Suicide is not an option- help is at hand

Suicide Prevention Strategy 2022 - 2025

Suicide is not just a tragedy for the person who loses their life. It also shatters the lives of those left behind- families, friends, colleagues and communities.

(NSPA 2019)

Help is at Hand

Our Vision is "**To be Outstanding**"- in all we do and how we do it.
Our values for the way we want our staff to behave are Proud to **CARE**
Our vision is underpinned by our **SPAR** quality priorities – to provide services that are safe, personalised, accessible and recovery-focused.

safe • personalised • accessible • recovery focused
spar

COMPASSIONATE
APPROACHABLE
RESPONSIBLE
EXCELLENT
PROUD TO CARE

Introduction/ Vision/ Priorities

Every day in England around 13 people take their own lives. The death of someone by suicide has a devastating impact on families, friends, workplaces, schools, universities and communities.
If we want to improve the life chances of future generations, we need to address this disturbing reality and do absolutely everything we can to prevent suicide.

Every suicide is an individual and community tragedy and can happen at any age, but suicide is not inevitable and central to any prevention work must be the maintenance of hope and recovery.

Suicide is the act of intentionally causing one's own death. Suicide is often carried out as a result of despair and a lack of hope. Although the cause is frequently attributed to a mental disorder such as depression, bipolar disorder, schizophrenia, borderline personality disorder or substance use, around 73% of those who die by suicide were not in contact with mental health services at the time of their death (NCISH, 2021). A range of other factors such as financial difficulties, interpersonal relationships, and bullying can play an important role.

Our strategy is underpinned and informed by our commitment to a **Zero Suicide Ambition (ZSA)**, part of a national programme and network of organisations and individuals who believe that all suicides are potentially preventable. The Zero Suicide ambition is not a target figure, it is a call to everyone towards suicide prevention; it requires society-wide collaboration and is driven by individuals and organisations.

This strategy is based on the key national policy documents and current research on suicide and suicide prevention.

Its main focus is on preventing suicide in those people who are known to, or come into contact with NSCHT services. However, we acknowledge that because suicide is such a complex issue with a number of underlying determinants, approaches to prevention must be wide-ranging. Therefore, we will work collaboratively with other partners and

stakeholders, including statutory agencies, third sector providers, service users/patients, their families, friends and carers.

This revised document outlines the Trust strategic plan for the prevention of suicides and builds upon the work implemented and developed from our initial Suicide Prevention Strategy 2016-20.The original strategy was developed following a review of learning from serious incidents, the National Suicide Prevention Strategy 2012 and the overarching Stoke-on-Trent and Staffordshire Suicide Prevention Strategy and focuses on the following areas:

Priorities from the national suicide prevention strategy (update 2019)

- Reduce risk of suicide in high risk groups
- Tailoring approaches to promote mental health in specific groups
- Reducing access to means
- Providing better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring
- Reducing rates of self-harm

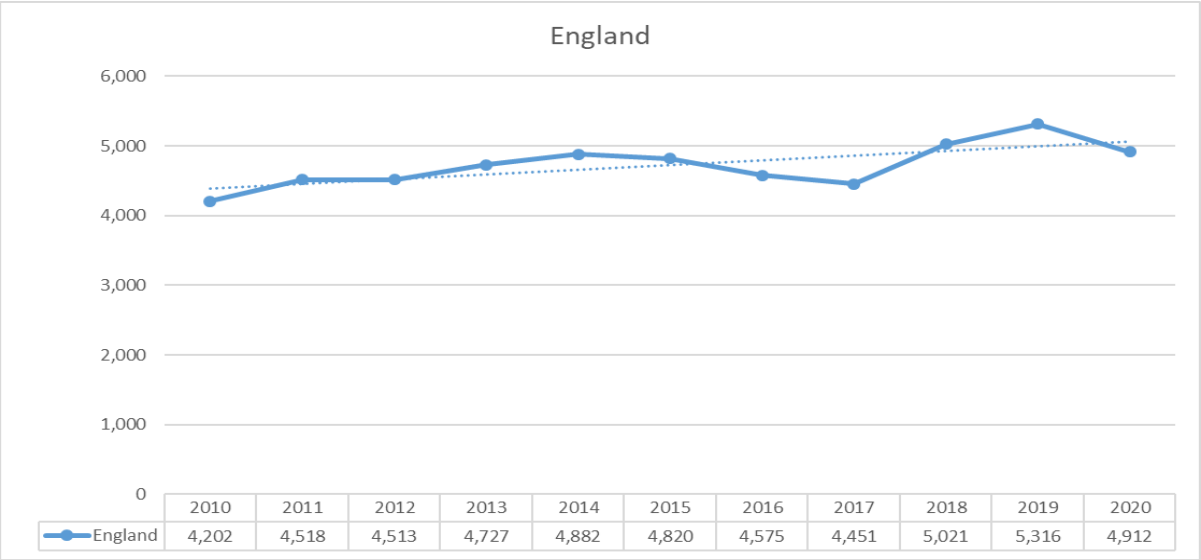
North Staffordshire Combined Health Trust (NSCHT) will continue to work in partnership with other agencies to ensure that vulnerable individuals are supported and kept safe from preventable harm. We recognise that the prevalence of suicide often reflects wider health and social inequalities, as there is a marked difference in rates according to people's social and economic circumstances, with people in poorer communities more likely to be affected.

No suicide is inevitable. There are numerous ways in which services can improve practice to reduce suicides. Healthcare services have a particular role in preventing suicides in high-risk groups and those people presenting in distress or in crisis.

This strategy runs from 2022 to 2025 and replaces the previous version

National picture and background

In the United Kingdom, each year there are around 6,000 deaths due to suicide. The most recent data available from Office for National Statistics reports that in 2020, there were 2,224 suicides registered in England and Wales, an age-standardised rate of 11.0 deaths per 100,000 population, this is consistent with the rate in 2019.



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
England	4,202	4,518	4,513	4,727	4,882	4,820	4,575	4,451	5,021	5,316	4,912

Table: Number of suicides in England, death registered 2010 to 2020. (ONS)

In the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) annual report (2021) it was noted that between 2008 and 2018, there were 18,029 suicide deaths by patients (people in contact with mental health services within 12 months of suicide) in UK which accounts for 27% of all general population suicides. See table below:

	England	Northern Ireland	Scotland	Wales	UK
General population	51,511	2,527	8,473	3,683	66,194
Mental Health patients	13,984 (27%)	613 (26%)	2,619 (31%)	813 (22%)	18,029 (27%)

Table: Suicide figures by UK country (2008-2018) (NCISH)

Suicide is multi-factorial and is different for every individual; most often it is a combination of various factors that lead people to take their own life, as opposed to one single causative factor.
Mental ill health and psychological distress are associated with an increased risk of suicide; emotional distress, often precipitated by some form of life event or crisis.

One person in the world dies by suicide every 40 seconds (World Health Organisation, 2019).

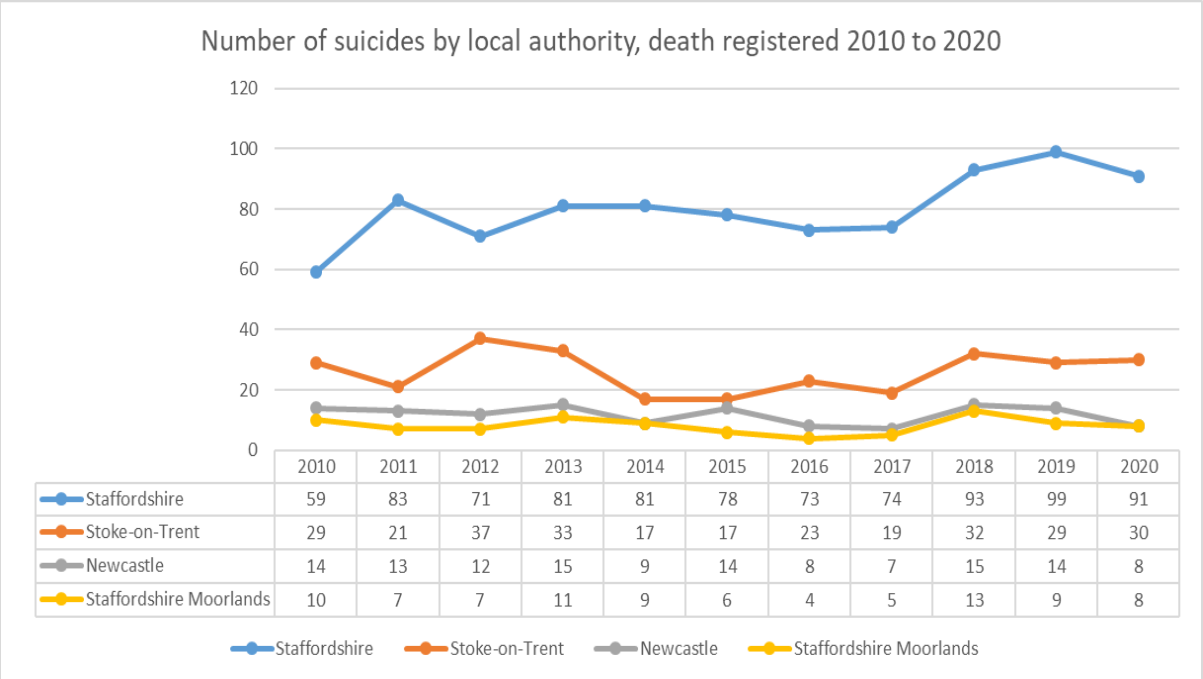
Addressing suicide and its prevention has been a key part in the 5 Year Forward View for Mental Health (NHS England, 2016) which aimed to reduce suicides by 10% by 2012/21.

It called for close working between the different NHS and partner organisations to explore this complex public health challenge and made explicit the need to build on priorities set out in the *National Suicide Prevention Strategy (2012), Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives*, combined with existing and emerging evidence around suicide such as from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH).

Suicide is not inevitable and there are many ways in which mental health services can improve clinical practice to improve practice and reduce suicide among those with mental ill health.

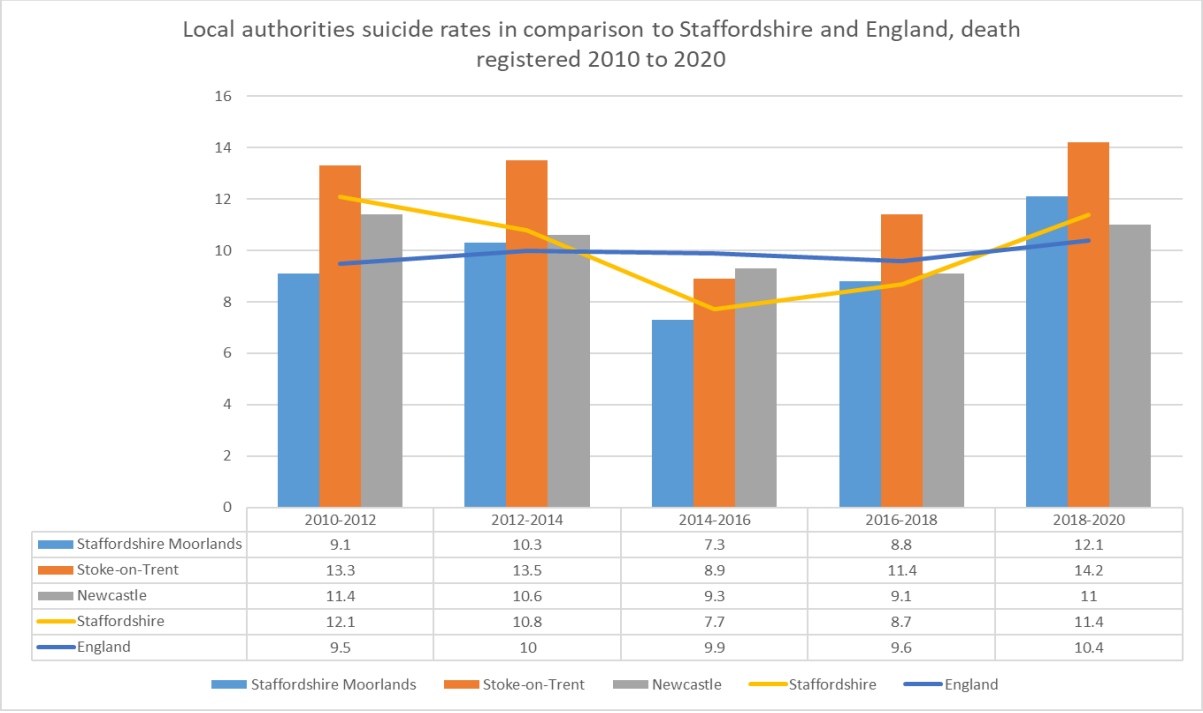
Local picture and background

The most recent data from the Office of National Statistics (2020) is shown below. This table below highlights the number of suicides, by local authorities that are in the catchment area for NSCHT. The number reflects deaths by suicide in the general population, not only patient suicides.



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Staffordshire	59	83	71	81	81	78	73	74	93	99	91
Stoke-on-Trent	29	21	37	33	17	17	23	19	32	29	30
Newcastle	14	13	12	15	9	14	8	7	15	14	8
Staffordshire Moorlands	10	7	7	11	9	6	4	5	13	9	8

Table: Number by suicides by local authority, death registered 2010 to 2020 (ONS)



	2010-2012	2012-2014	2014-2016	2016-2018	2018-2020
Staffordshire Moorlands	9.1	10.3	7.3	8.8	12.1
Stoke-on-Trent	13.3	13.5	8.9	11.4	14.2
Newcastle	11.4	10.6	9.3	9.1	11
Staffordshire	12.1	10.8	7.7	8.7	11.4
England	9.5	10	9.9	9.6	10.4

Table: Local authorities suicide rates in comparison to England, death registered 2011 to 2019 (ONS)

In addition, the above table illustrates comparison between suicide rates per 100,000 population in local authorities and in Staffordshire general as well as England.

Locally the Trust is an active participant in the Stoke-on-Trent and Staffordshire Suicide Prevention Strategy. This is a multi-organisational partnership across health, social care and community agencies which has developed a robust plan towards suicide mitigation. These plans include a strong focus on primary care, alcohol and drug misuse and with specific attention to high risk groups such as middle aged men and people with mental health issues.

Zero Suicide Ambition

The Trust is a member of the national **Zero Suicide Alliance (ZSA).**

This is a movement underpinned by the belief that all suicides are potentially preventable and that everyone can make a difference.

This does not mean that 'zero suicides' is a performance target or a specific aim but rather an organisation development and improvement journey.

Implementation of the strategy

The NSCHT suicide prevention strategy objectives are aligned both to the National Suicide Prevention Strategy for England (NSPS) and the Trust quality priorities (SPAR), and aim to reduce the suicide rate in the group of people who come in direct and indirect contact with our services.

We also aim to provide better support for those bereaved or affected by suicide.

In the development of this revised Strategy, the Trust engaged with clinicians, service users and carer representatives and reviewed related evidence and research.

Safe

- Reduce the risk of suicide in key-risk groups
- Reduce access to means of suicide
- Reducing rates of self-harm as a key indicator of suicide risk

- Ensure that all frontline clinical staff are supported to recognise and respond to people presenting with suicide risk. This includes training to undertake suicide risk assessments and safety planning.
- NCISH (2018) suggests that the risk assessment process can be improved by:
  - Adopting a consistent approach across teams and services.
  - Providing staff training and ongoing supervision
  - Personalised, collaborative management plans
  - Improved communication with GPs
- The Trust is committed to providing Suicide Awareness training for all clinical staff and Suicide Mitigation training for specific registered staff. This training provides:
  - A common language
  - Understanding theories of self-harm and suicide
  - Core skills
  - Links across the Trust
  - The recognition that Risk assessment tools should not focus on prediction
  - Risk is not a number/ Risk assessment is not a checklist
- Ensure that our inpatient ward environments are designed and updated to maximise safety
  - The National Confidential Inquiry (NCISH) reports that the methods most amenable to intervention are removal of potential ligature points in inpatient settings, withdrawal of certain analgesics.
  - We will maintain our arrangements for a minimum of an annual environmental risk assessment of all inpatient areas and continue to invest in ligature reduction work
- Identify, monitor and reduce potential means of suicide by limiting supplies of medication to individuals at times of high risk, and routinely communicating advice about medicine supply to GPs and other prescribers.
- Implement a programme of assessment and accreditation within our inpatient wards (AIMS)
- Use benchmarking data to provide a focussed and prioritised approach to harm reduction

- Equip our staff to deliver psychological therapeutic interventions
- Work in collaboration with the Staffordshire and Stoke on Trent Suicide Prevention Strategic Planning Group to further develop a partnership approach to suicide prevention
- Share knowledge and intelligence with system partners and local stakeholders – e.g. British Transport Police, criminal justice agencies, primary care, etc. - regarding individuals at high risk of suicide
- Implement timely feedback to clinical teams to ensure lessons are learned from incidents through the established Learning lessons framework
    - Development of 'Just Culture' across the Trust
    - Experience of staff/ carers/ people who use our services
    - Share good practice and team achievements across the whole Trust
- Self-harm is recognised as the single biggest indicator of suicide risk. The risk of suicide increases by 30-50 times following self-harm however a comprehensive psychosocial assessment following hospital presentation for self-harm can reduce repetition by up to 40%. A thorough psychosocial assessment also provides therapeutic benefits and promotes and safety plan including access to aftercare. It is recommended that the NICE Quality Standards for self-harm are implemented
    - We will continue to ensure that self-harm remains a key aspect of risk assessment and a focus for on-going support, treatment and intervention.
    - We will continue to ensure all incidents are reported and investigated in accordance with our incident management procedures.
    - We will continue to ensure that person-centred risk assessment at times of highest risk – e.g.: following discharge from hospital, following an episode of self-harm, etc.
    - We will continue to ensure adherence to policies and guidance regarding hospital/ward leave, searching.

Personalised

- Tailored approaches to improve mental health in specific groups
- Provide better information and support for people bereaved or affected

- Instil hope and resilience through recovery orientated, evidence based interventions
- Work with our service User and Carer Council to develop a Recovery strategy
- Enhance multidisciplinary team working to increase choice and a range of evidence based interventions
- Fully embed the Triangle of Care approach within all teams
- We will always offer support and involvement in service improvements to the family of those bereaved by suicide
  - Families and friends bereaved by suicide are at increased risk of mental and emotional problems and may also be at higher risk of suicide themselves. Suicide can also have a profound effect on local communities. Postvention in these circumstances is essential to help survivors cope with their loss.
  - It is estimated that, typically, each suicide death will directly impact on 20 other people. We know from studies that, in addition to immediate family and friends, many others will be affected in some way; this might include neighbours, school friends and work colleagues, and also people whose work brings them into contact with suicide – e.g.: emergency workers, healthcare professionals, teachers, police, faith leaders and witnesses to the incident.
- We will consistently deliver care in line with our Trust Values by providing interventions that are Compassionate, Approachable, Responsible and Excellent
- We will tailor our approaches to specific groups, which include (but not necessarily confined to) children and young people, the LGBT+ community, and people from black and minority ethnic (BME) groups, people with long term physical health conditions (such as chronic illnesses) and people with untreated depression. As identified by national strategy, the specific needs and characteristics of those groups may expose them to a greater risk of suicide in the long term.

Accessible

- Support the media in delivering sensitive approaches to suicide and suicidal behaviour

- We will ensure the provision of 24 hour accessible services
- We will ensure easily accessible information detailing available services in the form a well-informed external website and information leaflets
- We will ensure that staff are trained in the use of our Electronic Patient Record (EPR), to ensure easy accessibility to enhance a timely response and prompt intervention
- We will continue to ensure that general public is aware of our services and help available
- Although the internet provides an opportunity to reach out to vulnerable people who might otherwise be reluctant to seek information, help and support, there is growing concern about the misuse of the internet to promote suicide and possible suicide methods
- It is important that we attend to the language we use in communications. Terms such as ‘committed suicide’, which have annotations with crime, blame, shame and guilt are not helpful and should be avoided
- The media have a significant influence on behaviour and attitudes. There is compelling evidence that media reporting and portrayals of suicide can sometimes lead to copycat behaviour, especially among young people and those who are vulnerable or otherwise at risk.

Recovery focused

Support research, data collection and monitoring

- We will ensure that recovery principles underpin our approach to risk assessment and care planning
- We will embed service user and carer involvement in all areas of service development to inform continuous improvement
- We will continue to develop evidence based psychological interventions in our adult acute wards
- We will consistently use outcome measures to assess the level of recovery for service users
- Further educate staff in the principles of recovery focussed care
- Reliable, timely and accurate suicide and self-harm data are crucial in order to understand and develop a meaningful suicide prevention strategy and recovery focused interventions. Gathering information on suicide prevention activities and data on suicide and self-injury is an important element of our public health function.
- Research studies enhance our understanding of the statistical data provided by the Office for National Statistics (ONS) to inform strategies and interventions, highlight possible trends and changes in patterns, identify at risk groups, and help evaluate and develop interventions to reflect changing needs.

Tackling the Stigma

We want people to talk about suicide, about ways to maintain good mental health. We believe that suicide can be prevented through open and direct discussions. Emotional distress, self-harm and suicide still affect far too many lives. It is often felt that the responsibility for people at risk of suicide belongs to specialist mental health services, whereas everyone is capable of providing compassionate help and making a real difference to someone who is in distress and considering suicide

'*The people who stand the most chance of preventing suicides are ordinary people, the friends, colleagues, neighbours and family members of those whose lives are at risk. Only one in four people who kill themselves are in contact with mental health services at the time of their death. This means that health care professionals are often not in a position to help people who are feeling suicidal' (Sane, 2016).*

What we have done so far/ Progress

Since developing this strategy, we have:

- ✓ Encouraged people to share their experience of depression or suicidal thoughts to help us to further develop the strategy.
- ✓ Worked in partnership with the Stoke-on-Trent and Staffordshire Suicide Prevention Partnership to shape and promote this strategy with fellow stakeholders.
- ✓ Worked collaboratively with the West Midlands Review Network to share learning and data with provider organisations.
- ✓ Implemented Suicide Awareness training for all staff across the organisation and Suicide Mitigation training for clinically registered staff and specific other frontline staff.
- ✓ Participated in the national Suicide Prevention workshops: Sharing good practice and learning from other organisations.

Current Clinical Practice

When considering how we engage with people who are feeling suicidal, awareness of the person's emotional state is important; focusing on the method of engagement before undertaking the risk assessment. The emphasis is on **build trusting relationships** with every person regardless of where they are seen, or whose service they are open to at the time.

We also support the idea that a feeling of **hope** helps us to feel that recovery is possible. We will encourage people to find their hope when life is overwhelming and we need to find that balance to make life worth living.

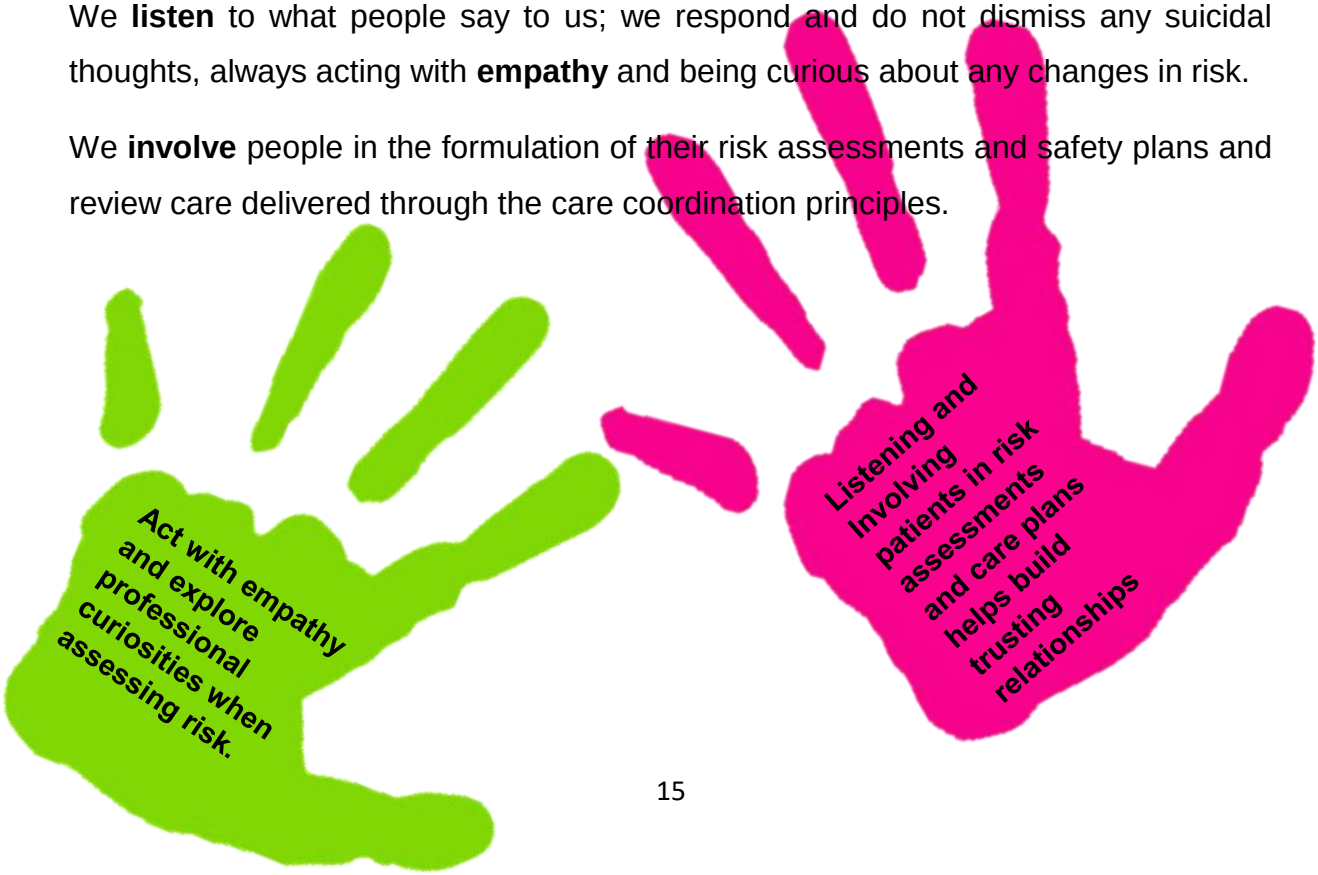
We will engage with our service users to understand what was most helpful to them when they felt suicidal. We will do this by two methods:

- The named professional will ask the person what is helpful to them at the time of reporting suicidal ideas;
- And also by questionnaire and service user group involvement.

We **promote** people's ability to self-help and show them how to get help when feeling suicidal through the Trust's external website and information leaflets.

We **listen** to what people say to us; we respond and do not dismiss any suicidal thoughts, always acting with **empathy** and being curious about any changes in risk.

We **involve** people in the formulation of their risk assessments and safety plans and review care delivered through the care coordination principles.



Our Commitment

There are many ways in which mental health services, local communities and individuals can help to prevent suicide. People who are in distress and may be at risk of suicide or self-harm will come into contact with a wide range of public and voluntary sector services. Some people in distress may have a mental illness, but for many the distress may be temporary and linked to life events.

Therefore, we will continue engaging with people in distress, using **kindness** and **compassion** and an evidence-based framework to support those who may be at risk of suicide or self-harm. We will strengthen our staff training in supporting patients with suicidal ideas.

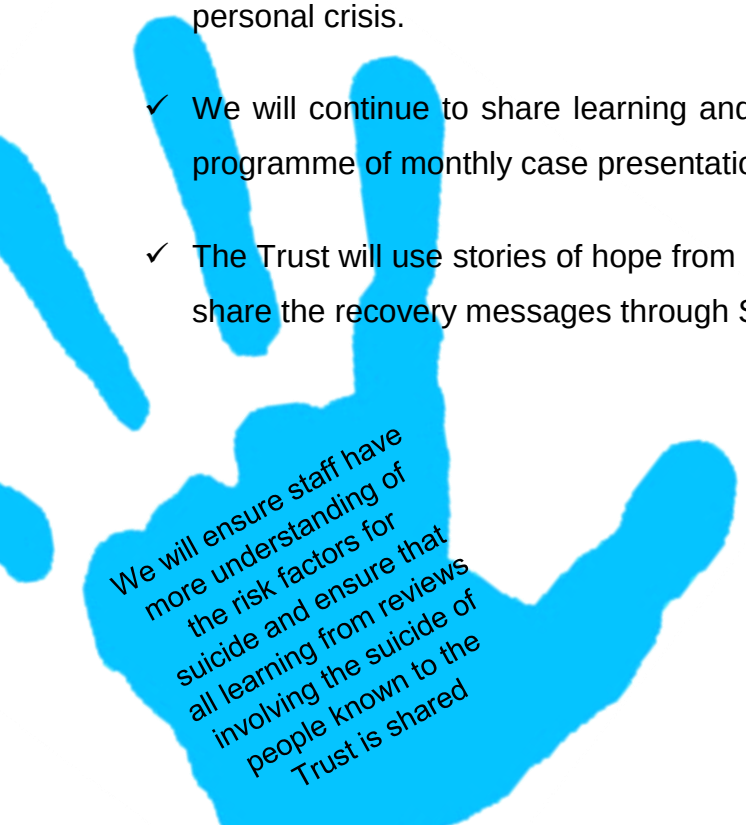
- ✓ We will ensure evidence based treatments are used to treat underlying mental health conditions. Where medicines are used as part of care package we will ensure that every person understands how to get the best from their medicines and where to find further advice.

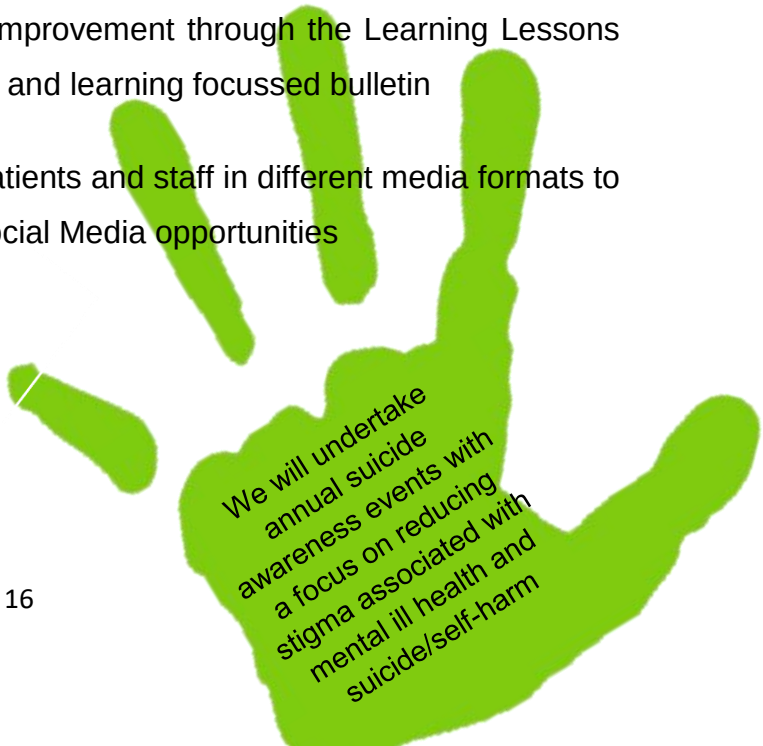
- ✓ We will encourage clinical teams to take responsibility for understanding the principles of suicide mitigation.

- ✓ We will support the development of patient held “apps” or applications that promote recovery from depression, encourage hope and help seeking behaviour at the point of personal crisis.

- ✓ We will continue to share learning and improvement through the Learning Lessons programme of monthly case presentation and learning focussed bulletin

- ✓ The Trust will use stories of hope from patients and staff in different media formats to share the recovery messages through Social Media opportunities





The Trust is committed to a sensitive 'whole systems' approach to supporting all of those affected by suicide. To achieve this we will:

- ✓ Signpost families to external support groups for example Survivors of Bereaved by Suicide (SOBS); providing "Help is at Hand" booklet, online resources and offering signposting to psychological support.
- ✓ Encourage involvement of families and carers in the review process, including feedback and sharing of the outcome including lessons learned.
- ✓ Offer involvement and provide feedback from any incident reviews to staff in a compassionate way, supporting a **'Just Culture'** approach of transparency, improvement and learning from events and reviews.
- ✓ Establish contact with families to offer support and condolences
- ✓ Share organisational data through learning forums to raise awareness of local themes and trends to increase vigilance and responsiveness
- ✓ Liaise with primary care colleagues who may be affected by the death of a person known to them.
- ✓ Ensure staff receive supervision and debrief following any critical incidents
- ✓ Encourage involvement of families and carers in the review process, including feedback and sharing of the outcome including lessons learned.

Summary

Suicide is not the inevitable outcome of suicidal thoughts. We will support staff to offer a compassionate, evidence–based approach to help people in emotional distress and experiencing suicidal thoughts. This Strategy provides information regarding the approach taken by the Trust and will be underpinned by an annual programme of work in line with the strategic objectives. Progress will be monitored through the Trust Suicide Prevention Group.

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