



Barnsley Suicide Prevention Action Plan

Suicide is one of the leading preventable causes of death under 65 years of age and a major public health concern with 4,820 people taking their own lives in England in 2015¹. Suicide has a devastating impact on society. Economic costs are also high, estimated at £1.7 million for each life lost for those of working age². Over the last 30 years there has been a generally downward trend in suicide rates in the United Kingdom from 15.6 deaths per 100,000 people in 1981 to 10.6 deaths per 100,000 in 2007. However, since then the suicide rate has begun to gradually increase with 11.8 deaths per 100,000 people recorded in 2013². There are however, variations in the risk factors, which mean men, are almost three times as likely to take their own lives as women; with men aged 40-44 representing the most at risk group³.

Suicide is often the end point of a complex pattern of biological and psychological factors⁴, the impact of which is far reaching, affecting the close friends and family members of the deceased who are left vulnerable to long term psychological ill health⁵, and increased risk of suicide⁶. It is estimated that between six and ten 'survivors' are directly affected by any one suicide meaning that in the UK between 36,000 and 61,000 people per year become suicide survivors, and are at risk of psychological harm²⁷.

¹ Office for National Statistics (2017). Suicides in the United Kingdom 2015 Registrations

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

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² Mental Health Promotion & Prevention: The Economic Case (p26) Martin Knapp, David McDaid and Michael Parsonage (editors). Personal Social Services Research Unit, London School of Economics and Political Science. January 2011. <http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf>

³ Sowcroft, E (2015) Suicide Statistics Report 2015: Samaritans 2015 http://www.samaritans.org/sites/default/files/kcfinder/branches/branch-96/files/Suicide_statistics_report_2015.pdf

⁴ Department of Health (2002) National Suicide Prevention Strategy for England <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

⁵ Omerov, P et al. The ethics of doing nothing. Suicide Bereavement and research: ethical and methodological considerations. Psychological medicine, 2013: p1-112

⁶ Pitman, A, Osborn, D and King M. Suicide bereavement and risk for suicide attempt: a national cross-sectional survey of young adults. The Lancet, 2014. 383(S) p82.

⁷ Jordan, JR and McIntosh JL (2011). Suicide bereavement: Why study survivors of suicide loss? Grief after suicide: Understanding the consequences and caring for survivors. Routledge. New York.

Recommendation 1: Reduce risk of suicide in high risk groups

1.1 Men of working age, with a focus on economic factors such as debt; social isolation; unemployment; family and relationship problems, drugs and alcohol; developing treatment and settings that men are prepared to use.

Intervention	Description	Lead
Promote multi-agency suicide prevention work	<ul style="list-style-type: none"> - Establish and maintain strong links between health and non-health services identified as being key to promoting working aged men's mental health. - Use peer communicators so that men receive information and support from trusted sources. 	Local Authority (LA) / Public Health (PH) Core
Suicide awareness training	Training to be provided to front line staff that support working aged men.	LA Human Resources (HR)/ Public Health Core
Community outreach programmes	Suicide awareness messages to be promoted at traditional male settings e.g. football, rugby public houses and music venues.	LA – PH Communities/ LA/ 3rd and voluntary sector

1.2 People in the care of mental health services

Intervention	Description	Lead
Promote multi-agency suicide prevention work	Training to be provided to front-line staff working with high risk groups	Clinical Commissioning Group (CCG) / SWYPT
Risk management training	Training to be provided to front-line staff working with high risk groups	CCG / South West Yorkshire NHS Partnership Foundation Trust (SWYPFT)
Safe clinical areas	Ensure regular assessment of ward areas to identify and remove potential risks e.g. ligature ligatures and ligature points, access to medications, access to windows and high risk areas	CCG / SWYPT
Mental health services comply with best practice on suicide prevention	Review suicide prevention practices using an appropriate tool e.g. The National Patient Safety Agency's (NSPA's) Preventing Suicide: A Toolkit for mental health services	CCG / SWYPT
Improve care pathways between emergency departments, primary and secondary care	Review care pathways using an appropriate tool e.g. The National Patient Safety Agency's (NSPA's) Preventing Suicide: A Toolkit for community mental health – 2009 out of date NHS Improvement.	CCG / SWYPT / BHNFT / South Yorkshire Police (SYP)

1.3 People with a history of self-harm

Intervention	Description	Lead
Compliance with NICE guidance	Implement NICE guidelines on self-harm (NICE CG16 & NICE CG133)	CCG / SWYPT / Barnsley Hospital (BHNFT)
Suicide and self-harm awareness training for frontline staff	Training to be provide for staff working in emergency departments, ambulance staff and primary care	CCG / SWYPT / BHNFT / Yorkshire Ambulance Service (YAS) / SYP
Suicide and self-harm awareness training for community staff	Training to be provided for staff working in schools and colleges, care environments and criminal and youth justice systems	CCG / PH People / PH Communities

Recommendation 2: Tailor approaches to improve mental health in specific groups

2.1 Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system.

Intervention	Description	Lead
PSHE – personal, social and health education	Help children and young people recognise, understand, discuss and seek help for emotional problems.	PH People
Effective school-based suicide prevention	Promote awareness among staff and pupils and parents to help identify high risk signs or behaviours (depression, drugs, self-harm) and develop protocols on how to respond, ensure clear referral routes into specialist support	CCG & PH People
Bullying prevention programmes	Develop and implement bullying prevention initiatives	PH People
0-19s service	Identify children at high risk of emotional problems and ensure that they and their families received appropriate support	PH Core
Safeguarding Children Board	Ensure close link between suicide prevention and safe guarding boards in order to ensure local provision of early help and support	CCG
You're welcome criteria	Self-assessment toolkit to ensure services are acceptable and accessible to young people	CCG
Compliance with NICE guidelines	Ensure provision of stepped-care approaches to treatment for children and young people with mental health problems	CCG
Completion of CID 70 (Adult) & Gen 117 (Child) forms on identification of suspected / attempted suicides.	Referring on to relevant support on identification.	SYP

2.2 Survivors of abuse or violence, including sexual abuse

Intervention	Description	Lead
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Ensure the timely and effective assessment of all vulnerable children	Ensure early identification and referral to appropriate support services. Promote the use of screening tools such as the Strengths and Difficulties questionnaire (SDQ)	PH People
Domestic violence training	Training and support to be provided for primary care and other front line professional staff to improve identification and appropriate referral to support services of those experiencing domestic violence	PH Communities
2.3 Veterans		
Intervention	Description	Lead
Improve veterans' access to support services	Create more posts for veterans therapists in NHS trusts	CCG / PH Communities
Suicide awareness training	Training to be provided for GPs and other NHS staff who may come into contact with veterans with mental health needs	CCG / SWYPT
2.4. People living with long-term physical health conditions		
Intervention	Description	Lead
Support self- management	Ensure patients feel more confident in managing their condition and take an active part in their care	CCG / BHNFT
Assessment for depression	Ensure the routine assessment for depression as part of personalised care planning	CCG
2.5. People with untreated depression		
Intervention	Description	Lead
Compliance with NICE guidance	Ensure the early identification and treatment of depression – through compliance with NICE guidance	CCG
2.6. People who are especially vulnerable due to social and economic circumstances		
Intervention	Description	Lead
Join up support services	Ensure front-line agencies (primary and secondary health and social services, local authorities, the police, job centre plus) join up to maximise the effectiveness of services and support	PH/ SYP
Support financial capability	Commission interventions that improve financial capability e.g. Citizens advice	PH
Suicide awareness training for staff	Training to be provided for front-line staff who are in regular contact with people who may be vulnerable due to social/ economic circumstances	PH
Suicide awareness raising for public	Inform people how to recognise and respond to warning signs in themselves and others	PH
2.7. People who misuse drugs and alcohol		
Intervention	Description	Lead
Recovery based services	Outcome based interventions to tackle substance misuse and integrate assessment, care and support for people with co-morbid substance misuse and mental health problems	PH communities
2.8. Pregnant women and those who have given birth in the last year		
Intervention	Description	Lead

Suicide awareness training for staff	Increase the awareness of healthcare staff to support women's mental health during the pregnancy and post-natal period including assistance in bonding with their babies	PH Core / BHNFT/ SWYPT
Parenting programmes – prenatal	Parenting programmes to improve maternal psychological health	PH Core
Parenting programmes – postnatal	Group based parenting programmes to improve the emotional adjustment of very young children	PH Core
2.9. Lesbian, gay, bisexual and transgender people		
Intervention	Description	Lead
Suicide awareness training for healthcare staff	Increase awareness of staff in secondary and primary care of higher rates of mental distress, substance misuse, suicidal behaviour or ideation and increased risk of self-harm in those who are lesbian, gay, bisexual and transgender	CCG / PH Communities
Suicide awareness training for community staff	Increase awareness of staff in social services, education and the voluntary sector of higher rates of mental distress, substance misuse, suicidal behaviour or ideation and increased risk of self-harm in those who are lesbian, gay, bisexual and transgender	PH Communities
2.10. Black, Asian and minority ethnic groups and asylum seekers		
Intervention	Description	Lead
Suicide awareness training for healthcare staff	Increase awareness of healthcare staff to the prevalence of mental health conditions and suicide among Black, Asian and minority ethnic groups and asylum seekers	PH Core / LA Equality & Inclusion
Suicide awareness training for community staff	Increase awareness of staff in social services, education and the voluntary sector of higher rates of mental distress, substance misuse, suicidal behaviour or ideation and increased risk of self-harm among Black, Asian and minority ethnic groups and asylum seekers	PH Communities

Recommendation 3: Reduce access to means of suicide

3.1. Reducing access to the means of Suicide

Intervention	Description	Lead
Removing and reducing access to means	Removing firearms and licences for those at risk.	SYP

3.2. Reducing the numbers of suicides as a result of hanging and strangulation

Intervention	Description	Lead
Mental health services comply with best practice on suicide prevention	See section 1.2	CCG
Safe clinical areas	See section 1.2	CCG
Suicide prevention in custody/ prison	Ensure safer environment for at risk prisoners e.g. safer cells	SYP/ Probation services / SWYPT

3.3. Reducing the numbers of high risk locations		
Intervention	Description	Lead
Preventative measures	Implement evidence based interventions outlined in Guidance on Action to be taken at suicide hotspots (2006) e.g. reduce risk at high risk locations through barriers, nets on bridges	PH Core / Suicide Prevention Group
Consider safety when designing new buildings/ structure	Include suicide risk in health and safety considerations by Local Authority Planning departments, Environmental Health Officers, Parks & Countryside and developers when designing high structures that may offer suicide opportunities.	PH Place
Target high risk locations, respond to clusters, and identify emerging methods.	Conduct intelligence led proactive patrol or neighbourhood police techniques.	SYP

Recommendation 4: Provide better information and support to those bereaved or affected by suicide

4.1. Provide effective and timely support for families bereaved or affected by suicide

Intervention	Description	Lead
Emotional and practical support	Ensure the provision of emotional and practical support to those bereaved by suicide e.g. through the use of Help is at Hand: A resource for people bereaved by suicide and other, sudden traumatic death	CCG/ LA-PH/ 3 rd sector / voluntary sector/ PH Core
Map existing bereavement services, support and pathways	Ensure the provision of local bereavement support/ groups e.g. bereavement support councillor and/ or online support	PH Core
Increase knowledge and promotion of bereavement support	Increase awareness among staff and public of available bereavement support services/ groups	PH Communities

4.2. Provide information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide

Intervention	Description	Lead
Ensure clear contact details are provided by mental health, primary care and social services	Ensure family, carers and friends of individuals being cared for by mental health, primary care or social services know how to contact services if they become concerned about risk of suicide and are appropriately involved in care planning.	PH Core / LA Communications
Help to navigate care system	Everyone with a care plan should be allocated a named professional who has an overview of their case and is responsible for answering any questions they or their family may have	CCG

Recommendation 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

5.1. Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media

Intervention	Description	Lead
Responsible reporting	Work with local media to encourage responsible reporting on suicide methods and locations	PH Core / LA Communications
Sign posting to sources of support	Work with local media to encourage them to provide information about sources of support and help lines when reporting suicide and suicidal behaviour	PH Core / LA Communications

Recommendation 6: Support research, data collection and monitoring

6.1. Build on the existing research evidence and other relevant sources if data in suicide and suicide prevention

Intervention	Description	Lead
Data collection	Ensure that local data on suicide is collected from key information sources	Business Improvement & Intelligence
Real-time data collection and information sharing with PH and coroners.	Manage risk and record data accurately so that potential for suicide can be managed, monitored and analysed.	SYP

6.2. Expand and improve the systematic collection of and access to data on suicides

Intervention	Description	Lead
Ensure routine analysis of data & development of data sources	Work in partnership to analyse data to identify emerging patterns, before data is compiled by ONS	Business Improvement & Intelligence

6.3. Monitor progress against the objectives of the national suicide prevention strategy

Intervention	Description	Lead
Monitor progress towards relevant public health outcome framework indicators	Monitor local suicide rate, self-harm rates and excess under-75 mortality	Business Improvement & Intelligence
Consider monitoring additional outcome measures	Consider monitoring other potential outcomes and indicators e.g. rates of suicides among inpatients, the suicide rate for those in contact with specialist mental health services, the use of suicide audits by providers and commissioners	Business Improvement & Intelligence

Recommendation 7: Wellbeing Promotion

Intervention	Description	Lead
Promotion of mental wellbeing across the life course	Commission multi-agency interventions to promote mental wellbeing across the life course	PH Communities
Training in wellbeing promotion	Provide training to ensure that front line community staff are able to talk about mental health and wellbeing alongside other lifestyle issues, identify needs and sign post as appropriate	PH Communities