

# National Suicide Prevention Alliance

Annual Review 2012-13

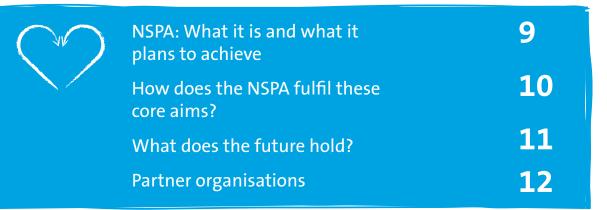
### Contents

#### Foreword from Co-Chairs

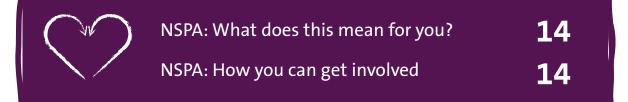
#### What has happened?

	The Call to Action for Suicide Prevention in England	5
	What has the Call to Action achieved?	6
	Summary of the Call to Action	8

#### What is next?



#### **Future actions**



4

### Foreword Co-Chairs

Suicidal feelings are wide-ranging and are usually the result of a complex set of circumstances and issues in someone's life. Statistics tell us that these feelings are likely to increase in challenging economic conditions, and we know that suicide remains a real and growing issue.

It is important that we all stay focused on supporting people when they need us, particularly in this increasingly difficult economic environment. We need everyone to play a role in suicide prevention.

This past year the Call to Action (CTA) for Suicide Prevention in England has brought together over 50 national organisations from across the public, private and voluntary sectors to tackle the issue of suicide prevention. A national declaration was published in September 2012 and it highlighted the actions needed to support those at risk of suicide, reduce suicide and support people bereaved or affected by a suicide. Whilst separate from Government, these actions support the Government's strategy for suicide prevention in England.

It is important that the actions identified by the national declaration remain a priority. This has led to the creation of a National Suicide Prevention Alliance (NSPA). The NSPA brings together the organisations that prioritised activity identified in the CTA declaration. There are many possible points of contact with someone at risk of suicide, and a vulnerable person is likely to need help and support from several different sources, so this collective approach to suicide prevention is vital. This will better utilise the expertise and resources available, and help make sure we are working together to give support to people when they need it most.

Suicide is preventable, and this coordinated approach by public services, voluntary organisations, the private sector, individuals and Government is needed to provide people at risk of suicide with better support. The NSPA will help build awareness and influence, allocate responsibility, and assist in the sharing of best practice. But perhaps most importantly, the NSPA will rally the right actions to ensure that fewer lives are lost by suicide.

16 mstone Homishill



Catherine Johnstone Chief Executive Officer, Samaritans



Alison Mohammed Chief Operating Officer, Rethink Mental Illness



Hamish Elvidge Chair, The Matthew Elvidge Trust The Alliance of Suicide Prevention Charities

"It is vital these partners work together to make a real impact in reducing suicide and supporting those affected by it. This partnership will create a real opportunity to make sure we are working together more effectively to make this happen." Norman Lamb MP, Care Services Minister

### Call to Action For Suicide Prevention in England

Suicide is usually the result of a complex set of issues in someone's life. The risk factors are wide-ranging and complex, so the task of reducing suicide requires action from all parts of society, and organisations from across sectors, working together to affect real change.

The Call to Action for Suicide Prevention in England has brought together a coalition of organisations that are committed to taking action so that fewer lives are lost to suicide and people bereaved or affected by a suicide receive the right support. Since its launch in July 2011 it has joined up more than 50 organisations from across the public, private and voluntary sectors.

#### Members of the Call to Action for Suicide Prevention in England sought to:

- 1 Be at the centre of the action to reduce suicide
- 2 Showcase and be recognised for the good work currently underway
- 3 Build relationships with other organisations
- 4 Potentially take part in new initiatives going forward
- 5 Draw attention to the challenges and barriers experienced
- 6 Influence other organisations to take action
- 7 Be part of making a difference.

Working together, Call to Action members identified 33 priority actions needed to make a lasting difference in the area of suicide prevention. These priority actions have been used to shape five thematic areas for action:

- Campaigns
- Data & Research
- Online Environment
- Referrals & Signposting
- Training

Achieving these objectives depends on a wide range of organisations taking co-ordinated action, nationally, regionally and locally.

# Call to Action and the National Suicide Prevention Strategy

The National Suicide Prevention Strategy<sup>1</sup> sets out Government's overall objective to reduce suicide and improve support for those bereaved or affected by suicide. Via six key areas for action, the strategy sets out the Government's commitment to taking specific actions to support delivery of these objectives.

The Department of Health, as the cross-government lead on suicide prevention and a signatory to the Call to Action, oversees how the strategy is carried out.

The Call to Action complements the strategy and brings together national organisations with the overarching aim of successfully reducing the number of lives lost to suicide.

> 1 Preventing suicide in England: A crossgovernment outcomes strategy to save lives -Pub Sept 2012

### Call to Action What has the Call to Action achieved?

# The Call to Action Declaration and Westminster Launch

The Call to Action Declaration was launched on World Suicide Prevention Day, 10 September 2012, and sets out the vision of its 48 signatories for the Call to Action for Suicide Prevention in England. The culmination of 12 months of collaboration with Call to Action members, the Declaration was launched alongside the Government's National Suicide Prevention Strategy at a House of Commons reception hosted by the Minister of State for Care and Support Services, Norman Lamb MP.

The launch event was attended by more than 50 stakeholder organisations engaged with the Call to Action, including a number of organisations joining as Call to Action members. The joint launch received considerable media coverage with representatives from Samaritans, MIND, PAPYRUS and CALM, amongst others, being quoted and/ or interviewed across a number of media and communications channels including BBC News; Sky News; BBC Radio Five Live; and BBC Radio Four.



#### Meeting with the Chief Coroner

Priority action was for Call to Action members to work together to develop and agree a shared list of priorities to make a collective approach to the Chief Coroner, thereby having a greater chance of influencing policy than by lobbying separately as individual organisations.

Fifteen Call to Action members worked together to draw up a list of priorities, and were signatories of a joint letter to the Chief Coroner, requesting a meeting to discuss issues of concern, particularly around support for those bereaved by suicide. On 16 May 2013 a delegation of Call to Action members, including representatives from Samaritans, The Alliance of Suicide Prevention Charities (TASC), PAPYRUS Prevention of Young Suicide and Survivors of Bereavement by Suicide, met with the Chief Coroner for England and Wales, HHJ Peter Thornton QC.

Issues raised with the Chief Coroner centred on the importance of minimising timeframes for completing inquests; involvement of, and communication with, bereaved families throughout the inquest process; the potential support for coroners in providing consistent and relevant information — including signposting to support services for the bereaved and that via effective management of Prevention of Future Deaths Reports (formerly Rule 43 Reports), wherever appropriate and possible, lessons are learnt that may be able to influence better outcomes for others.

On 25 July 2013, the Chief Coroners' Guide to the Coroners' and Justice Act (2009) came into force. This guide seeks to bring greater consistency to the coroners' courts in England and Wales, requiring coroners to work to the same national standards. Significant reforms by the Chief Coroner carried out include that an inquest must generally be completed within six months from the date on which the coroner is made aware of the death, or as soon as is reasonably practical after that date, and that a register of coroner investigations lasting more than 12 months will be kept by the Chief Coroner's Office, with steps being taken to reduce unnecessary delays, where appropriate.

#### **Consensus Statement**

The 'Guildford' consensus group, which met in 2011, and was made up of a number of current NSPA member organisations, identified that clinical confidentiality should not be a barrier to effective assessment and communication.

This priority was echoed by discussions at the National Suicide Prevention Strategy Advisory Group and among the wider Call to Action membership. Call to Action member organisation, the Department of Health, agreed to facilitate a consensus statement to help address these concerns. The resulting statement co-signed by key Royal Colleges and professional organisations, aims to promote greater, appropriate, sharing of information.

It is important that relatives and friends of people who are suicidal have knowledge of, and access to, information and available support, as often they can be the first to notice signs that a loved one may be in crisis. Members of the Call to Action with direct experience of suicide bereavement have expressed that often friends and family members may be unsure of where to go for help; may be afraid to intervene for fear of making matters worse, of harming their relationship with a loved one, or even of increasing the risk of suicide.

It has also been expressed that medical professionals can seem reluctant to take information from families, and that a patient's suicide risk is not always shared with those who may be able to help.

While reflecting the legal duties of confidentiality that medical professionals have for their patients, the consensus statement encourages a change in practice, so that family, friends, carers and/or support services are more frequently involved by professionals, routinely confirming with patients how they wish their family and other support networks to be involved in their care generally.

#### U Can Cope

U Can Cope is a short film developed by Open Minds CIC, Samaritans, the Royal College of Psychiatrists and Southwick Media Consultancy. The U Can Cope initiative has been supported by over 100 UK organisations including mental health bodies and the Professional Cricketer's Association.

The film promotes three key messages; anyone can experience suicidal thoughts, there is always hope, and there is always help. It features compelling stories of surviving suicidal thoughts, with commentaries from notable contributors Professor Stephen Platt and Dr Alys Cole-King. The film aims to encourage those in 'high-risk' groups as well as the whole population to seek help, and was previewed at the Call to Action Declaration launch.

It has been endorsed by the International Association for Suicide Prevention's Suicide and the Media Task Force, broadcast by the British Forces Broadcasting Service to servicemen and women deployed in 20 countries around the world, and viewed online more than 25,000 times globally.

#### Bereaved by Suicide Partnership

One of the areas of focus identified in the National Suicide Prevention Strategy is the provision of better information and support for those bereaved or affected by suicide.

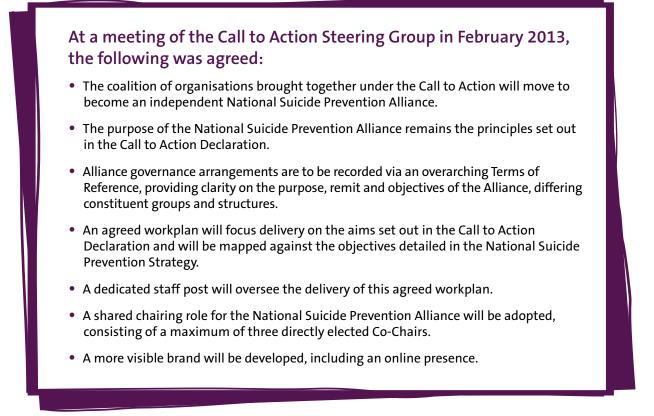
A suicide can have a significant impact, not just on the family and friends of the person who has taken their own life, but on all those that are affected. Unfortunately, access to effective services and support following a suicide is not always timely or consistently available.

Call to Action members believe that people bereaved by suicide have a right to timely and appropriate support services, and a number of organisations, both from within the coalition and beyond, are exploring the development of a national framework for a pathway of support for those bereaved or affected by suicide.

### Call to Action Summary

The Call to Action has mobilised organisations from across sectors, identifying shared priorities and highlighting key areas for action. The breadth of organisations that have been involved in the Call to Action supports the underlying principle that effective suicide prevention involves organisations and individuals from across sectors and society.

Following successful collaboration between partners in the development and launch of the Call to Action Declaration, members confirmed they wanted to continue as a standing alliance of organisations, committed to reducing suicide and progressing the shared aims identified via the Call to Action.



In July 2013, on behalf of the stakeholders brought together by the Call to Action for Suicide Prevention in England, Samaritans was awarded a further grant from the Department of Health for £120,000 to continue activities as agreed by the Call to Action Steering Group, covering financial years 2013/14 and 2014/15. This restricted funding award is for delivery against the agreed two-year workplan and the appointment of a staff post to oversee / manage this work, and the wider development of a National Suicide Prevention Alliance.

### NSPA What is it and what does it plan to achieve?

The National Suicide Prevention Alliance (NSPA) is a cross-sector, Englandwide coalition committed to reducing the number of suicides in England, and improving support for those bereaved or affected by suicide. The NSPA has developed from the Call to Action for Suicide Prevention and will continue to build on this national collaboration.

The six core aims of the NSPA have been broadly retained from the shared aims as set out in the National Call to Action Declaration. The Alliance aspires to:

- 1 Build an active network of organisations that are committed to taking action to reduce suicide and better supporting those affected by suicide; creating a network of contacts, information and resources to facilitate collaboration between members, including coordinated action.
- 2 Raise awareness and build knowledge of issues around suicide; working with organisations and agencies who are involved in suicide prevention, intervention and postvention, to build an evidence base for future activity.
- **3** Deliver commitment and influence to suicide prevention and the National Suicide Prevention Strategy by engaging with health and wellbeing boards, Directors for Public Health and relevant stakeholders from public, private and third sector organisations, in order to drive change.

- 4 Mobilise action driven by shared priorities, and mobilise delivery against key actions that members believe will make a real difference to reducing suicide, and supporting people affected by suicide.
- 5 Share best practice by enabling stakeholders to map the actions they are currently carrying out to reduce suicide or support those affected by suicide, and share information and examples of good practice.
- 6 Improve support by improving accessibility and quality of relevant information, as well as sources of support for people at risk of death by suicide, those worried about a loved one and for those bereaved by suicide; making sure where possible, that families, carers and friends can play a full role in improving the accessibility and quality of information, and support for those at risk of suicide and those bereaved by suicide.

### NSPA How does the NSPA fulfil these core aims?

The NSPA is a membership organisation, led by the NSPA Co-Chairs and Steering Group. Every member of the NSPA is committed to delivering the shared aims set-out in the Call to Action Declaration (and detailed above).

Membership is not limited to organisations, and may include individuals with experience of suicide who are committed to delivering the core aims of the NSPA.

The NSPA receives its strategic direction from an appointed Steering Group, which consists of Core members of the NSPA and is led by three elected Co-Chairs. The elected Co-Chairs have overall responsibility for development of the NSPA workplan and related activity.

Working Groups tackle specific strands of work the NSPA seeks to carry out. These groups will report on progress, initially to the Steering Group and following review, to the wider membership. Working Groups are the vehicles by which the NSPA advances joint programmes of work, and ultimately its core aims.

#### There are two types of membership of the Alliance; **Core Membership** and **Associate Membership**.

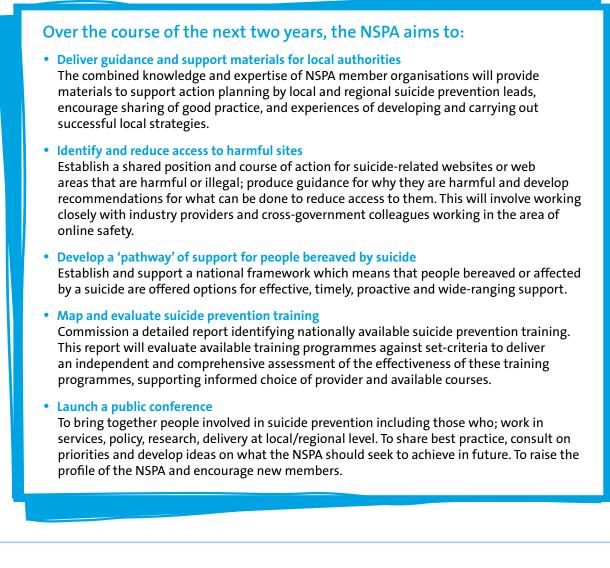
Every NSPA member is expected to develop a high-level action plan setting out their role, or that of their organisation, in delivering the outcomes described in the Call to Action Declaration.

### NSPA What does the future hold?

The NSPA will build upon the shared aims and priorities developed under the Call to Action. It will also begin extending the active network beyond national organisations, through engaging with regional and local partners.

As part of the development and expansion of the NSPA, an Alliance microsite will be launched in 2014, providing an online hub in support of the broad network.

This resource will be instrumental not only in providing members and interested parties with a useful space for shared learning and communication, but will also help to reinforce the importance of suicide prevention activity with the wider public.



### **NSPA** Partner organisations





### NSPA What does this mean for you?

Being part of the NSPA means being part of a broad and active network of organisations committed to working together to reduce suicide and supporting those that have been affected by suicide.

The NSPA offers a forum for individuals and organisations to share:

- Information and good practice amongst NSPA members, the wider public and practitioners working in the field (such as health and wellbeing boards and Directors of Public Health).
- Opportunities to collaborate on suicide prevention activity with supportive organisations and individuals from across the public, private and voluntary and community sectors.
- Opportunities to input and shape the direction and priorities of the Alliance.

### NSPA How you can get involved

The NSPA welcomes membership applications from all organisations and includes members from across the public, private and voluntary sectors. Membership is also open to individuals with personal experience of suicide.

There are two types of membership of the NSPA; Core Membership and Associate Membership. There is no cost to join the NSPA, but every member is expected to develop a high-level action plan, setting out what their role, or that of their organisation is, in delivering the outcomes described in the Call to Action Declaration.

Core members	Associate members
Core members of the Alliance are national organisations who work across England, or that have an aspiration to deliver better outcomes across England (and beyond if organisations work across home nation boundaries). Core members are generally more actively involved in the work of the NSPA.	Associate members of the Alliance may be organisations that have local or regional reach but no formal national presence, or individuals with experience of suicide including those bereaved, relevant academics and suicide survivors. Associate members may not necessarily have suicide prevention as a core part of the regular work that they do, but will be committed to contributing to the shared aims of the Alliance and/or would be interested in keeping abreast of suicide prevention activity across England.

#### NSPA Steering Group and Co-Chairs

The NSPA receives its strategic direction from an appointed Steering Group, which consists of Core members of the Alliance and is led by three directly elected Co-Chairs.

The elected Co-Chairs have overall responsibility for development of the Alliance workplan and related activity. Any Core member of the NSPA may request to join the Steering Group.

#### **Events and Conferences**

The NSPA has committed to holding an Annual Membership Meeting where members will be invited to come together to network, share ideas / experiences and offer input on the emerging priorities and work of the Alliance.

There will also be an Annual Public Conference, providing an opportunity to showcase the work of the NSPA (individuals and member organisations), hear from leading figures in the field of suicide prevention and to network with attendee organisations, practitioners and members of the public.

#### NSPA Working Groups

There are a number of Working Groups within the NSPA which work on specific products or strands of the NSPA work plan. These groups report to the Steering Group, and wider membership, on progress achieved.

Working Groups are the vehicles by which the Alliance progresses joint programmes of work and ultimately its core aims. Each Working Group meets at least twice a year but may meet more frequently, depending on the work being delivered by the group.

Current Working Groups are organised thematically and include Campaigns, Referrals and Signposting, the Online Environment and Training. If there are specific areas of work in which members would like to see action or collaboration, a group may be formed to develop and deliver ideas.

Members can apply to join an existing Working Group, or put forward a proposal for the development of a new working group.

# How to become a member of the NSPA?

For further information, or to discuss becoming a member of the NSPA, please contact the NSPA Secretariat:

Rosie Ellis, via email **info@nspa.org.uk** or telephone **020 8394 8000**.

Details about the NSPA can also be found at www.nspa.org.uk

The National Suicide Prevention Alliance is a cross-sector, England-wide coalition committed to reducing the number of suicides in England, and improving support to those bereaved or affected by suicide.

For more information on the National Suicide Prevention Alliance, and for details of partner organisations, please contact info@nspa.org.uk



Supported by the Department of Health