

Summary of NSPA and public health discussion, 14th April 2021

Challenges	Ideas or suggestions from participants
<p>At risk groups/factors:</p> <ul style="list-style-type: none"> • Same risk factors as pre-Covid: family and relationship breakdown, depression and anxiety, loneliness and isolation issues across age groups • Loss of businesses and work • Increase in domestic violence and relationship breakdown • Young people, especially if unable to express seriousness of their distress to school staff • Increase in referrals to eating disorder service • Restarting face to face support – hesitancy from providers and public 	<ul style="list-style-type: none"> • Kooth (for young people) and Qwell (for adults) being used to provide digital support • Health for Teens website popular with young people, as is 'Chat Health' - a confidential text messaging service • Building empathy and suicide prevention skills across council staff
<p>Data and real-time surveillance:</p> <ul style="list-style-type: none"> • How does national data on mental health and suicide rates link to our local situation? Who is being affected here and how? • It can be stressful to look at the data and numbers • Moving our real-time surveillance system from coroner-led to police-led, but needs permission from coroner's office • Real-time surveillance showed half the rates this year compared to last year – is it reliable? • Police data doesn't capture details such as domestic violence etc, so hard to understand risk factors • Lack of data on some at-risk groups such as Gypsy, Roma and Traveller communities 	<ul style="list-style-type: none"> • Improved relationship with mental health locally, including reviewing and reporting on suspected suicides • Year 2 of real-time surveillance, good data, and a comparative year is helpful • Some councils have a Gypsy and Traveller Liaison Service or Officer who might be knowledgeable and have links. Also worth looking at Friends, Families and Travellers who have research and information on impact on mental health and suicide (e.g. this report on Suicide prevention in Gypsy and Traveller Communities)

Community suicide awareness and prevention:

- How build suicide awareness across community without encouraging the unhelpful narrative of a rise in rates being inevitable?
- How to change the narrative around suicide?

- Working with local Health and Care Trust and CCG to get messaging right and co-ordinate communications
- Focus on strengthening communities, dealing with challenges of economic deprivation
- Some great local examples of local campaigns: [‘Dear Life’](#) suicide prevention website set up locally – signposting, practical information, and know people are coming to services from the site
- [‘Are you OK’](#) site to promote health and well-being, encouraging people to ask that question, with different focuses each week, including suicide prevention, young people, mental health, workplaces, students
- Let’s Keep Talking’ campaign – focussed on talking and mental health rather than suicide prevention, encouraged people to look out for each other. Reached lots of older adults who shared content. Going to put physical resources in pharmacies and food banks – cards, posters, letters directing to the [‘Kind to your Mind’](#) website
- Developed a ‘Logic model plan’, to enable work on prevention and postvention with district councils - made it a simple model to focus the work, identify local groups at risk and work together to engage the community
- Local suicide prevention partnership held an event with LGA and district councils to work together
- Developed a suicide prevention strategy for council staff, covering prevention, bereavement support and those who might survive an attempt

Funding:

- Using Wave 2 funding to fund a role that works centrally across local areas to gather intelligence and richer data, but need to make it sustainable longer-term so need to get partners on board
- As funding and responsibility for some work moves from local public health to ICS, need to work together now on recommissioning services, so understanding built before their commissioning process in 2024
- Wave 3 funding has taken a very long time to get from NHS England to CCG and out to public health, so work only just starting
- How get funding to community organisations in a way that is accountable but easy to access?
- How make funding sustainable longer-term, as we know the impact of Covid on suicide will be long-term, but Covid funding is short-term

The future

- Uncertainty about the future – another wave, future lockdowns etc
- Reviewing local suicide prevention strategy
- Where Covid has had a very big impact and rates have been high, resources stretched so now starting from a lower point
- Concerns about long-term economic impact - how can we learn from studies of previous economic downturns and their impact?
- Changes to working patterns and numbers of people travelling to work in cities – will that mean less focus on reducing access to means?
- If jobs in London and the City move abroad, how can we anticipate the impact of that over the next decade?