



Cross-Government Suicide Prevention Workplan

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Introduction

Suicide has a devastating impact on individuals and their families. This Government is fully committed to reducing the incidence of suicide and supporting people to get the help they need. This Workplan sets out action across Government to help deliver that commitment.

In 2012, the Government published the cross-Government [National Suicide Prevention Strategy](#), which was [updated in 2017](#), to strengthen delivery of its key areas for action, including expanding the scope of the strategy to include addressing self-harm as an issue in its own right. The National Suicide Prevention Strategy is implemented by partners across Government working individually and collectively to address suicide prevention within their sector and to ensure all partners remain committed to implementing the Strategy's aims to reduce suicides everywhere.

In 2016, the Health Select Committee (HSC) conducted an inquiry into suicide prevention, with the [final report](#) published in March 2017. We welcomed the HSC report, and published the [Government's response](#) to the committee in July 2017. The HSC made a number of important recommendations for Government, and we are committed to taking forward many of those recommendations.

One of the key recommendations from the Committee was the need for improvements to the implementation and governance of the National Suicide Prevention Strategy, with the need for a "clear implementation strategy, with strong national leadership, clear accountability, and regular and transparent external scrutiny".

To address this recommendation, the Government's response to the HSC committed to the implementation of a Cross-Government Workplan to support delivery of the National Suicide Prevention Strategy. This is the first Cross-Government Suicide Prevention Workplan, which commits every area of Government to taking action on suicide and sets out clear deliverables and timescales to monitor progress against our key commitments. The new Minister for Suicide Prevention, [announced in October 2018](#), will oversee the implementation of the Cross-Government Suicide Prevention Workplan, to drive implementation of the National Strategy.

We have also established a National Suicide Prevention Strategy Delivery Group (NSPSDG). The NSPSDG comprises lead policy officials across Government and delivery agencies, including the voluntary and charitable sector through the National Suicide Prevention Alliance (NSPA), to track, monitor and report on the implementation of the Workplan.

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The NSPSDG is responsible for leading the co-ordination and supporting delivery of cross-Government actions in the National Suicide Prevention Strategy, as well as the recommendations in the Government's response to the HSC.

The NSPSDG reports regularly to the National Suicide Prevention Strategy Advisory Group (NSPSAG), chaired by the Suicide Prevention Minister. As the Workplan evolves, updates will continue to be published annually alongside future progress reports to the National Suicide Prevention Strategy.

The Chair of the NSPSDG will meet with its members individually during 2019 to discuss their Department's work streams and progress against commitments outlined in the Workplan.

Joint learning and common themes

In addition to supporting the development of the cross-government work plan, NSPSDG members have held wider discussions to identify key themes that are shared across sectors within suicide prevention work, with the aim of identifying potential opportunities for joint learning. Three overarching themes have been identified: Data and information sharing; Training; and Self-harm.

These overarching themes will continue to form a key part of NSPSDG discussions and work moving forwards. The NSPSDG will work to act as a lever to aid shared learning across different sectors, agencies and settings, in respect of these shared themes, as well as wider suicide prevention work:

Data & information sharing

NSPSDG members have recognised that a range of data and information relating to suicide and self-harm is collected across different organisations and sectors. The NSPSDG will work to understand what data and information is collected, and how this might be usefully shared across sectors and organisations, both nationally and locally, to inform action and learning. The group will also monitor the progress of suicide surveillance work being undertaken by Public Health England, to understand how this can improve and aid information sharing across sectors.

Training

The need to include suicide awareness within staff training is a common theme across sectors, due to the wide range of public services and people that may come into contact with individuals who are at risk of suicide. The scope of this training requirement spans the transport network, health settings, prisons and a wide range of public services. Key competencies and capabilities can be identified for suicide prevention training. Members of the group will explore how the recently published Health Education England [Self-harm and Suicide Prevention Competency Frameworks](#) can be used and promoted within their networks.

Self-harm

The National Suicide Prevention Strategy was updated in 2017 to strengthen delivery of its key areas for action, including expanding the scope of the strategy to include addressing self-harm as an issue in its own right. Self-harm is a key indicator risk of suicide across community, hospital and custodial settings, and it is therefore recognised by NSPSDG members that addressing increasing levels of self-harm is a key issue for all delivery partners.

Ambition to Reduce Suicides

The [Five Year Forward View for Mental Health](#) set out an ambition to reduce the number of suicides in England by 10 per cent by 2020, and we are committed to achieving this. The [NHS Long-term Plan](#) reaffirms the NHS's commitment to make suicide prevention a priority over the next decade. It commits to rolling out funding to further Sustainability and Transformation Partnership (STP) areas, implementing a new Mental Health Safety Improvement Programme, as well as rolling out suicide bereavement services across the country.

Official data published by the Office for National Statistics (ONS) for [2017 suicide registrations](#) showed that the suicide rate in England has reduced for the third consecutive year and is at its lowest for seven years¹. This brings us closer to the target to reduce suicides by 10 percent by 2020. The suicide rate in men, the highest risk group, reduced for the fourth consecutive year and is now at its second lowest level over the past 37 years. However, we are likely to see [increases in suicides after 2017](#)² and we will explore the issues behind these trends.

Work Plan - Executive Summary

This Workplan represents the first time that a comprehensive and transparent delivery plan across national and local government and its agencies to address suicide has been published, and will be driven by the first Minister for Suicide Prevention in the UK. The workplan represents an ambitious programme of work across national and local government and across sectors, and sets out clear actions, deliverables and timescales, ensuring transparency and enabling progress to be tracked, clearly identifying owners for delivering priorities which can be held to account.

We are the first country to publish such a comprehensive plan on suicide prevention on this scale, demonstrating the commitment by this government to ensure we are doing all we can to reduce suicides. The Workplan outlines the key actions we are taking across sectors, including the NHS, local government and the criminal justice system to address suicide, which includes:

- Ensuring the effectiveness of every local authority suicide prevention plan;
- Ensuring every mental health trust has a zero-suicide ambition plan for mental health inpatients by the end of 2018/19;
- Implementing the [Prison Safety Programme](#) across the prison estate;
- Improving data collection at local and national level, and harnessing technology to identify those most at risk of suicide and self-harm.

Local Authority Suicide Prevention Plans

Approximately two thirds of people who take their own lives are not in contact with mental health services³. This demonstrates the central role that local government has in the vital endeavour to reduce suicide and the devastating impact it has on our local communities. It is therefore a huge and welcome achievement that, through the leadership of Directors of Public Health, every local area in England now has a multi-agency suicide prevention plan [in place or in development](#), which demonstrates the commitment of local government to achieving our ambitions to reduce numbers of suicides.

The Minister for Suicide Prevention will be working in collaboration with national partners and the local government sector to support areas to implement and embed their suicide prevention plans within their communities. The Department of Health and Social Care is working with national partners, including Public Health England, the Local Government Association (LGA), and the Association of Directors of Public Health (ADPH), and alongside local authorities, on a sector-led improvement approach to help ensure local

plans continue to have an impact and the opportunity to learn from experience. LGA and ADPG invited Councils to complete a voluntary self-assessment that will identify where further support would help to further strengthen local delivery and upon which a sector-led improvement offer can be developed under the auspices of the local government-led National Sector-Led Improvement Board for Public Health. It will also identify the many examples of good practice that are being put in place locally so that these can be shared across the sector. We will publish a detailed analysis with best practice and areas for improvement in Spring 2019. This is a major step forward in local planning and delivery to support local areas in making progress in reducing suicides in their communities.

We are investing £25 million in suicide prevention over the next three years, the majority of which will be allocated directly to Sustainability and Transformation Partnerships (STPs) to improve local plans, and where the money will make most impact. The first STP areas to receive funding were [announced this year](#) and we will spread reach across the country up to 2020/21.

NHS England has commissioned an evaluation of the impact of the work at STP level on wider suicide prevention outcomes nationally and to highlight and share best practice.

Mental Health Inpatients

To address suicide prevention in mental health settings, the Secretary of State for Health and Social Care launched a zero-suicide ambition across the NHS in January 2018, starting with mental health inpatients but looking to expand to include all mental health patients. In line with this, all mental health trusts will have a plan for the zero-suicide ambition in place by the end of 2018/19. This work will support the reduction of suicides by 10 percent using the £25million of investment over the next three years and a national quality improvement programme being led by NHS England to improve suicide prevention and safety across the NHS.

To support plans to reduce suicides across the NHS and achieve zero inpatient suicides, the Government has also committed to providing [£2 million in funding](#) for the Zero Suicide Alliance (ZSA) over the next two years. The ZSA aims to deliver several projects including providing suicide awareness and prevention training to NHS staff and across local communities and other sectors, developing a model for NHS Trusts to better respond and learn from suicides, developing digital suicide prevention resources, and developing work on predictive analytics to improve the identification of suicide risk.

Prison Safety Programme

We are taking action to reduce high levels of suicide and self-harm amongst prisoners. The Ministry of Justice (MoJ), Her Majesty's Prison and Probation Service (HMPPS), DHSC, and NHS England are working together to implement a [Prison Safety Programme](#) across the whole prison estate to reduce suicide and self-harm. As part of this work programme, we are ensuring that every institution has a suicide prevention strategy in place. Key elements of the Prison Safety Programme include the recruitment of more than 3,100 new prison officers; the roll-out of improved training for prison staff; the launch of an innovative Suicide Prevention Learning Tool; ongoing funding to the Samaritans to support the Listener scheme; and ongoing investment and modernisation of the prison estate.

Improving data and harnessing technology to identify those most at risk of suicide and self-harm

We are continuing to explore ways of improving the quality and timeliness of suicide and self-harm data to allow both national and local partners to continue to monitor rates, identify trends and develop effective prevention plans. This includes ongoing work with coroners to improve the quality of death registrations and national data collection, as well as looking at innovative ways to improve local data collection and suicide audits through projects such as real-time surveillance of suicides.

We also outlined our plans for the new Suicide Prevention Minister to explore the innovative use of technology and predictive analytics to identify those most at risk of suicide.

Workplan

The following Cross-Government Suicide Prevention Workplan sets out in more detail, with clear timescales and deliverables, how we are achieving the key commitments outlined above, as well as other ambitious work across government and its agencies. This Workplan will ensure that we continue to work closely with partners across national and local government, the NHS, and other stakeholders including the voluntary sector, to ensure we are doing all we can to reduce the number of suicides and the devastating impact it has across our communities.

We will update the Workplan to reflect the new commitments in the NHS Long-term Plan once the details for delivery of these commitments are set out.

Annex A – Cross-Government Suicide Prevention Workplan

Implementation, Governance and Accountability

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
<p>NHS England will work with partners to agree the funding priorities for the additional £25million investment for suicide prevention from 2018/19-2020/21.</p>	<p>a) The first £5m has been allocated to 8 STP areas with highest suicide rates in 2018/19, to develop suicide prevention and reduction schemes. The focus of priorities for year 1 have been improving quality of mental health services; self-harm prevention; and reducing suicide in men. Further priorities are being developed for allocating the £10m for 2019/20 and £10m for 2020/21.</p> <p>b) NHS England has commissioned an evaluation of the impact of the suicide prevention work at STP level and on wider suicide prevention outcomes nationally as well as highlighting and sharing areas of best practice.</p> <p>c) Public Health England has commissioned an update to the guidance it originally published in 2015 to support local areas to identify and</p>	<p>a) NHS England</p> <p>b) NHS England</p> <p>c) NHS England</p>	<p>a) First £5m allocated from April 2018. Further allocations to be made for 2019/20 and 2020/21</p> <p>b) Contract for evaluation work planned to commence in 2018/19. Contract will run until December 2020.</p> <p>c) Due to complete in</p>

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	understand suicide clusters.		2018/19.
Reduce the number of suicides in England by 10 per cent by 2020/21.	a) The baseline for measuring progress against the target is the number of suicides registered in 2015 (4,820 suicides) ⁴ . Latest data published by ONS on suicide registrations for 2017 ⁵ showed there were 4,451 suicides in England. This is a decrease in the number of suicides between 2015 and 2017 of 7.7 per cent.	DHSC Responsibility of all partners and stakeholders	Annual ONS data on suicide registrations is published in September each year. Achievement of target will be based on 2020 data expected to be published in 2021.
All local authorities to have multi-agency suicide prevention plans in place	a) Only two local authorities currently do not have a plan in place (as at December 2018). Information on the status of suicide prevention plans for each local authority is updated on Public Health England's Suicide Prevention Fingertips Profiles website . The Fingertips tool also allows benchmarking to compare against similar areas and national indicators, understand local suicide rates, risk factors and contact with health services among groups at increased risk. b) New joint Public Health England and NICE Guidelines on Suicide Prevention provide further guidance for the system on the development of local suicide prevention plans, ' Preventing suicide in community and custodial settings '.	a) PHE b) PHE, NICE	a) PHE is supporting the final local authorities to have a plan in place by March 2019. PHE will continue to update the Fingertips tool/ website. b) Joint Public Health England and NICE Guidelines published in September

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	<p>c) PHE are also now working with NICE as members of the Quality Standards Advisory Committee to develop quality standards on suicide prevention based on the community and custodial settings guidance.</p> <p>d) Public Health England commissioned an update to the local authority suicide prevention guidance in 2018.</p>	<p>c) PHE NICE</p> <p>d) PHE</p>	<p>2018.</p> <p>c) NICE Quality Standards expected to be published September 2019.</p> <p>d) Updated guidance due to be completed in March 2019.</p>
<p>Work with local authorities to support them in developing and delivering local plans in line with sector led improvement (SLI) principles.</p>	<p>DHSC has worked in partnership with Public Health England, Local Government Association, Association of Directors of Public Health and Chair of NSPSAG to develop an SLI approach to support further development of local plans. Local authorities have completed a self-assessment of their local plans and analysis of these will be considered by an expert panel and will inform the priorities of the SLI programme, under the auspices of the local government-led National SLI Board for Public Health.</p>	<p>DHSC PHE LGA ADPH</p>	<p>We expect to start the SLI programme from April 2019 and to be implemented over the next 2-3 years.</p>
<p>Strengthen the governance and delivery framework around the suicide and self-harm prevention policy</p>	<p>COMPLETE: DHSC has worked with the National Suicide Prevention Strategy Advisory Group (NSPSAG) to review its terms of reference and membership.</p> <p>DHSC has established a new National Suicide Prevention Strategy Delivery Group (NSPSDG). The NSPSDG has developed a cross-government suicide prevention work plan to implement key deliverables up to 2020.</p>	<p>DHSC All partners and stakeholders</p>	<p>NSPSAG terms of reference reviewed 2018/19. NSPSDG established and met for first time in March 2018. Work plan agreed across Government</p>

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			departments and published early 2019.
Continue to provide financial support to the National Suicide Prevention Alliance (NSPA).	COMPLETE: Grant for the Samaritans to host the NSPA between 2017/18 - 2019/20 has been awarded.	DHSC	Grant funding confirmed in November 2017.

Reducing suicide in high risk groups - Men

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
Address inequality that men remain the most at-risk group and are three times more likely to die by suicide than women. Consider other factors that may impact men such as relationship problems, financial difficulties, alcohol/drug problems and other issues such as pressures on body image, especially in young men.	a) The suicide rate in men reduced for the fourth consecutive year in 2017 and is now at its second lowest recorded over the past 37 years ⁶ .	a) ONS	a) Annual ONS data on suicide registrations is published in September each year.
	b) Public Health England issued suicide prevention planning guidance to local authorities which sets out that local plans should include action to address high risk groups highlighted in the National Suicide Prevention Strategy such as men. Local plans are being assessed this year.	b) PHE	b) PHE is supporting the final local authorities to have a plan in place by March 2019.
	c) There has been a specific focus on reduction and prevention of suicide in middle-aged men as part of the allocation of the £25m, with some of the first wave STPs identified for funding based on a	c) NHS England	c) First £5m allocated from

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	<p>significantly higher suicide rate in middle-aged men. Delivery plans for these local areas include bespoke initiatives for this cohort.</p> <p>d) DHSC continues to work with range of partners and stakeholders to target suicide prevention in men.</p> <p>The Suicide Prevention Minister will engage groups highlighted by the findings of ONS research into suicide risk in occupations⁷, which showed inequality in the suicide rate among men, with those working in the lowest skilled jobs (also the lowest paid) having the greatest risk of suicide (when compared to all men in the population). This group was followed by men working in skilled trades. When looking at a more granular level of occupation, some of the highest risks were observed among men working in the construction industry (skilled and unskilled).</p> <p>e) Public Health England published the Prevention Concordat for Better Mental Health in 2017 to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches in local service design and commissioning and linked to strategic joint needs assessments (JSNAs).</p>	<p>d) DHSC Responsibility of all partners and stakeholders</p> <p>e) PHE</p>	<p>April 2018. Further allocations to be made for 2019/20 and 2020/21</p> <p>d) Ongoing</p> <p>e) Prevention Concordat and suite of 10 resources published September 2017. First phase of the programme is complete, with 11 face-to-face learning events and 9 digital events held around the</p>
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	<p>f) The Government Equalities Office (GEO) published LGBT Action Plan, ‘Improving the lives of Lesbian, Gay, Bisexual and Transgender people’ in 2018.</p> <p>GEO, PHE and DHSC are working together to implement elements of the LGBT Action Plan through the National Suicide Prevention Strategy.</p> <p>g) The National Suicide Prevention Strategy Advisory Group has met the Department for Digital, Culture, Media and Sport and organisations providing research, education and treatment for gambling addiction to explore the impact of problem gambling and suicide. The NSPSAG will continue this dialogue as the research and evidence in this area develops.</p> <p>Public Health England and the Local Government Association have published guidance for local authorities on tackling gambling-related harm, which encourages public health teams to consider the potential links between their work on suicide prevention and harmful gambling.</p>	<p>f) GEO DHSC PHE</p> <p>g) DCMS DHSC PHE</p>	<p>country January to May 2018. Work to promote and embed concordat principles, and increase national and local level signatories, ongoing.</p> <p>f) LGBT Action Plan published July 2018. Implementation through the National Suicide Prevention Strategy in 2019/20.</p> <p>g) Ongoing.</p> <p>LGA and PHE guidance published November 2018.</p> <p>PHE to publish a report in 2019/20 following evidence review.</p>
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	Public Health England is carrying out a review of the evidence relating to the public health harms of gambling and will publish a report in 2019/20.		
Consider further engagement through the sporting community to build on the good work already taking place around the country to help men.	<p>a) DHSC continues to support the Mental Health Charter and the Sport and Recreation Alliance to increase the awareness of and promote good mental health and wellbeing among sportspeople.</p> <p>b) DHSC liaises with DCMS on National Sports Strategy to improve the health of the nation and promote the benefits of physical activity in improving mental health and wellbeing.</p> <p>c) Elite Sports Action Plan published March 2018; DHSC liaises with DCMS on the implementation of the action plan.</p> <p>d) DHSC/DCMS organised Ministerial roundtable discussions on sport and mental health.</p> <p>e) Health Education England (HEE) will work with local sports focussed organisations to support the development of suicide prevention interventions at a local level, which will ensure that young men are specifically targeted using this approach.</p>	<p>a) DCMS, DHSC</p> <p>b) DCMS, DHSC</p> <p>c) DCMS, DHSC</p> <p>d) DCMS, DHSC</p> <p>e) HEE</p>	<p>a) Ongoing</p> <p>b) Ongoing</p> <p>c) Elite Sports Action Plan published March 2018. Implementation ongoing</p> <p>d) Roundtable held October 2017</p> <p>e) This work is due to complete in 2019.</p>
Address the stigma men can feel when it comes to talking about mental health problems which remains a significant barrier to them	DHSC has awarded grant funding for phase 3 of the Time to Change campaign up to 2020/21. Time to Change launched the 'In your corner' campaign targeted at men in 2017. In April 2018, Time to Change launched a national campaign in partnership with Ford of Great Britain ('elephant in a transit' advert), which is targeted at men and encourages people to speak more openly about mental health.	DHSC Responsibility of all partners and stakeholders	Funding for Time to Change awarded up to 2020/21.

seeking help.			
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Reducing suicide in high risk groups – People in the care of mental health services

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
<p>Improve safety to reduce the number of deaths by suicide across NHS-funded mental health settings, and learn from deaths by suicide when they do occur.</p>	<p>a) The Care Quality Commission (CQC) reviewed how NHS trusts identify, report, investigate and learn from deaths of people using their services and published 'Learning, candour and accountability' in 2016.</p> <p>The Government accepted the recommendations of CQC review and in response the National Quality Board published guidance on learning from deaths in the NHS in 2017 and working with bereaved families in 2018.</p> <p>A cross-system Programme Board is overseeing implementation of the CQC recommendations.</p> <p>b) NHS England is implementing a national quality improvement programme between 2018/19 – 2020/21 to improve the safety in mental health services as part of £25 million investment for suicide prevention through the Five Year Forward View for Mental Health.</p> <p>c) DHSC launched a Zero Suicide ambition for mental health inpatients in January 2018 and encouraged providers to expand to all mental</p>	<p>a) DHSC CQC NHS Improvement (NHSI)</p> <p>b) NHSE</p> <p>c) NHSE, NHSI</p>	<p>a) CQC report published 2016. Learning from deaths in NHS guidance published in March 2017.</p> <p>Guidance on Working with bereaved families and carers published in July 2018.</p> <p>Implementation of recommendations ongoing.</p> <p>b) National quality improvement programme started from April 2018.</p> <p>c) Every NHS mental health</p>

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	<p>health patients. NHS England is working with mental health providers for them to develop zero suicide policies and report inpatient suicides.</p> <p>d) DHSC is providing up to £2m funding over two years for Zero Suicide Alliance to develop a package of tools for the NHS and public and private partners, focusing on training to prevent suicides, improving patient safety and ensuring lessons are learnt when suicides do occur.</p> <p>e) DHSC is scoping work on behalf of Ministerial Board on Deaths in Custody on learning from Prevention of Future Deaths reports issued by coroners. DHSC is engaging the Home Office and Ministry of Justice on how learning is captured and embedded in other custodial settings.</p> <p>f) NHS England is working to improve the follow-up of patients when they are discharged from hospital including potential for 2-3 day follow-up.</p> <p>Current work to support this:</p> <ol style="list-style-type: none"> 1. Suggested inclusion in mental health providers' zero suicide ambition plans (noting that this goes beyond the scope as inpatients but is encouraged in line with evidence base); 2. Trialling the introduction of 2-3 day follow ups across the NHS England Midlands and East region. This is still in an early phase, however aims to provide helpful learning around implementation over the next 12 months and will then inform decisions around a subsequent national roll out; 3. Improving the quality of nationally reported data on inpatient mental 	<p>d) DHSC, Zero Suicide Alliance</p> <p>e) DHSC, Home Office, MoJ</p> <p>f) NHSE</p>	<p>trust to develop a plan to implement zero suicide ambition and start reporting inpatient suicides during 2018/19.</p> <p>d) Funding announced in October 2018 for 2019/20 and 2020/21.</p> <p>e) DHSC aiming to report to Ministerial Board during 2019/20.</p> <p>f) Trials of 2-3 day follow-ups progressing, and will be reviewed during 2019/20 – learning from these will inform decisions about national roll out.</p>
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	health care, which will provide a clearer understanding of how many individuals are already successfully followed up within 2-3 days of discharge. This will enable us to more accurately quantify the gap to be closed if we are to achieve this routinely across the country.		
Training for GPs and GP surgery staff in awareness of suicidality and safety planning	<p>a) COMPLETE: Health Education England in collaboration with Skills for Health and Skills for Care has developed the Mental Health Core Skills and Education Framework.</p> <p>b) COMPLETE: Health Education England commissioned a bespoke toolkit for primary care nurses and GPs which is now complete and ensures that primary care staff are trained and their awareness of the mental health needs of patients is raised.</p> <p>c) COMPLETE: Health Education England has published suicide and self-harm prevention competency frameworks for children and young people, adults and public health.</p> <p>d) Health Education England are hosting a roundtable event in London focusing on 'blue light' staff and volunteers who are not mental health specialists but often come into contact with people in crisis to map out their training needs in relation to the published competency frameworks.</p> <p>e) Health Education England is undertaking a scoping of existing suicide training provision to identify gaps in such provision, using the competency frameworks to map against quality of training. This will not only ensure the development of a compendium of training resource is available to the workforce, it will also inform potential commissioning of future training.</p> <p>f) HEE has stated in the draft Workforce Strategy "Facing the Facts, Shaping the Future, A health and care workforce strategy for England to 2027" an intention to investigate options around GP training in the</p>	<p>a) HEE</p> <p>b) HEE</p> <p>c) HEE</p> <p>d) HEE</p> <p>e) HEE</p> <p>f) HEE</p>	<p>a) Published January 2017</p> <p>b) Published 2017</p> <p>c) Competency frameworks published October 2018</p> <p>d) Event will take place Q4 2019</p> <p>e) Work to be complete Q4 2018/19</p> <p>f) Draft workforce strategy published</p>

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	future in relation to MH awareness.		December 2017. Consultation closed March 2018. Updated Workforce Strategy publication date delayed whilst awaiting the outcome of the long-term plan.
Awareness training should encourage the implementation of NICE guidelines to improve the identification, treatment and management of depression in primary care.	<p>a) HEE will ensure that CCGs have access to the Train the Trainer Toolkit developed to assist providers of primary care services to upskill their workforce in mental health and wellbeing via training that is based on the Mental Health Core Skills Education and Training Framework, which was developed in collaboration by Skills for Health, Health Education England (HEE) and Skills for Care.</p> <p>b) Health Education England have commissioned the Tavistock and Portman NHS Foundation Trust to identify key mental health training needs in primary care</p>	<p>a) HEE</p> <p>b) HEE</p>	<p>a) Ongoing. An event will be held in summer of 2019 to re-launch the toolkit to increase awareness and uptake.</p> <p>b) This work has commenced and will complete in 2019.</p>
Improve awareness amongst health professionals to embed the Consensus Statement for sharing information	The National Suicide Prevention Strategy Advisory Group (NSPSAG) is working with the Royal Colleges to explore ways in which we can improve the awareness of the Consensus Statement with their members. Royal Colleges have provided updates to the NSPSAG on how they are promoting the Consensus Statement, and there have been meetings with Royal Colleges and the Chair and other members of the NSPSAG.	DHSC	Ongoing.

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Reducing suicide in high risk groups – People in contact with the criminal justice system

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
Take forward work to address issues arising from the independent review commissioned by Home Office in 2015 to look at issues surrounding deaths (including suicides) in police custody.	<p>The Home Office commissioned Dame Elish Angiolini to conduct a review into deaths in police custody in 2015. The independent review and the Government response were published in October 2017.</p> <p>The Government response commissioned the Ministerial Council on Deaths in Custody to take forward a work programme to address cross-cutting issues. The Ministerial Council on Deaths in Custody has reported progress to the Prime Minister on the first full year of implementation since the Government’s response was published.</p>	Home Office MoJ DHSC	The Ministerial Board on Deaths in Custody’s work programme for delivering the commitments in the Government’s response is on track. The second year of the work programme is due to be formally agreed in February 2019.
Act to reduce self-inflicted deaths and self-harm in prison.	<p>a) The Prison Safety Programme has been launched and is being taken forward by a Programme Board and Project Board. A new Prison Safety Framework has been introduced for 2018/19.</p> <p>The Ministry of Justice (MoJ) / Her Majesty’s Prison and Probation Service (HMPPS) and health partners are supporting establishments to develop effective multi-agency plans for suicide prevention and self-harm reduction (in accordance with NICE guidance), as part of establishment level safety strategies. These are being quality assured by the MoJ / HMPPS prison safety team.</p>	a) HMPPS, MoJ, PHE, NHSE	<p>a) National Partnership Agreement on prison healthcare published in April 2018.</p> <p>Establishment level safety strategies have been in place</p>

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	<p>Prison establishments have been encouraged to ensure that their local safety strategies include links with local authority suicide prevention partnerships and plans.</p> <p>b) Managing the risk of self-inflicted death to support a psychologically safe and rehabilitative criminal justice pathway: This is an 18-month research programme to review self-inflicted deaths in the Criminal Justice System; exploring contributory factors and identifying approaches. It was approved and funded by the DHSC Policy Research Programme and is being undertaken by Manchester University.</p> <p>The output of this research should help us to understand what policies and means of implementation appear to have been most effective in terms of identifying high risk individuals, along with the environmental and clinical antecedents, to support the reduction across the criminal justice system.</p> <p>c) MoJ / HMPPS and health partners are improving multi-disciplinary team working in the Assessment, Care in Custody & Teamwork (ACCT) case management system for prisoners at risk.</p> <p>d) MoJ / HMPPS are improving the skills and confidence of staff through training to reduce risks of suicide and self-harm (SASH) and provide appropriate support.</p>	<p>b) NHSE, HMPPS</p> <p>c) MoJ, HMPPS, NHSE</p> <p>d) MoJ, HMPPS</p>	<p>from August 2018 and now being further developed.</p> <p>b) Final research report due March 2019.</p> <p>c) The new version of ACCT will be piloted from February 2019</p> <p>d) Ongoing. By the end of November 2018, 24,000 staff had completed at least part of the Introduction to SASH training,</p>
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	<p>e) MoJ / HMPPS are improving access to support for people in prisons following self-inflicted deaths, including clusters. HMPPS has provided grant funding to the Samaritans to develop and pilot a postvention support service.</p> <p>f) MoJ / HMPPS are reducing access to means and improving safety. All new prisons built in the prison estate transformation programme will have improved ligature-resistant cells throughout.</p> <p>g) Secure transfers: Refreshed Transfer and Remission best practice guidance for the timely and appropriate transfer of prisoners from prison to secure hospital.</p> <p>Modernising the Mental Health Act: Increasing choice, reducing compulsion. The Final Report of the Independent Review of the Mental Health Act 1983 was published on 6th December 2018.</p> <p>It has been agreed that the programme of work regarding the refreshed Transfer and Remission Best Practice Guidance will now be postponed until spring 2019 once the Final Report of the Independent Review of the Mental Health Act 1983 has been reviewed.</p>	<p>e) MoJ, HMPPS</p> <p>f) MoJ, HMPPS</p> <p>g) DHSC, NHSE, MoJ, HMPPS</p>	<p>and 12,000 staff had fully completed it.</p> <p>e) Postvention support service pilot will run until March 2020.</p> <p>f) Ongoing</p> <p>g) MHA review interim report published 1 May 2018, and final report published 6 December 2018.</p>
<p>Increase the intelligence and data available to local authorities regarding mental health needs among people in prison, to support a more</p>	<p>a) A Cross-Departmental Data, Evidence and Intelligence Group has been established to provide strategic leadership and oversight to cross-organisational work on information, intelligence and evidence needs. The group is working to develop a prison healthcare dashboard, to bring together existing data that relates to health and justice outcomes but is currently fragmented across many different organisations.</p> <p>b) A new Health and Justice Information Service (HJIS) is currently</p>	<p>a) HMPPS, MoJ, PHE, DHSC, NHSE</p> <p>b) HMPPS,</p>	<p>a) 2019/20</p> <p>b) Personal</p>

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<p>collaborative approach to suicide prevention especially among those recently released from prison.</p>	<p>being developed to link prison healthcare systems to healthcare systems in the community, and to prison IT systems. This will enable the sharing of GP-to-GP patient records when offenders leave prison and help to minimise delays in accessing healthcare services. It will also facilitate improved information sharing between discipline and healthcare staff in prisons.</p>	<p>PHE, NHSE, MoJ, DHSC</p>	<p>Demographics Service (PDS) connections will be introduced from November 2018, fully rolled out by mid-2019. This will identify patients and record their location for future use.</p> <p>GMS (GP) registration and GP2GP data sharing will be rolled-out from Q3 2019 through to early 2020. This will enable patients to formally register with the prison healthcare service.</p> <p>From late 2020 to 2021, electronic appointments and electronic prescribing will be rolled out.</p>
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Reducing suicide in high risk groups – Specific occupational groups

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
Look at ways in which we can build on the Mind Blue Light programme partnership in other sectors.	DHSC has had initial meetings with St John's Ambulance and will follow up with further meetings to explore potential options.	DHSC	Ongoing. Further meetings will be arranged in 2019/20
Look at suicide risk related to specific occupational groups.	<p>a) COMPLETE: Office for National Statistics (ONS) completed an analysis of deaths from suicide in different occupational groups for people aged 20 to 64 years, based on deaths registered in England between 2011 and 2015.</p> <p>b) COMPLETE: To support actions arising from this research, Public Health England published two toolkits to provide advice and support for employers: 'Reducing the risk of suicide: a preventative guide for employers' and 'Crisis management in the event of a suicide: a postvention guide for employers'.</p> <p>c) The Department of Health & Social Care will work with the Minister for Suicide Prevention to engage occupational groups identified in the ONS report as being at higher risk of suicide to improve suicide awareness and prevention in those sectors.</p>	<p>a) ONS</p> <p>b) PHE</p> <p>c) DHSC PHE NHSE</p>	<p>a) ONS report published March 2017.</p> <p>b) PHE toolkits published March 2017.</p> <p>c) Ongoing</p>

Reducing suicide in high risk groups – People with a history of self-harm

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
Address self-harm as an issue and encourage young people who self-harm to seek support, advice and help.	The Department of Health & Social Care has renewed its contract for the Multi-Centre Study of Self-Harm in England for a further two years (2018-2020). The Multi-Centre Study will undertake specific research projects over the two years which will support understanding in priority areas, including: self-harming in children and young people and middle-aged people; homelessness and self-harm; and health economics of self-harm and suicide and other causes of death of people who self-harm (including socio-economic inequalities).	DHSC	2018/19 and 2019/20
Ensure that everyone who attends A&E for self-harm receives an assessment that meets NICE guidelines.	The Government is investing £249 million to roll-out liaison mental health teams in every acute hospital to ensure that people who present at hospital with mental health needs get the appropriate care and treatment they need. Liaison mental health teams are well placed to manage the assessment and treatment of people who present at hospital having self-harmed in line with NICE guidelines, as outlined in NHS England's 2016 implementation guidance for urgent and emergency mental health liaison in acute hospitals .	NHSE	Target for all hospitals to have liaison mental health teams in place by 2020 with 50% meeting the core 24 standard.
NHS England plans to develop an evidence-based treatment pathway for self-harm for people of all ages.	NHS England is working with the National Collaborating Centre for Mental Health to develop a new framework for adult and older adult community mental health services that will encompass the needs of people with a range of diagnoses, including but not limited to psychosis, personality disorder, bipolar affective disorder, severe and complex mental health problems and people who self-harm. Following advice from members of NHS England's Expert Reference Group, this framework will replace the pathways that were originally planned and will take into account the needs of people who self harm	NHSE	The framework is expected to be finalised in 2019

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	<p>while being cared for in the community, giving due regard to existing NICE guidance on the longer-term management of people who self harm.</p> <p>As recommended in the Five Year Forward View for Mental Health, NHS England is also investing to increase access to psychological therapies for people with psychosis, bipolar disorder and personality disorder. This includes ensuring that more staff are trained to deliver evidence-based therapies which in some cases have been shown to reduce self harming behaviours⁸.</p>		
<p>We have supported research which has informed development of guides for parents about self-harm in young people, in association with other bodies such as Young Minds - we are exploring ways in which we can build on this work.</p>	<p>a) COMPLETE: Guides for parents published December 2015: Coping with self-harm: A guide for parents and carers.</p> <p>b) Health Education England are working with colleagues in MindEd to produce training modules aimed at both Children and Young People and Adults in relation to suicide and deliberate self-harm prevention.</p>	<p>a) DHSC</p> <p>b) HEE</p>	<p>a) Guides for parents published December 2015</p> <p>b) Children and Young People modules will complete April 2019.</p> <p>Adult modules completion date TBC.</p>

Tailoring approaches to improve mental health in specific groups

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
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<p>Improving mental health in groups with specific needs and characteristics - inequalities</p>	<p>Through funding from the Government's Health and Wellbeing Alliance, Public Health England has appointed the Association of Mental Health Providers to undertake a programme of work focused on inequalities. This will build on the Samaritans' 'Dying from Inequality' report and aims to increase understanding of the need for protected characteristics. This work will include case studies, roundtables and a review of the Local Suicide Prevention Planning Guidance to advise on opportunities for this to better reflect inequalities and people with protected characteristics.</p>	<p>PHE</p>	<p>Delivery of this work due March 2019.</p>
<p>Improving mental health in groups with specific needs and characteristics - veterans</p>	<p>a) NHS England will continue to expand mental health services and case management for veterans. Building on the strengths of existing mainstream services and existing new bespoke services (Transition, Intervention and Liaison and Complex Treatment – TILS and CTS) improved services will be developed with the Ministry of Defence, stakeholders, users and charity partners to offer a comprehensive and regionally accessible range of services to meet this group's particular needs.</p> <p>This will involve supporting rapid access waiting times (14 days access and further 14 days to treatment in specification) and increasing capacity in the bespoke services both for the balance of 2018/19 and from April 2019.</p> <p>b) NHS England will carry out a thematic review of recent suicides of veterans that have been reported to them.</p> <p>c) NHS England will carry out in partnership with MoD a review of</p>	<p>a) NHSE</p> <p>b) NHSE, MoD</p> <p>c) NHSE,</p>	<p>a) April 2019</p> <p>b) This work will be in parallel to other academic-based studies and will commence in April 2019 running for 24 months.</p> <p>c) Work to</p>

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	<p>suicides of veterans to identify their comparative rates and demographics to those of the general population and to look at themes from coroner reports.</p> <p>d) NHS England is working with small number of accelerator Sustainability and Transformation Partnerships (STPs) to develop pilots in relation to access to services for veterans with immediate effect.</p> <p>e) The Ministry of Defence has announced it will work with Defence Statistics to improve the data on suicide and other causes of death of veterans that fought in Afghanistan and Iraq.</p>	<p>MoD</p> <p>d) NHSE</p> <p>e) MoD</p>	<p>commence in April 2019 and will run for 24 months.</p> <p>d) Work to commence January/ February 2019 and is intended to inform possible options for pathway development.</p> <p>e) Project to report early 2019.</p>
<p>DHSC and the Government Equalities Office will jointly develop a plan focussed on reducing suicides amongst the LGBT population.</p>	<p>a) COMPLETE: The Government Equalities Office has published an LGBT Action Plan: 'Improving the lives of Lesbian, Gay, Bisexual and Transgender people'.</p> <p>b) With the LGBT health grant fund, the Government Equalities Office will support a number of projects on tackling LGBT inequality.</p> <p>c) The Government Equalities Office will commission a rapid evidence review on the evidence on LGBT suicide and self-harm reduction interventions.</p> <p>d) To support its work on LGBT suicide reduction, the Government Equalities Office will host a workshop of voluntary and charitable sector (VCS), researchers and health organisations to gain a better insight into current knowledge on LGBT suicide and self-harm.</p>	<p>a) GEO, PHE</p> <p>b) GEO</p> <p>c) GEO</p> <p>d) GEO</p>	<p>a) LGBT Action Plan published July 2018</p> <p>b) Will issue grants in early 2019</p> <p>c) Will issue an invitation for tender early 2019</p> <p>d) Hosted October 2018</p>

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	e) The Department of Health & Social Care and Government Equalities Office will collaborate on developing a joint plan to reduce suicides amongst the LGBT population.	e) GEO, DHSC	e) Will develop over 2019/2020
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Tailoring approaches – Children and Young People

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
Production of joint DHSC and DfE Green Paper on children and young people's mental health	COMPLETE: The joint health and education Children and Young People's Mental Health Green Paper and the Government's response to the Green Paper consultation have been published. Implementation is ongoing.	DfE DHSC	CYP Green Paper published in December 2017 and Government response to consultation published in July 2018. Implementation is ongoing.
Explore issues affecting young people which may be impacting their mental health such as body image and other pressures from social media.	The Children and Young People's Mental Health Green Paper and Government response to the Green Paper consultation includes work on addressing the impact of social media and the internet. Actions from the Green Paper relating to social media and potential harms to children and young people's mental health are being taken forward through the forthcoming joint DCMS – Home Office Online Harms White Paper .	DHSC DfE DCMS Home Office	CYP Green Paper published in December 2017 and Government response to consultation published in July 2018. Internet Safety Strategy Green Paper published

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			in October 2017. Government's response to Internet Safety Strategy consultation published May 2018. White Paper on the National Internet Safety Strategy to be published in the winter (2018/19)
Tackle homophobic, biphobic and transphobic (HBT) bullying in schools	<p>In 2015, the Government Equalities Office (GEO) ran a £2.0 million pilot fund to test approaches to effectively tackle homophobic, biphobic and transphobic (HBT) bullying in schools. Following the evaluation of the pilot, the Government is now funding a £4.0 million programme from 2016 to 2020 to tackle HBT bullying in schools. The programme focuses on primary and secondary schools in England which currently have no or few effective measures in place.</p> <p>The GEO has also published cyberbullying guidance and an online safety toolkit for schools.</p>	GEO	2016-2020
Analyse suicide rates of people at university to explore any lessons to be learned and increase awareness of suicide risk and mental wellbeing.	<p>a) COMPLETED FIRST PHASE: PHE has worked with Universities UK and ONS to collect data on suicides rates at higher education institutions⁹.</p> <p>b) Universities Minister hosted a mental health summit on 28 June</p>	<p>a) PHE, ONS</p> <p>b) DfE</p>	<p>a) Report, 'Estimating suicide among Higher Education students, England and Wales', was published on 25 June 2018.</p> <p>b) Roll-out of</p>

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	<p>2018 to work with universities, students, sector bodies and support groups to discuss better support for students. The Department for Education announced plans for a University Mental Health Charter to coincide with the summit.</p> <p>c) The Department for Education is working with the higher education sector to explore disclosure agreements for universities, so they have permission to share information on student mental health with parents or a trusted person.</p> <p>d) The Department for Education will also work with the sector to review the support needed for students in the transition into university, particularly those with or at risk of mental health issues.</p> <p>e) COMPLETE: Public Health England, NHS England and the Department of Health & Social Care have supported the development of guidance for universities on preventing student suicides.</p> <p>f) Universities UK, NHS England, Public Health England, Department of Health & Social Care, NHS Confederation Mental Health Network and Office for Students exploring setting up a Student Mental Health Collaborative with specific local areas to enhance suicide prevention</p>	<p>c) DfE</p> <p>d) DfE</p> <p>e) PHE, NHSE, DHSC</p> <p>f) NHSE, PHE</p>	<p>sector-wide consultation on the Charter begins early 2019. Charter goes live 2019/20 academic year.</p> <p>c) Sector-led task group of health and legal experts convened in December 2018 and will develop guidance.</p> <p>d) The working group reviewing transitions issues will agree its work plan with Ministers in December 2018.</p> <p>e) Universities guidance published 5 September 2018.</p> <p>f) Scoping, identifying areas, and early stages for set up</p>
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	practice.		underway.
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Reducing access to means of suicide

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
Continue work to explore issues around the inhalation of gas.	The Department of Health & Social Care is continuing to engage experts and industry to explore this issue.	DHSC	Ongoing
Incorporate the aims of British Transport Police's Suicide Prevention Strategy and the railway Suicide Prevention Duty Holders Group's Nine-Point Plan, into train operating franchise agreements.	COMPLETE: The Department for Transport has introduced provisions into train operator franchise agreements which require them to produce a suicide prevention strategy.	DfT	2017
Explore other ways to work with partners to develop effective mental health crisis care and suicide prevention across the rail network.	<p>a) COMPLETE: 'Small Talk Saves Lives' campaign has been launched between Samaritans and the British Transport Police and Network Rail in 2017; two further phases of the campaign have been launched since.</p> <p>b) COMPLETE: The British Transport Police has operated a case</p>	<p>a) DfT</p> <p>b) DfT, BTP</p>	<p>a) 'Small Talk Saves Lives' campaign launched in 2017; Second phase launched in April 2018; Phase three launched in November 2018.</p> <p>b) Management</p>

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	<p>management system, involving NHS staff and decision making, for individuals presenting in suicidal circumstances on the railway.</p> <p>c) COMPLETE: The British Transport Police and the rail industry operate an escalation process, which brings together local health and social care partners to address problem sites identified through analysis. This involves the sharing of data, including personal data of subjects with statutory agencies where required. The Public Health England Suicide Surveillance and Cluster management guidance provide a foundation for this work.</p>	<p>c) DfT, BTP</p>	<p>system in place since 2013.</p> <p>c) Ongoing</p>
<p>Look at ways to replicate the successful work of the rail industry in other areas of the transport network such as highways and waterways.</p>	<p>a) The Department of Health & Social Care will work with the Minister for Suicide Prevention to engage other sectors to increase suicide awareness and prevention – especially in sectors where there is an increased risk of suicide.</p> <p>b) The Department for Transport has established suicide prevention meetings, with membership including Highways England, Maritime and Coastguard Agency, British Transport Police, Network Rail, Royal National Lifeboat Institution and Transport for London. The purpose of the group is to share good practice, update on activity and look for shared opportunities for suicide prevention initiatives. The group will also share information on suicide clusters to allow nearby prevention planning by other membership organisations where appropriate.</p> <p>c) The Department of Health & Social Care has engaged in work with Highways England on suicide prevention on the road network.</p> <p>Highways England published its Suicide Prevention Strategy in November 2017.</p> <p>Highways England is undertaking feasibility studies at locations most frequently used for suicide.</p>	<p>a) DHSC</p> <p>b) DfT</p> <p>c) DHSC, Highways England</p>	<p>a) 2019</p> <p>b) DfT suicide prevention meetings established July 2018. Meetings are ongoing.</p> <p>c) Ongoing</p>

Providing better information and support to those bereaved or affected by suicide

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
<p>Providing better information and support to those bereaved or affected by suicide</p>	<p>a) COMPLETE: Public Health England published a suite of guidance, in conjunction with the National Suicide Prevention Alliance and the Support After Suicide Partnership, to local areas for developing and implementing compassionate suicide bereavement services.</p> <p>b) COMPLETE: New joint PHE and NICE Guidelines on Suicide Prevention recommend that local areas provide this support: ‘Preventing suicide in community and custodial settings’.</p> <p>c) NICE is scoping the development of quality standards for suicide prevention to cover ways to reduce suicide and help people bereaved or affected by suicides in community and custodial settings.</p> <p>d) Nearly all local authorities have a suicide prevention plan in place. The Department of Health & Social Care is working with national partners and local authorities to self-assess their plans, which will include helping to ensure suicide bereavement support is a strong element within plans through sharing of good practice.</p>	<p>a) PHE</p> <p>b) PHE, NICE</p> <p>c) NICE</p> <p>d) DHSC, PHE, LGA, ADPH</p>	<p>a) PHE guidance published 2017</p> <p>b) NICE guidelines published September 2018</p> <p>c) Consultation on the quality standards expected in April 2019 and publication of the standards expected in September 2019.</p> <p>d) Self-assessment of suicide prevention plans expected to complete by end of December 2018 and report of the findings</p>

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	<p>e) Public Health England is working with Support after Suicide, National Suicide Prevention Alliance and the Chair of the National Suicide Prevention Strategy Advisory Group to look at different models for suicide surveillance with coroners and police. This work can help find the best ways to reach people bereaved by suicide.</p> <p>f) COMPLETE: The British Transport Police has published a Charter for the Bereaved, setting out what level of support they could expect following a death on the railway.</p>	<p>e) PHE</p> <p>f) BTP</p>	<p>expected in spring 2019.</p> <p>e) Early findings expected by March 2019.</p> <p>f) Charter published 2017.</p>
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Supporting the media to deliver sensitive approaches to suicide and suicidal behaviour

Commitment	Action	Lead Department	Key Milestones/ Delivery Date
<p>Work with the Samaritans and the online sector to increase efforts to address potentially harmful suicidal content online, and improve online safety for children and young people.</p>	<p>a) CYP Green Paper and the Government's response to the Green Paper consultation have been published. This includes work on addressing the impact of social media and the internet. The actions relating to social media and potential harms to children and young people's mental health are being taken forward through the Government's response to the Internet Safety Strategy Green Paper. This includes addressing suicidal and self-harm content online. The Joint DCMS – Home Office Online Harms White Paper is in development.</p>	<p>a) DHSC, DfE, DCMS, Home Office</p>	<p>a) CYP Green Paper published in December 2017 and Government response to consultation published in July 2018.</p> <p>Internet Safety Strategy Green Paper published in October 2017.</p>

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	<p>b) Samaritans has commissioned research in this area which was published in 2016 ("Exploring the use of the internet in relation to suicidal behaviour: identifying priorities for prevention" - Bristol University)¹⁰</p> <p>Samaritans continues to work with online providers and social media providers to look at how to maximise positive opportunities online and minimise harmful content.</p> <p>c) To better understand the relationship between social media and the mental health of children and young people up to 25 years old, the Chief Medical Officer has commissioned independent researchers from University College London (UCL) to carry out a systematic evidence review on the impact of social media use on children and young people's mental health.</p>	<p>b) Samaritans</p> <p>c) DHSC</p>	<p>Government's response to Internet Safety Strategy consultation published May 2018.</p> <p>White Paper to be published in the winter (2018/19).</p> <p>b) Research published November 2016. Wider work with social media organisations ongoing.</p> <p>c) Work due to complete Spring 2019.</p>
<p>Strengthen the relationship between Samaritans, PHE and DHSC to support better</p>	<p>A protocol is being developed and agreed between Public Health England, Samaritans, and Chair of National Suicide Prevention Strategy Advisory Group to strengthen and clarify roles in responding to a single suspected suicide or potential clusters, as well as wider communications and online challenges, with risk of contagion.</p>	<p>PHE</p>	<p>New arrangements expected to be published in 2019.</p>

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monitoring of suicide reporting in the media.			
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Supporting research, data collection and information

Engage coroners to improve level of information that is recorded during inquests to improve analysis and understanding of methods of suicide and other factors	COMPLETE: The Office for National Statistics (ONS) has been in contact with the Chief Coroner to discuss improving quality of death registrations, including specifically suicide. In response, the Chief Coroner provided new guidance to Coroners via the Coroners newsletter, regarding how suicides are recorded.	ONS	Coroners newsletter distributed June 2017.
Consider whether the suicide standard of proof should be changed to the balance of probabilities rather than beyond reasonable doubt	In July 2018, the High Court ruled that the standard of proof to be applied at inquest for suicide is the civil standard, and not the criminal standard (case of R (Maughan) v Her Majesty's Senior Coroner for Oxfordshire). The bereaved family has appealed the ruling - Government is monitoring and will consider the implications of the appeal decision once known.	MoJ	July 2018 High Court ruling. Court of Appeal hearing set for 9 April 2019.
Continue work to speed up the process of notification of suicide to ensure that data is as timely as possible	a) The Office for National Statistics (ONS) is working with coroners and the Chief Coroner to explore ways of speeding up notification and improving consistency of data. b) British Transport Police (BTP) has run a real-time suicide and attempt suicide recording process since 2003. BTP Chief Constable is also the National Police Chiefs Council (NPCC) lead for Suicide and champions the need for this data collection and liaison across the police service. c) Public Health England is working with Support after Suicide, National	a) ONS b) BTP c) PHE	a) Continuous b) Ongoing c) Early findings

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	<p>Suicide Prevention Alliance and the Chair of the National Suicide Prevention Strategy Advisory Group to look at different models for suicide surveillance with coroners and police.</p>		<p>expected by March 2019.</p>
<p>Establish a wider mental health research programme which will inform our thinking in many of the areas which may impact suicide and self-harm prevention</p>	<p>Six projects were funded in support of the National Strategy and are now all complete:</p> <ol style="list-style-type: none"> 1. Exploring the use of the internet in relation to suicidal behaviour: identifying priorities for prevention – University of Bristol¹¹. 2. The ‘Listen-Up!’ Project: Understanding and Helping Looked-After Young People Who Self-Harm – University of Nottingham¹². 3. Understanding the role of social media in the aftermath of youth suicides – Cardiff University¹³. 4. Self-harm in primary care patients: a nationally representative cohort study examining patterns of attendance, treatment and referral, and risk of self-harm repetition, suicide and other causes of premature death – University of Manchester¹⁴. 5. Risk and resilience: Self-harm and suicide ideation, attempts and completion among high risk groups and the population as a whole – National Centre for Social Research¹⁵. 6. Understanding Lesbian, Gay, Bisexual and Trans (LGBT) Adolescents' Suicide, Self-Harm and Help-Seeking Behaviour – University of Lancaster¹⁶. <p>A 10-year Framework for Mental Health Research has been published and will continue to provide funding for research projects through National Institute for Health Research (NIHR) including for suicide and self-harm prevention.</p>	<p>DHSC</p>	<p>10-year Framework for Mental Health Research published in 2017.</p> <p>Research through NIHR ongoing.</p>
<p>Support the National Suicide Prevention Alliance (NSPA) in implementation of its data improvement work stream, including in development of a</p>	<p>The National Suicide Prevention Alliance has redeveloped its resources section on its website, hosting a range of suicide prevention information and guidance, which includes Office for National Statistics (ONS) annual suicide statistics, Public Health England’s Fingertips tool, the National Confidential Inquiry into Suicide and Safety in Mental Health Annual Reports, and a range of research and analysis.</p>	<p>NSPA</p>	<p>Ongoing - NSPA will continue to keep the resources hub updated.</p>

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<p>'data hub' so that its members and others can navigate the various national datasets on suicide and self-harm.</p>			
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¹ Office for National Statistics (4 September 2018) Suicides in the UK: 2017 registrations

² Office for National Statistics (16 November 2018): Provisional quarterly suicide figures by sex, July 2018 to September 2018 registrations, England only

³ National Confidential Inquiry into Suicide and Safety Annual Report (2018): https://www.hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-annual-report-2018/#.XDj_ymy7JPY

⁴ Office for National Statistics (2 December 2016) Suicides in the UK: 2015 registrations

⁵ Office for National Statistics (4 September 2018) Suicides in the UK: 2017 registrations

⁶ Office for National Statistics (4 September 2018) Suicides in the UK: 2017 registrations

⁷ Office for National Statistics (17 March 2017) Suicide by occupation, England: 2011 to 2015

⁸ Hawton K, Witt KG, Taylor Salisbury TL, Arensman E, Gunnell D, Hazell P, Townsend E, van Heeringen K (2006). Psychosocial interventions for self-harm in adults.

⁹ Office for National Statistics (25 June 2018): Estimating suicide among higher education students, England and Wales: Experimental Statistics

¹⁰ Biddle L, Derges J, Gunnell D, Stace S, Morrissey J (2016): Priorities for suicide prevention: balancing the risks and opportunities of internet use

¹¹ Biddle L, Derges J, Gunnell D, Stace S, Morrissey J (2016): Priorities for suicide prevention: balancing the risks and opportunities of internet use

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