Bi-Borough Suicide Prevention Strategy 2022-2025

Local learning from 2018-2021 Suicide Prevention Strategy

- The 2022/2025 Suicide Prevention Strategy will build on the work undertaken in the past 3 years and incorporate the review undertaken by the Samaritans and University of Exeter on local suicide prevention planning in England*. As a result of these findings the Suicide Prevention Steering group will work closely with Central North West London NHS Trust's commissioned service Rethink, to incorporate the key learnings in all future action plans. The key learning are:
- 1. Working with other local authorities and partners on ensuring there is a **value for money** on suicide prevention services and resources.
- 2. Using **best practice** that is showcased on a regional or national level within other local authorities to promote suicide prevention activities.
- 3. Ensuring local authorities and multi-agency groups focus on specific priorities that have already been established, rather *reinventing the wheel*.

*Samaritans (2019) - Local_suicide_prevention_planning_in_England_full_report.pdf (samaritans.org)

Priorities for the 2022-2025 Strategy

• The four bi-borough priorities areas for 2022-2025 are:

- 1. Tailoring approaches **to improve mental health** in specific groups such as those who self-harm, children and young people and vulnerable adults.
- 2. Reducing risk to *high-risk groups*, especially middle-aged men.
- 3. Providing information and support to those *bereaved by suicide*.
- 4. Reducing *access to places* of concern within the bi-borough.

• The North West London CCG Regional priority is for:

RETHINK and NWL to develop a place-based community mental health model which offers a whole person and whole population approach to reduce suicide and close equality gaps. This will be achieved through creating a regional Suicide Prevention Network and Steering Group that includes the 8 regional local authorities and the development of a multi-agency Suicide Prevention Plan that will identify the suicide prevention needs and activities within the region.

• <u>The London Regional Level priority area for 2022-2025 is for:</u>

THRIVE LDN will continue to *improve data surveillance, information sharing and monitoring* across the London region.

Bi-Borough High Risk Groups

High Risk Groups that will be included in this strategy are:

- Men
- Homeless population
- Children and young people
- LGBTQ+ people
- People impacted financially through loss of employment with impact on mental wellness
- People in the care of mental health services
- Hard to reach groups such as the B&AME groups, migrants and asylum seekers
- People who misuse substances
- People who are socially isolated.

RBKC and WCC Suicide Prevention 2022-2025 Strategy

<u>Aim</u> – To provide a suicide safer bi-borough for our communities, residents and visitors.

Objectives

- Develop a suicide prevention programme to *reduce the risk of suicide for [middle aged] men and those who self-harm.*
- Amplify the North West London *Postvention Services* to support those bereaved or affected by suicide in the bi-borough.
- Develop and engage a *cross-borough service approach towards suicide prevention*, through awareness training to frontline staff who support service users with employment, financial management and education.
- Develop and engage with a *community-led approach* towards suicide prevention and *reducing stigma* in specific settings.
- Be *accountable* to the Bi-Borough Health and Wellbeing Board and RBKC/WCC Sovereign Scrutiny Committees
- Develop an *annual action plan* to determine priorities of the steering group, influenced by the National Suicide Prevention Strategy.
- Use *data and evidence* nationally, regionally and locally to influence better decision making on suicide prevention.
- Review the approach to monitoring and evaluating outcomes which determine progress through suicide prevention partnerships.
- **Co-ordination of suicide prevention** across NWL Region and London (Rethink and Thrive LDN).

Strategy Priorities 2022/2025

- Priority 1 Safer Suicide Communities
- Priority 2 Reducing the risk of suicide in key high-risk groups
- Priority 3 Reduce the risk of self harm
- Priority 4 Improve Mental Health
- Priority 5 Means of Access
- Priority 6 Supporting those bereaved or affected by suicide
- Priority 7 Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Priority 8 Data Surveillance and Collecting

Priority 1 - Safer Suicide Communities

Suicide Prevention Partnership Strategy 2022/2025	Suicide Prev	ention Partno	ership Action Plan 2022/2023		
Priority 1: Safer Suicide Communities The COVID-19 pandemic has impacted our communities in many ways, including those which can	2022/2023 Priorities	<u>Key Issue</u>	Intervention Description	<u>Leads</u>	<u>Measurable</u> Outcome/Impact
 The COVID-19 participation for a single control of the control of the system of the system of suicide. This is linked to rising inequalities surrounding deprivation, ethnicity, disability, and the experience of stigma. Lockdown restrictions that were necessary to prevent the spread of the disease have brought their own risks, especially for young people whose education and opportunities have been curtailed; loss of jobs and income for adults/families which resulted in financial hardship; and the impact on our communities' physical and mental health during long periods of isolation. Many of these have taken their toll on people's mental health and wellbeing and can ultimately be triggers for suicide. Public Health is therefore to seek a provider to deliver a suicide safer and self-harm prevention training programme for residents, communities, services and businesses in the City of Westminster and The Royal Borough of Kensington and Chelsea. Future Actions 2022/2025: To deliver a targeted suicide prevention and awareness training programme for communities, residents, statutory/ voluntary organisations and private sector agencies. This is to raise awareness and build community capacity to respond when residents are in crisis or need support. 	Priority 1: Safer Suicide Communities	Supporting vulnerable communities, adults and CYP	 To commission a provider for the Suicide Safer Prevention Programme. Supporting the overarching strategy to build Suicide Safer Communities in the borough by delivering a targeted suicide prevention training programme to statutory/voluntary organisations, first responders, educational establishments, communities and private sector agencies to raise awareness and build capacity within our communities to respond when residents are in crisis or in need of support. 	Suicide Prevention Group Public Health LA Services Voluntary Sector	 Successfully commission a training provider to deliver a suicide prevention and awareness training programme for the bi- borough. Training meets the needs of our diverse population and hard-to- reach group.

Priority 2 - Reducing the risk of suicide in key high-risk groups

Suicide Prevention Partnership Strategy 2022/2025	Suicide Preventio	on Partnership Action Plan 2022/2	2023		
Priority 2: Reducing the risk of suicide in key high-risk groups	2022/2023 Priorities	Key Issue	Intervention Description	Leads	Measurable Outcome/Impact
 Taking a co-ordinated approach to target high risk groups is critical, therefore the groups that have been prioritised for the next three years include: Men aged 15 to 59; Children and Young People; Those who self-harm. Future Actions 2022/2025: Reducing risk in men especially in middle age, with a focus on economic factors such as debt, relationships, unemployment, social isolation, drugs and alcohol, and low esteem. Taking a "whole systems approach" to make the initial call for help easier for a child or young person. Provide support to people around them by giving training to help them navigate and engage with support services such as Making Every Contact Count. Support our most vulnerable communities whose mental health has been impacted because of lockdowns during the pandemic. This is especially important for those 	Priority 2 High Risk Groups Reducing the risk of suicide in key high- risk groups	 Reducing risk in men especially in middle age, with a focus on economic factors such as debt; relationships; unemployment; social isolation; drugs and alcohol and low esteem. Children and Young People. Taking a "whole systems approach" to make the initial call for help easier for a child or young person. People who have attempted suicide and the support given to them after the event. The impact of the pandemic on our community's mental health through isolation, unemployment and debt has 	 Working group to draw up proposals on how to support men who seek help by establishing: Non-clinical settings to support men and give support. How men can receive support and information from a trusted source. Identifying any outreach projects that can support men by giving companionship, confidence and reduce isolation. Identify individuals with lived experience for representation on working group. Develop a campaign to support men's mental health and raise suicide awareness. Engage with non-health professionals and educational settings about suicide prevention. Review the training offer to include self-harm awareness training and MECC. Embedding safety planning across the services for people who have attempted suicide. Assurance that GPs are contacted with details of suicidal/vulnerable person so that appropriate help and support can be offered e.g., Public Protection Unit/Liaison Team Undertake a mapping exercise to establish the non - clinical services available to support residents. Explore which communities that have been impacted through debt, unemployment, isolation during the pandemic and target support. 	Public Health Voluntary Sector CALM Papyrus Samaritans NWLCCG LAs Public Health VSO Commissioners Educational Establishments NHS Acute Trusts CNWL CGG	Outcome/Impact • Establishing a Suicide Prevention Plan for Men. • Establishing a reliable and safe source of information for men. • Establishing a suicide awareness prevention campaign. • Safety Planning embedding into the services to provide support to those who self- harm. • Establish targeted campaign to raise awareness of services to reduce isolation, financial management and
who are classified as vulnerable, or who have become unemployed, causing financial hardship; and for residents who have a history of attempted suicides.		placed some cohorts in the high-risk group	 Raise awareness of non-clinical services that can support vulnerable residents and communities. Work with a VSO to promote a campaign to reduce social isolation. 		employment with a VSO.
	<u> </u>				

Priority 3 – Reduce the risk of self harm

Suicide Prevention Partnership Strategy 2022/2025

Priority 3 - Reduce the risk of self-harm

Preventing and responding to self-harm, with a range of services for adults and young people in crisis, and safety planning for self-harm patients.

Future Actions 2022/2025

- Locally raising awareness of self-harm services in multiple settings in the bi-borough.
- Regionally embedding safety planning across the services for people who have selfharmed.

2022/2023 Priorities	Key Issue	Intervention Description	Leads	Measurable
				Outcome/Impact
Priority 3 Reduce the risk to self- harm	 Raising awareness of self-harm in settings 	 Provide a training programme of Self Harm Awareness and Prevention through the Suicide Prevention Procurement for all settings for the bi-borough. 	Raising awareness of self-harm in settings	To successfully commission a training provider to deliver a suicide prevention and awareness training programme for the bi-borough.
	• Safety Planning	 Work collaboratively with colleagues NWLCCG and NHS to embed safety planning across all services for people who have self- harmed. 	CNWL NHS GPs	Services are meeting NICE Guidelines on <u>NICE Guidelines - Self</u> <u>Harm</u> and embedding safety plans in their services.

Priority 4 – Improve Mental Health

Suicide Prevention Partnership Strategy 2022/2025 **Priority 4: Improve Mental Health**

Poor mental health is a risk factor for both suicide and self-harm. Therefore, the need to have tailored approaches to improve mental health in specific groups is important. This includes children and young people, with particular focus on vulnerable groups such as looked-after children, young people leaving care and those in the youth justice system. Improving mental health among these groups will help to build resilience by having coping mechanisms in place, thus reducing the risk of harm.

Future Actions 2022/2025

- Ensuring that suicide prevention and other interventions are incorporated into . local schools, and early years settings through training and procurement of services.
- Ensuring locally that services for CYP, school leavers, adults, looked-after children . and care givers can access support for their clients who have suicidal idealisation.
- Liaising with regional colleagues to ensure that suicide prevention resources are ٠ culturally acceptable for the needs of our communities.
- Understanding the services being provided regionally to support those being ٠ treated for depression, long term physical conditions, misuse of alcohol and drugs in primary and acute mental health care.

2022/2023 Priorities	<u>Key Issue</u>	Intervention Description	Leads	<u>Measurable</u> Outcome/Impact
Priority 4 Improve Mental Health Tailor approaches to improve	Supporting those who are being treated for depression, long term physical conditions and misuse alcohol and drugs in primary and acute mental health care.	 Ensure that suicide prevention and awareness information is incorporated into services that support this cohort especially those who suffer from suicide ideation. 	NHS Acute Trusts CNWL CGG	
mental health in specific groups children and young people, with a focus on rulnerable groups such as ooked after children, care eavers and those in the routh justice system	Suicide prevention resources to be culturally competent and appropriate to the needs of our diverse community. Suicide prevention Information is easily accessible for CYP, school leavers, adults, looked after children, care givers and service providers.	 Set up a working group to undertake a SWOT analysis to understand the current gaps, needs and demands. Map commissioned services that support these groups. Develop an action plan that actions any prevention and awareness work needed. Training/Campaign to raise the awareness of services, support and training to communities, services, partners and residents. Ensure that suicide prevention and awareness information is incorporated into services that support this cohort especially those who suffer from suicide ideation. 	Public Health VSO NWL CCG Education B&A&ME and LGBTQ Networks Police Public Health Communications Council Services HealthWatch ONE YOU Community Living Hub of Hope Thrive LDN NHS CCG Voluntary Sector	Implement the action plan Undertake a campaign to support these groups and raise awareness of mental health services and wellbeing. Improved customer journe to access suicide preventic and support services.
	Schools and Early Years	 Making sure that suicide prevention is incorporated into training and other interventions in those settings, by: Reviewing the schools and early years offer, by ensuring that suicide prevention is incorporated. Engage with commissioner leads to discuss 'Social Value' component of the procurement process. Influence a change in policy to have suicide prevention awareness to be included a criteria. 	Public Health Commissioners Public Health Commissioners	Making sure that suicide prevention is incorporated into schools and early yea from the start of the procurement processes.

Priority 5 – Means of Access

Suicide Prevention Partnership Strategy 2022/2025	Suicide Prevention Partnership Action Plan 2022/2023				
Priority 5: Means of Access	2022/2023 Priorities	Key Issue	Intervention Description	Leads	Measurable Outcome/Impact
"Reducing access to means of suicide" focuses on preventing suicides in public spaces through	Defective F		All a local the Materia all have Delline TEL and	Dudult -	
reducing access to structures which could increase the risk of suicide such as high buildings and	Priority 5	Suspected suicides, injurious attempts and pre-	 Work with Metropolitan Police, TFL and BTP to reduce access to high impact 	Public Health	Multi-agency meeting held about high frequency locations
bridges. Public Health England has published guidance called <u>Preventing Suicides in Public</u>	Access to Means	suicidal/mental health incidents	÷.	licalui	and a plan developed for their
Spaces on steps how to engage stakeholders; use data to identify locations and a range of	Reduce access to means	that have occurred on BTP/TFL	Establish a single point of contact in Public	Police	mitigation and management.
potential actions including:	of suicide.	jurisdiction.	Health to link into the TFL and BTP early	BTP/TfL	Early warning system for
- Restricting access		PHE Guidance:	 warning system. BTP and NWR/TfL to share their reports on suspected suicide or injury attempts 	Thrive LDN	suspected suicide or injury attempt agreed with the Public Health Department and in place.
- Increasing opportunities for human intervention		Preventing Suicides in Public	with the Suicide Prevention Working group.		Updates to be shared with the Suicide Prevention Working
- Increasing opportunities for help seeking by the individual		Spaces 2015	 Invite a representative from TfL or BTP Provide training to all partners on suicide 		Group by the BTP on each suspected suicide/injurious
- Modifying the public image of the site, for example increased lighting.			prevention and awareness.		attempt. Lessons learned from the report implemented
The terminology of 'High Frequency Location" is used when referring to locations where					
multiple suicide deaths or suicide attempts have occurred. The term "hotspot" is considered		Reducing the access to high	Identify high frequency locations using all	Thrive LDN	Identify and increase signage in high
inappropriate by the Samaritans.		frequency locations.	data to identify trends relating to means		frequency locations.
			of suicide to create a more informed	LAs	
Future Actions 2022/2025:				LAs Services	
• Locally, we will work with British Transport Police and Transport for London to learn			Establishing deterring signage and communication at specific high frequency	Police	
more from suspected suicides, injurious attempts and pre-suicidal/mental health			locations to support residents in crisis.	втр	
incidents to improve suicide prevention in these stations.				TFL	
• Regionally, we will explore prevention in relation to drowning in the Thames and other high frequency locations.				Public Health	

Priority 6 – Supporting those bereaved or affected by suicide

Suicide Prevention Partnership Strategy 2022/2025 Priority 6: Provide better information and support to those bereaved or affected by

suicide:

Post-suicide interventions at family and community level are essential to support the people who have been impacted by bereavement through suicide. Thrive LDN, Police and the Coroner's Office play an important role in offering immediate help to bereaved families to access information and to find support from regional and local services like Brent, Westminster and Wandsworth Mind who supports Kensington and Chelsea and Westminster residents and communities.

Future Actions 2022/2025:

- Locally continue to provide timely support to those who have been bereaved and have systematic processes to enable this.
- Locally support our educational settings to support family and friends who have been impacted by suicide.
- Regionally ensure that bereaved voices are heard as part of the suicide prevention agenda.

Suicide Preven	Suicide Prevention Partnership Action Plan 2022/2023							
2022/2023	Key Issue	Intervention Description	<u>Leads</u>	<u>Measurable</u>				
Priorities				Outcome/Impact				
Priority 6	Educational settings	Critical incident response	Educational	Ensure that all				
Postvention		service to schools - Support offer to schools and siblings of	psychology service to schools	schools are aware that they can request				
Supporting those bereaved or affected by suicide.		those who have died by suicide	Universities/Sixth Form colleges. Commissioners Public Health	support for themselves and for the siblings of those who have died by suicide.				
	 Ensuring the voices of the bereaved are heard 	Agreement on a process for involving the bereaved in the suicide prevention working	Public health MIND	Representation to be included in group.				
	liearu	group.	Thrive LDN					
			Rethink CNWL					
	 Provide effective and timely support for families bereaved or affected by suicide 	Review processes locally and regionally with NWL Rethink and Thrive LDN to ensure timely postvention support is given to those impacted by suicide	Metropolitan Police/Coroner's Office Thrive LDN	Raise the profile of the postvention offer in the bi-borough from MIND, Thrive LDN and				
		locally.	MIND Postvention	Rethink/NWL CCG				
		Raise the profile of the NWL Postvention Offer from BWW MIND and RETHINK	Rethink CNWL					

Priority 7 – Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

Suic	de Prevention Partnership Strategy 2022/2025	Suicide Preve	ntion Partnership Actior	n Plan 2022/2023		
Prior	ty 7: Support the media in delivering sensitive approaches to suicide and suicidal behaviour.	2022/2023	Key Issue	Intervention Description	Leads	Measurable
Thor	nedia – including newspapers, magazines, movies, advertising, websites, TV, radio and social	<u>Priorities</u>				Outcome/Impact
	a – are an important source which impact how people perceive the world around them.	Priority 7	Organisation's	Identify	Partnership	Processes
	sitive reporting around a suicide can have a wide range of negative impacts – both in terms of	Media	implementation of	organisations,	Group	reviewed against
	ional impact, particularly on those affected and on vulnerable groups, and in playing a role in		Samaritans Codes of	networks and		guidelines.
poter	itial suicide 'contagion'.	Support the	Practice.	individuals that		
	- National and a state of the state	media in		deliver local media to be aware of the		
	alists have a responsibility to report sensitively about suicide, whilst balancing this with	delivering				
•	ng the public informed. The Samaritans' have published <u>Suicide Media Guidelines</u> on reporting	sensitive	Samaritans Code of	codes of practice.All partners to review		
of su	cides, including both factual reporting of events and dramatic portrayal. Key points include:	approaches to	Practice on reporting	their processes to		
Avoi	d giving too much detail, such as the method, exact location or specific life circumstances of the	suicide and	suicides in the media and	ensure they are		
		suicidal	online - <u>Samaritans Media</u>	meeting the		
perso	n who has died by suicide	behaviour.	<u>Guidelines – Codes of</u>	Samaritans Code of		
•	Never say the method is quick, easy, painless or certain to result in death		Practice	Practice – Media		
•	Avoid over-simplifying the context of the suicide			reporting.		
•	Steer away from melodramatic depictions of suicide or its aftermath		Challenging Reporting	Complaints to be	Communication	Complaints
•	Do not sensationalise reports – avoid using words such as 'hotspots' or 'epidemic'			made to the Press	departments for	submitted in a
•	Educate and inform – about wider associated issues, and always include helpline numbers			complaints	Local Authority,	timely and
•	Do not glamorise suicide – and do not say it is 'successful'.			commission if in	Thrive LDN, CCG,	coordinated
				breach of the	NHS providers	fashion.
Futu	re Actions 2022/2025:			Samaritans'	and voluntary	
				Guidelines.	sector.	
•	Locally – Consideration of contacting the Press complaints commission if necessary, with a co-					
	ordinated approach to maximise impact.			 Complaints to be co- ordinated to 		
	On regional level identify and inform organizations, naturally and individuals that deliver level			maximise impact		
•	On regional level identify and inform organisations, networks and individuals that deliver local			between media and		
	media to be aware of the Samaritans Codes of Practice and implement them.			LA.		
			1	LA.		

Priority 8 – Data Surveillance and Collecting

Suicide Prevention Partnership Strategy 2022/2025

Priority 8: Data surveillance and collecting

Using reliable, timely and accurate statistics on suicide are the cornerstone of any suicide prevention strategy and Public Health importance. Analysis of the circumstances surrounding suicides in an area can inform strategies and interventions, highlight trends and changes in patterns, and identify key factors in suicide risk. It can also enhance our understanding of high-risk groups, inform evaluation, develop interventions to reflect changing needs and priorities, and develop the evidence base on what works in suicide prevention. Local data maybe insufficient to identify a trend but incorporating this into national data could tell a broader picture.

Future Actions 2022/2025:

- Local review of Suicide Incident Reporting Process by creating and developing a system for • Suicide Incident Reports amongst NHSCCG, SPA and LA Safeguarding Team. This would be done by setting up a mechanism to share confidential and other information between agencies on suicide prevention and bench mark our process with other local authorities.
- Regionally reviewing real-time suicide surveillance. This would be achieved through working ٠ in collaboration with multi-agencies to collect real-time information about self-harm incidences, suicides and attempts on a regional and national basis with partners. This would include governance framework around data-sharing channels.
- Regionally review the management of suicide clusters and risk of contagion in line with Public ٠ Health England guidance on Suicide Prevention - Identifying and Responding to Suicide Clusters 2015
- Nationally working with Thrive LDN on Pan London surveillance data and building up a picture • of failed attempts of suicide on regional and national level.

2022/2023 Priorities	Key Issue	Intervention Description	<u>Leads</u>	<u>Measurable</u> Outcome/Impact
Priority 8 Data Support research, data collection and monitoring	Review of Suicide Incident Reporting Process	 Create and develop a process for Suicide Incident Reports amongst NHSCCG, SPA and LA Safeguarding Team. Set up a mechanism to share confidential and other information between agencies on suicide prevention e.g. data, service using a website or SharePoint Undertake bench marking with other LAs on their Suicide Prevention reporting. 	LAS	More effective and efficient process of SIR with the influence of good practice from other LAs.
	Reviewing 'real-time' suicide surveillance.	 To participate in a multi-agency approach to collecting real-time information about suicides and attempts on a regional and national basis with partners. The group is to ensure that data-sharing channels established with the correct information governance framework. Understanding trends relating to self-harm by collecting data on self-harm incidences. 	LA Public Health Thrive LDN Office of National Statistics Rethink (NWL CCG) Police	 Suicide Surveillance Group to be established and governance to be set. The group is to ensure that data-sharing channels established with the correct information governance framework. Review the real-time suicide surveillance process that has been developed.
	Managing suicide clusters and risk of contagion.	Review management of suicide clusters in line with recent national guidance - <u>Identifying and</u> <u>Responding to Suicide Clusters 2015</u>	Public Health Rethink – NWL Thrive LDN	Managing suicide clusters and risk of contagion.
	Working with Thrive LDN on Pan London Data Collection	Building a profile of failed attempts of suicide.	Thrive LDN	Improved surveillance to help preventative targeted initiatives on suicide prevention.

Questions

- Is there anything we need to bring from the 2018-2021 strategy into 2022/2025 strategy?
- Is there anything we need to reconsider?
- Is there anything partners would like to include?