National Suicide Prevention Alliance

Public Health England

Case Study: Integrating suicide prevention beyond health in the West Midlands

> We want to start a conversation that shows "you don't have to deal with this on your own". We had 477 people lose their lives to suicide in 2015. We want to give people hope that their lives can be improved. Preventing future suicides is a fundamental goal within our plan.

Superintendent Sean Russell, West Midlands Police Mental Health Lead and Director of Implementation for West Midlands Combined Authority Mental Health Commission

Why take an integrated approach?

Across the West Midlands, as elsewhere, poor mental health results in enormous distress for individuals, puts ever greater pressure on our public services and reduces economic productivity.

About 20% of policing demand is as a result of people in mental health crisis. The work of the police isn't just about fighting crime and detecting crime, it's also about keeping people safe, and that includes helping people who are in need. Suicide prevention should absolutely be part of the police's day to day work, but we can't do it alone. We identified that the police and ambulance service "demand profiles" mirrored each other. This gave us the impetus to try something different in Birmingham which would work across health and police services.

What do you actually do?

We started several years ago by bringing together policing and health services in two schemes:

Street triage

We developed street triage teams, who work at the front end of crisis intervention with people who have lost hope. In the region, we now have three street triage cars, which include a police officer and mental health nurse. In Birmingham, we use ambulance cars which also include a paramedic, whereas in Coventry, this isn't necessary because access to day services is far easier.

When there's a 999 call, our police officers provide the first response and will call in the street triage team to take over if appropriate. The street triage team can work with the individual to identify the issue and agree how to resolve it. The point is to take a holistic approach to thinking about solutions for the individual in crisis. Putting in place a strong safety plan and risk management process is essential to its success.

A young adult was sat in a public place, having consumed alcohol and pain killers, saying she wanted to take her own life. The usual approach from the police would be to detain her under the mental health act. However, the street triage team was able to make an assessment of her risk, and instead agreed to take her home to her parents. They put a safety plan in place with the family and gave them the ability to ring the team if the situation deteriorated. They also put her in touch with her GP. They found out that the person's fiancé had just broken up with her and she was struggling to cope. Detaining her under the mental health act would have had serious ramifications for her career, whereas the street triage team was able to find the least intrusive option, changing the police mind set to find a solution that worked for her.

Liaison and Diversion from Custody

As part of the national liaison diversion scheme, we have a mental health nurse in our custody suites from 8am – 8pm every day. This enables us to make an assessment of risk when an individual arrives in custody, and then depending on the level of risk they pose, we can do a whole host of things as part of a safer detention programme. One of these is thinking about how we use our nurses to support referrals back into primary and secondary care, and where appropriate into the third sector. The mental health nurse will put together a safety plan with the individual, get them thinking about their support network, and hopefully get consent to tell their GP so we can make referrals for them. We want to help give a bit of hope, so people don't feel like life is collapsing around them.

Since then, we have also launched a Zero Suicide Ambition approach, which aims to prevent and reduce suicides across the region. This ambitious statement of intent sets out the seriousness with which we intend to tackle the issue, as well as being a fundamental acknowledgement that we believe suicides are preventable.

Central to this is that all our Directors of Public Health have agreed to create a regional approach to suicide reduction, which will enable us to continue to do work at local level, and crucially to roll out a consistent approach across a wider area.

Priorities include:

- Determining how we can better share relevant data in a timely manner across all relevant agencies, such as health services, police and criminal justice, housing, welfare, education etc.
- Significantly upskilling a broad cross-section of frontline professionals with the knowledge that they need to identify, and support, people in crisis. Our intention is to train up to 500,000 people across the region in Mental Health First Aid or other equivalent programmes over the next ten years. We want to see mental health first aid have parity with physical first aid.
- Focusing on removing the stigma that surrounds mental ill health and suicide. We want people to have the confidence that it is safe to honestly answer when asked 'Are you OK?', as well as encouraging many more to ask the question.

Achievements

- We've reduced demand on policing and emergency services, with fewer people going into A&E, and fewer being detained in places of safety. Around 9000 people a year are seen within West Midlands police, and last year we only detained around 840 of them. This is reducing every year as we think about mental health differently.
- We're creating an integrated pathway so regardless of whether you get picked up on the street or you're in custody, you'll see a mental health nurse. We are now aware of the fact that we see really vulnerable people at their lowest and want to make sure we understand this and do what we can to support them moving forward.

- We've trained 1400 police response officers to think about the way we engage with people, to learn about mental health crisis, and how to treat people like you would want your friends and family treated.

Enablers

- Training. When we first set up our street triage car, we spent a lot of time taking the car to Police Response Units, attending their briefings in order to explain what we do and how we do it. This gave them confidence in the service, when they should use it and what it could achieve.
- Leadership. To create real change across the system, it was essential to have the right leaders in the right places at the right time. This means everyone including the Major, our Chief Executive taking every opportunity to share the message "suicide is preventable".
- Creating a shared offer. We developed strong relationships within the region between police, ambulance services, GPs and CCGs with two way benefits. It was important that they saw we were trying to help them with some of their most difficult and complex incidents/ scenarios, approaching issues as part of a collaborative team.
- Getting the right narrative that explains to every type of person and organisation that there's a purpose to getting involved is critical. True stories can really help to show all the touchpoints where 'ordinary' people can express interest and support and make a difference. It's also important to explain the economic impact of a suicide.
- Information exchange at first point of contact with services, creating the space to look at problem solving and risk management plans.

Challenges

People's perception that suicide is inevitable in some cases and that suicide prevention is such a difficult issue to tackle. This is exacerbated by the cultural sensitivities around having open conversations about suicide.

- Offender health is often seen as an issue for NHS England to tackle, yet 98% of people that we see don't go into the prison system. They require a community led intervention.
- Need GPs to support the intervention so collaboration with GPs, and ensuring training is in place around suicide prevention and mental health is important.
- Street triage works well in an urban environment but might be more difficult in a rural area due to the distances that could be involved.

What would you do differently if you had to do it all again?

More work right from the outset to dispel the assumptions that suicide prevention is the work of health services, which can lead to other public services being somewhat complacent. Suicide prevention requires a genuine multi-disciplinary approach. To achieve this, you have to get the narrative right so it doesn't just chime with the health sector, and you have to secure the support of senior leaders across all areas of public life.

I want to see everywhere across the country having the same set up as we do by 2020.