**Suicide is Everyone’s Business**

Leicester, Leicestershire and Rutland

Suicide Audit

and Prevention Group

Suicide Prevention Strategy

2020-2023

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**Introduction**

The impact of suicide on families and communities is devastating and long-lasting. Suicide reflects wider inequalities across society; the risk is highest in vulnerable people, those living in poorer communities and those with access to means.

This renewed strategy builds on recent actions bringing together co-ordinated suicide prevention work in Leicester, Leicestershire and Rutland [LLR]. It represents the joint efforts of the LLR Suicide Audit and prevention Group [SAPG], to reduce death by suicide and to support the bereaved. Our partners share the common belief that each death by suicide is preventable.

We learn from, and act on, suicide prevention information. We raise awareness of risks and influence policy makers to join our multi-agency work and contribute to our plan. We promote open discussion to challenge attitudes linked to suicide and aim to reduce risk by supporting services for vulnerable people. Our work is carried out according to an annual action plan.

The latest data show the average rate of death from suicide in LLR matches that for England. Our high-risk groups are men aged 35-54, people from minority groups, those in the care of mental health services, offenders and people who live in deprived areas. As this strategy is being developed at a time when people are self-isolating and social distancing because of COVID-19, there is an even greater need than usual to protect mental wellbeing in individuals and communities.

Our partnership offers support to people in need. We deliver suicide awareness training in high risk communities. With Leicestershire Police, we’ve pioneered Real Time Surveillance data. We offer bereavement support through The Tomorrow Project, crisis care links with Turning Point and the Samaritans, and advice on our on-line platform: ‘Start a Conversation, Suicide is Preventable,’ [<https://www.startaconversation.co.uk/>].

The wider context to our work includes the National Suicide Prevention Strategy and local authority public mental health approaches. Suicide prevention is overseen by Health and Wellbeing Boards, local Mental Health Partnership Boards and the Mental Health Crisis Care Concordat. We engage with the East Midlands Regional Suicide Prevention Group and share our work with other local Suicide Prevention Groups.

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June 2020

**Partnership and Purpose**

Suicide prevention requires work across different settings. The SAPG draws on expertise and resources from the public, private and voluntary sectors. It works as a formal multi-agency group and as a wider network.

Our purpose is to prevent suicide by:

* Supporting people who are at risk of suicide;
* Supporting people who have been bereaved by suicide;
* Developing community interest in suicide prevention;
* Supporting collective action towards our aims and objectives;
* Working with wider organisations to provide insights and expertise regarding high risk groups;
* Working with East Midlands regional suicide prevention networks to share knowledge.

Our core membership includes:

* Voluntary sector organisations with an interest in mental health, supporting people at risk of suicide and those bereaved by suicide (Samaritans, Rural Community Council);
* Public Health, (Leicester City Council, Leicestershire and Rutland County Councils, Public Health England);
* Clinical Commissioning Groups for Leicester City, Eastern Leicestershire and Rutland, West Leicestershire;
* Local Authority commissioners (Adult Social Care);
* Safeguarding experts (Local Safeguarding Boards, Safeguarding Manager CCG);
* Primary and secondary care;
* Military and Veterans representatives;
* Mental Health Providers (Leicestershire Partnership NHS Trust);
* Criminal Justice System, including Leicestershire Police and Probation Services and local prisons;
* Emergency services (East Midlands Ambulance Service);
* Universities (University of Leicester, De Montfort University, Loughborough University);
* Crisis Care Concordat Network;

**Key Messages**

Our approach is to raise awareness about some key suicide prevention messages:

* **Suicide is everybody’s business:** We challenge attitudes to suicide by improving knowledge of suicide risk behaviour and the signs of mental illness;
* **Suicide is preventable:** We need to build individual and community resilience and support those at highest risk;
* **Suicide takes a high toll:** On average about 80 people a year die from suicide in Leicester, Leicestershire and Rutland. Many are young people who would have expected to live into their 80s. Suicide is a major cause of years of life lost in our area;
* **Some people are at higher risk of suicide:** Suicide risk is higher in men aged 35-54, people with mental health problems and people who experience socio-economic disadvantage;
* **Supporting people bereaved by suicide is important:** Evidence suggests that as many as 135 people are significantly affected by a single suicide. People bereaved by suicide are at increased risk of depression and are at increased risk of suicide themselves;
* **There is an economic cost of suicide:** Every death by suicide has a broad impact which includes costs of care, loss of productivity and earnings and associated pain, grief and suffering. It is estimated that at least 10 people are intimately affected by every suicide.

**Suicide Audit and Prevention Group aims**

The SAPG aims to prevent avoidable loss of life through suicide and

undetermined injury in LLR by:

* Supporting people at risk of suicide;
* Supporting people bereaved by suicide;
* Developing the local strategic direction for suicide prevention
* across LLR;
* Contributing to delivery of the National Suicide Prevention Strategy;
* Influencing commissioning in LLR to optimise opportunities to prevent suicide;
* Encouraging responsible reporting of suicide in the media;
* Promoting mental wellbeing in the wider population;
* Shared learning with other areas.

**Key priorities 2020-23**

The LLR Suicide Audit and Prevention Group will:

1. Target support at key high-risk groups;
2. Support Primary Care in its suicide prevention role;
3. Preventing suicide in public places;
4. Protect people with a history of self-harm;
5. Engage with corporate and business sectors to enhance their efforts to prevent suicide;
6. Support provision of enhanced suicide awareness training;
7. Support local media (including social media) to deliver key messages about suicide prevention;
8. Raise awareness by using real time surveillance data;
9. Work with key partners to provide a coordinated mental wellbeing approach to response and recovery following COVID-19;

**Policies and accountability**

The work of the SAPG aligns with the key objectives of the National Suicide Prevention Strategy:[[1]](#footnote-1) to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide.

In doing this the National Strategy has 6 areas for action:

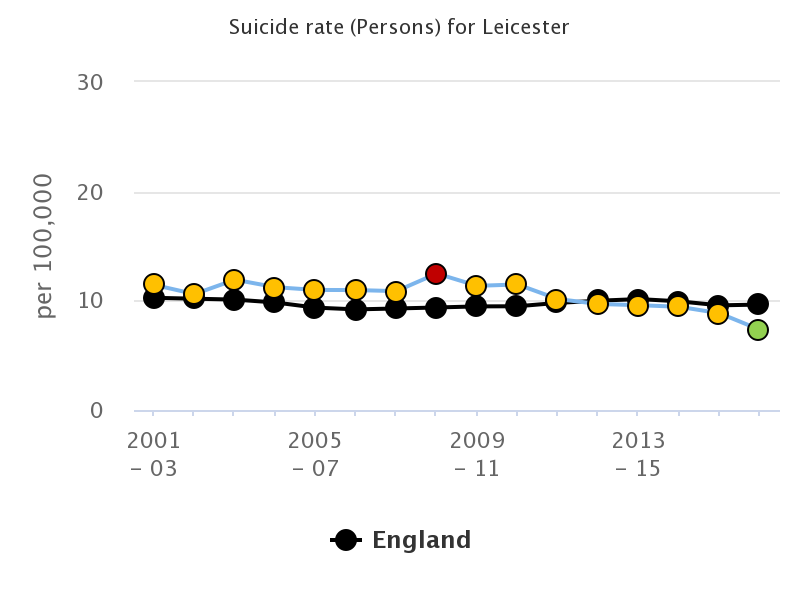
* Reduce the risk of suicide in key high-risk groups;
* Tailor approaches to improve mental health in specific groups;
* Reduce access to the means of suicide;
* Provide better information and support to those bereaved, or affected, by suicide;
* Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
* Support research, data collection and monitoring.

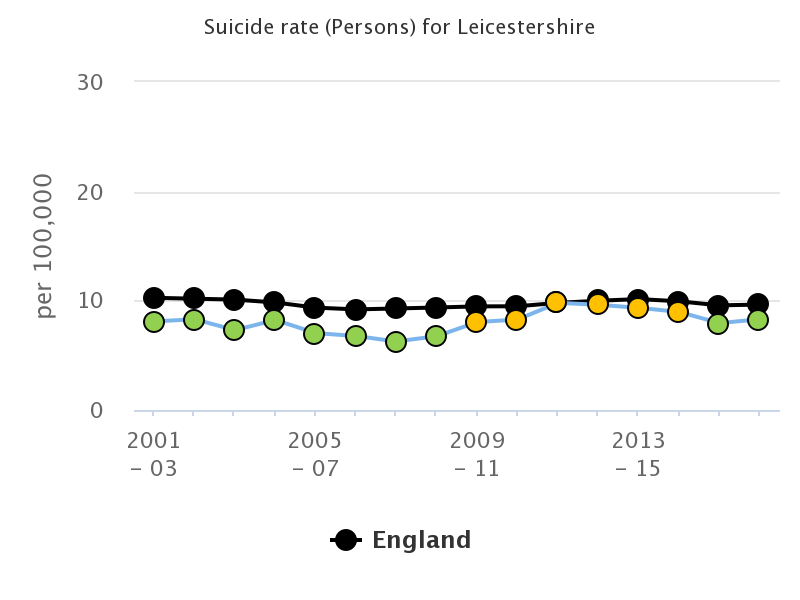
In England, responsibility for the suicide prevention action plan and strategy usually lies with local government through Health and Wellbeing Boards [HWBBs] and relevant Scrutiny Committees.

The SAPG reports to local HWBBs and Scrutiny Committees to gain local commitment to the common purpose to the cause of suicide prevention. The SAPG also reports to LLR Mental Health Programme Delivery Board of local providers and commissioners of mental health services and is part of the LLR Crisis Care Concordat through which it influences the the local Crisis Care concordat.

**Suicide in Leicester, Leicestershire and Rutland**

The most recent data published by Public Health England[[2]](#footnote-2), is pre COVID-19. They show that, for the period 2016-18, the rates of death by suicide in LLR were below the national and regional averages. At the time, the rate for Leicester was 7.3 per 100,000, and 8.3 per 100,000 for Leicestershire. The graphs below show a downward trend in Leicester since the recession 2008-2010. For Leicestershire the rate has consistently been below the national average.





For the period 2016-18 the mean years of life lost by people who died by suicide was 22.7 years for Leicester residents and 26.1 years for those in Leicestershire; compared with 31.3 years nationally. This suggests that people in LLR who died by suicide, during that time, were generally older than the England average. As with England, most people who die by suicide in LLR are male.

**10 key activities**

In order to tackle our priority areas, this local strategy is drawing on these 10 key activities:

* **Real Time Surveillance data** to understand and respond to deaths by suicide, including emerging evidence of settings, means, demographic characteristics;
* **Preventing suicide in public places** joint efforts with key partners;
* **Draw on LLR public mental health efforts** [such as Time to Change Leicester] which address wider determinants of health in high risk groups;
* **Bereavement support** those who have been affected by suicide**;**
* **Suicide awareness training** targeted at vulnerable groups;
* **Signposting to support**, such as tackling unemployment, debt, stigma and discrimination;
* **Work with health care commissioners** to implement NICE self-harm guidance in primary and secondary care;
* **‘Start a Conversation’** [<https://www.startaconversation.co.uk/>] the LLR suicide prevention online resource will reflect latest best practice about protecting people who self-harm and develop LLR Suicide Prevention Champions;
* **Partner organisations** will take every opportunity to promote key messages about self-harm and suicide risk and engage with people affected by suicide;
* **Receive reports and report progress** to shape work with partners using task and finish groups and engaging with elected members, Health and Wellbeing Boards and Mental Health Partnerships.

**Our priorities 2020-23**

1. **Target support at key high-risk groups**

Local and national data shows that some people are at higher than average risk of death by suicide. The LLR SAPG will target support to people in these groups.

Men are at 3 times greater risk of suicide; in LLR men aged 35-54 years are at highest risk. The associations are with depression, alcohol and drug use, relationship problems, unemployment, social isolation and low self-esteem.

As a subgroup of the whole population, people from lower socioeconomic groups are more at risk of suicide.[[3]](#footnote-3) Other vulnerable groups include looked after children, young care leavers or young people in the criminal justice system. People who have experienced adversity are also at risk: Survivors of abuse, veterans, people with long term conditions. People from minority groups, such as those from Black and Minority Ethnic Backgrounds, Lesbian, gay, bisexual and transgender people, asylum seekers and refugees. A history of alcohol or drug use is recorded in many deaths by suicide.[[4]](#footnote-4)

**We will draw on these key activities**

|  |  |
| --- | --- |
| Real Time Surveillance | Will be used to understand evidence of high risk |
| Work with primary and secondary care | We will share findings from local data to improve primary and secondary care responses to suicide prevention and routes into crisis care |
| Public mental health | Strong targeted messages will focus on mental wellbeing and self-help, including on the Start a Conversation website |
| Signposting to support | Advice given to the most vulnerable people helping them to find the support they need |
| Bereavement support | People bereaved by suicide are themselves at high risk, everyone affect by suicide will be offered bereavement support |
| Partner organisations | Partner organisations will provide support and signpost to other expert groups |
|  |  |
| Reporting progress | Progress reported to local Health and Wellbeing Boards and partnerships and Child Death Overview Panel |
|  |  |

1. **Protecting People with a history of self-harm**

People with a history of self-harm are an important subset of the most vulnerable population; nationally about half of deaths by suicide are by people with a history of self-harm. It is important to learn from evidence about the health care for people who self-harm to ensure that they receive positive and sympathetic medical and psychiatric support.

The Suicide Audit and Prevention Group will work with service commissioners and

providers to:

**We will draw on these key activities**

|  |  |
| --- | --- |
| Real Time Surveillance | Will be used to understand evidence of history of self-harm |
| Work with primary and secondary care | To ensure that best practice guidance is implemented in Emergency Care settings to protect people who self-harm |
| Public mental health | Strong targeted messages will focus on protecting people who self-harm, including on the Start a Conversation website |
| Signposting to support | Advice given to people who self-harm helping them to find the support they need |
| Partner organisations | Partner organisations will provide support and signpost people who self-harm to appropriate expert groups |
|  |  |
| Reporting progress | Progress will be reported to local Health and Wellbeing Boards and mental health partnerships |
|  |  |

1. **Prevent death by suicide in public places**

Although most deaths by suicide take place in the home, national evidence points to about a third of all cases taking place in a public location. These incidents can attract harmful media attention and may have psychological consequences for other people involved, witnesses or those who discover a body.

The SAPG will work with partners to implement steps to prevent public places being used for suicide and increase the chances of last-minute intervention.

**We will draw on these key activities**

|  |  |
| --- | --- |
| Real Time Surveillance | Will be used to identify locations and prioritise them based on frequency and apply prevention plans to similar locations |
| Partner organisations | SAPG will plan and act on frequently used public spaces drawing on expertise of wider partners |
|  |  |
| Reporting progress | Progress will be reported to local Health and Wellbeing Boards and mental health partnerships |
|  |  |

1. **Support Primary Care to Prevent Suicide**

Primary care representatives are important suicide prevention partners; providing intelligence and leading on targeted interventions. Most people who die by suicide are in contact with their GP in the year before their death, with 45% of people who die by suicide having seen their GP in the month before their death.[[5]](#footnote-5) Suicide risk rises with increasing number of GP consultations.[[6]](#footnote-6) Strengthening the frontline[[7]](#footnote-7) shows the significant role primary care plays in offering life-saving support.

The SAPG will work with primary care to develop effective preventative strategies to support those most at risk. This will include improving the knowledge base across primary care teams; focusing on effective interventions to lower suicide rates,[[8]](#footnote-8) enabling primary care staff to talk confidently about suicide prevention, to challenge stigmatising attitudes and to tackle risk factors with compassion.

**We will draw on these key activities**

|  |  |
| --- | --- |
| Real Time Surveillance | Share findings to provide evidence of high risk in primary care |
| Work with primary care | Implement Strengthening the frontline guidance to enable GPs to offer life-saving support, including training for GPs, advocate longer appointments and continuity of care for those needing ongoing support, emotional support for GPs themselves, establish effective care pathways between clinical and social support for people feeling suicidal, make it easier to refer and access further support |
| Work with health care commissioners | Health care commissioners will provide the impetus to enable primary care to be more supportive of people at risk of suicide |
|  |  |
| Reporting progress | Progress will be reported to local Health and Wellbeing Boards and mental health partnerships |
|  |  |

1. **Strengthen partnerships with private and corporate sectors to tackle suicide**

Work is good for mental health, but a negative working environment can have a detrimental impact on mental and physical wellbeing. Employers and workplaces can play a role in suicide prevention. Encouraging employers to promote workplace mental health is an important aspect of the work of the SAPG. This strategy will draw on two broad initiatives. Firstly, it will link up with local public mental health campaigns, employee assistance programmes and occupational health schemes. Secondly it will liaise with local Chambers of Commerce, trade associations, sports clubs and universities to engage the business community in promoting a greater understanding of suicide prevention.

**We will draw on these key activities**

|  |  |
| --- | --- |
| Real Time Surveillance | Will be used to understand evidence of high-risk occupations |
| Public mental health | Promote local public mental health messages and the PHE employers’ mental health toolkit.[[9]](#footnote-9) Strong targeted messages will support employers to be more aware of mental health issues and how to support staff |
| Signposting to support | Advice will be given to the most vulnerable people helping them to find the appropriate services, such as those related to domestic violence, bereavement and relationship support, financial and debt issues and local citizen advice. |
| Partner organisations | Employers will be encouraged to work with local occupational health services to strengthen the support available for employees, enable implementation of NICE guidance and HSE Management Standards for Stress |
|  |  |
| Reporting progress | Through local workplace health and wellbeing accreditations |
|  |  |

1. **Provision of enhanced suicide awareness training**

Training programmes for suicide prevention seek to improve the knowledge, skills and attitudes of professionals, community members and friends who may have proximity to those with suicidal ideation to improve their ability to intervene and offer support. They aim to reduce suicidal thoughts and death by suicide in a target population.

Broadly, there are three key approaches to training programmes, with gatekeeper training, general awareness and skills-based training.

Gatekeeper training focuses on specific groups best placed to identify people at suicide risk and to help people to respond in stressful situations. Gatekeepers may include professionals, such as GPs, mental health staff, or community members in contact with people with suicidal intent.

General awareness sessions, including those in educational settings, seek to improve broad understanding of issues that impact on mental health and the factors that may contribute to suicidal ideation.

Skills-based training builds positive mental wellbeing by developing skills such as building and maintaining personal relationships, personal belief systems and coping strategies to reduce the individual risk.

**We will draw on these key activities**

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| --- | --- |
| Real Time Surveillance | Will be used to understand evidence of high-risk groups to enable targeted training |
| Work with primary and secondary care | To understand training needs and develop the offer of skills-based training |
| Public mental health  Start a Conversation | Advertise training sessions and messages on Start a Conversation website |
| Signposting to support | Advice given to the most vulnerable people helping them to find the support they need |
| Partner organisations | Partner organisations will promote training and provide local intelligence to support training content |
|  |  |
| Reporting progress | Progress will be reported to local Health and Wellbeing Boards and mental health partnerships |
|  |  |

1. **Better use of media (including social media) to manage messages about suicide.**

Research demonstrates links between media reports of suicide and imitative suicidal behaviour.[[10]](#footnote-10) This risk increases where suicide methodology is described, if the story is prominent and the coverage sensationalised. While there are national efforts to promote responsible reporting, there is a place for working with local media, including social media.

Action will include ensuring local media are aware of, and follow, Samaritans' guidance on responsible media reporting. Provide local media with access to the designated suicide prevention lead so they can speak to them prior to running any story and provision of information about sources of support and contact details of helplines when reporting mental health and suicide stories.

**We will draw on these key activities**

|  |  |
| --- | --- |
| Real Time Surveillance | Will be used to understand evidence of high risk |
| Public mental health | Strong targeted messages will focus on mental wellbeing and self-help, including on the Start a Conversation website |
| Signposting to support | Advice given to the most vulnerable people helping them to find the support they need |
| Partner organisations | Us of Samaritans' Media guidelines for reporting suicide and Public Health England: Identifying and responding to suicide clusters and contagion. Work with local media partners to promote the responsible reporting of suicides locally. Social and other media offer opportunities to enhance understanding how to improve mental wellbeing and reduce suicide risk |
|  |  |
| Reporting progress | Progress reported to local Health and Wellbeing Boards and partnerships and Child Death Overview Panel |
|  |  |

1. **Raise awareness with better data and better use of data**

Local and national intelligence informs the development of our suicide prevention strategy, it provides an evidence base for action and the means to monitor and review progress. It helps us to identify high-risk groups, locations of concern, patterns and trends, provide evidence for targeted interventions and contribute to the monitoring and evaluation of outcomes.

The work of the LLR SAPG is notified by Real Time Surveillance [RTS] data, collected by Leicestershire Police first responders. Using this data means timely support can be offered to people who have been bereaved or affected by a suspected suicide and to respond quickly to emerging patterns that could indicate clusters, increasing trends or new methods of death.

**We will draw on these key activities**

|  |  |
| --- | --- |
| Real Time Surveillance | Systematic collection of RTS to improve understanding of local risk factors, led by Police and Public Health |
| Work with primary and secondary care | To improve local data about suicide risks |
| Public mental health | Use RTS to provide information for services and develop strong targeted messages |
| Signposting to support | Use RTS to care for people in vulnerable groups |
| Bereavement support | People bereaved by suicide are themselves at high risk, everyone affect by suicide will be offered bereavement support |
| Partner organisations | Partner organisations will expert advice as a sounding board for the validity of RTS data |
|  |  |
| Reporting progress | Progress reported to local Health and Wellbeing Boards and partnerships and Child Death Overview Panel |
|  |  |

1. **Supporting individuals experiencing suicide ideation during COVID-19**

LLR SAPG partners are working to provide clear, concise information to the public about mental health support to meet COVID-19 challenges. There are risks of exacerbation of poor mental health and suicidal ideation during lockdown, associated with factors such as social isolation, financial insecurity and bereavement.

SAPG partners are collaborating to create posters and leaflets to highlight a tiered approach to mental wellbeing support, including self-help approaches, more specialist advice [linked to finances, domestic violence, bereavement, and drug and alcohol misuse] and where to find crisis care support. This information will be shared in community settings.

The SAPG are working in primary care settings to ensure individuals with mental health problems receive clear information and timely support from general practices, including shared communications about public mental health issues, and advice on where to get support.

**We will draw on these key activities**

|  |  |
| --- | --- |
| Real Time Surveillance | Will be used to understand evidence of high risk during COVID-19 |
| Work with primary and secondary care | Share findings from local data to improve the primary and secondary care responses to COVID-19 risks |
| Public mental health | Strong targeted COVID-19 messages will focus on mental wellbeing and self-help, including on the Start a Conversation website |
| Signposting to support | Advice given to the most vulnerable people helping them to find the support they need |
| Bereavement support | People bereaved by suicide are themselves at high risk, everyone affect by suicide will be offered bereavement support |
| Partner organisations | Partner organisations will provide support and signpost to other expert groups |
|  |  |
| Reporting progress | Progress reported to local Health and Wellbeing Boards and partnerships |
|  |  |

Appendices

**All Party Parliamentary Group on Suicide and Self harm**

In line with recommendations of the All-Party Parliamentary Group on Suicide and Self harm prevention, LLR SAPG has:

Developed a suicide prevention strategy and action plan, based on the national suicide prevention strategy and the local data, with the aim of reducing suicide risk in LLR;

Established a multi-agency suicide prevention group involving key statutory agencies and voluntary organisations whose support is required to implement the strategy and action plan in LLR;

Carried out audits of suicides in LLR, based on sources such as information from Coroners’ Offices and mortality data, with the aim of understanding local factors such as high-risk demographic groups. Prevention of suicides requires concerted action.

**In line with national policy**

National policy provides the framework for our local suicide prevention work. It also links with mental health promotion programmes that we have in LLR. The policies that we work to include:

**Preventing Suicide in England: A cross government strategy to save lives (2012).** This develops a public health approach to suicide prevention with 6 areas for action, including reducing risk of suicide in high-risk groups; tailoring approaches to improve mental health in specific groups; reduce access to means of suicide; provide better information and support to those bereaved or affected by suicide; support the media in delivering sensitive approaches to suicide and suicidal behaviours; support research, data collection and monitoring.

**No Health Without Mental Health (2011).** The cross government mental health outcomes strategy advocates that suicide prevention starts with better mental health for all and that local prevention strategies should be informed by people who have been affected by suicide.

**Five Year Forward View for Mental Health (2016).** This report of an independent task force for report to NHS England, set the target to reduce suicides by 10% nationally.

**Children and Young People’s Mental Health Taskforce report (2015).** The Future in Mind report sets out ambitions to improve mental health services for children and young people. Many goals overlap with suicide prevention approaches. There is a LLR Transformation Plan to implement the recommendations of the report.

**Mental Health Crisis Care Concordat (2014).** This is a national partnership agreement seeking to ensure better care for anyone experiencing a mental health crisis. The LLR Suicide Audit and Prevention Group reports to the LLR Crisis Care Concordat Action Plan.

**Joint Strategic Needs Assessments (JSNA).** Suicide prevention in LLR is linked to the JSNA which uses public health data to describe the impact of mental health and influence joint commissioning strategies.

(See <https://www.leicester.gov.uk/media/178811/mental-health-jspna.pdf>).

The SAPG will draw on occasional important Guidance which updates and improves local responses for suicide prevention, these include for instance:

* **Public Health England’s ‘Guidance for developing a local suicide prevention action plan**’ **(2016):** <https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>
* **Public Health England’s ‘Preventing suicides in public places A practice resource’ (2015):** <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769006/Preventing_suicides_in_public_places.pdf>
* **Nice Guidance NG 105** covering ways to reduce suicide and help people bereaved or affected by suicides. It aims to:
* help local services work more effectively together to prevent suicide;
* identify and help people at risk;
* prevent suicide in places where it is currently more likely;

See <https://www.nice.org.uk/guidance/NG105> and <https://www.nice.org.uk/guidance/qs189/resources/suicide-prevention-pdf-75545729771461>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Draft LLR Suicide Prevention Action Plan 2020-23** | | | | |  |
| **Aim** | **Objective** | **Specific outcome** | **Milestones** | **Monitoring data** | **Outcome** |
| 1. **Target support at key High-Risk Groups** | | | | |  |
| 1. Raise awareness of suicide in high-risk groups. 2. Provide appropriate level of preventive support. 3. Promote better integration of mental health and substance misuse services.   . | To use Real Time Surveillance data to understand and respond to deaths by suicide, including emerging evidence of settings, means, demographic characteristics.  To use available resources to protect people at an increased risk of suicide, including training, peer communicators, community out-reach and bereavement support.  To use public mental health approaches to increase resilience to mental illness, including for example better support for people in debt, gambling addiction, social isolation, unemployment.  To encourage people to seek timely appropriate support for mental illness {e.g., effective treatment for depression, measures to reduce social isolation or vulnerability to economic circumstances].  To improve care of people with co-existing mental health and substance misuse problems. | Develop LLR public mental health campaigns addressing wider determinants of health in high-risk groups, access to mental health care support, resilience, and recovery services and IAPT.  Use Suicide Audit and Prevention Group resources to enhance communication and improve access to training programmes.  Develop cross-cutting and co-ordinated approaches to improve signposting to support services, such as tackling unemployment, debt, stigma, and discrimination.  Ensure front-line agencies (primary and secondary health and social services, local authorities, the police, job centre plus) join up to maximise the effectiveness of services and support.    Integrate commissioning approaches across mental health and substance misuse services, drawing on better care for people with co-occurring mental health and alcohol/drug use conditions.[[11]](#footnote-11) | SAPG receives reports on deaths by suicide in LLR.  Sub-group to review evidence of risk in LLR.  Develop reporting mechanisms to SAPG concerning hot spots.  List local resources available to the SAPG.  Get substance misuse commissioning formally and regularly considered by the LLR Mental Health Programme Delivery Board. | Evidence of risk from annual Audits of deaths by suicide to be delivered to Spring SAPG meeting.  Clinical Commissioning Group reports concerning social prescribing, access to mental health services.  Each SAPG meeting will take reports from key stakeholders and partners concerning mental health resilience and suicide prevention related activity.  SAPG representative to liaise with, and report to, mental Health Partnership Boards and Health and Wellbeing Boards. | Sub-groups for high-risk populations and high-risk locations.  Mental health first aid aware and full training.  Delivery of Harmless and Turning Point training to support people who self-harm and people at risk of dual diagnosis.  Use RTSSS respond to, and learn about, trends in data. Partnership weekly and monthly data meeting.  Weekly meeting to initiate community action supportive of high-risk groups.  Mental Health Friendly Places in development to support local communities.  Other resources to support the high-risk groups priority include Neighbour Leads [LPT], Tomorrow Project, Lived Experience Network. Links to foodbanks and fuel poverty. Post COVID work, community connectors,  Neighbourhood Centres initiatives supportive of lonely people  Relevant needs assessment and strategies: Gambling Awareness needs assessment [city], Improved strategic links to drug and alcohol services. |
| 1. **Target support at High Risk Settings/Public Places** | | | | |  |
| 1. Identify local high-risk settings. 2. Develop plans to mitigate risk in these settings. 3. Reduce the number of suicides in high-risk settings/public places. | To restrict access to high-risk site and means of suicide.  To increase opportunity and capacity for human intervention.  To provide suicide awareness/intervention training for staff working at or near the site.  To increase opportunities for help seeking by the suicidal individual.  To change the public image of the site; dispel its reputation as a ‘suicide site’. | Advise about closure or restricting access to the site, e.g., install physical barriers to prevent jumping. Introduce other deterrents, for example, boundary markings or lighting.  Improve surveillance using CCTV, thermal imaging, and other technologies.  Increase staffing or foot patrols.  Increase whole-community awareness and preparedness to intervene.  Provide Samaritans signs and/or free emergency telephones.  Provide a staffed sanctuary or signposting people to a nearby one.  Ensure media reporting of suicidal acts is in line with Samaritans guidelines. | Sub- group to review evidence of risk in LLR.  RTSSS data. | Evidence of risk from RTSSS including weekly meeting, annual audits of deaths by suicide to be delivered to SAPG meeting. | High risk locations sub-group meeting regularly.    Links to Network Rail,  Representatives from local authority highways and transport involved.  Police and Samaritans  Sub-group has reached out to Canals and River Trust  Training and shared learning to NCP car parks  Signage on bridges and local railway stations  Start a Conversation website modified to reflect latest information.  Media sub-group work to Samaritans media guidelines but meets on an ad hoc basis. |
| **3. Protecting people with a history of self-harm** | | | | |  |
| 1. Encourage evidence-based responses to protect people who self-harm. 2. Work with health care commissioners to ensure best practice to protect people who self-harm. 3. Develop and disseminate information from supportive community groups, such as the Samaritans. | To use Real Time Surveillance data to understand and respond to deaths by suicide, including emerging evidence of settings, means, demographic characteristics.  To work with health care commissioners to implement NICE guidance on self-harm.  To improve local monitoring of people who present with self-harm.  To promote key messages which are supportive of people who self-harm and sensitively highlights suicide risk in people who self-harm. | Establish regular meetings with health care commissioners to implement NICE self-harm guidance in primary and secondary care.  Ensure Start a Conversation messages reflect latest best practice about protecting people who self-harm.  Ensure partner organisations take every opportunity to promote key messages about self-harm and suicide risk.    . | Task and finish group to review evidence of risk in LLR and make recommendations for self-harm support.  Report to SAPG concerning latest self-harm guidance. | Annual report on the number of people who die by suicide with a history of self-harm using Real Time Surveillance data.  Report on the number of people who are trained in best practice response to self-harm in health care services.  Report to SAPG by support groups about the local perceived need of people who self-harm in LLR.  CCG commissioners will collect evidence towards the Public Health Outcome Framework measurement of people who self-harm. | Collect RTSSS data concerning suspected suicide link to self-harm.  Community self-harm support initiative, currently delivered by Harmless CIC to provide self-harm support.  Training and awareness sessions about self-harm, delivered to local stakeholders by Harmless.  Links to Start a Conversation website.  Links to Accident and Emergency have improved,  Shared data with UHL. |
| **4. Support Primary Care to Prevent Suicide** | | | | |  |
| 1. Work with primary care to identify and address the risk factors for suicide in their patient populations. 2. Raise awareness about suicide risk in primary care by helping staff feel more confident to talk about suicide including IAPT and community mental health teams. | To challenge stigmatizing attitudes towards the issues of self-harm and suicide | Increase number of staff trained to identify suicide risk.  Support people bereaved by suicide. | Annual report to SAPG of people attending Suicide Awareness Training. | Number of primary care staff trained in suicide awareness.  Evidence of improved knowledge base and skills in primary care. | SAPG leaders have written in Primary Care publications to inform GPs about latest trends from the RTSSS data.  Tomorrow Project have supported Primary Care response.  Feedback to commissioners about latest work and trends about suicide and suicide prevention  SASRPC Training roll out to GPs |
| 1. **Engage with Private Sector to Enhance Their Efforts to Prevent Suicide** | | | | |  |
| 1. Engage with the private sector to augment efforts to reduce the burden of suicide in LLR. 2. Engage with local sports clubs and universities to augment efforts to reduce the burden of suicide in LLR. 3. Encourage employers to promote mental health in the workplace and reduce stigma may be helpful to increase help seeking, particularly among men. 4. Work with employers to ensure they engage with local occupational health services to strengthen the support available for employees and ensure that staff are regularly signposted to national and local support services. | To establish meaningful links and support networks with the private sector.  To deliver awareness raising training in workplaces to help achieve the specific outcomes. | Develop greater awareness of mental health, mental illness, suicide risk, how to support staff and mitigate risk factors.  Link with LLR efforts on public mental health.  Develop local workplace health and wellbeing accreditations schemes [such as the Workplace Wellbeing Charter and Better Work Award] to help build improvements in workplace health, including enabling implementation of NICE guidance and the HSE Management Standards for Stress. | Annual report of activity to SAPG. | Numbers of private sector partners pledging to ‘Start A Conversation.’  Organisations accepting Time to Change Employers Pledge. | Time to Change Pledge has finished replaced by Start a Conversation ‘pledges’.  All 3 local universities are part of the Suicide Prevention Partnership  Close working with United Leicester and Leicester City in the Community [Start the Ball Rolling campaign, community initiative supporting people with MH problems to play football.  No training yet to local businesses, but Mental Health Friendly Places will contribute to this. |
| 1. **Support Provision of Enhanced Suicide Awareness Training** | | | | |  |
| 1. Raise general awareness about suicide risk. 2. Help people to feel more confident in talking about suicide. 3. Challenge stigmatising attitudes to suicide. 4. Promote the ethos embedded in the local and national strategies that “suicide is everybody’s business.” | To empower course attendees to challenge attitudes about suicide.  To help attendees to make an initial response to support someone who has expressed suicidal thoughts.  To expand Start a Conversation community offer by developing a ‘Community Champion’ scheme for community promotion delivered by LLR residents. | Increase the number of LLR residents trained in suicide awareness through the Zero Suicide Alliance.  Train and empower LLR residents to deliver community or online awareness through the Start a Conversation campaign.  Target 3 broad areas:   * Gatekeeper training * General awareness and educational curricula * Skills based training. | 2020-23: 12 Courses of suicide awareness training with 300 delegates.  Annual report to SAPG.  Community events delivered in each of the districts across LLR  Workforce events delivered by employees (i.e. HR staff). | Course evaluation data reported regularly to commissioners.  Community champions to report community and online activity. | SAS RPC training for Primary Care 2023-24  Start a Conversation website has links to training.  Start a conversation Champions.  MHFA training free to community stakeholders.  Communications promoting suicide prevention on social media and other campaigns.  5 Ways to wellbeing leaflets and campaign  Mental Health Friendly Places to tackle stigma linked to discussing suicide.  Time to Talk conference, WSPD conference, Presentations to Thurnby Lodge and Belgrave.  Development of Place Based groups.  Earl Shilton activities  Mkt Harborough and Melton initiatives.  Suicide Prevention and PH colleagues linked to community cafes and local neighbourhood initiatives. |
| 1. **Better use of media (including social media) to manage messages about suicide** | | | | |  |
| 1. Work with local media partners to promote the responsible reporting of suicides locally. 2. Recognise, understand, and utilise different forms of media-print, on-line, social to better understand risks and to strengthen engagement with key partners. 3. Enhance our communities’ understanding of ways to improve mental health and wellbeing and to reduce suicide risk, to help build community assets and to provide a platform for mutual support amongst partners and individuals. 4. Increase the online presence of the Start a Conversation campaign. | To encourage local media to report suicide and suicidal behaviour responsibly.  To increase campaign and website engagement.  To use Real Time Surveillance data to understand and respond to deaths by suicide, including emerging evidence of settings, means, demographic characteristics. | For all editors of local media to be familiar with national guidelines for reporting suicide and suicidal behaviour.  Use Real time Surveillance and annual audits to target specific high-risk locations/populations to increase early recognition of suicide and promote local/national support services. | Spring meeting 2020: Task and finish group to review evidence of risk in LLR.  Review effectiveness and reach of first Start a Conversation social media paid advert. | To see a measurable increase in the number of local articles adhering to national guidelines, including mentioning sources of support, over a specified time period.  The number of media guidelines disseminated.  The number of editors engaging with the local suicide prevention lead.  The results of national data showing an improvement in local reporting.  Capture and analyse online advertisement data from all sources. | Work with ICB communications team to improve communications in local communities.  Occasional campaigns co-ordinated by LA, NHS and Police communications  Leicester City Council has Communications plan in place, but requires frequent review, and updates.  Start a Conversation renewed and due for relaunch, refresh LA mental health webpages. |
| 1. **DATA: Raise awareness with better data and better use of data** | | | | |  |
| 1. Improve the collection and judicious use information about death by suicide in LLR to inform the development of the suicide prevention strategy, provides an evidence base for action and the means to monitor and review progress. | To continue to use information about death by suicide as a way of providing timely appropriate support for people at risk of suicide, suicide hot spots and clusters.  To use Real Time Surveillance data as the main evidence source to inform suicide prevention policies and practices. | Report annually on deaths by suicide in LLR, informed by Real Time Surveillance, ONS data and Public Health England Fingertips.  Consider use of RTS to examine self-harm.  Work closely with local Accident and Emergency Department. | Spring meeting 2020: SAPG receives reports on deaths by suicide in LLR.  Regular Formal reporting of Real Time data in 2020 to feed into reports from SAPG. | Annual audit reports to SAPG preparatory to World Suicide Prevention Day.  Quarterly reports to LLR SAPG and LLR Mental Health Crisis Care Concordat/LLR mental health programme delivery board. | Weekly meeting of Suicide Prevention Partnership  Monthly data meeting to discuss trends.  Presentation by analysts to quarterly Strategic meeting  Improved links with A and E  Report annually  Mental Health JSNA |
| 1. **Supporting individuals experiencing suicide ideation during COVID-19** | | | | |  |
| 1. Mitigate the increased risks of exacerbation of poor mental health and suicidal ideation during lockdown, associated with factors such as social isolation, financial insecurity, and bereavement. | To work with primary and secondary care.  To use Real Time Surveillance to underpin targeted action to mitigate COVID related pressures.  To promote key public mental health messages.  To signpost people to support networks.  To provide bereavement support.  To work effectively with partner organisations. | Share findings from local data to improve the primary and secondary care responses to COVID-19 risks.  Strong targeted COVID-19 messages will focus on mental wellbeing and self-help, including on the Start a Conversation website.  Advice given to the most vulnerable people helping them to find the support they need.  People bereaved by suicide are themselves at high risk, everyone affect by suicide will be offered bereavement support.  Partner organisations will provide support and signpost to other expert groups. | Weekly/monthly updates to SAPG and wider partners. | Reporting progress to Health and Wellbeing Boards and local partnership boards. | PH involved in raising awareness of COVID precautions.  Moving on to other adversity, e.g., Cost of Living Crisis  Fuel and food poverty initiatives  LLR had high rates of poor MH prior to COVID. Services were struggling to respond effectively to need. These issues have been exacerbated by COVID restrictions and other subsequent issues, such as increased cost of living. |

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/430720/Preventing-Suicide-.pdf [↑](#footnote-ref-1)
2. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E12000004/ati/102/are/E06000016/cid/4/page-options/ovw-do-0> [↑](#footnote-ref-2)
3. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf> [↑](#footnote-ref-3)
4. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report 2016: England, Northern Ireland, Scotland and Wales October 2016. University of Manchester. [↑](#footnote-ref-4)
5. McDaid D, Park A, Bonin E-M. Population level suicide awareness training and intervention. In Knapp D, McDaid D, Parsonage M, editors. Mental health promotion and prevention: the economic case. London: Department of Health; 2011. p.26-28 [↑](#footnote-ref-5)
6. Berman A. Estimating the population of survivors of suicide: seeking an evidence base. Suicide Life Threat Behav. 2011;41(1):110-6. [↑](#footnote-ref-6)
7. https://www.centreformentalhealth.org.uk/sites/default/files/2019-04/Strengthening%20the%20frontline.pdf [↑](#footnote-ref-7)
8. Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, et al. Suicide prevention strategies revisited: 10-year systematic review. Lancet Psychiatry. Published online June 8, 2016 http://dx.doi.org/10.1016/S2215-0366(16)30030-X [↑](#footnote-ref-8)
9. <https://publichealthmatters.blog.gov.uk/2017/04/07/workplace-opportunities-to-prevent-and-treat-poor-mental-health/> [↑](#footnote-ref-9)
10. . Sisask M, and Värnik A. Media roles in suicide prevention: a systematic review. Int J Environ Res Public Health. 2012 Jan;9(1):123–138 [↑](#footnote-ref-10)
11. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf> [↑](#footnote-ref-11)