

# **Public Health Services for Berkshire**

## **Berkshire Suicide** **Prevention Strategy**

### **2017-2020**

**High Level Version**

**DRAFT V1**

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**NB: All comments in red are instructions to help guide the final drafting and formatting.**

**Logos to be added as follows:**

Bracknell Forest Council	Reading Borough Council	Royal Borough of Windsor & Maidenhead	Slough Borough Council	West Berkshire Council	Wokingham Borough Council
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Bracknell & Ascot NHS CCG	Newbury & District NHS CCG	North and West Reading NHS CCG	Slough NHS CCG	South Reading NHS CCG	Windsor Ascot & Maidenhead NHS CCG	Wokingham NHS CCG
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Berkshire Healthcare NHS Foundation Trust	Frimley Health NHS Foundation Trust	Royal Berkshire NHS Foundation Trust
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Brighter Berkshire Year of Mental Health

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### Acknowledgements

Acknowledgements are due to a wide range of partners and colleagues whose work; encouragement and commitment to suicide prevention has enabled the development of this strategy and its action plans. In particular, we acknowledge the following:

Rutuja Kulkarni and the public health officers from Berkshire local authorities who undertook the Suicide Audit, and who did much to build the foundations upon which this strategy has developed;

The suicide prevention and mental health leads from the Berkshire local authorities for preparing the local action plans;

Network Rail and British Transport Police for their support with work on railway suicides;

Helena Fahie at Public Health England South East Centre for encouragement; advice and going the extra mile;

David Colchester at the Local Criminal Justice Board for the Thames Valley and Thames Valley Police for their input on real-time surveillance;

The NHS Provider trusts in Berkshire for their input and continued support;

The seven Clinical Commissioning Groups in Berkshire for their strong partnership working;

and of course all past and present members of the Berkshire Suicide Prevention Steering Group.

## **Executive Summary**

The NHS Five Year Forward View for Mental Health sets a target on all NHS agencies and partners to reduce the current level of suicide by 10% by 2020. This is a laudable and hopefully readily achievable aim. However as discussions across the range of organisations which have contributed to this strategy have progressed, it appears to many, that this aim is not challenging enough. Zero Suicide should be our aim; as it is in the gift of the combined efforts of these organisations, and of society at large, to put in place the policies and services which protect people from mental distress, and to ease the factors which cause that distress. This strategy therefore forges ahead with an ambition to reduce suicide by at least 25% by 2020, thus ensuring that this becomes a shared priority across organisations and areas.

We recognise that a Berkshire without suicide is the true aim we work towards.

This strategy is an important public health strategy which seeks to save lives lost to suicide through its prevention, and to improve the health and wellbeing of those bereaved by suicide. It also includes more general whole-population actions aimed at improving mental health and wellbeing as contributing factors that prevent suicide. The strategy highlights, and action plans prioritise, certain population groups which have greater risk factors for suicide, and thus contributes to narrowing health inequalities.

It goes without saying, but we should remind ourselves, that suicides are tragedies for all involved. For every person who dies by suicide at least 10 people are directly affected. Support for those bereaved, including the professionals who deal with the suicide, is vitally important. The social and economic cost of a suicide is substantial. The average cost of suicide in someone of working age in England is estimated to be £1.67 million. This includes direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering of those bereaved or affected by suicide.

Many stakeholders have contributed to this strategy and it should now be adopted as a joint strategy by each of the CCGs, Local Authorities, and the Health and Wellbeing Boards in Berkshire. It should also be referenced and reflected in other plans and strategies when they are drafted or re-written, to ensure suicide prevention becomes a pursuit common to all agencies and professions. It is an important and happy coincidence that this strategy will be formally launched, once it has been endorsed by all health and wellbeing boards in Berkshire, during Brighter Berkshire, the Year of Mental Health. This community led initiative aims to help increase the opportunities and support for our Berkshire population who need help with their mental health, when they need it and to build a stronger happier Berkshire population. The aims of this strategy fit well with these broader aims.

Dr Lise Llewellyn  
Strategic Director of Public Health for Berkshire April 2017

## **Recommendations**

The following recommendations are the principle strategic objectives for Berkshire as a whole. These link through into more detailed action plans for Berkshire-wide work and for local authority areas. In line with the national suicide prevention strategy, the ambition of this strategy is to reduce suicides in Berkshire by 25% by 2020, and to provide better support for those bereaved or affected by suicide. The national strategy has identified six priority areas and the recommendations linked to these are outlined below, following those relating to the overarching aims.

### **Over-arching Recommendations**

#### **RECOMMENDATION**

That this Steering Group revisit their terms of reference and membership and become known as the “Berkshire Suicide Prevention Steering Group”, with the aim of providing the governance to this strategy and its action plans.

#### **RECOMMENDATION**

That organisations represented on the Berkshire Suicide Prevention Steering Group consider nominating a suicide prevention champion from within their membership.

#### **RECOMMENDATION**

That all agencies represented on the Steering Group commit to an annual Action Plan of their own which can then be brought together to create a Berkshire-wide Action Plan for each year of the Strategy.

#### **RECOMMENDATION**

Sign off / endorsement of this strategy by all Health & Wellbeing Boards in Berkshire.

#### **RECOMMENDATION**

Launch this strategy at a multi-agency suicide prevention summit, by October 2017.

#### **RECOMMENDATION**

Ensure strategic fit with the action plans of the Berkshire Crisis Care Concordat.

### **Priority Areas**

1. Reduce the risk of suicide in key high-risk groups;

#### **RECOMMENDATION**

Implement the NICE guidelines on self-harm, specifically ensuring that people who present to Emergency Departments following self-harm receive a psychosocial assessment.

#### **RECOMMENDATION**

Evaluate the Berkshire CALMzone and recommission targeted suicide prevention work for younger men and middle aged men.

2. Tailor approaches to improve mental health in specific groups;

**RECOMMENDATION**

Work to provide and commission interventions which improve the public's mental health. These may include: awareness of mental health and peer support in young people; anti-bullying campaigns in schools; addressing stigma and social isolation in older people; workplace health promotion and support with local business; working with police on mental health literacy; and addressing issues relevant to the local population.

3. Reduce access to the means of suicide;

**RECOMMENDATION**

That local authority public health teams take the leadership for liaison with any Escalation Process in their area, and report on progress to the Steering Group.

**RECOMMENDATION**

That the Steering Group seek a named Highways England officer to act as a liaison link and group member, and to share real-time intelligence of highways network incidents.

**RECOMMENDATION**

That local authority public health teams work with other council departments such as car parks and open space services to identify local actions to prevent suicide including staff awareness training.

4. Provide better information and support to those bereaved or affected by suicide;

**RECOMMENDATION**

Ensure bereavement information and access to support is available to those bereaved by suicide, including professionals involved in the case.

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;

**RECOMMENDATION**

Liaise with local media to encourage reference to and use of guidelines for the reporting of suicide through a summit with local press and media organisations, and to provide information to professionals on the sensitive reporting of suicide. By 20 July 2017

6. Support research, data collection and monitoring.

**RECOMMENDATION**

Develop working relationships between individual coroners and local public health teams ensure local plans are evidence based and responsive. Coroners can be invited to become formal members of any local suicide prevention groups or networks

Coroners can also inform the local authority or Director of Public Health if they identify particular areas of concern, e.g. locations used for suicide, possible clusters of suicide, increase in a particular method or new and emerging method of suicide.

Refresh the Berkshire-wide Suicide Audit for deaths in the period 2014-16 to include new categories based on best practice.

## **10 Things Everyone Needs To Know About Suicide Prevention**

### **1 Suicides take a high toll**

There were 4,882 deaths from suicide registered in England in 2014 and for every person who dies at least 10 people are directly affected.

### **2 There are specific groups of people at higher risk of suicide**

Three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas.

### **3 There are specific factors that increase the risk of suicide**

The strongest identified predictor of suicide is previous episodes of self-harm. Mental ill-health and substance misuse also contribute to many suicides. Suicide prevention strategies must consider and link to programmes of early identification and effective management of self-harm, mental ill-health and substance misuse.

### **4 Preventing suicide is achievable**

The delivery of a comprehensive strategy is effective in reducing deaths by suicide through combining a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide. Directors of public health and health and wellbeing boards have a central role. Their involvement is crucial in coordinating local suicide prevention efforts and making sure every area has a strategy in place.

### **5 Suicide is everybody's business**

A whole system approach is required, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play. Suicide prevention can also be part of work addressing the wider determinants of health and wellbeing.

### **6 Restricting access to the means for suicide works**

This is one of the most evidenced aspects of suicide prevention and can include physical restrictions, as well as improving opportunities for intervention.

### **7 Supporting people bereaved by suicide is an important component of suicide prevention strategies**

Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and suicidal ideation, depression, psychiatric admission as well as poor social functioning.

### **8 Responsible media reporting is critical**

Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour.

### **9 The cost of suicide justifies investment in suicide prevention work**

The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.

### **10 Local suicide prevention strategies must be informed by evidence**

Local government should consider the national evidence alongside local data and information to ensure local needs are addressed.

## Berkshire-Wide Action Plan 2017-18

Areas for Action	Specific Risk Groups	Action in 2017-18	Timescale by:	Delivery Lead
<b>Overarching Aims</b>		<p>Sign off / endorsement of this Berkshire Suicide Prevention Strategy by all Health &amp; Wellbeing Boards in Berkshire.</p> <p>All other local governance completed thus enabling this strategy to be owned by the Local Authorities and their partners.</p> <p>Launch of strategy at multi-agency suicide prevention summit.</p> <p>Identify Suicide Prevention Champions to promote the Berkshire Strategy; and to work within the Local Authorities and partner agencies.</p> <p>Develop Berkshire-wide information sharing protocols to best utilise real time surveillance of suicides and near misses, in order to respond promptly to local trends and risks to reduce risk of clusters, and inform future service delivery.</p> <p>The Steering Group revisit their terms of reference and membership and become known as the "Berkshire Suicide Prevention Steering Group", with the aim of providing the governance to this strategy and its action plans.</p> <p>Ensure strategic fit with the action plans of the Berkshire Crisis Care Concordat.</p>	1 April 2017 1 April 2017 15 Oct. 2017 15 Oct. 2017 30 July 2017 1 April 2017 1 April 2017	Lead Consultant Mental Health Local PH Mental Health Leads Strategic DPH Local PH Mental Health Leads Lead Consultant Mental Health Steering Group Members Lead Consultant Mental Health
<b>National Strategy</b>				
<b>1. Reduce the risk of suicide in key high-risk groups</b>	Men	Evaluate the Berkshire-Wide CALMzone initiative and agree Berkshire-wide commissioning of specific support services for men for future years. To include future commissioning of CALMzone for younger men; and services for middle aged men and older men.	15 Oct. 2017	Lead Consultant Mental Health
	People who self-harm	Ensure agencies have plans to Implement the NICE guidelines on self-harm	15 Oct. 2017	Lead Consultant Mental Health
	People who misuse substances	Ensure local strategies and contracts for DAAT services include suicide prevention objectives.	Ongoing work	Local PH Mental Health Leads

	People in mental health care	Support BHFT in its Zero Suicide Approach and support local prevention work across the care system.	Ongoing work	Steering Group Members
	People in contact with the criminal justice system	Identify local actions to prevent suicide in those in contact with the criminal justice system, recognising increased incidence of self-harm in the prison population.	30 July 2017	Local PH Mental Health Leads
	Occupational groups	Ensure local health trusts and providers can demonstrate actions to prevent suicide and promote mental wellbeing amongst their staff.	30 July 2017	Steering Group Members
		Identify particular local action plans for those in agricultural / land-based industries.	30 July 2017	Local PH Mental Health Leads
<b>2. Tailor approaches to improve mental health in specific groups</b>	Community based approaches	For the Steering Group to assess community-based interventions which may be best delivered at scale across the county.	Ongoing work	Steering Group Members
	Suicide prevention training	Coordinate a database on evidence based suicide prevention training programmes and providers across the county.	Ongoing work	Steering Group Members
	People vulnerable due to economic circumstances	For the Steering Group to solicit data from each LA on key indicators that may highlight risk: e.g. number of homelessness presentations.	Ongoing work	Steering Group Members
	Pregnant women and those who have given birth in last year	To undertake a needs assessment of this group in relation to suicide prevention.	30 July 2017	Local PH Mental Health Leads
	Children and young people	Through LSCBs, identify local actions to prevent suicide in children and young people.	30 July 2017	Local PH Mental Health Leads
<b>3. Reduce access to the means of suicide</b>		Support Network Rail, British Transport police and The Samaritans with local escalation process locations and general suicide prevention work.  Investigate suicides on council owned land and properties, and agree a local action plan.  Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and take appropriate action(s) e.g. work with local media.	Ongoing work  15 Oct. 2017  Ongoing work	Steering Group Members  Local PH Mental Health Leads  Local PH Mental Health Leads

		The Steering Group seek a named Highways England officer to act as a liaison link and group member, and to share real-time intelligence of highways network incidents.	1 April 2017	Lead Consultant Mental Health
<b>4. Provide better information and support to those bereaved or affected by suicide</b>		Promote resources for people bereaved and affected by suicide (e.g. Help is at Hand and National Suicide Prevention Alliance resources) and support services such as SOBS (Survivors of Bereavement by Suicide).	Ongoing work	Steering Group Members
<b>5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour</b>		<p>Convene a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting.</p> <p>Agree a local action plan with the local communications team to support this aim.</p> <p>Identify a lead officer to monitor internet and both local and social media.</p> <p>Challenge stigma: Media campaign to support world suicide prevention day</p> <p>Update council and stakeholder webpages to ensure effective signposting for those bereaved by suicide</p>	20 July 2017 20 July 2017 Ongoing work 1 Sept 2017 1 April 2017	Lead Consultant Mental Health Local PH Mental Health Leads Local PH Mental Health Leads Local PH Mental Health Leads Local PH Mental Health Leads
<b>6. Support research, data collection and monitoring</b>		Refresh Berkshire-wide suicide audit to include deaths during 2014-2016 to include data on GP consultations. To update data on the JSNA summary on suicide.	30 July 2017 As per JSNA timetable	Local PH Mental Health Leads Local PH Mental Health Leads

**Back Cover to be designed and add contact details  
of Shared Team etc.**

**URL of Strategy**