

Consultation on Preventing Suicide in England: A cross-government outcomes strategy to save lives

Consultation reply form

Please reply to as many of these questions as possible. We encourage responses from anyone interested in the issues raised in this document.

We would find it particularly helpful for you to refer to any research or evaluation evidence that supports your views. We would also like to hear more about proven measures in place in your local area which bring measurable benefits to your own community.

If you need more room to answer any of the following questions, please continue on a separate sheet, clearly marking the question number.

Area for action 1: Reduce the risk of suicide in key high-risk groups

1. In your view, are there any additional measures or approaches to reduce suicide in the high-risk groups that should be considered for inclusion? What evidence can you offer for their effectiveness?

Please see our 'narrative' report, which incorporates a number of other measures and approaches, particularly relating to Public awareness (Section 2), Training (Section 3) and Assessment (Section 4).

2. In your view, are there any other specific occupational groups that should be included in this section? If so, what are the reasons for inclusion?

No specific comments.

Area for action 2: Tailor approaches to improve mental health in specific groups

3. In your view, are the most appropriate groups considered, including any groups where there are issues relating to equality?

5.3 Young Men

There is no mention of **young men aged 18 – 35**, where suicide is still the highest cause of death. National statistics focus on men aged 15 – 44 and we feel that more focus should be placed on the 18 - 35 group.

Bereaved parents and families feel shocked and betrayed to discover that suicide is the most likely cause of death for their son, and they had not been made aware of this. Every parent should have the right to know these facts. Currently there is no information available, which focuses on this major health risk for young men.

4. In your view, are there additional measures or approaches to reduce suicide in the identified groups that should be considered for inclusion? What evidence can you offer for their effectiveness?

Please see our 'narrative' report, which incorporates a number of other measures and approaches, particularly relating to Public awareness (Section 2), Training (Section 3) and Assessment (Section 4).

Area for action 3: Reduce access to the means of suicide

5. In your view, are there any additional means of suicide that should be considered?

No specific comments.

6. What additional actions would you like to see taken to reduce people's access to the means of suicide? What evidence can you offer for their effectiveness?

We have been hugely impressed with the model used by the British Transport Police and would strongly recommend that this outstanding best practice is applied to ALL other locations with urgency.

Area for action 4: Provide better information and support to those bereaved or affected by a suicide

7. What additional measures would you like to see to support those bereaved or affected by suicide? Please comment on how this help could be provided effectively, and appropriately funded.

6.3 Support for families

*We believe that, following an **impact assessment at the time of suicide**, support is provided automatically to those who are likely to be impacted by a suicide. This may include family and friends and those who witnessed or found the suicide victim.*

*There should be a **nominated family liaison support person** (individual to be determined...GP?) who provides a constant and consistent link with the family, who would monitor, with the families' permission, how the family and friends are coping and any additional support required. This support should include providing access to the most helpful documents identifying support that is available (e.g. Help is at Hand).*

There are examples of best practise in Derry, where all of the relevant local agencies are brought together following a suicide, co-ordinated by, we think, the local authority.

8. What additional information or approaches would you like to see provided to support families, friends and colleagues who are concerned about someone who may be at risk of suicide? Please comment on how this help could be provided effectively, and appropriately funded.

5.1 The assessment process

Our experience suggests that the psychosocial risk assessment process falls short of the standard required to minimise the number of suicides.

*There are a wide variety of different frameworks used for the psychosocial assessment process and these need to be reviewed to identify a **best practice, evidence based set of risk assessment tools** that can be used by all those in the NHS and others required to carry out assessments. This best practice should reflect the increased risk of people planning a suicide attempt, as opposed to having suicidal ideation.*

*There also needs to be an **investment in training to support the best practice** to ensure that assessments are carried out in a non clinical, friendly environment where the service user feels at ease and there is total privacy. Health professionals should explain the whole assessment process to the service user and family/close friend. Assessments should be carried out with urgency and, wherever appropriate, a senior psychiatrist or relevant professional should be consulted. The style of the assessment should be therapeutic for the service user, so they feel better after the meeting. Care should be taken over the language used and the assessor should be empathetic to the service user and non-judgemental.*

***Psychosocial assessments** carried out by the Crisis team, CMHT and other members of PHCT should always be **faxed to GPs on the day of the assessment** and marked for urgent attention.*

5.2 Involving families, friends and carers

The outcome for service users would be significantly improved if they and specific family members/close friends are closely involved in understanding the overall psychosocial assessment process, the creation of the care pathway and subsequent care leading to recovery.

***New guidelines should be issued** to all clinical staff including GPs, Emergency Departments and secondary care workers, which set out how families/close friends and service users can be involved, where this protects the safety of the service user and increases their chances of recovery.*

Confidentiality often acts as an unnecessary barrier between clinicians, patients and families, particularly where the patient has an expressed wish to share information, which is then ignored. This is covered in detail in Section 5.2.

5.3 Young Men

*There is no mention of **young men aged 18 – 35**, where suicide is still the highest cause of death. National statistics focus on men aged 15 – 44 and we feel that more focus should be placed on the 18 - 35 group.*

Bereaved parents and families feel shocked and betrayed to discover that suicide is the most likely cause of death for their son, and they had not been made aware of this. Every parent should have the right to know these facts. Currently there is no information available, which focuses on this major health risk for young men.

5.4 Psychosocial Assessment at ED

The opportunity to reduce the risk of suicide and increase the chances of recovery and protection of service users would be greatly improved if all service users with injury or illness due to suicidal action or recent suicidal feelings were offered an assessment at the

Area for action 5: Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour

9. In your view, are there any additional measures or approaches that could promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media?

All media (News, TV, Radio) should sign up to a code of practice which incorporates best practice in reporting of suicide or attempted suicide. This would cover the impact on families, the signs of depression and mental health problems, the importance of good mental health, where to obtain help....such that all these issues are included in the reporting as part of the overall awareness campaign.

These guidelines may well exist, but should be reviewed and updated by leading mental health charities.....e.g. MIND, YoungMinds, Samaritans.

*The media often look at what caused the crisis (for example a split with a girl/boyfriend, illness, financial problems) and, having identified this 'cause', leave it there. The public is therefore presented with a suicide due to a specific life experience, which sustains the belief that suicide is a failure of that individual to cope and not a major public health issue. The media need to help prevent suicide by sending messages, which focus on the need for support in a crisis, especially for men, who find it hardest. The media need to be given a clear steer by the Department of Health that **suicide is not inevitable, is preventable and significantly impacted by gender.***

10. In your view, are there additional approaches that could be considered for the internet industry in England to maximise the positive potential of the internet to reach out to vulnerable individuals?

3.5 Media, internet and digital communications

One of the questions asked in the consultation is whether additional measures and approaches could be considered for internet service providers to discourage internet sites/chat rooms giving detailed information on suicide methods?

This seems to be a very simple way of reducing the risk of suicide, in the same way that removing the availability of large pack pain killers had a significant, beneficial impact.

We have direct experience of these sites being used to research the most effective methods of suicide.

*We would recommend that the talks held with all the ISPs should mandate that **all sites that in any way encourage people to take their own lives or inform them how to take their own lives should be removed from the internet.***

It would also be valuable for anyone, who searches "suicide" or "taking your own life" or similar to be directed to sites that provide help and support to those at risk (for example, the Samaritans and Maytree)

Area for action 6: Support research, data collection and monitoring

13. **Public Campaign** Information available that could be collected at a national and local level to support the suicide prevention strategy?

Suicide is a major public health issue and it is vital that the general public in England

understand that it results in c. 4,400 deaths each year and that men are three times more likely to die by suicide than women.

The general public also needs to understand that suicide is preventable and people who suffer from any form of mental illness which has a potential to lead to suicide can be treated successfully with the appropriate drugs.

It is important to have a regular opportunity for learning from individual cases of suicide or unexplained death and establishing a regular opportunity for making important improvements in the UK have a greater level of understanding of suicide and its impact on families and friends. They also need to have a greater understanding of mental illness and depression, how to spot the signs and how and where to seek the right help.

An impact assessment should be carried out after every unexpected death, in order to capture this information, which would then be supplemented by the coroner's report and other sources.

Every Health and Wellbeing Board should appoint a nominated individual with responsibility for ensuring that an impact assessment is carried out for each case of suicide or unexplained death, to identify important improvements for implementation at a local level. These improvements should be recorded and collated at a national level, so that they can be incorporated into NICE Guidelines, where appropriate, to obtain the benefit at a national level.

There needs to be improved access to data relevant to suicides from various sources, e.g. Coroners, Police, National Confidential Inquiry into Suicide and Homicide. In particular, it is recommended that a coroners' information system should be created to capture the learning from all suicides. We are concerned about the huge increase in narrative verdicts and the impact this has on the accuracy of suicide statistics. We consider that this issue should be covered in all future reporting.

We feel that the National Confidential Inquiry needs to review its sources and quality of data to ensure that the statistics gathered are more accurate and useful.

Consideration should be given to a **National Database** available at a local level, which contains all the relevant learnings from suicides for improvement.

12. In your view, where are the gaps in current knowledge of the most effective ways of preventing suicide?

3.1 Public Campaign

Suicide is a major public health issue and it is vital that the general public in England understand that it results in c. 4,400 deaths each year and that men are three times more likely to take their own lives than women.

The general public also needs to understand that **suicide is preventable** and people who suffer from any form of mental illness, which may result in suicide, can be treated successfully with therapy and drugs.

It is vital that more people in the UK have a **greater level of understanding of suicide** and its impact on families and friends. They also need to have a greater understanding of mental illness and depression, how to spot the signs and how and where to seek the right professional help.

This campaign should target the general public as well as key groups, including teachers, GPs, nurses, university staff, employers, parents and all those in contact with people, who may feel suicidal.

The National Suicide Prevention Strategy should incorporate a new 'Area for Action' addressing the issue of suicide, its impact on society and the fact that it is preventable. The campaign should aim to educate the general public and remove the taboo about suicide, such that people, particularly men, feel able to talk about their feelings.

This would tackle the challenge that HIV had 30 years ago and aim to increase the awareness of suicide and mental health, including anxiety and depression and its signs, as a medical problem that can be treated successfully

A large number of suicides will be the direct or indirect result of the individual being unable to talk about his or her feelings and mental health problems, particularly with young men.

The report seems to direct most of the proposed communication to those affected by mental health problems and related interest groups. We consider that this fundamentally misses the urgent need to create a step change in the way everyone views suicide and mental health in England and to de-stigmatise the issue by creating an atmosphere of openness in all schools, universities, workplaces and the general public. The current attitude towards suicide and mental health appears similar to those experienced by drink driving and the wearing of seatbelts decades ago.

Road deaths have fallen by 65% over the last forty years, largely due to a change in attitudes and yet, the government still invests heavily in further awareness campaigns.

The government should take a similar approach to mental health, until the number of suicides falls, perhaps, to the same levels, as it now kills more people than road deaths.

This would also help to make this subject top of mind for GPs, families, teachers, nurses, prison warders and all others, who are in regular contact with those at risk.

'Time to Change' has achieved a great deal, and we are pleased that the Government is supporting Phase 2 of this campaign. We consider that this support needs to be **long term and sustained (over, perhaps 10 years) to achieve a higher level of sustained public awareness.**

3.2 Schools

We consider it vital to **improve and expand the PSHE curriculum to incorporate mental health and well-being as a statutory element**, with the explicit aim of **improving children's' resilience and ability** to cope with all the different situations that they experience, whether related to family, friends or the pressure of academic

8. Measuring performance against clear targets and having clear accountability at all levels
Making it happen locally and nationally

13. Are there examples of local good practice that could be disseminated to other areas?

8.1 Governance

The new suicide prevention strategy won't succeed unless there is **clear accountability** both locally and nationally. The work carried out by **IfUCareshare** in the north west supporting families and providing education in schools. There needs to be an annual report presented to Parliament by the Minister with specific responsibility for suicide prevention.

14. What other local and national approaches could be developed to ensure the Health and Wellbeing Boards play a key role at a local level and they should have a specific individual with responsibility for preparing and presenting an annual report on suicide prevention.

One idea would be for all members of the NSPS Advisory Board to be member of their local Health and Wellbeing Boards.
Vision and Targets

15. What issues should the Department of Health be considering as we develop any potential clear targets which we consider should be to **halve the number of suicides over the next 10 years**. This is consistent with the Government's approach to reducing fatal road accidents since 1990 and its activities to deliver the target. There needs to be an annual report presented to Parliament by the Minister with specific responsibility for suicide prevention.

There needs to be an **engaging Vision**, which paints a clear picture of the future and what life should look like in, say, 2021 relating to:

- building overall **public awareness** and understanding
- delivering **effective training** for all relevant people
- providing **effective risk assessment** at all stages of presentation

8. Measuring performance against clear targets and having clear accountability at all levels

8.1 Governance

*The new suicide prevention strategy won't succeed unless there is **clear accountability both locally and nationally.***

There needs to be an annual report presented to Parliament by the Minister with specific responsibility for suicide prevention.

Health & Wellbeing Boards play key role at a local level and they should have a specific individual with responsibility for preparing and presenting an annual report on suicide prevention.

Vision and Targets

*Our belief is that the Government's co-ordinated cross department strategy should set **clear targets**, which we consider should be to **halve the number of suicides over the next 10 years.** This is consistent with the Government's approach to reducing fatal road accidents since 1990 and its activities to deliver the target. There needs to be an annual report presented to Parliament by the Minister with specific responsibility for suicide prevention.*

*There needs to be an **engaging Vision**, which paints a clear picture of the future and what life should look like in, say, 2021 relating to:*

- *building overall **public awareness** and understanding*
- *delivering **effective training** for all relevant people*
- *providing **effective risk assessment** at all stages of presentation*
- *delivering **effective follow-up services** and care pathways*
- ***learning from past suicides** and applying this data to prevent future suicides*
- ***measuring performance** against clear targets and having **clear accountability** at all levels*

This strategy and vision should be supported by all relevant Government departments including Education (Schools and Children and Families); Business Innovation and Skills (Universities and Science, Business/Enterprise and Further Education); Health and Justice.

Impact assessment

The following questions relate to the consultation impact assessment published alongside the draft strategy.

16. What approaches would you suggest to measure progress against the objective to provide better support for those bereaved or affected by suicide?

8. Measuring performance against clear targets and having clear accountability at all levels

8.1 Governance

*The new suicide prevention strategy won't succeed unless there is **clear accountability both locally and nationally.***

There needs to be an annual report presented to Parliament by the Minister with specific responsibility for suicide prevention.

Health & Wellbeing Boards play key role at a local level and they should have a specific individual with responsibility for preparing and presenting an annual report on suicide prevention.

17. Do you have any comments and evidence on the costs and benefits of targeting suicide prevention training at groups other than GPs?

No specific comments

18. Are you able to offer any evidence on the number of public sites in England frequently used as locations for suicide?

No specific comments.

Any other comments

19. Is there any other information or comment you wish to add?

No other comments.

You do not have to complete the sections about your personal background if you prefer not to. However the information is confidential and will only be used to assess whether the responses we receive represent a balanced cross-section of views from across society.

Name:

Clare Milford Haven and Hamish Elvidge

If you are responding on behalf of an organisation or interest group, please indicate the name of the organisation:

*The Alliance of Suicide Prevention Charities (TASC)
TASC is an alliance of suicide charities set up in November 2010 and its purpose is to encourage collaboration and prevent duplication of efforts and funding in the area of suicide research and prevention strategies. We represent a variety of organisations including:*

*The James Wentworth Stanley Memorial Fund
The Charlie Waller Memorial Trust
The Matthew Elvidge Trust
The Judi Meadows Memorial Fund
Papyrus
CALM
Maytree
Head Culture*

We are also supported by MIND, Samaritans, SANE and Counsellors and Psychotherapists in Primary Care.

Your role within the organisation or group:

Co-Chairs

Gender

<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>	Male	<input type="checkbox"/>	Transgendered	<input type="checkbox"/>	Rather not say
-------------------------------------	--------	-------------------------------------	------	--------------------------	---------------	--------------------------	----------------

How old are you?

<input type="checkbox"/>	Under 18	<input type="checkbox"/>	18-24	<input type="checkbox"/>	25-34	<input checked="" type="checkbox"/>	35-54
<input checked="" type="checkbox"/>	Over 55	<input type="checkbox"/>	Rather not say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ethnicity:

<input checked="" type="checkbox"/>	White - British	<input type="checkbox"/>	Asian/Asian British - Pakistani
<input type="checkbox"/>	White - Irish	<input type="checkbox"/>	Asian/Asian British - Bangladeshi
<input type="checkbox"/>	White - Other	<input type="checkbox"/>	Asian/Asian British - Other
<input type="checkbox"/>	Mixed - White and Black Caribbean	<input type="checkbox"/>	Black/Black British - Caribbean
<input type="checkbox"/>	Mixed - White and Black African	<input type="checkbox"/>	Black/Black British - African
<input type="checkbox"/>	Mixed - White and Asian	<input type="checkbox"/>	Black/Black British - Other
<input type="checkbox"/>	Mixed - Other	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Asian/Asian British - Indian	<input type="checkbox"/>	Other

Other: please specify below

--

Do you consider yourself as a person with a disability?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

If yes, please specify

--

Would you say that you have experienced mental health problems, either recently or in the past?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----