

# Zero suicide ambitions

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# So what is happening?

- Major focus on suicide prevention across agencies: **zero suicide initiative**
- Links with SW England and Mersey sites
- Part of national programme

# Where it began

## ***A Whole System Approach to Suicide Prevention***

CONFERENCE REPORT

15 October 2013 Newmarket Racecourse,  
Suffolk

<http://www.rcpsych.ac.uk/pdf/Suicide%20prevention%20-%20conference%20report%20final.pdf>

# Aims

Programmes were expected to contribute to reducing risk of suicide and self-harm, improving outcomes

- Rapid access to evidence-based treatment
- Improving quality and experience of depression care
- Increasing the efficiency of services, and
- Smoothing the access to services for patients and referrers.

# Methodology

- This was focused on each area setting 'Wildly Important Goals' (WIGs) and stretching targets with optimistic and ambitious expectations, and building on approaches developed in the US

# Methodology

- Learning from reduction in in-patient suicides
- Pledge/commitment to reduce suicide
- Avoiding screening with risk assessment: assumption of risk
- Reduce stigma in community: most do not touch health services
- Train and support people to identify and help

# Methodology

- Language
- Involve families/carers /trusted people at all times
- Safety plan
- Check
- Remove means

# Pledges

- The whole region committed to zero suicide ambition
- 4 successful pilot sites, pump primed from SCN (50K per site)
- Supported by Dr Ed Coffey ( Perfect Depression pathway)
- External evaluation by Centre for Mental Health



# Whole system approaches

- Collaboration sub regionally
- Working with 111, police fire and ambulances on training and support
- Training the community: anti stigma - 'Stranger on the bridge'
- Third sector led , provider led, commissioner led

“Last Friday, I was in A&E with my son and partner and there was a lady in a lot of distress there. I waited a while to see if anyone was with her but no one sat with her. She was sobbing her heart out. I went over, introduced myself, said I was concerned about her, and if she minded me coming over and if she wanted to talk. “

“She opened up and said she just wasn’t coping and didn’t know what to do. We chatted for quite some time and I even heard myself saying the words about being ‘safe for now’... It was really emotional but I hope I did OK. I didn’t think I’d be putting the training into practice quite so soon and outside work. Just wanted to let you know how the training has helped.”

“Yesterday was a day like no other; I saved a man’s life using the skills you taught us on the course. I cannot find words to properly express the gratitude I have for that. Without the training I would have been in bits. It was a very public place, packed with people – but, to onlookers, we [must have] just looked like two blokes sitting on a bench talking.”

“I have recently worked with a client who expressed he had considered options for taking his own life. I spoke openly and directly about his thought processes, his reasoning for feeling this was perhaps his only option . . .He told me that he’d informed friends of his intentions and they had been fairly reticent in their responses and he felt they were not willing or able to support him . . .

“ . . . But by being more open [with me] he had been able to realise for himself that his current situation was not insurmountable and we made a plan of action together for him to pursue ongoing support.”

# Herts

A very significant level of training was delivered (thus far over 100 GPs and over 130 practice staff) with more GP training planned for the remainder of 2015.

Of those GP's trained **96% found the session useful, 98% found it relevant and 96% rated the content of training as "Good or Excellent"**.

# Changing practice

- Ask question “what would you do when you leave here?” at end of consultation
- Better recognition of suicide risk and identifying appropriate referral pathway or signposting
- More focus on protective factors
- Structured questioning & documentation



# Changing practice

- Be more open to asking direct questions & where to get help
- More aware of verbal and non-verbal signs
- Improved knowledge of high risk factors re focus on protective factors

# Impact

- overall **referral increase of 17%**, compared **with a 9% decrease in referrals** for the as yet untrained GP group across the same time-frame and in the same locality.
- This increase in referrals to mental health services **suggests an overall increase in awareness of depression and suicide risk**, one of the key desired outcomes of training at primary care level.

# C&P impact

- [www.stopsuicidepledge.org](http://www.stopsuicidepledge.org)
- Our Wildly Important Goal is to reduce the suicide rates in Cambridge city, Peterborough and Fenland to a level that is at or below the average rate in England by September 2017

# C&P impact

1. Tackle the stigma around suicide
2. Raise awareness of suicide warning signs
3. Encourage direct and open discussions around suicide
4. Skill up non mental health professionals in the Suicide Intervention Skills necessary to keep safe those identified as being at risk
5. Work with a range of providers and organisations to improve Crisis Care (linked with Crisis Concordat activity)

# C&P impact

STOP Suicide Personal Pledge no.s

☐ STOP Suicide Organisational Pledge no.s

☐ 'Conversation' Counts

☐ Resource distribution

☐ Interactions on social media

☐ Positive coverage in local/national media

☐ Training – participant no.s and evaluations

☐ Impact on Crisis Care Pathways

# C&P Impact

- Since the launch of STOP Suicide on World Suicide Prevention Day, 10 September 2014, we have had:
- [?] More than **1000** face-to-face conversations on the subject of suicide
- [?] **8,466** visits and **7,709** individual visitors to the STOP Suicide website
- [?] More than **10,000** self-help resources distributed across our community

# C&P Impact

**605** Personal STOP Suicide Pledges

☐ **33** Organisational STOP Suicide Pledges

☐ A presence at **25** Community Events and Meetings

☐ **812** new followers on Twitter

☐ **1300** retweets on Twitter, with a **1.81 Million** possible retweet

# C&P Impact

Trained **77** people as 'first aiders'

☐ Trained **111** people in basic Suicide Awareness (SuicideTALK)

☐ Recruited **12** active Campaign Makers

☐ Won a **national award** for our work.



# Bedfordshire

- Community focus
- Multi organisational
- Pledges
- Hotspots tackled
- Coroner led work
- Embedded in commissioning

# Mid Essex

- An increased community awareness of suicide
- The identification of 'GAPS' within the referral pathway for people identified as suicidal
- Lessons learnt from within the project have aided the development of the local Crisis Care Concordat action plan and established partnership working with health, public health, social and local police authorities

# Mid Essex Impact

- Linking with StopSuicide campaign in C&P
- Using MIND to lead community campaign
- Community champions
- Media resources
- Courses to ambulance, A&E, police, immigration, third sector and Job Centre Plus

# Mid Essex impact

- The training will support co-production between partners in the care pathway and have a greater long term impact and sustainability of patient plan.

# Evaluation

- [www.centreformentalhealth.org.uk/zero-suicides](http://www.centreformentalhealth.org.uk/zero-suicides)

*Aiming for 'zero suicides'*

**'you have saved lives through this innovative and exciting project'**

# Evaluation

- With a clear and shared vision, a challenging objective (zero suicides), and the right capacity, local groups can develop and deliver creative and effective local approaches to suicide reduction.

# Evaluation

- A real partnership between community groups, the third sector and the statutory sector can unlock previously unrecognised social capital and local knowledge.

# Evaluation

- Integrating services with web and social media communication can be a core part of any such programme, and can play a more central role than simple information sharing.



# Challenges

- Linking with national programmes to use MH Intelligence network to focus on key areas
- Looking at setting up rapid design and evaluation programme
- Working on assurance with commissioners and providers: how do we know we are making a difference?
- Getting the workforce supported and trained in new ways of working

# Challenges

- ‘There is nothing you can do to stop a suicide’
- We need much more robust approaches to data capture and analysis e.g. in A&E