



Department
of Health &
Social Care

DHSC- key areas of work and priorities for 2022

27th January 2022

Responding to the impacts of COVID-19

The COVID-19 pandemic, and its wide-ranging social and economic effects, have had an impact on the nation's mental health and wellbeing, with disproportionate impacts for some groups. We have acted with our health and cross-government partners to mitigate and respond to these impacts, and prevent suicide.

Action in 2021/22

- **NHS mental health services have remained 'open for business' throughout the pandemic, and all trusts have brought forward delivery of 24/7 phone lines** for those in crisis or worried about people in crisis.
- **We published the Mental Health and Wellbeing Recovery Action Plan in March 2021, backed by £500m**, which set out a cross-government plan to respond to the mental health impacts of the pandemic during 2021/22.
- In recognition of **crucial role of the suicide prevention VCSE sector during the pandemic**, the Recovery Action Plan included a **commitment for £5m to support the sector** in 2021/22.
- **The COVID-19 NSPSAG Sub-Group has continued to meet** to provide expert advice on the impact of the pandemic and subsequent restrictions on suicide prevention

Priorities for 2022/23

We will continue to monitor the impacts of the pandemic on rates of suicide, suicidal ideation and self-harm, and will take action as required. The potential longer-term impacts of the pandemic will be factored into our work to develop a new national strategy.



National suicide and self-harm prevention strategy

The Department of Health and Social Care (DHSC) is responsible for overseeing delivery of the Suicide Prevention Strategy for England and setting national direction for future priorities

Action in 2021/22

- We published the **fifth progress report on the strategy** and an **updated cross government suicide prevention workplan** in March 2021. The report details the steps taken across society to reduce deaths by suicide and further cross-government commitments
- The **National Suicide Prevention Strategy Advisory Group (NSPSAG)** has met quarterly to advise Ministers on key issues and hold government to account for our work on suicide and self-harm prevention

Priorities for 2022/23

Mental Health Strategy

- DHSC plans to launch a public discussion paper later this year to inform the development of a new longer-term, cross-government mental health strategy.
- This will provide the opportunity for a national conversation about potential solutions to improve mental health and wellbeing over the next decade, both within and beyond government and the NHS.

Refreshed Suicide Prevention Strategy

- As part of this work, we are also considering options to refresh the 2012 Suicide Prevention Strategy for England
- We will be working with the suicide prevention sector and people with lived experience to gather views on what should be included in a new, long-term suicide prevention strategy



Enhancing engagement with the sector

We take as many opportunities as possible to engage across the sector and to work in partnership with all those trying to prevent suicides. This includes hearing from people with lived experience to help shape policies and programmes, as well as multiple organisations across the voluntary sector

Action in 2021/22

- The **National Suicide Prevention Strategy Advisory Group (NSPSAG)** has continued to meet quarterly across **2021**, with experts advising on topics such as online safety and bereavement support.
- The **NSPSAG COVID-19 Sub-Group** has also met monthly, to **discuss and put in places actions to support groups we consider to be particularly at risk**
- **Enhanced use of the NSPA Online Network**, with regular presenting slots at both NSPSAG and its sub-group
- **DHSC representation at various steering groups held across the sector**, to ensure continued partnership working.
- **Regular catch-ups with partners across the sector** to share information and to work collaboratively to achieve our shared objectives.

Priorities for 2022/23

We will continue to prioritise engagement across the sector, both formally (for example, through formal engagement on the Mental Health Strategy via the discussion paper), and informally, through regular catch-ups and touch points.



Improving data to enable more timely interventions

It is vital that we improve our data and understanding on suicide and self-harm to enable more timely interventions. Rates and trends are important, but it is crucial that we gather and use evidence from personal experiences too

Action in 2021/22

- Work continues on **developing and embedding a national real-time suicide surveillance system, up and down the country**. OHID colleagues currently working with seven local areas, with different types of systems (e.g. some coroner-led, some police-led), to understand experiences and develop a standard operating procedure to support future rollout.
- We continue to **partner with the Multicentre Study of Self-Harm**, who have contributed world-leading research and evidence that is central to our policy-making. Reports can be found at <https://www.psych.ox.ac.uk/research/csr/ahoj>.
- We are also **interacting with partners across the sector on new emerging data and projects**. For example, the **VCSE Health and Wellbeing Alliance Suicide Prevention Consortium**, who are exploring links between suicidality, alcohol and addiction, and economic disadvantage, and **If U Care Share**, who are **exploring suicidality, regional variation and 'levelling up'**

Priorities for 2022/23

- **Accelerate the rollout of RTSS**, including through developing an RTSS standard operating procedure and standardising definitions
- **Support the development of data and research with all partners**, utilising that data and research within any policy decisions.



Improving safety online

We are working across government and with stakeholders to understand how we can best tackle, and reduce access to, harmful suicide and self-harm content online, while ensuring vulnerable people are signposted to support

Key areas of focus include:

- **Limiting accessibility of pro-suicide websites**, forums and chatrooms that encourage suicide and self-harm behaviours.
- Pushing **social media platforms to do more to proactively tackle harmful suicide and self-harm content**.
- Working with platforms to **improve the safety of platform design**, for example relating to algorithms and signposting.
- **Reducing accessibility / awareness of pro-suicide literature**, that can be viewed or can be purchased online.

Action in 2021/22:

- Working closely with colleagues at DCMS to **understand the impact of the forthcoming Online Safety Bill** on harmful suicide and self-harm content, and **where we might be able to go further**.
- Working closely with DCMS and tech companies to **explore ways that technology such as artificial intelligence can be used to support platforms** in the detection and removal of potentially harmful content online.
- Continuing to work closely with the Samaritans and academics to **better understand emerging research as well as the real-world impact** of harmful online content on the people that view it.

Priorities for 2022/23

- Continuing to work with DCMS to **shape the Online Safety Bill** in relation to suicide and self-harm content.
- **Working with platforms, alongside Ministers, to encourage voluntary action** ahead of the Online Safety Bill
- Working with MoJ to shape the response to the Law Commission recommendation and **development of potential new offence on the encouragement of self-harm**.



Tackling emerging methods of suicide

We are putting in place actions and interventions to reduce access to emerging methods of suicide, and limit awareness of new methods as far as possible

Action in 2021/22

- Early identification of potential emerging methods, through **partnerships with the voluntary sector, the police, and other Government Departments**
- Development of a **cross-government working group**, specifically to tackle emerging methods
- **Series of interventions now in play** to reduce access and limit awareness of emerging methods, including:
 - Working with manufacturers of products to limit/remove sales
 - Removing sellers of products from online marketplaces
 - Proactive working with the media to manage awareness
 - Reducing the movement across borders

Priorities for 2022/23

Continued **development of partnerships to enable early identification, refreshing current interventions** where necessary to continue to reduce access and limit awareness, and **tackling online harms**.



Rollout of 24/7 urgent NHS mental health helplines, open to the public, with increasing range of 'crisis alternatives'



24/7 helplines

- In the early stages of COVID, **every area put in place 24/7 NHS open access urgent mental health helplines** (ahead of schedule). Remains a work in progress and focus of 2022.
- Taking **c.200k calls per month**, with only **1-2%** reported as being directed to 999/A&E



Additional support

- A new service finder has been developed – anyone can find their local helpline at www.nhs.uk/urgentmentalhealth
- By 2023/24, anyone seeking urgent mental health support in England will be able to do so via a **simple universal 3-digit 111 number**. Work will progress on this, this year.

Crisis alternatives

- Every area has ringfenced funding to invest in alternative models of crisis support, such as **crisis cafes, safe havens and crisis houses**, providing an alternative to A&E or psychiatric admission.
- The aim is for there to be a **range of alternative services in every area that can meet different needs and preferences** for accessing crisis support



All age suicide prevention and bereavement programme



Following the commitments set in the NHS Long-Term Plan, NHSEI is focusing on ensuring every local area across the country has in place a suicide prevention programme, and suicide bereavement support services to provide timely and appropriate support. Priorities include the following:

Supporting place-based community prevention work

- **With a particular focus on some of the high-risk groups**, such as middle-aged men, people who self-harm, and children and young people with a learning disability, autism, or both.
- Additional support in **primary care**

Suicide prevention within clinical services

- Particular focus within **mental health services**;
- Support for individuals who have presented in hospitals with **self-harm injuries**

Support for real time surveillance

- **Capturing timely and accurate data across systems** (including self-harm data), that can be used to support local interventions

Responding to the impact of Covid-19

- Have seen an **increased pressure on individuals and services** and an **impact on health inequalities**.

Embedding suicide bereavement support services - postvention

- **Proactive contact with the bereaved family, within 72 hrs**
- Short and long term **emotional and practical support**
- **Referral to specialist services** where needed

Progress so far and priorities for 2022:

- All 42 ICSs have now received funding to implement their multi-agency suicide prevention plans.
- From 2022/23, all ICSs will be in receipt of funding to implement suicide bereavement services locally, with the focus being on high-quality implementation.

Priorities for 2022- a recap

Developing a long-term Mental Health Strategy and potentially a Suicide Prevention Strategy

Supporting recovery from COVID-19

Enhancing engagement with the sector- including those with lived experience

Continuing to improve data and intelligence on suicide and self-harm

Reducing access to harmful material online through the Online Safety Bill

Developing a new offence for incitement of self-harm

Putting in place interventions to tackle emerging methods of suicide

Implementation of suicide bereavement support services in every local area

