



Action Plan for Reducing Deaths from Suicide in Birmingham

April 2018

Mental Health System Strategy Board

Suicide –Reducing Deaths from Suicide in Birmingham

Suicide is a tragic event and is usually in response to a crisis. In Birmingham 70 people every year take their own lives. Over two thirds of these events occur in people not known to mental health services although often people around them, for example family and friends, know that they are in a crisis.

“Zero Suicide” is an ambition of the West Midlands Combined Authority. We acknowledge this aim and recognise that it is a long term vision requiring system and societal change.

A major weakness of our society is that we often think of crisis from an organisational perspective, not from the experience of the person. A simple feature of this way of thinking is that we don't have a common understanding of a “crisis”, as each organisation uses their own view and their own language. This has to be addressed if we are to actively prevent suicides and achieve the aim of zero suicide.

Our first goal is to impact upon those tragedies which have similar characteristics to previous events which were linked directly to “the mental health system”. For convenience these have been termed “avoidable” suicides, those where should have learnt from previous events and where individuals at high risk should be protected.

- The first step is to reduce suicide linked to the mental health services, which should lead to a 10% reduction by 2020.
- The second step is to reduce suicide in the wider mental health system including those services which deal with crises by a further 10% by 2022.

Through our actions we should be able to reduce suicide by 20% by 2022.

The “Agreed Purpose for Improved Mental Health in Birmingham” states that we want to provide better help for people who are suffering from, or who are at severe risk of, mental health problems’ It is worthwhile to re-visit our “Agreed Purpose” and its framework namely: Prevent; Protect; Manage and Recover.

Many of the required actions to reduce suicide are included in that plan. It highlights that we need to think differently including alternative approaches in young people especially relating to exam stress, the recognised issues of “transition” to adulthood and the negative effects of adverse experiences in childhood.

Primary Care is crucial in reducing suicide. Each event is relatively rare at a practice level but they are involved in allowing certain individuals the means to take their own life through prescribing of certain drugs, they often see people with mental health problems and they see others in different crises.

To deliver our first goal of reducing “avoidable” suicides a number of system changes are required to make a real difference in the short term. These are:

- Developing local intelligence to understand system weaknesses and current high risk groups
- Learning from events and especially families and communities about the event
- Ensuring that known system deficits are addressed
- Progressing different approaches to early intervention and prevention

In addition we need better communication with families and “smarter” communication between professionals, partners as well as the media.

We need to grasp major opportunities which present themselves to achieve this reduction.

1. The first is technology - for improving communication, providing another choice in talking to at risk people, promoting treatment completion, better analysis of data etc.
2. The second is the “tide” of discussion of mental health at a national, regional and local level. This will undoubtedly affect the stigma associated with severe and mild mental illness and also suicide.
3. The third is the rapid emergence of evidence relating to the effects of and identifying Adverse Childhood Experiences (ACE) as a key early intervention as well as preventative approach.

Our local approach is themed into the following:

Reducing the risk of suicide in high risk groups

Especially in the immediate period after intensive support, explaining our decisions regarding risk to patients, family members and other professionals and that linked strategies recognise crisis.

Tailor approaches to improve mental health in specific groups

We need to learn from tragic events and particularly the circumstances and context before the event. We also need to learn from certain particular circumstances such as those released from prisons and also young people.

Reduce access to the means of suicide

We need to ensure that family and friends help in reducing the risk to an individual. We have to learn more from reviewing series of events as well as cross-organisational circumstances.

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

We should move from traditional methods of communication and support for those affected by suicide

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

There is marked similarity with the previous theme – shifting from traditional approaches to engage with the media in all its guises

Support research, data collection and monitoring

We need better intelligence to provide more precise information about the types of people who take their own lives, as well as better information regarding their crisis and also the place or method of suicide.

We recognise other issues which need to be grappled with. These include:

- Using insight and emerging evidence to take a new approach to defining individual risk which may include innovating with new approaches to assessing risk (e.g “STREAMS” for identifying Acute Kidney Injury)
- Re-thinking crises and develop a common language relating to crises across organisations
- Working with employers to promote mental wellbeing at work
- Being active in the evolving work relating to Adverse Childhood Experiences
- Developing new partnerships with the education sector, including schools
- Developing new technology such as Deep Learning

These will be subject to future planning as their impact is wider than just avoiding suicide. We will ask others including the Academic Health Service Network to help.

In addition we need to develop new approaches to children and young people. We know that young people are experiencing more mental health problems and unfortunately suicide. There is a need to engage the most vulnerable young people

are identified and supported, especially those in crisis. We need to work with others on the various causes (such as domestic violence, bullying etc.) especially schools. The voluntary sector may be able to show novel methods to achieve this.

Implementation

Tackling suicide requires major change at organisational and individual levels.

In order to deliver the first phase we propose to develop 4 key Task and Finish groups:

1. Operational
2. User
3. Communications
4. Intelligence

They will drive forward the actions in the plan. They will be accountable to a small working group on suicide. This group will report back to the Mental Health Strategy Board on progress. It will also be responsible for an Annual Review on Suicide (Actions 10 & 11) which will cover:

- Current intelligence on suicide
- Changes in mode or means of suicide
- Learning from events
- Organisational boundary issues which are impeding the reduction in suicide
- Other important external changes, for example related to the WMCA

The working group will also oversee joint working with Solihull and develop a regular review process.

We will learn from other environments, namely infection control. They have implemented “Rapid Action Plans” following serious incidents before a full review is undertaken. We aim to try this approach to see if it helps in organisational learning before waiting for a fuller review as part of the coroners and others investigations.

Action Plan For Suicide – First Phase

	Issue	Action	Detail	Who	Timescale
Reduce the risk of suicide in key high-risk groups					
1	The period after discharge from hospital is crucial. We can provide more support using new technology and this can be extended to give better continuity of care.	<p>Develop new approaches using technology to address Hospital - Home period</p> <p>Develop new options to improve the continuity of care using technology</p> <p>Consider other, non-traditional, support at times of “transition”</p>	<p>Engage the AHSN or similar to highlight ways that new technology can be used to improve care in high risk situations</p> <p>Engage users and their families to look at other approaches to support</p>	<p>T&F Operational</p> <p>T&F Users</p>	<p><i>Dec 2019</i></p> <p><i>Oct 2019</i></p>
2	The decisions made after assessing individual risk can be unclear to other professionals as well as the patient and their families. If we are to learn from tragic events we need to retrospectively understand all the circumstances.	Ensure that decisions following the assessment of risk are explicit and shared with patients and their family or other “supporters”	Improve documentation of decisions as well as improve decision making. Improve communication with families and carers	T&F Operational	<i>July 2018</i>
3	Patients are often assessed as a risk but not requiring residential care. We need to be better at informing other professionals and services of this risk so they can provide appropriate support.	Develop better communication with appropriate professionals in other services	Improve communication methods with key services, including out of normal office hours	T&F Operational	<i>July 2019</i>

	Issue	Action	Detail	Who	Timescale
	Examples include housing and employment services.				
4	Certain individuals are high risk because of use of medication etc. We need to develop appropriate systems in Primary Care to reduce such risks	Work with Primary Care and Medicines management to develop “alerts” for certain medications as well as conditions	New alert systems based on prescribing patterns	T&F Operational	<i>December 2018</i>
5	We need to ensure that reducing suicide is a task shared amongst all organisations. It needs to permeate all strategies which relate to crisis.	Ensure that “linked” strategies, such as A & E, housing etc. recognise and respond appropriately to the needs of those with mental illness	Board members to ensure that all strategies they are consulted upon or develop include components to reduce suicide	Mental Health Board	<i>Immediate</i>

	Issue	Action	Detail	Who	Timescale
Tailor approaches to improve mental health in specific groups					
6	We don't learn enough about the circumstances surrounding the suicidal event, how it affects others and how others were affected in the "prodromal" phase.	Develop new approaches to learning from families and communities after a suicide and embed these approaches within strategic and operational policy across organisations.	Consider different methods to working with families and communities. A variety of options should be considered probably run by third sector organisations	T&F User	<i>Sept 2018</i>
7	We know that those in prison or facing a custodial sentence are at increased risk of suicide or serious harm.	Engage the Criminal Justice System in a way that will ensure those most vulnerable are identified and supported across organisational boundaries.	Develop new approaches to support those in crisis in the CJS (pre and post prison)	With the WMCA	<i>July 2019</i>
8	Too many children are developing poor mental wellbeing. There are many causes of this but violence (physical, verbal, virtual, domestic) is a really important issue	Work with schools and youth services to promote anti bullying and to tackle self harm	Engage school services through the use of the voluntary sector	Voluntary sector Children's services and FTB	Mar 2019

	Issue	Action	Detail	Who	Timescale
Reduce access to the means of suicide					
8	Too often patients are assessed at high risk but those who care for them are not included in what they can do to reduce the risk, especially means of suicide	Have honest conversations with those contemplating suicide and their families regarding reducing risk and the means of suicide	Improve communication skills and confidence for “front-line” workers, using experiences gained from palliative care and/or third sector organisations Implement ASSIST and other training	T&F Operational In conjunction with Solihull	<i>Aug 2019</i>
9	Experience from other untoward events has shown the success in very quick review which may not be 100% complete but the key learning is identified as soon as possible	Develop a rapid review process with organisations involved in the event with agreed processes to disseminate and share information	Gain commitment of key organisations to share information and participate in a dynamic process	Innovation	<i>June 2019</i>
10	A review of a series of events has been shown to identify new issues in other fields.	Develop a regular review process involving all organisations affected by events	Key organisations to share information and participate in reviews	Suicide working group	<i>Sept 2018</i>
11	Considerations beyond the organisational boundary are rarely made. Yet too frequently a repeated pattern is seen across boundaries.	Gather intelligence regarding system deficits and develop a targeted plan in these areas	The Board receives an annual update from the review processes to look at system deficits	Suicide working group	<i>Dec 2018</i>

	Issue	Action	Detail	Who	Timescale
Provide better information and support to those bereaved or affected by suicide					
12	Too many are adversely affected by suicide, especially close family and friends. There is a need to change our approach to supporting these groups as a means of reducing future events	Develop and co-produce new approaches to learning from families and communities after a suicide	Consider different methods to working with families and communities. A variety of options should be considered probably run by third sector organisations	T&F User	<i>Aug 2018</i>
13	We rely on traditional communication methods. We need to consider different approaches which relate to those used by most of the population	Develop and co-produce different communication channels with families, communities	Consider different methods of communication	T&F Comms	<i>Sept 2018</i>

	Issue	Action	Detail	Who	Timescale
Support the media in delivering sensitive approaches to suicide and suicidal behaviour					
14	We rely on traditional communication methods. We need to consider different approaches	Develop an active media presence including social media to communicate with patients, their families as well as other organisations, learning from users and others e.g. MIND	Engage the media pro-actively as well as voluntary sector to develop new approaches. Consider involving colleges and universities	T&F Comms	<i>Aug 2018</i>
15	We rely on traditional communication methods. We need to consider different approaches and developing new alliances	Take a new approach with the media to tackle stigma and discrimination especially in high risk group (e.g.. BAME/ LGBT) and promote wellbeing	Follow on from the above work to develop approaches to key (E.g. pride)	T&F Comms	<i>Dec 2018</i>
16	As above	Raise awareness by working with local media organisations in National Campaigns – eg. World Suicide Day, World Mental Health Day	As above	T&F Comms	<i>Dec 2018</i>

	Issue	Action	Detail	Who	Timescale
Support research, data collection and monitoring					
17	There are other source of information we don't routinely utilise in helping to develop intelligence	Develop new intelligence sources to better assess "who, why, how" at a local level	Work with the coroner to develop frequent information relating to suicide	T&F Intelligence Work with Solihull	<i>Mar 2018</i>
18	Much of our intelligence is based upon comparative or national data. We need to ensure this is complemented by local information	Use intelligence to inform local early intervention and prevention and evidence and other aims of the Board	Develop a clear intelligence group to support the aims of the Board	T&F Intelligence	<i>May 2018</i>
19	We respond to notorious events without a system in place to identify all the "hotspots" (place, time, method)	Identify existing and potential future hotspots and patterns, geographic, social and method	Develop a methodology to identify similar events	T&F Intelligence	<i>July 2018</i>