STEPPING FORWARD
WITH A VISION FOR
ZERO SUICIDE IN
SUFFOLK

We said
August 2016
Suffolk user forum
The voice for emotional and mental health in Suffolk

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Introduction and Background

Key priorities identified for suicide prevention in Suffolk

Detailed discussion, feedback & recommendations from all events and one to one conversations; set against all 6 key suicide prevention areas

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Thank you to everyone who shared their experiences & ideas

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Forward from Jayne Davey, SUF Manager

This is our report which pulls together all of the feedback we have had at our three events across the County starting the conversation about suicide prevention in Suffolk.

It has been a great privilege to be able to start the many conversations in the County about how we can work together to prevent suicide. How we can help people to find hope from one second to the next. How we can find treatment and support when suicidal thoughts come in a wave and preoccupies every moment of every day.

Together we have begun to explore the stigma associated with death by suicide and in particular the experience of grief for families who are bereaved by suicide.

The important messages from these events is for us all to support a more human and compassionate approach to suicide, understanding that a person who thinks about taking their own life is not thinking about how they can be selfish, or cause pain and grief to their loved ones, they are trying to find a solution for ending the overwhelming pain they are enduring, at a time when they have lost all hope.

If we can remove our personal judgements and open our minds to listening to people’s distress, understanding their pain we can together find support, helping people to Stay Safe and begin to offer hope.

By being mindful, we can all be more aware to use language that removes the judgements associated with suicide. Importantly leaving behind outdated language such as ‘committed suicide’¹, historical language from when suicide was a crime, and support a more compassionate and human understanding of the experience of suicidal thoughts, death by suicide and the unique grief experienced by families and friends.
This report contains ideas, suggestions, improvements and developments from everyone who has worked together with SUF to take part in the conversation.

Every table at the workshops highlighted their top 3 key priorities that would make the biggest difference to suicide prevention in Suffolk. However, the main body of the feedback and report contains many rich ideas and recommendations, that can together deliver a County wide strategy with community commitment, support and action.

This report has been written and provided to Suffolk Commissioners, Suffolk Public Health, Norfolk and Suffolk Foundation Trust (NSFT), the mental health trust for Suffolk, but also contains valuable feedback for all agencies and providers across the County, including the Police, Acute Hospitals, Clinical Commissioning Groups, General Practitioners and Charitable organisations. There are also key ideas that SUF will take forward this autumn and in particular we will explore different recommendations in this report that help to build ways of staying safe, supporting a Stay Safe campaign and card.

Together we can support new ideas that can make a real difference, supporting a County wide and multi-agency strategy with a vision for zero suicide in Suffolk. It is important that a new suicide prevention strategy is not a standalone document but is connected to existing strategies and developments in the County to ensure that it is joined up providing a real community and County wide approach.

Notes:

1. In 1961 Parliament decriminalized the act of suicide in England and Wales through The Suicide Act, 1961 (9 & 10 Eliz 2 c 60)).
2. All documents referred to in this report are listed in the Appendices together with web link information.
Introduction & Background

Suffolk Public health department has been leading on the design for a new suicide prevention strategy for Suffolk. As part of this work, Suffolk User Forum felt very strongly that we needed to give a voice to people within the County to explore ideas and opportunities for suicide prevention.

Using the six national key areas for suicide prevention we co-designed and delivered three suicide prevention events within the County. These were called Stepping Forward with a vision for zero suicide in Suffolk.

Working with families who have been recently bereaved by suicide, we strongly felt that any death by suicide was one death too many. That it simply is not okay for someone to experience this level of emotional distress and pain, that the only solution for them is to take their life. It is a choice made without hope for the future, when it feels there are no other choices and when people believe their families will be better off without them, no longer enduring their pain, their thoughts and feelings and when all hope has gone.

Understanding this helped people to speak about how they have experienced and survived suicidal thoughts. It helped to understand that feeling a loss of hopefulness and having suicidal thoughts is often a common human feeling. Some describing this experience as a wave, that may last seconds, minutes, hours, days. But by surviving these thoughts, experiences and suicide attempts, many had learned to ‘hang on to the surf board’ and ride the wave of pain, trusting that if they hung on and were able to Stay Safe these feelings would pass. And when they did, they felt hope again.
As a County we can support a more compassionate and human understanding of the experience of loss through suicide.

We were supported at all events by service users who had lived experience of suicidal thoughts, suicide attempt survivors, professionals from mental health care services, voluntary sector staff, Suffolk Police and many families who have been bereaved by suicide. This fabulous mix and overwhelming support to make a difference has delivered a range of recommendations and idea’s that can work together to support people and reduce suicide within the County.

Events at a glance

Bury St Edmunds  
19th July 2016  
20 Attendees

Ipswich  
20th July 2016  
43 Attendees

Lowestoft  
22nd July 2016  
8 Attendees

We did not ask people to identify their relationship with suicide, however the majority of people who talked about this were one of the following: they worked with people who had suicidal thoughts, or who had taken their own lives by suicide; many were suicide attempt survivors or were a close family member to someone who had taken their own lives by suicide. We networked with 841 people through social media, direct contact with 94 people through SUF networks and with members of Suffolk Survivors of Bereavement (SoBS).

The focus for each workshop was to discuss suicide prevention against the 6 national suicide prevention areas, and to identify ideas, recommendations and suggestions about how things could be improved and developed to make a difference.
The six national key areas for suicide prevention – the focus for our workshops and discussions

1. Reduce risk in high risk groups
2. Tailor approaches to improve Mental Health in specific groups
3. Reduce access to means
4. Better information and support to bereaved
5. Support media in sensitive reporting
6. Support research and monitoring
Key priorities identified at the for suicide prevention in Suffolk
Key priorities identified for suicide prevention in Suffolk

At the end of the workshop, every table was asked to identify three top priorities that they felt would make the biggest impact for suicide prevention.

The following key priorities were identified;

1. A dedicated 24/7 helpline for suicide prevention and families, run by professionals and peer workers, where all staff are ASIST trained, with the opportunity for face to face contact, to be supported through suicidal thoughts.

2. To develop a single point of access website for suicide prevention and bereavement support and advice, promoting and linked to a Stay Safe App; Stay Safe Card and Stay Safe Campaign.

3. A ‘drop in’ Centre/Information Centre/Crisis House or safe place café for people to receive support and information. (A Crisis House similar to the Haven in Essex).
4. Home Treatment for under 18’s to avoid the need to attend A&E and to reduce admissions.

5. Improved training such as ASIST training for NSFT staff and Psychiatric liaison regarding suicide prevention, identification of risk factors, warning signs and protective factors for individuals.

6. Making suicide prevention a community responsibility with broad community involvement, ASIST training & suicide awareness. Support for funding to deliver better working together to reduce the stigma around suicide.

7. To develop a ‘Stay Safe’ scheme within the community for people vulnerable to suicide across the County, similar to the ‘Stay Safe’ scheme used for hate crime in Suffolk.

8. Improved signposting within GP surgeries and their websites, with a clear practice focus on emotional wellbeing and mental health. (See separate SUF report - August 2016).
9. For all professionals including GP’s to work with people as a whole family unit and not as individuals. For GP’s to work to support joined up working and information sharing, particularly linking primary care, the Suffolk Wellbeing Service with secondary care.

10. Safety and Wellness Planning for people who are living with and experiencing suicidal thoughts; to include families, partners and carers, to build a support network around the person.

11. Change focus from crisis management to prevention and focus on assessing risk, safety and wellness planning.

12. Life counselling, pre-birth support, life skills course’s, for men in environments not associated with mental health, for example Citizens Advice bureaus (CAB). To include a helpline for men that offers support on employment, housing and other issues society associates with the ‘male’ role and life problems, rather than overt mental health or wellbeing support.

13. More effective care planning and risk assessment when discharged from inpatient and secondary care services. Follow ups post discharge at key intervals as ‘check ins’.
14. Improved training for Police and Family Liaison Officers to ensure those bereaved by suicide receive support and information about bereavement support in Suffolk. (Survivors of Bereavement by Suicide - SoBS).

15. To ensure that there is improved support for children and young people who feel suicidal, perhaps encouraging Papyrus to Suffolk. To ensure that Suffolk has a clear pathway offering timely support for children and young people bereaved by suicide which understands that bereavement by suicide is a very different grief from other human losses, such as sudden death or death from a terminal illness.

16. For NSFT to deliver a timely, clear, transparent and open Serious Incident Review process which is undertaken by independent investigators, who involve families bereaved by suicide and who work to ensure lessons from service intervention can influence developments in practice. The system must ensure that families have confidence in the NSFT process, that they feel listened to and that their concerns about service shortfalls are fully investigated. Where mistakes have happened, families would like this to be acknowledged. Their main concerns are for an honest approach, that ensures lessons are learnt and that other people who are suicidal receive the right level of care and support.
Detailed discussion, feedback and recommendations from all events and one to one conversations;

Set against all six key suicide prevention areas.
Area 1: Reduce risk in high risk groups,  
Area 2: Tailor approaches to improve Mental Health in specific groups

1. **Effective risk assessment at time of mental health and emotional crisis, including suicide attempts, by all professionals in partnership with patient and carer**, supporting the triangle of care and acknowledging that family and carers are the one’s closest to the patient and will know how unwell they maybe, and can support a full risk assessment.

Whilst many people could understand that there are high risk indicators for suicide, there was a concern that just focusing on high risk could miss out the emotional distress of other people not identified as high risk such as career women. Suicide has no boundaries.

The following risk factors were discussed;

- Social fragmentation e.g. mobility, single person homes, unmarried adults, rented homes, divorced and widowed people.
- Current or former psychiatric patients, a quarter of these taking their lives will have been in contact with mental health services in the year before death.
- Patients less than 4 weeks post discharge from secondary care are at higher risk.
This risk factor indicates that there needs to be mental health contact post discharge to review people’s recovery and to identify risk factors. For those in contact with secondary mental health services, the issues raised are an integral part of the Care Programme Approach (see Glossary).

- Post discharge can be a vulnerable period especially for those who are more socially isolated. Alarm bells must ring when people, especially men, move from emotional and mental distress to become calm and at peace. Carers and Professionals may feel the person is starting to become well, but this is a high risk time, as it may be an indicator that they have made a suicide plan and are calm because of that decision.
- History of suicide attempts.
- Alcohol and drug problems.
- Prisoners.
- Certain occupational groups in Suffolk are more vulnerable, these include farmers, vets, healthcare staff.
- History of Depression.
- Family history of self-harm and sexual abuse.
- Low educational achievement.
- Evidence of long term illness.
- Access to lethal means.
- Loss of relationship.
- Local clusters of suicide.
- Cultural & religious beliefs such as suicide being a noble solution to personal dilemmas.
- Exposure to others who have taken their life by suicide.
- Age: the majority of people taking their own lives are between the ages 40-59.
- However, during the events it was recognised that the first 6 months of this year has seen a number of young people aged 18-25 taking their own lives. Statistics from this period are not yet publically available but will be known the Suffolk Public Health Department.
- Samaritans report that in their experience high risk factors are men under 35 years old.

The following recommendations and suggestions were made;

- Greater review is needed of patients prescribed commonly used medications associated with self-poisoning, in particular; Methadone, Paracetamol, Tramadol, Codeine, Zopiclone and Quetiapine as most indicated as risk factors.
More regular review is recommended to be undertaken by GP’s of patients prescribed these medications, in particular if there has been a suicide attempt. A full review and risk assessment following any attempt at self-poisoning when prescribed these medications is also recommended to be undertaken. It has been recommended that this could be best lead by the Mental Health Primary Care Worker (Link Worker), based at GP surgeries and employed the Suffolk wellbeing service.

- It is recommended that health reviews offered to patients and delivered by nurse practitioners are expanded to include mental health & emotional wellbeing as well as physical health care, as routine practice.

- It is recommended that there is a greater understanding that the majority of people who take their own lives have seen their GP in the period before taking their life. The figures record that 61% of people who took their life by suicide in the period 2007-11 had recently seen their GP. Are GP’s referring patients on the Link worker? There needs to be greater consistency with the role of the link worker across the County.

- It is recommended that a greater understanding is developed about how mental health problems can impact on men, and role of men in society. Men in particular can experience a loss of role identity; if unable to work, can lose their role as ‘bread winner’ and can begin to feel that their family are better off without them.

- The Samaritans have a lot of information about why people take their own lives, is there any way this information could be shared within a partnership to support understanding and learning?

2. **There needs to be a 24 hour/7 days a week mental health crisis line.**

3. **It is recommended that there is a need for an effective crisis questionnaire** to support sound risk assessment.

4. **It is recommended that organisations working with those in emotional and mental health crisis identify skilled, ASIST trained staff** who can compassionately speak with and listen to people in significant emotional and mental distress, to ensure a sound risk assessment is made.

5. **A return to 9am to 8pm Psychiatric Liaison** in both Ipswich and Bury St Edmunds acute hospitals to support good levels of intervention and to support risk assessment with a stronger focus on high risk indicators.
To ensure that a suitable place is identified for A&E mental health, so that people can be seen away from the main busy A&E areas.

6. **To make every contact count and to see people as part of a family unit** when assessing risk. For all agencies to ensure that they never leave patient and carer without a clear written plan for at least the next 24 hours and for plans to include details for the patient and family/carer so they how to get further support if it is needed.

7. **Real need for GP’s and mental health staff to listen** to the views of carers; to understand that they know the person in crisis very well and can communicate their view of the level of risk, particularly parents of younger people (See Glossary & the Triangle of Care). People stated that it was very important to ensure continuity of care wherever possible, especially as many people report they rarely see the same GP twice. But also, there was a need for GP practices to focus more on the mental health needs of their patients and to work to ensure a better flow of information from primary through to secondary care. See also point 15 below and refer also to Suffolk User Forums latest report about signposting and mental information provided by GP surgeries in Suffolk, August 2016).

8. **For GP’s to link up people within family units to understand issues for a family**, for example, a parent with a child or young person experiencing emotional distress/mental health problems; those bereaved by suicide.

9. **Greater training and mental health & suicide awareness within GP practices.** It was felt that the knowledge and abilities of GP’s varies from surgery to surgery; that advice and support can be very different; sometimes an over reliance on antidepressants. For GP’s and professionals to understand and know potential warning signs of suicide.

10. **Need for NSFT Access and Assessment Team (AAT) to listen to GP concerns and value their risk rating.** It was felt that there is a communication barrier between AAT and GP’s in terms of referrals and that the process is still confusing. There were some concerns that no one really knows who deals with people who are suicidal, people are often told at A&E by AAT to self-refer to the wellbeing service but they do not provide support with suicidal thoughts at the moment (see Recommendation no’s. 13- 18 below).
There was some discussion as to whether AAT is really working. Norfolk has changed its referral process to one of a single point of access, where referrals are received and then a Crisis Team to undertake urgent assessments and other Community Teams undertaking lower risk assessments for secondary care services. It is recommended that this is reviewed by NSFT.

11. **For people who have been to A & E and then discharged home**, to receive a phone call the following day and 72 hours later to check in with patients and family/carers to review level of risk of self-harm and suicidal thoughts (See also NICE guidelines).

12. **Effective discharge plans from inpatient care and community care**, including a Safety Plan, referral to the Recovery College for wellness plan and a clear crisis plan, which includes how the person can get support to Stay Safe.

It has been recommended that discharged patients who do not continue to receive treatment receive short contacts every 1-4 months’ post discharge for up to 5 years, as a tool that significantly reduces suicide rates.

Example contact;

*Dear Patient’s Name:*

“It has been some time since you were here at the hospital, and we hope things are going well for you. If you wish to drop us a note, we would be glad to hear from you.”

Reference: Motto & Bostrom, 2001


13. **To ensure that patients are not routinely discharged from secondary care because of what is seen as ‘non engagement with services’**.

There needs to be a greater understanding of why the patient is not engaging, and the opportunity for people to develop trusting relationships so that they feel supported to engage with treatment.
14. **For staff to proactively ask patients about protective factors and if they can share with close family** that the person has been at risk of taking their own life. To ensure that this is offered to patients as a key part of discharge planning and safeguarding, and, in order to support people to Stay Safe in their darkest hours.

15. **Greater use by GP of Link-workers** (Primary Care Workers) and a strengthening of their role to bridge the gap between primary and secondary care and to ensure people are receiving the right level of support is their situation changes. Some people reported their GP referred their partner to online services, which did not feel personal and supportive, they really needed to talk to a professional, and needed more than a 10-minute GP appointment to be able to build up trust to open up about their emotional distress.

People at the events asked the following questions:

- Can there be mental health drop-ins for example once a week/once a month at surgeries? Or an open appointment/self-referral appointment. People can book to see the specialist Nurse Practitioner for asthma, but not for Mental Health!
- Are GP’s making the most of the link worker expertise and skills?
- Is the service consistent across the County?
- How can patients know about this resource and get the help and advice they need?
- How will the change of Primary care workers for Children and Young People be improved or developed when they move from Child and Adolescent Mental Health to the new Wellbeing Service from 1st September 2016.

16. **Greater consistency of provision for the NSFT recovery College across the County.** We understand that there are plans to delivery Recovery College Courses more broadly across the County this autumn.

17. **Greater referral and promotion of the NSFT Recovery College** to support people who experience regular suicidal thoughts to write and design their own Wellness and Safety Plan. It was recognised that ‘having a plan’ is incredibly important for people at times of distress.

Plan to include;
• Identification of trigger events/situations
• Steps for living with and managing suicidal thoughts and feelings.
• Where to contact in an emergency if these become overwhelming.

18. **To provide within the Wellbeing Service a course for parents/family/partners/ carers** on understanding emotional distress, suicidal thoughts, suicide risk factors and preventative factors so they can support someone to be safe with a Stay Safe Plan or Safety Plan, Wellness planning and ASIST training. Important that there are not long delays for courses within wellbeing service as this can lead to people becoming more unwell.

19. **For parents, family/partners and carers of people who regularly self-harm** or who have made previous suicide attempts to be supported through the Recovery College and enabled to attend a Recovery Course. To support increased awareness about suicide risk factors, Staying Safe Plan, Wellness planning and ASIST training.

20. **To provide information to patient’s carers to help them to support someone to be safe, or to Stay Safe.**

Supporting carers and family to be more aware of the risk factors, but also supporting people to reduce risk factors that could be used in an impulsive suicide attempt, which we know can happen more when under the influence of alcohol or some medication.

These could include supporting carers in someone’s Safety Plan and providing a greater understanding of the following;

• That the place of death for the majority of deaths by suicide is home.
• Hanging is the single most common method with 56% of suicides by this method from 2007-11.
• Overdose and poisoning for the same period accounted for 21% of deaths by suicide.

21. **Develop The Norfolk and Suffolk Foundation Trusts Recovery College for those in Primary Care** whose needs cannot be met by the Wellbeing service so that they can attend Recovery College course.

To include the opportunity to attend courses that focus on wellness planning, living with personality disorder, and opportunities to gain greater
understanding of living with anxiety and depression. This may help support those people who fall between the gap that exists between primary and secondary care.

22. To continue promoting carers assessments under the Care Act but to also broaden the concept of a carer to ‘Do you live with someone who experiences emotional distress or mental health problems’.

At the events it was felt that Family/Parents/Siblings may not identify themselves as a Carer but most often are. Similarly, partners, may not immediately identify as a carer.

23. Education for all staff working in mental health and across all sectors on ASIST, so that staff have the confidence to ask people if they are thinking about taking their own life. To ensure that staff have the skills to support someone who may be suicidal to ensure that they can work out a plan to support them to Stay Safe. At present mental health staff have only one training sessions on suicide. It was uncertain as to whether this gave staff core skills to identify risk and to have the practical skills for supporting one who is suicidal.

24. To provide education to equip people in the community to be more aware and to know what they can do to support someone who may be suicidal and to have an action plan that supports the development of community resilience.

People will need to have access to resources in their own local neighbourhoods and communities. People need to know that others care about them, that they have value and worth and those supporting in the communities need to know how to support and how to get emergency support if someone is at high risk of suicide.

Key Ideas:

- To focus on community training. ASIST training recommended by people who have undertaken this training. Recommended this is rolled out across sector, to include:
  - Mental health across all sectors/Children’s and young people’s youth/club leaders/Educational settings, including Universities and all schools/Hairdressers/Barbers/ Café’s/Pubs/Gyms
• Sports Centres/Allotment Groups/Parish Councils/Portman Road/Transport (especially railway staff)/churches and meeting places.

25. **Effective discharge plans when people are moving on from Supported Housing** to independent living to include a wellness plan which includes how the person plans to Stay Safe and well, how they can access support should they start to feel unwell and unsafe. Safety Plan to include possible triggers, and involvement in other voluntary and support networks such as the Recovery College, voluntary work and peer support groups so that the risk of later isolation post discharge is minimized.

The following recommendation has been made for people who are discharged from inpatient care; given the supportive element of supported housing it is therefore recommended that people moving on from supported housing receive short contacts every 1-4 months' post moving on, for up to 5 years, as a tool to significantly reduce suicide rates.

It was also recommended that consideration is given to more current and effective ways for communication with discharged patients such as text message/email. Refer to Recommendation 12 above.

26. **To consider developing new and other models of support** such as ‘Open Dialogue’ and non-clinical models.

27. **For Third sector partners** to explore the possibility of a peer group or crisis cafe, as safe zone for younger people, especially in the evenings, with good signposting to community support to ensure young people can get support with the wide range of issues they may have that may be impacting on their emotional health and wellbeing rather than just referring into mental health services.

28. **Need for early intervention for children and young people.** Historically families are aware that it has taken them up to 18 months for their child or young person to see a mental health practitioner and that the system almost encourages a deterioration in well-being as its otherwise impossible to access early intervention. For one family, they were constantly called out to the school to be with their child as they were suicidal and the school felt unable to ensure they were safe. This led to one parent stopping work to accompany their child, which in turn impacted on their financial security as a family and impacted on the parent’s mental health.
Early intervention would have been the most cost effective support and not led to the escalation of issues for this family.

29. **Education for both young men and young women to** increase self-image and self-esteem for young people, and support to build positive relationships.

Whilst there were positives identified with social media. People at the events were very aware of a number of factors that put huge pressure on young people, through social media networks. These were identified as;

- Cyber bullying.
- Sexting.
- The impact of selfies and social media where people can reflect and promote the image of ‘perfect lives’ ‘perfect bodies’ which in turn can make other young people feel they or their lives are not good enough.
- That there are expectations about being a young man – tough, emotionally strong, not able to talk about feelings; must present as capable and mustn’t cry. Suicide is the biggest killer of men.

30. **Increase support for students living away from home.** At all events it was recognised that there is a huge pressure on young people to study, especially at University. It was widely felt that the first year at university could be one of the most vulnerable time for students.

It was also recognised that there are a high number of overseas students in the UK and that the use of language line is important for these students where English may be a second language. It was felt that universities needed to offer greater support to students away from home.

31. **A Safety Card is recommended as a valuable tool for wellness and staying safe planning,** written when well, planning a step by step approach to help someone to Stay Safe.

32. **County support for the development of a Suffolk County Suicide Prevention App.**

A number of areas now use suicide prevention apps. In America there is an App called MY3; this is not downloadable in the UK. Stay Alive Mobile Phone Application by Grassroots Suicide Prevention have a multi-agency
suicide prevention app which is much broader in its support offering. It is downloadable in the UK but at present has only Sussex resources. It is recommended that a similar product be developed for Suffolk, perhaps called Stay Safe.

33. **To develop a single point website for suicide prevention and bereavement support and advice, linked to a Stay Safe App.**

   There were concerns that small charities change their services and support offers due to funding changes and some also close due to funding changes. A single point of access that other agencies can update easily (such as the Suffolk InfoLink).

34. **For partners to work together with the Samaritans in Suffolk to discuss their policies on confidentiality, not offering guidance or giving advice and explore opportunities to offer a step up level of support to those most at risk.**

   Many people at the events were uncertain about the way the Samaritans worked with callers. Some questioned whether the Samaritan’s approach as only a listening service, were now out dated. People said that they were concerned that the Samaritans did not offer a safeguarding role for those actively planning or just about to take their own life.

   Some people were particularly concerned that the Samaritan’s helplines were located at key suicide hotspots and that people who were suicidal at this time in life needed more than just a listening service.

   People at events universally asked for contacts to be direct to people who are ASIST trained.

35. **Promote Mental Health Advocacy** both formal and informal, as people who have a bad experience of mental health care that has not met their needs may decide not to ask for support or help when feeling suicidal. People need others to Advocate for them at difficult times.

36. **Employers to be supported to be more proactive about understanding mental health** and to offer support/counselling.
37. **Schools to develop PSHE** starting in primary school supporting children and young people to feel it’s okay to talk about their emotions and feelings. It was recognised by the Police attending our events that teenage attempts at suicide through overdosing was on the increase, often using paracetamol. Bullying and sexting were alarmingly high referral issues to the police. It was identified that these issues together with supporting emotional resilience needs to be supported in schools or by 3rd sector partners through PSHE and other events for young people.

38. **Mental Health and young people training has been offered by Suffolk County Council through their portal called Suffolk CPD on line.** The E-learning has been sourced from MindEd and is available for everyone to access. It is available for parents as well as 3rd sector staff.

It was also felt that there could be courses for parents living with a child or young person with emotional distress or mental health needs. In terms of language used, people recognised that terms such as *emotional wellbeing* rather than mental health or illness was a more comfortable, appropriate and acceptable term for young people to use.

39. **Ensure that school mentors, schools nurses and pastoral care staff are ASIST trained.**

40. **To ensure that County wide support for suicide prevention includes all communities,** including marginalised groups, eastern Europeans, English as a second language (ESOL) courses, Ipswich Centre for Racial equality (ISCRE) and the Suffolk Refugee Centre. Need to target leaders within communities and to ensure that information is available in a range of accessible formats.

This could include a series of seminars/speakers/information sharing.
Area 3: Reduce access to means

1. **Reduce access to prescribed medication.**
   
   - Greater review is needed of patients prescribed commonly used medications associated with self-poisoning, in particular; Methadone, Paracetamol, Tramadol, Codeine, Zopiclone and Quetiapine as most indicated as risk factors.
   
   - More regular review is recommended to be undertaken by GP’s of patients prescribed these medications, in particular if there has been a suicide attempt. A full review and risk assessment following any attempt at self-poisoning when prescribed these medications is also recommended to be undertaken. It has been recommended that this could be best lead by the Mental Health Primary Care Worker (Link Worker), based at GP surgeries and employed the Suffolk wellbeing service.
   
   - It is recommended that health reviews offered to patients and delivered by nurse practitioners are expanded to include mental health & emotional wellbeing as well as physical health care, as routine practice.

2. **To promote across the County a social media campaign for those who are thinking about taking their own lives, providing a quick opportunity for people to reach out for help and support to keep them safe.**
One idea:  #notok

- To quickly identify people who need support and who do not feel able to make a phone call or speak to someone to be able to reach out and receive help.
- To promote this campaign in Suffolk suicide hotspots across the County, including the Orwell Bridge.
- Is it possible for there to be a camera linked to the police control room in hot spot areas such as the Orwell Bridge?
- Where phone SOS type lines are provided for calls to be made to the Samaritan’s, people asked if these would provide greater safety is they were linked to the police control room. This would enable the police to respond to this mental health safeguarding issue, as a 999 emergency. People expressed concerns that the Samaritans offered a listening service and would only call the police if the caller agreed to this, inspire of them perhaps being in a very distressed state. Samaritans at our events expressed the Samaritans commitments to confidentiality, the right to make a choice about life and death. Some people asked if there could be an offer for people in distress at hotpots to be able to text #notok as this might be easier than using the phone. One person expressed concern that the SOS phone on the Orwell Bridge lit up blue and stated that this could discourage people from calling as it made them more conspicuous.
- It was recognised that there is a huge difference in how young people access help. A lot of young people also use social media and texting services as these are instant. There is also evidence that young people are more likely to say that have a problem on social media, more likely to open and discuss things. There is also evidence that young people are often likely to support other young people. It was felt that young people do not like to worry their parents. Any campaign needs to be using this type of media.
- Whilst clearly there is a valuable role for the listening service provided by the Samaritans, there is user and carer concern that for a small percentage of people, who are at the highest risk, this service is not meeting their need to be supported and kept safe by the listening service. Therefore, there does need to be a different service that is available for those at greatest risk and with staff that are ASIST trained, particularly at known suicide locations. Many people reported that they felt the Samaritan helplines at these locations were not opportunities for
safeguarding someone who was actively in the process and planning to take their own life.

We know some statistics about the Samaritans from their 2011 Report that can be found at:  

- Every 52 seconds, Samaritans receives a contact from someone who has suicidal feelings.

- In 21.1% (607,191) of all dialogue contacts to Samaritans, the caller expressed suicidal feelings at the time of the contact.

- In 42.3% (87,150) of email contacts to Samaritans, the caller expressed suicidal feelings at the time of the contact.

- In 52.7% (118,555) of SMS contacts to Samaritans, the caller expressed suicidal feelings at the time of the contact.

- However, information contained in this report states that 0.7% of contacts had taken an action to end their own life when calling the Samaritans and under 4% had made clear plans to end their life. Service users at the events commented that they felt these people did not wish to be alone in the time before their death.

3. **When risk assessing it’s important to recognise that ‘how to take your own life’ websites are frequently viewed by young people and others.** Further that these sites contain very detailed descriptions of how to successfully achieve death by suicide. It is recommended that this indicator of suicidal thinking is built into risk assessments and safety planning.

4. **Advice to people with gun licenses from Suffolk Police, Firearms Officers** about how they can provide information to support people who hold shotgun or hand gun licenses should they become depressed or have suicidal thoughts, to reduce access to means.

5. **Samaritans** are already providing training and support to Network rail.
6. **It is important that reporting of suicide does not give location and share the means of suicide.** In particular, important that there are no photo’s or video footage, as it is well reported that this can encourage copycat type suicide attempts, or create hotspots. It is also very devastating for the family or friends to see this type of reporting.

7. **Increase public awareness of the vulnerability of people in key locations by the #notok message advertising campaign;** so people may better identify someone at risk. There needs to be a big campaign similar to the national stroke campaign to raise awareness about suicide and vulnerability at times of high emotional distress.

8. **Any campaign needs to avoid the word mental health or ‘mental’ as these labels carry stigma and can be very off putting for the general community, it can make unwellness feel external and unrelated to everyday life for some people. It needs to focus on emotional pain and feelings of ‘not being able to carry on’ instead.**

9. **Use key celebrities** that men can more commonly relate to, for a campaign focused at men. Particularly football player’s/sports men. There needs to be more creativity about advertising, using language that men are more likely to use to recognised that they or their mate is depressed, struggling, or perhaps feelings suicidal. E.g. ‘My mates in a really bad way’, He’s drinking and smoking far too much’. ‘My mates just not okay’; ‘He’s not right at the moment’.

For more information,

- Watch the Video on the National Mind website, men talking suicide (Episode 9);
  

- Visit Resources section of Time To Change
  
  [https://www.time-to-change.org.uk/sites/default/files/Men%20leaflet_0.pdf](https://www.time-to-change.org.uk/sites/default/files/Men%20leaflet_0.pdf)
Area 4: Better information and support to those bereaved by suicide

1. **For mental health staff who have experienced the death of a patient/service user** by suicide, to receive better support from their employer. For this to include; debriefing; offer of mentorship to be supported through the process for writing report for the Coroner, counselling; pre and post inquest support.

2. **To develop and promote a simple business style card** that contains key information and contact details that can be provided by Police/Police Liaison/at Coroner’s Office/At Registrar’s office/NSFT/GP’s to families and close relatives who are bereaved by suicide, to support them to be able to seek support when they feel they wish to ask for it. It’s important to note that many suicides take place at home and a relative of the person usually finds them; this in itself can cause post-traumatic stress, with flash backs, as it is a massive trauma. Suffolk SoBS are currently working with Suffolk Constabulary to raise awareness within the police about survivor’s experiences.

3. **For police to think about the personnel they assign to work with families** who may be bereaved by suicide to ensure that they can fulfil their role in terms of fact finding and eliminating any criminal involvement but remain sensitive to the issues and experience of the bereaved.
4. **For there to be information for children and young people** who have lost a family member to suicide. It is important that children and young people are given age appropriate information that does tell the truth about the death by suicide without giving all details. It was strongly felt that parents can try to protect their children from the pain of death by suicide, but that this creates problems of its own, especially when in school, with the internet and media reports.

   It is important that children bereaved by suicide are not forgotten as we know that these children often struggle into adulthood and may be vulnerable to suicidal thoughts themselves.

5. **For NSFT to follow the recommendation’s** contained in the Verita’s report.

6. **For patients who have been an inpatient with a person** who then takes their own life to receive personal contact from NSFT staff, face to face with the offer of support with time/space to grieve. Patients who had been in this position recently, reported that they felt they could not afford to show their upset at a fellow patient’s suicide; that they had to act "normal" on the ward otherwise any obvious show of emotion or distress impact on their leave arrangements or discharge plans.

7. **For greater consistency in Coroners Verdict** so there is greater clarity about a Verdict and to understand that an Open Verdict or an Undetermined Verdict can have an impact on families especially when they usually feel the death has been as a consequence of suicide. It can impact on the grieving process. Not recording deaths by suicide can also have an impact on learning from deaths within the County, and development of a true picture of suicide within Suffolk

8. **Greater understanding the experiences of those who are bereaved by suicide is needed by everyone.** When a likely death by suicide takes place, there are those families that are informed of the death and those that have found a loved one, who appears to have taken their life and then has to call the police.

   The confirmation of death by suicide does not take place until the Coroners Verdict. For those that find someone who has taken their life, the initial police investigation will be about establishing whether there are any suspicious circumstances about the death.
There is a real need at this time for Police and Police Liaison Officer to understand the experience of the person/family who is just bereaved, whilst still being able to assess the possible crime scene.

9. **When someone does take their own life at home, it is important that the bereaved are not left alone.** It is asked that a system is developed so that those in the initial stages of immediate bereavement can be supported until someone of their choosing can be with them. It’s especially difficult when death by suicide has taken place in your own home.

10. **If there is a suicide note,** this is taken away by the Police as evidence. This can be the last message form the person who has taken their own life and is really important for those bereaved to have. Some police officers take a copy and give it to the family, but others do not. The importance of this is very high to families. Please can we ask the police to manage this consistently across the County to ensure best and most compassionate practice.

11. **Everyone emphasised the importance of good and effective communication between all agencies/staff,** to make sure that every contact counts to support risk assessment and suicide prevention.

12. **There needs to be greater understanding within the community** about the impact of suicide on family survivors, as stigma is experienced on a social level when people do not know what to say to the bereaved person. Those bereaved by suicide are often also facing stigma within the community, from others beliefs about suicide at a time when they are trying to come to terms with their own beliefs about suicide. The grief process is complex and so misunderstood. It is important that people do not pass judgements as those bereaved are often facing self-questioning about the period leading up to the suicide, questioning themselves for not knowing that their loved one was thinking of taking their own life; whether there were things they should have spotted, should have done differently.
Area 5: Supporting the media in sensitive reporting

1. To encourage the media to move away from the out of date language around such as ‘committed suicide’ and to use terms such as ‘died by suicide’ ‘death by suicide’ and ‘bereaved by suicide’, to support a more compassionate and human understanding of the experience of loss through suicide.

2. To encourage the media when making/writing reports and articles about suicide to include the support available in Suffolk for those whose lives have been affected by suicide and for those who are experiencing suicidal thoughts.

3. Encourage the media to work with families who are bereaved and to agree how the story is to be covered.

4. To encourage the media to consider the impact of the data and statistics they report and ensure that its clear how people can get support and help, especially if the figures quoted suggest there is no or little support.

5. To encourage the media to not report the method of suicide or location, as this can encourage similar suicides.
6. **Ask the media to support anti stigma** campaigns within Suffolk.

7. **When someone has died by suicide, to encourage the media sensitively report the story asking them to not:**

   - Publish pictures of the person’s home.
   - Personal address details.
   - Imply things about the person who has died or their family.
   - Judge decisions made by the family following the death.
   - To be sensitive about showing filmed footage of the person who has died, for example CCTV of their last moments. This has happened on BBC news and is very distressing for family and friends when they have just been bereaved.
   - To be sensitive that the Coroners Court is a public open hearing and sometimes families are hearing information about their loved one for the first time, and it’s very distressing for this to them be publically recorded.

8. **Ask the media to support and report** on developments and improvements taking place in Suffolk and in particular campaigns aimed at suicide prevention and reduction.
Area 6: Support research and monitoring

1. **Ensure that there is learning following all deaths by suicide** and that this is built into regular reviews of suicide strategies, including the County wide strategy and NSFT’s strategy.

2. **Ensure that there is a serious incident review** for all serious suicide attempts, further that this includes evaluation of risk assessments and care/wellness planning.

3. **Ensure through more consistent coroner’s verdicts** that there is a more accurate picture regarding the figures for suicide in Suffolk.

4. **Monitor through bereaved people’s feedback** the changes in support that people who are bereaved by suicide experience; working in partnership with SoBS.

5. **Monitor through service user feedback** the developments in mental health care services from GP through to secondary care, working in partnership with Suffolk User Forum.

6. **Research and monitor the number of deaths** in known suicide locations to see if changes as recommended in this report lead to a reduction in suicide at these places.
7. **Monitor and report upon the number of downloads** for a suicide Stay Safe app, the visits to single point of access website, and the use of the Safe Place approach.

8. **Ensure that learning in one County** about suicide risk areas/issues is centrally reported so that the learning is shared between all mental health services and trusts.
Thank you to everyone who attended our events and spoke with us, sharing their experiences and ideas which are included here in this report and which support our vision for zero suicide in Suffolk.
Appendices

Appendix 1  About Suffolk User Forum
Appendix 2  Publications and Documents referred in this report
Appendix 3  Glossary of words and terms used
Appendix 4  Directory & resources for help & advice
Appendix 5  Evaluation and feedback from attendees at all 3 events
Our Vision is to become the leading organisation in Suffolk championing equal and valued partnerships between mental health service users, commissioners and providers; combining mutual strengths and experience to improve services, achieving emotional and mental wealth for all.

Our Mission is to be an inclusive and trusted mental health user led network that values, promotes and strengthens the user voice for positive change, independence, human rights, choice and control.

Our Commitments to our members and supporters are;

- Promoting your rights, choices & voices
- Valuing our members and supporters as experts in an equal partnership
- Expanding mental health networks & providing reliable information

We are dedicated to speaking out for the mental health and emotional well-being of service users in Suffolk.

We work with people who are receiving a wide range of services including;

- Well-being support;
- GP led care;
- Voluntary and statutory sector services;
Community mental health care from Norfolk and Suffolk Foundation Trust, and
Mental health in-patient care.

As a user led mental health charity, we listen to your experiences of mental health services in Suffolk and use your feedback to help improve the services for others. All of our trustees, staff and volunteers have experience of mental health issues. This means we have a genuine understanding of living with or caring for people with emotional and mental distress.

Over this summer 2016, SUF is working to ensure that mental health service users, carers, those who are suicide attempt survivors and those who have been bereaved by suicide, can have their say about the new draft suicide prevention strategy for Suffolk as a County.

 Contact
Suffolk user forum (SUF)
The New Hollies
Unit 3A Grange Business Centre
Tommy Flowers Drive, Kesgrave
Ipswich IP5 2BY
Tel: 01473 807097
Email: hello@suffolkuserforum.co.uk
Website: www.suffolkuserforum.co.uk

SUF is a member of the National Suicide Prevention Alliance (NSPA) which is an alliance of public, private, voluntary and community organisations in England who care about suicide prevention and are willing to take action to reduce suicide and support those affected by suicide.
Joint Mental Health Commissioning Strategy for Adults 2014-2019
http://www.healthysuffolk.org.uk/health-and-wellbeing-board/

The Crisis Care Concordat and Action Plan
http://www.crisiscareconcordat.org.uk/areas/suffolk/


The NSFT Suicide Prevention Strategy. The current strategy can be found at:

However, this is currently being revised and rewritten.
The Transformation Plan for Children and Young People’s Emotional Health.
http://www.healthysuffolk.org.uk/healthy-children/EWB2020/
Access & Assessment Team (AAT) Norfolk & Suffolk Foundation Trust (NSFT) states that the Access & Assessment Team (AAT) is designed to make it easier for people to get the right mental health and social care service as quickly as possible. GPs and other referrers can call one number and the team then triage the referral and direct them to the right place.

They state that they accept referrals when:

- A referrer or the family have concerns around the emotional and mental health of a child, young person or adult
- An individual is displaying signs of suicidal intent or if there seems to be risk of harm to others
- A GP wishes to confirm a diagnosis or implement specialist treatment
- Particular medication is required
- If you as a patient request a referral

Advocacy. If you have found it difficult to get what you want from the NHS or social services, advocates can help you to express your concerns, get information and explore options for moving forward. Key points:

- There are different types of advocates depending on what you need.
- Advocates can help you understand your rights and get services.
- They can talk to people on your behalf or help you to speak for yourself.
- Advocates are independent of the NHS and social services.
- Advocates are usually free of charge.
- If you are in hospital under the Mental Health Act, you can get an Independent Mental Health Advocate (IMHA).
- If you would like to make a complaint about the NHS, an NHS Complaints Advocacy Service can help.
- If you cannot make decisions for yourself, an Independent Mental Capacity Advocate (IMCA) can sometimes help.
- If you would like help with being involved in decisions to do with your care and support provided by the local authority, you may be able to get an independent advocate.
Advocacy promotes people’s rights, social inclusion, equality and social justice. SUF is currently providing informal per advocacy on three inpatient wards. Formal advocacy in Suffolk is provided by Total Voice Suffolk, refer to our list of helpful organisations in Suffolk for more information.

**ASIST training** is Applied Suicide Intervention Skills Training (ASIST). It is designed to help care givers recognise and review risk and intervene to prevent the immediate sick of suicide. (care givers is used here in a generic way to include anyone who finds themselves in a position of supporting someone who has disclosed a high risk of suicide, including Professional (e.g. mental health staff, voluntary sector staff, police), Volunteer, Family Carer or unpaid carer).

**Care Plan Approach (CPA)** is used to plan many people’s mental health care. The Care Programme Approach (CPA) is a system that says how mental health services should support you. ‘Secondary mental health services' use CPA. This is the term used to mean mental health services that are more specialist than your GP.

Community Mental Health Teams (based in Norfolk & Suffolk Foundation Trust) known as Integrated Delivery teams (IDT’s) in Suffolk use CPA. You may get support under CPA if you are very unwell and have complex needs. Local mental health services will have policies about who gets help under CPA.

If you have a plan of care under CPA, you should get a care coordinator who plans your care and support. You will review the plan regularly to see if your needs have changed. Being on the Care Programme Approach (CPA) means that you will have a care coordinator. Your care coordinator might be a social worker, community psychiatric nurse (CPN) or an occupational therapist. They will work with you to write a 'care plan', which will set out how the NHS will support you.

For more information, follow this link: [https://www.rethink.org/resources/c/care-programme-approach-cpa-factsheet](https://www.rethink.org/resources/c/care-programme-approach-cpa-factsheet)

**Commissioning** This is the word used for a cyclical process by which public bodies assess the needs of people in an area, determine priorities, design and source appropriate services, and monitor and evaluate their performance.

‘Committed suicide’ is language that is no longer relevant as suicide ceased to be a crime in 1961 when Parliament decriminalized the act of suicide in England and Wales through The Suicide Act, 1961 (9 & 10 Eliz 2 c 60)). We have encouraged a move away from this term ‘committed suicide’ and asked people to use terms such as ‘died by suicide’ ‘death by suicide’ and ‘bereaved by suicide’.

**Co-production** is about developing more equal partnerships between people who use services, carers and professionals and the people that deliver and commission services. The Suffolk definition is;

‘Co-production is people, carers and professionals working together as equal partners to: Design, develop, commission, deliver and review services, information and advice’.
**Coroner’s Office** A coroner is a person whose standard role is to confirm and certify the death of an individual within a jurisdiction. A coroner may also conduct or order an inquest into the manner or cause of death, and investigate or confirm the identity of an unknown person who has been found dead within the coroner’s jurisdiction. In England and Wales a coroner is an independent judicial office holder, appointed and paid for by the relevant local authority. The verdicts of suicide and unlawful killing require proving beyond reasonable doubt. Other verdicts are arrived at on the balance of probabilities.

**Cost-effective** Economically worthwhile in terms of what is achieved for the amount of money spent; if an activity is cost effective, it is good value for the amount of money it consumes. Judging cost-effectiveness requires that all costs are taken into account when calculating the ‘money’ consumed i.e. all direct and indirect costs should be included e.g. costs of people, buildings, equipment, licences, consumables, and management etc.

**Disabled People’s User-Led Organisations (DPULOs)** The Department of Health’s own definition of a ULO includes disabled people, carers and anyone else who uses support services so we are using the term ‘DPULO’ to specifically designate a user-led organisation whose decision makers and constituency are disabled people.

**Discharge planning**. When someone is leaving a mental health care service, staff involved in their care should start planning for discharge early on to make sure they continue to receive the treatment and support they need when they leave hospital or service. If they are an inpatient, this may involve transferring the responsibility of providing care to community-based mental health team. If someone is discharged from the care of specialist mental health services, their GP then becomes their first point of contact if they become unwell again.

Discharge plans should be drawn up in collaboration with the individual and his or her family, unless the person who is unwell objects to the involvement of family members.

Staff working planning discharge should liaise with local councils and other relevant organisations regarding accommodation, benefits and other support.

NICE says patients should be given at least two days notice before they leave hospital. When discharged, they should be given a **24 hour number** to call in case they need help.

**Emotional crisis** is a cry from deep within that something needs and wants to be seen and heard. It is always about something. It never “just happens” out of the blue. We are more than our body chemistry, and although there is a biochemical component to all aspects of life, our emotional crisis is about more than neurochemistry. There is always meaning in everything we experience. There is a really good article with suggestions for just being with someone through emotional crisis [www.power2u.org/downloads/RespondingToEmotionalCrisis.pdf](http://www.power2u.org/downloads/RespondingToEmotionalCrisis.pdf)
**Evaluation** The assessment of the extent to which a programme or service has met its objectives: its main purpose is to help an organisation reflect on what it is trying to achieve, assessing how far it is succeeding, and identify required changes.

**Grant** A grant is a non-repayable sum of money given to a third sector organisation (also known as a voluntary sector organisation) often by government, foundations or individuals. Grants are usually given to fund a specific project.

**Joint Strategic Needs Assessment (JSNA)** A local assessment of current and future health and social care needs that could be met by the local authority, Clinical Commissioning Groups (CCGs) and the NHS. The JSNA informs the Joint Health and Wellbeing Strategy (JHWS) and they are developed through the local Health and Wellbeing Board.

**Link workers within the Suffolk Wellbeing Service** (provided by NSFT in Suffolk) are a team of clinical who are based regularly at GP surgeries, they are also known as Primary Care Workers. They have a great deal of knowledge about what is available locally to support people's wellbeing. This might be particularly helpful if you are not sure what is the best way forward for you. A similar team also currently works with children and young people within schools, and this service will be available in GP surgeries from September 2016.

**Monitoring** The routine, systematic collection and recording of information about a project mainly for the purpose of checking its progress against its plans. Such information may be needed for three purposes: effective management of the programme; wider accountability for the programme; and policy development.

**NICE** - The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. For more information go to; [www.nice.org.uk/about](http://www.nice.org.uk/about)

**Objectives** The activities an organisation or project plans to carry out in order to achieve its aims. To be effective, objectives should ALWAYS be written so that they are SMART (Specific, Measurable, Achievable / Agreed, Relevant and Time-bound).

**Open Dialogue** is a model of mental health care pioneered in Finland that that involves a consistent family and social network approach where all healthcare staff receive training in family therapy and related psychological skills. All treatment is carried out via whole system/network meetings which always include the patient.

The Open Dialogue approach is a different approach to much of mental health care in the UK, but it has been discussed for several years with interest by several NHS Trusts around the country.

Open Dialogue has since been taken up in a number of countries around the world, including much of the rest of Scandinavia, Germany and several states in America.

**Outcomes** The changes, benefits, learning or other effects that happen as a result of services and activities provided by an organisation.
**Person centred planning** Person centred planning is an approach to support which puts the individual at the centre of planning for their lives. There is an emphasis on the individual’s choice and control and listening to what is important to them, both now and in the future. Under self-directed support, person centred planning and support is central to the assessment and delivery process.

**Personalisation** is a government-led national policy to ensure everyone who uses support should have the choice and control to shape their own lives and the services they receive. The system puts the individual at the centre of the process and allows them to choose the service providers they use and the manner in which they receive support. The aim is to make services more personal and tailored to individual needs.

**Procurement** is (i) the specific aspects of the commissioning cycle that focus on the process of buying services, from initial advertising through to appropriate contract arrangements; (ii) the purchase of goods and/or services by publicly funded bodies at the best possible total price, in the right quantity and quality, at the right time, generally via a contract. The functions of procurement are a) ensuring legal compliance; b) purchasing supplies or services; c) entering into contracts.

**PSHE stands for** personal, social, health and economic education. It is a school subject through which pupils develop the knowledge, skills and attributes they need to keep themselves healthy and safe, and prepare for life and work in modern Britain. By teaching pupils to Stay Safe and healthy, and by building self-esteem, resilience and empathy, an effective PSHE programme can tackle barriers to learning, raise aspirations, and improve the life chances of the most vulnerable and disadvantaged pupils.

There is evidence to show that PSHE education can address teenage pregnancy, substance misuse, unhealthy eating, lack of physical activity, and emotional health.

The skills and attributes developed through PSHE education are also shown to increase academic attainment and attendance rates, particularly among pupils eligible for free school meals, as well as improve employability and boost social mobility.

**Public Health Suffolk** is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

Overall, public health is concerned with protecting the health of the people of Suffolk.

Public health professionals try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research – in contrast to clinical professionals like doctors and nurses, who focus primarily on treating individuals after they become sick or injured. Public health also works to limit health disparities.
A large part of public health is promoting healthcare equity, quality and accessibility. Public Health in Suffolk is leading on the new suicide prevention strategy for Suffolk.

**Quality** The extent to which a product or service satisfies the expectations of stakeholders. Quality is about excellence in the way that the organisation is run, in service delivery and about achieving the very best results.

**Protective factors** are characteristics or attributes that reduce the likelihood of attempting or completing suicide. Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events. They enhance resilience and help to counterbalance risk factors. Protective factors can be considered to be either personal or external-environmental.

- Attitudes, values, and norms prohibiting suicide, e.g., strong beliefs about the meaning and value of life
- Social skills, e.g., decision-making, problem-solving, and anger management
- Good health and access to mental and physical health care
- Strong connections to friends and family as well as supportive significant others
- Cultural, religious or spiritual beliefs that discourage suicide
- A healthy fear of risky behaviors and pain
- Hope for the future—optimism
- Medical compliance and a sense of the importance of health and wellness
- Impulse control
- Strong sense of self-worth or self-esteem
- Sense of personal control or determination
- Access to a variety of clinical interventions and support for seeking help
- Coping skills
- Resiliency
- Reasons for living
- Being married or a parent
- Strong relationships, particularly with family members
- Opportunities to participate in and contribute to school or community projects and activities
- A reasonably safe and stable environment
- Restricted access to lethal means
- Responsibilities and duties to others
- Pets

Increasing protective factors can serve to decrease suicide risk. Strengthening these factors should be an ongoing process to increase resiliency during the presence of increased risk factors or other stressful situations. However, positive resistance to suicide is not permanent, so programs that support and maintain protection against suicide should be ongoing.
Safety card Suicidal thoughts can seem like they will last forever – but for many, these thoughts and feelings pass. Having a plan in place that can help guide you through difficult moments can make a difference and keep you safe. It can also be developed to write down actions to take and people to contact in order to feel safe from suicide. In general, a safety plan is designed so that someone can start at step one and continue through the steps until they feel safe. Safety plans should be kept in a place where people, partners, family, carers can easily access it (for example in a purse, wallet or mobile phone). SUF is planning to work together with our members and supporters to design an effective Safety plan that can meet peoples support and Stay Safe needs.

The following have been recommended as essential elements to explore and include in the development of a safety plan:

1. Recognise warning signs: What sorts of thoughts, images, moods, situations, and behaviors that indicate to you that a crisis may be developing? Write these down in your own words.
2. Use your own coping strategies – without contacting another person: What are some things that you can do on your own to help you not act on thoughts/urges to harm yourself?
3. Be with others who may offer support as well as distraction from the crisis: Make a list of people (with phone numbers) and social settings that may help take your mind off things.
4. Contact family members or friends who may help to resolve a crisis: Make a list of family members and friends (with phone numbers) who are supportive and who you feel you can talk to when under stress.
5. Contact mental health professionals or agencies: List names, numbers and/or locations of clinicians, local emergency rooms, crisis hotlines.
6. Ensure your environment is safe: Have you thought of ways in which you might harm yourself? Work with your someone to develop a plan to limit your access to these means.


Service user There has been much debate around the use of this term. In 2006 Jenny Morris defined ‘service user’ as ‘people who need support and/or equipment in order to go about their daily lives and who use services that are provided as part of the welfare state.’

However, Shaping Our Lives, a national network of service users and disabled people, argues that the term conveys an unequal relationship between the service user and the state and society which can be stigmatising.

It can be a terms that is empowering, if it is based on self-identification, because it conveys a shared experience with many other people who also use services and can give people a stronger, collective voice. For further details, see http://www.solnetwork.org.uk/about/definitions.asp
Another term that is often used instead of service user is the term **people with lived experience**. Shaping Our Lives argues that the defining features of a User Led Organisation are its values (involvement, independence and peer support), whether it is controlled by service users (power) and its ‘knowledge’ which is based on direct, lived experience.

**Suffolk Continuous Professional Development (CPD) on line** is a new website to book training and record professional development. It is an online searchable directory and booking system for learning opportunities. It has been developed to ensure that a highly skilled and professional children and young people’s workforce is able to support the achievement and well-being of all children and young people.

As part of a five-year plan to transform the system supporting the emotional wellbeing of Children and Young People (www.healthysuffolk.org.uk/EBW2020), a new selection of training and online resources has been launched to support those working with children and young people in Suffolk.

This includes:
- 2-day Youth Mental Health First Aid
- 3-hour Introductory Emotional Wellbeing Training
- A suite of recommended MindEd e-learning Modules
- Online Resources relating to Emotional Wellbeing and Mental Health

**Signs of suicidal intent/Potential warning signs of suicide.** These include the following;
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.
- Talking about wanting to die or to kill themselves.
- Becoming suddenly calm after a period of extreme distress, may be an indicator that someone has made a decision to take their own life, particularly in men.
- Looking for a way to kill themselves, such as stock piling medication, searching websites online or buying a gun or other means with which to kill themselves.

**Stakeholders** The people who have an interest in the activities of an organisation. This includes staff, volunteers, users and their carers, trustees, funders, purchasers, donors, supporters and members.
Suicide prevention App. App' is short for 'application' - which is another name for a computer program. Normally, when people talk about apps they are almost always referring to programmes that run on mobile devices, such as smartphones or tablet computers.

A number of areas across the UK and internationally now use suicide prevention apps. In America there is an App called MY3; this is not downloadable in the UK.

However, Stay Alive Mobile Phone Application by Grassroots Suicide Prevention have a multi-agency suicide prevention app which is much broader in its support offering. It is downloadable in the UK but at present has only Sussex resources. Their App is called Stay Alive they describe it as ‘a suicide prevention pocket resource for the UK. Stay Alive offers help and support both to people with thoughts of suicide and to people concerned about someone else. The app can be personalised to tailor it to the user.’

On 6th July 2015, this suicide prevention app won a Patient Safety Award for Technology and IT to Improve Patient Safety, in partnership with Sussex Partnership Foundation NHS Trust. The Patient Safety Awards judging panel commented "This team was very professional and passionate, and demonstrated a great partnership approach. This project was important, unique and covered a whole community approach from a great angle."

Suicide prevention strategy, each County across England has a suicide prevention strategy. They all echo the importance of organisations working together to help prevent suicide and the importance of providing effective support to those bereaved by suicide. The implementation of these strategies is delivered through local planning and co-ordination.

Supported housing combines housing with support services. They aim to help people, including those with mental health problems, to live as independently as possible.

Stepping Forward events are award winning events delivered by Suffolk User Forum to explore new areas of working to deliver improved emotional wellbeing and mental health in Suffolk. They are open to everyone, members of the public, SUF members and supporters, professionals from across all sectors in the community and other third sector partners. They aim to deliver on co-production.

Recovery college in NSFT. The Trust set up a Recovery College in October 2013 to enable people with mental health problems to become experts in their own recovery. The Recovery College provides a range of courses and workshops to service users, carers and members of staff to develop their skills, understand mental health, identify goals and support their access to opportunities.

The college is open to: Individuals who are currently receiving mental health services from Norfolk and Suffolk NHS Foundation Trust; Supporters of people using these services (family, friends and carers); Trust staff.
All of the courses provided at the college are designed to contribute towards wellbeing and recovery. All courses are co-produced and co-delivered by those with lived experience of mental illness and mental health practitioners. Lived experience is highly valued and complements the clinical expertise already offered by the Trust. The Recovery College provides a joint learning environment where people with lived experience, those who provide their support and Trust staff can learn together and from each other. Courses take place at a range of venues across Norfolk and Suffolk. They vary in length from one-off workshops to courses that take place weekly for a number of weeks. Courses run throughout the day and there are also some evening courses available. For more information, go to: [http://www.nsft.nhs.uk/Get-involved/Pages/Recovery-College.aspx](http://www.nsft.nhs.uk/Get-involved/Pages/Recovery-College.aspx)

**Risk assessment** is a way of assessing the risk of suicide in a person expressing suicidal thoughts, or presenting with self-harm or a suicide attempt and is crucial in attempting to prevent deaths. There are a number of risk-predicting score systems for determining suicidal intent. However, none have good predictive ability, and National Institute for Health and Care Excellence (NICE) guidelines advise these should NOT be used. Instead a comprehensive clinical interview should be undertaken with a person to understand more about their situation, their feelings and experiences, history and levels of support; following assessment there needs to be a balance of risk and protective factors.

These will vary between individuals and which may further vary between situations in any one individual (for example, after consumption of alcohol, with fluctuating moods in mental disorders, or with changing life events). It is inevitably not entirely precise or predictable. However, accurate assessment followed by appropriate support and treatment may save lives.

- Subsequent action will depend on the level of risk believed to be present. It will also be guided by specific risk factors identified.
- Aim to be supportive, empathetic and reassuring in developing a relationship.
- Remove access to preferred means of suicide where possible.

**Risk factors associated with suicide** No one is immune to suicide. People with depression are at particular risk for suicide, especially when factors shown below are present.

Previous self-harm (i.e. intentional self-poisoning or self-injury, regardless of degree of suicidal intent) is a particularly strong risk factor. Also, a number of other risk factors for suicide have been identified and should be considered when assessing depressed individuals. It should be noted that family history of suicide or self-harm is particularly important. This report lists the wide range of potential risk factors.

**Third sector organisations** are value-driven and principally reinvest their surpluses to further social, environmental or cultural objectives. They include voluntary and community organisations, charities, social enterprises, cooperatives and mutuals.
**Triangle of care** was launched in July 2010 to build on existing developments and good practice to include and recognise carers as partners in care. It offered key standards and resources to support mental health service providers to ensure carers are fully included and supported when the person they care for has an acute mental health episode; the inclusion of carers benefits staff, carers and service users alike.

The essence of the Triangle of Care guide is to clearly identify the six key elements (standards) required to achieve better collaboration and partnership with carers in the service user and carer’s journey through mental health services. For each element we suggest good practice examples and resources that may be helpful. The six key standards state that:

1) Carers and the essential role they play are identified at first contact or as soon as possible thereafter.

2) Staff are ‘carer aware’ and trained in carer engagement strategies.

3) Policy and practice protocols re: confidentiality and sharing information, are in place.

4) Defined post(s) responsible for carers are in place.

5) A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.

6) A range of carer support services is available.

For more information, visit: https://professionals.carers.org/sites/default/files/triangle_of_care_2016_latest_version.pdf

**User satisfaction** involves finding out what people who use services think of activities, products or services.

**User-led organisations (ULO’s)** are those where the people who the organisation represents or provides a service to, have a majority on the Management Committee or Board, and where there is clear accountability to members and/or voluntary and community sector.

**Umbrella** term used to refer to registered charities, non-charitable non-profit organisations, associations, self-help group and community groups.

**Total Voice Suffolk (Advocacy) Led by VoiceAbility**, the Total Voice Suffolk partnership offers a variety of advocacy services. You can find out information by following the link below. Total Voice Suffolk includes the Alzheimer’s Society, Suffolk Family Carers, Ace Anglia, Impact and Age UK Suffolk.

For more information go to: http://www.voiceability.org/services/suffolk/total-voice-suffolk
Wellbeing Service (Suffolk) is a partnership of NHS, voluntary and charitable organisations in Suffolk. They work to enable people to experience improved emotional wellbeing and recover quickly from emotional health problems such as low mood, stress and anxiety. They offer workshops and brief therapy groups, guided self-help, peer support and friendship schemes, interactive computer-based therapy, telephone support, one-to-one support and access to other specialist services.

People aged 16 and over can self-refer to the service. You don't have to speak to a GP first. Referral forms can be found on their website at www.readytochange.org.uk or you call 0300 123 1781 to speak to a member of the team.

‘Zero Suicide’ is based on an initiative and approach developed by Dr Ed Coffey in Detroit, Michigan. The approach aims to prevent suicides by creating a more open environment for people to talk about suicidal thoughts and enabling others to help them. It particularly aims to reach people who have not been reached through previous initiatives and to address gaps in existing provision.

For more information, visit:
http://www.rcpsych.ac.uk/pdf/Pursuing%20Perfect%20Depression%20Care-1-2.pdf
http://www.henryford.com/body.cfm?id=46335&action=detail&ref=1104
National Association for People Abused in Childhood (napac) UK-wide charity supporting adults who were abused in childhood. You can start to repair the damage and reclaim your life. Whether you are a man or woman, whatever abuse you experienced, whoever it was who abused you – we are here to help you.

The damage caused by abuse in childhood doesn’t always end in childhood. Many adults with a history of childhood abuse can continue to suffer – from post-traumatic stress disorder, eating disorders, depression. They have a higher chance than others of becoming involved in crime, prostitution, drugs or alcohol abuse. They can suffer from low self-esteem and be prone to self-harm or suicide.

Support Line – Our support line is staffed by trained volunteers, who can help you come to terms with what happened and finding ways of repairing the harm.

Telephone: Support Line 0808 801 0331

CALM – Campaign Against Living Miserably

THE CAMPAIGN AGAINST LIVING MISERABLY, or CALM, is a registered charity, which exists to prevent male suicide in the UK. In 2014, male suicide accounts for 76% of all suicides and is the single biggest cause of death in men under 45 in the UK. We seek to prevent male suicide by:-
Offering support to men in the UK, of any age, who are down or in crisis via our helpline and website.

Challenging a culture that prevents men seeking help when they need it, see www.yearofthemale.com

Pushing for changes in policy and practice so that suicide is better prevented via partnerships such as The Alliance of Suicide Prevention Charities (TASC), the National Suicide Prevention Alliance (NSPA). CALM also hosts the Suicide Bereavement Support Partnership (SBSP), which includes Cruse, If U Care Share, Papyrus, SoBS and the Samaritans amongst others. This partnership aims to ensure that everyone bereaved or affected by suicide is offered and receives timely and appropriate support. Its members are working collaboratively to ensure this vision becomes a reality.

Telephone: Helpline Nationwide 0800 585 858
Telephone: Helpline London 0808 802 5858

PAPYRUS
prevention of young suicide

Papyrus – Prevention of Young Suicide We are the national charity for the prevention of young suicide. We draw from the experience of many who have been touched personally by young suicide across the UK and speak on their behalf in our campaigns and in our endeavours to save young lives. Together we believe that with appropriate support and education, many young suicides can be prevented.

Telephone: National Confidential Helpline - HOPELineUK 0800 068 4141

New Digital resources for children and young people in Suffolk The Children & Young People’s (CYP) Emotional Wellbeing Plan 2020 aims to establish a joined-up, family focused approach to all children, young people and families presenting with emotional, behavioural or mental health needs. As part of this plan, funded learning and development is now available to enable staff and families to have greater confidence and skills in responding to issues relating to emotional wellbeing and mental health. Training can be accessed via www.suffolkcpd.co.uk using the Multi-Agency icon on the home page.
The Suffolk-focused website for young people, the **Source**, has been refreshed to provide clinically assured information, advice, guidance and resources for young people to help them with issues that matter to them, including anxiety, depression, self-harm and eating disorders. The site has been developed with support from health professionals and young people to provide clear explanations to address what concerns young people and signposts them to support and further help.

In addition a new online chat support service, Ask the 4YP Expert, with experienced youth workers from Suffolk charity 4YP is providing confidential advice every Tuesday, Wednesday and Thursday from 5 – 7 p.m. Anyone aged 12 – 25 years can go online and ask a 4YP expert about any issue that is affecting them.

Find out more about the Transformation Plan at [www.healthy Suffolk.org.uk/EWB2020](http://www.healthy Suffolk.org.uk/EWB2020) or Get In Touch at [EWB2020@suffolk.gov.uk](mailto:EWB2020@suffolk.gov.uk)

Website: [http://www.thesource.me.uk/](http://www.thesource.me.uk/)

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**Young Minds** is the UK’s leading charity committed to improving the emotional wellbeing and mental health of children and young people. Driven by their experiences we campaign, research and influence policy and practice.

We also provide expert knowledge to professionals, parents and young people through our Parents’ Helpline, online resources, training and development, outreach work and publications. YoungMinds does not offer advice to young people – our helpline service is for parents or carers worried about a child or young person.

Telephone: Parent Helpline 0808 802 5544
Email: General Enquiries ymenquiries@youngminds.org.uk

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**Mermaids**

Family and individual support for teenagers and children with gender identity issues
**Mermaids**  Being transgender can be incredibly isolating both for the person and the family who support them. Don’t be alone, reach out to Mermaids who can put you in touch with others. Make new friends and share experiences.

- Reduce isolation and loneliness for parents and young people dealing with gender issues.
- Empower families and young people with the tools they need to negotiate the education and health services.
- Reduce suicidality and self-harm in the young people who contact Mermaids, equip their parents to support their children to the same end.
- Improve self-esteem and social functioning in young people suffering with gender issues.
- Improve awareness, understanding and practices of GP’s, CAMHS, Social Services and other professionals.
- We have a helpline, an email support service, a parents forum and a separate teens forum, plus we organise multiple residential weekends per annum, and have several support groups. We can also give you information and links to other local organisations.

Tel: 0844 334 0550  
Email: info@mermaidsuk.org.uk  
Website: [http://www.mermaidsuk.org.uk/](http://www.mermaidsuk.org.uk/)

**Samaritans**  Samaritans Vision is that fewer people die by suicide. We work to achieve this vision by making it our mission to alleviate emotional distress and reduce the incidence of suicide feelings and suicidal behaviour.

Talk to us any time you like, in your own way, and off the record – about whatever’s getting to you. You don’t have to be suicidal.

Telephone: UK free helpline 1161 23  
Email: jo@samaritans.org

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**Survivors of Bereavement by Suicide**

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**Survivors of Bereavement by Suicide** Survivors of Bereavement by Suicide exist to meet the needs and break the isolation experienced by those bereaved by suicide. We are a self-help organisation and we aim to provide a safe, confidential environment in which bereaved people can share their experiences and feelings, so giving and gaining support from each other. We also strive to improve public awareness and maintain contacts with many other statutory and voluntary organisations.

We offer a unique and distinct service for bereaved adults across the UK, run by the bereaved for the bereaved. We currently help around 7000 people each year and we continue to grow in response to significant unmet demand.

Telephone: National Helpline 0300 111 5065  
Telephone: Bury St Edmunds (support group) 07531 087623  
Email: sobsburysteds@hotmail.co.uk

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**safeline** is a leading specialist charity for sexual abuse and rape. We are:  
Supporting – offering therapeutic and non-clinical services for those who have been affected by the traumas that sexual abuse, rape and their associated issues reveal.  
Preventing – actively working towards stopping rape and sexual abuse from happening. Safeline services are confidential and offered for those seeking support – survivors, families, partners, carers, friends – regardless of age, gender or sexual identity, race, disability, or political and religious opinion.

Our main office is in Warwick and we see clients at centres across Warwickshire and Coventry including Nuneaton, Leamington Spa, Kenilworth and Stratford-on-Avon. We offer our Helpline and Online Support Services throughout the UK.

Telephone: Helpline 0808 800 5008  
Telephone: Male Helpline 0808 800 5005  
Telephone: Young people’s Helpline 0808 800 5007

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**SURVIVORS UK**  
male rape and sexual abuse
**SurvivorsUK – Male rape and sexual abuse** SurvivorsUK helps men who have been sexually abused and raises awareness of their needs. Note: Sexual violation includes both childhood sexual abuse and adult sexual assault/rape. We provide a national helpline and both individual counselling and group therapy from our base in Shadwell, London, E1. The counselling and groups are for adult men (18 and over) who have experienced sexual abuse at any time in their lives and we also offer workshops for carers/partners/supporters of male survivors. We provide training to professionals and organisations working with adult male survivors. Telephone: Text Chat Confidential 020 3322 1860

**Men’s Advice Line** Help and support for male victims of domestic violence. Men's Advice Line: a confidential helpline for any man experiencing domestic violence and abuse from a partner (or ex-partner). We are a team of skilled professionals offering practical advice, information and emotional support to male victims of domestic violence, as well as to concerned friends and family and frontline workers. The service is run and managed by Respect.

Telephone: 0800 801 0327
Email: info@mensadvice-line.org.uk

**Broken Rainbow** Broken Rainbow is the first and only UK organisation dedicated to confronting and eliminating domestic violence and abuse within and against the LGBT communities.

If you are Lesbian, Gay, Bisexual or Transgender, Broken Rainbow provides support to all LGB&T young people. The Helpline is run by trained LGB&T people and provides a space where you can talk through what is going on and explore your options. You can call them on their helpline, chat online or via email.
**Action on Elder Abuse (AEA)** Action on Elder Abuse (AEA) is a specialist organisation that operates across the four nations of the United Kingdom. Unlike other ‘older people’s organisations’ we focus exclusively on the issue of elder abuse, not as one issue among many, but as a single focus to our work. For this reason we have extensive expertise that is not available from any other charity or agency.

Telephone: 0808 808 8141
Email: enquiries@elderabuse.org.uk

**NSPCC** National Society for the Prevention of Cruelty to Children (NSPCC). We are the leading children’s charity in the UK, specialising in child protection and dedicated to the fight for every childhood. We are the only UK children’s charity with statutory powers and that means we can take action to safeguard children at risk of abuse.

**Contact**
Telephone: Help for adults concerned about a child 0808 800 5000
Telephone: Help for children and young people call Childline 0800 111 1


Lighthouse Women’s Aid  Lighthouse Women’s Aid is a charitable organisation based in Suffolk, UK providing emotional support to women and their children experiencing domestic abuse in their personal or family relationships.

We offer temporary accommodation in safe and supportive refuges where women and their children can recover from the traumatic effects of domestic violence and make informed choices. We also offer a range of community services, courses and counselling to support women to rebuild their lives after abuse. We have been providing safe and supportive refuge in Ipswich since 1976.

Lighthouse Women’s Aid
Westgate House
Museum Street
Ipswich IP1 1HQ

Telephone: helpline 01473 745111

Survivors in Transition  (SiT) was started as a voluntary organisation back in 2009 to address the lack of specialist support available in Suffolk for adult survivors of Childhood Sexual Abuse. We now offer 5 targeted group sessions per week, telephone, email and online support as well as a specialist counselling and therapy service – currently delivered by a number volunteers and one paid member of staff.

What we can offer you

- Listening service
- Information, advice and guidance and referrals to other specialist organisations
- Counselling readiness sessions and core counselling framework (Hold Fast)
- Individual counselling and therapy
- Individual support plans (practical and emotional support)
- Group support sessions for men and women
- Peer support sessions
• Family work
• Phone and online counselling

Telephone: 07765 052282
Email: info@survivorsintransition.co.uk

**Mind Infoline** Mind provides confidential mental health information services. The Infoline gives information on types of mental distress, where to get help, drug treatments, alternative therapies and advocacy. Mind also has a network of nearly 200 local Mind associations providing local services. In Suffolk you can contact Suffolk Mind by telephoning: 0300 111 6000, Monday – Friday 9am – 5pm.

Telephone: 0300 123 3393 (9am-5pm Monday to Friday)
Email: info@mind.org.uk
Website: www.mind.org.uk/help

**Rethink Mental Illness Advice Line** The Rethink Mental Illness Advice Service offers practical help on issues such as the Mental Health Act, community care, welfare benefits, debt, criminal justice and carers rights. They also offer general help on living with mental illness, medication, care and treatment.

Rethink also runs Rethink services and groups across England and Northern Ireland.

Telephone: 0300 5000 927 (9.30am-4pm Monday to Friday)
Email: info@rethink.org
Website: www.rethink.org

**Saneline – Mental Health Helpline** runs a national, out-of-hours mental health helpline offering specialist emotional support and information to anyone affected by mental illness, including family, friends and carers. We are open every day of the year from 6pm to 11pm.

Telephone: 0300 304 7000 (6pm-11pm)
Website: www.sane.org.uk

**Suffolk Family Carers** If you are a carer needing support you can contact all of the above as well as Suffolk Family Carers who are here to help by offering information and guidance to support you in your caring role. Getting in touch is easy. Call their information line on 01473 835477 where you can chat to one of their trained advisers.
Suffolk Wellbeing Service  Feeling Down? Stressed out? Overwhelmed? Anxious? This website can help you to recognize the signs and symptoms of stress, anxiety or depression and give you ideas on how to make changes to improve your wellbeing. If you are ready to make some changes the Wellbeing service can offer you a range of options and information to support you. You can self-refer. Referral forms can be found on their website at www.readytochange.org.uk or you call 0300 123 1781 to speak to a member of the team.

Website: www.readytochange.org.uk

VoiceAbility Suffolk Mental Health Advocacy - People who are treated under the Mental Health Act have the right to independent Mental Health Advocate (IMHA). This applies to hospital patients and those who are on a Supervised Community Treatment. In Suffolk the IMHA service is provided by VoiceAbility Suffolk.

If you are on a section, you can choose whether or not to have the help of an IMHA. If you do decide to work with an IMHA, he or she can only act with your permission.

If you have been assessed as ‘lacking capacity’ to make specific decisions, you may be able to get an Independent Mental Capacity Advocate (IMCA). The local authority/NHS decision maker must refer you if you have no ‘appropriate’ family and friends if you lack capacity to make a decision about either:

- Serious medical treatment
- Long term moves (more the 28 days in hospital/8 weeks in a care home)
- Deprivation of Liberty Safeguards
The local authority/NHS decision maker may refer you if you lack capacity to make a decision about either

- Care review - with no ‘appropriate’ family or friends
- Safeguarding referral - victim or alleged perpetrator, regardless of family and friends

For more information visit: http://www.voiceability.org/services/suffolk
Tell us something about this event that you liked the best

- Sharing personal experiences with attendees and advocating for more support in this area
- Sharing knowledge and getting a wider perspective about suicide beyond NSFT and Samaritans
- Opportunity to talk to people beyond my organisation about what is out there/the problems other organisations have
- Great conversations and learning from other people’s services
- Sharing thoughts and ideas
- Hearing other professional’s stories, experiences and ideas. Working and learning from professionals not in NSFT
- The discussions
- Hearing other views, opinions and experiences
- Meeting all the different people coming together and expressing their opinions and ideas to come together
- The different backgrounds/jobs and experience that I have been able to talk to
- Joint discussions with crossover agencies and community supporters
- The clear, welcoming, sensitive and inclusive introduction by Jayne Davey
- Sharing best practice with attendees
- Very good attendance – wide range of people
- Networking with the PCSO’s and Sarah from the library
- Working with organisations and sharing information
- Feeling like I am having an impact on the strategy to help people going forward
- How informal it felt and there was no pressure to be involved in the discussions. I liked how enthusiastic and positive everyone was who I spoke with about wanting to raise awareness
- The discussions that took place on each table, able to listen to everyone’s experiences, ideas, options and general thoughts
- Discussing issues in small groups rather than as one whole group
- The informal approach.
- Discussing the vision with a broad spectrum of people/professionals
- That the event happened
- Informal and relaxed
Meeting interesting people, hearing their views and experiences
Thought provoking
Discussing first hand experiences of support (or lack of) and thinking about how this can be used to inform policy
Lots of good ideas
Honest Opinions
Openness of everyone
I liked the way the groups worked and it was easy to hear and speak
Very open forum – everyone joined in
Conversation and sharing of ideas
Nice mix of professionals and service users
Sharing information
Very informal
Opportunity for open discussion about sensitive subject
Well directed by the facilitators Wendy and Jayne

Something that you wish had been different

- A chance to hear a personal testimony
- Organisations should have been more spread amongst the tables, possibly one PCSO, one NSFT professional on each table
- Content could have been fitted into less time
- Possible conference in afternoon as mental health professionals feel heavy to now go and engage with service users
- The tables were more mixed
- Tables mixed with different professionals
- Possible afternoon session so people can go home and reflect on the event
- Time to discuss between tables to build bigger ideas
- First session shorter, second session longer
- A list with contact details for everyone who attended so we can make contact
- This was a small group and it would be good to have more people who could benefit from this
- More public members, survivors to contribute
- Maybe more advertising of event
- More talk about the topic as a whole, perhaps a learning session at the beginning
- Tables more mixed
- The last three questions were a different agenda to the preventative them of zero vision. I wish we’d have been given info on the Detroit Model
- More guidance other than just table work
- More younger people (under 19’s)
- More time
• It was good to hear the professional perspective on how systems are not working
• Would like to know who was on the other tables
• More NSFT representatives
• More SUF members present to learn from their experiences

Tell us what you have gained from this event today

• Feeling that I am not alone and we need to support the younger generation more
• Sharing knowledge and getting a wide perspective about suicide beyond NSFT
• Contacts and a better understanding of services
• Reflection
• Thinking about suicide and making it important and as a senior member of staff with NSFT ensuring that my team are supported
• That people do really want things to change
• Understanding of what is and what is not offered or available in the hope that I can be more informative
• Learning more about what can be done and what is being done with the vision for zero suicide in Suffolk
• Made aware of even more services that are out there
• How all agencies are trying to address this very real threat to everyone
• Time to share thoughts with interested others and to learn more about what actually happens and the desire for changes
• The importance that everyone should have access to training in Suffolk
• Opportunity to talk through ideas.
• Links and more links!
• Information from professionals who have signposted me to additional support and liaison for people I support in the community
• An understanding of the services available and the difficulties surrounding these
• A lot of work needs to be done to prevent zero suicide but this has begun
• Learning about different groups and having the discussion – bringing the topic to the surface
• Speaking to survivors of suicide attempts
• Listening to people who have been in a position where they have felt suicidal
• Knowledge and understanding of the issue
• Greater understanding
• Better idea of processes
• Acceptance and hope for others
• Meeting 'like minded' people
• That I am not the only person to have thought about suicide
• Different perspectives
• Learning new things around the topic of suicide
• That something positive is being done

Tell us any ideas you have for a future SUF Stepping Forward event

• Mental health for young people
• Personality Disorder
• The role of organisations in supporting people bereaved through suicide
• Do more
• Looking at general A & E staff coming to these events
• Managing your mental health
• Hearing results from what has been happening at SUF
• Keep this subject going
• Death Cafes
• Keep doing what SUF is doing
• Care Plans
• An event where all organisations can showcase their work
• Regular events so we can maintain contact and feedback
• Inviting a wider range of people to this type of event
• Mental health support
• A chance to come together to continue to learn
• More about suicide – learning techniques, dialogue and dealing with conversations around suicide to gain more confidence
• Something for under 19's
• Bipolar Disorder