

Suicide prevention

Consultation on draft quality standard – deadline for comments 5pm on 23/05/19 **email:** QSconsultations@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.2. Question for statement 1 - Are local authorities the only organisation responsible for setting up suicide prevention partnerships in the community?
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	National Suicide Prevention Alliance (NSPA)
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of commentator person completing form:	Penny Fosten
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	Yes
Type	[office use only]

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Comment number	Section	Statement number	<p style="text-align: center;">Comments</p> <p style="text-align: center;">Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.</p>
1	Statement 1: Multi-agency suicide prevention partnerships (statement)	1	<p>As per the Government’s National Suicide Prevention Strategy and the <i>Local suicide prevention planning: A practice resource</i> document developed by ourselves and PHE, it is important to differentiate local authority-led ‘Multi-agency suicide prevention groups’ and broader ‘suicide prevention partnerships’. The latter can be led by a range of organisations and have different functions, aims and structures. This statement should therefore be re-worded as ‘Multi-agency suicide prevention groups’, and that should be the standard language throughout the document.</p>
2	Statement 1: Multi-agency suicide prevention partnerships (Quality measure - structure - c)	1	<p>The statement regarding personal experience: (Evidence that multi-agency suicide prevention partnerships support people with personal experience to be involved in the core group.)</p> <p>This should include a point on diversity of experience, both in terms of lived experience (as mentioned in the definition), and also of background and life experiences.</p> <p>It should, as far as reasonably possible, be representative of the community at large regarding gender, race, socio-economic status, and other characteristics. Many suicide prevention groups have ‘someone with lived experience’, but there are severe limitations to that. One person may provide some useful insights, but these will be limited to their experience and background. They may also find it burdensome to be the sole representative of lived experience, and if they need to step back, they leave a big gap. It is also likely that if just one person with lived experience is involved, that they may not represent the groups at highest risk of suicide.</p> <p>These points should also be reflected under ‘Equality and diversity considerations’.</p>
3	Statement 1: Multi-agency suicide prevention partnerships (quality measure –	1	<p>It would be valuable to have a definition of the word ‘support’ in this section, which will contribute to the above point about diversity. Often those currently involved in multi-agency groups are fortunate to have the time and resources to give to this work, and the confidence that their voice should be heard. This may not be representative of the</p>

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	structure - c and what the quality statement means for local authorities)		<p>experiences of a large proportion of those affected by suicide.</p> <p>There should be a clear process and policy around involving those with lived experience to ensure care is taken of their wellbeing and mental health whilst they are involved in discussion of difficult issues, including: careful screening or selection; induction and training; on-going, pro-active and regular support; and reimbursement not just for travel costs but also for time taken out of work or for childcare.</p> <p>These points should also be reflected under ‘Equality and diversity considerations’.</p>
4	Statement 1: Multi-agency suicide prevention partnerships (outcomes)	1	Though the existing measurables are useful, we would suggest including some more direct measurables, such as how often the partnerships are meeting, attendance from different members, and whether they have a plan in place that is being monitored for delivery.
5	Statement 2: Reducing access to methods of suicide (outcomes)	2	The statement only mentions suicides at high-frequency locations, which are only responsible for some deaths. The outcome should recognise other methods, too, for example by using a count of suicides broken down by method. The data sources for this would be real time surveillance and suicide audits.
6	Statement 2: Reducing access to methods of suicide (What the quality statement means for different audiences)	2	There should be reference to multi-agency groups working with national organisations, particularly where the infrastructure used is administered by such an organisation. Such organisations might include our members Network Rail and Highways England, who are already doing work to gather data that would be of help to local multi-agency groups. It might also include private companies responsible for high-risk locations.
7	Statement 2: Reducing access to methods of suicide (What the quality statement means for different audiences)	2	There should be recommendations for health professionals, including those prescribing or dispensing medication which could be used for the purpose of suicide.

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8	Statement 3: Media reporting (What the quality statement means for different audiences)	3	For ‘Multi-agency suicide prevention partnerships [groups]’ there should be recognition that the evidence shows that it is detailed depictions of suicide methods, or inclusion of novel suicide methods, that increase risk, and that stories of hopeful recovery with signposting to support can be helpful in preventing suicides.
9	Statement 3: Media reporting (Definitions of terms)	3	The order of the bullet points should reflect priority according to the best available evidence. We suggest: <ul style="list-style-type: none"> • avoid presenting detail on methods; • reduce speculative reporting; • provide stories of hope and recovery and include signposting to support; • use sensitive language that is not stigmatising; • avoid using photos or language that is distressing to people who have been affected.
10	Statement 4: Involving family or carers (statement, rationale, quality measures, what the quality statement means for different audiences)	4	Neither in the statement (People with active suicidal thoughts or plans are asked if they would like their family or carers to be involved in their care and are made aware of the limits of confidentiality) nor in the rationale or quality measures it is mentioned that, having asked about family or carers being involved, someone should be responsible for making that contact, if appropriate. It is the first outcome measure, but would be valuable to be part of the standard itself and quality measures.
11	Statement 4: Involving family or carers (statement)	4	The quality statement could have the addition ‘and if there is agreement to involve family or carers, it is clear who will contact them’
12	Statement 4: Involving family or carers (rationale)	4	A sentence could be added, such as ‘Contacting family and carers, if agreed to, is a delicate but crucial action, and responsibility for that needs to be clear, and held by someone with the appropriate skills and information.’
13	Statement 4: Involving family or carers (quality measures, structure)	4	Item d) could be: Evidence of local processes to ensure that any agreement is recorded and acted upon by a suitable individual.

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14	Statement 4: Involving family or carers (quality measures, process)	4	Item d) could be: Proportion of families or carers contacted, if agreement to do so given or deemed appropriate
15	Statement 4: Involving family or carers (what the quality statement means for different audiences)	4	For service providers, the sentence ‘Providers ensure that if the person wants their family or carers involved in their care, the nature of their involvement, including how and when information is shared with them, is agreed’ ends with the phrase ‘is agreed, recorded and acted upon’ added.
16	Statement 4: Involving family or carers (outcomes)	4	The satisfaction of people with suicidal thoughts or plans themselves should be included, either in outcome c) or in a separate outcome.
17	Statement 4: Involving family or carers (Audiences)	4	Under ‘service providers’: this should only apply to those providers who have a statutory duty of care. Many of our voluntary sector members have different policies in place around confidentiality, for good reasons, that enable people to reach out to and work with them when they may have concerns about the statutory sector.
18	Statement 5: Supporting people bereaved or affected by a suspected suicide (statement, Rationale, quality measures)	5	This statement would benefit from a sense of timeliness – currently some people are only offered support after the conclusion of the inquest, which leaves them unsupported for far too long.
19	Statement 5: Supporting people bereaved or affected by a suspected suicide (statement)	5	The statement itself could be reworded to “People bereaved or affected by a suspected suicide are given <i>timely</i> information and offered tailored support.”
20	Statement 5: Supporting people bereaved or affected by a suspected suicide (rationale)	5	The sentence “Providing support after a suicide can reduce this risk, especially when tailored to the person’s needs” could be amended to “Providing support <i>within 72 hours</i> after a <i>suspected</i> suicide...”

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21	Statement 5: Supporting people bereaved or affected by a suspected suicide (quality measures)	5	The word 'timely' would be usefully added to Structure item b) and Process item a)
22	Statement 5: Supporting people bereaved or affected by a suspected suicide (definitions)	5	It would be helpful to define 'timely' to mean 'within 72 hours after a suspected suicide'.
23	Statement 5: Supporting people bereaved or affected by a suspected suicide (definitions)	5	In Tailored support, we would add the value of professional as well as peer support, as both can be valuable. The first bullet point could be "support from professionals with experience in this area or from trained peers who have been bereaved or affected by a suicide or suspected suicide."

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or

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publication would be unlawful or otherwise inappropriate.

Comments received from registered stakeholders and respondents during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.