Online discussion on the Suicide Prevention Plan July 2022

NSPA held an online discussion for members to talk about what they wanted to see in the new Suicide Prevention Plan.

1. **What can we all do to support suicide and self-harm prevention? What are the most important drivers to tackle?**

- There is nothing in the NHS that supports people who are suicidal on a sustained basis (any support is temporary)
- Any support available is also conditional, too often there is exclusionary criteria where people cannot receive the support as they are "too serious" or "not serious enough" of a case. This also applies to those with dual diagnosis.
- Integration of services – gaps in services, care pathways – often the time frames just don't work
- The voluntary sector is having to pick up gaps in services.
- The community need to be seen as the beneficiary of support services – support needs to be embedded into the community to benefit everyone (being visible and accessible in doing so).
- Training needs to be provided for first responders and should be accessible.
- There is a lack of education which has led to a misunderstanding that suicidal ideation = mental illness. This needs to be broken down and removed, and support needs to focus on looking at social factors and those experiencing suicidal feelings but not having a mental illness.
- Focus on evaluating activity to avoid repeating same conversations and ideas.
- Disparity in services available.
- Real time surveillance isn't consistent and there is no national network for sharing best practice for this.
- Important to note that local data may not reflect national data and vice versa. National data about suicides among farmers were not reflected in local data in very rural area
- Putting suicide on everyone's agenda, suicide becoming everyone's business – it is seen as the responsibility of suicide prevention groups

2. **What can we all do to support specific groups at risk of suicide and self-harm? Which groups should we be focusing on?**

- Questioning of the evidence and the need to be sure of which groups are at a higher risk, if we do this without evidence then we run the risk of excluding groups that do need support.
- There are limitations to coroners' reports, there needs to be better recording so that we can better understand this.
- Young people are a group at heightened risk and need to be focused on. This includes building an education early on.
- Eating disorders – far more young people are presenting with eating disorders and the disorders are far more serious
- Unemployed
- Those on anti-depressants are at an increased risk of suicidal thoughts. There needs to be a parity of esteem in terms of prescriptions and the information available for anti-depressants and side effects.
- Isolated people, particularly elderly and isolated
- People recently bereaved and living alone, need to offer proactive support. Particularly those bereaved during covid.

- People with long term physical conditions – there should be a suicide audit for people with long term conditions so GP's can help with social prescribing
- Financial difficulties – socially deprived communities

- People in contact with the criminal justice system
- Long term alcohol use, we need to embed these people into other strategies too.
- Domestic abuse
- Gambling harms
- Autistic community
- There is a misunderstanding of protective factors (e.g., family seen as protective factor yet on the ground, suicides occurring amongst those with family and friends etc). Need to re-evaluate and re-educate on protective factors.
- Support needs to be available in postvention, bereavement support is currently inconsistent. Someone may have to wait 6 months before being offered support which is far too long. Support needs to be offered immediately and be flexible to the individual. Support should also be offered to those first on the scene (e.g., train driver, first responder) – cases where those first on the scene aren't even given adequate leave or mental health and emotional support.
- Multifaceted approach – there can be a never ending list of groups, some people sit in multiple high-risk groups, and we need a multi-faceted approach. Suicide prevention should run through every programme and should be in all impact assessments

3. What actions should be taken to better support people at risk of suicide who are struggling financially?

- Training for the 'advice sector' in suicide prevention
- Making sure that people don't get to the crisis stage of needing support too late.
- The benefits system needs to be improved to be more supportive and humane.
- Loan companies should include signposting to suicide prevention helplines.
- There needs to be more education and awareness of the support that is available.
- GPs alerted when someone dies by suicide? à there should be a 'significant event audit' by GPs(?) when this happens.
- Work with foodbanks, give training for Citizen's Advice and upskill community mental health services.