Northumberland Multi-Agency Zero Suicide Ambition Progress Report and Strategy 2021 –2025

The Northumberland Suicide Prevention Strategy was produced in July 2017 and reviewed July 2019. This report details progress against the ambition and actions set out in 2019 and includes:

- Updated data
- Updated actions
- The impact of the COVID-19 pandemic

'Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives' was published 27 March 2021.[1] This report relies heavily on the national document for research and evidence, including the impact of the pandemic.

Northumberland has a multi-agency approach to reducing suicide which includes partners from:

- Northumberland County Council
- NHS Northumberland Clinical Commissioning Group
- Northumberland Safeguarding Adults Board
- Northumberland Strategic Safeguarding Partnership (Children)
- Northumbria Police
- Northumbria Healthcare NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- VCS (Voluntary and Community Sector) organisations

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973935/fifth-suicide-prevention-strategy-progress-report.pdf

Foreword

Suicide Prevention Progress and Strategy 2021-2025
Foreword by Councillor Catherine Seymour, Elected Member Champion

I am delighted to have been appointed Elected Member Champion for mental health.
Mental health and suicide have been priorities for the council for a number of years, but the recent pandemic has highlighted the importance of individual mental health and community well-being. The impact of suicide on family, friends and the community cannot be under-estimated.

As a local authority we need to work with partners across the system, for example, the Clinical Commissioning Group, hospitals and the voluntary sector to build good mental health and respond appropriately when someone is in crisis
This document details the progress we have made over recent years; work being undertaken across age ranges, including schools, workplaces, and communities; and our plans for the next three years.

I look forward to working with all partners to help ensure all council policies and plans consider the potential impact they have on mental health and well-being.

Councillor Catherine Seymour

Executive Summary

The Northumberland Multi-Agency Mental Health Partnership adopts a "Zero Suicide Ambition – Every Life Matters" approach.

Suicide remains a national and local public health priority. It has an immense impact on family, friends, colleagues, and the wider community at both an emotional and economic level.

The Joint Strategic Needs Assessment (JSNA) is being refreshed at the time of writing of this report with the Mental Health chapter being a priority. The Zero Suicide Ambition section is available at (link to be inserted when published)

Table 1 shows Northumberland as having a significantly higher suicide rate amongst 15–74 year old men and a significantly higher rate of years of life lost, largely again in men. Suicide prevention is, therefore, a priority for Northumberland

Table 1 – Northumberland Suicide Prevention Profile[2]

Indicator	Period	Northum'land			Region England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Suicide rate (Persons)	2018 - 20	-	93	11.7	12.4	10.4	18.8		5.0
Suicide rate (Male)	2018 - 20	-	77	19.9	20.2	15.9	28.5		5.5
Suicide rate (Female)	2018 - 20	-	16	3.8	5.0	5.0	10.3		2.8
Suicide crude rate 10-34 years: per 100,000 (5 year average) (Male)	2013 - 17	-	29	13.9	13.4*	10.5	3.3		22.2
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)	2013 - 17	-	82	26.0	25.7*	20.1	8.0		43.6
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons) New data	2018 - 20	-	90	45.3	-	34.0	79.3		17.4
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male) New data	2018 - 20	-	75	77.0	-	51.5	120.6		21.1
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female) New data	2018 - 20	-	15	14.7	-	16.5	37.9		8.0
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2013 - 17	-	14	8.4	10.6*	12.4	0.0		34.9

In July 2018, case law changed the standard of proof of suicide from 'beyond reasonable doubt' (the criminal standard) to 'on the balance of probabilities' (the civil standard) and this is the standard Coroners now apply. The consequences of that change in the case law are

[2] Northumberland Suicide Prevention Profile (2021). Public Health England Fingertips. Available from: https://fingertips.phe.org.uk/search/suicide#page/1/gid/1/pat/6/par/E12000001/ati/102/are/E06000057/iid/41001/age/285/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/ovw-do-0. Accessed 30th Dec 2021.

that suicide conclusions are likely to become more common but should enhance their recording and assist research for the future.

Background

Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society can help prevent suicides. A strategic approach to suicide prevention should be multifaceted to secure the best outcomes for the population. This strategic plan outlines a shared approach to preventing suicide and has a clear ambition to identify vulnerability in people and across environments; ensure effective collaborative working across agencies; and work alongside related national and local strategies.

Much progress has been made with the suicide prevention action plan, including the development of postvention support, training and suicide surveillance; a protocol for the development of a community action plan after suicides which meet certain criteria; the development of emotional wellbeing and resilience in younger people; the Mental Health Trailblazer; and the development of a whole school approach to good mental health, starting with a supported network of school mental health leads.

Suicide prevention during COVID-19[3]

The last year has brought incredible challenges and change to each of our lives, with disruption to our way of living and day to day life. Whilst for some people, this change has been manageable, many people have reported feelings of worry, anxiety, frustration, and loneliness either directly or indirectly as a result of the pandemic - enhanced by the uncertainty that an unprecedented global event like this brings.

Whilst mental health services have remained open, some services have changed to digital and remote working to ensure people can access services safely and rapidly. Our secondary care mental health services have developed to include a range of provision which supports people during and after crisis including:

- 24/7 universal crisis team (working age adults, older people and children and young people)
- Children and adult's psychiatric liaison team
- Street triage
- Peer support workers

In addition, services have been developed amongst the voluntary sector to work in conjunction with secondary care services including:

- Together in a Crisis provided by Mental Health Concern. The service works with the secondary care crisis team and provides support to people who identify as being in a crisis due to social determinants i.e., housing, finance, relationship difficulties etc. The team works with the individual to identify issues and find solutions to problems.

[3] DHSC (2021). Suicide prevention in England: fifth progress report. 27th March 2021. Available from: https://www.gov.uk/government/publications/suicide-prevention-in-england-fifth-progress-report

- If U Care Share, providing postvention support to families, friends, colleagues and communities.

- Talking Matters Northumberland, offering a full range of IAPT provision for generalised anxiety and depression through to a complex range of presentations including trauma.

- Tyneside and Northumberland MIND, offering support to those people who have been affected by bereavement through trauma and providing a telephone support line to those people in crisis which is aligned to and works with our secondary care crisis team.

- Cygnus Support provides counselling to individuals from 16 years and over. There has been significant activity amongst older age adults throughout the pandemic. The service works closely with other voluntary sector providers.

- Northumberland Recovery College provides information and support to people experiencing mental ill health. The College offers a range of courses and provides opportunities for people to be involved in college and community developments. The college is fast developing a network of organisations to raise awareness of mental health and reduce stigma of mental health across Northumberland.

- The national suicide prevention strategy helped shape the Government's response to the pandemic, helping to identify at-risk groups and develop targeted actions. National and local government, the NHS and voluntary organisations have worked tirelessly throughout the pandemic to support mental wellbeing.

COVID-19 has brought different challenges for different groups of the population, for example, education and employment opportunities have changed, which have left people feeling overwhelmed to maintain their standards of work while adapting to different learning and working environments.

Whilst mental health services, statutory and voluntary, have seen increased demand, this has not yet been reflected in increased suicide rates. In September 2021 ONS released analysis of the number of suicides that occurred in England and Wales between April and July 2020 – roughly corresponding with the first national lockdown. The data shows that the suicide rate was lower in Apr-Jul 2020 than in recent years. The rate per was 9.2 per 100,000 population – down from 11.3 in the same period of 2019. This was mainly driven by a fall in male suicides, with female suicides showing no statistically significant change on previous years. What we don't know is whether that will change in the longer term or whether there were differences in particular groups or communities that haven't been found.

Local position

The **latest data on suicides in Northumberland** is summarised in Table 1. Worryingly, the years of life lost through suicide in men is higher than the national average which is likely to reflect a higher rate of deaths in younger men.

There is a plethora of national guidance on suicide prevention and along with public mental health, it is a key area of public health activity in the county. A county wide suicide prevention strategy and action plan is augmented by regional and sub-regional work under the auspices of the Integrated Care System (ICS) and the public health led regional Public Mental Health Network.

The Northumberland Zero Suicide Ambition Strategy reflects the framework of the national cross-government strategy *Preventing Suicide in England. A cross government outcomes strategy to save lives.*[4] It uses the same six priority areas of action outlined in the national strategy. These priority areas have ambitions to:

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

Using this framework, the strategy identifies the main issues we need to understand and manage in order to support vulnerable individuals who are at risk of suicide. The plan will help secure a whole system approach in identifying, understanding, and preventing suicide and self-harming behaviours across high-risk groups and improve resilience across populations.

[4] HM Government/DH (2012). Preventing suicide in England. A cross-government outcomes strategy to save lives. HMG/DH. 10 September 2012.

Introduction

"Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity." Professor Louis Appleby CBE

How do we define suicide?

The Office of National Statistics' (ONS) definition of suicide includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over.[5] Throughout the rest of this analysis, these deaths will be referred to as suicides. The differentiation between suicides and injuries of undetermined intent is one of intention; a death is classified as suicide when the intention to commit suicide is made plain, either by methodology or expressing intention (e.g., a note or verbal suggestions that a suicide attempt might be made). Injuries of undetermined intent are deaths due to injuries where the intention to commit suicide is suspected but where there is no evidence of intent. The data also include those records coded where the cause of death is due to a condition caused by an attempt to self-harm or an injury of undetermined intent.

In England and Wales, all suicides are certified by a coroner following an inquest. The death cannot be registered, and therefore ONS are not notified, until the inquest is completed.

How can we better understand suicide?

A significant factor in prevention is understanding the complex interplay between a person's environment and their vulnerability, the consequence of which could be suicide. Various factors around an individual in relation to how they relate to their own sense of self, their relationships, their community, and society as a whole, will influence their behaviours. This interplay is critical in relating the individual to their sense of health and wellbeing in addition to their capacity to ask for and receive help when required.

Long term vulnerability can increase the risk of someone having suicidal thoughts and Fig 1 illustrates how circumstances from before birth up to suicide might influence an individual's decision to attempt suicide and the outcome of an attempt.

[5] In 2016, the suicide definition was revised to include deaths from intentional self-harm in children aged 10 to 14. Deaths from an event of undetermined intent in 10-14-year-olds are not included in suicide statistics, because although for older teenagers and adults it is assumed that in these deaths the harm was self-inflicted, for younger children it is not clear whether this assumption is appropriate.

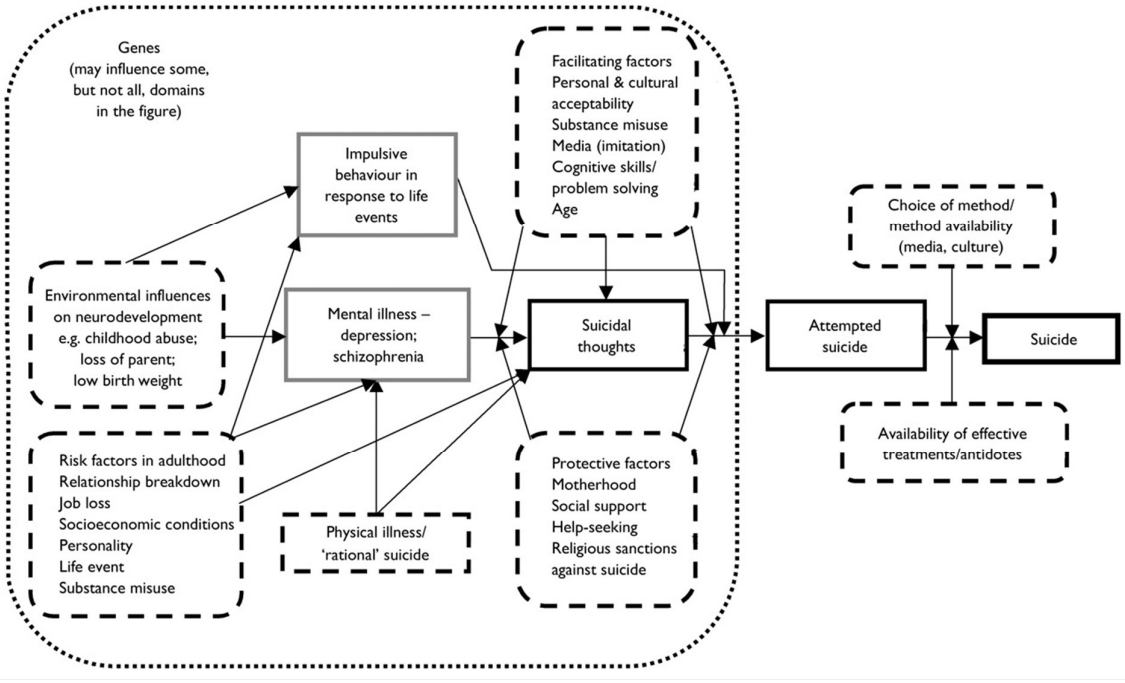

Fig. 1 Influences on suicide over the life course[6]

A collective approach to supporting these individual and broader relationships is pivotal in the context of managing vulnerability and behaviours.

NATIONAL STRATEGY

In September 2012, the Department of Health produced the national suicide prevention strategy *Preventing Suicide in England: A cross government outcomes strategy to save lives*. The latest (fifth) progress report was published March 2021 and is referenced above. This strategy outlined an approach to suicide prevention which recognised a requirement for a multifaceted approach to suicide prevention and described an intention for collaborative cross sector innovations. The strategy offered national objectives and updated 'areas for action' as well as highlighting the responsibility for a local planning approach to be developed to implement work on suicide prevention. Subsequent to the national strategy, Public Health England published guidance on local suicide prevention planning[7] and this local strategic plan reflects the expectations of both documents.

The headline action areas to support the proposed framework for Northumberland follow the six identified headline areas of the National Strategy.

Reduce the risk of suicide in high-risk groups: From 2014-2017, there was a decline in registered suicides, however, 2018 and 2019 saw increases, with the rate in 2019 being 10.8 per 100,000 people compared to 9.5 per 100,000 in 2016. Among males, the rate of suicides

[6] Gunnell D, Lewis G. Studying suicide from the life course perspective: implications for prevention. BJ Psych. Sep 2005, 1887 (3) 206-208.
[7] PHE (2016). Local suicide prevention planning. A practice resource. PHE. October 2016

was 16.7 per 100,000 in 2019, 19.3% higher than in 2017. Among females, there were 5.2 deaths per 100,000,13% higher than in 2017.

Other high-risk groups include:

- Young people, particularly young women have seen upward trends in the proportion of deaths caused by hanging in England and Wales. In 2018, hangings accounted for 60.9% of all suicides up from 57.7% four years earlier.
- Middle-aged men. About 40% of all suicides are in people in their 40s and 50s, the majority of which are amongst men (1626 men compared to 506 women in 2019). Middle aged men have the highest rate of suicide with the highest proportion being 45-49 years old. These data are for 2019, pre-pandemic.
- People in the care of mental health services (including inpatients).
- People with a history of self-harm (although self-harm is not necessarily a precursor to suicide). Northumberland has higher than the national average rates of hospital admissions amongst 10–24-year-olds because of deliberate self-harm and this group have been identified as a priority
- People in contact with the criminal justice system

We are concerned that the pre-existing risks for the groups above have been exacerbated because of the pandemic. The mental health impact of the pandemic may be profound and suicide rates may rise long term, although this is not inevitable. Two categories of vulnerable groups are emerging in the context of COVID-19; those with pre-existing problems which have been exacerbated; and those for whom the pandemic has resulted in new issues, which are known risks of suicide, for example, job loss, mounting debt, bereavement, or loneliness.

Economic Risk Factors. The impact of periods of recession on suicide rates is well documented, including a 1.4% increase in suicide for every 10% increase in unemployment in men. As Northumberland emerges from the pandemic, it is essential that all partners invest in active labour market programmes, adequate welfare provision and support services, including provision of food and housing to vulnerable groups. That requires us to strengthen our work relating to welfare rights, emergency support, benefits maximisation, employability and skills in the Council and across partners in Northumberland.

More information is available from https://www.northumberland.gov.uk/Economy-Regeneration/Economy-Regeneration-Teams/Strategic-Transport-Employability-1.aspxcan

Engineer approaches to improve mental health in specific groups: Specific groups are identified as vulnerable: children and young people; survivors of domestic abuse or violence; Armed Forces veterans; people living with long-term physical health conditions; people with untreated depression; people who are especially vulnerable due to social and economic circumstances; people who misuse or have a dependency on drugs or alcohol; people identifying themselves as lesbian gay bisexual transgender questioning (LGBTQ) and people from black and minority ethnic (BAME) groups.

Reduce access to the means of suicide: We need to work collectively to recognise high risk environments or the potential ease of access to means of suicide and effectively manage these risks. The methods of suicide more easily managed through preventative interventions include hanging and strangulation in psychiatric inpatient and criminal justice settings; self-poisoning; those at high-risk locations; and those on the rail networks. It is also important to be vigilant and respond to new or unusual suicide methods. Work is ongoing across government to identify and tackle emerging methods of suicide.

Provide better information and support to those bereaved or affected by suicide: These are identified as those individuals who are directly affected by someone's suicide and as well as people in close relationships with the deceased. This group would also include train (and other vehicle) drivers or people witnessing people who have jumped to their deaths.

Support the media in delivering sensitive approaches to suicide and suicidal behaviour: Media messages being delivered appropriately and in a measured way which does not over emphasise the details of the death or the exact location.

Support research, data collection and monitoring: Ensure that all data capture is accurate and timely and is used by the appropriate bodies to deliver informed and interrogated intelligence.

.LOCAL CONTEXT IN RELATION TO THE NATIONAL OVERVIEW

Northumberland is the sixth largest county in the UK with an estimated population of 323,820. The population is concentrated around the larger conurbation areas of Ashington, Blyth, Cramlington, Morpeth, Alnwick, Hexham, and Berwick. Whilst there are some areas of significant prosperity in Northumberland, there are also several areas that are very deprived and which have the attendant risks to physical and mental health and wellbeing, substance dependency and links to the criminal justice system, which are all risk factors for suicide and self-harm. HMP Northumberland is a Category C prison[8] with an operational capacity of 1348 males; the proportion of offenders supervised by probation services outnumbers those serving a custodial sentence by around 3 to 1.[9] Northumberland also has a secure children's home, Kyloe House which can accommodate up to 12 young people. There are also large tracts of rural areas with small populations but high levels of social isolation and loneliness which are also contributory factors to suicide and self-harm.

There were 93 suicides in Northumberland during 2018 – 2020, a rate of 11.7 per 100,000 population higher than (but not significantly higher) the national average of 10.4 per 100,000 nationally and lower than the regional rate of 12.4 per 100,000.

[8] Closed prison - those who cannot be trusted in open conditions but who are unlikely to try to escape
[9] Revolving Doors Agency (2017). Rebalancing Act. A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users. Available from: http://www.revolving-doors.org.uk/sites/default/files/Documents/Rebalancing%20Act.pdf

The Public Health England Suicide Prevention Profile[10] provides a suite of indicators for suicide related risks. The risk factors for suicide are myriad and interrelated, and will be specific to each individual, but the following factors (not an exhaustive list) are known to increase the risk of suicide:

- **Age and sex:** The suicide rate for males is approximately three times higher than females for the UK.

- **Mental ill health:** There is a strong association between mental ill health and suicide. The prevalence of depression in Northumberland (as recorded on GP records) is higher than that for England and the Northeast. The risk of suicide after self-harm may be 49 times greater that the risk of suicide in the general population.[11] During 2019/20 there were 404 admissions per 100,000 population for intentional self-harm amongst Northumberland residents, a significantly higher admission rate than that for England and the Northeast.[12] The rate of maternal death by suicide remains unchanged since 2003 and maternal suicides are now the leading cause of direct maternal deaths occurring within a year after the end of pregnancy.[13] Nationally, there are higher rates of mental ill health and in particular, more severe mental ill health in the prison population and higher rates in offenders on probation and in the community.[14]

- **Substance misuse:** Substance misuse and mental health problems often occur together and there is a complex relationship between the two. The latter can be exacerbated by the former and alcohol and non-prescribed drugs can interact with medicines used to manage mental illness. In Northumberland during 2019/20 there were 2717 admissions to hospital for alcohol related conditions[15]. There were also 403 admissions for mental and behavioural disorders due to the use of alcohol[16] and 276 admissions specifically due to intentional self-harm from alcohol.[17] Of those presenting to structured community treatment for drug and/or alcohol dependency, 68% of alcohol users and 49% of drugs users, consider themselves to have a mental health issue[18]. The North East has the highest rate of deaths as a result of drug poisoning, with opiates being the most common substance linked to overdose[19].

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[10] Available from: https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide
[11] Hawton, K., Bergen, H., Cooper, J., Turnbull, P., Waters, K., Ness, J. & Kapur, N. (2015) Suicide following self-harm: findings from the Multicentre Study of self-harm in England, 2000-2012. Journal of Affective Disorders 175, 147-51. DOI:10.1016/j.jad.2014.12.062
[12] PHE (2019). Public Health Outcomes Framework. Suicde prevention profiles
[13] Knight M, Nair M, Tuffnell D, Kenyon S, Shakespeare J, Brocklehurst P, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Surveillance of maternal deaths in the UK 2012-14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-14. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2016.
[14] Ibid 11 (Revolving Doors Agency).
[15] PHE (2021). Public Health Outcomes Framework. Admissions episodes for alcohol related conditions (narrow). New method
[16] PHE (2021). Public Health Outcomes Framework. Local Alcohol Profiles for England.
[17] PHE (2021). Public Health Outcomes Framework. Local Alcohol Profiles for England.
[18] PHE (2021). National Drug Treatment Monitoring System.
[19] Office for National Statistics (2021). Deaths related to drug poisoning in England and Wales: 2020 registrations.

In 2019, Northumberland Public Health Team completed a Health Needs Assessment (HNA) on coexisting mental illness and substance misuse. This is available on request from the Public Health Team. The HNA drew on the views of those with lived experience as well as professionals working with people with mental illness and/or substance misuse and compared local healthcare activity data with national data and guidance and evidence from academic literature. The HNA found that there were opportunities to further strengthen the ways that the healthcare needs of people with coexisting mental illness and substance misuse are met, and it made four recommendations around governance, communication and workforce, and pathways and interventions.

- **Social isolation and loneliness:** Social isolation and loneliness can both lead to and arise because of mental ill health. Older men, people with a long-term disability, those living in more deprived communities, the unemployed, excluded young people, those currently or previously in contact with the criminal justice system and a raft of other groups are likely to experience more social isolation and loneliness. At the last census (2011), there were 19,407 households with a single occupant over 65 years of age. In 17/18, 45.4% of >65 social care users said they had as much social contact as they would like, this is a decrease from the 16/17 figure of 46.5%. Amongst adult carers, however, 51.1% said they had as much social contact as they would like compared to 50.6% the previous year.[20] There is more work to do on loneliness and social isolation, this will be a focus of work for the partnership in 2022. Interestingly, there is evidence that some people have benefitted from being isolated during the pandemic and the partnership will consider all the evidence

- **Gender and ethnicity:** We also know that nationally individuals in the LGBTQ groups can be vulnerable to suicide. This is particularly the case for individuals who identify themselves as being transgender, either in treatment for transition or who have recently transitioned. In addition, individuals from BAME communities are also more likely to feel marginalised and disenfranchised from broader societal engagement.

- **Veterans:** Young men (under 24 years) who have left the Armed Forces may be at two to three times higher risk of suicide than the same age groups in the general and serving populations. The risk may be greater in those with a short length of service, and those of lower rank.[21]

- **Prisoners and those in contact with the criminal justice system:** The prison population and people who have been held in a police custody suite in the weeks prior to their suicide are all identified as being at higher risk of suicide than the general population. Data published in 2019 by ONS shows that 41 people committed suicide in custody in 2008 and 40 in 2016. As these data are small, data is not available for Northumberland.

[20] PHE (2018). Public Health Outcomes Framework. .
[21] Kapur, N., While, D., Blatchley, N., Bray, I., & Harrison, K. (2009). Suicide after Leaving the UK Armed Forces —A Cohort Study. PLoS Medicine, 6(3), e1000026. http://doi.org/10.1371/journal.pmed.1000026

Suicides in young people are less common but nationally, rates increase steeply during the late teens. Additional themes in suicide by children and young people include bullying, suicide-related internet use, academic pressures (especially related to exams) and social isolation or withdrawal.[22]

Alcohol was found to have been taken in 40% of cases. Most deaths (62%) occurred at a domestic address while the remainder (38%) occurred in other locations – potential hotspots include multi-storey car parks, railway stations/lines, isolated beauty spots and river courses.

NORTHUMBERLAND STRATEGY

Since 2019, several actions have been taken to help prevent suicide in Northumberland including promoting positive mental health for people at risk of suicide/self-harm as part of a broader mental health promotion action plan. These include:

Real time data surveillance system. Northumbria Police and the Northumberland, Tyne and Wear Suicide Prevention Steering Group instigated a 'real time data surveillance system' in October 2019. On attending any sudden death, police officers are now asked to consider whether there is any evidence of suicide. On submission of this initial report to the coroner, the officer is required to alert the force Suicide Prevention Coordinator (SPC). The SPC will then forward the alert to each Local Authority Suicide Prevention Lead, as well as the analytics team who maintain the ICP Early Alerts Dashboard (within Newcastle Public Health Team).

This process and dashboard allow for levels of suspected suicides to be closely monitored. The ability to do this is incredibly important in the current climate.

British Transport Police (BTP) and Network Rail have engaged with the 'at risk' workforce and identified areas vulnerable to ingress and ensured fencing has been repaired or erected. BTP and Transport for London (TFL) are delivering an initiative which enables members of the public to feel confident about alerting rail workers where they see individuals behaving in a way which is a cause for concern.

Planning and Governance. Since 2019 Northumberland Multi-Agency Suicide Prevention and Better Mental Health Strategy Group has overseen a prevention-focused approach to improving the public's mental health shown to make a valuable contribution to achieving a fairer and more equitable society. The Strategic Group is supported by an Operational Group. Terms of reference are included at appendix 1

Integrated Care System. The Northeast and North Cumbria Integrated Care System (ICS) has identified five priority areas:

[22] University of Manchester (2016). National Confidential Inquiry into Suicide and Homicide by People with a Mental Illness. Suicide by Children and Young People in England. May 2016.

- Maternal health
- Integrated services
- Physical health of people with mental health issues
- Zero-suicide ambition
- Parity of esteem

Northumberland has adopted these priority areas for the Mental Health chapter of the JSNA which will inform local work

Mental Health Promotion /Prevention and Support. Several work programmes and activities have been undertaken across the County. Examples include:

- **Mental Health Training:** Connect 5 mental health promotion training programme helps increase the confidence and core skills of frontline staff so that they are more effective in having conversations about mental health and wellbeing. It has been designed to help people manage stress and distress and increase resilience and mental wellbeing through positive change. Connect 5 is a collaborative prevention toolkit and approach that promotes psychological knowledge, understanding and awareness and the development of skills, which empower people to take proactive steps to build resilience and look after themselves. It is a train the trainer model so further training will be cascaded by those who have been trained. Basic suicide awareness training is already available in Northumberland, as is Mental Health First Aid Training, Support on Suicide, Self-Harm Awareness, Self-Harm Response and Emotional Resilience Training.

- **Health Trainers:** Health Trainers are working with individuals to identify stress, give advice on relaxation techniques and mindfulness, this is to ensure equity between physical health and mental health.

- **Whole School Approach to mental health and wellbeing.** Support has been provided to Schools to enable the adoption of a whole- school approach to promote mental health and wellbeing. This has included the appointment of a Senior Mental Health Leads in School Coordinator on secondment from their Senior teaching position. A senior mental health lead has been identified in most schools in Northumberland.

- **Mental Health Support Teams in Schools (MHSTs):** Northumberland CCG (Clinical Commissioning Group) and partners were successful in being awarded funding for a further Trailblazer Mental Health Support Team in the Ashington/Bedlington Area building on the current trailblazer sites of Hexham and Blyth.

- **Kooth Online Support:** Online support for Children and Young People (aged 11 – 25 years) is now also available in Northumberland commissioned by the CCG. This support requires no waiting lists, referrals or thresholds. It allows young people access to a range of tools, resources and activities that offer support to those struggling with mental health. These include online discussion boards, reading and contributing to self-help articles, daily goal trackers and an online journal.

- **Qwell:** Online counselling service for adults is available in Northumberland and provides free and anonymous mental health and wellbeing support to teachers and teaching staff across the County. Any member of the teaching staff over the age of 18 will be able to access Qwell for free and anonymous online mental health and emotional support.

- **'Be You' website:** Launch of Northumberland's 'Be You' Website This website has been a collaborative approach to supporting children and young people in looking after their mental health and emotional wellbeing. The website has three portals for information – Parents and Carers, Children and Young People and Professionals. One of the key aims of the site is to make the pathways clearer for people who are looking for additional support, it also provides the user with self-help techniques and offers clear information around how to access support from a range of services, depending on the level of need.

- **Regional Suicide Prevention Sector Led Improvement:** Following a self-assessment and peer challenge session, December 2018, the Northumberland plan was revised to include an audit of practices/GPs that have completed the RCGP suicide prevention training.

Progress in Northumberland

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

Northumberland partner organisations have committed to identify individuals at risk and ensure they are managed appropriately by the services they are involved in.

We have:

- Continued to monitor the mental health and suicide training available in Northumberland, including who is accessing training, and who requires training

- Used the better Health at Work Award to encourage employers to put measures and training in place to reduce the risk of suicide and provide advice and support to employers on workplace suicide. This is through the promotion of the Prevention toolkit, and for employers having to manage a traumatised workforce post event, the Postvention toolkit developed by Public Health England, Business in The Community (BITEC) and the Samaritans specifically for employers.

- Identified opportunities to engage with men (particularly younger men aged 15 - 34 years) in non-clinical settings to encourage them to discuss and seek help/support on the range of factors commonly associated with suicide in men. The Be a Game Changer campaign encourages people in our region to talk openly about mental health, to look out for their loved ones and to take a proactive approach in looking after their wellbeing. Organisations across the Northeast can access a range of free

support and resources to promote positive mental wellbeing at their venue. These include posters, leaflets, t-shirts, wellbeing workshops and even football tournaments ran by Newcastle United Foundation staff.

- Support on Suicide Training has been provided to a cohort of barbers in Northumberland. It is recognised that men spend more time with their barber than GP. The training was provided to give barbers the skills to recognise the signs that some of their clients may be struggling with their mental health and show them how to get the support their clients may need.

We will continue to:

- Review recommendations made by the National Confidential Inquiry into Suicide and Homicide in People with Mental Illness and ensure they have been implemented or considered by relevant organisations.

- Ensure that current best practice relating to the identification and management of those who self-harm is being implemented.[23]

- Access and raise awareness of the many National and regional support organisations ensuring information is available and highly visible in an easy read format across all public buildings around the county.

Priority 2 - Engineer approaches to improve mental health in specific groups

The pursuit of parity of esteem, which demands that people who are experiencing mental ill health should be dealt with in the same way they would be if they presented to health services with a physical health issue, is a significant driver to the better identification and management of people who may be vulnerable to suicide at the earliest point of intervention.

We have:

- Developed and delivered training on Youth Mental Health Courses and Mental health training to residential care staff working with children and young people, Adult mental health courses, suicide awareness training, and staff have been trained to deliver mental health and wellbeing sessions. Staff trained include those in the public sector, voluntary sector and businesses. Through attendance, individuals will have knowledge of basic assessment models and developed skills to support those experiencing mental and emotional health difficulties. Staff will therefore be able to signpost to appropriate services and give information will promote positive mental

[23] NICE (2004) - Self-harm in over 8s: short-term management and prevention of recurrence (CG 16); NICE (2011) - Self-harm in over 8s: long-term management (CG133); NICE (2013) - Self-harm (QS 34).

wellbeing.

- Provided additional training courses for staff in various organisations, including VCS Organisations, such as Suicide Awareness, Mental Health first Aid, Emotional Resilience, Self-Harm Awareness and Self Harm Response.

We will continue to:

- Review and monitor the provision of suicide and general mental health awareness and mental health promotion training (particularly mental health first aid training and Connect 5 training) across the county.

- Use the JSNA and all relevant plans to emphasise the importance of mental health for all, including the Children and Young People's Strategic Plan to promote resilience and emotional health and wellbeing in children and young people.

Priority 3 - Strategies for the reduction of opportunity

We have identified hotspots and potential risk within buildings our vulnerable communities may access.

We have:

- Reviewed initiatives to provide safer environments across secure settings (e.g., removal of ligature points in hospitals, police custody and prison settings).

- Developed links with BTP and Network Rail to support safer rail access; promote a general public awareness raising campaign with respect to the identification of high-risk rail side activity. Regular overt patrols by BTP officers, consisting of both mobile and train patrols, providing engagement to members of staff and the public in conjunction with Special Constables.

We will continue to:

- Monitor incidents and respond appropriately based on evidence

- Use the suicide audit process to identify any 'hotspots' and ensure that mitigating action has been put in place where possible and that training is in place for staff in that locality.

Priority 4 - Provide better information and support to those bereaved or affected by suicide:

Bereavement by, or a close connection with a suicide are themselves risk factors for suicide. It is therefore vital, as part of this suicide strategy, that bereavement and suicide support services are timely and appropriate.

We have:

- Mapped interventions specifically aimed at reducing suicide and supporting the bereaved and those affected by suicide,
- Reviewed the framework and pathway for service providers and evaluated local bereavement support services.
- Commissioned trauma support across the county, provided through Northumberland and North Tyneside MIND.
- Commissioned Barnardo's to provide support for children and young people.
- Commissioned Specific Postvention Support provided through If you Care Share

We will:

- Use the real time alert system which has been implemented regionally to identify potential clusters and facilitate a subsequent Community Action Plan.[24]

Priority 5 - Support the media in delivering sensitive approaches to suicide and suicidal behaviour

It is important that media reporting of suicides is responsible and sensitive so that hotspots are not identified, and the narrative is not salacious, likely to influence copycat behaviour and is respectful and non-judgemental of the individual who has died and their family. There is also a need to review and identify the potential risks and benefits that social media presents.

We have:

- Undertaken a literature review of the evidence that social media has a positive or negative impact on suicide and the prevention of suicide. It concluded that there is little consensus in the available academic literature as to whether social media has a positive or negative impact on suicide and the prevention of suicide. Professionals in Northumberland working with adults at risk of suicide, or more broadly with adolescents, should ensure that they have an up-to-date knowledge of this dynamic area, both in general terms and specific to their area of work.

We will continue to:

- Ensure the local media are aware of, and following, Samaritans' guidance on responsible media reporting.

- Review the evidence of the impact of social media on suicide (both positive and negative) to inform future work.

[24] PHE (2015). Identifying and responding to suicide clusters and contagion. A practice resource. PHE. Sept 2015

Priority 6 - Support research, data collection and monitoring

A consistent and systematic approach to monitoring suicide incidents and being informed through robust data and research will afford Northumberland the careful thinking time to respond to the management and understanding of suicide events.

We will continue to:

- develop a suicide audit process to support the regular collection of data, the identification of trends and hotspots, and progress against the aim of the strategy to reduce suicides. This work will be undertaken with the Coroners' Office locally

- respond to national audits and reports**.** The partnership has sought assurance from partners that the recommendations in reports around preventing suicide have been reviewed and followed where appropriate. Examples include the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2017) and 'Learning from suicide-related claims. A thematic review of NHS Resolution data' (2018).

MEASURING PROGRESS

Nationally, the **NHS Outcomes Framework,** the **Public Health Outcomes Framework** and the **Adult Social Care Outcomes Framework** all contain high level national indicators which will provide a monitoring framework against which success can be measured.

- Public Health Outcomes Framework for England 2013–2016 identifies four key indicators relevant to this plan: social connectedness (domain 1); hospital admissions as a result of self-harm (domain 2); excess under 75 mortalities in adults with serious mental illness (domain 4); and suicide (domain 4).

- NHS Outcomes Framework identifies 2 key improvement areas relevant to this plan: reducing premature death in people with serious mental illness (1.5); and improving outcomes from planned treatments – psychological therapies (3.1).

- Adult Social Care Outcomes Framework indicator of social connectedness (shared with the Public Health Outcomes Framework): proportion of people who use services and their carers, who reported that they have as much social contact as they would like (domain 1) .

Both the Adult Social Care and NHS outcomes frameworks contain safeguarding domains that are relevant to work on suicide prevention (Adult Social Care domain 4 and NHS Domain 5).

Northumberland Crisis Care, Suicide Prevention and Mental Health Strategic Partnership

Terms of Reference October 2021

Good mental health is very important to overall health. It is associated with better productivity, is a positive factor for some physical health conditions, and is a vital asset for dealing with life's stresses. Good mental health is not just the absence of a mental health problem, but having the ability to think, feel and act in a way that allows us to enjoy life and deal with the challenges it presents (Mental Health Foundation, 2017)

Purpose of Partnership

The purpose of the Northumberland Crisis Care, Suicide Prevention and Mental Health Strategic Partnership is to ensure effective arrangements to:

- Improve outcome for people experiencing mental health crisis
- Develop partnerships to promote good mental health to all
- Promote well-being and social inclusion of people at risk of mental health problems

Aim

Prevent the onset, development and escalation of mental health problems, promote good mental health by strengthening individuals and communities and reducing inequalities

Objectives

- Use data and intelligence, including research, effectively to understand local needs to influence commissioning and prioritise interventions
- Work in partnership to ensure alignment across sectors and programmes of work, including: mental health promotion activities, access to support before crisis point, urgent and emergency access to crisis care, quality treatment and care when in crisis, recovery and staying well avoiding future crisis
- Ensure mental health is integrated into relevant plans across organisations e.g. Children and Young People's Plan, JSNA, Ageing Well Programme
- Develop metrics to measure the impact of interventions
- Provide leadership and accountability

Membership and chairing arrangements

Chair - Public Health Consultant and/with support from Public Health Manager (NCC)

NHS Northumberland Clinical Commissioning Group

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Northumbria Healthcare NHS Foundation Trust

Northumbria Police

Elected Member Mental Health Champion (NCC)

Talking Matters Northumberland

Mental Health Concern

NEAS

Tyneside & Northumberland Mind

Individuals with lived experience

Quorate

The meeting will be quorate if two thirds of members are present.

Frequency of meetings

Quarterly

Reporting arrangements

The group will report to the Director of Public Health, The Health and Wellbeing Board, The Adult Safeguarding Board, Overview and Scrutiny Committee.

Links with other groups

Integrated Care System (ICS) Suicide Prevention Steering Group (across the North East and Cumbria)

North Integrated Care Partnership (ICP) Sub Regional Suicide Prevention Group (across 6 local authority areas, Northumberland, North Tyneside, Newcastle/Gateshead, South Tyneside, Sunderland)

Northumberland Mental Health Promotion and Suicide Prevention Steering Group

Northumberland Drugs and Alcohol Steering Group

Northumberland Children and Young People's Emotional Health and Wellbeing Implementation Group

Northumberland Children and Young People's Mental Trailblazer Steering Group

Northumberland designated Mental Health Leads in Schools Group

Review of terms of reference

These terms of reference will be reviewed at least annually and/or in light of new policies/directives to ensure their relevance.