Haringey Suicide Prevention Strategy and Action Plan 2020-2023

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Contents

1. Introduction

This Haringey Suicide Prevention Strategy and Action Plan 2020 – 2023 provides an update of the Haringey Suicide Prevention Plan 2017-2020. It has been guided by the Haringey Suicide Prevention Group (HSPG), and the local and national context. It aims to reduce the number of suicides and to better support those bereaved or affected by suicide in Haringey.

The death of someone by suicide is a tragedy and has a devastating effect on families, friends, schools, workplaces and communities. In England every day 13 people die from suicide, and for every person who dies by suicide at least 10 people are directly affected (1). In addition, the economic cost of each death by suicide of a working-aged person is estimated at £1.67 million (this includes the costs of care, the loss of productivity and earnings, and the intangible costs associated with grief and suffering (1)).

The risk of suicide is unequal within the population. Men are three times more likely to die by suicide, compared with women. People living in the lowest socio-economic group, living in the most deprived areas are ten times more at risk than those in the highest socio-economic group, living in the least deprived areas (1).

Many factors can increase someone's vulnerability to suicide. Societal factors include having access to the means of suicide, difficulties accessing care, inappropriate media reporting and stigma associated with mental health. Community factors include poverty, experiences of trauma or abuse and discrimination. Relationship factors include the breakdown of a relationship, social isolation and loss or conflict. Individual factors include previous episodes of self-harm, mental ill-health and substance misuse (1, 2).

Importantly, we know that suicide can be prevented. As many different factors can affect someone's vulnerability, suicide prevention is everyone's business. Haringey's Suicide Prevention Strategy presents a whole system approach to achieving this.

2. National and Regional Context

The **Suicide Prevention Strategy for England**, 2012 (3) has the overall objectives: A reduction in the suicide rate in the general population in England and better support for those bereaved or affected by suicide. There are key areas of action to achieve the objectives:

1. Reduce the risk of suicide in key high-risk groups and reduce rates of self-harm as a key indicator of suicide risk (self-harm was added in 2017)
2. Tailor approaches to improve mental health in specific population groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

National progress reports have been published since 2012, to describe progress within the key areas of action. The **Fourth national progress report, Jan 2019** (4) also presents future areas in which there will be a focus. These are:

- 'Working in partnership with local government to embed their local suicide prevention plans in every community
- Delivering the ambition for zero suicides in mental health inpatients, improving safety across mental health wards and a whole community approach;

- Addressing high risk groups of middle-aged men, people with autism and learning disabilities, people who have experienced trauma by sexual assault and abuse;
- Tackling the societal drivers of suicide such as indebtedness, gambling addiction, substance misuse and the impact of harmful suicide and self-harm content online;
- Addressing increasing suicides and self-harming in young people;
- Improving support for those bereaved by suicide' (5).

The Five-Year Forward View for Mental Health sets a national ambition to reduce suicides by 10% by 2020/21, from the baseline of 4820 suicides in 2015 (1). The recent **NHS Long Term Plan** reaffirms that reducing suicides will remain an NHS priority over the next decade and plans to put bereavement support in place across the country, for families and staff bereaved by suicide (5).

The **National Institute for Health and Care Excellence** (NICE) produced guidance, 'Preventing suicide in community and custodial settings' (6) to be used in conjunction with the PHE guidance. The House of Commons Briefing Paper '**Suicide Prevention: Policy and Strategy', Oct 2019** (7) also presents suicide prevention in different policy areas, including in health services, education, employment, social security, transport, prisons and the media. Public Health England (PHE) published the following guidance: **Local Suicide Prevention Planning. A practical resource, 2016** (1). It advises on the implementation a local strategy and action plan.

The new **London Vision** includes the areas of focus 'improve mental health and progress towards zero suicides' and 'improve the emotional wellbeing of children and young Londoners'. **The London Health Inequalities Strategy** has a key area 'supporting Londoners to feel comfortable talking about mental health, reducing stigma and encouraging people across the city to work together to reduce suicide.

3. Local Context

The Haringey Suicide Prevention Strategy and Action Plan aims to map into the broader health and wellbeing agenda in Haringey. The **Haringey Borough Plan 2019 - 2023** 'People' vision is for strong families, networks and communities to nurture residents to live well and achieve their potential. The **Haringey Health and Wellbeing Strategy** includes a priority to promote good mental health and wellbeing in our communities and workplaces.

The **Children and Young People (CYP) Mental Health JSNA** (for publication in early 2020) describes the three priority area workstreams: Promoting resilience, early intervention and peer support for the mental wellbeing of CYP and to further develop and deliver the early help provision with Council partners, improving access to support, and care for the most vulnerable. **Haringey's CAMHS Transformation Programme** adopts a whole system approach to commissioning for children and young people's mental health services.

The **Adult Mental Health JSNA** (for publication in early 2020) describes the priorities for improvement: promote positive mental health and wellbeing and prevent mental ill-health, ensure needs are met, suicide and self-harm, dementia, develop services suited for the needs of our population. The Haringey **Adult Mental Health Commissioning Plan 2019 – 2022** vision is that all residents in Haringey are able to fulfil their mental health and wellbeing potential. The proposed outcomes are: more people will have good mental health, more people with mental health problems will recover, and more people with mental health problems will have good physical health. The Commissioning Plan is being supported by a 5-year delivery plan for 2019/20 – 2023/24.

4. Local strategy development

For local implementation of the National Suicide Prevention Strategy, the All-Party Parliamentary Group on Suicide and Self-harm Prevention recommended the following actions, that are described below (1):

1. Establish a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations
2. Complete a suicide audit
3. Develop a suicide prevention strategy and/or action plan that is based on the national strategy and the local data

Multi-agency suicide prevention group – the Haringey Suicide Prevention Group (HSPG)
The HSPG is a multi-agency group that guides the Haringey Suicide Prevention Strategy and Action Plan. Its mission is to 'bring together individuals, groups and agencies working to prevent suicide, better understand the problem of suicide as an urgent public health issue, and share knowledge and coordinate activities to prevent suicide and support those bereaved by suicide' (10).

The HSPG is facilitated by MIND and led by a suicide prevention champion from the community. It has broad membership from statutory and non-statutory organisations including Haringey Public Health, the Clinical Commissioning Group, Metropolitan Police, Barnet Enfield Haringey Mental Health Trust, British Transport Police, local charities and residents who have been affected by suicide. The HSPG reports to the Haringey Health and Wellbeing Scrutiny Panel and Health and Wellbeing Board.

The HSPG was established in June 2015 and meets quarterly. The HSPG facilitates Information sharing and connections between Group members. Its membership has increased to include community representatives, including from Polish, Turkish and Kurdish, Jewish and LGBTQ community organisations. A representative from Mermaids, an organisation that supports transgender youth, is due to attend a meeting in February 2020.

The HPSG Terms of Refence and Membership List can be found on the Mind In Haringey webpage here: http://www.mindinharingey.org.uk/suicide-prevention.asp#.XjBC-GyICUm

Suicide audit
A Haringey suicide audit was performed in 2016 and is described in the previous Haringey Suicide Prevention Plan 2017 – 2020. For this Suicide Prevention Strategy and Action Plan 2020 - 2023, Haringey data from Public Health England has been analysed. Local coroner's data from November 2015 to March 2017, analysed by Dr Rachel Gibbons, has also been presented. A new data information sharing hub for suspected suicides, piloted by Thrive LDN, is planned for the near future. This will collect real time data for suspected suicides; an updated Haringey suicide audit will be performed when this data is available.

Development of the Haringey Suicide Prevention Strategy and Action Plan update
The objectives and key areas of action of the Haringey Suicide Prevention Strategy are aligned with the National Suicide Prevention Strategy. The HSPG and local context informed the strategy. This Haringey Suicide Prevention Strategy and Action Plan 2020 – 2023 provides an update of the Haringey Suicide Prevention Plan 2017-2020.

5. Suicide data for England, London and Haringey

National

In 2018, there were 6507 suicides registered in the UK. This was an age-standardised rate of 11.2 deaths per 100,000 population and it was the first increase in the UK suicide rate since 2013 (8).

Men are three times more likely to die by suicide, compared with women and this inequality has increased over the last 35 years (data for transgender / gender dysphoric person is not readily available) (7). The UK male suicide rate increased from 2017 to 2018, and the female rate has been stable for the last ten years. In the UK in 2018, the highest age-specific suicide rate in both men and women was in those aged 45-49 years.

In people aged under 25 years, although the number of deaths is low, there has been a significant increase in suicides in females aged 10 – 24 years from 2012 to 2018; in 2018 there were 3.3 deaths per 100,000 females aged 10-24 years (8).

In England, the Adult Psychiatric Morbidity Survey in 2014, found that 5.4% of the people surveyed reported having suicidal thoughts in the past year, 6.4% reported having ever self-harmed and 0.7% reported having attempted suicide in the past year (7).

England, London and Haringey

The most recent suicide data available from Public Health England is displayed in table 1 (9). In Haringey from 2016 – 2018, the 3-year average suicide rate was 8.0 per 100,000 population (95% CI 5.8 – 10.6). This was the 17th highest in London. The Haringey rate was similar to the overall London rate, and slightly lower than the suicide rate in England.

In Haringey, London and England, the male suicide rate was consistently higher than the female suicide rate. In Haringey, the emergency hospital admissions for intentional self-harm from 2017/18 was 72.7 per 100,000 (95% CI 62.9 – 83.5). This is the 22nd highest in London. This rate is slightly lower than the overall London rate and considerably lower than the rate in England.

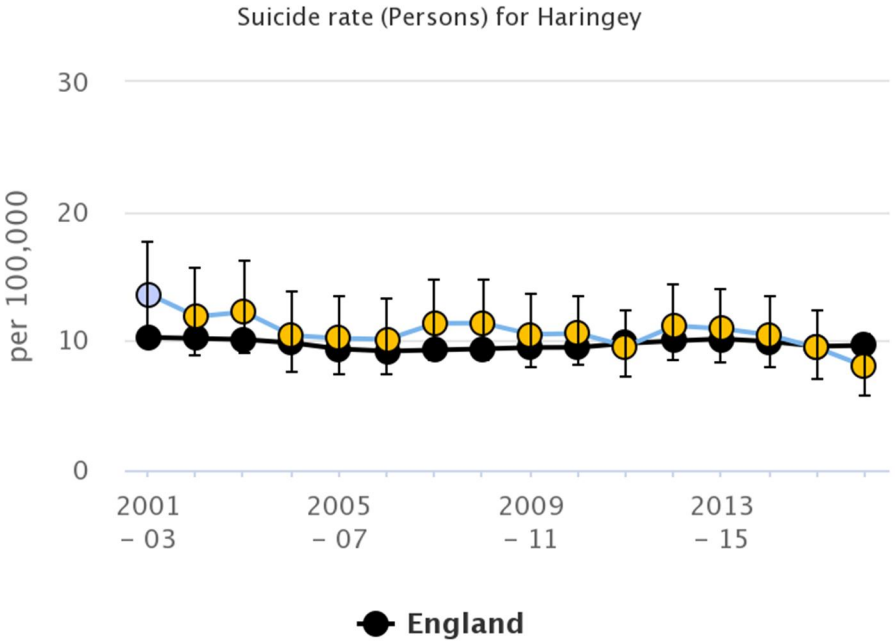
The trend of suicide rates in Haringey and England from 2001 – 2018 is displayed in Figure 2. The vertical lines represent the 95% CIs for the Haringey values. The graph shows variation in the 3-year average suicide rate over time, but the differences are not statistically significant.

Table 1 - Suicide data for Haringey, London and England

	Dates	Haringey (95% CI)[1]	London (95% CI)	England (95% CI)
Suicide rate (persons)	2016 -18	8.0 (5.8 – 10.6)	8.1 (7.7 – 8.5)	9.6 (9.5 – 9.8)
Suicide rate (male)	2016 - 18	12.0 (7.7 – 17.3)	12.5 (11.8 – 13.2)	14.9 (14.6 – 15.1)
Suicide rate (female)	2016 – 18	4.8 (2.7 – 7.7)	4.0 (3.6 – 4.3)	4.7 (4.5 – 4.8)
Emergency Hospital Admissions for Intentional Self-Harm: per 100,000	2017 / 18	72.7 (62.9 – 83.5)	83.6 (81.6 – 85.5)	185.5 (184.4 – 186.6)

[1] The 95% confidence intervals (CI) show the range of possible values; there is 95% certainty that the true rate lies between these values.

Figure 1 – Three-year average suicide rate in Haringey and England



In 2017, there were 25 deaths by suicide registered in Haringey local authority. In 2018, there were 18 deaths by suicide registered in Haringey local authority (10).

Local coroner's data

The most recent study of the local coroner's data was conducted by Dr Rachel Gibbons, who reviewed 43 cases from November 2015 to March 2017. Cases were from the boroughs of Haringey, Barnet, Brent, Enfield, Harrow and other. The majority had the verdict of suicide (several were open, narrative and no verdict). The main method was hanging, and the most common location was at home.

Within the group of cases, there were more men than women. The most common age groups were 30 – 40 years and 40 - 50 years. People with an Eastern European nationality were over-represented, compared with the local population. Over half of the cases did not have a diagnosis of a mental health or physical health disorder. Over a third of cases had not been in contact with a GP prior to their suicide. A quarter of cases had previously self-harmed. There was a wide range of ages and nationalities, those living alone and with others, both in and out of work, with and without children.

From the case reviews, it was noted that most cases had experienced a significant loss event, for example the breakdown of a relationship, death of a relative, financial or health problems. This was often followed by an identified trigger, for example an argument, followed by suicide.

6. Strategic aims

The Haringey Suicide Prevention strategic aims (and key areas for action in which to achieve these aims) are aligned with the National Suicide Prevention Strategy (3).

The Haringey Suicide Prevention Strategy aims are:
Reduce the number of people who die by suicide in Haringey
Provide better support to those bereaved or affected by suicide

To address these aims, the key areas for action are:

1. Reduce the risk of suicide in key high-risk groups and reduce rates of self-harm as a key indicator of suicide risk
2. Tailor approaches to improve mental health in specific population groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Whilst an important aspect of suicide prevention is managing mental health conditions, many people who die by suicide are not known to mental health services and have not visited their GP recently. Therefore, in addition to clinical services and pathways, a whole-system approach to suicide prevention is important.

7. Priority Areas for Action

These local priority areas have been identified from evidence, national and local data, and HSPG stakeholder input. Details of these actions are described in the subsections 7.1 – 7.6 below. For each section, there is a short description of why the area is important, and the evidence for the actions. The actions that are already taking place in Haringey is not a comprehensive list; rather, it describes the actions that have been discussed by the HSPG and those that HSPG members are involved with.

The Action Plan for 2020, in section 8, is a short list of actions which have been prioritised for the year 2020. Actions will be prioritised annually, in response to local and national circumstances.

7.1 Reduce the risk of suicide in key high-risk groups

There is a known, statistically significant higher risk of suicide in the following groups (1):

Men
People with a history of self-harm
People under the care of mental health services
People in contact with the criminal justice system
Specific occupational groups
People who misuse drugs and alcohol
People bereaved or affected by suicide (see section 7.4)

Why is this important and what is the evidence for action?

Men are three times more likely to die by suicide compared with women, both nationally and in Haringey. International research has demonstrated promising initiatives for engaging with men include using peer communicators and outreach work in community and work-based settings, rather than formal healthcare settings (1).

There is a strong link between self-harm and subsequent death by suicide; about half of those who die by suicide had a history of self-harm (1). The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) developed a healthcare provider's self-assessment toolkit for safer services, for specialist mental health services and primary care. This includes quality / safety standards for patients who self-harm (11).

High risk groups include inpatients in mental health services, those who have been recently discharged and those who refuse treatment. Nationally, lower patient suicide is associated with specialised community teams, lower non-medical staff turnover and implementing the NICE guidance for depression (1).

For those in the criminal justice system, the highest risk times are when there is a transition, moving into or out of the system. A focus on providing services and interventions at these transition times is recommended. Staff in prisons, probation services and the courts should consider suicide awareness training (1).

Nationally, occupational groups at higher risk of suicide include doctors, nurses, veterinary and agricultural workers. Having access to means, low control in work, low job security and low social support increase the risk. Promoting mental health and wellbeing in the workplace and reducing stigma may be helpful.

In the general population, the misuse of drugs and alcohol is associated with an increased risk of suicide, particularly in men, those who self-harm and those with a mental illness. The 'Five Year Forward View for Mental Health' recommends interventions for those with 'dual diagnosis' of substance misuse and mental health problems.

For workforce training, 'gatekeeper training' is for people who have contact with those at high risk of suicide. This includes clergy, first responders, pharmacists, carers, people employed in schools, military and prison settings. Training to recognise suicide risk, mental illness, and distress has been shown to improve knowledge, skills and attitudes of the trainees (12). Training of General Practitioners can be useful to increase recognition, treatment and, when necessary, referral of patients with mental illness, especially depression. The effectiveness of further training to improve GP's confidence and skills in suicide prevention is uncertain (12).

What are we already doing?

People with a history of self-harm

People under the care of mental health services and primary care

- Barnet Enfield Haringey Mental Health Trust (BEHMHT) have established a Suicide Prevention working group, including staff, patient and bereaved carer representation. They are developing a BEHMT Suicide Learning, Response and Prevention strategy, using a Quality Improvement approach.
- BEHMT have unmanaged risk forums in all boroughs, including Haringey, to review and support clinicians working with cases where suicide risk remains high
- BEHMT have a zero-suicide ambition for inpatients, and there is a review by the Medical Director within 72 hours, if there is an inpatient suicide
- North Middlesex University Hospital A&E has a peer support programme for suicide attempt survivors, which started in April 2018
- A trial of pop-up reminders on GP computer systems that alerts doctors if a patient has previously self-harmed or attempted suicide was started in 2019

People in suicidal crisis (in addition to the Crisis Teams)

- Maytree provide a suicide prevention respite retreat
- North London Samaritans provide a drop-in service in Haringey

People in contact with the criminal justice system

- The Metropolitan Police provide information and signposting for those in police custody or charged with crimes that are likely to cause significant distress.

Workforce training

- Papyrus were awarded funding to deliver training to Faith-based charities in 2019
- For schools, colleges and universities, Papyrus have partnered with Thrive LDN to provide suicide awareness training across London, including in Haringey
- Sheltered Housing staff suicide awareness was delivered by MIND in Haringey 20.09.18
- Within the North Middlesex Mental Health Liaison Team, 30 staff have received the Connecting with People, Suicide Prevention and Response training
- BEHMHT work with the British Transport Police to create suicide prevention plans, identify and work with those at high risk of suicide

People who misuse drugs and alcohol

- The 'Making Every Adult Matter' (MEAM) approach started a 3-year trial in 2019. It looks at the whole system of strategies, organisations, services and working practices involved in the lives of people with complex needs around homelessness, mental health, drug and alcohol dependency and criminal justice.

What future actions can be taken?

People with a history of self-harm
People under the care of mental health services and primary care

- BEHMT plans to work on areas of the NCISH toolkit – Safer services: A toolkit for specialist mental health services and primary care
- For patients who self-harm, review the provision of psychological therapy (NICE guidelines recommend 3-12 sessions of a psychological intervention, that is specifically structured for people who self-harm and tailored to individual need)
- Review how GPs are informed of the details of suicidal/vulnerable persons, so that appropriate help and support can be offered e.g. Notification by the Public Protection Unit/Liaison Team

People in suicidal crisis

- Consider bid for suicide-specific work across the NCL STP, which may include community-based suicide crisis interventions

Workforce training

- Review provision of suicide prevention training for GPs, front line services, Local Area Co-ordinators, transport staff, parks staff. Deliver training where need is identified.

Specific occupational groups

- Promote suicide prevention, mental health and wellbeing in the Haringey Construction Industry. Public Health plan to work with the Haringey Construction Partnership to achieve this in 2020.

7.2 Tailor approaches to improve mental health in specific population groups

The National Strategy identifies the following groups for whom a tailored approach to their mental health is necessary if their suicide risk is to be reduced (1):

- Children & Young People, especially looked after children, care leavers, those in the youth justice system
- Survivors of abuse or violence, including sexual abuse
- People living with a long-term physical health condition
- People with untreated depression
- People vulnerable due to economic circumstances: in receipt of employment benefits, rough sleepers / homeless, people with a gambling addiction
- People who misuse drugs and alcohol
- People in the LGBT community
- Black, Asian and ethnic minority groups, Eastern European migrants
- Asylum seekers

Other high-risk groups identified include (4)

- Pregnant women and those who have given birth in the last year
- Veterans
- People who are socially isolated
- People with autism and learning difficulties

Why is this important and what is the evidence for action?

In Haringey, it estimated that 9.9% of children and young people aged 5 – 16 years have mental health disorders, and 22.3% of those aged 16 years and over have common mental disorders (13). In 2018, there were 22,752 adults diagnosed with depression, anxiety or both registered with Haringey GP practices in 2018 (14).

Within Haringey, the distribution of mental health illness is unequal; for example, 3% of people of Black or Black British ethnicity have a diagnosis of serious mental illness, higher than other ethnic groups. People in BME ethnic groups and people in the LGBT community are more likely to be diagnosed with a psychotic disorder. Those living in deprived areas are more likely to be affected by depression (14).

There is evidence that effective early treatment of depression in primary care is associated with decreased suicide rates and a reduced incidence of self-harm episodes (12).

More broadly, promoting mental health within Haringey can be considered as primary, secondary and tertiary prevention. Primary prevention promotes good mental health and wellbeing and reduces the stigma around mental health. Secondary prevention identifies and supports people with mild to moderate mental health problems and tertiary prevention supports independence and recovery for people with serious mental illness.

What are we already doing?

In Haringey, there are policy interventions to improve mental health, community wellbeing interventions, and commissioned health and care services.

Commissioned services

- The Haringey Adult Mental Health Commissioning Plan 2019 – 2022 vision is for all residents in Haringey to be able to fulfil their mental health and wellbeing potential. The Commissioning Plan describes actions that contribute to achieving the outcomes: more people will have good mental health, more people with mental health problems will recover, and more people with mental health problems will have good physical health.
- Haringey's CAMHS Transformation Programme includes the Trailblazer Pilot, Four Week Waiting List Initiative and Schools Link programme. It also aims to identify and help young people with multiple adverse childhood experiences and promote trauma informed practice for vulnerable young people. It aims to improve the coordination of support for young people with autism and learning difficulties.
- Refuges and floating support for victim survivors of domestic abuse

Community based approaches

- Haringey well-being network, established between MIND and other organisations improves wellbeing, resilience and recovery from mental health conditions
- The Local Area Coordinator service supports people to be part of and contribute to their community. This service expanded in 2019.
- Open Door is piloting a home-based intervention with a digital component, to engage depressed young people 'stuck at home'.
- Jami, a specialist provider of mental health services in the Jewish community offers workshops and seminars for young people and adults.

Workforce training

- DWP staff attend trauma-informed practice training.
- All Connected Communities staff received Mental Health First Aid Training in November 2019, and it is part of the new starter induction.

What future actions can be taken?

The HSPG could focus attention on population groups who are particularly vulnerable to mental ill-health within Haringey.

Children and young people

- Strengthen pathways and support for care leavers placed in and out of borough. Haringey Youth Adults Service (16-25 years old) to provide update.
- Stand-alone awareness and communication package relating to suicide prevention/intervention to be developed for care leavers. Consider setting up a working group with TY, JB, KH, HYAS and Met Police for this.

Digital mental health support services

Promote the following services in Haringey:

- Kooth, an online counselling and emotional wellbeing support service for children and young people aged 11-18 years (up to 25 years for specific groups)
- NHS GO, an NHS app designed for young people aged 16 – 24 years.

- Good Thinking, an NHS approved digital mental wellbeing service designed for adults living and working in London.
- Able Futures to support those who are experiencing mental health issues in the workplace.

Mental health training

- Mental health awareness raising in non-clinical setting including churches, shops, hairdressing salons, retail shops, faith organisations
- Review staff training to recognise depression within specific ethnic minority groups
- Ensure training is LGBT aware

Adults with mental health concerns

- Haringey CCG plan to establish a 'Crisis Café' in 2020/21. The Crisis Café will support adults with mental health concerns, who may or may not be known to mental health services. The Crisis Café will be open out of hours in the evenings and over the weekends., with support available from both peer-support workers and there are plans to ensure in-reach from the Home Treatment Team. The evaluation of impact of the service is planned for 2021/22.

People who are sleeping rough

- Haringey CCG has secured funding to establish a Rough Sleeping Service in 2020 (funding has been allocated until 2023-24). This service will address the mental health and physical health needs of people who are sleeping rough in Haringey. They will provide support, and signpost to other services.

7.3 Reduce access to the means of suicide

Why is this important and what is the evidence for action?

Reducing access to the means of suicide includes the following: reducing access to dangerous medications or weapons, identifying and reducing access at suicide hotspots and establishing safer inpatient environments. Reducing access can be effective because sometimes suicide is impulsive; if the access is not available, then the impulse may pass.

The Haringey 2016 Suicide audit and the review of local coroner cases from November 2015 to March 2017 found that the most common method of suicide was hanging in the home. There were also suicides in public parks and spaces, train stations and bridges.

There is evidence that when structural interventions are carried out at high risk locations for suicide by jumping, the overall reduction in deaths was 86% (and there was little evidence of people changing to a different jumping site). There has also been a significant reduction in deaths by paracetamol overdose since the pack sizes of paracetamol reduced (1).

What are we already doing?

Physical barriers

- The HSPG supported plans for barriers on Archway Bridge and they were installed in 2019

What future actions can be taken?

Physical barriers

- Review with Homes for Haringey and the Haringey Construction Partnership, to ensure there is continued restriction to secure roofs and reduce access to windows in all medium and high-rise blocks
- Haringey Construction Partnership and Public Health to promote suicide risk prevention via Haringey's Development Vehicle (when designing high structures such as multi-storey car parks, bridges and high-rise buildings, structures close to facilities for particularly vulnerable people)
- Work with shopping malls to monitor danger spots

Communications / signage

- Samaritans and Haringey Council to review the signage detailing support services on bridges, flyovers, train and bus stations

Medication

- HSPG to request an update from the Medicines Optimisation Management Group, regarding work to reduce access to lethal medicines

7.4 Provide better information and support to those bereaved or affected by suicide

Why is this important and what is the evidence for action?

When someone dies by suicide, it is a tragedy and has a devastating effect on families, friends, schools, workplaces and communities.

People who are bereaved by suicide also have an increased risk of suicide and suicidal ideation, compared with people bereaved through other causes (1). In addition to immediate family and friends, many others are affected in some way. These include school friends and work colleagues, neighbours, and those whose work brings them into contact with suicide such as emergency services, teachers and faith leaders. One suicide can trigger a cluster of suicides within the family or community, particularly among young people (3).

Therefore, it is particularly important to provide timely and effective support to those bereaved or affected by suicide.

What are we already doing?

Support services

- MIND in Haringey host a volunteer-run self-help group, Survivors of Bereavement by Suicide (SOBS)
- GRIEF TALK, a bereavement helpline was launched by Grief Encounter in 2019.
- Samaritans respond to suicide in schools and colleges (future action to review this)

Communication / signposting

- British Transport Police, Met Police and coroner's court provide the booklet 'Help at Hand' (this is a tri-borough project). The booklet contains information about what happens next and the support groups that are available

What future actions can be taken?

Healthcare and support services

- North Central London plan to pilot a post-vention bereavement support service. This will deliver immediate outreach after a suspected suicide through a liaison role, with a named individual who is responsible for suicide bereavement support. Islington / Camden Public Health put the service delivery out to tender in December 2019.
- For those concerned that someone may be at risk of suicide, ensure clear contact details are provided by mental health, primary care and social services - distribute leaflets aimed at family / friends to primary care and support services
- Review or request an update on school links with Samaritans Step by Step Service and Papyrus

Communication / signposting

- Work with GPs to provide bereaved families with explanation of policies on investigation of patient suicides
- Coroner to use contacts with GPs to signpost for support services for bereaved/affected people

Data

- A Suicide Prevention Information Sharing Hub has been developed by Thrive LDN. This gathers real-time information about suspected suicides, and with consent, they can be connected to the post-vention bereavement support service (when this service becomes available).

Workforce training

- Review training need for bereavement support for police and other first responders, funeral directors, coroner staff, faith group leaders.

7.5 Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Why is this important and what is the evidence for action?

The National Suicide Prevention Plan recommends:
Promoting responsible reporting and portrayal of suicide and suicidal behaviour in the media
Continue to support the removal of content that encourages suicide and provide ready access to suicide prevention services (3).

There is evidence of an association between media reporting and imitative suicide behaviour. The risk increases if the story is prominent, sensationalised and if the method is described (1). There is national work to promote responsible media reporting, but it is also important to consider local media (including local social media).

What future actions can be taken?

Communication / training

- Ensure that local media are aware of, and following, the Samaritan's guidance on responsible media reporting. Consider setting up a working group with Haringey Council Communications department to liaise with the media and identify 'responsible reporting'
- Haringey Children and Young People services / Public Health to raise awareness of e-safety education on good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS)
- Could invite local journalists to speak at a Haringey Suicide Prevention Group meeting

7.6 Support research, data collection and monitoring

Timely and accurate data collection and monitoring is important to identify trends and risk factors for suicide. Data is also useful when developing and evaluating interventions to reduce the risk of suicide.

It is important to know the rates of suicide and self-harm in Haringey, for the whole population and within different demographic groups.

What are we already doing?

Learning from data

- Coroner files reviewed when available (November 2015 to March 2017) and analysed by Dr Rachel Gibbons
- HSPG updated with ONS and PHE data analyses

Secure data collection and sharing

- Started development of the Thrive LDN Suicide Prevention Information Sharing Hub. This is a Digital Information Sharing Hub, facilitating secure data sharing amongst multiple agencies for suicide bereavement and suicide prevention.

What future actions can be taken?

Learning from data

- HSPG to be a key source of information on suicide prevention needs and feedback for monitoring and impact evaluation.
- Haringey Public Health to update the Haringey Suicide Audit when local data becomes available
- For cases related to suicide from the Child Death Overview Panel (CDOP), Open Door and CAMHS to ensure that the review findings and lessons learnt are fed back to the HSPG
- Coroner's office to alert local services to inquest evidence that suggests areas for service development to prevent future suicides

Secure data collection and sharing

- Ongoing work with the Thrive LDN Suicide Prevention Information Sharing Hub.

8. Action Plan for April 2020 - 2021

Key area	Action (s)	Stakeholders	Key milestone and delivery date
Support research, data collection and monitoring	Use of the Thrive LDN Suicide Prevention Information Sharing Hub. This will enable review of local data of suspected suicides (and link to the North Central London STP Suicide Bereavement Liaison Service)	Thrive LDN Metropolitan Police Haringey Police Haringey Public Health Local Coroner	Report data by December 2020
Provide better information and support to **those bereaved or affected by suicide**	North Central London plan to pilot a Suicide Bereavement Liaison Service. This will deliver immediate outreach after a suspected suicide through a liaison role, with a named individual who is responsible for suicide bereavement support.	Thrive LDN North Central London STP	Start by August 2020
Reduce access to means	Learn from the Thrive LDN data, identify high frequency locations and use PHE guidance for site specific plans where necessary	Thrive LDN Data Hub	Review data December 2020
Reduce the risk of suicide in high risk groups: Construction workers	Public Health to collaborate with Haringey Construction Partnership to work towards a public health approach to mental health and suicide prevention in the construction industry. Local developers to promote mental health and raise suicide prevention awareness Final project report to be written by Public Health and shared with HSPG and other boroughs	Haringey Public Health Haringey Construction Partnership (HCP) Haringey Employment & Skills	Discuss progress and learning at HCP meetings: March 2020 June 2020
Workforce training	Develop an overview of the workforce training that is available and is being delivered in Haringey Training for: - Suicide prevention - Mental health awareness - Bereavement support training (This is being compiled by NM from Mind in Haringey)	MIND in Haringey	Review training by June 2020

Key area	Action (s)	Stakeholders	Key milestone and delivery date
Workforce Training	Local Area Co-ordinators and Reach and Connect Workers to undertake suicide prevention training	Local Area Co-ordinators Haringey Reach and Connect	June 2020
Tailor approaches to improve mental health in specific population groups	Increase proactive prevention for mental health. Promote digital mental health services in Haringey: - Kooth for children and young people aged 11-18 years (up to 25 years for specific groups) - NHS GO for young people aged 16-24 years - Good Thinking for adults and older of all ages - Able Futures for people in employment who are experiencing mental health issues	Haringey Public Health Haringey CCG	Promote to council and community stakeholders by December 2020 Increased use of digital services by April 2021
Tailor approaches to improve mental health in specific population groups	Establish a 'Crisis Café' for people with mental health concerns. The Crisis Café will be open out of hours in the evenings and over the weekends.	Haringey CCG Clarendon Recovery College MIND in Haringey BEHMT	Phased start from June 2020

8.1 How will we know if it is working?

Output indicators	Completion date
Haringey Suicide Prevention Strategy agreed and signed off by HSPG and Haringey's Health and Wellbeing Board	June 2020
Start using the Thrive LDN Suicide Prevention Information Sharing Hub. Review and learn from the data for suspected suicides to determine whether local patterns emerging	April 2020 December 2020
Establish the North Central London Suicide Bereavement Liaison Service	June 2020
Workforce suicide awareness training register completed	June 2020
Mental health and wellbeing plans submitted to Haringey LA by Haringey Developers, prior to starting construction work	June 2020
Digital mental health services, Kooth, NHS Go, Good Thinking, have increased use in Haringey	December 2020
Set up and open the mental health support 'Crisis Café' in Haringey	June 2020
Outcome indicators	
Contribute to the National ambition to reduce suicides by 10%	2021
Reduction in the suicide rates in Haringey	2021
Reduction in self-harm (A&E attendance and hospital admissions) in Haringey	2021

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