

Norfolk Suicide Prevention Strategy 2016-2021

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Norfolk Suicide Prevention 2016-21

Norfolk County Council is committed to working with partners to reduce the number of suicides in the county. The local multi-agency Suicide Prevention Group is tasked with implementing and monitoring the suicide prevention action plan. Norfolk County Council's Public Health department has undertaken an audit of suicides in Norfolk which provides an understanding of the evidence base including the people it affects and the agencies that could help.

Local knowledge

In Norfolk there are on average 77 suicides per year (2016) which is higher than the national average. The most recent statistics (over the last ten years up to 2016) identify that 76 percent were male, and a significant proportion of them were aged 45-59. We know that 30 percent lived in the most deprived areas, and 35% were economically inactive. This builds a picture which implies a loss of hope and purpose mainly affecting men in poverty or near it. For further information on local statistics, please refer to the Norfolk Suicide Prevention Audit (2016) published on the Norfolk Insight website.

The government's Preventing Suicide in England (2012) strategy states that it is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.

Suicide is not inevitable, and preventing it is everyone's responsibility

Target

The government Mental Health Five Year Forward View (2016) has set the ambition to reduce the number of deaths from suicide by 10% from 2016-2021. Our suicide prevention group has adopted this target with a view to reducing the suicide rate further in later years, to as close to zero as possible.

Who we think it affects the most

The national strategy identifies the following groups as priorities for prevention:

- young and middle-aged men
- people in the care of mental health services, including in-patients
- people with a history of self-harm
- people in contact with the criminal justice system
- specific occupational groups e.g. doctors, nurses, veterinary workers, farmers and agricultural workers

The Norfolk picture reflects the national one with an additional potential focus on people with substance misuse issues. As a rural county, there is a particular interest in ensuring that individuals experiencing isolation and stress are identified and supported effectively, such as farmers for example. Norfolk has an older population which is growing, and older people with complex physical health issues are identified in the suicide audit as an area of focus for improving quality of life and pain management. There is also a work stream which has identified activities on reducing suicides of children and young people, further details are outlined in Child Suicide Audit (2016) and the suicide prevention action plan attached to this document.

Working together

The Suicide Prevention Implementation Group reports to the Mental Health Strategic Board which oversees the Mental Health Crisis Care Concordat, bringing those with key actions

and responsibilities together to implement the action plan. The strategic board will provide annual updates on progress to the Norfolk Health and Well-Being Board which has agreed mental health as a key ongoing priority. There is a commitment to working with Suffolk County Council to share targets, resources and ideas, an alignment which will benefit the local mental health trust in ensuring consistency as it works across the two areas. We also recognise that the voluntary and community sector has an important role to play, especially in preventative work and engaging with specific groups.

Norfolk county council has launched a campaign to address loneliness 'In good company', and we will ensure that the suicide prevention campaign will complement that and other existing messages on reducing social isolation. The Norfolk Safeguarding Adults Board has also identified suicide prevention as a priority, and will work closely with the suicide prevention group to promote learning and workforce development across agencies in Norfolk. The Coroner's office is a leading voice for suicide prevention in Norfolk, encouraging multi-agency learning to better support communities.

We have set out the Norfolk suicide prevention action plan to reflect government priorities to:

- 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 research, data collection and monitoring
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

What we are going to do

We intend to develop educational guidance to promote strengths based interventions such as safety planning rather than risk assessing, and preventative activities for professionals to support them to identify and encourage individuals contemplating suicide to make a different decision.

We will develop a multi-agency training framework which sets out the levels of awareness and knowledge expected across professions, what the training should include, and how it could be delivered – setting the quality standard for Norfolk. This will be enhanced by the knowledge of experts by experience.

We plan to raise awareness of suicide and campaign to reduce stigma so that people are confident in coming forward to find the right support. This could range from self-help well-being tools, finding meaningful employment, or participating in an activity which reduces social isolation. Campaigns will include messages tailored to carers, friends and family who might otherwise consider themselves powerless to effect change.

We also have commitments from agencies to undertake activities which improve services as well as ideas for innovation and support for community and voluntary sector agencies.

We are going to

	Milestone	When by
✓	Deliver a campaign to raise awareness and reduce stigma across the county	September 2017
✓	Publish guidance which emphasises safety planning and making the environment safe and distribute it online	September 2017

✓	Make a website resource available listing local and national support for people in crisis – putting it all in one easily accessible place	June 2017
✓	Make sure that training on suicide prevention is available for professionals in the county	June 2017
✓	Deliver a carers pack for families and carers supporting loved ones	tbc
✓	Hold a multiagency conference to disseminate learning and resources as near to world suicide prevention day (10 September) as possible	September 2017

How will we know we have made a difference?

	Indicator	When by
✓	Feedback from training which will include a follow up 3 months later	January 2018
✓	An increase in the number of hits on the website	January 2018
✓	People use safety planning and share their learning experiences	January 2018
✓	Public Health Outcomes Framework Indicators such as number of suicides per 100,000 begin a downward trend	September 2018
✓	The number of unexpected deaths reported by the local mental health trust goes down	September 2017

Further details of planned activities are outlined in the suicide prevention action plan below.

	NORFOLK SUICIDE PREVENTION ACTION PLAN 2016-2021
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	Recommended action	Lead organisation	when by
1	Reduce the risk of suicide in key high-risk groups		
1.1	Develop a training framework and identify key professional groups that should receive it and at what level. Should include how to spot the signs, safety plan and refer on to suitable pathways.	NSFT and partners with input from Adult Learning and Improvement Policy sub group (reports to the Adult Safeguarding board)	2016
1.2	Produce comprehensive and concise guidance on how to ask, how to safety plan and what next for all front line staff including healthcare workers, Jobcentre Plus staff, drug and alcohol services etc. (online)	Norfolk and Suffolk Foundation Trust (NSFT)/Norfolk Clinical Commissioning Groups (CCGs)/ Norfolk Public Health/Suffolk Public Health	2017
1.3	Implement the College of Policing Approved Professional Practice for 'Suicide and Bereavement Response' (currently out for consultation) and National Police Chiefs Council guidance 'Suicide Prevention Risk Management Perpetrators of Child Sexual Exploitation and Indecent Images of Children (IIOC)'	Norfolk Constabulary	

	Recommended action	Lead organisation	when by
1.4	Review guidance and pathways for people with complex needs such as substance misuse and mental health problems.	Norfolk Public Health/CCGs/ Norfolk Recovery Partnership(NRP)/NSFT	2017
1.5	Review current provision of well-being services for men. Consider jointly commissioning and encouraging male specific interventions and support (third sector groups reducing social isolation such as MENSHEDS and VETERANS CENTRE)	Norfolk Public Health/NSFT	2017
1.6	Offenders: Review the possibility of release planning sooner (in some cases this may be at point of entry into custody), for those who are subject to ACCT within the prison community.	OPCC coordinate - Prisons/Probation	

	Recommended action	Lead organisation	when by
1.7	Offenders: More emphasis to be placed on suicide prevention when going through the gate i.e. greater liaison with community mental health teams, more established release planning (accommodation, employment, signposting and appointments to support agencies such as including Samaritans, drug and alcohol agencies, family support, finance and debt advice);	OPCC coordinate - Prisons/Probation	
1.8	Audit compliance with relevant best practice guidelines to ensure good pathways and support on discharge from psychiatric inpatient care to decrease patients' risk of suicide.	NSFT	2016
1.9	Promote good mental health among target group (men in high risk occupational groups) Engage with NFU/Farming community network/You are not alone (YANA) - rural norfolk farming support Oil and gas industries unions/employers Football club Adnams	MIND - and Norfolk Public Health	2018
1.10	Review guidance for hospitals including discharge policies for people who have self-harmed or attempted suicide (specifically the need to contact family or friends to collect them). Consider a follow up plan where appropriate.	Acute Trusts/NSFT	2017
1.11	Psychiatric liaison	Acute Trusts/NSFT	2018
1.12	Children and young people's action plan	Norfolk Safeguarding Children's Board partners	
	<i>6.1 Raising resilience in children and young people</i>		
	<i>6.2 Providing for the long term needs of children and young people who have experienced bereavement</i>		

	Recommended action	Lead organisation	when by
	<i>6.3 Guidance for staff</i>		
	<i>6.4 Training for Tier 1 Staff to support children with Self-Harm/suicide ideation</i>		
	<i>6.5 Mental health awareness for children and young people</i>		
	<i>6.6 Better information sharing and gathering information about 'near misses'</i>		
2	Tailor approaches to improve mental health in specific groups		
2.1	BAME – Men from Eastern European backgrounds are disproportionately more affected. Guidance and Campaigns around self -management or accessing support earlier should be accessible for diverse communities.	County Community Cohesion network	2017
2.2	Raise the visibility of current national/local suicide prevention self-help tools through development of a web resource based in the Wellbeing service website	Suffolk Public Health/Norfolk Public Health/ Samaritans/NSFT Wellbeing service	2017
2.3	Social marketing suicide prevention campaign - focus on men's mental health and delivering key messages to men in midlife experiencing disadvantage	Suffolk Public Health/ Norfolk Public Health	2017
2.4	Embed suicide prevention in workplace health initiatives - ensure employers understand their responsibility for the well-being of employees	Norfolk Public Health	2018

	Recommended action	Lead organisation	when by
2.5	Implement Public Health England guidance and masterclasses on suicide prevention	Norfolk Public Health	2017
3	Reduce access to the means of suicide		
3.3	Approach railway services or British transport police for guidance on training received by their staff and how to maximise impact of campaigns, particularly in rural areas.	BTP	2017
3.4	It should be a routine part of all safety planning to ask about access to guns including ownership.	Norfolk Constabulary / CCGs - GPs	2017
3.5	Car Parks and Malls – Advise on reducing access to methods.	districts - designing in safety features in new structures.	2017
3.6	Provide education materials for GPs and mental health clinicians to use the safest prescribing options for people at risk of self-poisoning	CCG CSU prescribing advisors/NSFT	
3.7	Inpatient mental health, and prison services to regularly review and monitor access to means when individuals are in their care.	NSFT/Prisons	2018
4	Provide better information and support to those bereaved or affected by suicide		
4.1	Improve awareness of resources and support for families of people who die by suicide	NSFT/Norfolk Public Health	2018
4.2	Engage with SOBs and Samaritans on support services available for families	Suicide Prevention Group	2018

	Recommended action	Lead organisation	when by
4.3	Design a support care pack for families	NSFT	2017
5	Support research, data collection and monitoring		
5.1	Improve information sharing and referral pathways between organisations in contact with vulnerable people. In particular, GP and mental health services.	CCGs and NSFT	
5.2	Improve information sharing pathways between different teams within organisations in contact with vulnerable people.	Public Protection Forum	
5.3	Particular consideration should be given to how assessments and safety plans are recorded and to ensuring that the future commissioning of IT systems supports the sharing of information	Public Protection Forum	
5.4	Investigate if there is a link between suicide and being a member of the armed forces, and if this link is stronger for offenders.	Armed forces covenant	
5.5	Conduct further research into female released prisoners and suicide. As the sample size of female released prisoners is so much smaller than males a much larger geographic area should be studied. This could form part of a national piece of research using similar methods and investigating other prisoner characteristics, such as sentence length.		
5.6	Partner agencies commit to seeking opportunities for research and evaluation of impact	all partners	

	Recommended action	Lead organisation	when by
5.7	For suicide data collection of offenders to be standardised so that when the police notify the Coroners' office of a death they are also notifying them whether or not that person was an offender, if this is known. The Norfolk Constabulary should already be notifying the Prison and Probation Ombudsman if the individual who had taken their own life had been released from prison within 28 days.	Norfolk Constabulary /Coroner's Office	
5.8	Produce an annual briefing on the suicide audit, and undertake a refreshed review after three years.	Norfolk Public Health	2017 2019
6	Support the media in delivering sensitive approaches to suicide and suicidal behaviour		
6.1	Contact local media to disseminate use of and awareness of the Samaritans guidance on responsible report, this includes using supportive language and working together to reducing stigma.	Work in partnership with Samaritans/Healthwatch – Norfolk Constabulary or Norfolk Public Health	
6.2	Develop a campaign for world suicide prevention day 10 September 2017	Norfolk Public Health	2017
6.3	Organise a conference in September 2017 to review progress and raise awareness	Norfolk Public Health/Chris Copsey	2017