

## DRAFT WOLVERHAMPTON SUICIDE PREVENTION ACTION PLAN

Action Area	Action Required	Next Steps	Date	Lead/s
1. Develop Local Suicide Prevention Group	<p>Suggest use Stakeholder Forum for this purpose with small working group to take forward key actions. (Could meet immediately before as discussed).</p> <p><b><u>The local suicide prevention group needs to:</u></b></p> <ul style="list-style-type: none"> <li>• Map current practice and service provision with any gaps forming the basis of a Wolverhampton Suicide Prevention Action Plan.</li> <li>• Ensure all Wolverhampton mental health, suicide and self-harm data is captured.</li> <li>• Link with the Wolverhampton Health and Well-Being boards and feed into local Joint Strategic Needs Assessments (JSNAs) and Joint Health and Well-Being Strategies (JHWSs).</li> <li>• Link with the Mental Health, Dementia, and Neurology Intelligence Network to map, understand and address mental health issues in Wolverhampton.</li> </ul>	Develop Plan	By March 2015	SF
2. Develop Local Action Plan	<ul style="list-style-type: none"> <li>• Develop a suicide prevention action plan</li> <li>• Monitor data, trends and hot spots</li> <li>• Engage with local media</li> <li>• Work with transport to map hot spots</li> <li>• Work on local priorities to improve mental health</li> </ul> <p>Include</p> <ul style="list-style-type: none"> <li>• Assessment of impact on equalities</li> </ul>	Develop Plan	By March 2015	SF

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	<ul style="list-style-type: none"> <li>Prompts for local leaders on suicide prevention</li> <li>Statistical update (September 2012) / <b>plan by March 2015</b></li> <li>Sources of information and support for families</li> </ul> <p><b>Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives.</b></p> <p>Working with:</p> <ul style="list-style-type: none"> <li>CCGs</li> <li>Local Authority</li> <li>Public Health</li> <li>Mental health Trusts / Providers</li> <li>Police</li> <li>Coroners</li> <li>Families bereaved by suicide</li> <li>The Voluntary and Community Sector</li> <li>National Suicide Prevention Alliance</li> <li>Mental Health, Dementia, and Neurology Intelligence Network</li> </ul> <p><b><u>6 Key Action Areas</u></b></p> <ol style="list-style-type: none"> <li>1. Reduce the risk of suicide in key high-risk groups</li> <li>2. Tailor approaches to improve mental health in specific groups</li> <li>3. Reduce access to the means of suicide</li> <li>4. Provide better information and support to those bereaved or affected by suicide</li> <li>5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour</li> <li>6. Support research, data collection and monitoring.</li> </ol>			

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3. Align with Health and Well-Being Board MH Priority Area (Resilience Plan))	<p>This draws heavily on The Joint Commissioning Panel for Mental Health '<i>Guidance for Commissioning Public Mental Health Services</i>' (JCP-MH, 2012), identifies that mental well-being is associated with a wide range of improved outcomes in health, education and employment, as well as reduced crime and antisocial behaviour such as, better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and better quality of life.</p> <p><a href="http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=2944&amp;p=0">http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=2944&amp;p=0</a></p>	Align detail in H+WB STRATEGY (MH Priority Area) with Plan	By January 2015	SF
4. Monitor and analyse data, trends and hot spots	<p>Data Analysis Needs Assessment Hotspots</p> <ul style="list-style-type: none"> <li>• Focus Vulnerable Groups</li> <li>• BME Groups LGBT / LGBTQ Self-harm, Veterans, Un-employed, Peri-natal Mental health, victims of abuse CAMHS Older People Dual Diagnosis People with SMI and Bullying</li> <li>• Focus Hotspots</li> </ul>	Identify and analyse all sources of relevant data to inform plan.	By January 2015	Public Health and CDWs
5. Work on local priorities to improve mental health (interventions)	<p>Focus on:</p> <ul style="list-style-type: none"> <li>• Medication Management and Prescribing</li> <li>• Better Care Fund Care Pathways</li> <li>• Clinical Interventions</li> <li>• Learning from LPS, CRISIS CAR and CAMHS CHRT and EIS pilots</li> <li>• IAPT and Primary Care Depression Care Pathway</li> <li>• Development of Community Hub</li> <li>• Improved Care Pathways complex Care and Well-Being</li> <li>• Focus on monitoring outcomes</li> <li>• Help lines</li> </ul>	<p>Align detail in Mental Health Strategy with Plan</p> <p>Identify key action areas</p>	By February 2015	SF / MG / SS /BCPFT

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	<ul style="list-style-type: none"><li>Single Point of Access</li></ul>															
6. Focus on Self-Efficacy and Locus of Control	<ul style="list-style-type: none"><li>Align with HeadStart</li><li>Scope Tier 1 and Tier 2</li><li>Develop Mental Health Education, Information and Awareness and Psycho-education and Self-Help</li><li>Develop Public Health campaign</li><li>Identify potential sources of revenue</li></ul>	Align detail in Mental Health Strategy with Plan  Identify key action areas	By February 2015	SF / MG												
7. DEVELOP CRISIS CONCORDAT	<ul style="list-style-type: none"><li>Make Wolverhampton Declaration by December 2014.</li><li>Submit Local Wolverhampton Crisis Concordat Plan by March 2015.</li></ul> <table border="1"><tr><td><b>Mental Health Crisis Care Concordat principles:</b></td></tr><tr><td><b>A. Access to support before crisis point.</b></td></tr><tr><td>A1. Early intervention – protecting people whose circumstances make them vulnerable.</td></tr><tr><td><b>B. Urgent and emergency access to crisis care.</b></td></tr><tr><td>B1. People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery.</td></tr><tr><td>B2. Equality of access.</td></tr><tr><td>B3. Access and new models of working for children and young people.</td></tr><tr><td>B4. All staff should have the right skills and training to respond to mental health crises appropriately.</td></tr><tr><td>B5. People in crisis should expect an appropriate response and support when they need it.</td></tr><tr><td>B6. People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services and emergency departments.</td></tr><tr><td>B7. When people in crisis appear (to health or social care professionals, or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect.</td></tr><tr><td>B8. People in crisis should expect that statutory services share essential 'need to know'</td></tr></table>	<b>Mental Health Crisis Care Concordat principles:</b>	<b>A. Access to support before crisis point.</b>	A1. Early intervention – protecting people whose circumstances make them vulnerable.	<b>B. Urgent and emergency access to crisis care.</b>	B1. People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery.	B2. Equality of access.	B3. Access and new models of working for children and young people.	B4. All staff should have the right skills and training to respond to mental health crises appropriately.	B5. People in crisis should expect an appropriate response and support when they need it.	B6. People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services and emergency departments.	B7. When people in crisis appear (to health or social care professionals, or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect.	B8. People in crisis should expect that statutory services share essential 'need to know'	Align detail in Mental Health Strategy  Identify key action areas	By December 2014 and March 2015	SF / All
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	<p>information about their needs.</p> <p>B9. People in crisis who need to be supported in a health-based place of safety will not be excluded.</p> <p>B10. People in crisis who present in emergency departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right ongoing support.</p> <p>B11. People in crisis who access the NHS via the 999 system can expect their need to be met appropriately.</p> <p>B12. People in crisis who need routine transport between NHS facilities or from the community to an NHS facility will be conveyed in a safe, appropriate and timely way.</p> <p>B13. People in crisis who are detained under Section 136 powers can expect that they will be conveyed by emergency transport from the community to a health-based place of safety in a safe, timely and appropriate way.</p> <p><b>C. Quality of treatment and care when in crisis.</b></p> <p>C1. People in crisis should expect local mental health services to meet their needs appropriately at all times.</p> <p>C2. People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting.</p> <p>C3. When restraint has to be used in health and care services, it is appropriate.</p> <p>C4. Quality and treatment and care for children and young people in crisis.</p> <p><b>D. Recovery and staying well / preventing future crises.</b></p>			
8. DEVELOP SERVICE USER AND CARER INVOLVEMENT	<p>Provide better information and support to those bereaved or people affected by suicide.</p> <ul style="list-style-type: none"> <li>Establish self-help group – support learning.</li> <li>See Focus on Self-Efficacy and Locus of Control</li> <li>Align with Community Hub and PA4MH</li> </ul>	Identify key action areas	By February 2015	SF / MG PA4MH
9. Work on local priorities to improve mental health (broader determinants)	<p>Focus on:</p> <ul style="list-style-type: none"> <li>Housing</li> <li>Employment</li> <li>Debt Counselling</li> <li>Benefits</li> </ul>	Identify key action areas	By February 2015	SF / MG Local Authority Colleagues

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	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Leisure</li> <li>• Dual Diagnosis</li> <li>• Parents</li> <li>• Employers</li> <li>• Schools</li> </ul>			
10. Work on local priorities to improve mental health (physical health)	<ul style="list-style-type: none"> <li>• Physical Health</li> <li>• Parity of Esteem</li> <li>• 5 Ways to Well-Being</li> </ul>	Identify key action areas	By February 2015	SF / Public Health Colleagues
11. Hotspots	<ul style="list-style-type: none"> <li>• Identify hotspots / areas of vulnerability</li> <li>• Work with transport to map hot spots</li> <li>• Reduce access to the means of suicide</li> <li>• Focus on cyber bullying</li> <li>• Focus on schools</li> </ul>	Identify key areas of vulnerabilities and action areas	By February 2015	SF / All
12. Communication and Media	Support the media in delivering sensitive approaches to suicide and suicidal behaviour Include focus on: <ul style="list-style-type: none"> <li>• Help lines</li> <li>• Twitter</li> </ul>	Identify key action areas	By February 2015	SF /All
13. Training	Identify suitable stakeholder training Consider Peer Support Model Align with HeadStart	Identify key action areas	By February 2015	SF / All