

Suicide prevention

A guide for local authorities

Foreword

It goes without saying each and every suicide that takes place is a tragedy. On average in England 13 people take their own lives every day.

This affects their families, their friends and people they work and live with. For every death, another six to 60 people are thought to be affected directly. Relationships break down, careers suffer and mental health worsens.

It is not surprising then that the economic impact is estimated to be so high. For every suicide nearly £1.7 million is lost in things like productivity and caring for those left behind.

But suicides can be prevented. From the detailed work that has already taken place we know certain groups are more at risk. Three-quarters of suicides are among men – those aged 45 to 49 are the most at risk. In fact, suicide is the biggest killer of men under 50 as well as the leading cause of death in young people.

But it need not be like this. The opportunities are there for us to reach out and help people at risk.

There are often warning signs we can pick up on. Around half of those who take their own lives have a history of self-harm, for example. NHS services have contact with many of them.

The majority of people who die by suicide will have seen a GP in their last year of life, while a third of suicides were among those who had been under the care of specialist mental health services.

So what can we in local government do? Our public health remit means we have responsibility for addressing many of the risk factors, such as alcohol and drug misuse, while our wider responsibilities for housing and local growth mean we can have an impact on the wider determinants.

It is why public health is driving the work on suicide prevention through the development of strategies and local action plans. These should already be in place or if they are not they soon should be – the deadline is 2017. But this is just the start of the work. We now have to do the hard bit – ensure suicide rates are driven down and lives saved.



Councillor Izzi Seccombe

Chair, LGA Community Wellbeing Board

Contents

The story so far	4
The role of councils	5
Some questions to ask locally	5
Case studies	7
Lincolnshire: helping high-risk farmers	7
Cheshire and Merseyside: working with coroners	9
Kent: targeting middle-aged men with a marketing campaign	11
Brighton & Hove: patrolling high-risk areas	13
Warwickshire: training GPs to help prevent suicides	15
Leeds: supporting those bereaved by suicide	19
Torbay: getting barbers to help young men	21
What help is at hand?	23
Find out more	24

The story so far

From the early 1980s onwards there was a pretty consistent downwards trend in suicide rates in England, but that began to change a decade ago. Since then the numbers have risen. It is hard to pinpoint exactly why this has happened, although many believe the economic downturn has been a key factor.

The situation has prompted government to place a higher priority on the issue.

In 2012 ministers launched a strategy, Preventing suicide in England: a cross government outcomes strategy to save lives, which set out six areas for action. These were:

- reduce the risk of suicide in key high-risk groups
- tailor approaches to improve mental health in specific groups
- reduce access to the means of suicide
- provide 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.

Since then progress has been made. The most recent national data shows that the suicide rate for males in England fell in 2015 to 15.4 per 100,000, down from 16 the year before. It was the second consecutive annual fall.

Experts say it is too early to conclude if this is part of a long-term trend. In addition, female suicide rates have risen for the second year in a row. In January 2017 Theresa May's government called on local government and its partners to do just that as it published the third progress report on the suicide strategy.

It praised the progress that has been made, while calling for more emphasis on self-harm prevention and greater collaboration with schools and colleges.

Key statistics

- there were 4,820 deaths from suicide registered in England in 2015
- for every person who dies, between six and 60 are thought to be directly affected
- three in four deaths by suicide are by men
- the highest suicide rate in England is among men aged 45 to 49
- men living in the in the most deprived areas are 10 times more at risk of suicide than those living in the most affluent areas.

The role of councils

Councils have been active on suicide prevention work in recent years. Following the publication of the 2012 strategy, councils were given the responsibility of developing local suicide action plans through their work with health and wellbeing boards (HWBs). A deadline of 2017 was set and by the end of 2016, 95 per cent of areas had plans in places or were in the process of drawing them up.

Many have also formed multi-agency suicide prevention partnerships, incorporating public health, clinical commissioning groups (CCGs), primary and secondary care, the voluntary sector, criminal justice system and those affected by suicide.

Suicide audits – led by public health teams – have also been taking place. They have identified the context in which suicides occur, the local groups most at risk and how the picture has been changing over time.

Useful national sources for these have been the Office for National Statistics, which has suicide data going back over 30 years, and Public Health England's suicide prevention profiles, which holds data down to local authority level.

Local data on individual suicides has also been gathered from coroners' reports, while health, social care and employment data has provided vital information about risk factors.

The National Suicide Prevention Strategy Advisory Group has also been on hand to provide wise counsel.

With plans now in place attention has started to turn to taking practical steps to reduce suicides. The Government expects to see a 10 per cent reduction in suicides by 2020/21 based on a 2016/17 baseline.

Some questions to ask locally

Suicide affects all types of people and communities and is linked to a wide variety of factors – depression, alcohol and drug misuse, unemployment, family and relationship problems, social isolation and loneliness. So what practical steps can and should be taken? Here are the key questions you should be asking.

- What level of understanding of suicide do local councillors, directors of public health (DsPH) and CCGs have?
- Have you got a suicide prevention strategy and action plan in place?
- What is the rate of suicide among the general population in the local authority area? Is this rate higher or lower than the general population rate for England? What is the current trend in suicide rates showing?
- Partnership working is key. Have you set up a multi-agency suicide prevention partnership?
- What other local agencies and partners are members of this group or network, or are consulted as part of any suicide prevention activity (eg police)?
 - Does this involve GPs or other professionals working in primary care settings? If not, how do they input into activities or actions to prevent suicides locally?
- Is suicide prevention included in the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)?

- Tackling self-harm and targeting the young are new priorities. How are you working with schools and colleges?
- Is there a local councillor with specific responsibility for suicide prevention?
- Are you developing suicide prevention awareness and skills training for professionals in primary care and local government (housing, environmental health, social care, benefits, etc) and other services that may come into contact with individuals at risk of suicide? If so, what groups of front-line staff have had such training? Does it involve the local community?
- Is information available on the rate of suicide among different groups and gender, eg middle-aged men?
- Are you providing training to frontline staff who come into contact with those at greatest risk of suicide, such as drug and alcohol workers? Teach them how to broach the subject, how to support people and where they can be signposted for further help.
- How are you supporting those affected by suicide? There is strong evidence to suggest those who have been bereaved are also at risk – invest in services to help them.
- Could you target certain high-risk professions? Workers such as farmers and fishermen have a higher risk of suicide.
- Are any data collected on attempted suicides within the local authority area? If so by whom? Are these data shared with other agencies?
- What about the media? You can work with the local press and broadcasters to ensure responsible reporting of suicides.
- Have you identified high-frequency suicide locations? Reduce access to the means of suicide by providing extra safeguards and support at buildings rail crossings, cliff edges and bridges that have been used by people to take their own lives.
- What steps have been considered or taken to reduce the risk of suicide at such locations?
- What other agencies are involved in supporting this preventative action at high-risk places?
- Do JSNAs adequately identify action to support people at risk of suicide or suicidal behaviour within the local population?
- Does the local coroners' office support preventative action at local level? If so:
 - Are coroners formal members of any groups or networks that exist?
 - Do they provide access to coroners' records of inquests for local analysis or audit purposes?
 - Do they involve or inform the local authority or DPH if they identify (at inquest proceedings or earlier) particular areas of concern, eg locations used for suicide, possible clusters of suicide, increase in a particular method or new and emerging method of suicide?
- Are you providing or can you signpost families to bereavement services?

Case studies

Lincolnshire: helping high-risk farmers

- There are a wide variety of partners involved in suicide prevention work in Lincolnshire.
- A local charity offers targeted support to farmers by offering health checks at local livestock markets.
- A suicide prevention charter has also been launched to get businesses involved in creating caring cultures.

Suicide rates in the farming community are high – every week one farmer in Britain takes their own life.

But in Lincolnshire efforts have been made to reach out to these communities.

The Lincolnshire Rural Support Network runs health checks at local livestock markets, including blood pressure, blood sugar and cholesterol tests.

But as well as checking physical health, the NHS-funded nurses who deliver the service also use it as an opportunity to engage farmers in conversations about their emotional wellbeing.

Alison Twiddy, the network's project manager, says: "It's a perfect opportunity to delve a little deeper. These are not people who would tend to visit their GP and open up, but once the nurses start talking to them they start finding out about all sorts. It may be that they are not sleeping well or are stressed. We take it from there.

"Farming is hard. The hours are long and often they work alone. They may be having financial problems, relationship difficulties

or suffering from depression and they work with machinery that can be dangerous so the opportunity is there.

"Sometimes we will refer them to their GP, but more often than not we will link them up with our case workers who can help them with some of the practical elements of their problems – whether it is VAT returns or tenancy agreements. We also have a network of volunteers, including solicitors and land agents, who offer their services for free."

Last year over 1,000 checks took place with about 130 families receiving help from the case workers, although this also included those referrals that came via the network's helpline and those who were sent by local GPs or had self-referred.

Feedback after the casework has finished illustrates the impact it has. Clients reported a 44 per cent improvement in their ability to manage their own mental wellbeing and a 59 per cent improvement in how hopeful they felt about the future.

"It really does work," says Ms Twiddy. "Some of these problems are very deep-rooted. They have been developing for years, but with support we can help the farmers untangle them and by doing that reduce the risk of suicide."

The network is just one of a number of local organisations which are involved in suicide prevention in Lincolnshire. The county has a suicide prevention steering group, which is led by the council, but brings together a whole host of different partners across the county. Much of the past year or so has been devoted to developing a local action plan for suicide prevention.

A stakeholder event was held in January 2016, which saw 45 representatives from 25 organisations come together to discuss how best to prevent suicides.

This was then fed into the development of the action plan, which was launched in May and highlighted four key themes – awareness, prevention, crisis care and data and monitoring.

Work is now under way to develop projects to address these. One of the most significant milestones so far has been the launch of the Lincolnshire Suicide SAFE (Supporting Awareness for Everyone) campaign in September to get the wider community involved.

This incorporates a charter which local businesses are being asked to sign up to. There are two levels to the charter. Level one for smaller businesses, which involves creating a culture where people are comfortable talking about difficulties. Organisations that sign up get access to a toolkit which includes posters, conversation cards and information for where to signpost people.

Large organisations will be encouraged to get even more involved by participating in Suicide SAFE events to share best practice and appointing a Suicide SAFE champion.

Lincolnshire public health consultant Dr Kakoli Choudhury says: “We know that the reasons that lead someone to take their own life may be extremely complex. No organisation or single programme can address all the factors, but by working together collaboratively we can make a real difference.

“We want to bring people together to help create an environment where we look out for each other. There are quite a few isolated communities in Lincolnshire, like farmers, so it is important we raise awareness and get everyone involved.”

Dr Sue Elcock, medical director of Lincolnshire Partnership NHS Foundation Trust, agrees. She says: “The effects of suicide can be devastating and the impact can be felt widely in the community.

“Suicide is often the end point of a complex history of risk factors and distressing events, but often people don’t give any indication that they might be having suicidal thoughts. Simply asking people how they are, listening and being supportive can make a real difference.”

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“We are pleased with the profile that suicide prevention and mental health has received over recent years. However, we would like to see more of the aspirations supported by policy, well directed funding, clear implementation plans, improved accountability and programme management of change, to ensure there is effective delivery and successful outcomes over the next three to five years.”

The Matthew Elvidge Trust¹

1 Written evidence from the Matthew Elvidge Trust to the Health Committee’s inquiry on Suicide Prevention, 31 January 2017, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/suicide-prevention/written/46017.html>

Cheshire and Merseyside: working with coroners

- The nine local authorities in the Merseyside and Cheshire areas work together on suicide prevention.
- Coroners have become a vital partner, referring those who have been bereaved on to a service that helps with practical issues such as inquests and finance.
- The councils and coroners are following this up with the launch of a real-time suicide surveillance scheme in 2017.

The coroner's service in Cheshire and Merseyside has become a vital partner in the local councils' attempt to prevent suicide.

This year will see the nine local authorities that are part of the Champs Public Health Collaborative network join forces with the coroner's service to create a real-time surveillance programme.

It will involve coroners providing information about suicides via a secure email to the two public health intelligence leads for Cheshire and Merseyside. They can then alert the public health suicide prevention officers in the relevant local authority area who can then coordinate a response.

Sue Forster, lead DPH for suicide prevention, says: "It may be that there is a spate of suicides in one area and we have to work with Network Rail and the Highways Agency to make sites safer. Or if there has been a suicide in a school we can liaise with safeguarding leads or the local CAHMS service.

"Recently we had three suicides in one workplace – we could respond to these incidents by working with the employer to try to prevent future cases."

The project marks an evolution of the close working relationship the Cheshire and Merseyside councils have with the coroner's service.

For the past 18 months the coroners have been referring bereaved families to a suicide liaison service called Amparo, which is delivered by local voluntary sector group Listening Ear.

"The service is not there for counselling," says Ms Forster. "But instead provides practical support to families. It helps them deal with the police, what happens during inquests and dealing with employers and finances. The person who has taken their life may have been the main breadwinner and so their family may need advice on what they have to do next.

"We have found that is the support families need to start with. The grieving process tends to kick in later."

And it certainly seems to have proved popular. Over half of people referred to the service take up the support.

"We are really pleased with how Amparo has worked," says Ms Forster. "Those who have used it have really benefited from it. But the real-time surveillance is a step beyond that in so much as it will be about reporting directly into our teams at the local authorities.

"We are just going through the data sharing protocols, but would look to launch later in 2017. Our hope is that it will help us respond very quickly and help prevent suicides."

The work on suicide is coordinated via the Cheshire and Merseyside NO MORE Suicide Prevention Partnership Board, which was set up two years ago.

As well as working with coroners, the board has also been busy setting up training programmes for front-line staff.

GPs and wider practice staff are being provided with training to give them the knowledge and skills to identify signs and symptoms and be confident to engage those at risk. So far five of the 12 local CCGs have signed up.

Meanwhile, Wirral Mind has been commissioned to deliver what is being called the Community Gatekeeper Course. It got under way in January 2017 and is aimed at the workforce which has the most frequent contact with high-risk groups, such as drug and alcohol services and benefits and debt advisers.

It is being done on a train-the-trainer model with a view to the people who complete the course then going back to their day jobs and training their colleagues.

The project builds on a successful scheme which has been running in Warrington, one of the Champs boroughs, for the past five years.

Ms Forster says: “This is one of the benefits of the Champs collaborative. We can take what works and scale it up. We are aiming to get 36 people trained so that should mean we can roll it out to over 1,200 staff.

“That will be important. The people they work with may not be accessing the mainstream mental health services, but by identifying those at risk and having the knowledge and confidence to broach the subject and offer them advice and signpost them on to services could make all the difference.”

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“Local authorities are well placed to prevent suicide because their work on public health addresses many of the risk factors, such as alcohol and drug misuse, and spans efforts to address wider determinants of health such as employment and housing.”

Professor Kevin Fenton,
Public Health England

Kent: targeting middle-aged men with a marketing campaign

In preparing its new suicide prevention strategy, one thing became clear in Kent and Medway – more needed to be done to reach out to middle-aged men.

Three to four times as many men than women take their own lives in the county with 60 per cent of deaths in the 35 to 65-year-old age range.

But what was also apparent from the research carried out by the area's suicide prevention steering group – led by Kent's public health team but involving a variety of partners – was the fact that so many of these are among people who have had no contact with traditional mental health services.

Just a fifth of victims had been in touch with secondary mental health services in the 12 months before they died.

Tim Woodhouse, Kent's public health programme manager, who coordinates the work of the group, says: "We talk a lot of about investment in secondary mental health care – and that is understandable – but it is also important to reach out to individuals who may be trying to cope on their own and who aren't in touch with any service.

"In order to understand more about what was happening we conducted some in-depth focus groups. They showed us that most men did not identify themselves as suffering from mental illness, but they did highlight events such as relationship breakdown, job worries and financial pressures as their key worries and they did not tend to share these concerns with their friends."

The response of Bob (not his real name) was typical. "We're all men. We think we're supposed to go out and earn money. You don't get a bunch of welders talking about their feelings."

And so the steering group sought to design a campaign that would help broach these issues in a way that would appeal to middle-aged men.

In March 2016 Release the Pressure was launched. It was a social marketing campaign designed to make men aware of a 24/7 charity helpline.

The campaign deliberately avoided using the words mental health and the experience of real men were used during the campaign to help men identify with the issue.

A striking image (above) was used to promote the issue on social media, online and via traditional advertising methods, including billboards, on petrol pumps and pub beer mats, for a period of two months.

Kent also promoted the campaign through traditional communication channels. Press releases were sent out and local newspapers and BBC South East covered the campaign.

"This is really important too," says Mr Woodhouse. "The BBC evening news did a really nice piece and they put a three-minute clip on their Facebook site. That alone got 65,000 views – publicity like that is very valuable.

"We also worked with local football clubs to use their reach to get to the target audience. Gillingham displayed the Release the Pressure banners at their League One fixtures and we gave a number of amateur football clubs free mental health first aid training."

The impact has been impressive. Prior to the campaign the helpline was taking an average of nearly 1,200 calls a month, but in the seven months afterwards there was a 30 per cent increase.

And for men in particular there was a 56 per cent increase – an extra 200 calls a month.

Feedback from those who have been helped has also been encouraging with one man saying getting in touch with the helpline was "the best thing that has happened," while another said it had helped them become more settled at a difficult time in their lives.

Mr Woodhouse says: "The impact has been really pleasing. While the social media push has continued, the paid-for advertising was only for two months. However, we will be looking to repeat that again in early 2017."

Mr Woodhouse also says the campaign had the added benefit of getting local newspapers to treat suicide more sympathetically. “We found the local media really took notice of what we were doing with the campaign and since it has run they are much more likely to run information about the support that is available rather than going into all the details of the individual cases.”

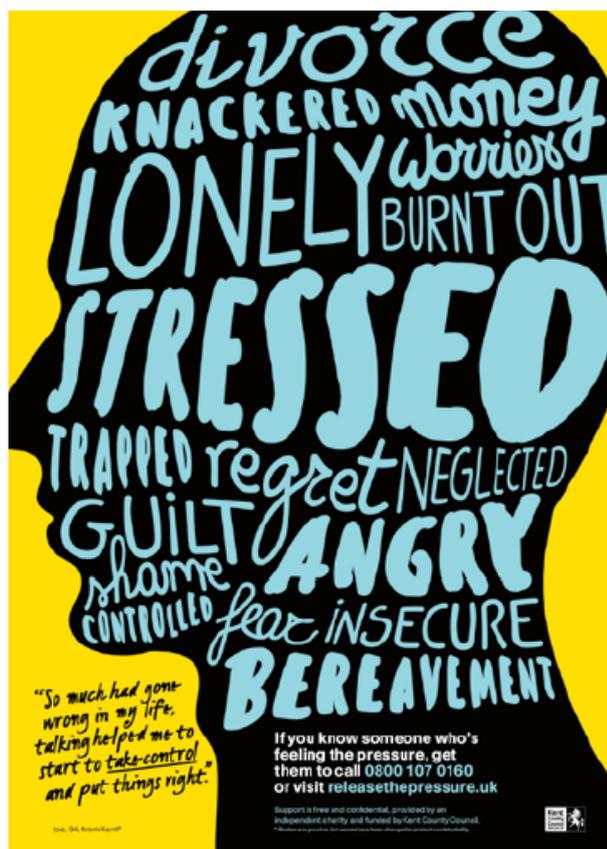
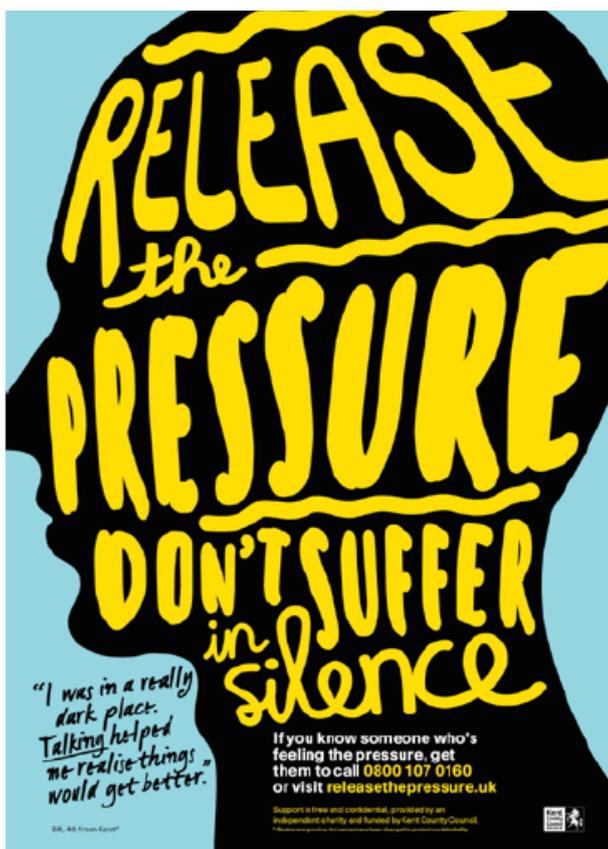
Mr Woodhouse is also full of praise for the role that partners play. He says local government has a key coordinating role, but says the input of others cannot be ignored.

“Network Rail sit on our steering group and they really bring something different to the table. Using detailed data they are able to identify whether there have been increased incidents in a particular place and that can help us, the NHS and the police respond.”

But the work does not end there. Next year the steering group will be carrying out a ‘deep-dive’ into coroner reports. “We are really interested in finding out more about what contact people who take their own lives have had.

“We know most are not in touch with secondary mental health services, but have they seen their GP, social services or someone else? If we know what contact they have had we can put measures into place to try and identify and support those at risk.”

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Brighton: patrolling high-risk areas

- Brighton & Hove's seafront is a high-risk area for suicide, but the council, working with partners, has sought to tackle this by providing training to seafront officers to reach out to those considering taking their own lives.
- The seafront team is just one of more than 70 separate local services that have been provided with training to help prevent suicides.
- The council has also worked with a local charity to produce an app aimed at people considering suicide.

Brighton & Hove's seafront is one of the city's selling points. It's full of bars, cafes and hotels where people head to have fun. But it also draws people to it for a darker reason – it's a high-risk area for suicide.

The council, working with partners including the NHS, voluntary sector and businesses, is working to address this.

Training has been provided to the council's seafront officers so that they can help persuade people in crisis not to take their own lives and connect them with further support.

The seafront team patrols the entire eight miles of Brighton & Hove's coastline, 365 days a year, using a 4x4 vehicle and quad bikes. Officers are trained to save lives in the sea, using equipment such as rescue boards and tubes, and work closely with the police and local NHS emergency services, which means they can be dispatched to members of the public if they can get there first.

From May to September, this service is supplemented by up to 30 lifeguards who are also posted along the beach.

Seafront officer Roger de Casanove says: "We already acted as 'first responders' for the ambulance service but now also work proactively to engage with people who seem vulnerable. We can also respond to calls from concerned members of the public.

"There has been a notable increase in the number of suicide-related incidents the team have dealt with over the past year.

"The police or ambulance service now ring us if we can respond more quickly or if help in the water is needed. Members of the public also phone us and, of course, we keep an eye out during our regular patrols.

"I would say most weeks we are called out to people in these sorts of situations."

The seafront team is just one of more than 70 separate local services that have been provided with training to help prevent suicides.

The city's multi-agency suicide prevention strategy group has worked with a local charity, Grassroots Suicide Prevention, to offer training to people who work with at-risk groups such as the homeless, prison leavers and LGBT community.

This covers how to be alert to people at risk of suicide, how to initiate, complete and follow-up interventions, how to handle self-harm and how to promote good mental health.

Grassroots Suicide Prevention has also developed a free app, StayAlive.

This offers help and support to people with thoughts of suicide and to people concerned about someone else.

It includes quick access to national helplines and local crisis services, suicide bereavement resources, myth-busting, self-care resources and a "LifeBox" where users can upload photos reminding them of reasons to stay alive.

The app has been well-used with 20,000 downloads across Android and iPhone platforms; it won a National Patient Safety Award in 2015. People say it has proved to be a vital resource.

One user, via Facebook, said: "Unlike so many mental health apps yours is not patronising and doesn't claim to 'fix' anyone. No app will ever be able to fix me but yours kept me

company during a very long, dark weekend. Thank you for that.”

The suicide prevention strategy group has worked with the local hospitals too to create a psychiatric intervention service for people who arrive at local A&Es after self-harming, and has initiated meetings between GPs and mental health clinicians to review learning after deaths by suicide in the city.

Other projects include an outreach campaign for men, work with Sussex Police to improve signposting and awareness-raising in schools and among taxi drivers.

Brighton & Hove has created an innovation fund backed by the council and the local CCG to encourage local voluntary sector bodies, schools and GP surgeries to come up with new ideas to prevent suicide and reduce self-harm. There have been more than 70 expressions of interest so far, with the awards due to be made in early 2017.

Clare Mitchison, of the council’s public health team, says: “Suicide has been a priority here for a long time – we’ve had consistently high rates for over a century.

“We know suicide rates have started rising since the economic downturn in 2008.

“You need to be consistently thinking about how you can reach out in new and different ways.”

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“The suicide rate in England fell slightly in 2015, though it is too soon to say whether this fall is the beginning of a downward trend. For this reason we shouldn’t underestimate the scale of the challenge if we are to meet the national ambition of reducing the suicide rate by 10 per cent by 2020/21.”

Professor Louis Appleby,
Chair of the National Suicide
Prevention Strategy Group

Warwickshire: training GPs to help prevent suicides

- Warwickshire has sought to equip local health staff with the skills to help those at risk of suicide.
- GPs have started receiving training with plans also in place for staff at the local mental health trust to follow suit.
- A suicide prevention campaign aimed at sports clubs has been launched aimed at men.

Warwickshire County Council has carried out detailed research into suicides across the county.

The public health team conducted an audit of coroners' records to look at the individual circumstances of suicides that took place in 2013/14.

Some 100 deaths were identified and looked at in depth, the majority of which were by men. A range of risk factors were highlighted, but one of the most striking findings was the contact the individuals had had with services in the month before death.

A third had seen their GP, a third had been in touch with mental health services and a third had had no contact with either group.

"The audit got us thinking about how best we could reach out to help to people at risk," says Dr Charlotte Gath, the council's public health consultant.

"It is clear there are opportunities to engage people who are at risk so we have sought to give key staff the skills to help."

This has involved three different strands – working with GPs, the local mental health trust and with community organisations.

A social enterprise, Connecting with People, which specialises in suicide prevention training, was commissioned to provide training to GPs across the three local CCGs.

The half-day workshops focus on how to assess and quantify the risk of suicide in patients and then how to develop a safety

plan to prevent suicide, including who they should refer their patients to.

The aim is to get three-quarters of the workforce trained. So far just over 100 GPs have undergone the training – about a third of the target.

The feedback so far has been incredibly positive. Dr Inayat Ullah, a GP from Bedworth, says the training was "very good". "You learn a lot and that helps you with the patients you see. I will be recommending it to GP colleagues."

Connecting with People is also working with two clinicians from Coventry and Warwickshire Partnership NHS Trust, which runs mental health services locally, to provide similar training.

The two members of staff will be trained by Connecting with People to carry out training in-house with their colleagues so the skills can be spread across the wider workforce.

"As a mental health trust they have obviously been focused on preventing suicides, but that work has been more centred on stopping that happening onsite," says Dr Gath.

"What we want to do now is encourage staff to think about prevention in the wider community sense."

The third strand of the work is targeted at those people who do not come into contact with statutory services.

A campaign, called It Takes Balls to Talk, was launched last autumn aimed at men.

It was developed by the Coventry and Warwickshire Trust and is focused at taking suicide prevention work out into sporting venues.

The campaign, backed by the charity Mind, has worked with Coventry City Football Club, Wasps Rugby club and the local ice hockey team Blaze as well as amateur clubs.

Campaign volunteers have attended events and matches, handing out leaflets and information about suicide from designated

stands. They also work closely with staff from the clubs, encouraging those involved to promote and encourage more openness about mental health and the risk factors for suicide, including bereavement, unemployment, debt issues, relationship problems and drug and alcohol misuse.

Mental health nurse and campaign coordinator Alex Cotton says: “It can be difficult to talk about mental health so we hope that the campaign will help men understand it is important not to keep their feelings to themselves.

“It is about reaching out to them and the people who care about them to promote positive mental health. We want people to have positive conversations about mental health, inspired by this campaign.”

It certainly seems to have been having an impact. Within a few months of its launch it had had 90,000 interactions on Facebook, reached 1.5 million via radio and engaged over 3,000 people at sports clubs.

Steven Hill, director of Coventry and Warwickshire Mind, says the response has been fantastic.

“This is an exciting and innovative opportunity to use sporting venues as a means to engaging people, particularly men, in conversations about their mental health and wellbeing.”

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“We welcome the increasing focus of attention that the issue of suicide and more broadly, mental wellbeing, is receiving from government and the wider public. Raising awareness of suicide and getting more people talking about their wellbeing and mental health is crucial if we are to change society’s attitudes, reduce stigma and increase help-seeking.”

National Suicide Prevention Alliance²

2 Written evidence from the National Suicide Prevention Alliance to the Health Committee’s inquiry on Suicide Prevention, 11 October 2016, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/suicide-prevention/written/37712.html>

Blackpool: taking support out into the community

- Blackpool Council and its partners are taking suicide prevention work out into the community in ground-breaking ways.
- A community café has been set up and counsellors will be going out on the streets.
- A range of different training is also being provided to key staff.

Blackpool is focusing its attentions on new and innovative ways of reaching out to people who are at risk of suicide.

Amid concern people at risk of suicide were not accessing treatment and support, the council's public health team has been working with partners to develop a range of different schemes over the last year.

One of the most well-established projects has been the ASIST training (applied suicide intervention skills training) that has been given to staff who work with vulnerable groups. Mental health support workers, police, social care teams and drug and alcohol workers have all been trained. But Blackpool has started broadening its community work through a number of other schemes.

Funding has been found for a community café, which is being run in partnership with Camerados, a social movement which is involved in suicide prevention work across the country.

The café called the Living Room is open up at a local library. There are comfy sofas as well as tables with hot drinks and snacks served. People who cannot afford to pay for the food are welcomed and given complimentary food and drinks.

The café, which opened in the summer, is staffed by Camerados workers and volunteers with the idea of creating a welcoming and supportive facility for people who are feeling lost and isolated.

The volunteers work for the café for short periods with the idea that they learn new skills, which helps them find paid employment. While working at the café they are given training so they can provide support and friendship to people who use the café.

It is currently open five days a week and is seeing 30 to 50 people each day.

Camerados development manager Sarah Mortimer says: "It is based on the idea that we can help each other get through tough times. People know they can call in and talk to someone and get support. But it can flip very quickly from someone being helped to becoming a helper.

"We are giving people who volunteer some training to help with basic listening skills and how to give advice and peer support. We think it can make a huge difference."

Blackpool public health practitioner Zohra Dempsey, who coordinates the suicide prevention work with her colleague Emily Davis, says: "The idea has been to create a peer-led therapeutic service. The café is a space where you can go and sit down next to a stranger and talk and have company. Sometimes people need to just open up, to have something that gets them out and socialising."

Blackpool is also looking to build on this by piloting a street therapy service. The plan is to employ a counsellor who can go out and about and approach people they think are at risk.

“It is a bit like outreach but more therapeutic,” says Ms Dempsey. “We don’t expect people to sign up to six sessions of CBT or anything. A counsellor will go out and talk to people in public places like in the community café or approach street drinkers and isolated people to build a rapport and therapeutic connections at the person’s own pace.

“This is very much in its early stages, though it’s very exciting. We really want to get to those people that won’t or can’t access traditional mental health services – but desperately need that connection with another human being.”

There are plans to make it easier for people to access treatment in other ways too.

Later in 2017 the public health team is planning to pay for key workers, such as mental health nurses and healthy lifestyles staff, to have training in delivering behavioural activation therapy. The training course will enable staff to deliver a single strand intervention that has been proven to be as effective as cognitive behavioural therapy.

It involves people being provided with support and advice to get involved in activities and will enable staff to link them in with the local social prescribing service.

“The aim is to get people active, whether it is with local sports clubs, art classes or anything else,” says Ms Dempsey.

“It may be that they have stopped doing something they enjoyed so the worker will spend time with them unlocking the reasons for that. Hopefully it will improve access to evidence-based psychological therapies and the practical nature of behavioural activation may be more beneficial for some people.”

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about the ambition of this government to tackle burning injustices, including inequalities caused by poor mental health. Addressing suicide and its prevention is a key part of that ambition as suicides are more likely to occur in areas of low social and economic prosperity.”

Jeremy Hunt,
Health Secretary

“The prime minister has spoken

Leeds: supporting those bereaved by suicide

- Leeds City Council has funded a bereavement service for those who have lost loved ones to suicide.
- It includes one-to-one and group support, helping over 100 people in the first year.
- Other projects include training for staff, reporting guidelines for local media and a grants system for local voluntary sector groups.

Losing someone close to suicide is, of course, heart breaking. But it also increases the risk of suicide as those left behind struggle with feelings of guilt, isolation and the stigma surrounding suicide.

Leeds City Council has sought to address this by setting up a special bereavement service for those who have been affected. The service is funded by public health and delivered by two charities – Leeds Mind and Leeds Survivor-Led Crisis Service – and is staffed by people who have a direct experience of being bereaved by suicide.

It started in the summer of 2015 and the budget of £200,000 will keep it running for three years, offering both one-on-one and group support. Known as “postvention”, the support addresses the isolation felt by survivors of suicide bereavement and the challenges associated with a death by suicide.

Catherine Ward, the council’s emotional health and wellbeing lead, says: “When someone takes their own life there are lots of people affected – family, friends and people they work with. It is a ripple effect.

“We had a really active group of people who were pushing on this and we knew the evidence about why it was important so we decided to act. We looked at other models but decided we wanted to develop something that was unique to us.”

Each person referred to the service is offered a “gateway session” which is their introduction to the project. It provides the person an opportunity to tell their story and enables the support worker to discuss what help would be appropriate.

The service offers four one-to-one sessions with a further four after the inquest. Originally six and six were offered but because of such high demand the service found it had a waiting list developing and so had to cut back.

These sessions cover everything from dealing with emotions to the practical side of things, such as getting time off work if the individual is struggling. Group sessions are also available. These vary between flexible drop-in sessions to dedicated six-week courses. In the past bespoke group work has been done with people who have lost children, while one for university students is currently being planned. The third option for people is up to 20 free sessions of counselling from Mind. People can do all three if they wish.

Laura Pattison, who delivers the group sessions, says: “The support we offer really varies. Understanding the grieving process, such as not being able to eat or waking up in the night, and just coping with the issues unique to suicide, such as discussing it with people and the feelings of guilt and wondering why you weren’t enough, are the most common.”

During the first year the service received over 100 referrals. These came from a variety of sources, including the police, coroners, GPs and via self-referral. The feedback from users was extremely positive with many reporting the service had helped them maintain relationships, tackle isolation and deal with depression and suicidal thoughts.

The experience of Pam (not her real name) is typical. She was referred to the service three years after losing someone close to her as she was still struggling with “dangerously dark depressions”.

“There were questions I couldn’t ask other people. I was at the end of my tether. My meetings with the service allowed an outlet for me to just blurt out all of these questions I had been hiding or suppressing. I didn’t realise that the relief would be so immediate, but it was.”

But this is just one example of the work Leeds has been involved with. The council has also commissioned research into suicide among men in the west of Leeds, the area with the highest rates. The team spent time talking to men in pubs and working men’s clubs and found a generation of men who felt “disengaged and disillusioned”.

This was followed by the launch of a grant scheme to encourage voluntary sector groups to establish projects to reach out to these men. About £12,000 of funding has been distributed so far and has helped support a number of different schemes, including the Green Man project, which gets men involved in gardening-related schemes, and Space 2, a weekly drop-in session for men to socialise, play pool and do woodwork.

The council has also produced guidance for staff and the local media. A handbook on self-harm and suicide among young people has been drawn up and shared with frontline staff, including health visitors and school nurses. This has been accompanied by training.

Meanwhile, local newspapers and radio stations have been given guidelines – co-produced by the council and National Union of Journalists – about how to report suicides.

“There is so much more we want to do,” says Ms Ward. “The local authority really understand the public mental health agenda and have been able to advocate and champion this approach on all levels.”

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“While psychiatrists have an important role to play in helping reduce the number of suicides, we know that three-quarters of people who have died by suicide have not been in contact with specialist mental health services. It is therefore important to take an early intervention approach to identify and provide empathetic support to people at risk of suicide.”

Royal College of Psychiatrists³

3 Written evidence from the Royal College of Psychiatrists to the Health Committee’s inquiry on Suicide Prevention, 11 October 2016, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/suicide-prevention/written/37982.html>

Torbay: getting barbers to help young men

- A nationwide campaign to enable barbers to talk to young men about emotional health started in Torbay in 2015.
- The Lions Barbers Collective has seen local barbers and the council's public health team work collaboratively to develop training initiatives and begin to develop a charity to promote awareness about men's mental health.
- Public health has also spread the concept to other settings, including pubs and boxing clubs, and football clubs.

Suicide is the main cause of death in young people under 35 – over 1,600 take their own lives every year. Three-quarters of them are young men.

But in Torbay work has begun on raising awareness among barbers to look out for their clients who may be undergoing emotional stress and are even considering taking their own lives. The project stemmed from the inspiration of local barber Tom Chapman, who lost a friend to suicide.

After his friend's death, he started thinking about what he could do to help young men in similar positions, as Mr Chapman explains.

“Men often share confidences with their barbers that they would not discuss with their friends, families or partners. I feel my clients trust in me to share any problems or troubles they are having in their life and many have done so in the past.

“As barbers we are therefore in a unique position to encourage our clients to seek help and indeed help them to find it.”



With the help of Gerry Cadogan, the public health principal at Torbay Council, and the suicide prevention charity Papyrus, Mr Chapman launched the Lions Barbers Collective.

The aim of the movement is to encourage barbers to broach the topic of emotional wellbeing and those who sign up get bespoke 'Barber Talk' training so they can recognise, talk, listen and advise clients with depression and other mental health issues. Leaflets have also been produced as have branded t-shirts and equipment.

But it is not just in Torbay that the idea has taken off – barbers across the UK from London to Liverpool have signed up to the collective as the concept spread on social media.

Ms Cadogan says: "We are not trying to turn barbers into counsellors. But we do want them to think about the issue. Instead of asking their customers what they are up to that night they can ask them about how they are feeling – and then listen and empathise.

"The big thing, especially for men, is getting them to talk, to open up. We still have such a macho culture and men simply won't share their problems. We have undertaken an annual suicide audit using local coroner's data since 2009 that shows many of the men who have died experienced a change in their relationships with those close to them either because of bereavement, relationship breakdown or divorce. That seems to be a bigger factor than losing a job or financial problems. On top of those issues it can be the factor that makes men decide to take their life so we make that a priority in the way we approach it.

"But what is also important is that there are places that can offer more ongoing support so barbers know what is available locally to signpost their customers to."

Barbers in Torbay are able to signpost their clients to a range of agencies that can help. There is a helpline run by Mind in the evenings and weekends and the council

has a close working relationship with the Samaritans, which support the psychiatric liaison team at the hospital. There are also very positive working relationships with the local police.

Work is also under way to get GPs more involved. A seminar is being held in early 2017 with local GPs to help them to raise the issue with their patients, especially men.

And the council is in the process of taking the Lions Collective concept out into other settings. The public health team has joined forces with local boxing clubs and pubs to get them involved. With the help of funding from the Arts Council, an artist and filmmaker were commissioned to produce some posters, pictures and films highlighting some of the difficulties men face.

Public health has also organised drop-in sessions at some of the venues to get men talking and there are now plans to employ a nurse to carry out blood pressure and BMI checks in these settings as this has proven successful in some parts of the USA.

Meanwhile, Torquay United has started organising football sessions for local men, encouraging them to get together, play sport and discuss any difficulties they are facing.

"We really want to build on this. We want to set up a charity and bring all the work under the Lions Collective banner," says Ms Cadogan. "We need to change the culture around suicide. There is a massive stigma around it and yet few people who take their lives have been in contact with mental health services.

"A person who takes their life is someone's father, son, mother or daughter. Ordinary people like families and friends can help prevent suicide too – and that is the message we want to get across."

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What help is at hand?

The National Suicide Prevention Alliance (NSPA) is the leading England-wide, cross-sector coalition for suicide prevention. Through grant funding from the Department of Health and the support of its membership, the NSPA's mission is to get all parts of society working together to take action to reduce suicide and improve support for those affected by suicide. Local authorities can become members and share good practice with other organisations and the NSPA can also provide support with the development of suicide prevention action plans.

www.nspa.org.uk

The Samaritans is the UK's largest suicide prevention charity. It runs a free 24-hour helpline – contactable on 116123 – which takes 5.4 million calls each year. It also works with councils in a variety of other ways, including:

- Local branches have become involved with some multi-agency group work
<http://www.samaritans.org/branches>
- It has produced responsible reporting guidelines for the media <http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide>
- Workplace training is available at <http://www.samaritans.org/for-business/workplace-training>
- Providing practical support and guidance for schools and colleges to prepare for and recover from a suspected or attempted suicide <http://www.samaritans.org/education/step-by-step>

Help is at hand:

Support after someone may have died by suicide

<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>

Support after suicide:

A partnership of organisations that provide bereavement support in the UK

<http://supportaftersuicide.org.uk/>

Find out more

National Suicide Prevention Strategy
(Government, 2012)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

Local suicide rates (Public Health England)

<https://healthierlives.phe.org.uk/topic/suicide-prevention>

Atlas of Variation (Public Health England)

<https://fingertips.phe.org.uk/profile/atlas-of-variation>

Preventing suicide in England:
Third progress report (Government, 2017)

<https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>

Local suicide prevention planning guide
(Public Health England 2016)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf

Preventing suicide in public places
(Public Health England, 2015)

<https://www.gov.uk/government/publications/suicide-prevention-suicides-in-public-places>

Identifying and responding to suicide clusters
(Public Health England, 2015)

<https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters>

Support after suicide: A guide to providing
local services (Government, 2017)

<https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services>

National Suicide Prevention Alliance

<http://www.nspa.org.uk/>

Help is at hand: support after someone may
have died by suicide

<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>

Support after Suicide

<http://supportaftersuicide.org.uk/>



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