Suicide Prevention Framework

2018 - 2023

London Borough of Merton

Councillor Foreword (Adults)

Councillor Foreword (CSF)

Merton (CCG) Foreword

Introduction

1.1 This document provides a working framework for Merton's suicide prevention plans for 2018 to 2023. It outlines key issues and highlights the outcomes we wish to achieve over the duration of the plan.

1.2 This plan has been developed by a Task and Finish Group comprised of a broad range of stakeholders that have been invaluable in providing insight and commitment to Merton's plans. A full list of Task and Finish group members can be found in Appendix A.

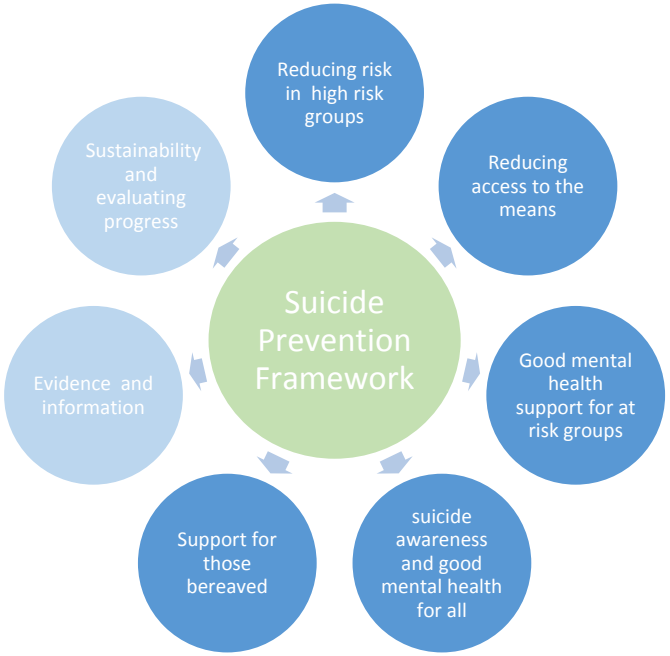
Vision

1.3 Our vision is for a zero suicide Borough where no suicide is inevitable. Through our actions we demonstrate that suicide is preventable and we contribute to the Mayor's aspiration of a zero suicide London. It is a Borough where our residents know where to get help when they need it, where those supporting people at greater risk of suicide are well trained and where our communities encourage people to talk about good mental health.

Overview of Framework's Priorities

1.4 Our Framework has five main priorities outlined below. There are also two cross cutting themes including ensuring our understanding of suicide locally is informed by evidence.

Our Framework's Priorities



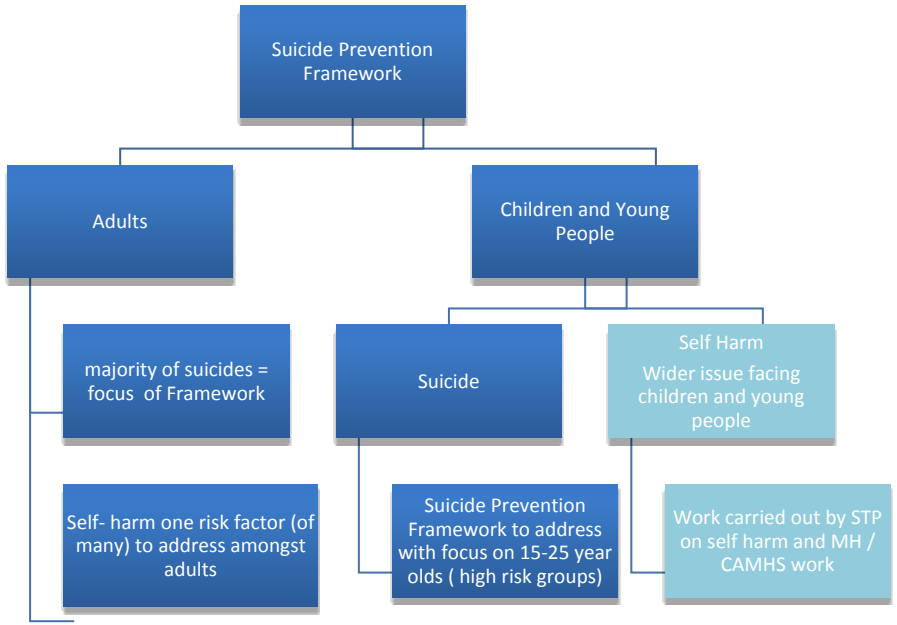
What the Framework covers

1.5 The Framework takes a life-course approach from children and young people to adults and older people.

1.6 With the vast majority of suicides in the UK being amongst the adult population (nationally only 0.1% of suicides are amongst those aged 10-14[i]) the majority of proposed actions will be focused on adults. That said suicide is the leading cause of death for children and young people nationally, with 15.2% of male deaths and 9.6% of female deaths of 5 to 19 year olds during 2016 identifying suicide as

the cause of death[ii]. It is vital therefore that the Framework prioritises young people at greatest risk , these are those aged 15 – 19 and those who are vulnerable such as care leavers, looked after children and young people known to youth offending or mental health services . Risk for young people doesn't end at 19 and therefore our aspiration is that the Framework focuses on reduces risk for young people aged 15 – 25.

Overview of Framework coverage



1.7 Self-harm is a major issue facing children and young people and a history of self-harm is one of the risk factors for suicide. Self-harm amongst children and young people is a significant issue and a broader issue than just suicide prevention. Children, Schools and Families (CSF) are already doing work in this area alongside work carried out by the South West London Sustainability and Transformation Partnership (STP). Therefore self-harm amongst children and young people will be out of scope of the framework although we will reference the linkages with the CSF/STP work-streams.

Strategic Fit

1.8 Taking a life-course approach Merton's Suicide Prevention Framework 2018 – 2023 will be monitored by both the Mental Health Programme Delivery Board (adults) and the Children and Adolescent Mental Health Services (CAMHS) Partnership Board (young people). An annual report on progress will go to the Health and Wellbeing Board.

1.9 The Framework will be championed by our Cabinet Lead for Adult Social Care and Health, Cabinet Lead for Children's services and CCG Clinical Lead for mental health.

Monitoring our plans

1.10 Each financial year (starting 2018/19) a short action plan will be developed outlining five to seven key actions. Our aim is to achieve these actions, which over time will allow us to build up and deliver the Outcomes outlined in this document.

1.11 A Suicide Prevention Stakeholder Forum (meeting twice a year) will also monitor and evaluate progress made in our plans as well as contributing to the delivery of outcomes.

Policy Context

Policy Context

2.1 In 2011 the Government published "*No Health Without Mental Health: A cross-Government mental health outcomes strategy for people of all ages*" which aimed to improve outcomes on mental health, including: a population with better mental health, a focus on recovery, better physical health for people with mental health conditions, good care and support and a reduction in avoidable harm. As part of this the Government committed to developing a national Suicide Prevention strategy.

2.2 The National Suicide Prevention Strategy *"Preventing suicide in England: a cross-government outcomes strategy to save lives"* (2012) included two principal objectives;

- to reduce the suicide rate in the general population
- to support those bereaved or affected by suicide.

Our Framework document will be guided by these two objectives. It also outlined six key areas to take action on which has also influenced our thinking;

- Reduce the risk of suicide in high-risk groups.
- Tailor approaches to improve mental health in specific groups.
- Reduce access to the means of suicide.
- Provide better information and support to those bereaved or affected by suicide.
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Support research, data collection and monitoring.

2.3 Public Health England (PHE) guidance *"Local Suicide Prevention Planning"* (2016) recommends that Local Authorities address eight areas of action over the longer term but in the short term should focus efforts on some of the areas outlined in chart 1 on the next page.

2.4 London Councils have also developed a draft guidance document for London Local Authorities, "*A model suicide prevention plan - A London Local Government offer for the prevention of suicide"* (2018). Key elements include;

- Areas of high frequency, reducing access to means and promoting support
- Intervention and support
- Suicide prevention and postvention
- Sustainability and capacity building

- Suicide Prevention, Mental Health and Wellness Promotion & Awareness

It also recommends that local plans consider training, evaluation, a reporting framework to Health and Wellbeing Boards, leadership and Councillor involvement.

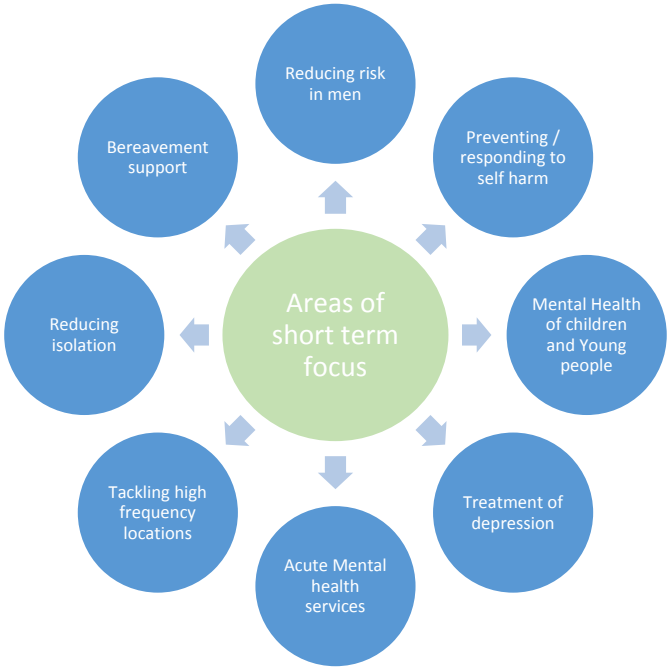


Chart 1 PHE Areas of short term focus (2016)

2.5 The London Health Inequalities Strategy 2018 – 2020 implementation plan contains a number of targets around suicide prevention including achieving the Five Year Forward View national target of reducing suicide by 10% by 2021. It also outlines this as a stepping stone to the ambition that London becomes a zero suicide city.

2.6 More specifically the strategy contains actions to ensure all secondary schools have staff trained in mental health first aid by 2021; action is taken to address mental health stigma and promotion of the 'Good Thinking' digital mental health and wellbeing platform for London.

Merton's Health and Wellbeing Strategy (2015 – 2018 and refresh)

2.7 It is a statutory duty for the Health and Wellbeing Board to produce a joint Health and Wellbeing Strategy. The current Merton Health and Wellbeing Strategy 2015-2018 is coming to an end this year, work has begun on its refresh, including a full engagement programme.

2.8 It is planned that the Health and Wellbeing Strategy 2019 – 2024 will be based around 4 key themes:

- Start Well
- Live well
- Age well
- …in a Healthy Place

2.9 The Strategy will be informed by the Merton Joint Strategic Needs Assessment (JSNA), including analysis from the Annual Public Health Report 2018, the Merton Story, and Merton Data. As such it is envisaged there will be a

significant focus on mental health and alignment with the Suicide Prevention Framework document.

2.10 Much work currently underway will link closely with the Health and Wellbeing Strategy refresh, including:

- Merton Local Health and Care Plan
- 2018 Annual Public Health Report on health inequalities
- Prevention framework refresh
- Health in all Policies Action Plan
- Merton's Local Plan
- Mayor of London's Health Inequalities Strategy

Merton's Crisis Care Concordat

2.11 The Crisis Care Concordat is a national agreement between agencies and services involved in the care and support of people in crisis. It sets out how organisations work together to make sure people gain the support they need during a mental health crisis. There are four main priorities;

- Access to services prior to crisis point
- Urgent and emergency access to care
- Quality of treatment and care during crisis
- Recovery and staying well.

All local areas are required to have a local plan and Merton's is available here. The plan aims to ensure the concordat principles are addressed at a local level and make sure people who need immediate mental health support at a time of crisis get the right services when they need them, and get the help they need to move on and stay well.

Merton's CAMHS Health and Wellbeing Strategy 2015-2018

2.12 Merton's CAMHS Strategy aims to improve the mental health and wellbeing of children and young people in Merton ensuring they receive the right intervention at the appropriate time with the right outcome. The strategy contains a number of priorities relevant to suicide prevention including 'ensuring care for the most vulnerable' and 'promoting resilience, prevention and early help.

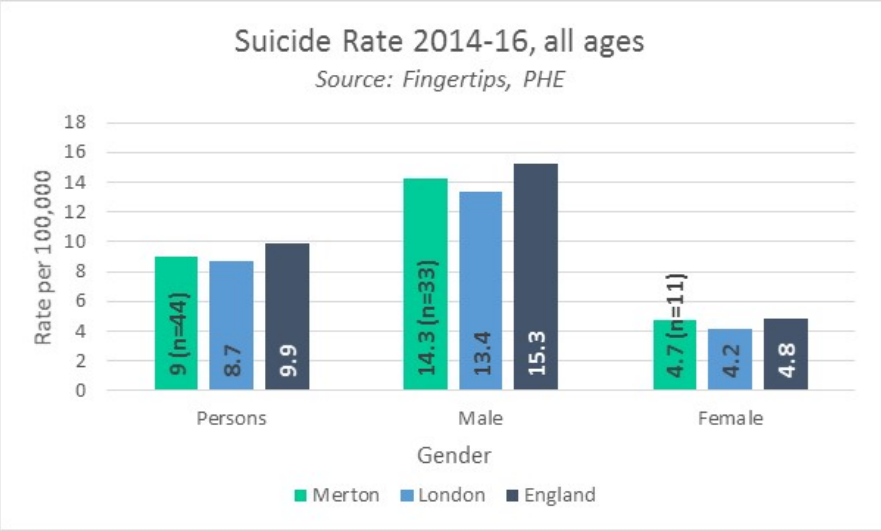
South West London and St George's Mental Health Trust – Suicide Prevention Strategy 2018 -2021

2.13 SWLSG MH Trust has developed a suicide prevention strategy that focuses directly on areas they can influence, with a focus on reducing risk in those known to SWLSG MH Trust services. The strategy has a zero suicide ambition, recognising the many ways that mental health services can improve clinical practice to reduce the risk of suicide amongst service users.

2.14 The strategy broadly implements actions that follow national best practice guidelines. Key activity includes: suicide awareness training for staff and patients, ensuring buildings are safe and reduce access to the means of suicide, considering medication reviews which also reduces access to means and improving the mental health of staff.

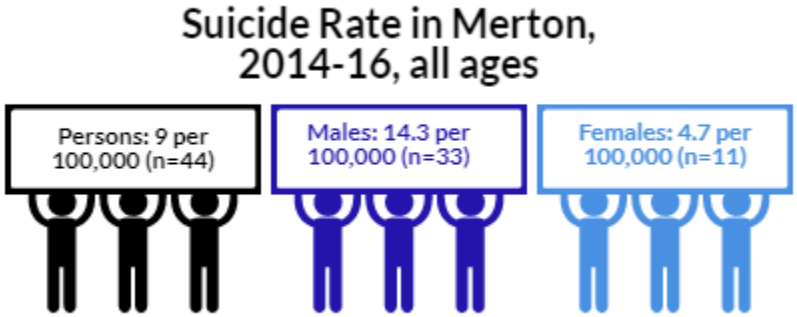
Local Data

3.1 The following infographics provide some key data messages about suicide in Merton using data from our Suicide Prevention Audit (2017) and Public Health Outcome Framework data.



3.2 The suicide rate in Merton at 9.0 per 100,000 population (2014 – 2016) was slightly higher than the London average (8.7) but below the England average (9.9). Rates are however statistically similar.

3.3 The suicide rate in Merton is higher in men than women but it should be noted that national research highlights that women make more suicide attempts than men (but more men die by suicide)[iii].



3.4 Men aged 35-64 still form the largest single group of people who have killed themselves in Merton.

3.5 Merton's suicide rate for older men (65+) is higher than for London and England, although still statistically similar.

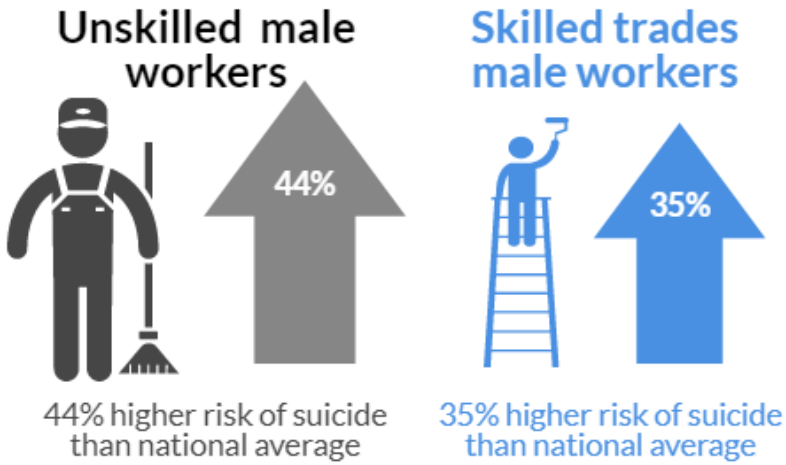
Please note the rates for women are for all London and not just Merton – rates are too low to show by borough.

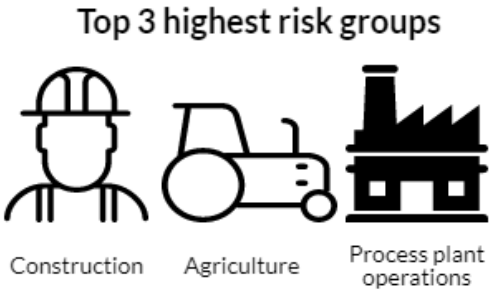
3.6 For women the highest rates of suicide are amongst women aged over 65 followed by women aged 35 to 64. This is a London wide rate.

3.7 Merton's overall suicide rates have generally declined between 2003 and 2013, and have been statistically similar to the London and England average.

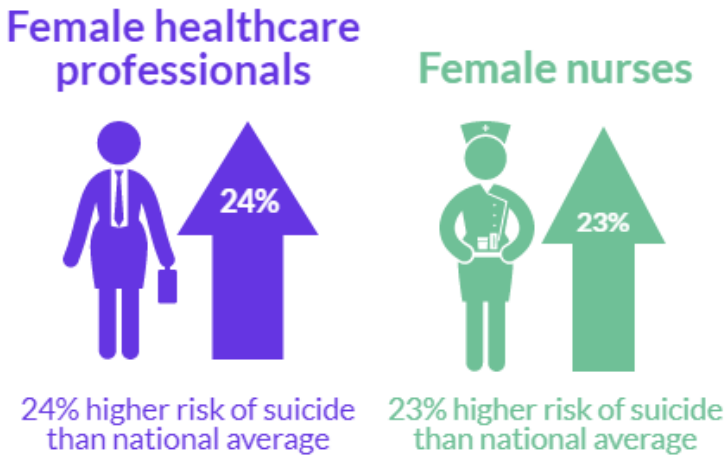
3.8 Nationally men working in unskilled occupations and skilled trades are at greater risk of suicide.

3.9 The three highest risk groups are construction, agriculture and process plant operation.





3.10 In women, healthcare professionals had a 24% higher risk of suicide, which is largely attributed to nurses, who specifically have a higher risk of 23% compared to the national average.



3.11 Local data (collated by PCMD) from 2011-2016, describes most suicides disproportionally occur at home, in both men and women – 62.16% and 57.15 %, respectively. Train stations were the second most common site of suicide in both men and women, 16.21% and 21.4% respectively, followed by hospital.

1. Home
2. Train stations
3. Hospital

3.12 Our annual report to the Suicide Prevention Forum will include key trend data and over the life course of the Framework document we will review the need to refresh our Suicide Prevention Audit.

3.13 We will also work with the South West London STP and our south west London Borough partners in order to work towards gaining access to coroner data.

Priority 1 - Prevention in high risk groups

4.1 A number of population groups face an increased risk of suicide. The first priority of our Framework will be to reduce risk in these groups.

Over the life-course of the Framework what outcomes do we want to see?

- An overall reduction in suicide in Merton and a reduction in suicide from people in high risk groups.

Middle aged and older men from low income backgrounds

4.2 National research highlights that the poorest are ten times at risk of suicide than the most affluent[iv]. Middle aged men from the most deprived backgrounds are a group particularly at risk.

4.3 There are a number of risk factors that make middle aged men at greater risk, these are outlined in Diagram 2. Research has highlighted risk factors which may include: views around discussing emotional issues and concepts of masculinity, not having someone to talk to about personal issues, emotional reliance on a partner and impact of relationship breakdown, being at mid life where options for change in career or relationship may be viewed as limited.

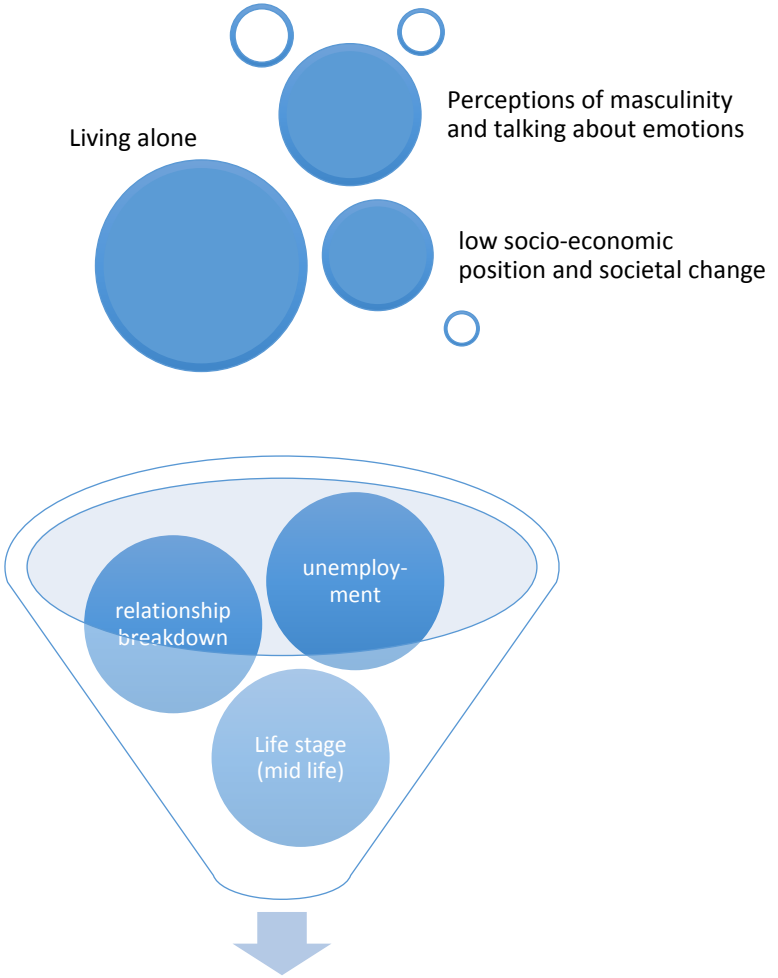


Diagram 2 – Risk factors[v]

Other risk factors may be related to work insecurity, unemployment and money issues.

4.4 Locally in Merton the *rate* of suicide amongst older men aged 65 and over is higher than the London average. Therefore our focus is on middle aged *and* older men.

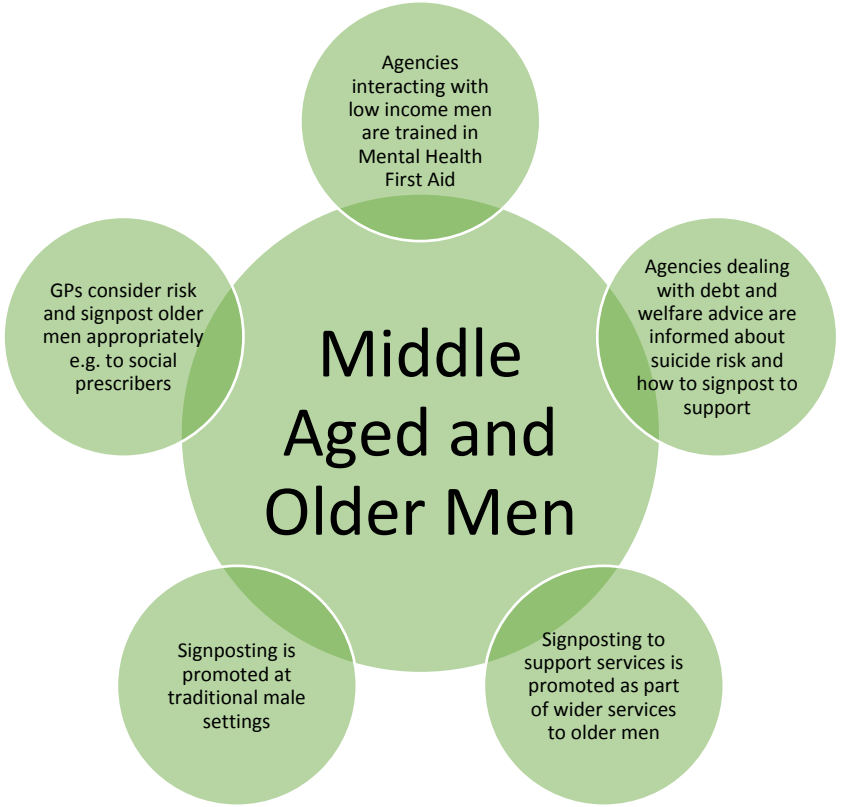
Reducing risk in middle aged and older men

4.5 Public Health England's guidance outlines this group as a priority and also focusing on economic factors, social isolation and substance misuse affecting men.

4.6 PHE recommends a number of activities including

- Suicide awareness training to frontline service providers across education, housing, employment.
- Citizens Advice, housing associations and homelessness services to provide and promote financial and debt counselling support to vulnerable individuals.
- Consider level of training and awareness for GPs and those working in substance misuse and mental health.
- Community outreach activity; suicide awareness messages to be promoted at traditional male settings e.g. football, rugby, public houses and music venues.

Over the life course of the Framework what outcomes do we want to see?



4.7 Merton's Transforming Families Team work with vulnerable families across the Borough. Men in these families are

likely to fit into the risk criteria category and the team, through building relationships over time and giving men the space to talk can support men to be signposted to relevant services.

What action will we take now?

4.8 We will work with the voluntary sector, GP surgeries/primary care(including social prescribers) , housing associations, homelessness and job centre staff to train them in suicide awareness training.

Over the life course of the strategy what will we do?

- We will work to promote suicide awareness messages at traditional male settings.
- We will encourage partners working with low income men to train their staff in mental health first aid.
- We will seek innovative ways to engage isolated lower income older men (65+) such as via our befriending service.
- We will promote suicide awareness training with our social care providers, who visit older and isolated men.
- We will ensure grant funded money advice and welfare benefits services and social prescriber staff in the Borough are aware of the risk facing low income men around suicide.

Young People aged 15 – 25 and vulnerable young people

4.9 Suicide is the leading cause of death for children and young people nationally with 15.2% of male deaths and 9.6% of female deaths of 5 to 19 year olds during 2016 identifying suicide as the cause of death[vi].

4.10 The majority of people who die by suicide are however adults and the Framework document focuses largely on these groups.

4.11 One high risk group that it is important to prioritise is those aged 15-19 who are at greater risk of suicide. Additionally vulnerable young people are at greater risk including care leavers and those involved with the youth offending or mental health services. As risk doesn't end at 19 our aspiration is that the Framework reduces risk in young people aged 15 – 25.

What does policy guidance recommend?

4.12 PHE guidance *"Local Suicide Prevention Planning"* (2016) recommends that Local Authorities prioritise focusing on young people. They outline action to support the mental health of children and young people (with a particular focus on reducing risk amongst 15-19 year olds and those in vulnerable groups).

Self Harm and Young People

4.13 Self harm is a risk factor for suicide and is a key issue facing young people. As an issue it is also a lot broader than suicide prevention and is in itself complex. Our Framework will therefore cross link to the more detailed pieces of work that are underway to reduce the incidences of self harming behaviours and work with young people that have been identified as self-harming. It is important however to highlight recent work to date and the current work-streams that are taking place;

4.14 The Child and Adolescent Mental Health (CAMH) Partnership Board is the interagency group that provides local leadership and oversight in relation to the emotional well-being and psychological and mental health of children and young people in Merton through the development of a local vision, strategy and action plans, known collectively as our Local CAMH Transformation Plan (LTP).

4.15 The LTP, which is refreshed and published annually encompasses preventive, early and specialist services that focus on either specific vulnerable groups such as Looked After Children, Youth Offenders, or specific issues such as Eating Disorders or Self Harm. The refresh is published each year on 31st October and at the same time submitted to NHS England, who assure all plans across the country to ensure they are meeting government requirements. Progress in Merton specifically relevant to this Framework includes:

Relevant work the LTP delivered in 2016/17

- Invest in Eating Disorder service to comply with national standards
- Pilot evidence-based early help interventions
- Develop 'Coping' and 'Getting Help' Provision within schools and train up mental health champions
- Pilot ASD support interventions
- Map, develop and publish CAMHS local offer
- CAMHS Partnership Board monitoring transformation projects and CAMHS data such as SPoA performance.

Relevant work the LTP delivered in 2017/18

- Delivered the Mental Health Investment Standard.
- Delivered the target to increase access to services for children and young people by 30% in 2017-18.
- Increased support for children and young people with special educational needs.
- Increased access to therapeutic counselling services for young people with emotional disorders.

Relevant work the LTP will deliver in 2018/19

- Deliver the target to increase access to services for children and young people in 2018-19 by 32% on the baseline access numbers

- Increase support for parents of children with special educational needs and learning disabilities
- Enhanced delivery of the Liaison and Diversion Service for young people in the youth justice system and on the edge of offending behaviour
- Procurement of an enhanced therapeutic counselling service for young people with emotional disorders
- Support the development of the Merton Autism Strategy and delivery of the Action Plan.

4.16 The Partnership is also currently consulting on a new Emotional Well being and Mental Health Strategy, effective from April 2019 to March 2022.

South West London STP work stream

4.17 Across south west London there is a rising incidence of young people who self-harm. To address this issue the south west London STP held workshops in early 2018, consulted with young people who had self-harmed and developed a programme of work to reduce the incidence of self harm by 20% over the next three years. The work will have a broader emotional well being focus and will have 3 main arms, underpinned by the research evidence of the causes of self harm and the information that our young people provided on the emotions and reasons that lead them to self harm:

- Support for children and young people
- Support for parents
- Whole School approach

4.18 The work will commence with a pilot cluster of schools during 2018-19, with the overarching aim to improve the support available for emotional wellbeing amongst young people. Work will focus on building emotional resilience, providing support materials for teachers, building knowledge and skills to discuss issues/signpost appropriately. Alongside this 'Empowering Parents, Empowering Communities' an evidence based parenting programme that is peer-led by trained and accredited local parents will be piloted. The STP plans will be approved by the CAMH Partnership to ensure synergy with developments in the LTP, including the intention to develop more non-medical solutions to emerging mental health problems, such as mindfulness; already practised in many of Merton Primary Schools and focused support for individuals within vulnerable groups such as those with Autistic Spectrum Disorder or Eating Disorder who may also self-harm.

Communication between organisations to reduce risk

4.19 Engagement with head teachers also highlighted the importance of good communication channels between GP's, schools and CAMHS in reducing the risk of suicide amongst young people.

Risk Factors for suicide amongst young people

4.20 The University of Manchester published "Suicide by Children and Young People" (2017)[vii] reviewing data on suicide nationally over a specific time period. They identified ten common themes linked to the risk of suicide amongst young people. These are outlined on Diagram 3.

4.21 Papyrus is a national charity that aims to reduce the number of young people who take their own lives, reducing stigma around suicide and equip young people and their communities with the skills to recognise and respond to suicidal behaviour. They have started working in some secondary schools in Merton including Kings College and Wimbledon College on the 'Save the Class of 2018' campaign.

4.22 A key message is that awareness needs to be across all secondary school staff not just teachers. For example a lunchtime supervisor may be the first person to identify a young person at risk.

4.23 Locally our steering group identified a number of issues including:

- On-line bullying and the need to respond to the changing nature of on-line platforms or apps.
- Young people exposed to sexual exploitation by electronic means and social media.

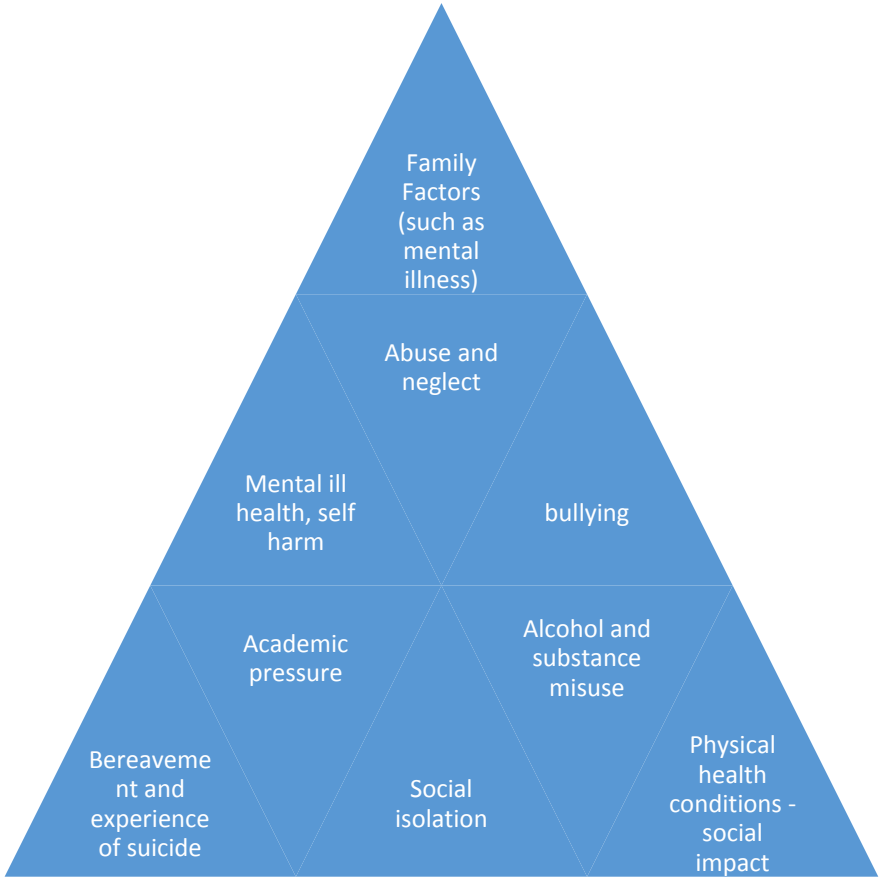


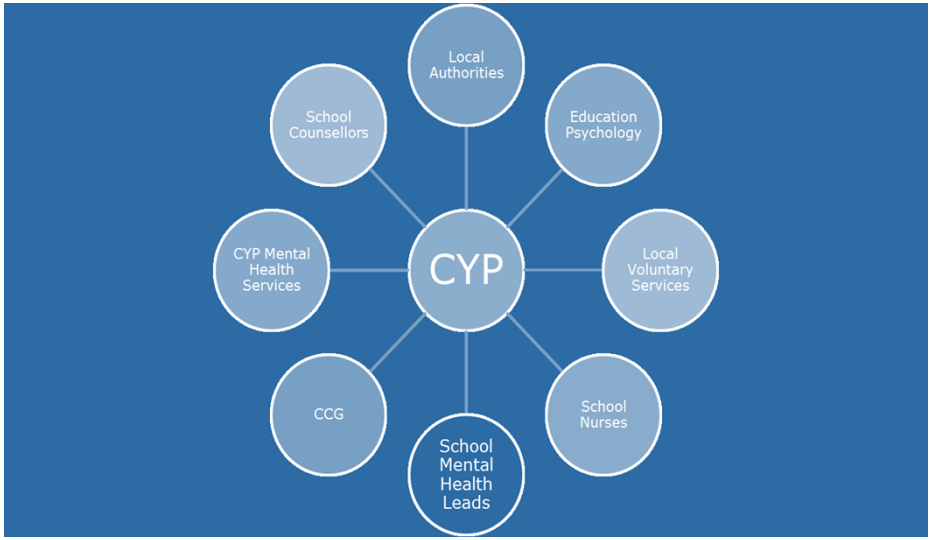
Diagram 3 - University of Manchester published "Suicide by Children and Young People" (2017)[viii] highlighting the following risk factors.

- Exam stress and the need for secondary schools to support young people with building emotional resilience.
- Issues faced by Lesbian Gay Bisexual Transgender and Queer (LGBTQ) young people who are at greater risk of suicide.
- Impact of trauma from bereavement of close family member.
- Disability faced by young people.
- Young people transitioning to adult mental health services and those leaving care.

Anna Freud Work with Schools

4.24 The Mental Health Services and Schools Link Programme is an exciting opportunity to support the mental health and wellbeing of children and young people by improving the way that mental health services and schools and colleges work together. This project, underway in Merton from Sept – Dec 2018 is facilitated by the Anna Freud National Centre for children and funded by central Government. The workshops are attended by schools and mental health professionals from a range of backgrounds that work individually with C&YP, operationally or strategically to improve the mental health of C&YP.

Diagram 4 - Partnerships within the Anna Freud Project



4.25 The purpose of the workshops is to build strong relationships across schools and mental health professionals so that they can begin to make positive changes in the way children and young people with mental health issues are supported. The project is being evaluated as part of a National initiative, with aims to understand how the range of approaches to new ways of working are implemented, how well they work and the lessons that can be learnt from them.

4.26 Each cohort includes 20 schools (including primary, secondary, special, academy, private and college) and 20

mental health professionals that attend two full days. There are three cohorts running across Sept-Nov, in Merton.

Other relevant support services

4.27 Jigsaw is commissioned to provide bereavement support for young people and their families. They also provide specialist support to children and families bereaved by suicide. Further information is provided in 'Support for People bereaved by Suicide'.

4.28 The Transforming Families Team work with some of the most vulnerable families and play a key role in supporting children and young people. This can be via assisting in early intervention or ongoing support work/risk management with families via safety plans.

4.29 Catch22 is commissioned through a partnership between Children School and Families and Public Health to provide a specialist Risk and Resilience service for young people aged 24 and under. The service aims to increase young people's engagement in diversionary activities, reduce the use of substances, promote sexual health and positive health choices through early intervention, prevention and substance misuse treatment for young people aged 24 and under.

Relevant work includes

- Risk/resilience education via targeted workshops in schools and youth provision
- Alcohol/Drugs workshops for young people.
- Early identification and referral to specialist services.
- Brief Interventions around sexual health and substance use, including alcohol.
- Tailored care planned 1:1 support/treatment interventions with a specialist substance misuse practitioner.
- Parenting interventions on a 1:1 basis or via groups and/or workshops.

4.30 The Samaritans run 'Developing emotional awareness and listening (DEAL), a free on-line teaching resource to help raise awareness of emotional health amongst young people aged 14+. The focus is on accessing support, coping strategies and reducing stigma around talking about mental health.

Vulnerable Children and Young People

4.31 Children who are Looked After, in Need and subject to Child Protection Plans suffer from a variety of vulnerabilities which make them particularly vulnerable to self harming, developing mental health problems later in life and going on to attempt suicide. Awareness among social workers and other professionals working with this cohort is of critical importance.

What will we do now?

4.32 Mental health first aid including elements of suicide awareness training will be made available to CAMHS,

leaving care and substance misuse staff working with young people.

4.33 We will work with Papyrus to promote pan London suicide awareness training to all secondary schools in the Borough.

4.34 We will work with Thrive London to develop Mental Health First Aid trainers in secondary schools in Merton.

Over the life course of the Framework we will ensure

4.35 Local secondary schools work to promote emotional resilience, with a focus on risk factors including exam pressure and bullying.

4.36 The mental health support needs of at risk groups such as LGBT young people and those with a disability are considered by services and appropriate support provided.

4.37 Secondary schools provide support for young people facing bullying including safe internet use training for young people.

4.38 Bereavement support that includes support after suicide continues to be available to young people.

4.39 Support is available for children subject to child in need, child protection and child in care plans.

What outcomes do we want to see over the life course of the Framework?

Other High Risk Groups

There are a number of other population groups who are at greater risk of suicide and which our Framework needs to consider.

People with a substance misuse issue

4.40 People who are known to alcohol and substance misuse services are at greater risk of suicide. One study[ix] of 403 people who died by suicide over a two year period found 67% had previously sought help from alcohol services. One in four cases reviewed also tested positive for illegal substances.

4.41 People with a dual diagnosis (who have both a mental health support need) and a substance misuse issue are also at greater risk of suicide.

4.42 WDP Merton offers a free and confidential support service for individuals over the age of 18 and their families and carers affected by drug and alcohol problems. Their specialist team includes substance misuse workers, doctors, nurses, as well as peer mentors. They offer a range of services including: information and advice; medical assessments and access to detoxification; support and advice; 1-2-1 key-working and group work. They work to support people who may be at risk of suicide by ensuring completion of robust risk assessments, discussion within multi disciplinary meetings, partnership working and sign posting to mental health and support services.

People involved with the criminal justice system

4.43 People in the criminal justice system are at higher risk of suicide, with periods of transition providing the highest risk periods. This includes the first 28 days after release from prison. One study from Sweden found that the risk of suicide for ex offenders was 18 times that of the general population and that ex offenders with a history of substance misuse were at higher risk[x].

High risk professions

4.44 National research highlights certain professions have a greater risk of suicide. For both men and women the risk of suicides was higher for those who work in culture, media and sport occupations. The highest risk was amongst performers, musicians and entertainers. For women risk was also high amongst nurses and primary school teachers.

Rough Sleepers

4.45 People who are homeless and rough sleeping are 3.5 times more likely to die by suicide compared to the general population[xi]. People who rough sleep often have other risk factors such as poor mental health and substance misuse.

People who are Lesbian, Gay, Bisexual or Transgender

4.46 A ‘Gay Man’s Health Survey’ of 6800 men (2013) found 3% of gay men had attempted to take their own life compared

to 0.4% of the general population during the same time period[xii]. A similar survey for lesbian and bisexual women in 2008 found that 5% had attempted to take their life[xiii]. People who are transgender have an even higher risk with one study finding that 11% of respondents had considered taking their own life in the last year and 33% had tried to kill themselves at some point in the past[xiv].

People with a long term physical health condition or illness

4.47 Whilst U.K. research has not focused greatly in this area there is some evidence that a long term health condition or illness is a risk factor for suicide. A Canadian study found older people aged over 65 and who had three or more health conditions had a threefold risk of dying by suicide[xv]. Research by Demos reviewing coroner's records in Norwich of 259 people who had died by suicide also found 9.7% had a terminal or chronic illness[xvi].

4.48 Research does demonstrate that long term health conditions can increase the likelihood of mental health conditions (a risk factor for suicide), with 20% of people with a long term condition likely to develop depression[xvii].

People transitioning from young person to adults services

4.49 Young adults who have previously utilised young people's services may find that adult services have different access criteria and as a result of this the support offer changes or is reduced. A key risk of falling through a 'transitions gap' in services is disengagement with services. Looked after children are 4 to 5 times more likely to attempt suicide in adulthood[xviii] and therefore transitions planning need to consider suicide risk in this vulnerable cohort.

What action will we take now?

4.50 We will promote mental health first aid to those working in substance misuse services.

What action will we take over the course of the Framework?

- We will work with commissioners to ensure that mental health first aid and suicide awareness training are considered as part of social value act benefits when commissioning new services.
- We will work with probation services to ensure suicide prevention training forms part of staff training.
- We will raise awareness of the groups at higher risk of suicide so services working with clients can consider how best to support those who may be at higher risk, such as LGBT residents or those with a long term physical health condition.

What outcomes do we want to see over the life course of the Framework?

Priority 2 – Reducing access to the means of suicide

5.1 Suicides often take place during a period of crisis. Reducing access or delaying access to the means of suicide for that crisis moment can thus prevent a suicide from taking place.

5.2 Reducing access can take a number of forms including physical barriers to accessing high risk locations, substitution (such as changing a higher risk medicine for another or the quantity of a medicine available), to monitoring and intervention by staff (such as at a train station).

Pragmatic ways to reduce access to means - Railways

5.3 Railway companies and network rail have over the last few years actively worked to reduce suicide, including fencing off areas, CCTV monitoring, staff training, signage and posters (such as for the Samaritans). They have their own strategies in place to reduce suicide on the railway and carry out intelligence and action plans for high risk locations. In Merton the two main rail companies are Southwestern Railway and Govia Thameslink Railway.

5.4 Govia Thameslink Railway (GTR) operates a Suicide Prevention Plan and through this plan looks to address three principles of suicide management; prevention, intervention and postvention. Prevention measures look at

how to reduce the means to access the railway through physical mitigations and also how to promote help seeking behaviour. Their plan has two objectives relating to physical mitigations and in addition to this work they collaborate with Network Rail to identify areas where they can prevent access, such as by installing platform end gates, mid-platform fencing, lineside fencing and improve the access arrangements for some platforms where access is not required on a regular basis.

5.5 They are also reviewing Samaritans signage they have on display at our stations, with a view to bringing them all in line with industry guidance in order to promote help seeking behaviour without advertising the location as an area/location of high risk. Their intervention work looks into how they provide staff with the skills and confidence to approach a vulnerable person in a time of crisis through training and awareness sessions and also how they report inventions which take place. This allows the company to assess and understand the risks at different locations, ensuring that prevention measures are appropriate to the level of risk before, rather than after an incident.

5.6 Southwestern Trains have implemented a number of changes at stations in the Borough including anti-trespass fencing on platforms including to not stopping trains, barriers at ends of platforms, anti-trespass matting (that prevents access), opaque screens on stairs and walkways – that prevent views onto the track and yellow hatching on platform ends. They have also introduced Samaritan signage at some stations.

5.7 They also run periodic security checks and regular patrols for vulnerable individuals and carry out awareness raising with staff. At certain stations they have trained front line staff in the Managing Suicidal Contacts course, run by the Samaritans.

Pragmatic ways to reduce access to means - buildings

5.8 There are also tower blocks and other locations such as flyovers that may be high risk locations. Owners can take action to ensure physical access is restricted and buildings can be checked to be 'suicide proofed' e.g. no access to roofs. Work can also take place to ensure planners are aware of 'suicide proof' design principles.

Controlled environments

5.9 There are some areas where prevention to the means of suicide is more difficult (such as with hanging) as it may involve materials that are commonly available and takes place in the home. Research on this area[xix] highlights the importance of restricting access in controlled environments, where high risk individuals may be placed such as police stations, hospitals and prisons. It should be stated that nationally only 10% of suicides by hanging occur in controlled environments.

Reporting

5.10 Sensitive reporting by the media is an important element for suicide prevention and research links issues around media reporting with risk of imitative behaviour. Public Health England highlights issues such as describing methods in detail and extended or sensationalist coverage. The Samaritans highlight the issue of media, discussing site location and risks of a site with a high suicide rate becoming known as such. It is therefore important that local media follow appropriate guidance, such as outlined by the Samaritans and articles include details of support available.

Primary Care and Healthcare professionals

5.11 GPs, pharmacies and Mental Health Teams all have a key role to play in reducing access to the means of suicide. For example GPs may consider substitution or lower dosage of medicines of patients at risk of suicide whilst pharmacies have a role in dispensing and monitoring. Where someone has died at home and have been on medication such as morphine (where there is risk of over-dose) the attending physician should ensure the medication is not left that a grieving spouse could use. Consideration should also consider the quantity of prescription drugs such as opioid medication for people with long term pain conditions, who are a group at greater risk of suicide.

5.12 National research highlights healthcare professionals had a 24% higher risk of suicide, which is largely attributed to nurses, who specifically have a higher risk of 23% compared to national average. Research has highlighted easier access to medicine as a key risk factor. There is a need to ensure those working in high risk occupations have access to or can be signposted to mental health and wellbeing support services within their organisation.

Reducing Stress amongst the healthcare workforce

5.13 SWLSG MHT is running Health and Wellbeing Training workshops to Managers/Leaders across the Trust. Work is being planned to support areas reporting high levels of stress. This will help understand the main causes and make available a range of interventions designed to help manage and reduce stress amongst the workforce.

What action will we take now?

5.14 We will ensure every train station in the Borough has clear signage on accessing support in a crisis, such as the Samaritans.

5.15 We will carry out a confirmation checklist with partners such as the Police and South West London and St George's Mental Health Trust that a) plans are in place and b) are regularly reviewed, on reducing access to the means of suicide for those in controlled environments, such as cells or inpatient accommodation.

5.16 Investigate levels of overdosing amongst Merton residents to see if this is an issue to inform framework actions for the following years.

5.17 Support work being carried out by 'Thrive London' on raising awareness of the means of suicide around prescriptions and vulnerable groups.

Over the five year period of the Framework we will

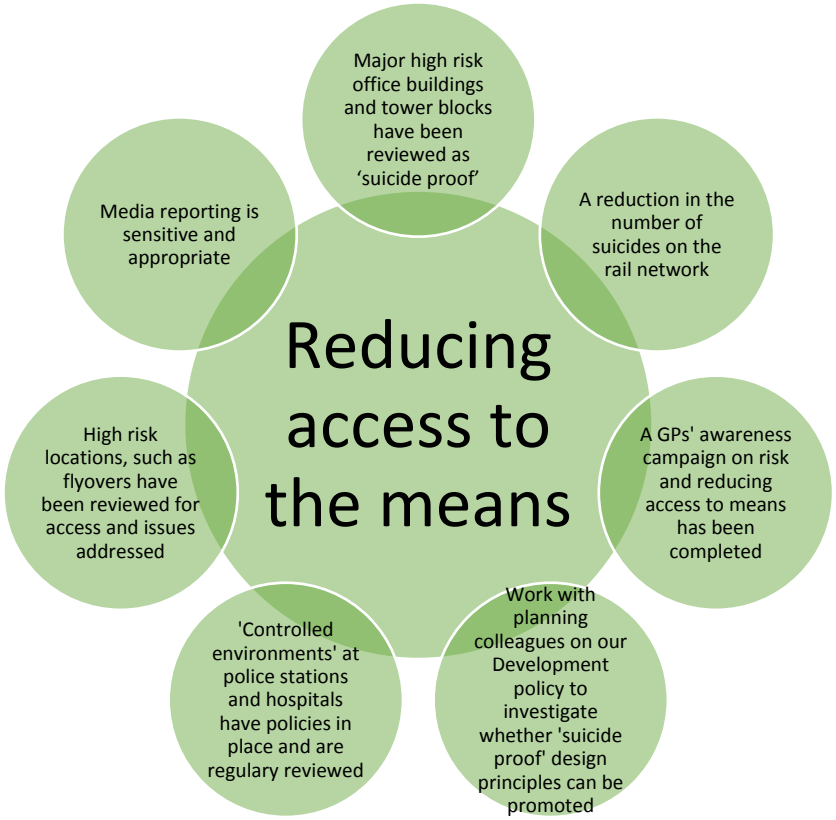
5.18 Work with our planning department to identify and map high risk buildings or structures in the Borough.

5.19 Work with our largest social housing providers to consider safety and access to means within their housing stock.

5.20 We will work with employers of high risk professions and encourage promotion of mental health and wellbeing organisational resources.

5.21 We will work with our communications team to promote the Samaritan's guidance to local press and media and voluntary sector organisations. This work will form part of any South West London STP work-streams.

Over the life course of the Framework, what outcomes do we want to see?



Priority 3 – Good mental health and support services for at risk groups

6.1 People with a diagnosed mental health condition are at greater risk of attempting or completing suicide.

6.2 Evidence shows 27% of people who die by suicide were previously known to mental health services[xx]. It is vital therefore to ensure our mental health services consider suicide awareness and provide appropriate levels of support to patients at risk of suicide.

6.3 Effective pharmacological and psychological treatment of depression is an important element to suicide prevention[xxi].

6.4 For patients who have left secondary mental health services ongoing support within a primary care setting is an important part of keeping people well.

Hospital Discharge

6.5 The time after discharge from hospital for those with a mental health condition is a time of heightened risk of suicide. Whilst someone will not be discharged unless appropriate to do so, it is still important that there is good communication between secondary mental health services and primary care to support vulnerable patients.

6.6 Historically, work carried out reviewing mortality reports by South West London and St George's Mental Health Trust identified two risk issues related to suicide prevention;

- Discharge of patients and appropriate communication with primary care.
- Follow up of patients who have not attended appointments on multiple occasions.

To address this there has been a renewed push within SWLSTG trust to address these issues and to mitigate some the risks mentioned above. SWLSG also has developed a comprehensive Suicide Prevention Strategy (2018-2021).

Young People

6.7 Discussions with a number of stakeholders working with young people highlighted a gap in service provision locally to support vulnerable young people and their families where they have attempted suicide yet are well enough to be discharged from hospital. Mental health support via CAMHS is available but day to day support for those at risk and their families was seen as a gap in service provision. We will work to identify potential funding streams to address this.

6.8 The importance of good communication channels between

schools, CAMHS and GP surgeries was also raised as a wider issue that supports suicide prevention.

Targeting groups at risk of poor mental health

6.9 Certain groups are at higher risk of poor mental health or have less access to support from mental health services. Public Health England highlight these groups including:

- Vulnerable children and young people such as those leaving care
- People with long term conditions
- People who are LGBTQ
- Ex service personnel
- People from BAME communities
- Asylum seekers
- Survivors of abuse
- People who misuse drugs and alcohol
- People who are vulnerable due to social and economic factors

It is important therefore that commissioners of mental health services consider engagement with these key groups.

Self Harm

6.10 Whilst the majority of people who self harm do not die by suicide, a history of self harm is a significant risk factor for suicide[xxii]. Public Health England highlights the importance of NICE (The National Institute for Health and Care Excellence) standards and pathways CG16 and CG133 for patients who self harm. This includes ensuring psychosocial assessments and risk assessment (that consider suicide risk) form part of the service offer. Merton CCG will work over the life course of the Framework to ensure that the re-commissioning of the self-harm pathway meets these standards.

Support for those in crisis

6.11 There are a number of services that provide important support for those in mental health crisis and therefore contribute to supporting people who may be at risk of suicide. A key outcome of the Framework is that these services continue to provide support to at risk groups.

6.12 Providing support at a time of mental health crisis is an important element to the suicide prevention framework and our wider mental health pathway. South West London and St George's Mental Health Trust (SWLSG MHT) provide a psychiatric liaison service out of A&E. Recently Merton CCG funded them to provide a 'Core 24' level of service. This means that the commissioned service provides a 24 hour service where there is appropriate mix of skill levels and staffing to run the service efficiently. The service provides a 1 hour response to A&E referrals and a 24 hour response to urgent referrals from inpatient wards. Similar hospitals including Kingston and Epsom and St Helier provide a similar level of service.

6.13 SWLSG MHT also commission two crisis cafés that supports people who self identify that they are or at risk of moving into a mental health crisis. This provides a non- clinical alternative to A&E or hospital admission. The café's staff also work with clients to develop coping skills to avoid future crisis and build emotional resilience.

6.14 The Metropolitan Police work with mental health practitioners to operate a 'street triage' system. This has operated for the last 18 months. The police and a community psychiatric nurse can attend an emergency call and support someone in a public place, allowing vulnerable people to access care more quickly. The scheme also reduces the number or s136 referrals to a place of safety.

Ongoing Support in Primary Care

6.15 Merton CCG is commissioning a primary mental health care service which will become operational in April 2019. The service will incorporate a Wellbeing element, talking therapies (within an Improving Access to Psychological Therapies (IAPT) service), and a Primary Care Recovery service. Together, these services should provide support to local residents with a wide range of mental health needs, from common mental health problems to severe and enduring mental health problems. Where possible, the Merton Primary Mental Health Care service will support people with a range of mental health problems to stay well, or maintain their recovery from mental illness, without advancing into secondary care, or more intrusive forms of treatment.

Peer Support

6.16 The Council commissions a peer support service for patients who have been using secondary mental health services. Peer support refers to mutual support provided by people with similar life experiences. Peer support services can increase social contact and raise self-esteem[xxiii] and encourage a greater recovery focus[xxiv]. We will work to ensure that mental health peer support is available to support independence and good quality lives for people with serious mental health conditions.

What action will we take now?

6.17 We will explore funding opportunities for support for young people who have attempted suicide who have been discharged from hospital but who still require enhanced support

Over the life course of the Framework we will

6.18 We will check with our hospital and Primary care colleagues that processes are in place that aid communication and support at risk individuals when they are discharged from secondary mental health services.

6.19 Ensure staff from CCG commissioned services for mental health are skilled in suicide awareness and suicide prevention.

6.20 Ensure peer support services are available for those leaving secondary mental health services.

6.21 Ensure our self-harm pathway for adults meets NICE guidelines.

6.22 Develop an e bulletin highlighting the particular risks facing those with mental health issues around suicide, for use by primary care and other organisations.

What outcomes do we want to see around good mental health and support services for at risk groups?

Priority 4 – Suicide awareness and good mental health and wellbeing for all

7.1 The World Health Organisation (WHO) defines mental health as

"a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"[xxv]

7.2 In any given year one in six adults will experience at least one diagnosable mental health problem. Signposting and access to services such as Improving Access to Psychological Therapies (IAPT) and wider wellbeing activities, such as mindfulness can play a role in keeping us well. For those with mental health issues wellbeing activities such as problem solving /coping strategies, encouraging greater connectivity to family, friends and community may also play a role in reducing risk of suicide[xxvi].

7.3 With the relationship between poor mental health and risk of suicide it is important to recognise the role that prevention can play. Work done 'upstream' to promote good mental health, emotional resilience and wellbeing can play a role (by reducing the flow of people into 'at risk' groups) in our plans for suicide prevention.

7.4 NICE Guideline [NG105] includes a number of recommendations around community awareness of suicide including: raising awareness of the impact of suicide, reducing stigma associated with suicide, addressing popular misconceptions, highlighting support available and encouraging help seeking behaviour[xxvii].

Thrive London

7.5 Thrive London is a London wide movement to improve the health and wellbeing of all Londoners. It is supported by the Greater London Authority (GLA) and London Boroughs. It aims to deliver a number of campaigns and a key objective is for London to be a zero suicide city.

Good Thinking

7.6 Good Thinking is a digital mental health and wellbeing offer for Londoners, providing tools and information on issues such as anxiety, sleep problems, stress and low mood. It is currently (as at August 2018) in its beta testing phase, meaning the site is live but still being tested.

Merton CCG commissioned services

7.7 Improving Access to Psychological Therapies (IAPT) is a national programme that aims to improve access to treatment for those with depression and anxiety disorders by offering NICE approved interventions and is evidenced by measuring patient's health outcomes. There is strong

evidence that appropriate and inclusive services and pathways for people with common mental health problems, specifically depression and anxiety, reduce an individual's usage of NHS services and contribute to overall mental wellbeing and economic productivity.

7.8 Merton CCG commission a range of services to treat mental illnesses, such as IAPT. They are currently re-commissioning IAPT and wider wellbeing services aimed at anyone with a mental health need, such as anxiety or depression. The aim is to increase access to IAPT within the Borough.

Thrive Merton

7.9 The Council and CCG will develop a local Thrive partnership, 'Thrive Merton' by June 2019. This partnership will aim to improve the mental health and wellbeing of residents and patients locally including working collaboratively with Thrive London and adopting new initiatives locally.

Role of large scale employers

7.10 Large scale employers in Merton can also play a role in improving residents' health through running mental health first aid and wellbeing programmes for their employees.

Role of secondary schools and colleges

7.11 The role of secondary schools in promoting good mental wellbeing has been highlighted in the 'reducing risk in high risk groups' chapter. Additionally adult education colleges can play a key role in promoting initiatives such as the Mental Health First Aid and suicide awareness training as part of their adult training programme to the community.

Role of Community and Voluntary Sector Partners

7.12 It is important that our residents understand the importance of good mental health and are encouraged to be able to signpost to organisations that can help, from finding activities that contribute to wellbeing to who to turn to in a time of crisis. Community and voluntary organisations can play a key role in promoting this message.

Reducing social isolation and loneliness

7.13 Loneliness and isolation can impact on people's physical and mental health including increased risk of coronary heart disease and are risk factors for cognitive decline, hypertension and depression. Loneliness has also been identified as one of a number of risk factors for suicide[xxviii].

7.14 National research highlights that older men are more likely to be lonely compared to older women[xxix].

7.15 The Council commissions a befriending service for older people and we will ensure this service targets older men as well as women. Library, Adult Education and Heritage staff

will also look to deliver a music and football project for men aged 50+, a key at risk group.

Over the life course of the Framework what outcomes do we want to see regarding good mental health and wellbeing for all?

What action will we take now?

7.16 Hold suicide awareness and mental health first aid training for community and voluntary groups

7.17 Ensure our Befriending service for older people considers how best to target older men who may be socially isolated.

7.18 Library services supported by Public Health will investigate grant funding opportunities to run a music and football activity pilot for men over 50.

Over the life course of the framework what will we do?

7.19 We will work with community organisations to promote mental health first aid, the importance of talking about mental wellbeing throughout the Borough.

7.20 We will support national campaigns around suicide awareness locally such as those by the Samaritans or Public Health England.

7.21 Encourage other large scale employers in the Borough to adopt Health in All Policies approach and run initiatives to support employee wellbeing.

Priority 5 - Support for people bereaved by suicide

8.1 Suicide affects not just an individual but families, friends, colleagues and communities. Families affected by suicide may go through a number of emotions such as profound shock, distress or even guilt. They may search for explanations as to why their loved one took their life. The stigma that is often associated with suicide may also make it more difficult for the bereaved to seek the support they need.

8.2 More widely, people witnessing a suicide may be affected and require support, such as counselling.

People who are bereaved through suicide are at greater risk of suicide and poor mental health

8.3 Evidence suggests that compared with people bereaved through other causes individuals bereaved through suicide have an increased risk of suicide and suicidal ideation, depression, psychiatric admission as well as poor social functioning[xxx].

8.4 A survey in 2010 found that friends, relatives of people who die through suicide have a 1 in 10 risk of making a suicide attempt after their loss[xxxi].

8.5 Public Heath England 'Local Suicide Prevention Planning' (2016) identifies people who have been bereaved through suicide as one of the priority groups for action. They recommend information and support needs to be provided to those bereaved or affected by suicide.

8.6 Support also needs to be able to respond at a community level such as support for schools or in the event of an emerging suicide cluster. Wider support such as IAPT or counselling services need to also be available to those who have witnessed a suicide or who deal with traumatic events on a regular basis, such as the police.

8.7 Children often come to the attention of Children's social care because of the suicide of a parent or a close relative. Social Workers and others need to be able to assess and provide or identify support for these children and their families.

Support to staff on the railways

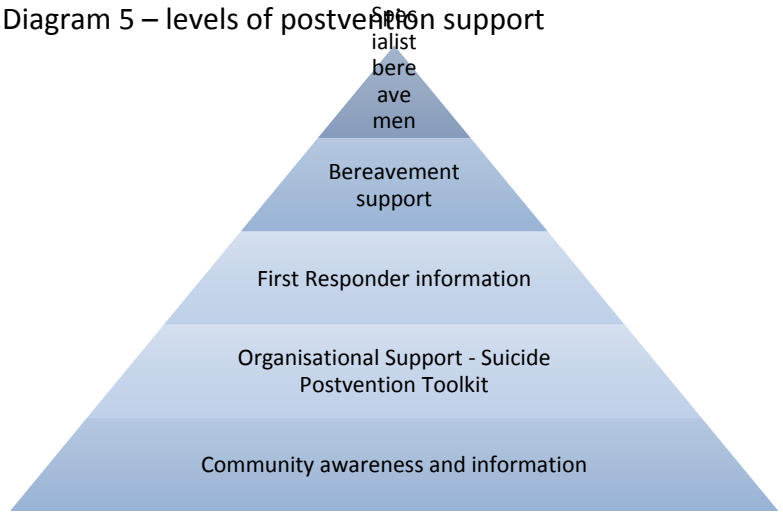
8.8 Govia Thameslink offer a range of postvention measures, looking at what happens to their passengers and staff after a suicide, in order to reduce the harm to these individuals with focus on staff support and in particular support for drivers. As part of this they are implementing a system of peer support, enhancing their post-incident support from managers and also strengthening the relationships stations have with local Samaritans' branches.

Support to Young People

8.9 Jigsaw4U is a charity commissioned to provide bereavement support to young people in Merton. They also provide bereavement support for children, young people and their families around suicide. In 2017/18 they worked with 17 individuals following the death of a loved one by suicide (nearly 2/3 of which were children/young people). This support has been provided through group work, individual work and family work. They also provided telephone advice and consultation to 5 individuals (teachers, social workers and parents).

8.10 Our Task and Finish Group also highlighted the need for clear pathways to access postvention support.

Diagram 5 – levels of postvention support



Support from the Samaritans

8.11 The Samaritans also provide a 'Step by Step' support offer to schools. This provides a team of Samaritan volunteers who can support schools and colleges in response to a suspected suicide. They support the school community to come to terms with what has happened and reduce further risk.

8.12 The Samaritans also provide a presence at railway stations in the Borough following a suspected suicide, providing support to anyone who has been affected.

What action will we take?

8.13 *Help is at Hand* is a support guide for people affected by suicide, providing both practical advice and information about emotional support. We will work with our partners to ensure this guide is promoted to community organisations alongside articles on awareness of the importance of support for people affected by suicide.

8.14 We will work with the Police, Fire and Ambulance services as well as GPs and other front line responders to ensure they have copies of and are aware of 'Help is at Hand' and the Help is at Hand Z card[xxxii].

Merton CCG Commissioned services for trauma

8.15 Merton CCG commissions treatment services for people who have experienced trauma including IAPT and more specialist trauma services. These can support people who have witnessed suicide.

Over the longer term we will

8.16 Encourage large scale employers in the Borough to consider adopting the postvention toolkit for employers.

8.17 Map levels of bereavement support and specialist bereavement support available in Merton, ensuring awareness of local resources and considering potential gaps as part of the Council's and CCGs' commissioning intentions.

8.18 Make schools aware of the 'Step by Step' support offer available from the Samaritans to schools.

8.19 We will ensure our mental health services can react to the impact of suicides (such as in a schools setting) and can respond with rapid referrals to community mental health teams.

Over the life course of the Framework, what outcomes do we want to see around postvention?

Action Plan 2018/19 (partial) and 2019/20

Outcome		Action	Timescale	Lead	
Prevention in High Risk Groups	1	Deliver Phase One of a programme of Mental Health First Aid (MHFA) for Merton including • Supporting Thrive Merton's MHFA secondary school training in Merton. • Delivering MHFA (2 sessions) and MHFA Champions (3 sessions) targeting those working with 'at risk' groups During 2019/20 we will • Work with community and voluntary sector partners to bid for grant funding opportunities (MHFA and suicide awareness). • Explore opportunities to add MHFA to our contracts through the Social Value Act 2012. • Work with Adult Education Services to provide MHFA training within community settings.	April 2019 February 2020	Thrive London Public Health ASC, PH & Corporate. Libraries Service	
	2	Deliver Suicide awareness training to those working with at risk groups including • Delivering 3 initial accredited training sessions • Create suicide prevention articles for E Bulletins • Promote free awareness on-line training • Support Papyrus work on suicide awareness training with secondary schools in Merton During 2019/20 we will • Explore social value act opportunities to run training.	April 2019	Public Health MVSC / Public Health Papyrus Suicide Prevention	

		• Work with the Suicide Prevention Forum to bid for grant funding. • Promote zero suicide alliance on-line training.	March 2020	Forum Public Health and partners	
	3	We will explore funding opportunities for support for young people who have attempted suicide who have been discharged from hospital but who still require enhanced.	November 2019	Children, Schools and Families CAMHS	
Reducing Access to the Means of Suicide	4	We will ensure every train station in the Borough has clear signage on accessing support in a crisis, such as the Samaritans.	December 2019	South Western Govia /Thameslink	
	5	We will complete a confirmation checklist with partners such as the Police and South West London and St George's Mental Health Trust that a) plans are in place and b) are regularly reviewed, on reducing access to the means of suicide for those in controlled environments, such as cells or inpatient accommodation.	October 2019	Public Health SWLSG MHT Metropolitan Police	
Good Mental health and support services for at risk groups	6	In 2018/19 we will • Deliver topic based e-bulletins on mental health risk and suicide to brief those working in primary care (GP surgeries, pharmacies). In 2019/20 we will • Ensure staff from CCG commissioned services for mental health (adults) are skilled in suicide awareness and suicide prevention. • Ensure newly commissioned service that includes a self	January 2019 June 2019	Public Health Merton CCG	

		harm pathway (adults) meets NICE recommended guidelines CG16 and CG133.	November 2019	Merton CCG	
Suicide Awareness and good mental health and wellbeing for all	7	We will set up a Suicide Prevention Stakeholder Forum that will meet every six months We will address isolation issues in the borough through; • Exploring opportunities for funding a music and football project for men over 50. • Ensure befriending service engages older men and consider risk of suicide and support offer	March 2019 March 2019 December 2018	Public Health Libraries Public Health Public Health	
Support for People bereaved by suicide	5	Make sure appropriate literature is available in Merton including • Promote 'Help is at Hand' to community and voluntary sector organisations throughout the Borough as part of wider awareness campaign. • Ensure the emergency services and GPs have 'Help is at Hand' Z cards and use them.	August 2019 August 2019	MVSC Public Health Metropolitan Police LAS London Fire Brigade GPs / CCG	

Appendix A – List of Task and Finish Group Members

We would like to thank Task and Finish Group Members for contributing to the development of the Framework document and action plan.

- Paul Angeli, Children's, Schools and Families, Merton Council
- Andrew Beardall, South Thames College
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- Gemma Blunt, Adult Social Care, Merton Council
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- Jessica Buckpitt, South Western Railway
- Daniel Butler, Public Health, Merton Council
- Elizabeth Campbell, Westminster Drug Project
- Barry Causer, Public Health, Merton Council
- Ayda El-Deweiny, Job Centre Plus
- Beau Fadahunsi, MVSC
- Alessandro Finistrella, South Western Railway
- Charlotte Harrison, South West London and St Georges Mental Health Trust
- David Hobbs, Mental Health Forum
- Joy Horden, Samaritans
- John Horwood, Clarion Housing Association
- Richard Jackman, DWP
- Steve Langley, Housing services, Merton Council
- Barry Milward, Govia Thameslink
- Dr Andrew Otley, Merton CCG Clinical Lead
- Andy Ottaway Searle, Direct Provision, Merton Council
- Ben Rowe, South Thames College
- Rosa Treadwell, Public Health, Merton Council

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