

**Draft Leicester, Leicestershire and Rutland Suicide
Prevention Action Plan 2020-23**

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Draft LLR Suicide Prevention Action Plan 2020-23

Aim	Objective	Specific outcome	Milestones	Monitoring data
1. Target support at key High-Risk Groups				
<p>(a) Raise awareness of suicide in high risk groups;</p> <p>(b) Provide appropriate level of preventive support;</p> <p>(c) Promote better integration of mental health and substance misuse services</p>	<p>To use Real Time Surveillance data to understand and respond to deaths by suicide, including emerging evidence of settings, means, demographic characteristics.</p> <p>To use available resources to protect people at an increased risk of suicide, including training, peer communicators, community out-reach and bereavement support.</p> <p>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</p> <p>To encourage people to seek timely appropriate support for mental illness</p>	<p>To develop LLR public mental health campaigns to address wider determinants of health in high risk groups, access to mental health care support, including resilience and recovery services and IAPT.</p> <p>To use Suicide Audit and Prevention Group resources to enhance communication and improve access to training programmes.</p> <p>To develop cross-cutting and co-ordinated approaches to improve signposting to support, such as tackling unemployment, debt, stigma and discrimination.</p> <p>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</p> <p>To integrate commissioning approaches across mental health and substance misuse services, drawing on <i>Better care for people with co-occurring mental health and alcohol/drug use conditions A guide for commissioners and service providers</i>¹</p>	<p>Spring meeting 2020: SAPG receives reports on deaths by suicide in LLR.</p> <p>Spring meeting 2020: Task and finish group to review evidence of risk in LLR.</p> <p>Spring meeting 2020: Develop reporting mechanisms to SAPG concerning hot spots.</p> <p>Winter meeting 2020: List local resources available to the SAPG.</p> <p>Get substance misuse commissioning formally and regularly considered by the LLR Mental Health Programme Delivery Board</p>	<p>Evidence of risk from annual Audits of deaths by suicide to be delivered to Spring SAPG meeting;</p> <p>Clinical Commissioning Group reports concerning social prescribing, access to mental health services;</p> <p>Each SAPG meeting will take reports from key stakeholders and partners concerning mental health resilience and suicide prevention related activity.</p> <p>SAPG representative to liaise with, and report to, mental Health Partnership Boards and Health and Wellbeing Boards.</p>

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

	<p>{e.g. effective treatment for depression, measures to reduce social isolation or vulnerability to economic circumstances}.</p> <p>To improve care of people with co-existing mental health and substance misuse problems.</p>			
2. Target support at High Risk Settings/Public Places				
<p>(d) Identify local high-risk settings;</p> <p>(e) Develop plans to mitigate risk in these settings</p> <p>(f) Support people who witness suicide in public places</p>	<p>Reduce the number of suicides in high risk settings/public places</p>	<p>Four broad areas of action can help to eliminate suicides at a frequently-used location.</p> <p>Area 1. Restrict access to the site and the means of suicide. This can be achieved by:</p> <p>i) Closing all or part of the site</p> <p>ii) Installing physical barriers to prevent jumping</p> <p>iii) Introducing other deterrents, for example, boundary markings or lighting</p> <p>Area 2. Increase opportunity and capacity for human intervention This can be achieved by:</p> <p>i) Improving surveillance using CCTV, thermal imaging and other technologies; increasing staffing or foot patrols</p> <p>ii) Providing suicide awareness/intervention training for staff working at or near the site; increasing whole-community awareness and preparedness to intervene</p> <p>Area 3. Increase opportunities for help seeking by the suicidal individual. This can be achieved by:</p> <p>i) Providing Samaritans signs and/or free emergency telephones</p> <p>ii) Providing a staffed sanctuary or signposting people to a nearby one.</p> <p>Area 4. Change the public image of the site; dispel its reputation as a 'suicide site' This can be achieved by:</p> <p>i) Ensuring media reporting of suicidal acts is in line with Samaritans guidelines</p> <p>ii) Discouraging personal memorials and floral tributes at the site</p>	<p>Spring meeting 2020: Task and finish group to review evidence of risk in LLR</p> <p>Suicide surveillance data</p>	<p>Evidence of risk from annual Audits of deaths by suicide to be delivered to Spring SAPG meeting;</p>

		<p>iii) Introducing new amenities or activities; re-naming and re-marketing the location.</p> <p>The Suicide Audit and Prevention Group will work strenuously to limit the access to means of suicide in public places and provide effective levels of support for those at risk.</p> <p>The Suicide Audit and Prevention Group will also develop support tools and resources to support individuals and communities that have witnessed or been affected by suicides in public places.</p>		
3. Protecting people with a history of self-harm				
<p>(a) Encourage evidence-based responses to protect people who self-harm;</p> <p>(b) Work with health care commissioners to ensure best practice to protect people who self-harm;</p> <p>(c) Develop and disseminate information from supportive community groups, such as the Samaritans.</p>	<p>To use Real Time Surveillance data to understand and respond to deaths by suicide, including emerging evidence of settings, means, demographic characteristics.</p> <p>To work with health care commissioners to implement NICE guidance on self-harm.</p> <p>To improve local monitoring of people who present with self-harm.</p> <p>To promote key messages which are supportive of people who self-harm and sensitively highlights suicide risk in people who self-harm.</p>	<p>To establish regular meetings with health care commissioners to implement NICE self-harm guidance in primary and secondary care;</p> <p>To ensure Start a Conversation messages reflect latest best practice about protecting people who self-harm;</p> <p>To ensure partner organisations take every opportunity to promote key messages about self-harm and suicide risk.</p>	<p>Spring meeting 2020: Task and finish group to review evidence of risk in LLR.</p> <p>Annual report to SAPG concerning latest self-harm guidance.</p>	<p>Annual report on the number of people who die by suicide with a history of self-harm using Real Time Surveillance data.</p> <p>Report on the number of people who are trained in best practice response to self-harm in health care services.</p> <p>Report to SAPG by support groups about the local perceived need of people who self-harm in LLR.</p> <p>CCG commissioners will collect evidence towards the Public Health Outcome Framework measurement of people who self-harm</p>
4. Support Primary Care to Prevent Suicide				

<p>(a) Work with primary care to identify and address the risk factors for suicide in their patient populations;</p> <p>(b) 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.</p>	<p>To challenge stigmatizing and taboo attitudes towards the issues of self-harm and suicide</p>	<p>To increase number of staff trained to identify suicide risk</p> <p>To support people bereaved by suicide.</p>	<p>Annual report to SAPG of people attending Suicide Awareness Training</p>	<p>Number of primary care staff trained in suicide awareness;</p> <p>Evidence of improved knowledge base and skills in primary care.</p>
5. Engage with Private Sector to Enhance Their Efforts to Prevent Suicide				
<p>(a) Engage with the private sector to augment efforts to reduce the burden of suicide in LLR</p> <p>(b) Engage with local sports clubs and universities to augment efforts to reduce the burden of suicide in LLR</p> <p>(c) Encourage employers to promote mental health in the workplace and reduce stigma may be helpful to increase help seeking, particularly among men.</p> <p>(d) 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</p>	<p>To establish meaningful links and support networks with the private sector;</p> <p>To deliver awareness raising training in workplaces to help achieve the specific outcomes.</p>	<p>To develop greater awareness of mental health, mental illness, suicide risk, how to support staff and mitigate risk factors;</p> <p>To link with LLR efforts on public mental health.</p> <p>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, and provides a mechanism to connect employers with local health improvement provision and support</p>	<p>Annual report of activity to SAPG</p>	<p>Numbers of private sector partners pledging to 'Start A Conversation'</p> <p>Organisations accepting Time to Change Employers Pledge.</p>

signposted to national and local support services.				
6. Support Provision of Enhanced Suicide Awareness Training				
<p>(a) Raise general awareness about suicide risk.</p> <p>(b) Help people to feel more confident in talking about suicide.</p> <p>(c) Challenge stigmatising attitudes to suicide.</p> <p>(d) Promote the ethos embedded in the local and national strategies that “suicide is everybody’s business”</p>	<p>To empower course attendees to challenge attitudes about suicide.</p> <p>To help attendees to make an initial response to support someone who has expressed suicidal thoughts.</p> <p>To expand Start a Conversation community offer by developing a ‘Community Champion’ scheme for community promotion delivered by LLR residents</p>	<p>To increase the number of LLR residents trained in suicide awareness through the Zero Suicide Alliance</p> <p>To train and empower LLR residents to deliver community or online awareness through the Start a Conversation campaign.</p> <p>Target 3 broad areas:</p> <ul style="list-style-type: none"> • Gatekeeper training • General awareness and educational curricula • Skills based training 	<p>2020-23: 12 Courses of suicide awareness training with 300 delegates</p> <p>Annual report to SAPG</p> <p>Community events delivered in each of the districts across LLR</p> <p>Workforce events delivered by employees (i.e. HR staff)</p>	<p>Course evaluation data reported regularly to commissioners.</p> <p>Community champions to report community and online activity.</p>
7. Better use of media (including social media) to manage messages about suicide				
<p>(a) Work with local media partners to promote the responsible reporting of suicides locally.</p> <p>(b) Recognise, understand and utilise different forms of media-print, on-line, social to better understand risks and to strengthen engagement with key partners;</p> <p>(c) Enhance our communities’ understanding of ways to improve mental health and wellbeing and to reduce suicide risk, to help build</p>	<p>To encourage local media to report suicide and suicidal behaviour responsibly</p> <p>To increase campaign and website engagement</p> <p>To use Real Time Surveillance data to understand and respond to deaths by suicide, including emerging evidence of settings, means, demographic characteristics.</p>	<p>For all editors of local media to be familiar with national guidelines for reporting suicide and suicidal behaviour</p> <p>To 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</p>	<p>Spring meeting 2020: Task and finish group to review evidence of risk in LLR.</p> <p>Review effectiveness and reach of first Start a Conversation social media paid advert</p>	<p>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.</p> <p>The number of media guidelines disseminated</p> <p>The number of editors engaging with the local suicide prevention lead</p> <p>The results of national data showing an</p>

community assets and to provide a platform for mutual support amongst partners and individuals				improvement in local reporting Capture and analyse online advertisement data from all sources
(d) Increase the online presence of the Start a Conversation campaign				
8. DATA: Raise awareness with better data and better use of data				
(a) 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	To 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.
9. Supporting individuals experiencing suicide ideation during COVID-19				
(a) 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.	Work with primary and secondary care Real Time Surveillance Public mental health Signpost to support Bereavement support	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.	Weekly/monthly updates to SAPG and wider partners	Reporting progress to Health and Wellbeing Boards and local partnership boards

	Partner organisations	Partner organisations will provide support and signpost to other expert groups		
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