate distress, particularly to peers. The focus should now be on how specific mediums’ (social media, video/image sharing) might be used in therapy and recovery. Clinicians working with young people who self-harm or have mental health issues should engage in discussion about internet use. This should be a standard item during assessment.
Helping young people and parents

Self-harm: experiences of parents

Watch parents and carers share their experiences of having a child who self-harms, on the award-winning website healthtalk.org. Research by The University of Oxford.

“I’m just thinking ‘why is my little girl doing this? What did I do?’”

“Just remain hopeful and strong and realise that nothing stays the same”
Outline

1) Context

2) Guidelines

3) Interventions
20 Years of The Manchester Self-Harm Project
5th December 2017

The MaSH Team

Dr Caroline Clements
Project Manager

Harriet Bickley
Research Associate

Bushra Farooq
Research Assistant

Jackie Ward
Administrator

Iain Donaldson
Research Secretary
Session 1: Implementation and scale up

HELEN SMITH

#SuicidePreventionProgramme
‘Suicide Safer Primary Care’

Dr Rebecca Osborne

Kernow CCG lead for suicide prevention
90-120 min session

- Local context

<table>
<thead>
<tr>
<th></th>
<th>2015-17</th>
<th>Suicide rate per 100,000</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>9.6</td>
<td>14.7</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td>10.6</td>
<td>15.8</td>
<td>5.3</td>
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<td>Cornwall</td>
<td>14.6</td>
<td>22.3</td>
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PHE Fingertips Data
90-120 min session

- Local context
- Our team
90-120 min session

- Local context
- Our team
- Why do people die by suicide?
- How do we explore risk?
- How do we reduce risk?
  - Safety planning
1. What are my warning signs? What makes me vulnerable?

2. Coping Strategies for when I’m alone -

3. People and social settings that provide distraction – (Names and phone numbers)

4. Family/friends I can reach out to for help - (Names and Phone numbers)

5. Professionals or agencies to contact in a crisis -

6. Making the environment safe - (reduce access to means) - Ask for help if needed.
REMEMBER - Most people fully recover from a mental health crisis. Recovery is not only possible but probable.

My Reasons for Living are:

If I feel I can no longer keep myself safe I will:

PHONE NUMBERS

- Samaritans - 116 123
- Papyrus - for young adults - 0800 068 4141
- CALM Campaign against Living Miserably for men - 0800 58 58 58
- ChildLine 0800 1111
- Valued Lives - 01209 901438
- My GP Surgery:
- NHS helpline 111
- Non-urgent police 101
- Stay Alive App
  - Free on Apple/Android
  - www.StayingSafe.net
  - www.MIND.org.uk

- Other useful resources:
Coverage across the county

Aim: To have contact with at least one GP from every surgery across Cornwall and the Isles of Scilly

60 practices across large area!

To promote uptake, and hopefully work with many GPs from each practice delivered at / close to surgeries in clusters.
Coverage across the county

So far:
Training with GPs from 29 practices, covering 46% of Cornish population in 12 sessions.

Sessions with practices covering a further 37% scheduled for 2020

Efforts to pin down GPs representing remaining 17% ongoing!
Uptake and Feedback

Pilot session, GPs only
  - Positive feedback and wider audience welcomed..
    - Community and Practice nurses,
    - Reception and prescribing admin staff
    - Practice managers
  - Community Nurse conference session

<table>
<thead>
<tr>
<th></th>
<th>90+ minute</th>
<th>60 minute</th>
<th>30 minute</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>96</td>
<td></td>
<td></td>
<td>96</td>
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<tr>
<td>Other healthcare professionals</td>
<td>47</td>
<td>2</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>Admin staff</td>
<td>8</td>
<td>10</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td><strong>Participants so far</strong></td>
<td><strong>151</strong></td>
<td><strong>12</strong></td>
<td><strong>50</strong></td>
<td><strong>213</strong></td>
</tr>
</tbody>
</table>
Feedback

Brief post-session questionnaire including:

’Did you find this session helpful today?’
- 100% Yes!
‘Will you change your practice after today?’
- 99.3% Yes!

Valuable qualitative feedback for development:

What was most useful from session?
Further info or resources?
Who else might benefit?
Future plans..
‘Suicide Safer Primary Care’

Resources

Posters and fold-out ‘How are Your Really Feeling?’ leaflet

“Don’t flush your life away” - posters for surgery toilet doors!

Samaritans pocket sized cards
‘Suicide Safer Primary Care’

Resources

Resources and helpline for suicidal young people and their families

Helpline, web chat and campaigns to prevent male suicide
‘Suicide Safer Primary Care’
Resources

Cornwall Suicide Liaison Service
Suicide Safer Communities

KATHERINE MCGLEENAN
NORTH EAST AND NORTH CUMBRIA

#SuicidePreventionProgramme
Developing Suicide Safer Communities in Cumbria
North East and North Cumbria Suicide Prevention Network

@StopSuicideNENC
NENC ICS - Developing Suicide Safer Communities

• To support the development of local community suicide prevention activity/resources.
• Support a social movement/place-based approach.
• Focus on high-risk groups and locations.
• Support proactive pathways for self-harm.
• Develop community resilience/safety planning.
Background - Suicide Safer Communities
Cumbria pilot project
Pilot project activity

- **2 local areas** across Cumbria
- **Focus groups**
- **1 to 1 interviews**
- Attended local **forums and events**
- Self-reported **suicide safety level** (naïve/aware/alert/safer)
Pilot project aims

• People having suicidal thoughts will know **where to find help.**
• People having suicidal thoughts will always be **taken seriously.**
• People having suicidal thoughts are helped to **access the right support.**
• Communities will take steps to become **suicide-safer.**
Priorities from people with lived experience

- Help needed sooner.
- Raise awareness/train people.
- More information is needed.
- Families more involved.
- Provide support for people affected.
- Work together – integration.
- Help reduce the stigma.
- Make support more accessible.
Julie

- Julie is 29 and lives in Cumbria.
- She is now getting the help she needs.
- However, this was only after many years not knowing how or where to get help, until she was desperate and it was crisis point.
- She hopes her story will help others find the help they need sooner.
Recommendations from pilot project

1. **Training** and raising **awareness**.
2. **Resources** and **information**.
3. Clear **pathways**/signposting.
4. Community **champions**.
5. **Safety planning** and **risk mitigation**.
• How it started in Eden.

• From a conversation in a car on the way back from a countywide Suicide Prevention Leadership meeting & inspired by other initiatives across the country - we decided to see if this could work in Eden.

• We organized a public meeting to gauge interest – over 50 people attended.

• From there we developed a working group to look at what next.
Some of the people involved in leading the work

<table>
<thead>
<tr>
<th>Survivors</th>
<th>Bereaved families and friends</th>
<th>GPs</th>
<th>Police</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social workers</td>
<td>Paramedics/ambulance staff</td>
<td>Chambers of Commerce / local businesses</td>
<td>Local MPs; councillors</td>
</tr>
<tr>
<td>Public Health</td>
<td>Housing</td>
<td>Teachers &amp; students</td>
<td>Youth groups</td>
</tr>
<tr>
<td>Samaritans; third sector</td>
<td>Healthwatch</td>
<td>Local community groups (veterans, farmers, churches)</td>
<td>Local press</td>
</tr>
</tbody>
</table>
SUICIDE SAFER EDEN

A group of volunteers in Eden are working towards reducing the dreadful loss of life to suicide in our area and the devastating impact this has on family members, friends and the community.

The role of the local champions is to raise the profile of suicide prevention, make information available, identify opportunities for suicide awareness training and signpost to agencies for help.

Suicide Safer Eden aims to reduce the stigma of suicide and raise awareness of help and information that is available.

We are looking for people with a caring approach and commitment to the wellbeing of their local community who would like to volunteer to become a LOCAL CHAMPION.

If you think you may be able to help in a champion role contact Juliet at Carlisle Eden Mind on 01228 543354 or juliet.gray@cemind.org.

If you would like information about Suicide Safer Eden or if you would like a free suicide awareness training session contact Juliet at Carlisle Eden Mind on 01228 543354 or juliet.gray@cemind.org.

If you need to talk to someone about suicidal thoughts contact:
Samaritans 116 123
Cumbria Mindline 0300 561 0000
Public awareness meetings
Targeted awareness sessions
Mental Health First Aid (through local Chamber of Trade)
Awareness training for multiple groups (targeting high-risk)
Champions role
Parkrun takeovers
Police cadet project
E-newsletters; social media; local media coverage
Safety boxes
Ben

In 2014, Ben, aged 27, took his own life.

He had not had contact with any services.

Ben worked and lived in Cumbria and seemed to have a bright future.

He had been making plans with his girlfriend and did not appear to be depressed, although he did have some stresses in his life, such as worries about debt.
North East and North Cumbria Suicide Prevention Network

“Please just do something”

April 2018, Kate – Ben’s mum
The role of the NENC Suicide Prevention Network

• **Attend events/meetings** - provide advice, support and information.

• **Listen to, engage and support** people affected who wish to help.

• **Help raise awareness, promote, share** and spread good practice.

• **Connect, signpost and link** people.

• **Provide funding** support through small grants.

• **Support roll out/sustainability**.
Every Life Matters - Building a Network
Every life matters...

Suicide Safer Communities - Secured a major 5 year grant to co-ordinate the development of suicide safer communities across Cumbria
• Current activity;
  • Training sessions
  • Attend local events/forums
  • Held open public meetings
  • Work with local press
  • Used a variety of social media channels
  • Lobbied and trained district /county level councillors
  • Supported people with lived experience to help
Future activity

- Develop supporting materials
- Developing Cumbria specific App
- Upgrade website
- Rolling out local campaigns
- Recruiting dedicated community support workers
- Comprehensive Suicide Bereavement Service
Questions?

Follow us on social media @StopSuicideNENC
Implementation and scale up

HELEN SMITH
Scale Up and Spread
How can I get all these people to do what I want them to do?
How can I help all these people to do what they want to do?
The #1 mistake of leading change...
We try to spark motivation with information.
ANALYZE
THINK
CHANGE

SEE
FEEL
CHANGE
If you want to spark change, feeling is the fuel.

Find the feeling & show visible progress.
MADE to STICK
SUCCEsSs Model

A sticky idea is understood, it’s remembered, and it changes something. Sticky ideas of all kinds—ranging from the “kidney thieves” urban legend to JFK’s “Man on the Moon” speech—have six traits in common. If you make use of these traits in your communication, you’ll make your ideas stickier. (You don’t need all 6 to have a sticky idea, but it’s fair to say the more, the better!)

PRINCIPLE 1
SIMPLE
Simplicity isn’t about dumbing down. It’s about prioritizing. (Southwest will be THE low-fare airline.) What’s the core of your message? Can you communicate it with an analogy or high-concept pitch?

PRINCIPLE 2
EXPECTED
To get attention, violate a schema. (The Nordie who ironed a shirt...) To hold attention, use curiosity gap. (What are Saturn’s rings made of?) Before your message can stick, your audience has to want it.

PRINCIPLE 3
CONCRETE
To be concrete, use sensory language. (Think Aesop’s fables.) Paint a mental picture. (“A man on the moon...”) Remember the Velcro theory of memory—try to hook into multiple types of memory.

PRINCIPLE 4
CREDIBLE
Ideas can get credibility from outside (authorities or anti-authorities) or from within, using human-scale statistics or vivid details. Let people “try before they buy.” (“Where’s the Beef?”)

PRINCIPLE 5
EMOTIONAL
People care about people, not numbers. (Remember Bokka.) Don’t forget the WHHY (What’s In It For You). But identity appeals can often trump self-interest. (“Don’t Mess With Texas” spoke to Bubba’s identity.)

PRINCIPLE 6
STORIES
Stories drive action through simulation (what to do) and inspiration (the motivation to do it). Think fable. Springboard stories (see Denning’s World Bank tale) help people see how an existing problem might change.

www.MADEtoSTICK.com

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Making Presentations That Stick

A guide by Chip Heath & Dan Heath
Selling your idea

Created in partnership with Chip and Dan Heath, authors of the bestselling book Made To Stick, this template advises users on how to build and deliver a memorable presentation of a new product, service, or idea.
1. Intro

Choose one approach to grab the audience’s attention right from the start: unexpected, emotional, or simple.

→ **Unexpected**  
Highlight what’s new, unusual, or surprising.

→ **Emotional**  
Give people a reason to care.

→ **Simple**  
Provide a simple unifying message for what is to come
How many languages do you need to know to communicate with the rest of the world?

Tip
In this example, we’re leading off with something unexpected.
While the audience is trying to come up with a number, we’ll surprise them with the next slide.
Just one! Your own.
(With a little help from your smart phone)

Tip
Remember. If something sounds like common sense, people will ignore it.
Highlight what is unexpected about your topic.
The Google Translate app can repeat anything you say in up to **NINETY LANGUAGES** from German and Japanese to Czech and Zulu.

**Tip**

Don’t wait till the end of the presentation to give the bottom line. Reveal your product or idea (in this case a translation app) up front.
2. Examples

By the end of this section, your audience should be able to visualize:

➔ **What**
   - What is the pain you cure with your solution?

➔ **Who**
   - Show them a specific person who would benefit from your solution.
Meet Alberto.

He recently moved from Spain to a small town in Northern Ireland.

He loved soccer, but feared he had no way to talk to a coach or teammates.

Tip

Tell the audience about the problem through a story, ideally a person.
Meet Marcos.

He recently opened a camera shop near the Louvre in Paris.

Visitors to his store, mostly tourists, speak many different languages making anything beyond a simple transaction a challenge.

*Story for illustration purposes only*
A translation barrier left Alberto feeling lonely and hurt Marco’s business.

Tip

Ideally, speak of people in very different situations, but where each could benefit from your solution.
Then, Marcos discovered Google Translate

He has his visiting customers speak their camera issues into the app.

He’s able to give them a friendly, personalized experience by understanding exactly what they need.
A simple gesture

Coaches Gary and Glen knew no Spanish.

They used Google Translate to invite Alberto to join in... “Do you want to play?” ... “Can you defend the left side?”

Tip
Show how your solution helps the person in the story reach his or her goals.
From outsider to star

Alberto scored 30 goals in 21 games. He is now being scouted by several professional clubs in the Premier League. And he’s a favorite of the other boys on the team.

See a short video on Alberto’s story

Tip
Stories become more credible when they use concrete details such as the specific complex moves Alberto learned through Translate and his 30 goals in 21 games performance stats.
3. Examples

People need to understand how rare or frequent your examples are.

Pick 1 or 2 statistics and make them as concrete as possible. Stats are generally not sticky, but here are a few tactics:

➔ **Relate**
   Deliver data within the context of a story you’ve already told

➔ **Compare**
   Make big numbers digestible by putting them in the context of something familiar
It’s no surprise Marcos uses Google Translate in his shop regularly.

There are 23 officially recognized languages in the EU.

Source: theguardian.com
More than 50 million Americans travelled abroad in 2015

THAT’S MORE THAN THE POPULATION OF CALIFORNIA AND TEXAS COMBINED

Source: travel.trade.gov
4. Closing

Build confidence around your product or idea by including at least one of these slides:

➔ **Milestones**
   What has been accomplished and what might be left to tackle?

➔ **Testimonials**
   Who supports your idea (or doesn’t)?

➔ **What’s next?**
   How can the audience get involved or find out more?
Milestones

**October 2014**
Translate web pages with Chrome extension

**August 2015**
Translate conversations through your Android watch

**October 2015**
Translate text within an app

**November 2015**
Translate written text from English or German to Arabic with the click of a camera
What people are saying

With this app, I’m confident to plan a trip to rural Vietnam
Wendy Writer, CA

Visual translation feels like magic
Ronny Reader, NYC

Translate has officially inspired me to learn French
Abby Author, NYC

Quotes for illustration purposes only
Know a 2nd language? Make Google Translate even better by joining the **community**.

**Tip**

Inspire your audience to act on the information they just learned.

Depending on your idea, this can be anything from downloading an app to joining an organization.
Good luck!

We hope you’ll use these tips to go out and deliver a memorable pitch for your product or service!

For more (free) presentation tips relevant to other types of messages, go to heathbrothers.com/presentations

For more about making your ideas stick with others, check out our book!
How to Get From Here to There?

HERE (TODAY) ➔ AWARENESS ➔ WILL ➔ BEHAVIOR CHANGE ➔ THERE (AIM)

- PUBLICATIONS
- TRAININGS
- CONFERENCES
- WEBSITES
- APPS
- EARNED MEDIA
- SOCIAL MEDIA
- THUNDERCLAPS
- MEET-UPS
- PODCASTS
- EDITORIALS
- SPEECHES
- MOOC’s
- BLOGS
- LIT DROPS
- CANVASSING

- RECOGNITION
- STORYTELLING
- FRAMING
- EVIDENCE
- FUN
- ASSOCIATION
- VISION
- SENSEMAKING
- ADVANCEMENT
- MONEY
- TRANSPARENCY
- POLICY
- REGULATION
- PUNISHMENT
- HUMILIATION
- CRISIS

- COLLABORATIVES
- COMMUNITIES OF PRACTICE
- CAMPAIGNS
- EXTENSION AGENTS
- FRANCHISING
- GAMIFICATION
- INNOVATION CHALLENGES
- GRASSROOTS ORGANIZING
- “WEDGE AND SPREAD”
- NETWORK RIDING
Lunch
13:00 – 13:45

#SuicidePreventionProgramme
Session 2: Self-harm and CYP

WENDY MINHINNETT
Support Groups
E-Network & Social Media
Parent Peer Support Training
Parent Advisory Work
A journey of self harm
Parents, pebbles
& Lessons from a Sat Nav
Sleep Problems
Outbursts after school
Friendship issues
"I'm really worried"

Tummy aches
Courage

Hope

“Fine in school, there's nothing we can do”
Didn’t believe me

Stupid

It must be me

Embarrassed
Getting worse

anger

battle
everyday

anxious
tears

“I don’t know what to do~"
Courage  

Hope  

Relieved  

CAMHS  
Child & Adolescent Mental Health Services
What have you tried?
Family Worker

HOME VISITS

Parenting Programme

6 weeks
“Wish I hadn’t asked for support.”

Stressed

Blamed

Judged

“\text{It must be my fault}”
Refusing to go to school

Low Mood

“I’m so scared, just don’t know what to do”

Anxiety Increases

Self-harm
“Nothing we can do if they won't engage”
“We are going through some tough things at the minute, and because he won't engage, we are on our own.”

“She had cut her wrist, and was holding a bread knife saying she would kill me and then proceeding to slam her wrist in the larder door, to try and make it bleed more.”
Lost

“I lived in fear every day that I would lose my daughter.”

Isolated

Failure

Getting it wrong
“I walked into the bedroom and found my daughter unconscious, she had tied a piece of clothing to the curtain pole... I thought my world was ending and no words can describe the fear and feelings I felt that night.”

“I found it unhelpful when my daughter was into her 3rd day of being in a rage. She was completely unapproachable, I called the crisis team and they came from her room, and just told me to stay out and they couldn't assess her. I told them she was a risk to us or her, the next day she took an overdose.”
“she's doing it when someone is in the house so she mustn’t want to die”

“It’s not a mental health crisis”

“It’s not a social care crisis”

“It’s not a police crisis”
“Just feeling really scared tonight as it’s my first CPA meeting tomorrow, and so much of the report reads so very wrong. Labelling me as neglecting my child, when I've fought for 3 years to get him help for his mood swings and anger including self-harm being expelled and wanting to die.”

“The hardest thing is to get people to believe that they aren't just being naughty, or wilful that it's not the results of drugs. But the drugs are a way they cope, as they know they are different and struggle to fit in.”
Can’t take any more

Frustrated

Lost

Failure

Despair

Alone

Scared

I Feel like giving up,
I’m sick of fighting
This is what our system is doing to families

Some weather the storm & turn out beautiful

Others get completely worn down & lost in the world

If we want to prevent self harm-We have to do better!
"Imagine if..."

Skills training
Always a way to engage
Online Support

CAMHS
Child & Adolescent Mental Health Services

Relationships

Peer support

Children's Services

Navigator

Crisis

Social Worker

Inpatient Department
Meeting other people going through similar experiences - Support Groups

Practical help in the moment

Home visits & not giving up

Having a family centred crisis management plan

Involvement/co-production - sense of purpose

Training & information sessions

HELPFUL THINGS
Parent Training

- Information on how to manage children's mental health
- Funding Charlie Waller Memorial Trust
- Co-produced training-parent/CAMHS Clinicians
- 10 courses-over 200 parents

The self harm and crisis course are still helping me cope with the extreme situations we find ourselves in.

Gave me a life again

Finding the course really helpful – especially with the practical strategies and how to talk/ work through coping strategies when daughter is calm.
Being consistent
Looking behind the behaviour
Keeping an open dialogue
Honesty
Firm and constant boundaries
A good first aid kit
Distraction
Buckets of empathy
Being present
Listening
Reflecting together
Naming the need
Noticing and talking through the moods
Remembering this is not personal
This is not about you, it’s about them, so just being there

Mental health nurses who think that they should punish.
Lack of good resources
Poor communication with parents
Doing to patients, rather than taking the time understand or listen
Medicating instead of support
Blaming parents
Ignoring wounds
Lack of kindness
School searching bags
School asking child to sign contract
Free Resources

MindEd Suicide prevention and self-harm Prevention
https://www.minded.org.uk/catalogue/TileView
https://www.minded.org.uk/Catalogue/Index?HierarchyId=0_42929&programmelfd=42929
https://mindedforfamilies.org.uk/young-people/i-am-urgently-concerned/

https://www.cwmt.org.uk/schools-families-resources

https://papyrus-uk.org/
https://www.happymaps.co.uk/crisis-self-harm
https://www.giveusashout.org/
http://www.helpforparents.org.uk/
A few things I’ve learned

• Hope
• You can’t make someone stop self harming
• Learning, understanding and being there
• It’s a personal journey—young person and the family
• No one size fits all—offer a range of support options
• Helping families heal (wrong thing for right reason)
• Helping young people find a sense of purpose is key

grateful
Lessons from a Sat Nav
Driving along—amazing system at work
This is a system families hope for
Emotionally and mentally healthy

Arrival
When you are ready

CYPMH Community

Points of interest

 Updates alerts

Stop Timer

Reroute

Daily Hours Driven
Choice of routes

Total Hours Driven
Lane guidance

Arrival
When you are ready
Design your
Self harm support system

What do you already have in place that’s working? Think about the things families ask for e.g.

• Safe space
• Engagement activities
• Skills Training
• Free Resources
Self harm Support Post Code

D
Deliver training to families

O
Order free resources

1
1 shared message around self-harm

8
8 schools per year to receive training

6
6 people with lived experience to be involved

Y
Young people’s drop in

A
Access to digital support available
Final Destination-shared postcode
THANK YOU

wendy@rollercoasterfs.co.uk