Summary of NSPA and public health discussion, 15th June 2020

Challenges, ideas and plans
Suicide rates • No areas reporting an increase yet, but still anticipating there will be one • Where there have been deaths by suicide areas are looking very carefully to understand them, including some that may be related to Covid-19 • One area that receives self-harm data from hospitals initially saw a reduction in presentations, but these seem to be increasing again, including an increase in misuse of prescription medication and alcohol
Children and young people • One local authority has conducted a survey which found: children and young people are more resilient than anticipated; increased use of Kooth; and many anxieties were due to school (exams, bullying) so feeling OK at the moment. Concerns, therefore, about the return to school, and will repeat the survey regularly • Some children and young people are asking for support with family issues • School is likely to feel very different at the moment – encouraged not to touch or get close to friends, not sharing resources during classes so delivery of lessons different – may all have an impact on young people • Concerns that some schools are very focussed on physical health and safety with less preparation to support emotional well-being • Areas are preparing for the return to school, ensuring nurses, educational psychologists etc are able to provide support, and that PSHE includes Covid-19, the impact it has had, how people are feeling etc
Hostels and sheltered accommodation, with drug and alcohol teams • One local authority is working closely with housing providers – of hostels and sheltered housing, and with drug and alcohol teams, to improve management of those in treatment for drug and alcohol addictions and with on-going mental health needs. Previously there have been poor links to mental health services, but now developing better partnership and collaborative working with a range of services. • With some services closed or on reduced hours, working with hostel staff to get quick harm-reduction approaches in place, such as needle exchanges and equipment in hostels. They provided online training, e.g. on delivering Naloxone, and one hostel staff member felt confident to take action to help someone. This has given them confidence to provide more instructions and information videos online. • Low uptake of online support and therapy from hostel residents, so provided open access online videos about psychosocial interactions to enable hostel staff to have some of those conversations, and staff are responding positively. • Staff numbers in drug and alcohol teams have been down, as a larger proportion of their staff may need to shield, but one area has put a drug and alcohol service staff member in each hostel one day a week, so that hostel staff and residents know that an expert will be there regularly.

Older adults • One area is and has been contacting over 16,000 older adults, offering help with food, medication and befriending. Often people have made their own arrangements for food and medicine, but there are lots of referrals to the befriending service. All befriending services have an online area with training and information, including around suicide awareness. • Community hubs are doing lots of outreach, having many more interactions with at-risk groups than usual.
Real-time surveillance • A 6-month pilot in one area is hoping to expand and has produced a pathway of surveillance, data-sharing, bereavement support etc. However, the national real-time surveillance work is keen for every area to have a consistent RTS pathway, but that isn't ready yet. • Finalising data sharing agreements can slow the process of setting up RTS down, but once teams can access record-level data there is more information about risk factors, missed opportunities for intervention, and therefore how to improve support • The data sharing agreement with the police in one local authority only provides data from the sudden death form, but they are looking to commission QES to help them gather wider data with partners from across the STP footprint, such as agencies people have been in touch with, risk factors etc, enabling their 3-monthly learning panels to be able to respond more quickly to improve services, identify gaps etc • Some areas have found mental health trusts unwilling to engage in learning panels following deaths by suicide, possibly due to doubling the work of their own serious incident review process, but where they are engaged, they provide a wealth of useful information.
Suicide prevention groups • The response to Covid-19 has created awareness of the importance of mental health and suicide prevention, enabling progress now and that can be built on for the future • One suicide prevention group used a framework from NHS England, enabling a valuable conversation • Reviewing Action Plan to identify changes we may need to make in response to Covid-19, including budget constraints due to cost of Covid-19 • Action plan includes pledges and commitments from other partnerships – children and young people, drug and alcohol – and so once the plan is signed off we hope the Chairs of those partnerships will take ownership and take action to move the work forward • Suicide prevention group discussed what more can be done, including social prescribing and voluntary sector work, and what should and should be replicated across the area • Increasing capacity and funding of information and guidance sector, to support those concerned about debt, losing their jobs etc. • Focus on recovery and resilience

Summary of NSPA and public health discussion, 5th June 2020

Challenges	Ideas and plans from participants
Data gathering • Most areas are not seeing an increase in number of suicides • Some areas are capturing self-harm and attempt data via A&E, liaison psychiatry services, blue light services and street triage teams • Some areas reporting increases in self-harm presentations at A&E and via blue light services, including new people expressing Covid-19-related anxiety • Concern that other agencies are talking as if there is an increase, or assuming there has been one, without evidence, which could be dangerous and irresponsible • One local authority is working with other local areas to issue a joint statement encouraging caution discussing and reporting suicide rates • Using local data to model for and anticipate demand on mental health and suicide prevention services to inform recovery planning	
At risk groups • Children and young people at risk of isolation and loneliness • Domestic abuse a focus in some areas • Volunteers at community hubs may now be needed less, and if they are furloughed or isolated that may affect their wellbeing and mental health • People who do not have access to technology may be excluded from digital support, particularly including older adults and more vulnerable and marginalised people • Fathers going through a separation and not seeing their children, especially if court processes around access are slower than usual, and experiencing financial issues at the same time • Care home residents and staff are likely to be bereaved and anxious about Covid-19 • Construction workers may have cumulative impacts: already an at-risk group, financial distress due to furlough or being made	• Sponsored adverts on Snapchat, particularly regarding Covid-19 anxiety • Launched a new campaign around mental health, anxiety etc, and providing a 24 hour helpline • Kooth commissioned to support children and young people • Increasing capacity in the voluntary sector, particularly information and advice charities providing support around housing, debt, family courts • CAB reporting increase in contacts from people worried about future financial distress – particularly around end of the furlough scheme, end of mortgage repayment holidays – so increasing their capacity to identify and support MH issues when people access support for other issues • Expanding bereavement support services to include anyone bereaved by Covid-19

redundant, anxiety about returning to work, potentially already at risk of Covid-19
• Frontline workers, particularly NHS and social care with anxiety and distress from work
	• Investing in Suicide Safe Communities – making suicide prevention work visible, community development, social prescribing
	• Contacting existing community networks/hubs and mutual aid groups, as they have access to lists of vulnerable people, and enhancing their mental health and suicide prevention capacity, sharing resources on wellbeing, enabling them to provide information and support
	• Producing a document for front line workers to raise awareness and provide service information around mental health and suicide prevention
	• Community teams have set up an online directory of support
	• Exploring online suicide awareness and suicide prevention training, including for volunteers at community hubs. Safeguarding vital (see previous NSPA discussion regarding online training here)
	  ○ Training discussed included: Mind, Zero Suicide Alliance free training, LivingWorks, Connect 5
	• Previous NSPA discussion on reaching children and young people included these ideas for those who are digitally excluded:
	  ○ Fundraising for smartphones and data to give to children and young people without the technology, so that they don't need to worry about the cost of accessing services and support
	  ○ Sharing information through community hubs with a phone number people can call
	  ○ Doing 'Street walks' - where local children and young people's workers walk around local areas to get a sense of the area, exploring green spaces where they might meet young people and checking in with them safely, remind

	them that services are still there for them and still want to support them ○ Trialling 'walking support' to both maintain a safe distance and offer in-person support ○ Using parks to find a private space in public to provide face to face support
Staff wellbeing • Everyone has different challenges: children at home, living alone, caring for elderly parents; or personality differences around amount of contact with others - need to look after individual needs	• Areas providing range of staff support including: regular bulletins around well-being, listening service, Mental Health First Aiders, Employee Assistance Programmes • Important to communicate that it's OK to say you're struggling or having a bad day • Initially many teams were working in crisis mode, but now able to relax a bit and take some leave
Suicide prevention plans • Many areas keen to ensure they keep focussed on existing suicide prevention plans and actions, despite changes in staffing and priorities • Some areas are reviewing suicide prevention plans to identify what needs changing in light of Covid-19 • Plans being implemented sooner than originally planned due to increased need now	

Summary of NSPA and public health discussion, 18th May 2020

Challenges	Ideas and suggestions from participants
Impact on rates • General sense that the number of suspected suicides has decreased or seen no significant increase • One possible cluster that has highlighted importance of communication between different services when people move residence, to ensure continuity of care • Reduced presentations to services and Emergency Departments in general, but more presentations of people in acute distress or in crisis • Concern about access to means linked to possible unsupervised or extended length of prescriptions and drug abuse in one area	• In one area the police have been asked to gather information regarding possible links to Covid-19 when investigating potential suicides. The 3 questions they ask (to family and friends, including any mention in a note) are: is the motivation connected to the individual having or believing they have Covid-19? Is the motivation connected to the Covid-19 restrictions? What evidence is there to support a Covid-19 related case? So far the findings suggest that Covid-19 may have been one of the factors in a minority of the deaths by suicide in that area. • Working with ambulance services to collect data about suicide attempts and self-harm to improve the data alongside real-time surveillance • Working with liaison psychiatry service in the Emergency Department – they are providing information on presentations for serious self-harm and suicide attempts
Community well-being and mental health provision • Widespread desire to provide community mental health and well-being support • Anecdotally hearing that GPs are seeing an increase in new diagnoses of depression and anxiety, but difficult to provide the usual support for those newly diagnosed	• Providing information about mental health support in food boxes distributed from food banks and community hubs • Commissioned a suicide prevention helpline, offering phone, text or webchat • Mind in one area is providing wellbeing calls to those who had previously been connected to their service, and are supporting peer-led groups. They have also set up a responsive service, whereby if people are worried about someone they can tell Mind who (with consent) will proactively call the person.

	• A 'Here to help' phone line has been set up for any resident to call about any issue they need support with during this time, and lots of people are volunteering to help • North East and North Cumbria (under Every Life Matters) have sent out a well-being and mental health leaflet to all residents (here)
Online training • A number of public health teams have previously commissioned and delivered Mental Health First Aid (MHFA) training, but are now concerned about whether it should be delivered remotely, and how to support and safeguard participants • One area trialled a half-day MHFA course but the feedback from participants was that it was too long to sit at their computers, despite the breaks etc. • Huge demand for suicide prevention training for frontline workers, but some providers have not moved their courses online yet	• One area has coordinated a number of webinars (via Microsoft Teams) on domestic abuse, drugs and alcohol, and one on suicide prevention – all targeted at health and care providers. Before and throughout the suicide prevention webinar, there was a focus on emotional safety, and resources/signposting were sent out beforehand and after the training. The uptake of all the webinars has been high and feedback has indicated that people have found them useful, and so they intend to roll out more. • Moved Mental Health Awareness and Suicide Awareness courses online, to continue to provide them to the community and voluntary sector • Planning to develop an online suicide prevention training course with Samaritans, and are considering how to ensure safeguarding • Every Mind Matters are providing short, interactive online training courses
Children and young people • Low referrals to many services initially, but these are increasing now from schools and education services	• Kooth has been commissioned to support children and young people online and is seeing an increase in activity • A self-harm toolkit was issued to secondary schools just before lockdown and teachers have been using it with vulnerable students during lockdown with some success. Now considering how it can inform the local understanding of the prevalence and incidence of

• Referrals from schools in one area include a high proportion of children of key workers, so they are considering how to effectively support them	self-harm based on the people asking for additional help and support.
Domestic violence • There is concern about a possible increase in self-harm among those experiencing domestic violence, which might be linked to a fear of presenting at mental health services or A&E	• Previously few links between the suicide prevention and domestic violence teams but now more connected. One piece of work is around making suicide prevention safety planning part of any standard domestic violence safety plan, for both victims or perpetrators. • A domestic abuse forum brought together police, probation service, children's services and community services – they are now planning a campaign about the support available, and that the 'stay at home' advice does not apply if you are experiencing domestic abuse • Ensuring refuge accommodation is adequate
Bereavement support • Concerns that all those bereaved during lockdown will need support as are without family and friends • One area had to delay the start of their suicide bereavement service, as the organisation was not able to recruit the staff or offer the face to face support they were intending, but now thinking about how to start that work.	• Commissioned loss and bereavement training from Cruse, providing webinars to frontline workers including NHS, care providers, voluntary sector providers and family services. There is a huge demand for the training. • Commissioning additional bereavement support and counselling, as the existing provision does not have enough capacity to meet the increased demand • Providing bereavement support information to funeral directors and care homes to share

Recovery planning • Planning for this period is focusing on economic impact and possible recession, health and well-being and mental health, inequalities, worklessness – anticipating a growing impact	• Working with community organisations and the voluntary sector to engage them and local residents on our recovery plan, with a strong focus on health inequalities and financial inequalities • Recovery plan developed with multi-agency group including acute trusts to bring their resources together to respond • A Covid-19-specific suicide prevention plan for all high risk groups will be finalised shortly

Summary of NSPA and public health discussion, 6th May 2020

Impact on rates • General sense that calls to the police from the public are down, and that the number of suspected suicides has decreased or seen no significant increase • Some concerns about specific populations • COVID-19 and lockdown may be providing some protective element – possibly due to being at home, being removed from the normal stressors – but concerns that means the return to normality may remove any protection and lead to an increase	
People in need • Many areas have heard from people who assumed that mental health services wouldn't be available to them, so they haven't tried to access them • Those working in suicide prevention and mental health are being pulled into broader wellbeing work as there's such demand for population-wide support • Domestic abuse – adult safe-guarding lead reports a possible increase in self-harm linked to domestic abuse, so action plan includes tracking that data and suspected suicides. • Universities and colleges seeing an increase in demand for support services, increase in usage of online support • 2 suspected suicides in one region from same vulnerable population group, and local MH service also reporting other	Ideas, suggestions and plans from participants • Strong focus on communications that services are there, support is available, and many services are adapting their offer • New campaign launched around support for those experiencing domestic abuse • Many suicide prevention groups are adapting to broaden the population they reach, with a mental health and well-being message. e.g. Cheshire and Merseyside have launched a new multi-media campaign - 'Kind to your Mind', with resources, podcasts, etc. • Digital offers such as Big White Wall for over-16s and Kooth for younger people – both are seeing an increase in people using the service. • In one area Navigo and Young Minds Matter providing a 24/7 phoneline for all ages, triaging, providing well-being support, crisis

attempts within same population group. Cluster protocol activated and multi-agency group meeting to reflect and plan response. • CAMHS and Children and Young People's services are seeing fewer young people accessing services and fewer referrals, though these are now increasing. • Possible that young people are moving to online offers instead as Kooth (online support for young people) reporting an increase in usage. Kooth are also reporting a change in reasons for contact from young people – usually they include stress, exams and school, but now reasons include anxiety, depression and suicidal thoughts.	support, support for those with long-term mental health conditions. Seen an increase in usage. • Focus on middle-aged men – in one area there is a large distribution manufacturing workforce, so as lockdown ends keen to work with employers, go into large warehouses and deliver short training, to raise awareness and reduce stigma • Mental Health Awareness Week – putting Kindness on the agenda of the suicide prevention partnership meeting that week and longer-term – how to galvanise local action inspired by some national examples of kindness – Captain Tom Moore, other inspiring stories • Now seeing an increased use of digital platforms by training providers – e.g. MHFA ½ day now being delivered to those having tough conversations or key workers – Citizens Advice Bureau, refuse collectors etc
Bereavement support • Concerns that anyone who is bereaved in this period will find it traumatic, as unable to grieve as they normally might, and this may have a long-term impact • For some areas, while suicide bereavement support is commissioned across a wide footprint, generic bereavement support is delivered differently in each location, by different community and voluntary sector organisations rather than being joined up • Some areas are seeing reduced demand for suicide bereavement services	• Some areas planning a memorial service or event for all those bereaved during lockdown, ideas include co-ordinating an 'in your own home' activity, or something online • Adapted suicide bereavement service across a large footprint. • One area planning to set up a system of practical advice and support for anyone who has been bereaved

Recovery • Planning for this period is focusing on economic impact and possible recession, health and well-being and mental health, inequalities, worklessness – anticipating a growing impact • Lots of uncertainty about what recovery will be like and when • Concern about PTSD for front-line workers that will become visible in 6months' time	• In one area multi-agency partners are establishing a support system for all front-line workers – healthcare, domestic care, police, voluntary sector etc. • Health and well-being focus in general for recovery phase, working with NHS colleagues to tap into their services. • Working across the system to communicate the right information, including how to navigate the mental health system, which can feel complex. • Revised action plan on suicide prevention – identifying key at risk groups, what the impact of Covid-19 might be, what actions need taking now, what will be needed during recovery, and longer-term. Taken time to identify ownership of key actions, working across the whole system, so buy-in from all services.
World Suicide Prevention Day – 10th September • How can we plan for it with huge unknowns around social distancing, and whether it will be lost among other messaging?	• The International Association for Suicide Prevention has no guidance for World Suicide Prevention Day 2020 yet, but NSPA will keep an eye on it • By September lots of people will be very comfortable with online events, activities and meetings, and even more sensitive activities are being done effectively online, so there are lots of options and opportunities


National
Suicide Prevention
Alliance

Summary of NSPA and public health discussion, 24th April 2020

Challenges	Ideas and practice from different local areas
People in need: • Wide variation across the country – some seeing increasing rates of suicide and mental health-related incidents, others seeing a decrease • Usual focus has been middle-aged men, but since lockdown began at least one area is concerned about increases in female suicide, possibly with links to domestic abuse • Older people's mental health during the isolation of lockdown • People shielding for 12-18months on their own with a lack of human contact and touch • Alcohol-dependent clients who are shielding - need to manage their alcohol consumption as the impact if they just stopped drinking would be bad, but housing challenges adding complexity • Anecdotally from GPs – some people are not collecting repeat prescriptions, including anti-depressant medications. How can we help support people, collect prescriptions, support primary care? • People experiencing domestic violence – lots of communications that the police are still there, if you need help then ask, but feel could do more • Small and medium-sized enterprises and their staff	• Reviewed suicide prevention plan and identified key challenges for target at-risk groups due to COVID-19. Plans include expansion of existing helpline support and additional signposting • Working on mental health support of at-risk communities, especially those who are shielding • Re-focusing suicide prevention money to respond to COVID-19 impacts. • All suicide prevention training has been moved online with 3-hourwebinars available, which is appreciated • Lots of work with businesses, ensuring they are aware of existing resources, signposting their staff, and finding out what additional guidance and support would be useful • Working to keep track of mental well-being of workforce, domestic abuse increases locally, levels of problem debt
Usage of services: • Reduction in referrals to IAPT, people not accessing healthcare provision – how can we help?	• Sending text message to people with serious mental illness patients on GP lists, signposting them to a central hub of support, where

• Decreased usage of many services but alcohol services are very busy, which is a concern – often service users are male, middle-aged, unemployed – so are already in an at-risk group • Lots of services reporting drops in numbers, and though some haveincreased contacts compared to when lockdown started, still not up to normal levels.	they can then be triaged to the right support – working with neighbouring council and NHS Trust • Partnership with SHOUT, to add their text support service to local mental health and well-being support offer, which enables local areas to track usage • Created a website based on a survey of what local people wanted – OK to Ask – working with partners to disseminate information about it to their contacts. Lots of hits and comments on the website, but still not transferring to accessing services • Children and young people team are promoting through schools that services and CAMHS are still open
Staff well-being: • Front-line staff and key workers at additional risk • Non-work practicalities – kids and so home-schooling, concerns about parents in care homes, being separated from loved ones • Training of care home staff (for example) – need to ensure that if training is available, how to get the message out, how ensure people have the resources to access training	• Many teams having 'huddle' calls, or coffee and chats, and team quizzes • Mental Health First Aiders: their number has been shared with all council staff • Handbook provided on selfcare and work-life balance (e.g. from St Helens Council – here) • Advice flashing up on screens – not letting work seep into social time, making time for exercise, eating healthily. • Workplace well-being site • Working with local CCG and NHS Trust to explore how to support front-line staff – both health and social care, and anyone at increased risk or anxiety such as waste collectors
Future:	

• Seeing fewer referrals to mental health services including from the police, but suspect that the need is still there but going unmet, so when people are out and about again there may be a surge in demand • Concerns about the impact on people in 2 months, 6 months and longer-term. What does public mental health look like in that situation? • Research from previous similar situations suggests PTSD emerges afterwards • Longer-term economic fall-out • Looking at occupational groups, those with health inequalities • People bereaved by COVID-19, or bereaved at all – rituals of grief missed • Lots of unknowns – how long will this last? who will be most affected? Hard to put out guidance on unknowns, but can be as prepared as possible for a range of scenarios	• Multi-agency group has short-term and long-term actions – when thinking about support for healthcare workers, bereavement support, those impacted economically – want to consider the present and the future together • Support for front line workers, those in care homes and domestic provision: developed business case to work with local NHS Trust to train TRiM (Trauma Risk Management) practitioners and managers who can recognise trauma in colleagues and provide support
PHE nationally: • Working with local teams who have real-time surveillance in place to bring data together for a national picture • Working to capture self-harm data with those involved with the multi-centre study, find out what they are already doing and any gaps • Weekly meeting of PHE's mental health and psychosocial support reference cell, and their workplan includes updating guidance such as for children and young people, and mental health and wellbeing	

of the workforce both paid and unpaid, psychological first aid and how to make that available • Wider real time intelligence-gathering, including linking in with a range of surveys being conducted so they can access the data and do a mental well-being temperature check nationally • Working with DHSC on wider bereavement support (Cabinet office published a leaflet for those recently bereaved – here) • Hold meetings with leads on domestic violence and criminal justice to ensure work is integrated	