

A Suicide Prevention Plan

A London where everyone can thrive



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Foreword

It is thankfully now becoming accepted that mental health issues affect us all. One in four of us will experience mental ill-health at some point in our lives, meaning that someone you know well has experienced or is currently experiencing difficulties in this area. And yet, there remains a stigma attached to mental health, and suicide in particular – an unwillingness to openly face it and to discuss it. Shockingly, suicide, is the most common cause of death for people aged between 15 and 24, and the biggest killer of men under the age of 49.

Given its history, this is perhaps not surprising. As recently as 1961, suicide was still an illegal act in the UK. Much of the stigma and unwillingness to openly discuss this issue stems from its prior association with the shame of criminality. Fortunately, we have evolved as a society and now understand that suicide is a very real, and preventable, tragedy.

The Mayor of London's Health Inequalities Strategy includes a key pledge to make London a 'zero suicide' city – affirming the fact that no suicide is inevitable and suicide is preventable. More than that, it is a pledge that forces us all to ask ourselves: are we doing everything we can to prevent suicide in London?

Investing time and resources in to an effective approach to suicide prevention, it also carries significant potential financial and economic benefits. Evidence indicates that the possible return on investment of effective suicide prevention plans compares favourably with other public health programmes, rendering practical and effectual suicide prevention services cost effective for Local Authorities.¹

As community and borough leaders we have opportunities to put in place an effective suicide prevention system as part of our clear duty to care for all our residents. It might not always seem easy given all our other commitments, but as local leaders we must act. And, because London's population is mobile, it is important that we find a consistent city-wide approach that augments and celebrates our local plans.

With a shared approach to match our shared objective, we can create a truly innovative approach to suicide prevention for London and take a big step towards the goal of making the capital a 'zero suicide' city.

Philip Glanville
Thrive Lead and Mayor, London Borough of Hackney

¹ Prominent examples include: McDaid, D., Zechmeister, I., Killen, R., Medieros, H., Knapp, M., Kennelly, B., et al. (2008), *Making the economic case for the promotion of mental well-being and the prevention of mental health problems*. London, UK: PSSRU, London School of Economics; Zechmeister, I., Killen, R., McDaid, D., and the MHEEN Group (2008), Is it worth investing in mental health promotion and prevention of mental illness? A systematic review of evidence from economic evaluations, *BMC Public Health*, 8, 11pp.; Platt, S., McLean, J., McCollam, A., Blarney, A., Mackenzie, M., McDaid, D., et al (2006), *Evaluation of the first phase of Choose Life: The national strategy and action plan to prevent suicide in Scotland*, Edinburgh: Scottish Executive Social Research

Introduction

Every week, at least 11 Londoners die from suicide.² Poor mental health is one of the biggest challenges facing London and it is often much higher in certain communities, such as those living in poverty and those in some minority groups, and the mental health care available or received does not always meet their needs.

While London's regional suicide rate is the lowest in England, it varies significantly across the capital. Suicide is a key marker of how fair and thriving our society is. Those who are unemployed or under-employed, living in poor housing or with pre-existing health issues or addiction (such as a dependence upon drugs and alcohol) are more at risk. In addition, whilst most migrants do not have mental health problems, some may be at increased risk as a result of their experiences prior to, during, or after migration to the UK.³

Reducing risk at a time when resources are more stretched than ever presents us with a considerable challenge, requiring system change to address the wider determinants of mental health, as well as the sustainability of accessible and high quality health and social care.

If we succeed in making London a healthier, happier city we have the potential to save lives. As well as being devastating for everyone involved, including the emergency services and medical teams, the human cost of this act is hard to measure. It doesn't just affect that person; it affects the person's family, friends, and colleagues.

Estimates vary on how many people are affected by each suicide – ranging from six to 60 people.⁴ A conservative estimate of 10 people directly affected by each of these deaths gives a minimum total of almost 50,000 people annually who could benefit from support after suicide.

In fact, evidence suggests each suicide seriously affects at least 10 people making postvention – an intervention through bereavement support conducted after a suicide – important.⁵

The Mayor of London's ambition to make the capital a 'zero suicide' city – an approach first adopted in Detroit, and now being used in Merseyside and the East of England – is acknowledging of the fact that suicide is not inevitable. In Detroit, this led to a 75 per cent drop in suicides in the first four years, and for two years there were no suicides amongst the patient population. If replicated in London, we could oversee a reduction of the number of yearly suicides from nearly 600 to fewer than 150 by 2022. However, this will require a

² Office for National Statistics, Suicides in England and Wales by local authority.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicideintheunitedkingdomreferencetables>

³ Public Health England, Mental health: migrant health guide: Advice and guidance on the health needs of migrant patients for healthcare practitioners - <https://www.gov.uk/guidance/mental-health-migrant-health-guide>

⁴ Berman AL. Estimating the population of survivors of suicide: seeking an evidence base. *Suicide Life Threat Behav* 2011;41(1):110-6

⁵ Haringey Suicide Prevention Plan 2017-2020. See:

<https://www.minutes.haringey.gov.uk/documents/s91512/Haringey%20Suicide%20Prevention%20Plan%20for%20HWB%20Board%202.pdf>

consideration of our approach to joined-up thinking and collaboration between London's boroughs, as well as their local partners.

As we look across the capital at each individual borough, it is not hard to see the excellent work that is already being done. Progress is being made towards zero suicide, but shared learning and the dissemination of best practice across the city are important if the number of deaths is to be lowered further.

The London-wide Suicide Prevention Framework, developed in collaboration with a wide network of partners, fits a collective vision for a happier, healthier and more prosperous London, where everyone is able to thrive.

Executive Summary

Using the national suicide prevention strategy set out by the All Party Parliamentary Group (APPG) on Suicide Prevention in 2012, recommendations set out in the government publication the *Five year Forward View for Mental Health*, PHE resources for local suicide prevention planning, NICE Guidance on *Preventing suicide in community and custodial settings*, and best practice examples of plans and initiatives already doing excellent work in the capital, a London-wide Suicide Prevention framework has been developed. The learning from these national and local plans and policies suggests a number of priority areas for focus. Therefore, this high-level guideline supports boroughs with the following objectives:

- Reducing the risk in men
- Engaging BAME (black, Asian and minority ethnic) communities
- Bereavement support
- Preventing and responding to self-harm
- Mental health of children and young people
- Acute Mental Health Care
- Supporting Primary care
- Tackling High Frequency Locations
- Reducing isolation and loneliness
- Media engagement

Also set out alongside these priority areas is the work currently being undertaken by the Thrive Suicide Prevention Group on:

- Data and Coroners
- Multi-systems approach
- Reducing access to medication as a means
- Education

At the borough level, approaches vary from council to council, with many boroughs already having suicide prevention plans in place. This document offers information to boroughs at a local level and is designed to take in to account local variations.

Each borough is different, with different resources, aims and local circumstances, but there are also commonalities. Some borough local plans already include important apparatus, such as annual suicide audits, while some do not. For this reason, in the context of Thrive activity, the aim of this document is to highlight effective practice happening at borough level and offer a recognisable London-wide approach for local authorities, which each borough will be able to adapt to their local circumstances.

Inspired by the 'nine pillars' of suicide prevention developed by the National Suicide Prevention Alliance, London's Nine Pillars - which are set out to be adopted and taken forward, or not if similar facilities already exist - have been adapted by condensing best

practice examples of local plans and initiatives that are already in place across London, to better reflect local London's circumstances (some examples are provided from p.14).⁶

⁶ Please note: the London 'Nine Pillars' are have been developed by London Councils, based on the national guidelines, but altered to fit London conditions

Suicide In Context: National

Suicide Facts & Figures:

- 5,821 suicides were registered in the UK in 2017, a decrease of 2.4 per cent from 2016.
- Rates have increased in the UK by eight per cent since 2007.
- Female suicide is at its highest since 2005.
- Male suicide rates remain around three times higher than female suicide rates across the UK.
- Suicide is the leading cause of death in young people, accounting for 14 per cent of deaths in 10-19 year olds and 21 per cent of deaths in 20-34 year olds.
- Self-harm has become more common as an antecedent of suicide in patients of mental health services, with over half of young people who die by suicide having a history of self-harm.
- Two thirds of people who die by suicide are not in contact with mental health services and around half of people who have attempted suicide do not seek specialist help.
- Suicide risk indicators, such as suicidal ideas, depressive symptoms, emotional distress, and hopelessness are more common among White British inpatients than other ethnic groups, while male inpatients from Black African backgrounds are significantly more likely to die by suicide.⁷

Policy Context:

Suicide prevention policy in the UK has, in recent decades, developed and expanded considerably as concerns around suicide rates have intensified. The All Party Parliamentary Group (APPG) for Suicide Prevention released *Preventing suicide in England: A cross-government outcomes strategy to save lives*, in 2012, calling on the Department of Health, Public Health England and NHS England to support all local authorities to have multi-agency suicide prevention plans in place by 2017. The 2015 *Five Year Forward View for Mental Health* supports the assertions of *Preventing Suicide in England* and made establishing a suicide prevention plan a statutory requirement. In the same year, Public Health England developed *Suicide prevention: resources and guidance*, a collection of documents to act as an invaluable local government resource for establishing suicide prevention plans.

In response to inquiries from the Health Select Committee in July 2017, the Government recently revealed that it is working with the National Suicide Prevention Strategy Advisory Group (NSPSAG), the Department for Communities and Local Government and Public Health England to develop an assurance process that supports local authorities to develop robust multi-agency suicide prevention plans and ensures their regular review and development.

⁷ Please note: some stats gathered from most recent update (7th September) on suicide rate in the UK by ONS, while others are trends set out in the Samaritans 2017 report, which analyses figures 2013 -2015

The assurance process and criteria have been agreed. An assessment group comprising members of the NSPSAG, National Suicide Prevention Alliance, delivery partners and expert stakeholders is being established to ensure the robust review of local plans in the future. As of 1 October 2018, a joint letter from ADPH, LGA, and PHE was sent to all London Directors of Public Health (DsPH) asking them to undertake 'self-assessment' of all current suicide prevention practices, policies and strategies.

What is more, the government seeks to ensure that there is more proactive support for local authorities to complete self-assessments based on best practice criteria from the mental health crisis care concordat network's action plan assurance process. The Government will also explore the regular sharing of best practice by establishing a similar network to the crisis care concordat.⁸

The then Secretary of State for Health and Care, Jeremy Hunt, set out a 'zero suicide' aim for NHS Trusts, specifically for inpatients, on 31 January 2018. To this end, the Secretary of State has dedicated £25 million of new funding to the areas worst effected by suicide. No London local authority (LA)/Clinical Commissioning Group (CCG) was selected to receive any of the first £5m portion of this fund. A decision on the rest of the £20m has yet to be made.

⁸ <https://www.parliament.uk/documents/commons-committees/Health/Correspondence/2017-19/Govment-response-to-the-Health-Committee's-report-on-suicide-prevention.pdf>

Suicide In Context: London

Suicide Facts and Figures:

- The suicide rate in London in 2017 was recorded at 568.
- At current levels, every week an average of 11 Londoners choose to end their own lives.
- Three quarters of people who die by suicide in London are male and suicide remains the biggest killer of men under the age of 45.
- The number of female suicides has increased since 2016, from 133 to 149.⁹
- London's suicide rate is 7.7 per 100,000 people
- The cost of a suicide is estimated at £1.67 million.¹⁰
- The total economic and social costs of mental ill health in London equates to approximately £2,990 to £3,210 per person.

Policy context:

While the London region currently has the lowest suicide rate in England at 7.7 per 100,000 (2017), at current levels every week an average of 11 Londoners end their own lives.

As of June 2018, nearly every borough has a suicide prevention plan in place. However, there are indications to suggest that boroughs would benefit from more information about what is happening and working well in other areas.

The Mayor of London's Health Inequalities Strategy was published in September 2018 and includes improving the mental health of Londoners as a priority. In the strategy, the Mayor of London affirms his objective of achieving the shared ambition that London will be a zero-suicide city. As an initial stepping stone towards this goal, and drawing on his roles with the Metropolitan Police, TfL and the London Fire Brigade, the strategy sets out the aim to reduce suicides by 10 per cent by 2021, in line with the Five Year Forward View national target.

Other relevant mental health commitments include his target for every state school to have access to a youth mental health first aid trainer by 2021 – ensuring that London's children and young people have the knowledge they need about mental health.

Thrive LDN was set up by the London Health Board in June 2016 to provide a clear vision for mental health to 2020 and was launched on the 4th July 2017 by the Mayor of London (as Chair of the London Health Board). The reduction in the number of suicides, and a commitment to 'zero suicide', are key objectives of the project. While Thrive is not in itself a mechanism to deliver changes to services, it does aim to complement existing plans through collaborating with public bodies, the third sector and the general public.

⁹ Stats gathered from ONS dataset, Suicides in the UK

¹⁰ Knapp M, McDaid D, Parsonage M (editors) (in press) Mental health promotion and mental illness prevention: The economic case. PSSRU, London School of Economics and Political Science

Focus for Action

Based on the Public Health England resource for suicide prevention, a desktop of borough plans and approaches, and recommendations made by the Thrive LDN Task and Finish group on Suicide Prevention, the following are suggested areas for prioritisation:^{11 12}

Thrive LDN – ‘Thriving City’: Pan-London approach to Suicide Prevention

- Data and Coroners

The Thrive Suicide Prevention Group is working to enable the development of a system that shares timely information about unexpected deaths that may be suicide. This system could be at both a pan-London and borough level and would enable both sensible local suicide prevention planning, postvention and support for the bereaved. The group aims to develop a pan-London real time data sharing system and are holding discussions with coroners about it and better provision of support for the bereaved.

- Multi-systems approach

Related to their work on data and coroners, with the aim of developing multi-systems approaches to enable long term planning, an understanding of trends and long-term intervention in the event of an attempted or completed suicide, the Thrive Suicide Prevention group are investigating information governance around sharing data on suicides, with the aim of gaining agreement from partners to multi-agency working. A key objective revolves around the development of real time data sharing at pan-London level to record and analyse completed suicides and suicide attempts, to understand trends and to put appropriate prevention and postvention interventions in place at a local level.

- Reducing Access to Medication as a means

The Thrive Suicide Prevention Group are working to identify people who have used medicines in over-dose or have access to medicines as a potential use of means, and ensure they have appropriate mental health support. The aim of this work is to ensure that healthcare professionals are aware of the prescribing risk of medications and are prescribing/supporting appropriately those who have presented as overdosing. Thrive LDN is currently aiming to present proposals to the appropriate parts of the system to ensure dissemination through the system and implementation.

- Education

¹¹

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

¹² The Thrive LDN Suicide Prevention Task and Finish is composed of a range of figures involved in suicide prevention across London. Represented organisations include the NHS, Public Health England, local authorities, academics, the MET police, BTP, organisations associated with the Thames and London’s railways, individuals with lived experience and third sector organisations. The group is chaired by Dr Phil Moore (the group’s clinical lead), and co-chaired by Dr Sangeeta Mahajan: [DRAFT Thrive LDN Suicide Prevention Task and Finish Group Proposals Summary Document v.2.docx](#)

The Thrive Group are promoting toolkits and best practice resources, such as the Healthy London Partnership Children and Young People Suicide Prevention resource to the Education sector, with the aim of reducing the suicide rate in the general population and providing better support for the bereaved. The initial primary focus is intended to be the Education sector, with the aim of expanding reach to different sectors.

Local Areas

- Reducing the risk in men

In particular young and middle aged men, with a focus on economic disadvantage such as debt, unemployment, social isolation and drugs and alcohol misuse. Attention given to developing support settings that are more accessible to men from disadvantaged backgrounds.

- Engaging BAME communities

A commitment to engage BAME communities with mental health awareness and suicide prevention campaigns, and improve mental health outcomes through preventative and community-based measures.

- Bereavement Support

The provision of better information and support for those bereaved, affected by or who have experienced suicide.

- Preventing and responding to self-harm

A range of services are needed for crisis care, and psychological assessment for self-harm patients.

- Mental Health of Children and Young People

Formal acknowledgement that support for young people must be distinct from that of adults. Joint working between health, social care, schools, colleges and youth services, with a particular focus on the increased suicide risk between 15 to 19 year olds.

- Acute Mental Health Care

A commitment to having safer wards, safer discharge (including follow up), adequate bed numbers and no out of area admissions.

- Supporting Primary Care

Assist Primary Care in being better able to deal with the issues that lead to suicide, with local GPs and staff receiving adequate training in mental health and suicide prevention.

- Tackling High Frequency Locations

A commitment to identify areas of higher risk through data collection and analysis, and developing whole-system approaches in order to lower frequency, including working with local media organisations and groups to prevent imitative suicides.

- Reducing isolation and loneliness

A commitment to reduce social isolation by exploring social-prescribing initiatives, strengthening community based support, and working with the third sector.

- Media engagement

Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour, as set out in the Samaritans media guidelines.

The London Standard Suicide Prevention Plan: Practice Examples

The below examples are to highlight the best practice that is currently being undertaken in London, but should not be considered an exhaustive list.

The below includes initiatives and practices that are for mental health in general, not solely specifically for suicide prevention.

BACKGROUND FRAMEWORK

Health and Wellbeing Board – Mental Health Priority – London Borough of Camden:

The London Borough of Camden’s Health and Wellbeing Board (HWB) has identified mental health and wellbeing as one of their four health priorities, seeking to make improvements in mental health outcomes, employment and loneliness. Some of the short and long-term actions that the HWB sets out include the promotion of good mental health among vulnerable mothers-to-be, new mothers, and their partners, through an innovative Baby Steps programme supported through the Camden Healthy Minds Fund, increasing the proportion of children and young people referred to child and adolescent mental health services seen within eight weeks of referral from 50 per cent to 90 per cent and reduce preventable early deaths among people with mental ill-health.¹³

Health and Wellbeing Board – Mental Health in all things – The London Borough of Richmond upon Thames:

The London Borough of Richmond’s Health and Wellbeing Board takes a different, but no less valid, approach to mental health. Instead of focusing on mental health as a separate priority, they have taken a “mental health in all things” approach by having mental health as a theme that runs through all priorities. The Richmond HWB intends to achieve this by taking every opportunity to promote mental health and wellbeing; empowering the community and voluntary sector to collaborate to deliver alternative delivery models and funding solutions; and providing integrated health and care services.¹⁴

Local Thrive Hubs – Harrow Thrive – The London Borough of Harrow:

In June 2017, the London Borough of Harrow were the first council in London to begin forming a local Thrive hub to bring together the public sector, community partners, people with experience of mental illness, and local business around a commitment to improving mental wellbeing in the area.

Thrive Harrow began to take form in 2016 following the council’s unanimous support for the Centre for Mental Health’s Challenge programme, and impetus quickly grew around a low-cost, high-impact action plan that could start to make a real difference for people working in the council and in the wider community.

Although Harrow Thrive is not yet fully formed, they have undertaken number of activities. A number of public events around mental wellness have been held, the council has worked on developing a set of wellbeing resources, and they have been delivering training to council

¹³ https://www.camden.gov.uk/ccm/cms-service/stream/asset/?jsessionid=A4EFAFA13A09D8A555A5317F0D13FC87B?asset_id=3528331&

¹⁴ https://www.richmond.gov.uk/media/10997/joint_health_and_wellbeing_strategy_2016-21.pdf

staff, particularly line managers, as well as to local schools. At present, the borough is developing action plans around the launch and delivery of Harrow Thrive.¹⁵

LEADERSHIP/GOVERNANCE

Mental Health Champion – London Borough of Ealing:

In October 2015, Ealing were among the first authorities in the UK to officially select a Mental Health Champion. Cllr Abdullah Gulaid, elected member for Acton Central, has a background working for health and mental health organisations, such as the Brent Black African and Caribbean Mental Health Consortium, which particularly focused on engaging with members of the BAME community. Since being selected as Ealing’s Mental Health Champion, he has led on borough community initiatives and events, publicly challenged mental health stigma and stood as an outspoken local champion for mental health.

Suicide Prevention Working Group or Partnership – London Borough of Haringey:

The Haringey Suicide Prevention Group is an inter-agency unit, hosted by Haringey Mind, which has been established to guide the borough’s suicide prevention strategy. Their work entails coordinating local action planning to reduce deaths from suicide, supporting those affected by suicide, as well as ensuring that data and intelligence on suicide is collected and shared across agencies.

The group has recently finalised the Suicide Prevention Plan, using the National Suicide Prevention Strategy’s six ‘areas of action’ framework as a best practice model. The plan identifies priority areas of intervention and the targeted actions of specific agencies, with access to means, media and data also being addressed.

The leadership on suicide prevention here has been through the independent Partnership convened at Mind in Haringey with active participation of the mental health Trust, public health, and a range of voluntary and statutory bodies. The drive to develop and implement this plan has come from the community including people bereaved by suicide.¹⁶

¹⁵ <http://www.mentalhealthchallenge.org.uk/putting-thrive-action-one-boroughs-plan-put-mental-health-spotlight/>

¹⁶ <http://www.mindinharingey.org.uk/suicide-prevention.asp#.W7jdBIKZORs>



Fig 1 A local Suicide Prevention Whole system Partnership model – PHE & NPSA Local Suicide Prevention¹⁷

IDENTIFYING HIGH FREQUENCY AREAS, INDIVIDUALS AT HIGH RISK, REDUCING ACCESS TO MEANS AND PROMOTING SUPPORT

The Better Mental Health Strategy/The Mental Health Wellbeing Strategy – The London Borough of Waltham Forest:

Waltham Forest's Better Mental Health Strategy Implementation plan has a particular focus on promoting support and identifying higher risk groups that have difficulties with access. This includes working with probation and mental health service providers to ensure the successful delivery of support for offenders with mental health problems and monitoring access to inpatient services against local demographics, with especial regard to the percentage of BME groups accessing therapies. This led to working with their Commissioning Support Unit to create a dashboard for access to services by race and other equality strands, which inform future commissioning.¹⁸

The Mental Health Wellbeing Strategy, which came into effect from June 2018, builds on the BMHS by focusing on multi-systems and 'whole council' approaches to mental ill-health.¹⁹

¹⁷ Public Health England, Local Suicide Prevention Planning - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

¹⁸ <http://democracy.walthamforest.gov.uk/documents/s44188/APPENDIX%201%20-Better%20MH%20Action%20plan%20Update%20Dec.pdf>

¹⁹

<https://democracy.walthamforest.gov.uk/documents/s62254/2018%2007%2004%20item%2013A%20Mental%20Wellbeing%20Strategy%20I.pdf>

Bridge Pilot – City of London:

The City of London's 'Bridge Pilot', a suicide prevention plan, which was developed as a joint initiative between the City of London Corporation, City of London Police, the Metropolitan Police, the Samaritans and the RNLI, is a good example of addressing the means of suicide, improving local public awareness and facilitating smoother inter-agency response, with a focus on helping those at crisis point.

As part of the plan, signs have been put on all Bridges in the area with the Samaritans' free phone number to encourage those who might be in distress to seek help. In addition, RNLI signs with emergency information have been placed on the bridges to trigger the correct action should a person jump from a bridge to improve response times. "Guidance on suicide intervention" leaflets were developed and more than 10,000 have been distributed at rush-hour periods to commuters using the bridges. Additionally, the Samaritans, the City's Public Health team, the City Police and East London NHS Foundation Trust work together to deliver training sessions to businesses in the area on how to recognise and approach a person who may be about to take their own life.²⁰

A street triage service has also been introduced, whereby mental health professionals join police patrols during the night and determine on the spot the best support for those in crisis, reducing the number of people in mental distress from being detained by Section 136 Orders.

The Bridge Pilot has since spurred a further tiered approach to suicide prevention in the local area, including the launch of a City-wide mental health campaign – "Release the Pressure" – and the piloting of the Dragon Café in the City, which provides a safe space for people who are feeling under pressure.

Joint Suicide Prevention Strategy – The London Boroughs of Barking and Dagenham, Havering, and Redbridge:

Since 20 March 2018, the London boroughs of Barking and Dagenham, Havering, and Redbridge have agreed to a joint suicide prevention plan that incorporates shared objectives and learning at its core. A key interesting feature of this comprehensive strategy is that it identifies those that self-harm or suffer from depression as individuals at high risk.

This involves the borough-wide implementation of NICE guidelines on self-harm, awareness raising of the help available and early identification and treatment. However, it is the focus on training that is most significant.

Each borough has committed to providing suicide and self-harm awareness training for GPs, other healthcare staff, as well as schools and colleges, the justice system, food bank staff and other third sector partners that have contact with high risk groups.²¹

²⁰

http://democracy.cityoflondon.gov.uk/documents/s71083/Suicide%20Action%20Plan%20update_Nov%202016%20SCP.pdf

²¹ https://www.havering.gov.uk/download/downloads/id/1900/bhr_suicide_prevention_strategy.pdf

TRAINING

Suicide Prevention Toolkit for Schools - Healthy London Partnership:

The Healthy London Partnership has recently developed the 'Suicide Prevention Toolkit for Schools'. The toolkit is an evidence based resource, drawing upon examples of good practice from the UK and overseas for use in the Education sector, including schools, colleges and training providers. There are additional resources aimed at supporting an all ages prevention approach that harnesses relevant materials from community, third sector, business and statutory services, in order to strengthen an all ages or life course approach to suicide prevention.

The key themes within the resource are: that death due to Suicide is not inevitable; that Suicide is not a normal response to either normal or abnormal experiences and is amenable to intervention; that you cannot make it worse by talking about it – that everyone can help – and we have to be sensitive and supported in doing this; and that you do not need to be a clinician to have a role in helping.

The toolkit collates and presents materials focussing on crisis support prevention and postvention interventions to support the zero suicide aspiration for the Thrive London programme.

Following the recommendations of the Thrive LDN group on suicide prevention, this resource is being adapted for other settings outside of education.²²

Building Suicide-Safer Schools and Colleges, and Suicide-Safer Universities – PAPYRUS:

PAPYRUS is the only national charity dedicated to preventing young suicide in the UK. The organisation provides help and advice through their helpline HOPELineUK; offers awareness and prevention training; campaigns and influences national policy; raises awareness and challenges suicide stigma; and engages with volunteers and communities.

PAPYRUS has developed the guide, 'Building Suicide-Safer Schools and Colleges', to support teachers and school staff (as well as peer support) to build a suicide-safer school. It aims to provide school staff with an understanding of the most effective strategies to implement to create a suicide-safer environment. The guide includes guidance on how to develop a school-wide approach to suicide prevention through developing a suicide safety policy; information on organisations, including PAPYRUS HOPELineUK, that can offer support and advice; advice and support on how to support a child or young person who may be at risk of suicide; and advice and support on what to do following a schoolchild's suicide or suicide attempt. The material in this guide is designed to be flexible, to ensure impact and wide use. It has already been widely adopted by London institutions.²³

Following the success of this document, in September 2018 PAPYRUS released a toolkit focusing on Universities. Working alongside Universities UK, this guide provides a framework to understand student suicide, to mitigate risk, to intervene when students get into difficulties, and to respond appropriately to student deaths by suicide, by clearly setting

²² For details, contact Health London Partnership

²³ <https://papyrus-uk.org/wp-content/uploads/2018/08/toolkitfinal.pdf>

out the steps that an institution of higher education can take to make their student community suicide-safer.²⁴

15,000 staff trained – Network Rail/Samaritans:

In 2010, the Samaritans began working with Network Rail, the British Transport Police (BTP) and the wider rail industry with the aim of preventing rail suicides and supporting those affected by them. The aim was to increase the number of potentially lifesaving interventions that are carried out to talk down people considering committing suicide around stations and tracks.

Since 2010, 15,000 railway staff have now been trained to prevent people from taking their own life, making up around one in six of the workforce.

In the 12 month period between April 2016 and April 2017, nearly 1,600 crucial interventions were made across the rail network by staff and police, an increase of 40 per cent on the previous year.

In addition to this, the number of suicides and suspected suicides on the network actually decreased in this time period, from 253 to 237 – the lowest yearly figure since 2010.²⁵

Vision Zero – Transport for London

In 2017/18, London Underground experienced 72 trackside suicide attempts of which around two-thirds were fatal. This was the highest number recorded in over a decade. This figure has increased year on year since 2014/15 when the number of incidents was 36.

Suicidal behaviour on the network has a huge impact on those vulnerable individuals who make attempts, as well as on their families. Suicide incidents can also have a traumatic impact on customers and staff who witness and are involved in these events.

The nature of these events also represents a broader strategic risk to the running of the railway. For example, customers on trains behind the incident train may be held in tunnel sections for substantial periods of time while emergency services assist the person on the track. This can lead to passengers falling ill on stalled trains and other wider disruption.

The Mayor's Vision Zero aims to prevent all deaths on London's roads by 2041 including those caused by suicide. Because of the possibility of "displacing" suicidal activity onto other modes, the Underground's programme must work with Vision Zero to collaborate effectively across TfL.

This has so far included suicide prevention training for all staff that work on stations, which has facilitated a marked performance change since it was set up in November.

So far in 2018, the Underground has experienced 10 per cent fewer suicides than at this point last year and are up 80 per cent on staff interventions. Injurious attempts have reduced and suicide fatalities have decreased.

²⁴ <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF>

²⁵ <https://www.samaritans.org/for-business/rail-industry-suicide-prevention-programme>

Suicide Prevention Training for GPs – The London Borough of Barnet

As part of their suicide prevention work plan, Barnet Council undertook a short training programme for local GPs in September 2017. The programme comprised of several events, focusing on the twin issues of adult suicide prevention and CYP suicide and self-harm prevention.

The CYP guidance laid out the national and local trends and features of suicidal ideation among children and young people. It emphasised the overall decrease in school support and the importance of social media and cyber-bullying in the mental health and wellbeing of young people, as well as highlighting the prevalence of self-harm and the causes of this increasing trend among children. Following the involved detailing of the national and local picture of CYP suicide and self-harm, the event then set out what a GP can do and what to look for in young patients. In particular, besides highlighting the importance of child and adolescent mental health service (CAMHS) referral and other services offered locally, there was an acknowledgment of the importance of school and family involvement in the overall wellbeing of children and young people.

Similarly, the adult information set out background to the issue and detailed what a GP can do to most effectively assist those considered at short, medium or long-term suicide risk. This included individualised risk assessments and how to engage with the patients themselves, as well as their families.

Importantly, both offered reassurance to GPs in acknowledgement of the anxiety the subject causes within the profession, together with the potentially adverse effects that a GP can experience on their own wellbeing if a patient is at risk of or dies by suicide.²⁶

Child and adolescent mental health sustainable training – The London Borough of Hammersmith and Fulham and the Bi-borough arrangement of Westminster and Kensington and Chelsea:

This mental health training programme, co-produced by the London Borough of Hammersmith and Fulham and the Bi-borough arrangement of Westminster and Kensington and Chelsea and delivered by a range of providers to suit the needs of schools, council staff, children centres, the voluntary sector, parents, children and young people, is for people who work with children and young people. For instance, the Central North West London (CNWL) are the main provider of child and adolescent mental health service in all three boroughs and offers innovative parental and professional training on request. Likewise, Partners in Practice offer bespoke training to a range of council staff including Systemic Family Therapy. A primary focus of Partners in Practice is to equip staff (social workers and other council staff) with systemic thinking and skills to assist them in their work.²⁷

Free Suicide Training Course – Zero Suicide Alliance:

²⁶ For more information, please contact: Jeff Lake, Consultant in Public Health, Jeff.Lake@Barnet.gov.uk; <https://barnet.moderngov.co.uk/documents/s41145/Appendix%20%20-%20LBB%20Suicide%20Prevention%20Report%202017%20V2.pdf>

²⁷ <https://www.westminster.gov.uk/child-and-adolescent-mental-health-sustainable-training>

The Zero Suicide Alliance is a collaboration of National Health Service Trusts, businesses and individuals who are all committed to suicide prevention in the UK and beyond. Comprised of a range of partners, including local authorities, the alliance was formed to improve support for people contemplating suicide by raising awareness of and promoting free online suicide prevention training which is accessible to all. While it is noteworthy that a number of local authorities are key partners in the alliance, currently there are no London local authorities involved.²⁸

The free and highly interactive online training takes only 15-20 minutes to complete, and aims to enable people to identify when someone is presenting with suicidal thoughts/behaviour, to be able to speak out in a supportive manner, and to empower them to signpost the individual to the correct services or support.²⁹

INTERVENTION AND SUPPORT

The Individual Placement and Support (IPS) programme – The London Borough of Barnet:

The Job Centre Plus teams in Barnet have identified mental health problems as the biggest barrier to employment. The Individual Placement and Support service (IPS), a programme funded by Barnet Council and delivered by London charity, Twining Enterprise, in partnership with Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) teams, focuses on people with severe and enduring mental health issues. Evidence-based support is provided by employment specialists working within local community mental health teams. The service aims to move people back into work quickly and provides ‘in-work’ support. The service provides one-to-one support for residents and quick job searching from employment specialists within a goal of four weeks. People have a session with a Twining Employment Specialist alongside the health and social care provided within BEH teams.³⁰

Black Thrive – The London Borough of Lambeth:

Black Thrive is about improving the mental health and wellbeing of Lambeth’s black communities who suffer from multiple disadvantages and discrimination. There is equal community ownership of Black Thrive, putting those with lived experience at the heart of decision-making, helping to build a more resilient and thriving Lambeth. It brings together people from all points of the mental health system to work together and make practical improvements across prevention, access to appropriate services and the patient experience. Over the next few years, Black Thrive will lead to changes required to achieve its vision for black communities in Lambeth where high quality services are available when and where needed regardless of people’s race.

Kooth: Online mental health and wellbeing service for children and young people – The London Borough of Kensington and Chelsea:

²⁸ Although no London Local Authorities are involved, the West London Mental Health NHS Trust, the North East London NHS Foundation Trust, the East London NHS Foundation Trust and the Camden & Islington NHS Foundation Trust are partners.

²⁹ <http://www.zerosuicidealliance.com/>

³⁰ <https://www.barnet.gov.uk/citizen-home/news/Mental-health-service-commended-as-Centre-of-Excellence.html>

Formed in collaboration with the local authority, CCGs, foundation trusts, charities and other organisations, Kooth is an online counselling and emotional well-being support service for children and young people, providing preventative and early intervention support, available free at the point of use. By logging on to Kooth through a smart phone, tablet or computer to access accredited counsellors online, Kooth helps to reduce waiting times for young people seeking help while removing the stigma associated with accessing mental health support. Self-help materials co-produced by other young people, as well as live moderated peer-to-peer support forums, are also available.

Kooth is now provided in Lewisham, Kingston, Westminster, Kensington and Chelsea, Hammersmith and Fulham, Barking and Dagenham, Redbridge and Havering.³¹

Mental Health First Aid training (Young Black Men's Programme) – The London Borough of Hackney:

The Young Black Men Programme from the London Borough of Hackney (Public Health) is funding Rethink Mental Illness to deliver free Mental Health First Aid training to organisations and individuals, such as front line professional and community members, who support young black men and boys in the borough.

Outcomes for young black men and boys in Hackney (as in many other areas of the country) are disproportionately worse than other groups in a range of social and educational areas. The early identification of and support with mental ill health in young black men and boys is one important factor which has been identified as significantly contributing to addressing this inequality of outcomes.

Through delivery of the training, the programme aims to increase front line staff and community members' ability to identify signs of potential mental ill health in young black men and boys early, offer initial support and signpost to further appropriate support.

Rethink Mental Illness and London Borough of Hackney are united in their desire to support better outcomes for young black men and boys and address inequality of outcomes from these groups in relation to mental health.

In the light of increasing levels of violent crime in London, Hackney has incorporated the Young Black Men's programme, and its MHFA training, into their local 'Public Health Approach' to violent crime.³²

Social Prescribing – The London Borough of Bexley:

Delivered in partnership with the CCG, the London Borough of Bexley, Bexley Voluntary Service Council (BVSC) and Mind in Bexley, with Mind in Bexley being the host organisation, the Social Prescribing (SP) pilot in Bexley was aimed at individuals over the age of 18 that satisfied two out of four social criteria: socially isolated, frequent user of primary care/A&E services, struggling to manage their health condition or struggling to manage a significant life event. Between April 2015 and July 2016, nine GP practices in the Clocktower locality hosted an 'assessor', provided by Mind in Bexley, with the aim of helping more patients to

³¹ <https://xenzone.com/kooth/>

³² [https://www.rethink.org/services-groups/mental-health-training/mental-health-first-aid-training-hackney:file://docserver/UsersFlderRedirect/JackEddy/Downloads/approach-to-violent-crime%20\(2\).pdf](https://www.rethink.org/services-groups/mental-health-training/mental-health-first-aid-training-hackney:file://docserver/UsersFlderRedirect/JackEddy/Downloads/approach-to-violent-crime%20(2).pdf)

access more voluntary services and improve mental health outcomes. Clients were referred by GPs or self-referrals into the service, and the assessor met with clients at their respective GP practice for an assessment for one hour. Following the assessment, a number of action plans were formulated and the client was referred onto a provider – a community or voluntary organisation that delivers a particular social service.

The long term aim of the Bexley social prescribing project was to improve the mental health and quality of life of patients, which was measured through improved Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) scores. This measure is used to measure key elements of mental health and wellbeing and analysis of the quantitative data and interviews undertaken suggests that social prescribing in Bexley is viewed very positively by those who engaged with the scheme. Over two thirds of clients reported that social prescribing had a significant (47 per cent) or major (23 per cent) impact on their quality of life. Those who reported a significant or major impact on their quality of life also had fewer A&E attendances, fewer non-elective admissions and had reduced hospital stays six months after their social prescribing referral.

Since January 2018, a long-term social prescribing service, 'Community Connect', which accepts both professional and self-referral of patients, has been established.³³

Preventing Suicides in Southwark – The London Borough of Southwark:

The Southwark Suicide Prevention and Action Plan was launched in early 2018 and has a particular focus on tailoring approaches to best improve mental health across all communities, particularly to those identified as most at risk.

In the strategy, Southwark pledges to improve engagement with local schools and explore opportunities to develop a programme of work around emotional health and wellbeing among young people, recognising that self-harm is prevalent. They also seek to utilise digital approaches by leveraging the local 'Big White Wall' online community to deliver messages around suicide to targeted population groups via social media.

In addition, the Southwark strategy also highlights the unemployed as an at risk group – with a particular focus on unemployment as a cause, rather than just as a consequence, of mental ill-health and suicidal ideation. As such, Southwark is working to improve signposting to practical support for those affected by environmental risk factors such as job loss, housing issues, eviction, and financial turmoil.³⁴

CAMHS Referral Process – The London Boroughs of Ealing, Hounslow and Hammersmith and Fulham:

The CAMHS service across Ealing, Hounslow and Hammersmith and Fulham, like all CAMHS services provided across London, accepts referrals of children and young people

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<https://create.canterbury.ac.uk/15986/1/Social%20Prescribing.%20A%20Pilot%20Evaluation%20Report%20281%29.pdf>; <http://communityconnectbexley.co.uk/>

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<http://modern.gov.southwark.gov.uk/documents/s74506/Appendix%201%20Suicide%20Prevention%20Strategy%20and%20Action%20Plan.pdf>

with severe and complex emotional, behavioural and mental health difficulties for both assessment and treatment.

Like many CAMHS, it places services within the 'tier' system.³⁵ Most young people with mild emotional or behavioural difficulties are best served by universal services e.g. General Practitioners, schools, health visitors and community groups etc. Before making a referral to CAMHS, these other options should be considered (i.e. tier one and tier two services). When the difficulties are complex and enduring and there is a significant impact on the young person's functioning, a direct referral to targeted community based services or specialist, clinic-based mental health services such as CAMHS or social care may be appropriate. For West London CAMHS, suicidal tendencies sits within tier three services, which accepts referrals from children and young people presenting symptoms that suggest major mental illness and other psychiatric disorders, as well as severe emotional and functional impairment. All referrals are screened and considered against set criteria, which defines the urgency of referral.

Children and young people who are actively suicidal or are considered at risk of suicide are categorised under Level one (emergency or same day referral) and Level two (urgent or referral within five days), respectively.³⁶

CAMHS "Whole School" approach to self-harm and suicide prevention – The London Borough of Croydon

Croydon Clinical Commissioning Group worked with the South West London Health and Care Partnership in May 2018, to consult with children, young people and parents on ways to improve support given to prevent self-harm or children and young people that might be considering this. This exercise concluded that there is not enough consistent early and effective support. A whole school approach is now being developed with school clusters to support the development of Mental Health Support Teams, identify and train school leads and trial the four week wait time access to specialist NHS CYP mental health services.

The Council's Public Health Team have also led on a multi-agency strategy for the prevention of self-harm and suicide, which will feed into the overall strategy. This was signed off in December 2017 by key stakeholders including Councillor Louisa Woodley, the then chair of the Health and Wellbeing Board. A steering group has since met and is due to be reconvened to drive forward the implementation of this action plan.³⁷

SUICIDE BEREAVEMENT AND POSTVENTION

Crisis management in the event of a suicide: a postvention toolkit for employers – Business in the community:

The Postvention toolkit, developed by Business in the Community in partnership with the Samaritans, is designed to support employers in their response to the suicide of an employee, at work or outside the workplace. This toolkit provides advice when there is strong evidence that suicide is the cause of death, and when the workplace community –

³⁵ Some CAMHS are now pursuing a 'tierless' approach, for example, via the THRIVE model.

³⁶ <http://www.wlmht.nhs.uk/services/gp-information/camhs-referral-advice/ealing-camhs/>

³⁷ For more information please contact: Nerissa Santimano - Nerissa.Santimano@croydon.gov.uk; Jack Bedeman - Jack.Bedeman@croydon.gov.uk; Mar Estupinan - Mar.Estupinan@croydon.gov.uk;

colleagues, relatives and friends – are responding to what they believe is a suicide and so experiencing the corresponding impact and emotions.

The necessary support and resources needed for employers to develop an effective postvention response are outlined in the toolkit. More than this, this resource helps employers and organisations to develop or adopt a strategy to reduce the risk of a suicide that will have an impact on the workplace.³⁸

Bereavement Service – The London Borough of Hillingdon:

Hillingdon's Bereavement Service aims to deliver services to the bereaved without error or insensitivity, meeting the religious, secular, ethnic and cultural needs of the whole community. As well as providing a clear and consistent guide for the practical considerations of bereavement, the service also signposts counselling services for both adults and children.³⁹

Bereavement Counselling – The London Borough of Lewisham:

Lewisham, while also highlighting support available from outside organisations such as Cruse Bereavement, offers a direct counselling service. It is a flexible service, with bereavement counsellors able to visit at home or in doctors' surgeries in the borough. Appointments are arranged via a direct number provided on the Lewisham Council website. This service is free if you are on a low income or over 60, with a small contribution if you are in full-time work.⁴⁰

Camden and Islington Postvention Support leaflet – The London Boroughs of Camden and Islington:

Camden and Islington's public health department have been working with their community safety teams, local people bereaved by suicide and the police to develop a local postvention support leaflet, "Information and support for people affected by a sudden death". The leaflet gives information for those affected by a suicide both about the processes following a sudden death (such as identification of the body, the possibility of a post-mortem and the inquest) as well as signposting to local and national support specifically for those bereaved or affected by suicide. Public health will provide brief training to all local officers around the impact of suicide and the current lack of support to those bereaved by suicide. The police will be distributing this leaflet to anyone affected at the scene of a death, and to next of kin.⁴¹

EVALUATION MEASURES

Special Case Review (SCR) into death by suicide of Child B – The Royal Borough of Kingston:

³⁸

https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_crisis_management_in_the_event_of_a_suicide_toolkit.pdf

³⁹ <https://www.hillingdon.gov.uk/bereavement>

⁴⁰ <https://www.lewisham.gov.uk/myservices/birthsdeaths marriagesCP/deaths/support-advice-and-benefits/Pages/Support-and-advice-for-the-bereaved.aspx>

⁴¹ For more information, please contact Jane Brett-Jones, Senior Public Health Strategist, London Borough of Islington: Jane.brett-jones@islington.gov.uk

Child B, a Korean young person, aged 15 years old, took his own life in July 2014. The Kingston Local Safeguarding Children's Board (LSCB) Chair took the decision to initiate a Serious Case Review. A multi-agency Panel met to oversee the learning and improvement review, and also carried out staff interviews of those who had worked with the family. The Panel included the Designed Nurse for Safeguarding Children, Public Health, Kingston Council, Achieving for Children, CAMHS [SWLSG], Met Police, Designated Doctor, Kingston Hospital, Education Inclusion Lead, AfC, Senior Lawyer Social Care & Education Team.

Among other findings, such as questions around access to Children's Social care and mental health training, the SCR found that Child B's membership of the growing Korean community in Kingston created issues in terms of providing necessary support and intervention, as well as in postvention and bereavement services. The report found that if a minority community makes few demands on statutory services and is not well represented among service users or providers, its culture is liable to remain hidden or poorly understood. The impact of this is felt with the involvement of statutory services; on the basis of an insufficient understanding of the culture, perhaps in conjunction with the attitudes and beliefs of the service user, comes an increased risk of poor outcomes.

Since the conclusion of the SCR, Kingston Borough Council have made substantial efforts to engage the local Korean community, such as meeting with local schools to engage with parents and putting together a JSNA with Kingston University focusing on the local Korean community.⁴²

Mental Health Needs Assessment – The London Borough of Tower Hamlets:

In 2013, Tower Hamlets Council carried out a Mental Health Needs Assessment to inform and help develop a new Mental Health Strategy, which was published alongside the assessment. The report provides a detailed picture of the mental health needs of the borough, and analysis of the facts and figures concerning investment and the use of services. As well as a valuable source of information for the Council, it also provided essential information for stakeholders with an interest in mental health in Tower Hamlets.

The assessment analysed the prevalence of mental health issues, including suicide and self-harm, among different socio-economic and ethnic groups, as well as different gender, age and other sub-groups (such as LGBT), highlighting mental health as a key health inequality.⁴³

Annual Suicide Audit – The London Borough of Bromley:

Ongoing data collection is vital to ensure that any local suicide prevention strategy, or other mental health initiative, can be regularly reviewed and scrutinized. Following the recommendations made by Government in *Preventing suicide in England* - and at the

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<http://kingstonandrichmondscb.org.uk/media/upload/fck/file/SCR/Kingston%20LCSB%20SCR%20Exec%20Summary%20Child%20B%20May%202015.pdf>

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http://www.towerhamlets.gov.uk/Documents/Borough_statistics/JSNA/Tower_Hamlets_Mental_Health_JSNA_Part_1_Population_Needs.pdf

expense of Officer time only - the London Borough of Bromley developed a local suicide audit.

Information that includes coroner-related information, contact with primary care and hospital services, psychiatric history and demographic details is collated into a local database. From this data, an annual report is produced that reveals local trends. In this way, Bromley is able to build up a long-term view of patterns in their area to shape their suicide strategy⁴⁴.

SUSTAINABILITY AND CAPACITY BUILDING

Mental Health Strategy – The London Borough of Barking and Dagenham:

The Mental Health Strategy produced by Barking and Dagenham is a good example of building a sustainable new care model. While priorities one to three of the strategy attempt to address some of the immediate issues that will improve the Borough's strategic response to mental health, priority four aims to provide a focus on more creative, innovative ways to co-produce a new system of mental health care and support by 2018, including maximising the benefits of creating a digital front-door to advice and support.

Building on Barking and Dagenham's strong foundation of integrated health and social care, developing the assets already in place within their workforce and the voluntary sector, the strategy clearly sets out how the borough intends to continue developing their capacity for mental health care and support. The actions set out in the strategy include the integration of mental health and substance use support and developing a peer support model, which promotes recovery, wellbeing and opportunity for community engagement.⁴⁵

SUICIDE PREVENTION, MENTAL HEALTH AND WELLNESS PROMOTION & AWARENESS

My Life – The London Borough of Redbridge:

Similarly, Redbridge borough's 'My Life' site also includes user friendly and interactive advice and guidance. Like Havering's 'My Health & Wellbeing', 'My Life' provides a mood self-assessment to encourage understanding and recognition of symptoms by the user.⁴⁶ However, the Redbridge site has a greater emphasis on support, with numerous links and contact details provided for further help.⁴⁷

Our Place: Embracing Mental Health Project – The London Borough of Sutton:

In May 2016, eighteen pubs and clubs across Sutton signed up to an innovative project to promote mental health awareness among their staff. The pilot scheme is part of Sutton Council's 'Our Place – Embracing Mental Health Project', and was set up in partnership with the council's economic development arm 'Opportunity Sutton'.

⁴⁴ <https://bromley.mylifeportal.co.uk/media/16038/suicide-2014.pdf>

⁴⁵ <http://modern.gov.barking-dagenham.gov.uk/documents/s107637/Appendix%20A%20-%20Mental%20Health%20Strategy%202016.pdf>

⁴⁶ London Borough of Havering, My Health and Wellbeing - https://www.havering.gov.uk/info/20073/public_health/403/my_health_and_wellbeing

⁴⁷ <https://mylife.redbridge.gov.uk/mental-health>

The staff have received training from the Sutton Mental Health Foundation charity to help them to identify and assess risk, and understand how to talk to someone in distress in a calm and reassuring manner. The training includes areas such as self-harm or potential harm to others, and suicidal thoughts and tendencies.

Should staff believe the person may be at risk of harming themselves or others, they tell that person they are concerned about their safety or the safety of others in the pub or club and that they may need to share with others what they have been told, which can lead to signposting. Should the person not be co-operative, then staff must secure the environment and call the emergency services without seeking the consent of the person while making sure the person is safe and not a danger to themselves or others.⁴⁸

⁴⁸ <https://www.rethink.org/services-groups/mental-health-training/mental-health-first-aid-training-hackney>

A Model Suicide Prevention Plan: The Nine Pillars

Pillar	Action Area	Responsibilities	Partners
1. Background framework	a. Mental Health and Wellbeing established as key priority by Health and Wellbeing Board and JSNA	Council Leader Council Cabinet Councillors Health and Wellbeing Board Council departments: i. Public Health ii. Adult Social Care	Thrive LDN Coroners Voluntary and Community partners NHS partners and other healthcare providers Metropolitan Police British Transport Police Other emergency services
	b. Collect and analyse local data on suicide and self-harm. This could include data on: method, location, timing, details of individual and local circumstances, demographics, occupation and characteristics protected under the Equality Act 2010		
	c. Form partnership with Thrive LDN for additional support		
2. Leadership/Governance	a. Select a local Mental Health Champion	Council Leader Council Cabinet Health and Wellbeing Board Adult Social Care – Mental Health Lead	Key leads for targeted actions in the plan
	b. Establish suicide prevention working group or partnership to oversee delivery and evaluation		Voluntary and Community partners NHS partners and other healthcare providers Metropolitan Police British Transport Police Other emergency services Schools & Colleges Adult Social Care providers Criminal justice services People with personal experience of a suicide attempt, suicidal thoughts and feelings, or a suicide

			bereavement
3. Areas of high frequency, individuals at high risk, reducing access to means and promoting support	a. Identification of local hot spots and opportunities to reduce access to means and promote support	Council departments: i. Public Health ii. Adult Social care iii. Transport iv. Housing & planning v. Children's Services vi. Communications	Suicide Prevention Working Group Network Rail TfL Coroners Samaritans Metropolitan Police British Transport Police Mind Universities Schools & Colleges Adult Social Care providers Local businesses
	b. Roll out 'Bridge' initiative		
4. Training	a. Ensure that key staff groups who come into contact with people at risk of suicide are equipped to provide appropriate compassionate support. This should be part of core workforce training programmes. E.g. Domestic abuse workers, social workers, student services etc.	Health and Wellbeing Board Council departments: i. Public Health ii. Adult Social care iii. Children's Services iv. Housing & planning	Groups working with people at risk e.g. Homelessness, Domestic Abuse, Drugs and Alcohol GPs and Primary Care Services Healthy London Partnership Schools & Colleges Adult Social Care providers
	b. Ensure that appropriate borough staff members receive mental health training to improve mental health in the workplace	Health and Wellbeing Board Council departments: i. Public Health ii. Human Resources	

	c. Ensure that all Schools and Colleges within the borough have access to the Suicide Prevention Toolkit for Schools	Council departments: i. Education ii. Communications	
5. Intervention and Support	a. Establish pathways into appropriate community support for people receiving mental health services and prioritising people being discharged from services	Health and Wellbeing Board	Suicide Prevention Working Group CCGs Samaritans Other Mental Health organisations/charities Healthy Schools Programme CAMHS Mental Health Champions
	b. Strengthen and develop initiatives that provide support for people in distress and ensure they are promoted, including managing distressing thoughts	Council departments: i. Public Health	
	c. Tailor approaches to improve mental health across all communities, particularly to those identified as at risk		
	d. Reduce the opportunity for suicide in locations where suicide is more likely, for example by erecting physical barriers	Council Departments: i. Public Health ii. Housing & planning iii. Transport	Suicide Prevention Working Group CCGs Mental Health organisations Samaritans Local businesses

6. Suicide bereavement, postvention and the prevention of 'suicide clusters'	a. Investigate and evaluate current postvention interventions, eg schools, communities and outreach to family and friends, in addition to bereavement support	Council departments: i. Public Health ii. Adult Social Care iii. Transport iv. Housing v. Children's Services vi. Communications	Suicide Prevention Working Group Bereavement charities CAMHS Schools & Colleges Adult Social Care providers British Transport Police
	b. Strengthen, develop and promote support available for people bereaved or affected by suicide – this could include families and friends, workplaces, schools and colleges		
	c. Develop a local suicide bereavement pathway		
7. Evaluation measures	a. Carry out local suicide audit in line with PHE recommendations	Council departments: i. Public Health	Suicide Prevention Working Group or Partnership
	b. Undertake SLI or Mental Health Needs assessment to evaluate wider suicide prevention provision across the borough	Suicide Prevention Working Group or Partnership Council departments: i. Public Health	
8. Sustainability and capacity building	a. Integrate suicide prevention into existing approaches to community asset building and self-care	Health and Wellbeing Board Council departments: i. Public Health ii. Adult Social Care	Suicide Prevention Working Group or Partnership Voluntary & Community partners

9. Suicide Prevention, Mental Health and Wellness Promotion & Awareness	a. Dissemination of mental health self-help/self-care resources and self-help services	Health and Wellbeing Board Council departments: i. Communications	Suicide Prevention Working Group or Partnership Thrive LDN (to assist in signposting to other organisations) CCGs
	b. Work with local partners to develop engaging public campaigns to reduce the stigma of suicide and let people know where support is available	Council departments: i. Communications	Voluntary & community partners Samaritans Other Mental Health charities/organisations

The Following Areas Are Highlighted For Possible Future Development

'Themed Panel' case reviews for Suicides

- A Government review of Child Safeguarding means that some types of deaths requiring specialist input, such as suicide, could be reviewed at themed Child Death Overview Panel (CDOP) sessions. In these circumstances, it is suggested by Government that CDOPs could conduct these sessions in wider footprints, allowing for CDOPs and designated doctors for child death to liaise and collaborate/coordinate their approach to the review of cases. These 'Themed Panels' would – if successfully delivered – provide a high quality standardised review of cases of high complexity/rarity, where local experience may not be available to support detailed case review and framing of recommendations and where a degree of impartial peer review would be of significant benefit. There are also clearly wider implications for utilisation of resources, and potential benefits in terms of promoting pan-London or sector-level works on child death review, eliminating unwarranted variation in process with the possibility of delivering stronger and more readily actioned recommendations to prevent deaths.⁴⁹

Suicide Prevention Support plans

- Develop a Suicide Prevention Support Plan for those that have attempted suicide, ensuring that they are supported and delivered from crisis. This can be based on the process already operated by the BTP, which has been in place since 2013.

Sub-regional approaches

- Formalise relationship with STP Mental Health Networks.

A model for postvention

- Develop a postvention model for Suicide Liaison Services, including a model for funding. The North Central London STP Board has supported a business case for such a service (developed by the Haringey Suicide Prevention Group), but a model for funding such cross-borough services is required.

Online and social media

- Undertake research in to the role of online and social media as a cause of mental ill-health in London and develop effective means of incorporating the use of social media in suicide prevention initiatives.

Best practice outside London

- Explore methods to effectively incorporate best practice from outside London into the London Suicide Prevention strategy.

Effective Suicide Prevention plans for Veterans

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- Working with colleagues from the Royal British Legion and Help for Heroes, undertake research in to effective suicide prevention initiatives for veterans and incorporate into the London Strategy.

Effective mental health provision and suicide prevention for the LGBT+ community

- Evidence is increasing that those from the LGBT+ community are more likely to self-harm and more likely to suffer from suicidal ideation. Working with LGBT+ groups and other partners, explore means to best engage with and prevent suicide among the LGBT community.

The link between gambling and suicide

- Gambling is increasingly recognised as an important public health concern and its link with suicidal ideation is pronounced.⁵⁰ One UK study found that four per cent of suicides amongst 20-24 year-olds were related to gambling; another study in Hong Kong found 11.3 per cent of suicide victims would be classified as pathological gamblers. If these figures were applied across London, this would indicate that between 22 and 61 suicides a year were related to gambling. A future study into the impact of gambling on suicide in London would be useful.⁵¹

⁵⁰ Please see Eddy, J., Solomon, V. (2018), *A 'Whole Council' Approach to Gambling*, London Councils

⁵¹ Appleby, L. et al. (2017) *Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)*, Manchester: University of Manchester; Wong, P.W.C. et al. (2010) *A psychological autopsy study of pathological gamblers who died by suicide*, *Journal of Affective Disorders* 120, 213-216

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