



Preventing suicide in England: Fourth progress report of the cross- government outcomes strategy to save lives

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Contents

Ministerial Foreword.....	3
Foreword - Chair of the National Suicide Prevention Strategy Advisory Group	5
Introduction	7
Ambition to reduce suicides	9
Progress on key areas for action	11
1. Reducing the risk of suicide in high-risk groups	12
Young and middle-aged men.....	12
People in the care of mental health services	14
People in contact with the criminal justice system	19
Specific occupational groups.....	22
People with a history of self-harm.....	24
2. Tailoring approaches to promote mental health in specific groups.....	28
Children and young people.....	29
Users of drugs & alcohol	34

Perinatal mental health.....	36
People in receipt of employment benefits.....	37
3. Reducing access to means	40
Transport.....	40
Learning & investigations within NHS settings.....	42
4. Providing better information and support to those bereaved or affected by suicide	44
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour	46
6. Supporting research, data collection and monitoring.....	48
Research	48
Improving data.....	48
7. The National Suicide Prevention Alliance.....	50
8. The National Suicide Prevention Strategy Advisory Group	52
Role	52
Members	52
References	55

Ministerial Foreword

The impact of suicide on families and our communities is devastating and long-lasting. Suicide highlights inequalities across society with the most vulnerable and those living in the most deprived areas being most at risk. In England, 13 people take their own life every day and we cannot allow this shocking reality to continue¹. I have met many people bereaved by suicide during my time as Minister for Mental Health and their heart-breaking stories will stay with me. This is why I am honoured to be the first Minister for Suicide Prevention in the UK and to be working across national and local government to ensure we are doing all we can so fewer people die by suicide and that those bereaved by suicide receive the support they need.

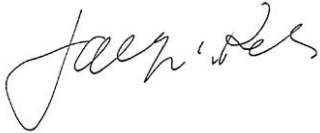
The Government has set out an unprecedented [long-term investment in the NHS](#) of over £20.5 billion over the next five years, which includes £2.3 billion for mental health. The Secretary of State for Health and Social Care has set out the Government's better health and prevention vision, [Prevention is Better than Cure](#), so we can all live healthier lives for longer. This is supported by the [Long-term Plan for the NHS](#) which sets out the priorities for the next ten years to ensure the NHS continues to evolve to meet the needs of a modern society and an ageing population.

Suicide prevention remains central to that vision and the NHS Long-term Plan reaffirms the NHS's commitment to making 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.

Every local area has a multi-agency suicide prevention plan [in place or in development](#) and the first STP areas received funding as part of the [£25 million investment in suicide prevention](#) to embed their plans. I will be working in partnership with local government as they assess the quality of their plans and identify areas for improvement and good practice to share. It is vital that all services within our communities work together to ensure that those who are most challenged and those most at risk of suicide can reach out for support when they need it. After all, suicide prevention is everybody's business.

I will also be overseeing the implementation of the first Cross-Government Suicide Prevention Workplan, which is published alongside this report, and which will drive progress across all sectors of national and local government to continue to reduce suicides. The scale of our ambition in delivering suicide reduction programmes across every part of Government is unrivalled anywhere and will see every local authority, mental health trust and prison implement suicide prevention policies. Our vision for zero suicide will roll-out to every community in the country over the coming years.

However, we cannot become complacent. I am delighted the suicide rate in England is at its lowest for seven years². However, these rates can change over time. It is therefore my priority to keep driving further and faster in implementing our agenda so fewer people feel suicidal or attempt suicide and fewer families have to deal with the devastating loss of a loved one.

A handwritten signature in black ink, appearing to read 'Jackie Doyle-Price', written in a cursive style.

Jackie Doyle-Price

Minister for Mental Health, Inequalities and Suicide Prevention

Foreword - Chair of the National Suicide Prevention Strategy Advisory Group

Over the past two years we have seen the biggest reduction in suicides in England for ten years and the suicide rate is closer to record low levels. The suicide rate in men has reduced for the fourth consecutive year and is now at its second lowest level ever recorded³. This is tremendous, and demonstrates the impact made by national and local government working together with organisations across all sectors to implement the aims of the National Suicide Prevention Strategy.

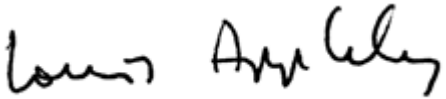
However, we cannot become complacent. I am encouraged by the renewed commitment to suicide reduction in the NHS Long-term Plan. We continually monitor trends in suicide rates, which are likely to increase from where they were in 2017⁴. That is why I welcome the introduction of a Minister for Suicide Prevention, who can help to drive further the implementation of the National Strategy across Government and lead the system in responding to these challenges. In 2017, we have seen reductions in suicides among men, but we have seen increases in suicides among women. Suicide continues to be a leading cause of death in young people and the latest data shows that suicides in teenagers aged 15-19, and especially girls and young women, have increased⁵. We continue to see increases in self-harming, also in young women and girls⁶. It is crucial that Government policies such as the recent [Children and Young People's Mental Health Green Paper](#) can address the mental health issues affecting young people and ensure services, schools, universities and communities can provide the right support.

As well as responding to these challenges, we must also remain vigilant to new and emerging challenges. The National Suicide Prevention Strategy Advisory Group (NSPSAG) has provided advice on a range of issues, which is helping to support the Government's response in areas such as gambling addiction and online safety and the impact of social media on the mental health of young people. The NSPSAG has also advised on the funding priorities for the £25 million investment in suicide prevention through the [Five Year Forward View for Mental Health](#) which was allocated to the first local areas last year.

The Health Select Committee (HSC) made some important recommendations following its [inquiry in suicide prevention](#) and I am delighted that the NSPSAG members have met the Chair of the HSC on two occasions to discuss progress. The HSC recommendations included improving the implementation and governance of the National Suicide Prevention Strategy. In response, I have overseen a review of the NSPSAG's terms of reference and membership to ensure it continues to provide the best support for implementing the National Strategy.

Preventing suicide in England: Fourth progress report

A new National Suicide Prevention Strategy Delivery Group (NSPSDG) has also been established to ensure consistent and coherent implementation of commitments on suicide and self-harm prevention across Government and is involving voluntary and charitable sector organisations as partners in this endeavour. The NSPSAG will continue to monitor implementation and provide challenge where required.

A handwritten signature in black ink, reading "Louis Appleby". The signature is written in a cursive style with a horizontal line underneath it.

Professor Louis Appleby CBE

Introduction

This has been a year of delivery on mental health which has seen continued growing investment and improving access to services so that more people can receive the care and treatment they need. Implementing the vision set out in the Five Year Forward View for Mental Health and the Prime Minister's [ambitious mental health reforms](#) continue to be our priorities and the Government, the NHS and our delivery partners are working tirelessly to achieve that vision.

This vision sits alongside the substantial five-year funding plan for the NHS which will see investment increase by an additional £20.5 billion. The ten-year Long-term Plan for the NHS has set out how this funding boost will be used across the system to respond to the many challenges and demands placed upon it and to ensure it continues to meet the needs of local communities everywhere. It includes additional investment for mental health, renews the NHS's commitment to reducing suicides over the next decade and sets out important measures to improve crisis care services.

We have published the first major [review of the Mental Health Act 1983](#) for over 10 years and the landmark joint health and education Children and Young People's Mental Health Green Paper, which set out the most ambitious reforms for children and young people's mental health services anywhere in Europe.

However, we must go even further to tackle the devastating impact of suicide on families and communities and the first Minister for Suicide Prevention in the UK will work across Government to lead the delivery of the National Suicide Prevention Strategy.

Moving forward we will prioritise the following areas:

- Working in partnership with local government to embed their local suicide prevention plans in every community;
- Delivering our ambition for zero suicide in mental health inpatients and improving safety across mental health wards and extending this to whole community approaches;
- Addressing the highest risk groups including middle-aged men and other vulnerable groups such as people with autism and learning disabilities, and people who have experienced trauma by sexual assault and abuse;
- Tackling the societal drivers of suicide such as indebtedness, gambling addiction and substance misuse and the impact of harmful suicide and self-harm content online;
- Addressing increasing suicides and self-harming in young people; and

- Improving support for those bereaved by suicide.

Since we updated the [Cross-Government Suicide Prevention Strategy in 2017](#), good progress has been made in delivering its key areas for action. The Government published its [response to the Health Select Committee's inquiry](#) into suicide prevention, which has seen the governance and delivery framework for the Suicide Prevention Strategy reformed and strengthened.

The Government announced [£2 million in funding for the Zero Suicide Alliance](#) (ZSA) over the next two years. The funding will be used to develop a package of tools for the NHS and public and private partners, focussing on training to prevent suicides, improving safety, and ensuring lessons are learnt when suicides occur. We are also looking to explore the use of technology in suicide prevention further; the ZSA will develop their digital suicide prevention resource, capturing best practice and learning from across the UK and abroad, as well as exploring the use of analytics to predict suicide risk.

The Government has also committed to providing [£1.8 million to support the Samaritans helpline](#) up to 2022, which will ensure millions of people each year can reach out when they need someone to listen. These organisations, and their members, are working hard every day around the country in local communities to challenge suicide and embed the principle that suicide is not inevitable, but preventable.

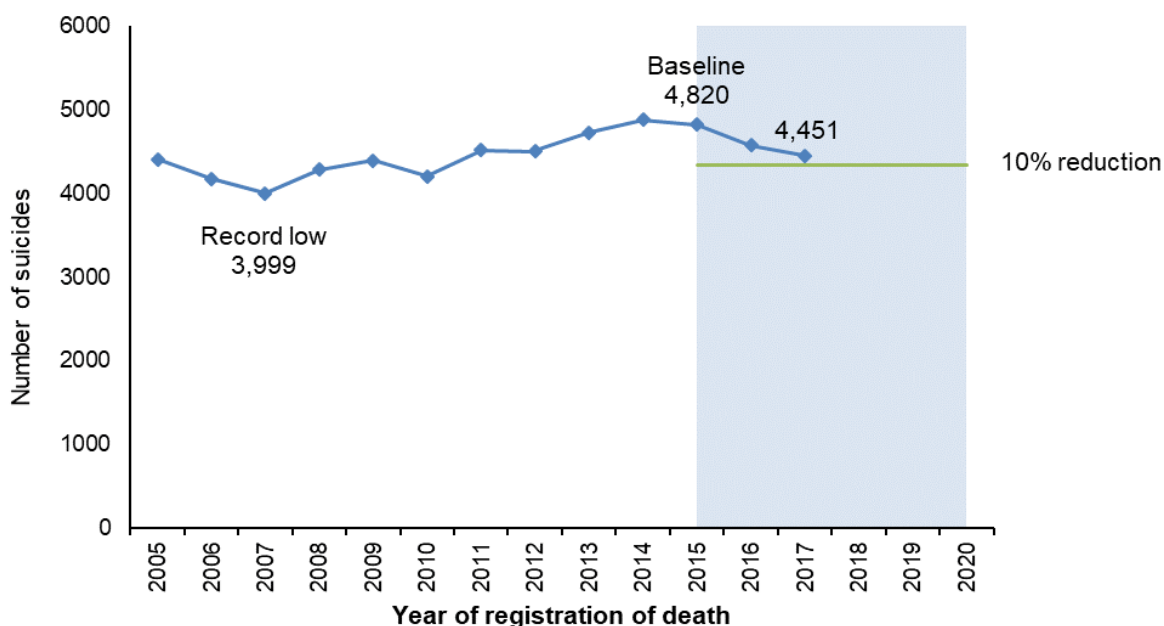
We have a tremendous opportunity to keep delivering this change, with new investment in suicide prevention and the NHS, a renewed focus on national implementation and improved local delivery. We must use this drive to make our ambition of reducing suicides in every community a reality.

“Those who have experienced the terrible bereavement of suicide will understand what I mean when I say that the day my 23-year-old son died, one reality ended and another reality began. Suicide tore through and ruptured the story of my life and of my family, as it has for so many.” David, Bereaved parent

Ambition to reduce suicides

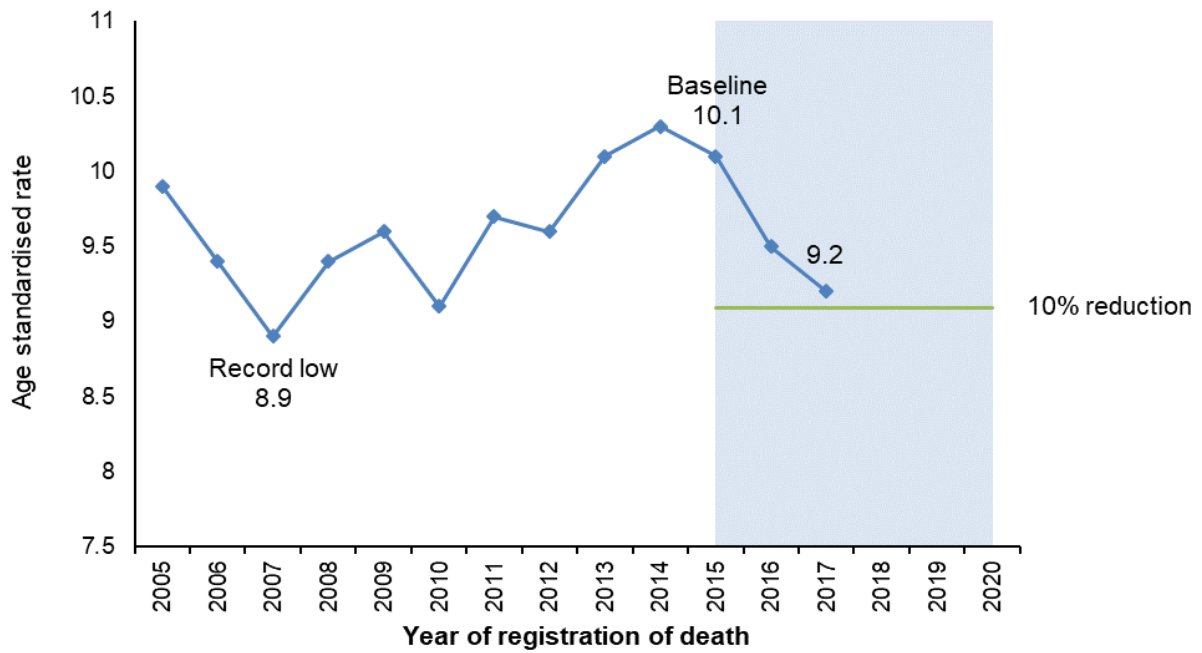
- 1.1 The Five Year Forward View for Mental Health (FYFVMH) set a national ambition in 2016 to reduce suicides by 10 percent by 2020/21. This was a significant challenge following years of increasing suicide rates between 2007 and 2014⁷. The ambition was announced to focus national and local efforts across government and communities to reverse the worrying upward trend in suicides.
- 1.2 In 2016, the Office for National Statistics (ONS) published [suicide registrations for 2015⁸](#). Therefore, we are setting a baseline for the number of suicides registered in 2015 (4,820 suicides) to measure progress against the target. To achieve the target the number of suicides must reduce by at least 482. However, overall suicide trends will need to be measured by three-year average suicide rates to enable more robust monitoring and analysis.
- 1.3 We will provide updates on achieving the target in future progress reports and will measure success based on the suicide registrations for 2020, expected to be published by the ONS in 2021.
- 1.4 The graphs below show progress against the target by showing the number of suicides registered each year since the baseline to achieve the ambition, as well as the impact on the suicide rate to show longer trends.

Monitoring progress towards a 10% reduction in suicides - number of suicides, England (ONS 2018)



Source: ONS (4 September 2018) Suicides in the UK: 2017 registrations.

Monitoring progress towards a 10% reduction in suicides - rate per 100,000 population, England (ONS 2018)



Age-standardised rate per 100,000 population, standardised to the 2013 European Standard Population.

Source: ONS (4 September 2018) Suicides in the UK: 2017 registrations.

Progress on key areas for action

The National Strategy committed to tackling suicide in six key areas for action, with the scope of the strategy subsequently expanded in 2017 to include addressing self-harm as a new key area. The rest of this report will update on the progress that has been made in each of these areas since the last progress report was published in January 2017:

- Reducing the risk of suicide in high risk groups;
- Tailoring approaches to improve mental health in specific groups;
- Reducing access to means of suicide;
- Providing better information and support to those bereaved or affected by suicide;
- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour;
- Supporting research, data collection and monitoring; and
- Reducing rates of self-harm as a key indicator of suicide risk.

1. Reducing the risk of suicide in high-risk groups

1.1 The following high-risk groups were identified in the [National Strategy](#):

- young and middle-aged men;
- people in the care of mental health services, including inpatients;
- people in contact with the criminal justice system;
- specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers; and
- people with a history of self-harm.

“...after two months my manager let me go. I now had the added pressure of not knowing how I was going to get by without a regular job. Everything was going wrong, I felt worthless. That night I made plans to end my life”. Gina, Survivor

Young and middle-aged men

1.2 There has been an encouraging reduction in suicide rates amongst men over the past four years, with the suicide rate now at its second lowest recorded level, from 16.0 in 2014 to 14.0 in 2017⁹. However, despite this welcome reduction, men remain the group at highest risk and our suicide data monitoring indicates we may see increases in these groups after 2017¹⁰. Males continue to account for around three quarters of all suicides (3,328 out of 4,451 suicides were males in 2017)¹¹, and suicide is the biggest killer of men under 50 and a leading cause of death in young men¹².

1.3 We know that men are less likely than women to seek help or talk about suicidal feelings and can be reluctant to engage with health and other support services¹³. Local areas should be developing strong local partnerships and implementing innovative ways of reaching out to men who may be at risk of suicide.

1.4 The Department of Health and Social Care (DHSC) is working with national partners and the local government sector to look at the quality of local suicide prevention plans, to identify what is working well and areas that may be improved, which will help us share learning in this area.

- 1.5 It is also important that we look at the most effective ways of targeting men, and NHS England has worked with Public Health England and DHSC to ensure that the first wave of the £25 million transformation funding, allocated to eight local areas in 2018/19, is testing different approaches to reaching men in local communities as part of the multi-agency suicide prevention partnerships.

Warwickshire County Council Public Health and Partners: It Takes Balls to Talk

It Takes Balls to Talk (ITBTT) is a community campaign which uses an unusual approach to enhance mental wellbeing and address previously unaddressed suicidal feelings in a high-risk group, by taking a straightforward message directly to men and those that care about them, in their places of leisure and work. It is a grass-roots campaign, highlighting the importance to men's mental wellbeing of them talking about their emotions.

Volunteers share a simple powerful message at sporting matches and male dominated workplaces; that "It's okay to talk about how you feel" and also encourage them to be "A Listening Mate". The volunteers not only role-model the ease and effectiveness of brief conversations about mental well-being, but also sign-post those who identify a need to services in their area. At each event a clinician is available to support volunteers and address any immediately presenting significant mental health needs. It Takes Balls to Talk enhances this face-to-face contact at events with an online presence that is rapidly developing.

ITBTT is a partnership initiative involving: public health across Coventry and Warwickshire, Coventry & Warwickshire Partnership Trust (the local mental health trust), Coventry & Warwickshire Mind, Samaritans, and Unite the Union.

The campaign has linked with a wide range of community based organisations including: Fire Service where they are training fire crews in suicide prevention, police services, football coaches, ice hockey (where "Puck Up the Courage" is a key message), horse racing venues in Warwick and Stratford (where Beat the odds is the key message), and a whole range of sporting venues across Coventry and Warwickshire. There are plans to expand ITBTT into a wider range of male dominated environments including key workplaces and community venues such as pubs. This will enable ITBTT to really target high risk groups, in higher risk locations.

- 1.6 Tackling the stigma associated with mental health remains a key priority and is one that can have a major impact on help-seeking behaviours. The [Time to Change](#) national initiative, led by Mind and Rethink Mental Illness, continues to play a key role to reduce mental health stigma. Research carried out by Time to Change into men's attitudes towards mental health found that, compared to women, men are less knowledgeable about mental health, with more negative attitudes; far less likely to report their own experiences of mental health problems

and less likely to discuss mental health problems with a professional; and more likely to say that mental health problems are the result of a 'lack of self-discipline and willpower'¹⁴.

- 1.7 As a result of this research, in 2017, Time to Change launched the five-year '[In your corner](#)' campaign, which aims to encourage men to be more open and supportive of their friends with a mental health problem.
- 1.8 Time to Change also worked [in partnership with Ford of Great Britain](#) to launch a national awareness campaign in April 2018 that encourages people to speak more openly about mental health and to find safe, non-confrontational spaces to talk. Following research conducted by Ford, which found that over two-thirds of people said they were more comfortable talking about issues when in a vehicle¹⁵, they launched an advert designed to resonate with the millions of men who travel to and from work every day.

“Depression is so isolating and lonely, it convinces you to think that nobody cares, and that you don’t mean anything. So, opening up to friends about what I was going through made me realise people did care, they wanted to help and that I was loved.”
Gina, Survivor

James' Place, Liverpool

On 19th June 2018, the James Wentworth-Stanley Memorial Fund opened James' Place in Liverpool, a non-clinical centre for men experiencing suicidal crisis. The centre is the first of its kind in the UK and was formally opened by the Duke of Cambridge.

The centre will initially run on a referral basis only, taking referrals from local hospitals, general practices and student counselling services. Visitors will have an initial appointment to ascertain the treatment needed and then will be offered a tailored service of one-to-one free therapeutic support during their time of need.

People in the care of mental health services

- 1.9 The 2018 annual update of the [National Confidential Inquiry into Suicide & Safety in Mental Health](#) (NCISH)¹⁶ shows that the rate of suicide in those who are in contact with mental health services continues to reduce. However, these people still account for around a third of all suicides in England¹⁷ and are some of the most preventable suicides.
- 1.10 Nearly three years on from the publication of the Five Year Forward View for Mental Health (FYFVMH), we are starting to see improvements through the [focus](#)

[on mental health in Sustainability and Transformation Partnerships](#) (STP)¹⁸. The NHS Long-term Plan commitments on suicide prevention will ensure this remains a commitment over the next decade.

- 1.11 The Health Select Committee (HSC) highlighted the importance of health professionals having the appropriate knowledge and awareness of suicide and self-harm and, in line with this, Health Education England published the [Suicide Prevention and Self-Harm Competency Frameworks](#) in October 2018. These frameworks set out the competencies required for effective interventions by clinicians and others working with people of all ages across generalist to specialist settings. This programme of work will also support the development of online resources for children and young people and their families through MindEd, who have been involved in the development of the framework.
- 1.12 The Government's £2 million investment in the Zero Suicide Alliance will also improve suicide awareness and training across the NHS and wider communities and will develop innovative models for learning from deaths and using new technology to improve risk assessments. The Zero Suicide Alliance's suicide awareness training module can be completed [online](#).

Primary care

- 1.13 About a third of people who take their own life will have seen their GP recently before their death¹⁹. Research published recently by the University of Manchester also showed that presentations for self-harm by young girls aged 13-16 at GP practices has increased by 68 percent from 45.9 per 10,000 in 2011 to 77.0 per 10,000 in 2014²⁰.
- 1.14 Around 25 per cent of mental health patients who die by suicide have a major physical illness (accounting for 3,410 deaths between 2005 and 2013)²¹. This highlights the ongoing importance and value of truly integrated mental and physical health services, and NHS England and partners are working hard towards achieving such integration.
- 1.15 In line with the [Five Year Forward View for Mental Health](#), from 2018/19 onwards, 280,000 people annually with severe mental illness should receive comprehensive annual physical health checks and follow up interventions regardless of whether they are in receipt of secondary mental health services, or in primary care only. [National Clinical Commissioning guidance](#) was published last year to support Clinical Commissioning Groups (CCGs) to improve access and quality of both physical health assessments and interventions delivered within primary care, and will showcase and share innovative delivery models such as enhanced primary care services.

- 1.16 In 2016/17 and 2017/18, NHS England provided additional investment for 37 Improving Access to Psychological Therapies (IAPT) 'Early Implementer' sites to develop integrated '[IAPT in physical healthcare pathways](#)' (called IAPT-Long Term Conditions or 'IAPT-LTC') and last year started an expansion of these services to other parts of the country. IAPT-LTC services provide evidence-based (NICE-recommended) psychological therapies for people with long term conditions, such as diabetes or respiratory disease, or who have medically unexplained symptoms (MUS), who also have depression and anxiety disorders. These interventions are provided by therapists who have received specific additional training and are co-located within pathways that are integrated with physical healthcare. [Local evaluations](#) of early implementer IAPT-LTC sites has demonstrated the benefits of integration such as significant reductions in GP appointments and other physical healthcare services.
- 1.17 The 2017 progress report also outlined the crucial role that training in suicide awareness for GPs and GP surgery staff can have in suicide prevention. Health Education England is supportive of all doctors having greater awareness and skills in identifying and managing mental health issues and has promoted more access to formal psychiatry training in the [Foundation Programme](#); a two-year training programme which is intended to equip doctors with the generic skills and professional capabilities to progress to specialty training.
- 1.18 Health Education England has also commissioned a bespoke toolkit for primary care nurses and GPs; the "[Train the trainer toolkit for a sustainable method of primary care mental health education](#)" to enable primary care services to upskill their workforce in the required awareness, identification and response to mental health and wellbeing needs. The Charlie Waller Memorial Trust is delivering the toolkit and General Practice Nurse forums are helping to further cascade this resource across primary care. In addition to this, Health Education England is scoping options for further GP training.

Secondary and community mental health services

- 1.19 The NHS has worked hard to decrease the number of inpatient suicides by more than half over the past 20 years by implementing improvements in patient safety²². However, numbers remain too high and, in order to maintain momentum, a zero-suicide ambition for mental health inpatients was announced in January 2018. The ambition recognises the need for a renewed emphasis on suicide prevention for those in inpatient care. Whilst the ambition starts with mental health inpatients, providers are encouraged to go beyond this. In line with this, all mental health trusts should produce plans for implementing a zero-suicide ambition. The national quality improvement programme, as part of the £25 million funding, will support this ambition.

- 1.20 In addition, in its [2016 report](#), the NCISH set out 10 ways to improve safety in mental health care that the NHS and partners should be working towards²³. NHS England is working with ALB partners to implement a number of these, including eliminating inappropriate out of area placements and [expansion in 24-hour urgent and emergency mental health care](#). This means both 24/7 crisis services, with all areas of the country expected to increase funding in crisis resolution home treatment teams (CRHTTs), and £249 million investment in mental health liaison services in acute general hospitals over the next five years.
- 1.21 In 2017, NHS England [announced](#) that £30 million in bids had been awarded to 74 areas across England to improve the number of acute hospitals meeting the 'Core 24' standard for 24/7 mental health liaison teams, with the expectation of achieving 46 percent coverage in 2019 (81 hospitals). This 'Core 24' standard encompasses: 24/7 hours of operation; 1hr response times to emergency referrals from the emergency department; 24hr response to urgent ward referrals; staffed in line with or close to recommended levels to cover 24/7 rota, including access to older adult expertise; and funded recurrently as an expected department in acute hospitals.
- 1.22 As part of the Five Year Forward View for Mental Health programme, an Acute Pathway for Adults and Older Adults has been developed. Implementation of the pathway will be supported by improved data collection, monitoring key interventions for people requiring acute mental health care.
- 1.23 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 and needs including but not limited to psychosis, personality disorders, bipolar affective disorders, severe and complex mental health problems and people who self-harm.
- 1.24 By 2020/21, at least 60 percent of people experiencing a first episode of psychosis are to start treatment in an [early intervention in psychosis \(EIP\) service](#) within two weeks of referral, with a NICE-recommended package of care focused on recovery and integrated with primary and social care and other sectors. NHS England invested £40 million recurrently from April 2015 to support delivery of this standard, and from 2017/18 has been incrementally increasing investment to reach a [planned additional £70 million by 2020/21](#). The EIP two-week target has been continuously exceeded in the past year, with data in November 2018 showing that the country is achieving 76.2 percent²⁴. Work is also underway to ensure the highest quality of NICE concordant care, in line with the second part of the standard.

Inpatient care for Children and Young People

- 1.25 In January 2017, the Health Minister made a [statement to the House](#) that all deaths of patients under the care of Tier 4 inpatient Child and Adolescent Mental Health Services (CAMHS) would be routinely reported to Ministers. This will enable increased oversight and ensure proper recording of deaths to ensure that lessons can be learned and action taken where necessary. We are also committed to notifying the National Confidential Inquiry into Suicide and Safety in Mental Health if a self-inflicted death has occurred in these circumstances, so that both the figures and clinical lessons can be captured, and we will be publishing these figures in suicide prevention progress reports. We [reported the number of deaths to Parliament](#) last year and will continue to do so. Tragically, since January 2013 (the baseline used in the Ministerial statement), there have been 18 deaths. No-one receiving care in hospital should die by suicide and we must do all we can to improve safety and learn lessons to prevent these deaths.

Consensus statement for sharing information

- 1.26 In 2014, we published the Information [Sharing and Suicide Prevention Consensus Statement](#) in conjunction with the Royal Colleges and other partners. The Consensus Statement provides guidance and advice to healthcare professionals about when and how they may share information about a patient's imminent or serious risk of suicide with their relatives or carer to prevent suicide.
- 1.27 As outlined in the 2017 progress report, we have heard from stakeholders and the 2016 Health Select Committee (HSC) inquiry into suicide prevention that more needs to be done to promote the Consensus Statement.
- 1.28 We hear from Royal Colleges that there are varied levels of confidence and knowledge across health professionals about when they may share information about suicide risk. Where a patient may express they do not wish their information to be shared then this becomes more complex for health professionals.
- 1.29 Since the recommendations made by the HSC, the National Suicide Prevention Strategy Advisory Group has engaged the Royal Colleges to look at what further is needed to promote and embed the Consensus Statement, and this work is ongoing.
- 1.30 As already outlined, as part of the £25 million investment in suicide prevention over the next three years, NHS England is leading a [national quality improvement programme](#) for improving patient safety and suicide prevention across mental health services. The quality improvement programme will be based on the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

model for safer services, which includes better sharing of information on risk between agencies and with the family where necessary.

“One of the things I have learnt is that depression lies. That it’s okay to tell people what you are going through, it will help more than you realise. I also wish I would’ve visited my doctors sooner, the fear of stigma kept me away. Being honest about your feelings and symptoms helps you to get the right support you really need.”

Gina, Survivor

People in contact with the criminal justice system

- 1.31 Recently, self-inflicted deaths and self-harming in prison has reached record high levels. In the 12 months to September 2018 there were 87 self-inflicted deaths, the 4th highest since September 2008; and in the 12 months to June 2018 there were 49,565 incidents of self-harm, [the highest recorded](#)²⁵. The drivers for this increase are complex but we have strong evidence of certain key factors, including a significant increase in the prevalence of psychoactive substances in prison (associated with increased violence, fuelling debt and bullying as well as making prisoner behaviour unpredictable); vulnerabilities such as a history of self-harm, mental health issues or substance misuse; custodial factors, such as severity of offence, the early days in prison or following transfer, and being on remand or serving an indeterminate sentence; and environmental triggers, such as loss of contact with family²⁶²⁷. The immediate period following release is also high risk²⁸.
- 1.32 When issues are identified in the care of prisoners who have died by suicide, it is important that lessons are learnt and action is taken to avoid further deaths in custody. In January 2017, the Ministry of Justice and Her Majesty’s Prison and Probation Service (HMPPS) launched a review of self-inflicted deaths in prison custody, focusing on cases where mental health issues were evident. The [report](#) was published on 11 October 2018. The report identified several key themes for learning around collaboration, oversight of implementation of recommendations, prison staff capability, information sharing, and the Assessment, Care in Custody and Teamwork (ACCT) case management process. The report describes the steps being taken to address these issues through the existing work streams described below.
- 1.33 In addition, in March 2017, the Independent Advisory Panel (IAP) on Deaths in Custody published a [report](#) following a rapid information gathering exercise in response to the 12 self-inflicted deaths in women’s prisons in 2016. The report made a series of recommendations for both community and prison settings to prevent suicide and self-harm and keep women safe. The IAP is working with the Ministerial Board on Deaths in Custody to promote the implementation of these recommendations.

- 1.34 The IAP on Deaths in Custody has also reached out to prisoners to seek their views on how best to prevent suicide and self-harm, to learn from those with lived experience of the issues experienced in the prison environment. The IAP worked with Inside Time, supported by Samaritans, to gather views, culminating in a [four-page supplement](#) published in the September 2017 edition of Inside Time to reflect on the issues and suggestions raised by prisoners and how these will be considered by the Ministry of Justice and its partners.
- 1.35 To improve safety and reduce suicide and self-harm in prison the Ministry of Justice (MoJ) and HM Prison and Probation Service (HMPPS) jointly lead a [Prison Safety Programme](#). This will ensure all prison establishments have local multi-agency action plans for suicide prevention and self-harm reduction, linked to local authority plans, as well as continuing the roll out of improved training for prison staff. There have been a number of key developments in this programme during 2017-18, including:
- The recruitment of more than 3,100 new prison officers, exceeding the Government's [recruitment target](#). The new staff will act as key workers, each with dedicated responsibility for a small number of prisoners to offer personal supervision and support.
 - Development and roll-out of improved suicide and self-harm awareness and prevention training for prison staff. It has already reached 17,000 staff.
 - An innovative Suicide Prevention Learning Tool (SPLT), which aims to improve the confidence and motivation of prison staff to approach someone they are concerned about or who may be at risk of suicide.
 - Ongoing funding to the Samaritans to support the Listener scheme to provide better opportunities for prisoners to reach out for support when they need it.
 - Implementation of a rolling programme of new operational assurance audits to provide Governors with detailed information about how risk is being managed locally and what can be done to improve this.
 - The Ministry of Justice is continuing work to modernise the prison estate, improving the design of new prisons to improve wellbeing and to reduce the opportunities for self-harm and suicide.
- 1.36 A new Prison Safety Framework has also been introduced for 2018/19, structuring work around five areas, and each prison and prison group is devising a local safety strategy based on this framework, which aims to improve staffing, training and awareness, improving relationships between staff and prisoners and improving the physical environment to reduce suicides and self-harm.

- 1.37 Activity at national level has also been structured around this framework, and is being taken forward in seven key areas:
1. Direct support for prisons, including those facing particular safety challenges (including multiple self-inflicted deaths);
 2. Continuing the roll out of the Offender Management in Custody model and the deployment of key workers;
 3. Improving the management of risk, including during the early days and transition, and through improvements to the Assessment, Care in Custody and Teamwork (ACCT) case management process for prisoners identified at risk of self-harm or suicide.
 4. Developing targeted work with groups at high risk, such as those in segregation and individuals who prolifically self-harm;
 5. Understanding the illicit economy and introducing measures to reduce the impact of debt;
 6. Building staff capability and wellbeing; and
 7. Continuing to build rehabilitative cultures in prisons.
- 1.38 To strengthen the support provided to people when they are released from prison, Public Health England continues to lead work to strengthen the links between prisons and local authority plans.
- 1.39 In addition, the National Institute for Health Research (NIHR) Policy Research Programme, on behalf of the Department of Health and Social Care, has commissioned and funded specific research to be carried out by Manchester University into self-inflicted deaths by people in contact with the criminal justice system. Project ROSIE (Reducing Offender Self-Inflicted Deaths) will enable an in-depth examination of the circumstances of suicide by specific groups and in specific environments to inform improvements.

Police Custody

- 1.40 The Ministerial Council on Deaths in Custody continues to work on reducing self-inflicted deaths and self-harm in all custodial settings. The Ministry of Justice, Home Office and Department of Health and Social Care are working with the Council to implement a far-reaching work programme to reduce deaths in custody following the [review by Dame Elish Angiolini](#) into deaths in police custody. The

[work programme](#) has been the priority for the Ministerial Council on Deaths in Custody during 2018/19 and priorities for 2019/20 are in development and will see further action taken across police and other custodial settings to reduce deaths and learn lessons when they do occur.

Specific occupational groups

- 1.41 The reasons behind increased suicide risks in certain occupational groups are complex. Public Health England (PHE) commissioned the Office for National Statistics (ONS) to undertake renewed research into suicide risk in occupational groups, which analysed deaths registered in England between 2011 and 2015 and was [published](#) in 2017²⁹.
- 1.42 This analysis showed that males working in the lowest-skilled occupations had a 44 percent higher risk of suicide than the male national average; the risk among males in skilled trades was 35 percent higher. For females, the risk of suicide among health professionals was 24 percent higher than the female national average; this is largely explained by a higher risk of suicide among female nurses. The risk of suicide was elevated for those in culture, media and sport occupations; for males the risk was 20 percent higher than the male national average and for females the risk was 69 percent higher than the female national average.
- 1.43 To support actions arising from this research, Public Health England (PHE) published two toolkits to provide advice and support for employers:
- [Reducing the risk of suicide: a preventative guide for employers: this toolkit provides guidance and advice on how to incorporate suicide prevention into an employer's workplace health and wellbeing framework](#); and
 - [Crisis management in the event of a suicide: a postvention guide for employers: offering practical and sensitive guidance for employers to follow in the aftermath of an employee suicide](#).
- 1.44 PHE has also supported a [project](#) recently launched by the Royal Foundation which is focussed on workplace mental health. The website includes signposting to PHE's suicide prevention and postvention in the workplace resources referred to above. An additional strand of this work is also in development, which involves online training for Small and Medium Sized Enterprises (SME), to equip employees with information and training in respect of workplace mental health so that they can better support themselves and their colleagues.

- 1.45 [Thriving at Work; The Stevenson / Farmer review](#) of mental health and employers, which was published in October 2017, looked at how employers can better support all employees including those with poor mental health or wellbeing to remain in and thrive at work. It highlighted the human cost associated with poor mental health, and the higher rates of poor mental health and suicide for employees in certain industries.
- 1.46 The review set out a compelling case for action, with the central recommendation that all employers should adopt a set of core mental health standards to encourage an open and transparent organisational culture that supports employees' mental health. Further to this, the public sector, and private sector companies with more than 500 employees, should adopt a package of enhanced mental health standards to improve disclosure processes and provide tailored mental health support.
- 1.47 The Prime Minister welcomed the review and accepted the recommendations for the Civil Service and NHS England as employers, and the Government – and is acting to deliver these enhanced mental health standards.
- 1.48 We are already working in partnership with employers to maximise the opportunities presented by the review. The Government will promote these through our business networks to encourage private sector businesses to take this forward by providing information, advice and support to employers. The Government responded to the full review as part of "[Improving Lives: The Future of Work, Health and Disability](#)".
- 1.49 The draft [Health and Care Workforce Strategy for England to 2027 - Facing the Facts, Shaping the Future](#) - announced a new Commission on the mental wellbeing of NHS staff and learners. The mental wellbeing review, being led by Sir Keith Pearson, will set out a number of recommendations to improve training and support to the whole NHS workforce to improve mental wellbeing and reduce suicide risk.

Farming Community Network

The Farming Community Network (FCN) provides support to anyone in the farming community experiencing difficulties, whether the issue is personal, family or business-related.

A Helpline is available from 7am to 11pm every day of the year on 03000 111999; trained volunteers who understand the context of farming can provide a "triage support" service. Most callers are referred to a local volunteer able to visit on the farm where appropriate.

Often support is focussed on practical steps to avoid reaching crisis, but FCN can also support people who are experiencing poor mental health and suicide ideation.

FCN is involved in initiatives to raise awareness of the stress facing the farming community, and works with stakeholders in the farming community such as suppliers, agricultural advisors and government agencies. These projects include working to provide health checks, including mental health assessments, at a number of livestock markets, and supporting Rural +, a National Federation of Young Farmers' Clubs initiative which seeks to build resilience in young farmers.

FCN volunteers are all drawn from the farming community and FCS is conscious of the need to provide appropriate support to ensure the wellbeing of volunteers working with those who are struggling or in crisis.

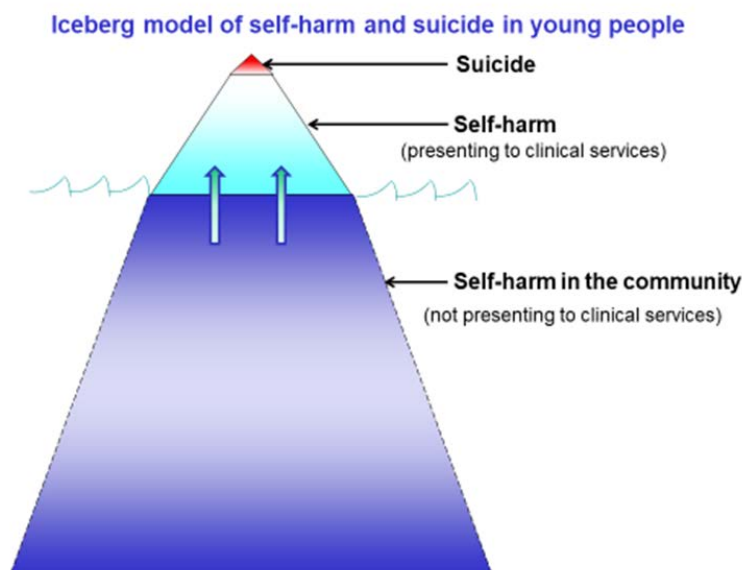
People with a history of self-harm

“I was very embarrassed about my depression but knew it wasn't my fault and had hoped my work place would support me. However, things got progressively worse and I began to self-harm as a way of coping with the pain I was experiencing every day.” Gina, Survivor

- 1.50 The updated National Suicide Prevention Strategy in 2017 included a new key action to address self-harm as an issue in its own right. Self-harm is the single biggest indicator of suicide risk with around half of people dying by suicide having a history of self-harm at some point in their life³⁰. However, not all self-harm is suicidal and only a small percentage of people who self-harm attempt suicide³¹. Therefore, the many other reasons for self-harming need to be addressed and especially in light of the increasing prevalence of self-harming in young people and increased attendances at A&E and in primary care for self-harm³². We hear from many professionals working with children and young people that they are increasingly concerned about self-harming in young people, especially young women and girls.
- 1.51 Research into rates of self-harm in children and adolescents presenting in primary care found that, overall, girls had much higher rates than boys (37.4 per 10,000 girls compared to 12.3 per 10,000 boys), and that reports of self-harm by girls aged 13 to 16 presenting in primary care had risen by 68% between 2011 and 2014, from 45.9 per 10,000 in 2011 to 77.0 per 10,000 in 2014³³.
- 1.52 NHS England continues to work to ensure that every person who presents at an emergency department for self-harm receives a psychosocial assessment and is directed to appropriate support. Through the £249 million investment outlined

earlier, roll-out of [liaison mental health teams](#) in every A&E department by 2021 is on track and will ensure that people who present at hospital with mental health problems get the appropriate care and treatment they need. Liaison mental health teams are well placed to deal with presentations for self-harm and ensuring that people receive a psychosocial assessment of their mental health needs to prevent further self-harming.

- 1.53 NHS England's new framework for adult and older adult community mental health services will take into account the needs of people who self-harm while being cared for in the community and give due regard to existing [NICE guidance](#) on the longer-term management of people who self-harm. 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 behaviours³⁴.
- 1.54 The Department of Health and Social Care continues to fund the [Multi-Centre Study of Self-Harm](#) in England, which is the country's leading in-depth analysis of self-harm trends. We have worked with the Multi-Centre Study to agree a further set of research projects over 2018/19 and 2019/20 which will support our understanding in priority areas such as self-harming in children and young people and middle-aged people, homelessness and self-harm, and looking further at health economics of self-harm and mortality in people who self-harm (including socio-economic inequalities).
- 1.55 The Multi-Centre Study of Self-Harm has undertaken research to assess the impact of self-harm on the NHS which will help to inform service design. This research has estimated the overall cost of managing self-harm in general hospitals to be £162 million per year, which provides a compelling case for investing in effective methods of self-harm prevention and management in A&E and reducing the incidence of repeated self-harm³⁵.
- 1.56 Last year, the Multi-Centre Study of Self-Harm also published [research](#) on the incidence of suicide and non-fatal self-harm in adolescents aged 12-17 in England (the 'Iceberg model' of self-harm)³⁶. The findings of the study are stark and show that in 12-17-year-olds approximately 21,000 adolescents present to hospital each year following self-harm and 200,000 self-harm in the community and do not present to hospital. The study also found that for every adolescent suicide in this age-group, there are approximately 370 adolescents who present to hospital for self-harm and 3,900 adolescents who report self-harm in the community.



- 1.57 The report conceptualises the incidence of self-harm in adolescents in terms of an iceberg model, with three levels: fatal self-harm (i.e. suicide), which is an overt but uncommon behaviour (the tip of the iceberg); self-harm that results in presentation to clinical services, especially general hospitals, which is also overt, but common; and self-harm that occurs in the community, which is common but largely hidden (the submerged part of the iceberg).
- 1.58 This study provides the first full picture of self-harm prevalence across community and hospital settings and illustrates the correlation to suicide. The study shows that self-harming in the community intensifies with age in this group and the number of attendances at hospital for self-harm and the suicide rate increases. It emphasises the vital need for preventive measures at the community level, especially through school-based programmes, to raise awareness of the risks of self-harming to avoid young people developing a cycle of self-harming behaviour; and for well-developed treatment services to meet the needs of those presenting to clinical services following self-harm.

Social Media and the Internet

- 1.59 Keeping children and young people safe online is also an important way to protect their mental health³⁷³⁸. The Government's Internet Safety Strategy Green Paper, published in October 2017, set out ways in which Government would tackle online harms. On 20 May 2018, Government published its [response to the Internet Safety Strategy Green Paper](#), detailing its ambition to tackle unacceptable behaviour and content online.
- 1.60 The paper also set out an ambition to do more on age verification and it is expected that a joint Department for Digital, Culture, Media and Sport (DCMS) –

Home Office Online Harms White Paper will be published in the winter 2018/19. The White Paper will set out plans for upcoming legislation that will cover the full range of online harms, including both harmful and illegal content. Potential areas where the Government will legislate include the social media code of practice, transparency reporting and online advertising.

- 1.61 The White Paper will allow the Department for Health and Social Care to work with the Department for Digital, Culture, Media and Sport, and the Home Office, to draw together existing work on safety as well as considering new, further policies aimed at improving children and young people's mental health, including around screen time.

2. Tailoring approaches to promote mental health in specific groups

- 2.1 We know that there are certain groups with specific needs and characteristics that may expose them to more risk factors for suicide, and we expect local agencies to work together to ensure that their [plans are tailored](#) to meet the needs of these groups. These groups include children and young people, people with long-term physical health conditions and learning difficulties, lesbian, gay, bisexual and transgender (LGBT) community and people from Black and Minority Ethnic (BAME) groups.
- 2.2 However, there are many additional challenges that people can face during life which can impact on their risk of suicide. In March 2017, Samaritans launched a major new report "[Dying from Inequality](#)", having commissioned nine leading social scientists to look at the relationship between socioeconomic disadvantage and suicidal behaviour to develop a better understanding of the key factors that increase the risk of suicide in certain groups. The report shows how experiences such as unemployment, unmanageable debt and job insecurity can increase the risk of suicidal behaviour.
- 2.3 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.
- 2.4 The Minister for Suicide Prevention will also consider further people with life challenges, including learning difficulties and people on the autistic spectrum, to look at what more may be done to understand and address their specific needs to reduce their risk of suicide. We will also explore further the risks of suicide for people who have experienced trauma from sexual assault and abuse.
- 2.5 Progress continues to be made on improving mental health services for many of the groups outlined above, including those in the LGBT community. In July 2018, the Government Equalities Office published a report titled '[Improving LGBT lives: Government action since 2010](#)'. That report made a commitment that the Government will take action to improve mental healthcare for LGBT people and, as part of this, the Department of Health and Social Care will work with the

Government Equalities Office to implement elements of its LGBT Action Plan through the National Suicide Prevention Strategy.

- 2.6 The National Suicide Prevention Strategy also highlights veterans as a group requiring tailored approaches to meet their mental health needs. Evidence to date is that the overall rate of suicide is not higher for veterans than the general population; however, there is evidence that in male veterans aged less than 24, the rate is 2-3 times the national rate and especially in those who have served a short period in the military, those of lower ranks and those who have attained lower educational achievement. Evidence also shows that many veterans who die by suicide often have pre-service vulnerabilities³⁹.
- 2.7 Since April 2017 NHS England has improved access to mental health services for veterans through the Transition, Intervention and Liaison Service and the Complex Treatment Service which provide a bespoke and culturally sensitive assessment and treatment service for veterans across England. Coupled with other NHS services such as IAPT, data shows that over 35,000 veterans are seen for mental health problems annually.
- 2.8 NHS England is in the process of commissioning specific research to update data on factors that lead to a veteran taking their own life. Further scoping is also underway to work with STPs where there are a higher number of military veterans.

Children and young people

- 2.9 In the January 2017 update to the National Suicide Prevention Strategy, it was noted that the suicide rate in England for Children and Young People (CYP) between the ages of 15 and 19 had risen between 2013 and 2017, with the majority of this increase being in females⁴⁰. Although relatively rare, the number of suicides amongst children and young people remains a concern.
- 2.10 Research by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) identified key themes in the risk factors for suicide experienced by children and young people under the age of 20⁴¹. NCISH expanded the study in its second year to include young people under the age of 25, and published a further [report](#) in 2017⁴².
- 2.11 The larger study confirmed the previous findings of common themes in suicide by children and young people, including academic pressures, bereavement, bullying, alcohol or drug misuse and childhood abuse. The study also found that, although there were many common antecedents for those under 20 and those aged between 20-24 years old, there was a changing pattern, which reflected the stresses experienced at different ages. Academic pressures and bullying were

more common prior to suicide in the under 20 age group, while financial problems, workplace and housing were more common in 20-24 year olds.

- 2.12 We are committed to doing everything possible to prevent suicides in children and younger people, and such statistics emphasise the need for a continued commitment to address mental health conditions amongst children and young people.
- 2.13 For these reasons, we have made available £1.4 billion in investment in mental health services for children and young people, meaning that we are now spending more than ever before on CYP mental health. Our investment in these services will [increase access to services](#) for 70,000 extra children each year by 2020/21 with 49,000 additional children and young people expected to be seen in 2018/19. CCGs with system wider partners refresh their Children & Young People's Mental Health & Wellbeing Local Transformation Plans (CYP MH&WB LTP) annually to demonstrate progress in delivering improved access to timely and appropriate care.
- 2.14 As with adults, children and young people need effective crisis care, with staff experienced in supporting under 18-year olds in distress and their families. NHS England is prioritising improving children and young people's crisis support. We have supported the development of CYP urgent and emergency mental health care and intensive home treatment services, including testing and evaluating models for crisis response.
- 2.15 In 2016, £4.5 million was invested in 8 Urgent and Emergency Vanguard sites to test models of delivering Urgent and Emergency mental health care for children and young people. [Key findings](#) from models tested demonstrated better access to out of hours support, with more CYP seen in the community, with reduced presentations in A&E and admission to paediatric wards and associated cost benefits.
- 2.16 This informed the New Models of Care Programme which is now working across 7 CYP Mental Health sites. Providers take on the role of commissioning inpatient beds, and are able to use any savings from reductions in inpatient length of stay and out of area placements in a range of services that will support children and young people before they reach crisis point.
- 2.17 In 2017/18, £7 million was made available to CCGs from central programme funds to accelerate CYP crisis and intensive home treatment services and providing alternatives to admission in the community.

- 2.18 [Refreshing NHS Plans for 2018/19](#) published by NHS England and NHS Improvement requires the NHS to continue to work towards the 2020/21 ambition of all areas having mental health crisis and liaison services that can meet the specific needs of people of all ages.
- 2.19 In December 2017, the government published a joint health and education Green Paper on Children and Young People’s Mental Health, which looks across health and education to improve the provision of and access to mental health services in England, and bolster links between schools/colleges and mental health services. The Green Paper contained three key announcements:
1. Incentivising every school and college to identify and train a Designated Senior Lead for Mental Health;
 2. Creating new Mental Health Support Teams, supervised by NHS children and young people’s mental health staff, to deliver interventions in or close to schools and colleges for those with mild to moderate mental health needs; and
 3. Trialling a four-week waiting time for access to specialist NHS children and young people’s mental health services, as we roll out the new Mental Health Support Teams. This builds on the expansion of specialist NHS services already underway.
- 2.20 In December 2018 we announced the first 25 [trailblazer sites](#) that will provide a new schools/college-based service to help children and young people, with mild to moderate health mental issues, staffed by a new workforce.
- 2.21 Schools and colleges have a key role to play in promoting good mental health for children and young people and in early intervention when problems arise, and so we also recognise that there is a need for health and education to work closely together. In 2015/16, the Department for Education and NHS England funded a [joint pilot](#) aimed to test the implementation and outcomes of single points of contact in NHS children and young people’s mental health services and schools, supported by joint-working training workshops for school staff. In 2017/18 the Department for Education launched Wave 2 of the pilot. The Department for Education also funded an [independent evaluation](#) of the pilot which found that it had had considerable success in strengthening communication and joint working arrangements between schools and NHS children and young people’s mental health services⁴³.
- 2.22 It is also recognised that bullying in childhood can have a devastating effect on individuals, blighting their education and damaging their mental health, and can have a lasting effect into adulthood. In July 2017, the Department for Education

issued [guidance](#) to schools to help them to take action to prevent and respond to bullying.

- 2.23 Individuals who are, or perceived to be, lesbian, gay, bisexual and transgender (LGBT), are disproportionately affected by bullying⁴⁴ and, in September 2016, the Government Equalities Office (GEO) announced a [£3.0 million programme from 2016-2019](#) to prevent and address homophobic, biphobic and transphobic bullying in a sustainable way⁴⁵. This programme focuses on primary and secondary schools in England which currently have no or few effective measures in place. The scheme has recently been [extended to 2020](#) and allocated an extra £1.0 million of funding. The GEO has also published [cyberbullying guidance and an online safety toolkit](#) for schools. Funded by government and developed by the UK Safer Internet Centre, these resources will help provide advice to schools on understanding, preventing and responding to cyberbullying.

Higher Education

- 2.24 To better understand and respond to student suicides, the Secretary of State for Health and Social Care asked Public Health England to lead a project to analyse and publish data on student suicides in England. Public Health England has worked with the Office for National Statistics and wider partners to link higher education record data (university and higher education colleges) to suicide mortality data, for the period 2000/01 to 2016/17. The report, '[Estimating suicide among Higher Education students, England and Wales](#)', was published in June 2018⁴⁶.
- 2.25 This report found that overall suicide rates in students have risen over the last ten years, although they have not risen year on year and remain lower than in the general population of the same age.
- 2.26 However, it is clear that modern-day students face a number of pressures including workload and exam pressures, financial difficulties and the transition of moving away from home⁴⁷. It is important that students receive the support they need to cope with these issues. Public Health England has supported Universities UK and wider partners on the launch of '[Step Change](#)', a strategic framework for a whole universities approach to improving the mental health and wellbeing of university students. The framework recommends universities work closely with the NHS to consider how mental health care services should be commissioned and delivered to student populations, as well as working in close partnership with parents, schools and colleges, and employers and businesses.

- 2.27 Following the publication of the ONS report, the Department for Education [announced plans](#) for a University Mental Health Charter, backed by the Government and led by the sector. This will drive up standards in promoting student and staff mental health and wellbeing. The Department of Education is also exploring an opt-in requirement for universities, so they have permission to share information on student mental health with parents or a trusted person. In a recent HEPI (Higher Education Policy Institute) survey, 75% of applicants expected universities to contact a parent or guardian in situations where they are faced with serious challenges relating to their mental health; however, currently, the rules prevent this.
- 2.28 [Step by Step](#) is the Samaritans' suicide postvention service for schools, colleges, academies and other youth settings in the UK and the Republic of Ireland that have experienced the suspected suicide of a student, or member of staff. This service provides information and support for the organisation and their community to reduce the risk of further suicide. A pilot of Step by Step in higher education institutions has also been successfully carried out and Samaritans are now exploring expansion of the service to meet the needs of this sector. [DEAL \(Developing Emotional Awareness and Listening\)](#) are Samaritans online teaching resources, which are used in a range of youth settings. On average 2000 unique users access these resources every month.
- 2.29 Public Health England, the Department for Health and Social Care and NHS England also supported Universities UK and Papyrus to develop [guidance](#) for universities on preventing suicides.

The OLLIE Foundation: Suicide awareness campaign film

On 7th May 2018, The OLLIE Foundation launched a campaign film, Ollie, to raise awareness of suicide amongst young people. The film was made by volunteers as part of the #ItMatters initiative – all young creatives working in the film industry and members of the National Youth Theatre who generously donated their time and talent.

Since its launch, the film has had 72k views on Facebook (plus nearly 700 shares), reached 30k people on Twitter and has received over 3.6k views on YouTube. It was also shared by Stephen Fry on Twitter to his 13.1m followers! Schools, universities and National Citizen Service branches have contacted OLLIE to say that they will be using the film for education and training, and young people have been in touch to say that the film has made them realise that they are not alone. Thanks to the film, there has also been a great interest in OLLIE's suicide intervention training: www.theolliefoundation.org/our-work/

The film is achieving exactly what The OLLIE Foundation hoped for – tackling stigma and saving lives. You can watch the film here: www.youtube.com/watch?v=soCFdKk407w.

Users of drugs & alcohol

- 2.30 As outlined in the 2017 progress report, drug and/or alcohol use are major risk factors for both suicide and self-harm, and co-morbid mental health and substance misuse problems are prevalent. Eighty percent of those in treatment for alcohol-use conditions and nearly seventy percent of people in drug treatment are thought to have co-existing mental health problems⁴⁸⁴⁹.
- 2.31 Changes to the National Drug Treatment Monitoring System data set were implemented in April 2017 to enable local areas and Public Health England to better capture information about co-occurring mental health, drug and alcohol treatment needs, and to be able to better monitor the extent to which those needs are being met. The first results of this monitoring were included in Public Health England's [2017/18 annual reports](#) for adults in alcohol and drug treatment, young people in alcohol and drug treatment, and drug treatment in prisons and other secure settings.
- 2.32 There is considerable concern about the rising rates of [drug related deaths](#), in which suicide features considerably – 23 per cent of women's deaths due to drug misuse and 11 per cent of men's deaths registered in 2016⁵⁰. As outlined in the 2017 progress report, Public Health England has worked with academics, experts in the field and experts by experience to look at the underlying causes of drug related deaths, including suicides, and to provide practical advice on reducing these deaths. The [report](#) was published in September 2016.
- 2.33 Public Health England has also supported an independent expert group to update the UK-wide clinical guidelines for treating drug misuse and dependence. The guidelines include detailed advice on treating those individuals with co-existing conditions and co-ordinating their care with appropriate mental health services. The updated [guidelines](#) were published in July 2017.
- 2.34 Guidance was also published by Public Health England in 2017 on '[Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers](#)'.
- 2.35 The guidance is for commissioners and providers of mental health and alcohol and drug treatment services, and is also suitable for support services that have contact with people with co-occurring conditions. The guidance supports implementation of the Five Year Forward View for Mental Health and represents an action from the Mental Health Crisis Care Concordat national action plan. Public Health England will help support implementation in local areas. Commissioners and service providers are encouraged through the guidance to work together to improve access to services that can:

- reduce harm
- improve health
- enhance recovery
- enable services to respond effectively and flexibly
- prevent exclusion

2.36 As outlined in the 2017 progress report, Public Health England also published guidance in 2015 to support local authorities in implementing and maintaining robust governance arrangements for the commissioning of high quality drug and alcohol services. As well as this, Public Health England publishes [annual data packs](#), and principles and indicators, to support commissioning of effective drug and alcohol interventions which are key to preventing harm in drug and alcohol users.

2.37 Public Health England is undertaking a [public health evidence review](#) of available data and published evidence on the problems associated with some prescribed medicines, including dependence, short term discontinuation syndrome and longer-term withdrawal symptoms. The final report from the review is scheduled to be published in late spring 2019.

Addaction

Addaction is a national charity providing support to people with substance misuse and/or mental health difficulties. Many have also experienced childhood adversity and we know, from research, that these factors are associated with increased risk of suicidal ideation and suicide attempts in adulthood.

To support its frontline practitioners in suicide prevention work, Addaction has developed a one-day workshop which provides staff with the space to identify their own thoughts, feelings and attitudes around suicide, to recognise risk and protective factors, develop and demonstrate skills around responding to suicidality and to access appropriate support for themselves, service users and affected others when needed.

Addaction is also working to embed routine enquiry about adverse childhood experience (ACE) as part of trauma informed care. It has developed a network of regional champions to train staff and support culture and practice changes. Addaction wants its practitioners to have the knowledge and skills required for sensitive enquiry and compassionate response so that they can support access to appropriate care.

Perinatal mental health

- 2.38 The latest mortality surveillance [report by MBRRACE-UK](#) in 2018 shows that suicide continues to be the leading cause of maternal death in the first year after giving birth, and highlights the important role of specialist perinatal mental health services, particularly in forward planning for the care of women with known pre-existing mental health problems. As part of the [Five Year Forward View for Mental Health](#), £365 million is being invested between 2015/16 and 2020/21 to increase access to high quality, timely, evidence-based specialist care for women experiencing mental ill health during the perinatal period, with an ambition to see 30,000 more women per year by 2020/21.
- 2.39 Since August 2016, NHS England has launched two waves of a Perinatal Mental Health Community Services Development Fund. These funds aim to support service development and increase the availability of high-quality care and interventions for women, their babies and families, through expansion of existing specialist perinatal community teams into a wider geography and eliminating the post code lottery in access.
- 2.40 £40 million was allocated in [Wave 1](#), resulting in over 7000 more women receiving specialist perinatal mental health community care during 2017/18. In May 2018, NHS England and NHS Improvement, with NICE and the National Collaborating Centre for Mental Health, published the [Perinatal Mental Health Care Pathway](#), and launched a further £23.5 million of transformation funds for [wave 2](#) of the CSDF work to support 35 sites. Together, Wave 1 and Wave 2 funding will mean that by April 2019 every area of the country will have access to a specialist perinatal mental health service. This funding continues to ramp up across 2019/2020 and again in 2020/21 to an additional £98 million when it becomes recurrent.
- 2.41 Specialist community perinatal mental health services offer evidence-based psychiatric and psychological assessments and treatment for women with moderate to severe mental health problems during the perinatal period. They will also provide pre-conception advice for women with a current or past severe mental illness who are planning a pregnancy. Teams are multi-disciplinary and made up of nurses, social workers, psychologists, psychiatrists, occupational therapists, nursery nurses, peer support workers and administrative staff, who all work together to provide a comprehensive service to mums, depending on what their individual needs are – with 9,000 women expected to have been treated in 2018/19.

- 2.42 In addition to the community expansion, NHS England have also progressed their plans to open four new, eight-bedded [mother and baby units](#) (MBUs), which provide specialist care and support to mothers in parts of the country where access has historically been a problem. Three new units have now opened – Two new units have now opened in Kent and Lancashire, a third unit will open in East Anglia in January 2019 and Devon has operated an interim unit since March 2018 ahead of opening the fourth new unit in March 2019. Existing mother and baby unit bed capacity is also being increased, so that there should be more than 150 beds for severely mentally unwell mothers to receive specialist care with their babies across England, representing an overall 49% increase in beds.
- 2.43 In line with the increasing body of evidence which suggests that preconception health and wellbeing impacts on pregnancy and birth outcomes, on maternal mental health and other outcomes for mother and child, Public Health England has recently published a suite of resources which aim to raise the profile of planning and preparation for pregnancy, to improve outcomes for mothers and babies:
- [Making the case for preconception care](#): A report and summary document for Local Maternity Systems and their wider systems partners.
 - [Health of women before and during pregnancy toolkit](#): A national report on risk factors and inequalities.
 - [Tommys Planning for Pregnancy](#) digital tool and campaign.

People in receipt of employment benefits

- 2.44 We know that appropriate job-search and work alongside support from employers, colleagues and professionals can aid wellbeing and recovery for those with mental health issues⁵¹. The Department for Work and Pensions, as the department with responsibility for paying benefits to alleviate and reduce the risk of financial hardship by supporting people into a positive employment future, recognises that concerns about, and experience of, financial hardship may have impacts on wellbeing. Similarly, it is recognised that people who are unemployed are likely to experience additional challenges that can lead to poorer mental health and wellbeing without job search, employment and health support. This Government recognises that unemployment rates for those with mental health issues remains high and aims to support more people with mental health issues back into work.
- 2.45 The "[Improving Lives: the Future of Work, Health and Disability](#)" command paper, published in 2017, includes details of current work to test how we will strengthen links between health and employment support, to enable us to learn what employment support works with which groups, what are the most suitable settings

for this support, and to what extent the models are cost-effective. This evidence, together with insights of service users, will help us shape services of the future.

- 2.46 The paper also includes details of ongoing work to improve mental health training for Jobcentre work coaches and increasing access to the Individual Placement and Support (IPS) model of employment support in secondary mental health care services. NHS England is working towards doubling access to IPS by 2020/21, enabling people with severe mental illness to find and retain employment. NHS England has allocated approximately £5 million of [Wave 1 transformation funds](#) in 2018/19 directly to 21 Sustainability and Transformation Partnership (STP) areas for the start of a three-year expansion. Further funding will be allocated to increase coverage in future years.
- 2.47 We are also more than [doubling the number of employment advisors](#) based within NHS Talking Therapy services, by recruiting over 350 more by December 2018. This will enable 40% of Improving Access to Psychological Therapies (IAPT) services to provide integrated therapy and employment support to more people with depression and anxiety, to help them remain in work, get back to work, and find work. To achieve this, 83 Clinical Commissioning Groups are receiving a phased investment of £39 million to 2020 to fund additional employment advisers in core IAPT services.
- 2.48 The Work Capability Assessment (WCA) establishes if an individual is entitled to claim Employment and Support Allowance (ESA). This is a benefit for people who have limited capability for work due to ill health or disability. As outlined in the 2017 report, the Department for Work and Pensions has reviewed the guidance for healthcare professionals (who carry out the WCA and who provide advice to ESA decision makers) on whether work, or work-related activity might trigger a substantial risk of harm, including suicide or self-harm. Where a healthcare professional identifies any indication of suicidal thoughts or intentions, they are trained to explore the person's circumstances and, if they have concerns that a claimant is at substantial and imminent risk, they have a professional responsibility to act in order to safeguard their welfare.
- 2.49 All healthcare professionals (HCPs) carrying out WCA assessments were given face to face training on exploring self-harm and suicidal ideation in May 2018. The training, which was quality assured by the Royal College of Psychiatrists, was designed to enhance the skills of HCPs in sensitively exploring self-harm and suicidal ideation.

- 2.50 The Department for Work and Pensions continues to provide a range of resources for staff, including a six-point plan which sets out a framework for managing declarations of suicide and self-harm intent from customers. This sets a clear process on how staff should respond in these circumstances, including facilitating access to support services.
- 2.51 Where the Department for Work and Pensions is notified that a claimant has died by suicide and there is a suggestion that Departmental actions or decisions may have contributed, departmental guidance is that it is mandatory to carry out a review. Internal process reviews are a tool for staff to look at the handling of these cases. The purpose is to scrutinise the Department for Work and Pensions' handling of particular cases to identify whether processes have been properly followed and, if appropriate, identify recommendations for changes to processes. It aims to ensure that appropriate actions are taken to help safeguard individual welfare and protect wellbeing.

3. Reducing access to means

“When I arrived at my destination I knew what I needed to do, but I made one last plea for help – I called the Samaritans. At that moment of crisis, what helped was that phone call. It was comforting to tell someone how I felt, and delay my actions when I wasn’t thinking very clearly or logically.” Gina, Survivor

- 3.1 Reducing access to the means of suicide is one of the most effective ways to prevent suicide, and we continue to monitor trends for emerging or unusual suicide methods.
- 3.2 Public Health England [published guidance](#) in 2015 to support local areas to identify and understand suicide clusters. Based on recent experience where the guidance has been extensively used, Public Health England has held a lessons learned roundtable and has commissioned an update to this guidance. This will include a separate university section. Public Health England plans for this to be available in early 2019.

Transport

- 3.3 The Department for Transport last year established a suicide prevention awareness group to bring together agencies from across the transport sector to work together in reducing transport-related suicides. This group comprises of members from a range of agencies including Network Rail, Highways England, British Transport Police, Transport for London, RNLI and the Maritime and Coastguard Agency.
- 3.4 Network Rail, the British Transport Police and the Samaritans continue to work closely together in addressing suicide on the railway network. Since the 2017 progress report, the Department for Transport has introduced provisions into [train operator franchise agreements](#) which require them to produce a suicide prevention strategy, working in collaboration with the British Transport Police, Network Rail and Samaritans to reduce instances of suicide on the railway.
- 3.5 The Department for Transport is currently considering the recommendations of the cross-industry suicide prevention duty holders’ group, with a view to potentially introducing further specific requirements into franchising. The Department for Transport is also considering how it can engage with other members of the railway industry such as caterers, retailers and security organisations, where such groups have staff representatives at railway stations.

- 3.6 The Samaritans partnership with Network Rail and the wider rail industry continues to make a real difference to the sector, with over 20,000 rail personnel now having been trained on Managing Suicide Contacts and Trauma Support Training courses, and over 1700 potentially lifesaving interventions carried out in 2017/18.
- 3.7 To further support this work, Samaritans commissioned the QUEST research (Qualitative Understanding of Experiencing Suicidal Thoughts), led by Dr Lisa Marzano, University of Middlesex which was completed in late 2016. The study explored suicidal thoughts and why people choose particular methods of suicide, and was carried out on behalf of rail stakeholders and funded by Network Rail. One impact of the research to date is the 2017 launch of the new Samaritans campaign, '[Small Talk Saves Lives](#)', in partnership with the rail industry, which aims to increase the confidence and intent of people to talk to vulnerable people in the rail environment. The campaign reached 17 million people via social media, with 5.7 million people watching the campaign film. Evaluation of the campaign showed that it successfully changed people's behaviour, increasing their intent to take action, as well as increasing their understanding of how to recognise that someone needs help, and knowledge of how to intervene safely.
- 3.8 A second phase of the 'Small Talk Saves Lives' campaign was launched in April 2018 on a much smaller scale which ran for eight weeks and focused on 15 'high risk' suicide locations. This phase is considered to be drumbeat activity ahead of phase III of the campaign which launched in November 2018, and will be of similar scale and reach with the rail industry funding it to approximately £120,000.
- 3.9 Samaritans has also extended its involvement with the transport sector by working with Highways England to better understand suicide on the road network and explore ways of addressing it, and has worked with the Parliamentary Advisory Council for Transport Safety (PACTS) to produce a [report into road suicide](#), which was launched in a special PACTS conference in October 2017.
- 3.10 In November 2017, the Highways Agency published its [Suicide Prevention Strategy](#), which sets out how it will continue to contribute to the cross-government National Suicide Prevention Strategy through reducing the number of suicides and attempted suicides on the road network. The Highways agency will produce an annual report setting out progress against the strategy and activities for the next 12 months.

Learning & investigations within NHS settings

- 3.11 As already described in this report, in recent years the number of inpatient suicides has decreased by more than half, as a result of improvements in patient safety being implemented across the NHS. However, suicides by patients in hospital are arguably the most preventable suicides, which is why the zero suicide ambition for mental health inpatients provides a welcome renewed focus. There is more to do and learn using best available evidence and patient safety work to continue reducing these numbers.
- 3.12 As outlined in the Government's response to the Health Select Committee Inquiry into suicide prevention, in March 2017 the National Quality Board published '[National Guidance on Learning from Deaths](#)', in response to the CQC's 2016 report '[Learning, candour and accountability](#)'. The purpose of the Learning from Deaths guidance is to introduce a more standardised approach to the way Trusts identify, report, review, investigate and learn from patient deaths.
- 3.13 The National Quality Improvement Board has built on its Learning from Deaths guidance with the publication in July 2018 of further [guidance on working with bereaved families](#) to ensure that their voices are listened to, to improve the way the NHS involves them in investigations and learns lessons.
- 3.14 This guidance includes eight comprehensive guiding principles on how the NHS should support bereaved families through the investigation process. More specifically, the guidance is clear that Trusts should be mindful of the imbalance of power represented by the finances, resources, information and knowledge available to them compared to families and they should take measures to lessen that inequality.
- 3.15 This guidance should be considered alongside other guidance within the wider learning from deaths programme and we expect the NHS to implement this as best practice. The CQC will include this in its new approach to assessing the 'well-led' domain within its inspection framework, which includes assessing how trusts have implemented National Quality Board's Learning from Deaths guidance of March 2017.
- 3.16 The CQC has strengthened its assessment of Trusts' learning from deaths, and all hospital boards are now required to publish data on a quarterly basis of all deaths that are thought to be due to problems in care. Since June 2018, Trusts are also required to demonstrate evidence of learning and improvements to prevent such deaths in their [annual Quality Accounts](#).

NHS Resolution commissioned [research published in 2017](#) which examined cases brought against NHS Trusts involving the suicide of a patient to highlight the key themes for learning in this area and making important and valuable recommendations for Trust to learn lessons and prevention further deaths.

- 3.17 The Government has also asked the Ministerial Council on Deaths in Custody to look into potential learning opportunities from Prevention of Future Deaths (PFD) reports that are issued by Coroners, through the [Independent Advisory Panel on Deaths in Custody](#). This will be overseen by the Ministerial Board on Deaths in Custody. The Department of Health and Social Care is working with the Ministry of Justice and Home Office and with the Independent Advisory Panel to scope this work. The aim of this work is to identify any common themes and share learning across the system to prevent future deaths for occurring.

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

“For a moment, I imagined that I experienced a shadow of the pain that made my loving son himself to think of oblivion. Can such grief be born? That’s the question many of us ask, and that made me connect to others through the Survivors of Bereavement by Suicide (SOBS) groups. Through listening to other’s stories of struggling with pain, with the impossible question, why? and the guilt-ridden, ‘if only’ or ‘why didn’t I...?’ I learned that I was not alone, and came to blame myself a little less” David, Bereaved parent

- 4.1 Providing better information and support to people bereaved by suicide is a key area for action in the Cross-Government Suicide Prevention Strategy for England. However, we recognise that more needs to be done to ensure there are good quality suicide bereavement services available for all people affected by suicide, wherever they live in the country. We welcome the NHS Long-term Plan’s commitment to implement suicide bereavement services across the country.
- 4.2 Public Health England published [guidance in 2016](#) to local areas on developing multi-agency partnerships and plans, which advised that local plans should reflect the key areas for action of the national strategy, including providing effective bereavement support through local partnerships between local authorities, NHS organisations and voluntary and charitable sector providers.
- 4.3 Public Health England published a further [suite of guidance in 2017](#), in conjunction with the National Suicide Prevention Alliance and the Support After Suicide Partnership, to local areas on developing and implementing compassionate suicide bereavement services.
- 4.4 In addition, the NICE guidelines on [‘preventing suicides in community and custodial settings’](#), published in September 2018, recommend that local areas provide support to those bereaved or affected by suicide.
- 4.5 The Department of Health and Social Care is working with national partners, including Public Health England, and local authorities to self-assess their local suicide prevention plans, which will include helping to ensure suicide bereavement support is a strong element within plans through sharing of good practice.

- 4.6 Public Health England is working with Support after Suicide and the Chair of the National Suicide Prevention Strategy Advisory Group to take forward work to explore real time suicide surveillance through research on implementation sites; this work can also help to find the best ways to reach people bereaved by suicide.
- 4.7 The [Help is at Hand](#) suicide bereavement support resource continues to be made available and provides compassionate information and signposting to people who have been bereaved by suicide. Help is at Hand provides advice such as explaining the processes followed by authorities following a suicide, gives testimonies by other people bereaved by suicide and provides a directory of other organisations which can provide support.

Somerset Suicide Bereavement Support Service

The Somerset Suicide Bereavement Support Service was set up in 2012 to offer emotional and practical support to people bereaved by suicide. It is funded by Somerset Public Health and run by Mind in Taunton and West Somerset, in partnership with Cruse and the Samaritans. Following the success of the adult peer support group, and an increase in demand from young people, the service has developed a new peer support group for young people, aged 14 years and over. Family members and young people felt they could respond more openly in a group setting and would like to be amongst others that have similar experiences.

The group is called R.O.A.R. – Relax. Open. Accept. Receive. The intention is to provide a safe facilitated space for young people to share their experiences and seek help and support from others who understand the traumatic grief they may be experiencing. The group uses creative tools and is based around a six-week rolling programme covering topics such as: discussion on death, self-esteem, memories, funeral process, coping with grief and further support. The group is facilitated by an experienced young people's suicide bereavement support worker and lived experience young people who have been trained in group work. An information pack has been prepared including a parental consent form where appropriate. The young people will meet staff before attending R.O.A.R. to gauge their suitability for a group environment.

The group is in its early stages of development. It will be monitored and its impact evaluated.

5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

- 5.1 The Health Select Committee (HSC) made recommendations for strengthening an approach to working with the media on ensuring sensitive approaches to reporting on suicide and suicidal behaviour. Suicide is an extremely complex topic to cover in the press and Samaritans' experience shows that it is critical to [work with the media](#), supporting and educating the profession to encourage responsible coverage. It is important that the press continues to cover the topic of suicide, as this can help reduce stigma and increase public awareness of the issue surrounding suicidal behaviour, and Samaritans is working to educate the media industry as a whole to cover the topic of suicide safely, promoting accurate and responsible reporting.
- 5.2 The Samaritans' media advisory team works closely with mainstream media including; editors and reporters, producers, researchers and script writers, providing a comprehensive media advice service to support responsible, informative programmes and news pieces, ahead of publication and broadcast. Samaritans also delivers 'Suicide in the Media' training to media outlets, including local and national press and drama production teams and actors.
- 5.3 Samaritans also monitors press reporting of suicide on a daily basis, and will make contact with Managing Editors to request changes to online versions if there have been any breaches of editorial codes and if Samaritans feel that the content could influence suicidal behaviour. In addition, when a suicide or incident is particularly high profile or concerning, Samaritans will issue a confidential media briefing, to remind editors and news teams how to report in a safe way, highlighting what should not be covered in stories and why.
- 5.4 Samaritans continues to work with the media regulatory bodies, including the Independent Press Standards Organisation (IPSO), Ofcom, British Board of Film Classification and Advertising Standards. In 2017, Samaritans also updated its [guidance for Coroners](#) in England, to support their dealings with the press in relation to inquests, and continues to promote this guidance to Coroners.
- 5.5 To respond to the HSC's recommendations, Public Health England, DHSC, Samaritans and the Chair of NSPSAG have worked together to agree a protocol for action if there are national public health concerns around an emerging cluster, high profile online challenge or high profile or novel method. This ensures that

Directors of Public Health, PHE Centre leads and key stakeholders are reached with briefing and advice.

- 5.6 Samaritans continues to work with online providers to look at how to maximise positive opportunities online and minimise harmful content. The University of Bristol has worked in partnership with Samaritans to complete ground-breaking [research into suicide and the online environment](#). Funded by the Department of Health and Social Care, it provides unique insights into why people use the internet when they are feeling suicidal, its impact and what we can do to make the online environment 'safer'. The research was launched at Twitter's London office and work continues by Bristol University and Samaritans to translate the findings into action. One of the actions undertaken was to hold a round table in November 2017 with key providers including Google, Twitter and Wikimedia, presenting with the University of Bristol to engage providers in discussion about what more can be done. Commitments were made to sharing good practice, greater collaboration and sharing of intelligence.
- 5.7 The Internet Safety Strategy Green Paper, published in October 2017, highlighted the importance of maximising the opportunities which the internet provides, while at the same time managing potential risks. The Department for Digital, Culture, Media and Sport will work with industry, charities and other Government departments ahead of the publication of the joint White Paper with the Home Office in winter 2018/19.
- 5.8 Alongside the Internet Safety Strategy Green Paper, the Department for Digital, Culture, Media and Sport published a [literature review focussing on children's online activities, risks and safety](#) in October 2017. This included a section on self-harm. 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 to carry out a systematic evidence review on the impact of social media use on children and young people's mental health.

6. Supporting research, data collection and monitoring

Research

- 6.1 Throughout this report we have highlighted numerous areas of research across sectors which are informing our approach and policies on suicide prevention. As outlined in the 2017 progress report, in 2012, to support implementation of the National Strategy, the National Institute for Health Research Policy Research Programme invested £1.5 million over three years into six research projects which have now all completed.
- 6.2 Other research projects have also been funded separately through the National Institute for Health Research (NIHR), hosted by the Department of Health and Social Care. This has included a [multi-centre programme of clinical and public health research](#) to guide health service priorities for preventing suicide in England, [research on Self-Harm in the Perinatal Period](#), and [research on the development and validation of a risk assessment tool for self-harm in prisoners](#), all of which are currently underway.
- 6.3 The NIHR Public Health Research Programme has also launched a [call for research on suicide prevention in high risk groups](#), specifically for research to identify which interventions, aimed at people at high risk of suicide, are effective in reducing the rate of suicide and suicide attempts. The application stage for this research call is open until 31 March 2019.

Improving data

- 6.4 We continue 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. As outlined in the last progress report, the Office for National statistics (ONS) has worked to improve the timeliness of data, and continues to publish provisional suicide data each quarter.
- 6.4.1 The 2016 Health Select Committee Inquiry into suicide prevention made a number of recommendations in relation to coroners' conclusions, including that action should be taken to improve consistency between coroners and to make routine use of provisional notifications of suicide. Since publication of the Government's response, it has been agreed that the Chief Coroner will be invited to join the National Suicide Prevention Strategy Advisory Group, and that the Group's Chair

should, where appropriate, be invited to a coroner training event. In addition, the Department of Health and Social Care will be sending information to coroners on gas-related deaths.

- 6.4.2 Recognising the importance of early notification of suicides, both in respect of identifying clusters, taking local action, and supporting families, Public Health England is working with the Support after Suicide and Professor Louis Appleby (Chair of NSPSAG) to take forward some work to pilot suicide surveillance with coroners.
- 6.4.3 The ONS has also been in contact with the Chief Coroner to discuss improving the quality of death registrations, including specifically suicide. In response to these conversations, the Chief Coroner provided new guidance to coroners in the June 2017 Coroners Newsletter regarding how suicides are recorded by a coroner.
- 6.4.4 The Health Select Committee Inquiry also recommended that the standard of proof for conclusions of death by suicide should be lowered from “beyond reasonable doubt” to “on the balance of probabilities”. The government responded to the HSC to advise that it would consider this issue. 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 ([the case of R \(Maughan\) v Her Majesty’s Senior Coroner for Oxfordshire](#)). The case is due expected to be considered by the Court of Appeal in April 2019. The Government awaits the outcome of the appeal and will carefully consider the implications of the Court of Appeal decision for this policy once it is available.

7. The National Suicide Prevention Alliance

- 7.1 The [National Suicide Prevention Alliance](#) (NSPA) is the leading England-wide, cross-sector coalition of public, private and voluntary organisations for suicide prevention and is continuing to grow its reach and membership. Through grant funding from the Department of Health and Social Care, and the support of its 115 organisational members and 129 individual supporters, the NSPA works to get all parts of society working together to take action to reduce suicide and improve the support for those bereaved by suicide.
- 7.2 The NSPA is successfully developing its website as a “one stop shop” for information and has recently redeveloped its resources section on its website, hosting a range of crucial suicide prevention information and guidance, including: the national strategy and progress reports, annual suicide statistics, the local suicide prevention planning guidance, examples of good practice and information for people providing support, as well as Guidelines on Responding to Suicidal Content Online and a suite of resources on providing support after a suicide. The NSPA’s monthly newsletter provides content on the latest policy and sector news, as well as sharing NSPA and member news and achievements, reaching over 1000 people each month. The NSPA secretariat has also provided speakers at a number of conferences and attended events to further promote the alliance.
- 7.3 NSPA continues to hold the leading national conference on suicide prevention with key speakers in February 2017 and January 2018 including the then Secretary of State for Health and Social Care the Rt Hon Jeremy Hunt, Rt Hon Norman Lamb MP, Professor Louis Appleby, and former rugby league player and mental health campaigner Danny Sculthorpe. With over 200 delegates from across the public, private and voluntary sectors, the events are an opportunity to showcase good practice and innovation within suicide prevention, facilitate collaboration and share learning.
- 7.4 The NSPA continues to co-ordinate work with members around World Suicide Prevention Day on September 10th. In 2017, a working group devised and created a social media campaign under the international theme ‘Take a minute, change a life’, and produced digital assets to be tweeted every 90 minutes across the day, encouraging people to reach out and connect with someone who might be struggling, to highlight the fact that in the UK someone takes their life every 90 minutes. The images were widely used by NSPA members and others throughout the day, with the first image of the day alone reaching around half a million people.

- 7.5 The NSPA brings its members together during the year to facilitate shared learning. Highlights from its annual membership meeting included Autistica talking about their research into mental health, suicide and autism in 2017, and PAPYRUS Prevention of Young Suicide sharing their work with schools in 2018. This meeting also enables members to share ideas and challenges around current campaigns and the external environment, such as Brexit. NSPA's special interest groups have expanded, bringing members together to share research, good practice and upcoming work in areas such as men and suicide; bereavement support; workplace suicide prevention; and working with children and young people.
- 7.6 Over the course of the next 12 months, the NSPA will seek to continue to broaden, build and support its membership, and its resource hub on www.nspa.org.uk.

8. The National Suicide Prevention Strategy Advisory Group

Role

- 8.1 This group provides leadership and support in ensuring successful implementation of Preventing suicide in England by advising the Department of Health and Social Care, and other key delivery organisations and partners, on the relevance of emerging issues for the suicide prevention strategy and discussing potential changes to priorities and areas for action.

Members

Jackie Doyle-Price, Minister for Mental Health, Inequalities and Suicide Prevention (Co-Chair)

Prof Louis Appleby CBE, University of Manchester (Co-Chair)

Mark Smith British Transport Police

Louise Robinson Bereaved By Suicide

James Parker Chief Coroner's Office

Nadia Persaud Coroners Society

Andrew Herd Department of Health and Social Care

Gill Poutney Department of Health and Social Care

Lynne Hall Health Education England

Shirley Smith If U Care Share

Kish Hyde Independent Advisory Panel on Deaths in Custody

Prof Rachel Jenkins Institute of Psychiatry

Clare Milford Haven James Wentworth-Stanley Memorial Fund

Hamish Elvidge Matthew Elvidge Trust

Preventing suicide in England: Fourth progress report

Tim Kendall NHS Improvement	Mental Health National Clinical Director, NHS England and NHS Improvement
Christopher Barnett-Page	Her Majesty's Prison and Probation Service
Faye Henney	NHS England
Ben Windsor-Shellard	Office for National Statistics
Ged Flynn	Papyrus
Gregor Henderson	Public Health England
Helen Garnham	Public Health England
Lily Makurah	Public Health England
Liz England	Royal College of GPs
Annessa Rebar	Royal College of Nursing
Dr Huw Stone	Royal College of Psychiatrists
Ruth Sutherland	Samaritans/National Suicide Prevention Alliance
Prof Keith Hawton	University of Oxford
Prof Nav Kapur	University of Manchester
Prof David Gunnell	University of Bristol
Clare Lyons-Collins	NHS Improvement
Caroline Dollery	Mid Essex CCG/ NHS Clinical Commissioners Mental Health Steering Group/ Clinical Director of East of England MH Clinical Network
Laura Caton	Local Government Association
Jim McManus	Association of Directors of Public Health
Steve Mallen	MindEd Trust/ Zero Suicide Alliance
Caroline Harroe	Harmless
Emma Thomas	YoungMinds

Catherine Gamble

Royal College of Nursing

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