Health Scrutiny Committee: Suicide Prevention 3 November 2020

Chris Lee, Public Health Specialist, LCC
Paul Hopley, Deputy Director - ICS Mental Health
Healthier Lancashire and South Cumbria



Contents

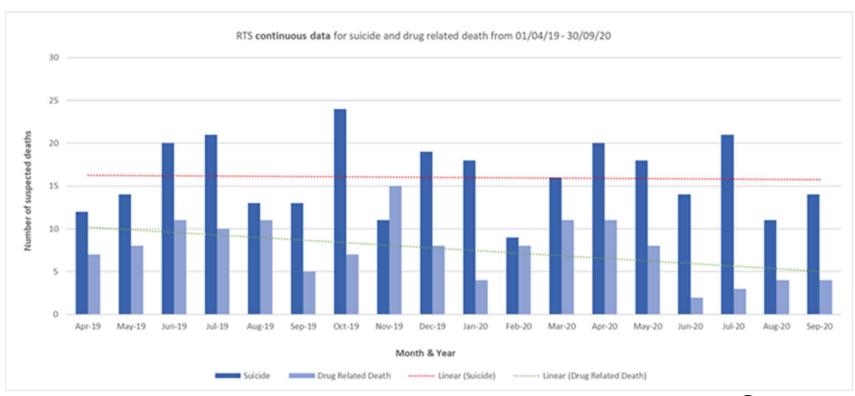
- 10 things everyone should know
- Trends and challenges
- Health Scrutiny recommendations
- LCC update on Suicide Prevention activity
- Lancashire and South Cumbria Integrated Care System update
- COVID19 pandemic response



10 things that everyone needs to know about suicide prevention

7 There a		Suicides take a high toll	There were 5,021 deaths from suicide registered in England in 20181 and for every person who dies there are likely to be 135 people who will have known them and therefore may be affected in some way
		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 45-49.1 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 social and economic cost to suicide is substantial and adds to the case for 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.

Current trend data: 'suspected data' and requires validation*





Key challenges

- Suicide and mental health is still a taboo in society
- Monitoring COVID impact in Lancashire and appropriate responses
- Developing local responses to suicide prevention.
- PH capacity given COVID maintaining the whole system approach
- Funding ICS work a current request for support from local authorities.
- Working with CDOP and SUDC to establish public health input and understand the contagion response and support.



Recommendation 1

The Leader nominate a member Champion for Mental Health and Suicide Prevention

- Cllr Pope has recently taken on the role of Elected Member Champion for Mental Health and Suicide Prevention; previously Cllr Turner and Cllr Rear agreed to take on this roll temporarily and have attended a regional training event specifically for Elected Members, organised by PHE/LGA.
- Cllr Turner fully supports the idea of creating a Mental Health champion for Lancashire County Council. This would certainly help raise awareness of the issue and would additionally help in terms of providing financial support/ seed funding for local projects which support those facing any mental health problems. This will be brought to full council accordingly when we can appoint somebody to the position.
- Cllr Turner attends the Elected Members Mental Health Champion Network and Cllr Pope has been invited.
- Officers will support Cllr Pope in this role and will update re the broader LCC and ICS developments.



Recommendation 2

The Leader and Cabinet Member for Health and Wellbeing write to all district councils in Lancashire to consider identifying an elected member for the role of Mental Health and Suicide Prevention Champion

• Given the COVID impact on local communities I would recommend that we revisit this and write to all districts as a reminder, recommending that they select a Mental Health and Suicide Prevention Champion in areas that have not yet done so. In light of the emerging evidence of impact from the lockdown and COVID itself, this would be timely.

Recommendation 3

Options for Elected Member Champion involvement in the newly formed Lancashire Suicide Prevention and Self Harm Partnership be considered

- Cllr Turner and others have attended the Partnership, providing semi regular Elected Member input.
- Cllr Pope has been invited to the November 2020 meeting.



Recommendation 4

A training session on Mental Health awareness be arranged for all the appointed Mental Health and Suicide Prevention Champions and any County Councillors who wish to attend

• Cllr Turner and Cllr Rear attended a regional training session for Elected Members. Further training was planned and offered to other Elected Members, however this had to be cancelled due to low demand. Further training is to be developed through the Elected Members Mental Health Champion Network.



Recommendation 5

A progress report be presented to the Health Scrutiny Steering Group in six months' time with attendance from the Mental Health and Suicide Prevention Champions

Recommendation 6

Progress be monitored by the Committee on an annual basis with an update report to be presented to the Health Scrutiny Committee in December 2018.

LCC officers have presented updates to the Health Scrutiny Committee and Health Scrutiny Steering Group (Dr Sakthi Karunanithi, Director Public Health and Wellbeing and Chris Lee, Public Health Specialist, Behaviour Change) including the system wide suicide prevention work going on across the Integrated Care System footprint, as well as LCC specific developments:

- Progress of the Lancashire suicide and self-harm group,
- Integrated Care System (ICS) suicide prevention oversight group,
- Real Time Surveillance developments,
- Training developments.



Principle Objective and Areas for Action

- To reduce the suicide rate in the general population
- Provide better support for those bereaved or affected by suicide.

There are 7 areas of action;

- reduce the risk of suicide in key high-risk groups
- 2. tailor approaches to improve mental health in specific groups
- 3. reduce access to the means of suicide
- 4. provide better information and support to those bereaved or affected by suicide
- 5. support the media in delivering sensitive approaches to suicide and suicidal behaviour
- 6. support research, data collection and monitoring
- 7. reduce rates of self harm as a key indicator of suicide risk



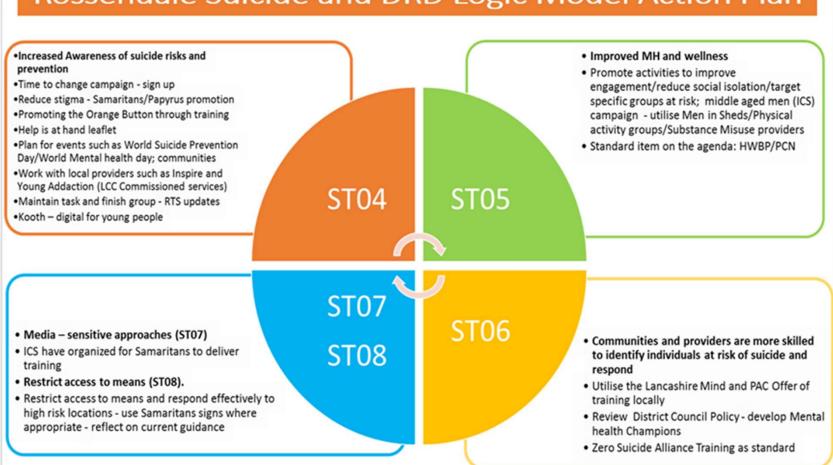
LCC update on Suicide Prevention activity

- LGA Sector Lead Improvement (SLI) workshop
- Lancashire Suicide Prevention and Self Harm Prevention Partnership
- Pan Lancashire and Cumbria Suicide Prevention Leads regular meetings
- Supporting districts; prevention and intervention, policies and guidance
- Supporting COVID19 hubs; signposting and advising
- Supporting World Suicide Prevention day
- Safeguarding; Sudden Unexpected Death of a Child (SUDC)/Child Death Overview Panel (CDOP)
- Mental health support in educational establishments and communities
- YMHFA Training and Suicide Awareness
- Work place health



District Suicide Prevention Planning

Rossendale Suicide and DRD Logic Model Action Plan



LGA Sector Led Improvement and district working

- Due to the success of the implementation of the Rossendale District Suicide planning there was an
 opportunity to apply for LGA support to engage with districts. As a result the LGA supported LCC Public
 Health team to organise an event at County Hall where district staff and members were invited, with the
 intention to share good practice and develop local responses to the suicide prevention agenda. Key
 elements of the workshop included:
- Set out the aims of Sector Led Improvement approaches
- Attendees with lived experience who attend the Lancs Suicide and Self Harm meetings attended to provide their personal experience
- We also invited Rossendale staff to discuss their experience of working on an area of a 'taboo' subject and how the support from colleagues helped them engage with staff and communities and improve their offer of support and training. Outcomes are covered in the above 'So what have we done to date'.



So what have we done to date?

- All staff undertaken Zero Suicide Alliance Training
- Lancashire Minds <u>SafeTALK</u> training in March- 2 sessions
- $\hfill \square$ Working with PPU to introduce training for taxi drivers
- Signed up to 'Time to Change'
- Raising awareness at Community Partnership meetings
- Stronger links with LCC Public Health
- Awareness raising through digital and social media means
- BEGINNING THE CONVERSATION

Lancashire Suicide Prevention and Self Harm Prevention Partnership

Lancashire Suicide Prevention and Self Harm Prevention Partnership

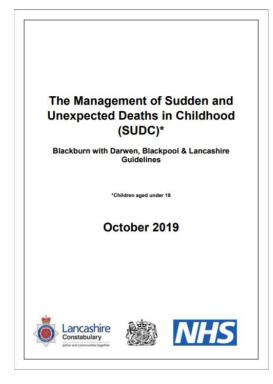
- Inviting guest speakers e.g. Highways England, Samaritans, Papyrus, local VCFS organisations, Councillors, Providers, Safeguarding, Schools and those with lived experience)
- Sharing good practice
- Whole system approach Suicide is everyone's business

World Suicide Prevention Day - Sept 2020

- Launch of Orange Button
- Social media pack
- Steering group
- Wider engagement of partners and providers
- Working with schools

SUDC/CDOP

- Developing clear protocols and pathways with the Sudden Unexpected Death of a Child (SUDC) /Child Death Overview Panel (CDOP)
- Understanding the importance of Public Health roles and expectations of intervention
- Clear protocol for contagion interventions/ flowchart to show processes
- Familiarity with SUDC/ Contagion protocol
- Ensuring that individuals are operating within legal (e.g. coronial) processes

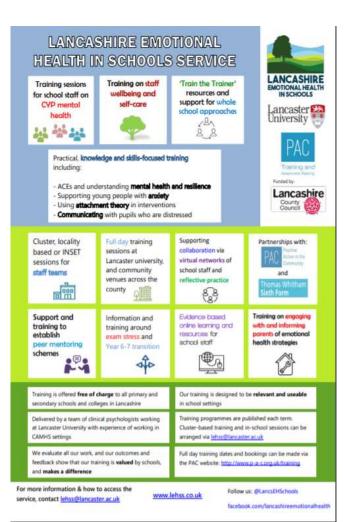


Mental Health support in educational establishments for staff and wider communities

Year	Variety of CORE courses delivered by LEHSC	Number of Attendees
18/19	Anxiety, Resilience, ACE's, Attachment, MH Awareness	1,337
19/20	Anxiety, Resilience, ACE's, Attachment, MH Awareness	3,020
20/21	Moved to online training with a focus on Trauma Informed Practice and also Adverse Childhood Experiences (ACE's)	412
	Attended online training sessions	269 individuals who have accessed over 1,000 sessions
Total		5,038



	Course	Number of
		Attendees
18/19	YMHFA 1 day	60
	YMHFA 2 day	195
	ASIST (Suicide Awareness) – 2	154
	day	
	Safetalk – ½ day	119
		528 in Total
19/20	YMHFA 1 day	53
	YMHFA 2 day	198
	ASIST (Suicide Awareness) – 2	157
	day	
	Safetalk – 1/2 day	95
		503 in Total
20/21	YMHFA Online	22*
		1,031



Workplace health: Focus on LCC staff

- A guide for employees and managers to provide information, advice and signposting for suicide prevention has been produced.
- Related guides have also been produced for mental health, managing stress and workplace resilience which aim to reduce the escalation of potential cases. All guides have been widely and regularly promoted across LCC. These guides, in a revised form, have also been made available to County Councillors.
- A suicide escalation procedure has been developed to give guidance of where and how to obtain support for individuals and managers supporting staff in crisis.
- 9 months support from Remploy and Able Futures for staff with a mental health condition which is impacting on their ability to work.
- Available support from the Employee Support Team working with PH Behaviour Change.
- A guide has been produced to provide support, advice and signposting for staff exposed to trauma with advice on how to improve self-awareness and self-care.
- A Mental Health and Trauma Support in the workplace briefing paper has been produced proposing that psychological support is made available in the workplace for staff who experience direct or indirect trauma as part of their role. This support would aim to reduce the impact on mental health and wellbeing and develop peer support that will build resilience in teams that are regularly exposed to emotionally and/or physically challenging and sensitive situations as part of their role.

Council

Pilot –clinical supervision for trauma informed support. Options are currently being explored to develop a range of
psychological interventions for employees who need individual or team support.
 Lancashire



Suicide Prevention Programme- Lancashire and South Integrated Care System- 2020

Web healthierlsc.co.uk | Facebook @HealthierLSC | Twitter @HealthierLSC

Contents

- 1. Suicide Prevention Oversight Board- Terms of Reference and Purpose
- 2. Suicide Prevention Oversight Board- Key Roles and Responsibilities
- 3. Suicide Prevention Logic Model Action Plan
- 4. Suicide Prevention Logic Model- Leadership Pillar
- 5. Suicide Prevention COVID 19 Logic Model
- 6. Real Time Surveillance- Information Sharing Agreement and Principles
- 7. Real Time Surveillance Product- example
- 8. Suicide Prevention Policy
- 9. Outcomes and Values
- 10. Testimonials

Suicide Prevention Oversight Board- Terms of Reference and Purpose

Chair: Sakthi Karunanithi, Director of Public Health, Lancashire County Council

Deputy Chair: Paul Hopley, Deputy Director, MH ICS Team

The Lancashire and South Cumbria ICS Suicide Prevention Multi Agency Oversight Board was established in 2017 to seek greater co-ordination of responses to and understanding of patterns of suicide and to ensure suicide reduction activity does not get overlooked during the re-shaping of the public sector. The Board has facilitated joint working and is regarded as a national example of good practice. Its membership consists of public, private and 3rd Sector organisations.

Purpose of the Oversight Board

- To provide strong leadership and strategic oversight in advancing support and advocacy for suicide prevention across Lancashire and South Cumbria.
- To coordinate the delivery of the ICS Logic Model Plan and the NHS England Suicide target of a 10% reduction.
- To ensure there is a multi-agency approach to suicide prevention across the ICS footprint.

Suicide Prevention Oversight Board- Key Roles and Responsibilities

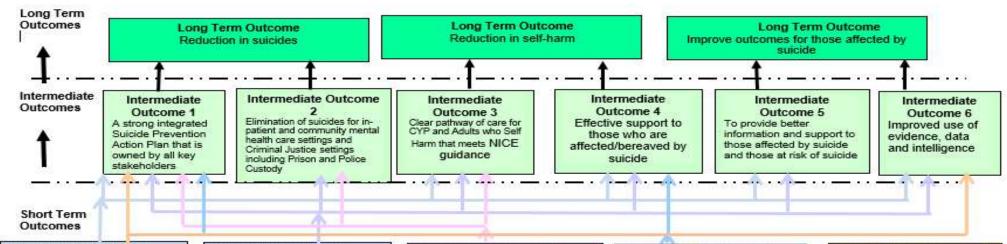
- 1. To support the implementation of the sub-regional Suicide Prevention Logic Model action plan
- 2. To receive briefings/ updates and review the actions from the Logic Model workstreams
- 3. To lend support to the implementation of recommendations from the Operational Task Groups
- 4. As key partners to provide insight, expertise, and guidance to the Suicide Prevention Oversight Board and Operational Task Groups to better prevent, understand and respond to suicides, self-harm and attempt suicides
- 5. Provide support and assurance to the Lancashire and South Cumbria ICS Board, local Health and Wellbeing Boards and Safeguarding Boards that suicide prevention actions are being conducted in line with appropriate guidelines and governance
- 6. To support the implementation and provide guidance/ expertise across the system during COVID 19 pandemic and to support the delivery of the COVID Suicide Prevention Logic Model, which aligns to the overarching SP Logic model action plan

L& SC ICS Suicide Prevention Logic Model Action Plan

- A multi agency Suicide Prevention Logic Model has been adopted by the ICS Suicide Prevention Oversight Board and partners to drive forward the delivery of the Suicide Prevention Programme.
- It has been developed into 5 pillars:
 - Leadership
 - Prevention
 - Intervention
 - Postvention
 - Intelligence
- A copy of the Logic Model can be found on the next slide but the full plan is available here: https://www.lancashire.gov.uk/media/907935/lancs-sc-sp-logic-model1.pdf

Lancashire and South Cumbria STP Suicide Prevention Logic Model

Vision Lancashire and South Cumbria residents are emotionally resilient and have positive mental health



LEADERSHIP (IOs 1-6)

ST Outcome 1 An effective Suicide Prevention

An effective Suicide Prevention Oversight Board

ST Outcome 2

Greater integration of suicide reduction activities within other strategies and service plans

Short Term Outcome 3

Secure high level Lancs and South Cumbria political support for suicide prevention, with support from local political mental health champions

PREVENTION (IOs 1-6)

ST Outcome 4

Increased awareness of suicide risks and suicide prevention ST Outcome 5

Improved mental health and wellness Short Term Outcome 6

Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately

Short Term Outcome 7

The media delivers sensitive approaches to suicide and suicidal behaviour

Short Term Outcome 8

Restrict access to means and respond effectively to High risk locations

Short Term Outcome 9

Increased awareness of impact of Adverse Childhood Experiences Short Term Outcome 10 Development of an Offender MH

Pathway for when released in to the community

INTERVENTION (IOs 1-3)

Short Term Outcome 11

Preventing and responding to selfharm, ensuring care meets NICE guidance

Short Term Outcome 12

Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance

Short Term Outcome 13

High risk groups are effectively supported, and risks minimised through effective protocols and safeguarding practices

Short Term Outcome 14

24/7 functioning CRHTT that are high

CORE fidelity Short Term Outcome 15

Liaison Mental Health Teams that meet CORE 24 standards

Short Term Outcome 16

Dual Diagnosis pathways, ensuring care meets NICE guidance (NG58) are agreed and implemented

POSTVENTION (IOs 1&3.)

Short Term Outcome 17

All those bereaved by suicide will be offered timely and appropriate information and offered support by an appropriate bereavement services within 72 hours

Short Term Outcome 18

All identified suicide clusters have a community response plan and schools have a post suicide intervention protocol in place

INTELLIGENCE (IO 1& 6)

Short Term Outcome 19 To establish a data collection and evaluation system to track progress

Short Term Outcome 20 To develop a consistent Suicide Audit template and schedule is agreed by all LAs

Short Term Outcome 21 To have 'Real-Time Data' surveillance system across Lancs+ SC re suicide and attempts and drug related deaths

Short Term Outcome 22 Sharing lessons learnt, best practice and recommendations from Serious Case Reviews/ Child Death Overview Reviews

LEADERSHIP

Long Term Outcomes	Reduction in suicides			Reduction in self-harm		The impact of suicide, on those affected by it, is relieved	
Intermediate Outcomes	Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Outcome 2 Elimination of suicides for in-patient and community mental health care settings	Clear p care for Adults Harm t	come 3 pathway of r CYP and who Self hat meets guidance	Outcome 4 Effective support to those who are affected/bereaved by suicide	Outcome 5 To develop and support our workforce to assess and support those who may be at risk of suicide	Outcome 6 Improved use of evidence, data and intelligence
Short Term Outcomes			Gre	Short Term Outcome 2 Greater integration of suicide reduction activities within other strategies and service plans		Short Term Outcome 3 Secure high level Lancs and South Cumbria political support for suicide prevention, with support from local political mental health and suicide prevention champions	
Signs of success	6 SP Oversight Board meetings held each year LA Safeguarding Boards are provided with regular updates on progress		are in strate Every	Suicide Prevention Commitments and Statements are included in all key <u>stakeholders</u> policies and strategies i.e. HR Policies Every organisation has s suicide prevention policy for staff		All H&WB have agreed the content and signed up to support the delivery of the Lancs and SC SP Action Plan All LAs have a MH and Suicide Prevention Elected Member Champion	
Reach	Key Stakeholders, Safeguarding Boards, LA Suicide Prevention groups, STP Governance meetings, Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWAS, CYP service, Commissioners and 3rd Sector services, Local Communities		organ service Privat	Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWAS, CYP service, Commissioners and 3 rd Sector services, Private Sector (particularly Construction, Carer Organisations)		Local Authorities- Health and Well Being Boards, Elected Members Local Communities,	
Output	Commitment from all key stakeholders to reduce and prevent_Suicides			de Preventior Lancs+ SC	n is seen as the responsibility for	Elected Member Mental Prevention champions in	

Suicide Prevention Leadership Activity

Activity	To attend at each Health and Wellbeing Board to_seek support for the Lancs and SC STP action plan action plans To provide update reports to local Safeguarding Boards and Health and Wellbeing Boards on the development and delivery/ implementation of the Suicide Prevention STP Plan Strategic Leaders pledges/ commitment to deliver of the Suicide Prevention Action Plan Strategic Leads across Lancs and SC to consider to sign up to the No More Zero Suicide Alliance	To develop a Suicide Prevention narrative and key areas for action for strategies and plans where suicide and suicide prevention is a related issue or risk e.g. drugs and alcohol, long-term conditions (Key stakeholders to audit current policies and procedures to establish if suicide prevention/ risk of suicide is included Mapping of key stakeholders data to allow for segmentation and targeting for those high at risk of suicide	Define the role of Mental Health and Suicide Prevention Champion LA PH Leads to present the role and expectation to LA Cabinet meetings To identify Elected Members that will take on the role of Mental Health and Suicide Prevention Champion Train the MH/ Suicide Prevention Champions
Inputs	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to conduct audit of policies Analytical	Training of Mental Health and Suicide Prevention Elected Member Champions Officers time Financial Training

Suicide Prevention Leadership Activity continued

Real Time Surveillance-Information Sharing Agreement

A Multi Agency Information Sharing Protocol has been developed, signed and agreed to support the Suicide Prevention Programme. This has enabled L&SC ICS to receive Real Time suspected suicide reports from Cumbria and Lancashire Constabulary, normally within 24 hours of death.

Information Sharing Statement under the County-wide Crime and Disorder Reduction Partnership Information Sharing Agreement

State the specific purpose of this information sharing

- a) To enable analytical profiling of the 'alert' to identify key future prevention opportunities, risk groups, problem areas, method, gender, ethnicity, age, previous medical history factors, criminal justice background factors. It will also enable public health to trigger a contagion response for children, under 16, suspected of suicide and where a potential emerging cluster is identified.
 - Shared analytical profiles will not contain any personal data. Personal Data is required to interrogate other associated health data systems.
- To complete the statutory 'suicide audit' requirement. This is a Local Authority function, which is now completed on a Lancashire South Cumbria footprint.

Which post holders will be responsible for this on a day to day basis? State Post and Organisation

The data will be processed by NHS analysts to support Healthier Lancashire and South Cumbria Multi Agency Strategic Lead for the Sustainable Transformation Partnership Mental Health work steam.

The data will be obtained from the Constabulary using data from the G72 template.

What information will be shared?

The data has been sanitised to remove any personal identifiable information but will allow for analysis to take place to support the project. A copy of the data that is being provided is attached

Of note: The data is already provided by the Coroners Office after an inquest, however this can introduce delays hence the request

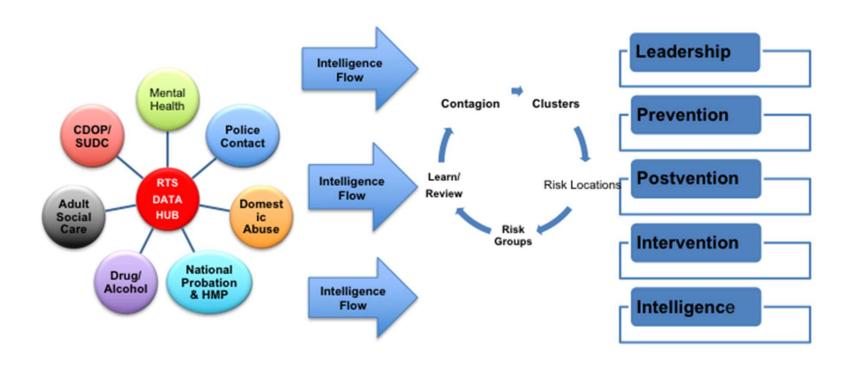
How will the information be shared?

The data will be collected directly by the NHS Analyst from Lancashire Constabulary premises and checked to ensure only information agreed by a Lancashire Constabulary Analysts prior to being taken off site.

Real Time Surveillance Key Guiding Principles

- 1. Suicide Prevention is everyone's Business.
- 2. We agree to share information and data across organisations to increase learning and new action opportunities.
- 3. We will be intelligence led in all our responses to real time information.
- 4. We will work together and collaboratively to increase our capacity to prevent self harm and suicide.
- 5. We share the 'prevention' challenge and accept mutual accountability to reduce suicide and self harm.
- 6. Rapid delivery of local responses to local problems supported by timely research and analysis.

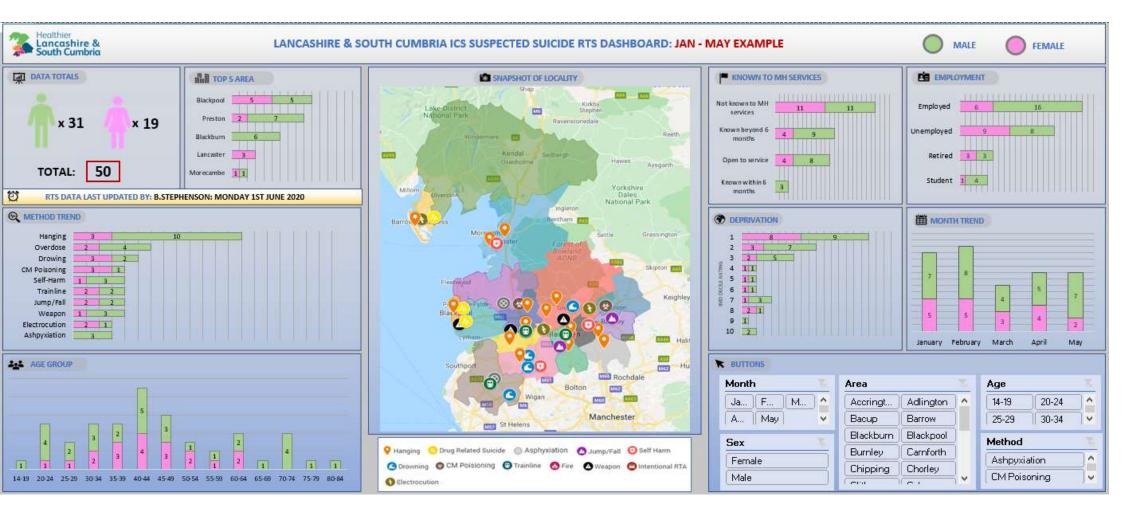
Real Time Surveillance- Data Connectors and Flow Model Intelligence Led approach



Real Time Surveillance- How the information is used across the ICS... Intelligence Led approach

- Weekly reports developed for In hospital/ Out of Hospital and MH cell structures within ICS
- Real Time Surveillance Panel established- Multi agency partners to look at what the data is telling us
- Cluster/ Contagion meetings held when identified i.e. CYP deaths, unusual MO etc.
- Identify high risk locations- target hardening e.g. car park in Blackpool
- Trend Analysis
- Targeted social media campaigns into high risk locations
- Hard copies of campaign materials into Pharmacies in high risk locations, identified by the data

Real Time Surveillance Product- example



Suicide Prevention Policy Development

Suicide Prevention Policy for Employers

- The ICS SP team have developed, in partnership with Public Health colleagues, a generic Suicide Prevention Policy for supporting employers across the ICS. The Policy covers:
 - Staff who report feeling suicidal
 - Staff who find someone that has died by suicide
 - Postvention support for staff
- An employers toolkit has also been developed a link to information for employers can be found here:
- https://www.healthierlsc.co.uk/malesuicide
- https://www.healthierlsc.co.uk/application/files/3315/8090/897 7/20191016_SuicideCampaignToolkit.pdf

Example - Suicide Prevention Policy

1 Introduction and Background

One in five adults experience suicidal feelings at some point in their lives, and as one third of our lives are spent in the workplace, the workplace can be a place where support is offered. This Suicide Prevention Policy is designed to help, support and educate everyone in the organisation around the risks of suicide within the workplace, promoting good practice, and encouraging healthy conversation to remove stigma. This policy sits alongside our existing Health and Wellbeing policies (link to, and name existing policies) supporting our commitment under the Health and Safety at Work Act 1974.

Our Organisational and Cultural Commitment

GUIDANCE: Sign the Time to Change employer's pledge, and work with Time to Change to identify what immediate actions you can deliver. More information about Time to Change can be found here

2.1 We understand that whilst suicide cannot always be prevented, if we understand more about the factors that may increase the risk, then we may be able to reduce the risk within our workplace. There are a number of factors that may increase an individual's risk of suicide, (and these are identified within 2.2.1) and we recognise that these may apply to our current employers. This policy is designed not only to support employees who are at risk of suicide, but also to help employees to be able to support co-workers, and direct them to appropriate means of support. Early identification and support can significantly reduce the risk of suicide within our workforce.

Our Employee and Family Assistance Programme/Employee Assistance Programme, or other relevant programme (reference link, and relevant information contained within <u>EAP) provides</u> support and counselling services to employees who may have thoughts of suicide (reference relevant section, or <u>guicking</u> to EAP)

- 2.2 At the end of this policy external support systems have been referenced. These include Mind, Samaritans and Rethink. Helplines and support systems have also been included within our Mental Health/Mental Wellbeing Policy and within our Employee Assistance Programme (insert link)
- 2.2.1 (optional clause) Factors that can increase an individual's risk of suicide can include:-
 - Prior suicide attempts
 - Suicide by someone else in close proximity
 - Problematic substance use
 - Mental illness such as depression, posttraumatic stress disorder, bipolar disorder, schizophrenia, anxiety disorder, etc.
 - Access to lethal drugs, potential weapons or means of completing suicide (highlighting any means, specific to your organisation, including equipment, work locations; hazardous materials)
 - Relationship break down
 - · Debt and financial insecurity
 - Domestic abuse!

Suicide Prevention COVID Campaign- 2nd Phase

Social Media campaign targeting 4 key groups:

- Young people and older teenagers.
- Parents who are juggling home working and limited childcare.
- Men who have been furloughed, made redundant or who are self-employed.
- Older and vulnerable people getting used to the new normal.







Suicide Prevention COVID Campaign- 2nd Phase

- Updated materials available to order.
- Targeted social media ads running now
- Distribution to Community Pharmacies, Urgent Care Centres, A&Es
- Pubs to be targeted with messages on back of toilet doors
- ROCK FM adverts currently running
 - Instream advertising in high risk locations
 - Including in ROCK FM newsletter being distributed to 25,000 people across Lancashire and South Cumbria







Suicide Prevention Isolation Campaign during COVID- Phase 1 results

Social Media campaign targeting 4 key groups:

- Older Teenagers
- Families and Carers
- Middle Aged Men
- Vulnerable groups that are shielding within our communities





Suicide Prevention Isolation Campaign

Campaign has been rolled out across the ICS via:

- Facebook
- Twitter
- Instagram

Printed material sent out to:

- Community Pharmacists
- Community Hubs
- GP surgeries
- Urgent Care Centres
- A&Es

Digital versions available for screens in key locations across ICS

> Children & Young People Posters & Banners







Suicide Prevention Isolation Campaign- Videos

Videos have been developed and ran via paid adverts on social media. Here is a link to the videos:

https://www.youtube.com/watch ?v=hq2e6fkBCIU&list=PLDsfv3 aTkFGicPNRpfRcbM8Re-P33MOv6&index=3 Children & Young People Social Media Video







Facebook & Twitter Video, click play icon to view

Suicide Prevention Isolation Campaign-Phase 1 results

Results already seen:

- Increased traffic to HLSC dedicated
 Suicide Prevention pages
- 590% increase in new visitors to site pages
- Intelligence led, using RTS data, targeted facebook adverts to key groups in high risk suicide areareached 60,000 people





Suicide Prevention Isolation Campaign-1st Phase Results

Social Media Campaign ran: April - June Campaign impressions: 612,941

Campaign reach: 81,968

Radio Campaign Results:

ADULTS 15+	REACH	REACH %	IMPACTS
Each week	75,570	5.9	387,481
TOTAL CAMPAIGN	230,750	18.1	2,712,366

Suicide Prevention Isolation Campaign-1st Phase Results



Mental Health Support Sheet

- All local and national MH and Risk factor support in one place
- Available digitally and as a downloadable 3 page PDF
- Covers full L&SC ICS
- Helpful in supporting Community Hubs VCFS and the wider community in general
- Hardcopies distributed to all GP surgeries, Community Hubs and Pharmacies
- Shared via Facebook and Instagram



Mental health support resources in Lancashire and South Cumbria

Here is a list of mental health support resources available across Lancashire and South Cumbria. To find out more, follow the links below or make a call.

Dial 999 if you have seriously harmed yourself



How to suggest additional content

This document is reviewed on a regular basis. Email suggestions of mental health support available in Lancashire and South Cumbria to <u>Healthier LSC@nhs.net</u>. For the latest update, visit healthiers.co.uk/MentalHealthSupport Last reviewed: 4 May 2020.

Samaritans Bedside Telephone Support

- Worked with 4 Acute Trusts, National Samaritans & Hospedia
- 7 Hospital sites
- Speed-dial (*888) or Touch screen direct
- Scrolling banner on Hospedia TV's
- Co-branded Samaritans leaflets and cards for staff to provide
- Calls free to end user and Trust
- It provides;
 - Nursing staff with options to support peoples mental health needs.
 - An option for patients who may need support, unrelated to their hospital stay.
 - Support for those currently having no hospital visits due to Covid-19.
 - Support for nursing staff that may also need to access the service.



Suicide Bereavement Support

AMPARO Suicide Liaison Service

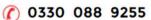
- Roll out of Suicide Bereavement Service across the whole of the ICS
- Partnership approach for referrals into the service including:
 - Police colleagues
 - Coroners
 - Funeral Directors
- Enables anyone who has been affected by suicide to access support within 72 hours of death



Find out more about Amparo and Listening Ear's other counselling and therapy services by visiting www.listening-ear.co.uk









@AMPARO_LEM





Suspected Suicide? WHAT support can I provide?



WEBSITE: anyone affected by a suspected suicide can be directed to our local website directory. Local and national bereavement support is broken down by area.





HELP IS AT HAND: a resource that can be carried with you at all times and given to those affected by a suspected suicide - including people who find the deceased.





AMPARO is a support service for those bereaved by a (suspected) suicide which is available for anyone affected, across the whole of Lancashire.





TIME: provide those bereaved or affected by suicide with time to take in the support available. They may not want to look at it or read it while you are there, but please leave it with them.

Suicide Prevention Training

Lancashire MIND training contract

- Delivering free Suicide Prevention and Self Harm intervention training across the ICS, to any stakeholders including front line staff and local residents. A menu of training has been provided over the last 18 months including ASIST, Mental Health First Aid,
- 67 suicide prevention training programmes and 20 self-harm intervention training programmes were delivered to over 3000 stakeholders.
- During COVID 19 we have provided online Suicide Prevention First Aid Lite training to various stakeholders including Police, NWAS, Coast Guards and frontline staff supporting the Community Hubs.

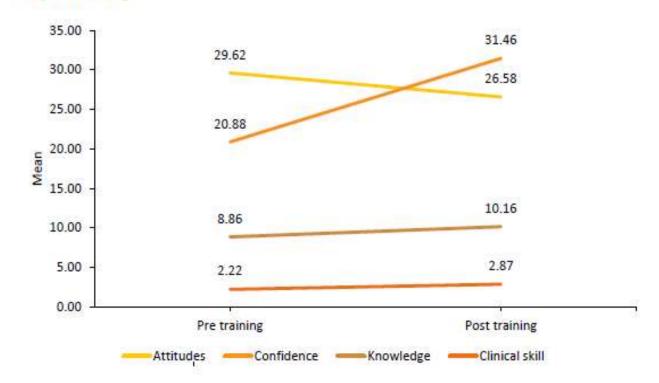
Suicide Prevention Training

Lancashire MIND training contract- Liverpool John Moores University evaluation results

This chart shows the positive statistically relevant changes that have been evaluated from delegates in their attitudes, confidence, knowledge pre and post Suicide Prevention training.

A copy of the full evaluation of the training can be found here: https://www.ljmu.ac.uk/research/ce ntres-and-institutes/public-healthinstitute/phi-reports

Figure 4: Suicide prevention trainee attitudes, confidence, knowledge and clinical skills, pre and post training



Suicide Prevention Orange Button Scheme Orange Button – What it is

- A Community Scheme that ensures people who have been trained in prevention/awareness, can be identified.
- Orange Button holders;-
 - Are Happy to say/hear the word suicide
 - Can support people with signposting
 - Can listen without judgement
- Used as a very early intervention scheme to support people in community with signposting and information.
- Helps to reduce the stigma of talking about suicide and support.



Suicide Prevention Orange Button Scheme

Orange Button – How it works

- Linked to quality assured, half day+ Suicide Prevention training (ASIST, SFA, SFALite, SafeTalk and MHFA 2 day Adult) provided by our partners.
- An Orange Button pin badge, window sticker and support card, are provided to those that complete the training.
- The badge is removable and not mandatory, as is the window sticker. It is an identifier that the wearer has received suicide prevention training and can provide signposting to support.
- The button has already been sent to over 300 people that have been trained and requested a button in the first week! We have trained over 2500 people so we expect the number to grow.
- Evaluations will be completed on a 3 monthly basis.





Suicide Prevention Community Feedback Sessions

You Said, We did-

We carried out 5 feedback sessions to local communities across Lancs and SC ICS around the whole Suicide Prevention programme and provided with opportunities for people to become involved in the different workstreams

Some of the feedback from the sessions has been captured from delegates that attended.

Highly informative, this is my first visit to a convention of this nature, and it was good to feel a part of it. All while meeting with like-minded people. It gave me a lot of 'food for thought' re: what our organisation could do to help. We will be in touch.

Didn't realise there was so much info and support that our organisation can refer to

Local Workshop on the patch localised to this area. Lots of info + opportunities to get involved. Lots going on - thank you! Really great sessions - lots of information in an informal setting.
Great info. Feeling Inspired

Really good informative session - great to hear what is happening and what we can be - as a community centre we often don't get information - when we are available out of hours - it's been really useful

Shared Information such as help is at hand booklet; zero suicide alliance training; didn't know figures were so high; Hub of hope (very useful for my service) Thank you

Genuine evidence of engaging with communities + people with lived experience- inspiring + generates hope of more joined approaches



COVID19 pandemic response

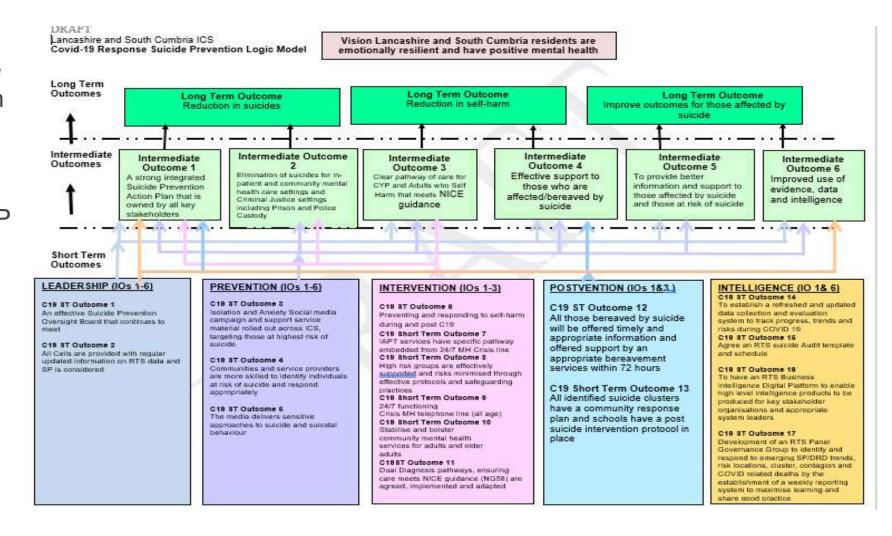
COVID19 has raised concern regarding mental health and risk of suicide across our region.

Working together LCC and ICS colleagues have responded by:

- A COVID19 specific Suicide Prevention Logic Model as below (slide 49)
- Weekly Real Time Surveillance reports monitoring numbers, trends and looking for clusters and contagion for suicide and drug related deaths
- Targeting communications and campaign materials into local communities
- Launch of the Orange Button scheme
- Regular suicide prevention meetings across the system.

Suicide Prevention COVID 19 Response Logic Model

A COVID
specific suicide
prevention plan
has been
developed
aligning to the
overarching SP
Logic Model to
ensure that
during the
pandemic our
stakeholders
are



Any questions:

chris.lee@lancashire.gov.uk paul.hopley@nhs.net

