

A Refreshed Multi-Agency Suicide Prevention Strategy for Cumbria 2019-2022



Foreword

Ten years after the launch of Cumbria's first multi-agency suicide prevention strategy in January 2009, this refreshed document is a timely reminder of what we have done so far in Cumbria to avoid loss of life to suicide, what we have learnt in so doing, and where we need to focus our collective efforts in the coming years.

The importance of the shared commitment of signatories to this strategy cannot be overemphasised. Not only is every suicide a tragedy – but as we have learnt from survivors and from our experience in post suicide intervention, bereavement following a suicide is like no other bereavement, and can have devastating impacts on those who are left behind: families, friends, and wider communities.

Suicide is recognised internationally to be a major public health issue, and a contributor to inequalities in life expectancy and premature death. Suicide has significant economic impacts – based on national estimates, the average cost of a suicide to society is estimated to approach £1.69 million; and in Cumbria there are about 50 suicides each year. This document also brings our attention to the literature suggesting that suicide rates increase in times of recession.

The Cumbria strategy is based on the premise that suicide prevention is everyone's business. Evidence tells us that its causes are complex and deep rooted in people's life experiences and in society. Contrary to the commonly held belief that suicide is inevitable, it points to the many ways in which we can make a difference.

This document contains numerous examples of actions, coordinated through the strategy, that have been taken to reduce Cumbria's higher than national suicide rate. Some of these are as apparently simple as commissioning brief training so that front line staff gain confidence in asking if someone feels suicidal; and then know how to keep that person safe. Other actions have relied on the sharing of specialist knowledge and expertise, and the recognition that agencies can better prevent suicides when working together, as has increasingly become practice where risk of 'contagion' is identified.

One of the strengths of the strategy has been the realisation of a real time system to gather intelligence about suicide and self-harm in Cumbria. The nature of suicide statistics makes them a relatively poor measure of real time trends; implementation of a real time system has helped address the weakness attendant to practice informed by statistics which may be outdated and which may fail to accurately reflect the reality 'on the ground'. The real time system informs a collective (whole system) response to suicide that is nimble and attuned to presenting circumstances.

This refreshed strategy comes at a time when profound policy and structural changes in health, social care and local government are impacting on the delivery of complex programmes such as suicide prevention. We have been fortunate that through these times of change, the suicide prevention strategy has reported to Cumbria's Health and Wellbeing Board, whose members have championed, and given profile to this work. Suicide prevention is now recognised as a priority by many local agencies and boards.

The engagement of people bereaved by suicide and of local communities has been instrumental to the progress of this strategy. The contribution of those bereaved by suicide to the Suicide Prevention Leadership Group has been invaluable and the community focus, most notably Suicide Safer Eden, is producing evidence that a social movement approach to suicide prevention can significantly impact on suicide rates.

There remains much to be done to maintain the momentum achieved in the past ten years and to respond to emerging evidence. Continued strong and visible senior leadership, the ongoing rollout of self-harm and suicide awareness training, and sustained engagement with local media will build on the firm foundations established in the ten years of this strategy. Embedding a real time reporting system, agreeing and implementing a protocol for contagion risk management, and embracing digital opportunities are amongst the opportunities that lie ahead.

Finally, delivery of this strategy has been achieved through its main assets which have been the skills, dedication, and passion of people working for health, social care, children's services, the police, probation, and the third sector - and also of volunteers who have given generously of their time, for example to set up and run the Cumbria peer led bereavement support group. I would like to take this opportunity to extend my thanks to everyone involved.

Councillor Deborah Earl
Cabinet Member for Public Health and Community Services
Cumbria County Council

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2. Introduction

The first comprehensive multi-agency suicide prevention Strategy for Cumbria was produced in 2009. Ten years on we continue to learn from our own and others' experiences it is clear that the strategy has to evolve as new priorities and new evidence on suicide prevention emerges.

This update of the SP strategy for Cumbria reflects more recent guidance; this includes a greater emphasis on self harm and its prevention; and announcement of additional resource for suicide prevention: £25M over the 3 year period 2018-21, to Integrated Care Systems (ICSs). National policy and guidance continues to emphasise the role of local authorities in leading, developing, and overseeing delivery of local suicide prevention by multiagency partnerships.¹

Lancashire and South Cumbria ICS is one of 8 ICSs included in the first wave to receive funding for 2018/20. See logic model ². North Cumbria ICS is developing proposals for 2019-21, aligned with partners in the North East of England. Both the logic model for the ICS covering the south of Cumbria and the ICS plan for the north of Cumbria follow the agreed aims and objectives of the Driver diagram below.

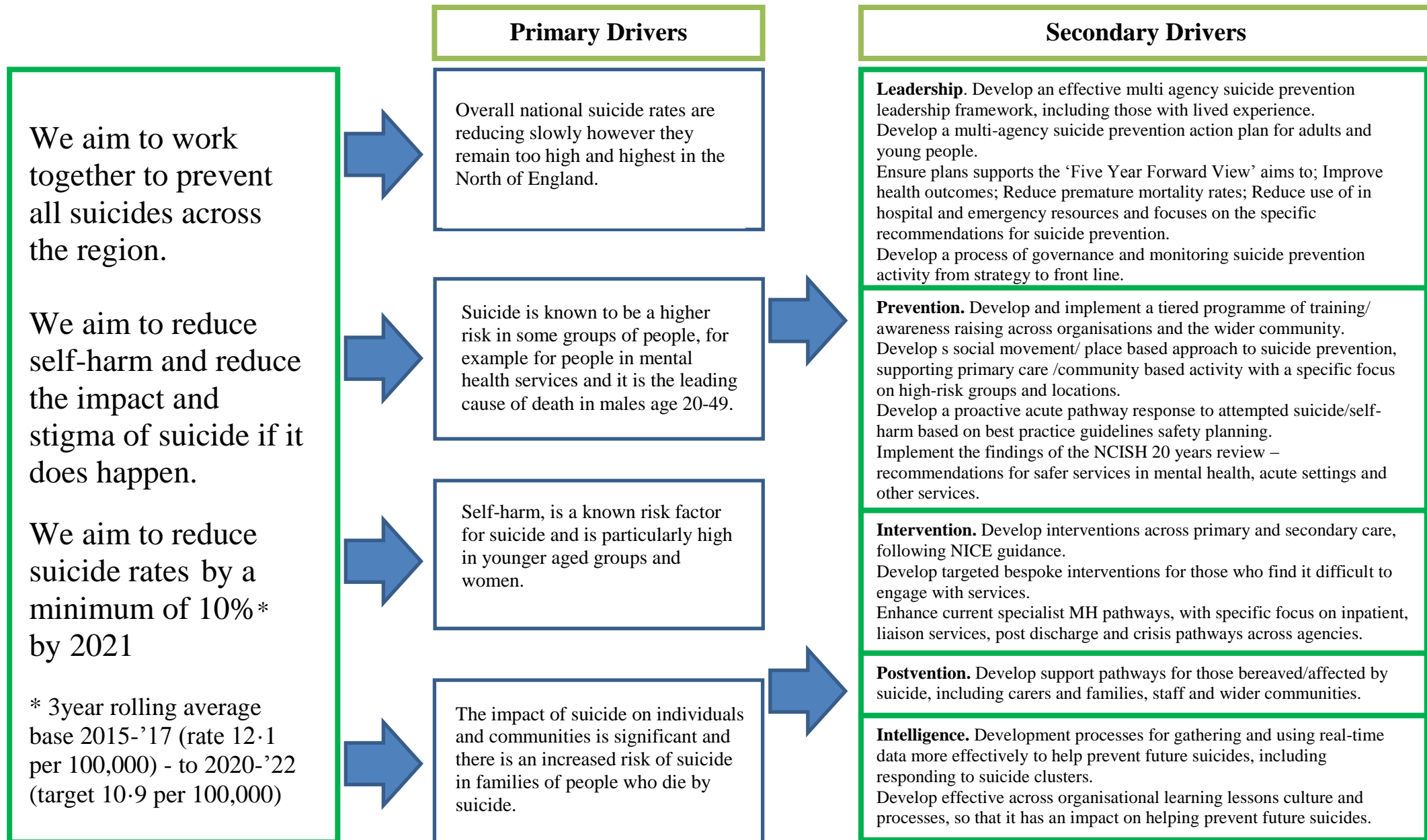
The Cumbria Suicide Prevention Action Plan (appendix I) is aligned with these ICS plans, to ensure additionality and avoid duplication arising from this investment across our health and care economies.

¹ www.nspa.org.uk/wp-content/uploads/2016/10/PHE_LA_guidance-NB241016.pdf

²

https://www.nwscnsenate.nhs.uk/files/2515/0599/4179/Lancs_SC_Suicide_Prevention_Logic_model_draft.pdf

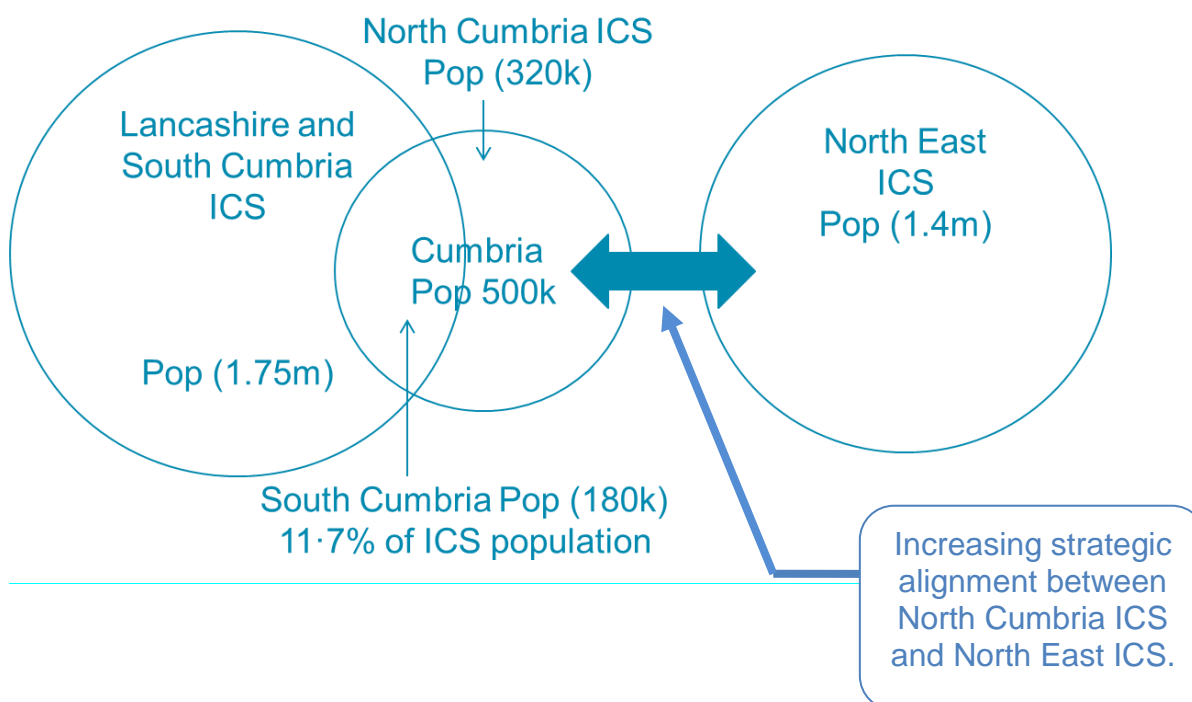
Cumbria Suicide and Self-Harm Prevention Driver Diagram



3. Aim and vision of the Multi-Agency Suicide Prevention Strategy for Cumbria

Since 2009, the aim of the Multi-Agency Suicide Prevention Strategy for Cumbria has been **to prevent avoidable loss of life through suicide**.

- We will continue to work across our communities, paying particular attention to those who may be at greater risk, and supporting people bereaved through suicide.
- We will focus our efforts both towards enhancing factors that protect against suicide and reducing risk factors for suicide.
- We will work with care providers to ensure equitable access to universal, targeted and specialist services which meet people's health, social and material needs.
- We will work with the media to promote responsible reporting of suicide and mental ill-health.
- We will take measures to ensure that, where possible, access to the means to suicide is restricted and support/signage is provided at known suicide 'hotspots' in Cumbria.
- We will learn from our experience in supporting 'suicide safer' initiatives in Eden and Maryport: engaging with communities across the County to support them in building social movements to prevent suicide.
- We are working with partners beyond Cumbria's geographic boundaries, to agree how best to reduce suicides across ICS footprints.



4. Why is Suicide Prevention a Priority?

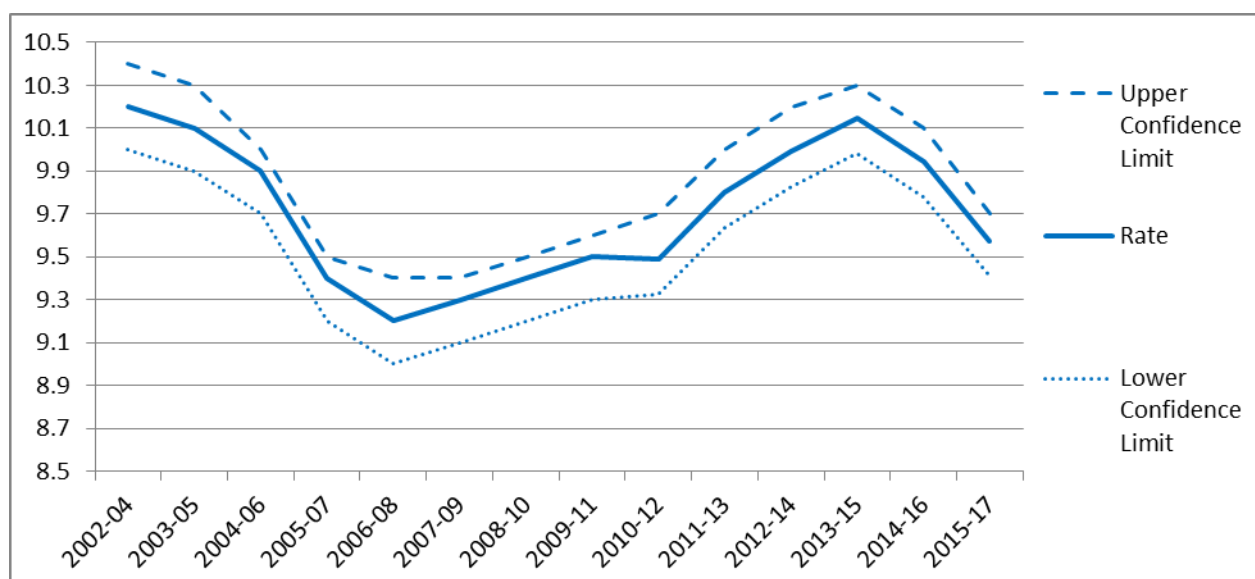
“Every suicide is both an individual tragedy and a terrible loss to society. Every suicide affects a number of people directly and often many others indirectly. The impact of suicide can be devastating – economically, psychologically and spiritually – for all those affected.”

Introduction, P.4, ‘Preventing Suicide in England: a cross government outcomes strategy to save lives’, Sept 2012.³

Suicide is devastating for all concerned. The emotional and practical consequences are felt by family, friends and colleagues, and by the many statutory and voluntary agencies involved in providing support and care. On average, a person dies every two hours in England as a result of suicide; it is a major issue for society and a leading cause of inequalities in health, and of years of life lost to premature death. And while suicide in young people is rare, it is particularly tragic. An estimated 200 school age children lose their lives to suicide each year across UK.⁴

Age-standardised suicide rates are calculated per 100,000 population per annum, the pattern for England since 2001 is shown in the table below

Age-standardised suicide rates for England, rolling three year aggregates, deaths registered 2002 to 2017 (deaths per 100,000 population)



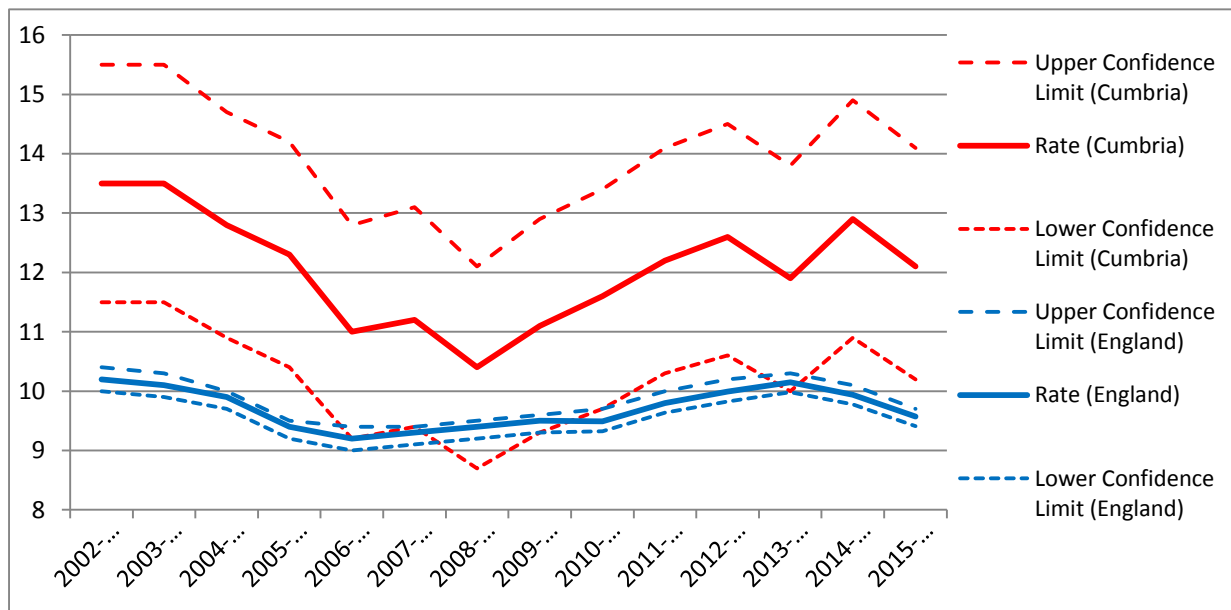
Source: ONS

In Cumbria, about one person dies through suicide each week. Our suicide death rate is higher than the England average.

³ <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

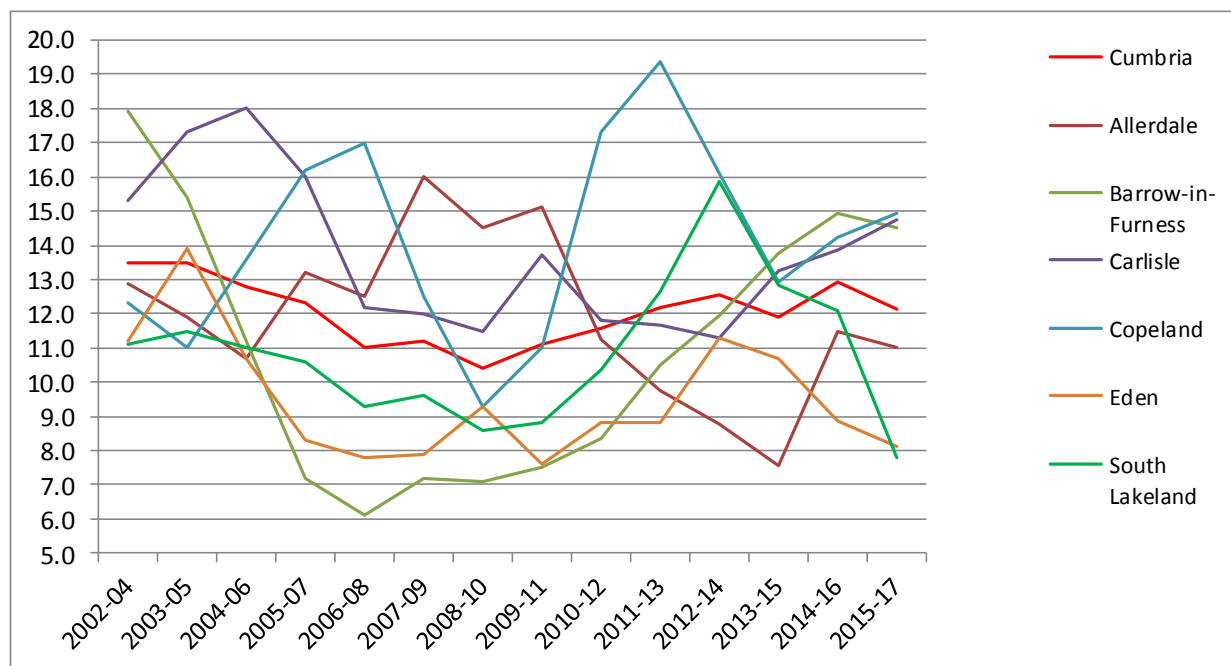
⁴ <http://documents.manchester.ac.uk/display.aspx?DocID=37566>

Age-standardised suicide rates for Cumbria and England, rolling three year aggregates, deaths registered 2002 to 2017 (deaths per 100,000 population)



Source: ONS

Age-standardised suicide rates for Cumbria and Districts, rolling three year aggregates, deaths registered 2002 to 2017 (deaths per 100,000 population)



Source: ONS

- *Areas of higher socioeconomic deprivation tend to have higher rates of suicide.*
- *Men are more vulnerable to the adverse effects of economic recession, including suicide risk, than women*
- *People who are unemployed are two to three times more likely to die by suicide than those in employment.*
- *Increases in suicide rates are linked to economic recessions.*
- *The greater the level of deprivation experienced by an individual, the higher their risk of suicidal behaviour.*
- *The least skilled occupations (e.g. construction workers) have higher rates of suicide.*
- *A low level of educational attainment and no home ownership increase an individual's risk of suicide.*

(Samaritans, 2017)

<https://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans%20Dying%20from%20inequality%20report%20-%20summary%281%29.pdf>

Suicide is not inevitable. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.

5. What have we achieved in Cumbria?

As we have learnt in undertaking repeat suicide audits since 2009, the variations in the ways in which coroner verdicts of probable suicide are recorded make it difficult to monitor success of the strategy using National Statistics. In addition it is difficult to know what might have been different had there not been concerted suicide prevention action by many committed individuals and organisations since 2009.

The real time audit system that we have been piloting since January 2018 in partnership with Lancashire and South Cumbria ICS should enable us to monitor and interpret trends in suicide much more closely: for example, by highlighting suicide hotspots, new methods, and potential service failures. There are early indications of usefulness of the real time system in identifying potential clusters of suicide.

Ultimately real time data should also help us to monitor the effectiveness of this strategy. In the meantime, if our actions have contributed to saving even one life, then the investment of time, energy and resources will have been worthwhile.

Governance and Accountability

Close partnership working across all sectors has been central to the progress of suicide prevention work in Cumbria.

In 2009 a multi-agency network was established to agree strategic priorities and coordinate and support further partnership working. The network consists of:

- A Reference Group (of interested individuals and agencies, A Suicide Prevention Leadership Group) whose members assure delivery of the Cumbria Suicide Prevention Strategy and action plan..
- The Cumbria Suicide Prevention Strategy has been accountable to the Cumbria Health and Wellbeing Board since 2010, reporting through the Public Health Alliance.
- Updates on the strategy are provided regularly to other Cumbria partnership boards and organisations e.g. Local Safeguarding Children's Board, , Cumbria Mental Health Partnership Board, Suicide prevention is, in some instances, becoming part of these partners' core business.

Suicide prevention awareness and training

Over the last 6 years Cumbria County Council Public Health have commissioned Carlisle Eden Mind to deliver suicide prevention training and to date over 6000 people have been trained in some level of suicide prevention.

The training promotes the ethos of the strategy that suicide prevention is everyone's business with the main aim of any training session is that people leave the room feeling more confident and more comfortable in talking about suicide and knowing that we are not going to make things worse.

The training includes awareness, alertness and intervention training. The majority of the training delivered is at alertness level.

In addition to the Public Health funded training other suicide prevention training is provided across the county; Cumbria Partnership Foundation Trust (CPFT) training includes STORM, risk formulation training, training with University of Cumbria (which was mentioned within House of Commons 2017); additional training is provided by the Samaritans working with British Transport Police. A wide variety of E-Learning is also promoted.⁵

Quotes:

"The training opened my eyes to suicide prevention. Having worked as a GP for 16 years on reflection I may have developed some learned helplessness regarding the issue. She made me feel more positive and act more proactively with suicidal and potentially suicidal patients and my practice has changed as a result. I now feel these

⁵ <https://www.zerosuicidealliance.com/training/>
<http://www.nwyhelearning.nhs.uk/elearning/HEE/SuicidePrevention/>
<https://www.minded.org.uk/>

people are more safer in my care."

"Before I felt like I was bumping around in the dark— thank you for turning on the lights!"

"This course should be available to all public services. Excellent trainer. Passionate and inspiring has definitely given me some tools to use."

Restricting access to means: Suicide 'Hotspots' in Cumbria

Public Health Intelligence Cumbria County Council, Cumbria Constabulary, Samaritans, the National Trust, the Highways Agency, Network Rail, town planners and others have worked together to identify hotspots for suicide and take action, both to reduce access (by erecting barriers etc.) and to provide support via signage to services and helplines. This work is on-going via the rail industry suicide prevention programme.⁶ and through partnership working with ICSs.

CPFT - specialist Mental Health services.

- 1) The CPFT suicide prevention plan and related activity is reviewed and monitored through the Trust suicide prevention steering group which links to County and regional level groups .Plans at each level and related work streams are aligned to ensure consistency.
- 2) Joint work to share real time alerts between CPFT and Cumbria police into suspected suicides is now in place to help improve the use of real time information to inform future care and support in a more timely way.
- 3) Services have been benchmarked against the NCISH 20 year review – 10 priorities for safer services– and this is being used to develop the zero suicide action plan for making services suicide safer.
- 4) A tiered training and awareness raising plan has commenced for all staff. The staff survey into attitudes to suicide completed in 2016 is being used to inform the plan.
- 5) To ensure engagement at the front line each care group and sub specialty has completed an A3 suicide prevention plan specific to their area of practice.
- 6) An engagement for improvement project has commenced to help develop staff support to manage the impact of suicide.

⁶ <https://www.samaritans.org/corporate/rail-suicide-prevention/engaging-rail>

Contribution to the Euregenas project

- In 2013, Cumbria became a partner in the Euregenas project. This project aimed to contribute to the prevention of suicidal thoughts and behaviours in Europe through the development and implementation of strategies for suicide prevention which could be of use to the European Union as examples of good practice. The project brought together 15 European partners, each with diverse experiences in suicide prevention.
- Cumbria's unique contribution to the Euregenas project was to share the experience of the SOBs self-help support group. This was in response to the Euregenas project recognising that support for people bereaved by suicide, who are themselves a high risk group, was an important area to research, and that peer support could play an important role.
- Much of the suicide bereavement literature recognises that people who are bereaved by suicide grieve differently and have different needs compared to those bereaved by other causes of death. Survivors of suicide face unique challenges which can affect the grieving process, and as such can experience what is termed 'complicated grief'. Research also suggests that self-help support groups are a powerful and constructive means for individuals to help themselves and each other following the loss of a loved one through suicide. Survivors often report feelings of responsibility, rejection, and abandonment compared to those who have lost someone from natural causes, and are also more likely to spend a greater proportion of time pondering on the motives of the person who died.
- In addition, the official procedures and media attention following suicide have the potential to influence the experiences of people who are bereaved. The inquest process is recognised to be potentially distressing; and factually inaccurate or insensitive media reporting is also recognised to have a devastating effect for people who had been bereaved.
- In order to share the early good practice from SOBS Cumbria with Euregenas, an evaluation was undertaken in 2013. 29 individuals who were bereaved by suicide took part in 3 focus groups, and a further 22 individuals took part in one-to-one interviews. The quotes below from this evaluation are a reflection of the role SOBS had played in their lives.

"The initial contact was good, sympathetic and helpful, and I felt that I could go to the meeting, it's all about empathy".

- *"It's a big scary step making that call and speaking to a stranger about something so personal and painful. It may help people to know that there's no pressure to talk at the meetings, that they can just turn up and get support if they are not ready to open up yet".*
- *"The SOBS sessions have made me more comfortable talking about it (suicide) which I think is important. I was hoping to meet others in exactly the same situation so that I could figure out why. I haven't, but through meeting others at the group I've come to realise that not knowing is very common and it's possible to go on with life and continue to function as a human being without knowing the answer".*

"I had expected the meetings to be more official with the presence of GPs and psychologists, rather than a group of people who were going through the same suffering. It was incredible to see the amount of people suffering, and I thought my god I am not alone with this, and that was helpful".

"The SOBS group is like having one of those lifesaving devices at a place with deep water, it's there and may never be used, but it's there. If it weren't there someone would fall in, so every region should have a known lifesaver".

Promoting responsible media reporting of suicide and mental ill-health and raising media awareness

From 2009 systems were put in place to monitor media reporting against guidelines produced by the Samaritans, and action taken when required. A media subgroup of the CSPLG was subsequently formed to engage local media; exploring their role both in responsible reporting of suicide and contributing to the prevention agenda. Generally, good working relationships have been established with local media organisations, and the number of inappropriate reports is steadily decreasing.

Over the same time period local media have published several positive reports of local actions to prevent suicide and improve mental health and well-being. For example in 2014 the Cumberland & Westmorland Herald ran a series of articles on suicide prevention⁷ and continues to support the work of 'Suicide Safer Eden.

Suicide Prevention through Social Movement: Suicide Safer Eden

Suicide Safer Eden started in 2015 when a public meeting was set up to gauge the interest locally in a grassroots approach to suicide prevention – fifty people attended this first meeting; a key indication that there was interest.

Since then activity has included a public awareness meeting in Penrith Rugby Club with 70 people attending, awareness sessions with Residents Association, WIs, Mothers Unions, Building Societies, Housing Associations, Business Breakfasts, two day MHFA arranged through local Chamber of Trade, e- newsletters, conversations with local Bookies, local media coverage – including radio and TV and flyers in every copy of the Cumberland and Westmorland Herald.

The role of local Champions is also being developed; individuals willing to be identified as the go to people in their communities, organisations etc when it comes to information and support about suicide prevention

We have 17 champions already with the aim of getting a champion for every town and village and also businesses, sports clubs, faith groups etc.

Post Suicide Intervention Response ('Postvention')⁸

The tragic death of a school pupil in early 2013 triggered immediate concerns about possible suicide contagion (or 'copycat' suicides) within the local and wider community. A multi-agency emergency response was convened focusing on what needed to be in place to reduce the risk of further suicides and provide emotional support to those affected.

⁷ <http://www.cwherald.com/Suicide-Prevention-Booklet.pdf>

⁸ Although there is no agreed definition, 'postvention' is a term commonly used to refer to an intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals and peers) who may be at increased risk of suicide themselves. The aim is to support and debrief those affected, and reduce the possibility of suicide contagion.

A mapping exercise was carried out to systematically identify vulnerable individuals at increased risk of suicide, self-harm or destructive behaviour as a consequence of the incident. This was then used to target and prioritise interventions and support. Based on this experience, Cumbria contributed to national guidelines on prevention of suicide clusters.⁹ A post Suicide Support Model for Cumbria is provided as appendix II.

Support for those bereaved through suicide

People bereaved through suicide (or having experienced bereavement through a sudden traumatic death) may be at increased risk of mental health and emotional problems and may be at higher risk of suicide.

One of the first tasks of Cumbria's suicide prevention group was to gain insights from mental health service users, carers and survivors of suicide. Family members were able to explain how their experience of bereavement was like no other. One person's remark summed it up: **"I wish we could talk about it more"**.

Survivors of Bereavement by Suicide (SOBS)

SOBs Cumbria has provided peer support to over 350 people bereaved through suicide over the past 8 years, thus enabling them to find solace in sharing their most intimate and painful thoughts and feelings: to be heard and understood.

People who have been affected by suicide can make contact with SOBs, be it the day of the loss or many years later and everything in between. Initially, SOBS Cumbria offered self-help support sessions in Keswick (a town which geographically is central to Cumbria but which is a long way from other major population centres in the county).

Since then, SOBS Cumbria has grown, in response to the needs of people who are bereaved rather than geographical boundaries. It now draws people from north Lancashire, south Scotland and on occasions the north east as it is the nearest group. Group monthly meetings are offered in South Cumbria (Kendal), West Cumbria (Whitehaven) and North Cumbria (Carlisle). Each of these groups is facilitated by a person who has been bereaved for at least 3 years, who is 'comfortable' working in this challenging context, and has been appropriately trained. John has given guidance and support to 'grow' this pool of facilitators.

SOBs also provides a closed Facebook group for people who may not be comfortable with a group. the Facebook group now has about 100 members. This medium provides a life line at any time of day or night.

⁹ <https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters>

Children and Young People

Suicides in children and young people, while rare, are particularly tragic and have far-reaching effects on families, friends, communities, and those providing support and care. Cumbria's Local Safeguarding Children's Board (LSCB) has identified emotional health and wellbeing, suicide prevention and self-harm as priorities.

Cumbria's Local Transformation Plan '*Cumbria Children & Young People's Resilience, Emotional Wellbeing and Mental Health*' 2015 – 2020, (available at <https://www.cumbria.gov.uk/ph5to19/mentalhealth.asp>) has six priority areas:

- Access – Ensuring children, young people and their families can access help when they need it
- Crisis – Improving care for children and young people experiencing an emotional or mental health crisis
- Care for the most vulnerable - Improving care for children and young people who are most vulnerable, including Children Looked After and the Edge of Care and all those who experience trauma, abuse and neglect.
- Building resilience, prevention and intervening early when problems emerge
- Workforce – Training and development of the workforce
- Engagement – Understanding children, young people and their families/carers needs and views and working with partners across the whole system

Prevention of suicide and support of CYP who are self-harming is viewed as relevant to all six priority areas, particularly so in relation to crisis support, building resilience and workforce development.

A 2016 study of 'Suicide by Children and Young People' as part of The National Confidential Inquiry into Suicide and Homicide by people with mental illness (insert footnote) found that:

- Suicide in young people is rarely caused by one thing; it usually follows a combination of previous vulnerability & recent events.
- The stresses identified before suicide, are common in young people; most come through them without serious harm.
- Important themes are identification and support for/management of family factors (e.g. mental illness, physical illness, or substance misuse), childhood abuse and other adverse childhood experiences (ACEs), bullying, physical health, social isolation, mental ill-health, self-harm, alcohol or drug misuse, and suicide related internet use.
- Bereavement was a theme in a quarter of deaths under the age of 20; and 6% of under 20s were reported to be lesbian, gay, bisexual or transgender or uncertain of their sexuality. The number of male suicides was higher than females, with a male to female ratio of 2.6:1 in those aged 15-19.

Recent actions to help prevent suicides in children and young people in Cumbria, include:

In response to a Serious Case Review, information and good practice guidance about suicide and self-harm in children and young people was produced by a multi-agency task and finish group from the NHS, Children's Services and the third sector. This is available online ¹⁰.

An extended crisis service has been developed and from January 2019 provides a CAMHS crisis service in South which is available 7 days a week

We take a 'whole system' approach to workforce development and have commissioned and supported free self-harm and suicide awareness half day workshops for everyone in contact with children, young people and families since 2014. By June 2018 1285 people working with CYP had been trained in suicide and self-harm awareness.

In 2017 we started to build a multi-agency network of Youth Mental Health First Aid (YMHFA) Trainers, able to offer both one day and two day courses. By November 2018, 250 practitioners have been trained as YMHFA qualified 'First Aiders'. In 2018 we have focussed on training schools staff and this work has been supported by the 5 – 19yrs Public Health Nurse Practitioners who have undertaken 'Health and Wellbeing Reviews' with every school and then added bespoke support plans to individual schools to build resilience and support prevention and early intervention.

Since 2015 the CYP IAPT (Improving Access to Psychological Therapies) programme has improved capacity with new staff and capability of existing staff to improve access to a range of evidence based interventions available to children, young people and their families.

Third sector organisations and community groups play an important part in supporting children, young people and parents/carers and work actively in schools to improve emotional and mental wellbeing and prevent self-harm and suicide

Action for Children launched a 'Beat the Blues' programme for Secondary age children and young people in 2018 which they deliver in schools in South Cumbria

Carlisle Eden Mind provide a mental health advocacy service in Carlisle and Eden Schools

Ewanrigg community centre have trained 6th formers and parents in Youth Mental Health First Aid

Use (and abuse) of social media remains of increasing concern; Cumbria Constabulary regularly monitor internet and new media content for anything that may put children and young people at risk of suicide. They have also initiated dialogues with young people (either directly or using friends as third party

¹⁰ <http://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6683/6688/6754/4232014152.pdf>

intermediaries under police supervision) when a friend or contact has noticed that they are in distress on Facebook, to help identify their whereabouts.

What next?

The CSPLG is now working in partnership with ICSs and the current priorities for action are set out in appendix I.

The evolving strategic landscape while presenting some challenges for a Cumbria specific strategy also brings opportunities, in particular additional financial resources and occasion to collaborate, sharing learning and experience.

As our knowledge of suicide continues to develop we are well placed to continue to evolve our local practice in response to an improved understanding of this complex and challenging subject.

The strength of our local partnership is bolstered by engagement in regional partnerships across the North and North West, we are thus well placed to remain one of the local authorities leading in the field of suicide prevention.

Appendix I.

Cumbria Suicide Prevention Leadership Group

Priorities for Action 2019/22

(v.1.0)

The Cumbria Suicide Prevention Leadership Group (CSPLG) is a multi-agency advisory group that coordinates delivery of the Cumbria multi-agency suicide prevention strategy and action plan.

The Priorities for Action 2019/22 are based on evidence of how best to prevent suicide and how to promote wellbeing and resilience. The Priorities for Action are informed by the comprehensive multi-agency Cumbria Suicide Prevention Strategy (refreshed 2019). This is available on the Cumbria Intelligence Observatory website at:

[Insert link](#)

A Refreshed Multi-Agency Suicide Prevention Strategy for Cumbria 2019-2022 is to be approved by Cumbria's Health and Wellbeing Board in **to be determined**. Priorities for preventive action in Cumbria are outlined in this document which will be reviewed annually by the CSPLG. They are driven by research, audit and surveillance, findings of serious untoward incident reviews, and people's local knowledge; they have been specifically informed by:

- The Cumbria Suicide Prevention Reference Group, a group of interested individuals and agencies who receive regular updates and meet on an annual basis to review progress and identify priorities for action.;
- The CSPLG is collaborating with the Lancashire and South Cumbria Integrated Care System, the North Cumbria Sustainability & Transformation Partnership and Northumberland, Tyne & Weir and North Durham Sustainability & Transformation Partnership to embed best practice across the associated geographies.

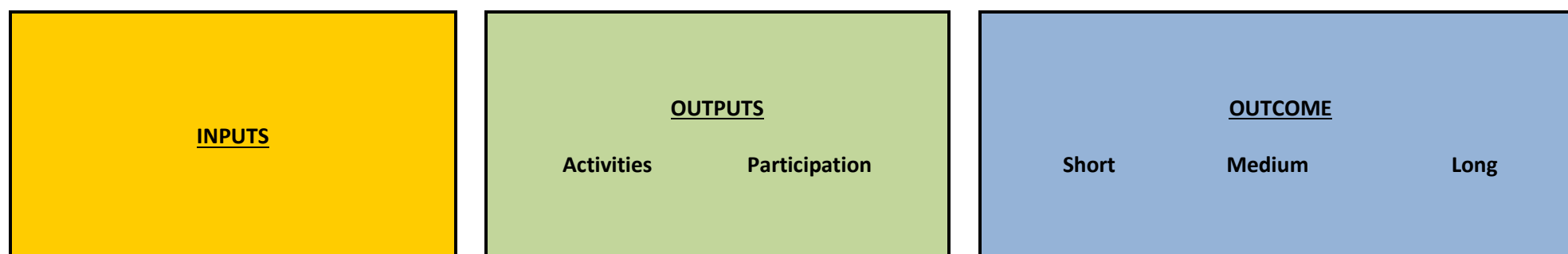
Suicide prevention priorities in Cumbria reflect the planning model proposed in the practice resource *Local suicide prevention planning (Public Health England, October 2016)* available at: www.nspa.org.uk/wp-content/uploads/2016/10/PHE_LA_guidance-NB241016.pdf

This document is due for review by the CSPLG in March 2020
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Priorities Oct 2018 – March 2021	Actions 2019-2022	Indicators of Achievement	Lead	By When
LEADERSHIP Maintain an effective Suicide Prevention Leadership approach	<p>Continue to have quarterly meetings of the SPLG</p> <p>Maintain links between SPLG and Health & Wellbeing Board/Public Health Alliance and other statutory bodies.</p> <p>Maintain a process of governance and monitoring of Suicide Prevention activity</p> <p>Annual meeting of Cumbria Suicide Prevention Reference Group</p>	<p>Group meets quarterly and member engagement is maintained</p> <p>Reports to relevant bodies: Public Health Alliance, LSCB, Regular reporting to the CSPLG from group members reflecting activity across sectors and the interests of those with lived experience.</p> <p>Meeting held/positive feedback</p>	<p>CCC Public Health</p> <p>SPLG members</p> <p>SPLG</p> <p>L&SC ICS, Nth Cumbria NE ICS</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p> <p>Annual date to be determined</p>
INTELLIGENCE Continue to develop processes for gathering and using real-time data effectively	<p>Implement a 'real time' surveillance system to identify deaths by suicide (and drug related deaths) and self-harm clusters to support on-going review of data in relation to deaths which may be suicide</p>	<p>Evidence that activity is being informed by real-time data</p>	<p>L&SC ICS, Nth Cumbria NE ICS</p>	<p>On-going</p>
PREVENTION <u>Action to improve everyone's health and wellbeing, and to reduce the risk of suicide for people with known conditions or risk</u>	<p>Continue delivery of self-harm, suicide awareness and intervention skills training across Cumbria</p> <p>Continue to develop and implement a programme of self harm/suicide awareness raising and intervention skills training across Cumbrian organisations and the wider community</p>	<p>Link to Suicide Prevention Services Contract 2018-19 – Provider: Carlisle Eden Mind</p> <p>Number of people trained and the proportion of those trained working with high risk groups</p>	<p>Carlisle Eden Mind L&SC ICS, Nth Cumbria NE ICS</p> <p>Carlisle Eden Mind L&SC ICS, Nth Cumbria NE ICS</p>	<p>On-going</p> <p>On-going</p>

Priorities Oct 2018 – March 2021	Actions 2019-2022	Indicators of Achievement	Lead	By When
<u>factors</u>	Continued implementation of Youth Mental Health First Aid offer across organisations and the wider community	Numbers of Youth Mental Health First Aiders and Champions Trained, in which settings and the proportion of those trained working with Children & Young People	Whole Cumbria CYP Emotional Wellbeing Mental Health & Resilience Transformation Plan	On-going
	Develop primary care/community based prevention activity with a specific focus on high risk groups. Continue to support and promote 'Suicide Safer Communities' as a social movement	Evidence of preventative activity at community level. Continued implementation and further development of the 'Suicide Safer Eden' model with further initiatives in other districts	Cumbria Public Health Locality Managers	On-going
	Work with Secondary Health Providers and other training providers to ensure consistency and equity of provision	Evidence of collaborative work between service provider and other training providers	SPLG	On-going
	Work with local media to promote sensitive reporting and to ensure media plays an active part in prevention	Engagement of local media with the CSPLG	SPLG	On-going
	Reduce access to means and respond to identified high risk locations (Hot Spots)	Prevention activity at high risk locations and activity to reduce access to means, using learning to mitigate risk	SPLG L&SC ICS, Nth Cumbria NE ICS	On-going
INTERVENTION <u>Giving people the best possible care at the earliest opportunity</u>	Develop interventions across primary & secondary care and partners, following NICE guidance	Evidence of engagement of Integrated Care Communities and the acute sector (Integrated Care Pathways incorporating all sectors)	CPFT	On-going
	Develop targeted bespoke interventions for those who find it hard to engage with services	Evidence of agencies working to identify barriers and improve access, done in	CPFT	On-going

Priorities Oct 2018 – March 2021	Actions 2019-2022	Indicators of Achievement	Lead	By When
	Enhance current specialist Mental Health pathways with specific focus on inpatient, post discharge and crisis pathways across agencies	collaboration with people with lived experience Integrated Care Pathways incorporating all sectors	CPFT	On-going
POST-VENTION Provide optimal information and support to individuals and communities affected by suicide to enable recovery to take place.	Ensure voice of those who are bereaved and those who survive suicide attempts is heard	Those bereaved and survivors of suicide attempts are represented on the SPLG	SOBS, CPFT, L&SC ICS, Nth Cumbria NE ICS	On-going
	Work with L&SC ICS, Nth Cumbria NE ICS to ensure sensitive, proportionate post suicide support is in place to help individuals and communities impacted by suicide to recover	Model has been updated and evidence of application in practice	All	On-going
	Respond appropriately to risks of suicide contagion and cluster	Agree, sign off and implement protocols	L&SC ICS, Nth Cumbria NE ICS	March 2019



Appendix II. Post suicide support model for Cumbria

<u>SITUATION</u>	<u>WHAT WE INVEST</u>	<u>WHAT WE DO</u>	<u>WHO WE REACH</u>	<u>SHORT TERM</u>	<u>MEDIUM TERM</u>	<u>ULTIMATE IMPACT</u>
<p>Supporting those bereaved by suicide is a key element of both the National Suicide Prevention Strategy and the Cumbria Suicide Prevention Strategy.</p> <p>Suicide can have a devastating impact on individuals, families, communities, and professionals.</p> <p>There is no one organisation in</p>	<p>There is an established leadership group with skills. Social capital and a commitment to spend shared time on this collectively.</p> <p>There are resources and skills in the system:</p> <ul style="list-style-type: none"> • SOBS • Community awareness and support projects • Bereavement support services 	<p>Explore early identification potential for possible suicides as part of the <i>Real Time Alerts</i> Project.</p> <p>Ensure consistent early outreach from: Police, Coroner/Coroner officer, and NHS Primary Care. By providing information on grief and bereavement by suicide and signposting to a range of support</p>	<ul style="list-style-type: none"> • Family and close friends (suicide bereaved long time). • Friends, peers, close work colleagues, longstanding health/social care workers (suicide bereaved short term). • First responders (family, friends, police, paramedics, members of the public), those 	<p>Offer outreach immediately after each suicide as first contact is important (SOBS Cumbria evaluation).</p> <p>Coproduce a system for the early identification of possible suicides and support needed through the <i>Real Time Alerts</i> Project.</p> <p>Include in the Cumbria 'Form 38</p>	<p>Support the mental health and wellbeing of bereaved individuals.</p> <p>Increase community mental health awareness and improving individual and community resilience (reducing stigma)</p> <p>Feedback and evaluation from those bereaved by suicide to enable</p>	<p>A systematic approach to post suicide intervention in Cumbria resulting in effective and timely support for those bereaved or affected by suicide.</p> <p>A culture of</p>

<p>contact with all those who are bereaved or who need support</p> <p>There is currently no systematic approach to post suicide intervention in Cumbria. There are however patches of good practice and a commitment to work together.</p> <p>There is growing evidence and practice for locally developed and delivered support</p>	<ul style="list-style-type: none"> • Mental health and IAPT where appropriate • There are initiatives that further these efforts – such as Duty of Candour in NHS organisations that will contribute to open and honest supportive conversations 	<p>sources:</p> <ul style="list-style-type: none"> • Help is at Hand. • Self help support groups such SOBS, Cruse, Samaritans. • One to one support – provided by qualified practitioners and trained facilitators, or by mental health service (CAMHS/IAPT) and qualified practitioners. • Coroners Courts Support Service (CCSS) – emotional and practical support to families and other witnesses attending inquests. <p>Audit and assess current demand and capacity and</p>	<p>directly involved such as train drivers, neighbours and local residents, teachers, classmates, co-workers, health/social care staff (suicide affected).</p> <ul style="list-style-type: none"> • Local groups/communities, passers by, social groups, faith groups, acquaintances, wider peer groups such as those via social/virtual contacts (suicide exposed). 	<p>Sudden Death Report’ a prompt for police officers BTP to signpost those bereaved/affected to ‘Help is at Hand’ resource and other sources of support.</p> <p>Congruent model (using <i>Help is at Hand</i>) model within mental health care strategy</p> <p>Provide individuals with a choice over what service to access and when (clear overview of what is available).</p> <p>Coroner Court Support Service – signpost to bereavement support during and following inquest.</p>	<p>improvement and clarification of resource available</p>	<p>working together to provide this, of understanding the impact it is having and continuously improving the system including the identification of gaps and resource need.</p> <p>Real time system to allow systematic support and stop prevent contagion and suicide clusters.</p>
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		where there may be a commissioning need including for suicide clusters				
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Assumptions

- Locally delivered support programmes rely on strong partnerships between commissioners, experienced providers, coroners, police, and local services and there is the assumption that these will continue to grow and be prioritised.
- Bereavement process is different for everybody (SOBS Cumbria evaluation) and therefore choice and diverse approaches will be supported including for example the needs of different needs of adults and children, of those facing additional challenges, and cultural issues.
- That this improvement project sits in a range of other suicide prevention including learning lessons, reviews (including child death, drug related deaths and safeguarding) and actions from these, community and awareness projects and specific staff support.

