

Community-based interventions to prevent suicide

Stakeholder scoping workshop, Thursday 31st March 2016

Stakeholder scoping workshop notes

Four facilitated break-out groups discussed specific aspects of the draft scope. This paper summarises the themes that emerged.

1. Are stakeholders happy with the focus of this guideline on ‘adults’ (18 years and over)?

Age group

All groups fed back that the scope should be broadened to include children, adolescents and young people. Suicidal thoughts can begin in childhood. Many services and interventions that are available for adults are also available for children and young people. Much of the evidence for possible interventions will include children and young people, and some interventions have a very good evidence base for use in people below the age of 18. Imposing an 18 years and over cut-off will miss any evidence for this age group and implies that interventions are not effective. Furthermore, interventions delivered to people when they are below the age of 18 may be important to suicide prevention later in life. It is important to adopt a life-course approach to this topic.

2. Who the guideline is for – any omissions or any groups that should be removed?

All groups agreed that a broader perspective is needed for this guideline and that it needs to cover all those affected by suicide. This should also start earlier, prior to suicide ideation. This means including staff such as GPs and primary care, and not just family and friends. Other suggested groups for inclusion included schools and users of social media (this was highlighted as particularly relevant to children and young people). One group responded that education was the best intervention. It was suggested that the guideline needs to include the education sector including colleges and universities.

Social media is hugely important and is now considered to be a community.

It was also suggested there was a need to include key 'at-risk' groups including those with an existing mental health condition or using mental health secondary services. This should also include those who have attempted suicide or self-harm.

The impact of the recession especially on lower socio-economic groups was highlighted. This was something that local authorities were not prepared for. The guideline therefore needs to include debt counsellors, job centre staff and housing support advisers.

Other audiences for the guideline included:

- Water agencies
- National rail
- Highway agencies
- organisations that own or manage multi-storey car parks
- 'Blue light' emergency services staff such as police, emergency medical services and fire and rescue services.
- Coastguards
- Pharmacy and clinical staff
- Health and Wellbeing Boards and local Directors of Public Health
- Those working in the criminal justice system and probation officers
- Complementary therapists could be added to 'health and social care practitioners'; many of them receive little training in this area, but may have clients at risk of suicide who access complementary therapy as help-seeking behaviour

Are there any groups missing?

The lesbian, gay, bisexual and transgender (LGBT) population was suggested. This is particularly relevant for LGBT young people.

Occupation groups were discussed and the current suggested list in the draft scope was considered out of date. The Office for National Statistics will soon be publishing better mortality data for occupation groups. Missing occupational groups were identified as city workers, those in the business sector with high profile lifestyles and construction workers. High risk groups can also change with time so we need to bear this in mind when we update the guideline; the latest figures show that male suicides have gone down and female suicides have gone up, the guideline should be careful to avoid placing too much focus on one group at the expense of another.

Those bereaved or affected by suicide were also an important group currently not included in the draft scope. This could also be relevant to schools or the workplace. The difference between the 2002 and the 2012 suicide prevention strategy was that it included suicide bereavement.

3. Looking at our list of interventions/ areas, are there any missing or any topics that should not be there?

The following interventions were consistently suggested in the four groups:

- Training interventions that involve recognising signs of distress and crisis. These should be provided to those working in the community, NHS, voluntary and private sector. These should also involve a subsequent intervention - such as signposting to services. Identifying an appropriate intervention could be part of a local suicide action plan. It was noted that the National Suicide Prevention Alliance (NSPA) are looking to do some work currently around training and what is acceptable to different professional groups.
- People belonging to high-risk groups may benefit from tailored interventions. There may be interventions to improve mental wellbeing that are particularly effective in preventing suicide among members of some of these groups.
- Interventions to reduce access to the means of suicide. There are no RCTs, only natural experiments; however, the epidemiological evidence is good.
- Social media. Campaigns in social media about acting responsibly and not allowing certain photos to be published. There has also been some work on moderating websites.
- Interventions to encourage those at risk to seek help.
- Engaging with local media to agree sensitive reporting approaches and local awareness campaigns. However one group reported that there is poor evidence that media interventions can influence perceptions and behaviour around suicide.
- Bereavement support may be an important intervention, particularly when the bereavement has arisen as a result of suicide.
- Providing easily accessible information about local services – for instance, on a local authority-maintained web page – may form part of an intervention.

- Local audit was considered a key intervention, with a local joined up approach needed. This should also involve the sharing of local information. Greater integration between the different sectors is needed.

4. Looking at our key issues and questions – have we missed anything?

Looked after children, and those leaving care to live in the community, were identified as important gaps. The guideline will need to engage with social workers. Social workers will also need training to recognise the signs of distress and crisis.

Victims of domestic abuse were suggested as a high-risk group.

Alcohol as a risk factor should also be considered further. Public Health England is doing some work on this at the moment, so further liaison on this may be useful.

It was suggested that survivors' voices may play an important role in some interventions, particularly around media campaigns.

5. Are there any important outcomes that are missing, or any that should not be there?

It was suggested that some communities with particular stigma around suicide may have underreported suicide rates, and appropriate interventions may be under-researched. It was also raised that some outcome measures may be more sensitive to different interventions among different risk groups.

It was suggested that an increase in help-seeking behaviour, or in the recognition that seeking help is appropriate, be added in addition to reduction in stigma.

It was also suggested that better local audit will also identify important outcomes that are missing and relevant at a local level.

Finally, there was uncertainty about how resilience and self-efficacy would be defined or measured. It was suggested that knowledge of appropriate services (including those provided by charities or other non-healthcare organisations) could be a measure.

6. What are the equality issues that need to be considered in the development of this guideline?

LGBT people were widely highlighted as being at increased risk.

Refugees are a high-risk population group worthy of consideration in this guideline. It was also suggested that those who experience social isolation, those who live in socio-economically deprived area and those who are unemployed will require further consideration when looking at the evidence.

Appendix A: Questions on the draft scope

1. Are stakeholders happy with the focus of this guideline on 'adults (18 and over)'?
 - a. If not, why?
 - b. Are there any other specific groups that should be mentioned with in the 'adults over 18 year group'?
 - c. Are there any other groups are missing?

2. Looking at our list of who the guideline is for are there any omissions or any groups included that should be removed?
 - a. Who are the 'providers of services and interventions' in this area?
 - b. Who are the specific health and social care practitioners in this area?
 - c. Who specifically has commissioning responsibility for suicide preventive services and what types of 'services' are commissioned?
 - d. The evidence points to the role of 'transport organisations' in suicide prevention – who are these and who do they include?
 - e. What are the 'services' individuals use in the 'prevention of suicide'?

3. Looking at our list of interventions/areas, are there any missing or any topics that should not be there?
 - a. Education and training interventions – we are interested in understanding what interventions are covered in training?
 - Who is trained in these interventions?
 - Who delivers 'training'?
 - b. Have you had experience with local media campaigns?
 - What did they consist off?
 - Who did they include?

4. Looking at our key issues and questions – have we missed anything?
 - a. Are there any important areas here that should be included? If so why?
 - b. Are there any important outcomes that are missing, or any that should not be there?
 - c. What ‘mental health outcomes’ would you expect this guideline to have an impact on?

6. What are the equality issues that need to be considered in the development of this guideline?

7. Who do stakeholders think are essential to have representation from on the Public Health Advisory Committee (PHAC) in the development of this guideline and why?