Attachment 2

Suicide Prevention Wolverhampton Local Suicide Action Plan

1. National strategic setting for developing a local suicide action plan

In 2012 the government published Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives[1]. This strategy has been followed up with annual reports – the latest being a two year follow up published in 2015.[2]

The development of a local suicide action plan is one of the recommendations in the strategy and Public Health England (PHE) has issued guidance for developing a local suicide prevention action plan[3]. However, an All-Party Parliamentary Group (APPG) on Suicide and Self-harm Prevention conducted a survey [4] on Local Suicide Prevention Plans which found that:

- around 30% of local authorities do no suicide audit work;
- around 30% of local authorities do not have a suicide prevention action plan;
- around 40% of local authorities do not have a multi-agency suicide prevention group.

Following the public health transfer from the NHS into local government in April 2013, suicide prevention consequently became a local authority led initiative working closely with the police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sectors. The 'One Year On' report called on local authorities to

- develop a suicide prevention action plan
- monitor data, trends and hot spots
- engage with local media
- work with transport to map hot spots
- work on local priorities to improve mental health

The draft action plan outlines how these issues will be addressed in Wolverhampton.

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[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

[2] Preventing suicide in England: Two years on Second annual report on the cross-government outcomes strategy to save lives https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf

[3] Guidance for developing a local suicide prevention action plan. Information for public health staff in local authorities. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan__2_.pdf

[4] The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention https://www.papyrus-uk.org/repository/documents/editorfiles/appgsp20jan2015.pdf

2. Context for developing a suicide prevention action plan

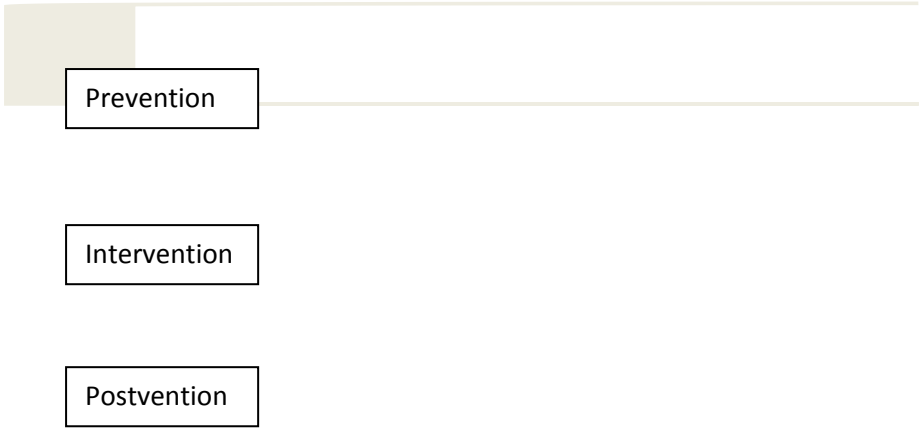
The development of any suicide prevention action plan should be set into the context of the fact that:

- The national data available for England and Wales shows that **only 28%** of suicides occur in people who are in contact with services.
- i.e. **72%** of those who died by suicide were **NOT** in touch with secondary MH services within one year prior to death, highlighting the need for a Public Health approach to Suicide Prevention

The Wolverhampton Suicide Audit 2004-2008[5] showed 57% of suicide victims were not known to mental health services.

Based on this, Figure 1 outlines a three pronged approach to tackling suicide.[6]

Figure 1: A three pronged approach to suicide prevention



Source: – Helen Garnham, Public Health Manager Mental Health

1. **Prevention** - recognises a sliding scale of opportunities to intervene and the need to have a wider programme of work to reach the 72% of those not in contact with services. Key factors in particular include the need to reach those at higher risk, i.e. men, those suffering from alcohol or drug misuse, those unemployment, people with family and relationship problems, or those who are socially isolated

2. **Intervention** - to ensure that all opportunities to prevent suicides within mental health settings are taken and also to push for zero suicides when in care of NHS services[7]
3. **Postvention approaches** recognise the fact that:

[5] Mental Illness and Suicide Prevention: Wolverhampton Needs Assessment 2015
A collaborative project between Wolverhampton City Council Public Health and Wellbeing Team and Wolverhampton Samaritans, July 2015

[6] PHE National Presentation on Six Steps to Suicide Prevention – Helen Garnham, Public Health Manager Mental Health. Public Health England Suicide Prevention Stakeholder Workshop Event 21st October 2015

[7] https://www.gov.uk/government/news/nick-clegg-calls-for-zero-suicides-across-the-nhs

- Those exposed to or bereaved by suicide are up to 3 times more at risk of taking their own lives
- Specific known groups can be targeted for follow up
- There are opportunities to work more closely with local press to entrench responsible reporting approaches in the media
- There are opportunities to work with the voluntary sector for example Bereavement Support Partnership.

Based on this model, PHE has produced a 6 key steps model towards reducing suicide in each local area. These are:

	Key Step	Progress in Wolverhampton
1.	Form a local / sub-regional suicide prevention network	The first meeting of a new group, the Suicide Prevention Stakeholder Forum has been arranged for 10th December 2015. This is following a decision made at the Mental Health Stakeholder Forum that a new, multiagency forum was needed to address the suicide prevention agenda.
2.	Create an action plan	See section 3 below.
3.	Conduct a local / sub-regional suicide audit	A local suicide audit was undertaken in Wolverhampton in 2010 A more comprehensive suicide prevention needs assessment was conducted in July 2015 and which forms the evidence base for the recommendations in the action plan.
4.	Work towards becoming a suicide safer community	To be addressed in action plan
5.	Work towards establishing a postvention service	To be addressed in action plan
6.	Push for Zero suicide approach in local NHS care – both primary and secondary	To be addressed in action plan

3. Wolverhampton Suicide Prevention Action Plan

The following draft action plan is organized by the 6 action plan objectives outlined within the *Preventing Suicide in England* strategy. These are:

Six Key Areas for Action

1. Reduce the risk of suicide in key high-risk groups	**2.** Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide	4. Provide better information and support to t hose bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behavior	**6.** Support research, data collection and monitoring

Wolverhampton Suicide Prevention Action Plan

The action plan was drawn up at the mental health stakeholder forum 29th September 2015 and organised into the 6 key areas for action in the national Suicide Prevention Strategy as recommended by PHE

The action plan will be a changing and dynamic document and reflects what has been achieved to date.
An ongoing development of the action plan is to establish links to CAMHS, the HeadStart programme and wider children's services
We will also work to establish the suicide prevention programme as part of the crisis concordat workstream

Short term = within 3 months
Medium term = within 12 months
Long term = over 12 months

Wolverhampton Suicide Prevention Action Plan: Six Key Areas for Action

Timescale (S, M, L term)

1. Reduce the risk of suicide in key high-risk groups - GATE KEEPER TRAINING/ MENTAL HEALTH PROMOTION

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
1.1	Gatekeeper training Merged 1.1 and 1.2 Frontline staff, in health and non-health occupations, for example the police, fire and rescue, and those who come into contact with people who are homeless, unemployed, on benefits, socially isolated or otherwise vulnerable should	Mental health first aid - Light: half day - Full: two days Terry Rigby Suicide prevention training "who is your mental health	MHFA NM to coordinate e.g. Al, college, housing association, P3, Uni + embed Wolv referral process into the training Need to unpick difference	**Progress Dec 2015** NM to produce a table that scopes different training packages, their advantages and disadvantages and their costs and circulate to members **Progress March 2016 (SW)** A list of training packages produced.

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
	be confident and competent in recognising signs of mental distress and how to support people appropriately and know where to refer onwards if necessary Scope the need for similar training in the voluntary sector, especially amongst those groups providing practical support in those areas and with groups that are at higher risk. Training for frontline staff and others can be provided by the Samaritans, or, if focussing on young adults, by Papyrus. Training packages include ASSIST, Mental Health First Aid, and STORM. Timescale S - M	champion?" NCFE level II in mental health awareness over 2 months	between mental health first aid and suicide prevention training; identify costs e.g. for groups and level of interest	A programme (2 X sessions) of safeTALK training commissioned and arranged for 21st March 2016. 60 places available. 51 People attended. Notes available including suggested priorities for future action planning.
1.2	The locations of services should be taken into account during future commissioning. This piece of work highlighted that Bilston had a sparsity of mental wellbeing services, while Whitmore Reans had a relative lack of mental health related third sector provision. Timescale S - M	Need to unpick this further	Commissioners across health and council	**Progress Dec 2015** Request members look at what they are doing in these areas. Need to be fed into discussion with commissioners SW NM **Progress March 2016 (SW)** No progress
1.4	The provision of 'drop-in' support, potentially to be provided by the new Mental Wellbeing Hub, should be	Drop in already exits Awareness raising needed on purpose/remit	Emma Smith	**Progress Dec 2015** Recovery House facilitate the drop ins Aiesha follow up with Emma

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
	clarified and then advertised locally. Timescale S			**Progress March 2016**
1.5	Wolverhampton could look to provide more support for the local migrant community a. What mental health support is available to asylum seekers at each stage of their application should be clarified and communicated to migrants and local providers; b. Future commissioning should consider providing migrant-specific support in a location that feels 'safe' and is not associated with stigma – for example, in the RMC; Timescale S - M	Event in October MH and migrant communities. Piggy back on this for T &F group action plan forthcoming and needs to be followed up	Jackie Mc C LA Comm Emma Smith/ Hub a/b RMC Health Champions T&F group needed	**Progress Dec 2015** Some members attended the October event. Agreed to invite a member of the Refugee and migrant centre to attend the group. Action SW to chase DN re the action plan following the October event **Progress March 2016 (SW)** Follow up meeting held on 29th Feb 2016 and range of actions agreed some of which had cross overs to the suicide prevention action plan, specifically Mental health directory Training Mens' health A member of the RMC has been invited to attend the suicide prevention stakeholder forum
1.6	Wolverhampton organisations should consider signing up to campaigns that challenge mental health stigma, such as		SW and NM to take a look and come up with a plan that is disseminated and	See item 1.7 below

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
	'Time to Change'. http://www.time-to-change.org.uk/ Timescale S - M		then followed up	
1.7	Workplaces should be encouraged to sign up to policies that support positive mental health, as outlined in NICE guidance 'promoting mental wellbeing at work' (NICE Guidance PH 22) http://www.mind.org.uk/information-support/types-of-mental-health-problems/suicide-supporting-someone-else/#.Vfl5GxFViko Timescale S - M	Join up with workplace health initiative being led by Public Health – starts with the council, university, hospital and college adopting the workplace health charter	SW to talk to Richard Welch	**Progress Dec 2015** Links made to WCC workplace health initiative **Progress March 2016 (SW)** Local initiatives have been undertaken in WCC to support 'Time to Talk day' and World Suicide Prevention day. To support ' Time to Talk' an article appeared in City People and leaflets and resources were distributed around the Council (including buildings outside the Civic). The Healthy Lifestyles team had a presence in the Civic foyer to talk about overall healthy lifestyles and provide information about mental wellbeing. In addition, Wolverhampton Community & Wellbeing Hub also had a presence in the Civic Foyer, promoting their service and also offering resources and information on mental wellbeing. The Community & Wellbeing Hub also ran their own Time to Talk event at Epic Café.
1.8	The mental health directory should be	- Primarily make		**Progress Dec 2015**

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
	updated to become more easily accessible a. It could be available both as a paper directory and an interactive electronic tool; b. There could be two paper versions – one for service users and another for providers; c. The electronic copy should be easy to navigate according to the user's demographics, issues and the types of service they prefer. Timescale S	electronic so could be downloaded if necessary or view on line - First task is to make existing directory fit for purpose and improve search engine - Make it possible for services to update on a regular basis - Services make links to the directory from their own web sites - Link to WCC WIN	WCC IT SW and NM	NM reported that conversations are happening Agreed Neeraj find out more – investigate with WIN and with CCG **Progress March 2016 (SW)** Directory additionally agreed as a priority by for mental health and migrant communities. SW /SA met with Kuldip Khela re taking this forward on 14th March
1.9	Men should be encouraged to engage with initiatives that improve mental wellbeing • In community places where there is a significant male presence, advertising	- All organisations should make sure that existing services are advertised appropriately and encourage and are accessible for men	All via T&F group This needs some leadership to drive forward NM to talk to media company being used in public health	**Progress Dec 2015** Agreed Neeraj to lead a task and finish group. To tie into the alcohol agenda – reach out to younger men at risk of alcohol harm. Also include Aeisha, Helen Kilgallon and St George's hub

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
	could be used to address stigma against men expressing their mental health; • People working in community places where there is a significant male presence could be advised/trained to signpost men to relevant mental wellbeing services; • Future commissioning should consider increasing mental wellbeing support services for men. This could take the form of a physical activity, such as football. Delivering two sessions to 20 participants per week is likely to cost £22,830 per year. Timescale S - M	- Those that are socially isolated are at most risk – will not attend so focus on places where they have to go – e.g. banks, job centre - Need to skill up those working in jobcentres etc. in mental health awareness/suicide prevention - Could provide counselling in job centres - Need to be creative to encourage participation Word of mouth can make or break NB – to get people in distress to engage and to encourage identification of those at risk, we need to have support in place – links to an updated directory		**Progress March 2016 (SW)** No progress with setting up T&F group A member of PH team to attend the ManMade conference in June 2016. This conference provides delegates with an overview of innovative and effective ways of supporting men who are finding it difficult to live life. A report will be provided to the Forum to inform the work of the action plan.

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
1.10	Raise awareness of suicide prevention amongst the general public and promote suicide prevention guidance, for example by using MIND's 'supporting someone who feels suicidal' and raising awareness by supporting World Suicide Prevention Day. Timescale S - M	- Do we need another 'suicide symposium' - Annual public awareness raising event or campaign for general public - Individual stories very powerful - Could link to world suicide prevention day - Raise awareness of suicide prevention in schools	T&F group (include comms reps) prepare for September 2016 event	**Progress Dec 2015** SW to lead a T&F group to lead on a suicide symposium to tie in with the World Suicide prevention day in September. Include Comms leads Steve re Healthy minds website. SW to get this going **Progress March 2016 (SW)** No progress made to date.
1.11	Local pharmacies should be engaged in campaigns, for example to support safe medicine management. – to be included in Healthy Living Pharmacies initiative Timescale S - M	Engage LPC	PH talk to NHS facing team within public health	**Progress Dec 2015** SW had discussed with PH Pharmacy lead. Take forward through Healthy living pharmacies. Change wording of action to reflect this. **Progress March 2016 (SW)** Will be ongoing through Healthy Living Pharmacies and progress is dependent on HLP project timescale

2. Tailor approaches to improve mental health in specific groups

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
2.1	Access routes for crisis patients should be clarified and communicated to community stakeholder organisations, particularly those who are faced with the situation infrequently Timescale S	Access routes for crisis patients • LA website • BCPFT website • Mental health first aid kit training - laminated sheet	SF	**Progress Dec 2015** Action: SF to be followed up re progress Lee Davies to forward 'Yellow book' to be shared to see if this would help to clarify access routes **Progress March 2016** .
2.3	Ways to limit mental health deterioration while waiting for treatment should be explored a) Training on the recently developed mental health pathways could be delivered to GPs to try to reduce bouncing referrals *b) NB. The recent introduction of GP link workers can also work to this aim* c) Training could also be delivered to trainee	1c Check who delivers 1d In hand	1a CCG) Need to find out what these are and organise team W session with GPs 1b Healthy Minds NM to talk to Steve Scrimshaw 1d Healthy minds NM to talk to Steve Scrimshaw 1e Healthy minds NM to talk to Steve Scrimshaw	**Progress March 2016** SF followed up to clarify 2.3a) re mental health pathways.

	doctors with 4-6 month general practice placements via the weekly teaching programme delivered at New Cross Hospital; d) Waiting lists for Healthy Minds should be monitored during the transition to self-referrals, and long / lengthening waiting times should be addressed; e) Once a patient has been triaged after using their 'Ticket to Recovery', Healthy Minds could inform the GP of the likely waiting time for that service. If a long wait, the GP could arrange an intervening check-up (potentially via phone). Timescale 1a S 1a S 1c			
2.4	The possibility of providing more holistic		SF CCG	**Progress Dec 2015**

	and joined-up support for dual diagnosis patients should be explored. Timescale M		NM to work on joint protocol between substance misuse and mental health services	NM to liaise with Sarah and Steve **Progress March 2016**

3. Reduce access to the means of suicide

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
3.1	Local authority planning teams should consider suicide prevention by ensuring that new developments and plans do not increase access to the means of suicide and also by designing and maintaining suicide prevention signage Timescale M	LA planning It does matter – Birmingham library	PH to link to LA planning team SW to talk to Richard Welch	**Progress Dec 2015** No progress Action: SW to follow up **Progress March 2016** SW met with Richard White, Wider Determinants Specialist, Public Health who leads on linking public health and planning. Birmingham are developing a toolkit - **The Birmingham Approach to Planning, Development, Health and Wellbeing Toolkit** and it was agreed to suggest an extra criteria in the toolkit to include suicide prevention and mental wellbeing. If agreed, then further detail can be worked up. RW will take this forward, including to the regional meeting on 22nd April.
3.2	Local authorities could also consider working with other transport partners to	Follow up email from network rail	SW to follow up network rail email	**Progress Dec 2015** SW made links with network rail and

	identify ways to reduce means of suicide on the transport network. Examples include installation of barriers on bridges, erecting signs, and providing access to telephone hotlines. Timescale S			invited to attend next meeting Action: SW forward future meeting dates Also agreed to invite British transport police Action for Lee Davies Also invite British waterways Action been invited **Progress March 2016** SA to attend Network Rail event on 10th March and to report back to the Forum

4. Provide better information and support to those bereaved or affected by suicide. BEREAVEMENT SUPPORT – HELP IS AT HAND

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
4.1	The possibility of providing more suicide bereavement specific support could be explored. Timescale S-M	New guidance from NHSE	SF BCPFT/LA + circulate	**Progress Dec 2015** No progress Action: Follow up SF **Progress March 2016** No progress
4.2	Roll out of 'Help is at hand' bereavement support Timescale S	Follow up from PHE Suicide prevention workshop	SW	**Progress Dec 2015** No progress SW to follow up

				Progress March 2016 Help is at Hand materials are free of charge and are available on batches of 20 copies per order. Need to scope which organizations are using in Wolverhampton. NB – at the SafeTALK training, none of the 51 participants had heard of this resource

5. Support the media in delivering sensitive approaches to suicide and suicidal behavior SUICIDE CLUSTER GUIDANCE

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
5.1	Local communications teams should ensure that when reporting cases of suicide, local media have access to appropriate guidelines, for example, those produced by the Samaritans, and should work with their media contacts should an incident occur. Timescale S - M	- Training/awareness raising of comms leads - What about with local media too? - How does the local press get hold of stories? - Need to work with local coroner - (NB re coroner – need to record not just ethnicity but sexuality and all protected characteristics)		**Progress Dec 2015** Agreed to try and get a lead from Comms in the council NM/SW ask who would be able to support **Progress March 2016** No progress

6. Support research, data collection and monitoring REAL TIME SUICIDE MONITORING

	Recommendation	***What should/could be done?***	***By whom?***	**Progress**
6.1	The routine collection of ethnicity data could be discussed with the local coroner to understand whether national change is being discussed, and to lobby for change locally. This data will help guide future service provision in an evidence-based manner. Timescale 1. S 2. S-M 3. S - M	1. Revisit the national plan 2. BCPFT capture • Ethnicity • Suicides • Attempted suicides (look into accessing this data) 3. Local coroner: understand how the coroner uses demographic data and what is asked for	DPH DPH + CEO, BCP DPH, CEOs of CCG and LA	**Progress Dec 2015** No progress **Progress March 2016** No progress
6.2	Annual update of suicide outcome briefing /suicide needs assessment Timescale L	Public Health Intel team update suicide briefing	KB (PH Intel)	**Progress Dec 2015** Will provide when new data available. **Progress March 2016** As above
6.3	Explore real time suicide monitoring Timescale S- M	Public Health Intel team follow up from PHE suicide prevention workshop	KB (PH Intel)	**Progress Dec 2015** Progress – pilot sites contacted. Need to follow up **Progress March 2016** Awaiting update from PHE

6th March 2016