


**Dorset Co-Produced
Suicide Prevention Action
Plan**

(Dorset CCG Mental Health
Commissioning)

2017



A local action plan which supports the national
suicide prevention strategy

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Introduction

This plan outlines the Pan-Dorset approach to suicide prevention which requires statutory agencies, the voluntary sector and others including the media to work together to reduce the number of suicides and the immediate and lingering effect of someone taking their life. We need to be prepared to respond effectively and sensitively to incidences of suicide and provide timely 'postvention' measures that are individually tailored to the need.

Across Dorset, Bournemouth and Poole each year an average of around 70 people (40 from Dorset, 20 Bournemouth and 10 from Poole) die by suicide. Men account for more than two in every three of these deaths. The suicide rate is highest in Bournemouth at 12 per 100,000 compared with Poole and Dorset (9 and 10 per 100,000 respectively). The Dorset suicide rate has been increasing since 2007 while trends in Bournemouth and Poole have been more variable.

Risk factors across Dorset, Bournemouth and Poole that are significantly higher than the England average include social isolation, long term health problems or disability, marital break-up and hospital admissions for self-harm. Bournemouth and Poole both have higher rates of severe mental illness and higher alcohol specific hospital admissions than the England average. In addition, Bournemouth has close to double the level of crack cocaine and/or opiate use, higher rates of Looked After Children, and higher deaths from alcohol.

Across Dorset, Bournemouth and Poole, approximately 23% of possible or confirmed suicides were currently or recently involved with specialist mental health services and 77 % were not involved with mental health services at the time of their death (based on data from July 2016 to March 2017 inclusive). This high percentage having had no contact with specialist mental health services is broadly in line with national averages. In contrast, close to two in three people who die by suicide are in contact with their GP in the year before their death (63%), with 45% having seen their GP in the month before their death. Suicide risk also rises with increasing number of GP consultations.

The economic cost of each death by suicide in England for those of working age is estimated to be £1.67 million (2009 estimates). This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering. What is more difficult to quantify is how long the effect of the suicide is felt by families, friends, colleagues and the wider community. We all need to dismantle the stigma attached to suicide and the all too often felt sense of isolation by those feeling vulnerable.

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

The Dorset plan should be read in conjunction with the national suicide strategy because this plan was developed to align with the key themes in the national strategy. It is also closely aligned with the Mental Health Prevention Concordat. The overarching aim of the plan is to meet the national target of reducing the number of suicides in Dorset by 10% against the baseline average of 70 by 2020/21.

The plan was developed with many key partners such as health and care services, Local Authorities, Police, community based and voluntary organisations and the delivery of the plan will be achieved in the same way. Although the signatories to the plan are all statutory partners because of their formal accountability for the reduction in suicides, the range of partners involved in supporting and promoting and delivering the plan are many and varied and they are all acknowledged with thanks and listed at the end of this document.

Across Dorset there is strong commitment to delivering this plan and delivering it in partnership. Once published these partnerships will be strengthened and formalised so that the reach of the plan is as wide as possible and the messages consistent.

Each organisation will be responsible for their own delivery plan selecting activities from this plan that are appropriate to them. Each organisation will nominate an individual to be responsible for compliance and completion of their delivery plan and representing them at governance meetings.

The key high level milestones are:

All organisations to have a written plan and a named person responsible for delivery and reporting	End June 2018
Quarterly Crisis Care Concordat meetings arranged for each quarter of the year to monitor progress	April 2018
Progress reported to ICPCS Board each quarter	From April 2018
Progress reported to Health and Wellbeing Boards annually	From April 2018
Partnership development with non-statutory partners ensuring consistent representation on Crisis Care Concordat Group	By June 2018
Partnership work ongoing with the MH Alliance to ensure consistent messaging delivery of plan	From April

Specific and SMART outcomes will be developed as each organisation develops their plans and we consolidate them as part of the crisis care concordat working group

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Area of work	Actions	Outcomes	By whom
Work with high risk groups	<ul style="list-style-type: none"> • Ensure that all staff know about the high risk groups especially those their organisation comes into contact with • Ensure that suicide and suicide risk is discussed and talked about openly and routinely • Talk about mental health routinely in organisations to reduce stigma and increase knowledge about mental health • Staff training to include suicide as a topic including information about high risk groups • Identify options for delivering training and information to GPs and practice staff regarding identifying and treating depression and talking about suicidal feelings with patients • Review self-harm in terms of the care pathways and responsiveness to people who self-harm 	<ul style="list-style-type: none"> • Fewer deaths of people in high risk groups • Stigma related to discussing suicide reduced • Increase knowledge about mental health and reduced stigma related to mental health • Reduce fear related to suicide and talking about suicide • Increase in the number of services that are prevention and recovery focussed • Knowledgeable and understanding workforce 	<p>All organisations signed up to the CCC especially those that have public facing activity</p>
Promote mental health and wellbeing in the population as a whole	<ul style="list-style-type: none"> • Implementation of the Mental Health Acute Care Pathway • Implementation of the pan-Dorset Sustainability and Transformation Plan Prevention at Scale plans and 	<ul style="list-style-type: none"> • Increased population wellbeing • Better access to services • Reduction in suicide attempts and deaths 	<p>All organisations signed up to the CCC especially those that have public facing activity</p>

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

	<p>the Prevention Concordat for Better Mental Health, including increasing access to, e.g. mental health and wellbeing training and education, and including wider communities</p> <ul style="list-style-type: none"> • Implementation of emotional wellbeing and mental health strategy for children and young people 		
Reduce the means of suicide	<ul style="list-style-type: none"> • Consider suicide prevention measures when reviewing planning applications • Audit suicide hotspots in Dorset • Hospital, prisons, care centres to review ligature points and potential high risk areas • Ensure robust risk assessment procedures for all areas where suicide could occur 	<ul style="list-style-type: none"> • Fewer deaths by suicide • Greater awareness and knowledge about Dorset's suicide hot spots • Reduction in the number of hotspots through proactive response to audit • Fewer deaths in hot spot areas • Risk assessment will ensure accountability within organisations for the strategy and action plan 	All organisations signed up to CCC that have planning or public health and safety responsibilities

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<p>Post suicide intervention</p>	<ul style="list-style-type: none"> • Map existing bereavement services and support pathways • Develop pan Dorset information pack for those affected by suicide – would say this needs to be a single org to co-ordinate and links to the packs already available • Ensure policies and procedures are in place seeking to prevent suicide in all care, residential or detention settings • Ensure policies and procedures cover staff because staff members working in the organisations could also be in the high risk groups 	<ul style="list-style-type: none"> • Postvention support in place across Dorset • Better care for people in aftermath of suicide • Accessible information about suicide and the impact of suicides • Better information about organisations that can support people who are bereaved due to suicide • Support for staff who might also be in one of the high risk groups 	<p>All organisations signed up to the CCC with public facing activity</p>
<p>Promote responsible reporting</p>	<ul style="list-style-type: none"> • Develop a pan Dorset shared protocol that is proactive and reactive and includes social media • Communications teams in all CCC organisations to work with local media to promote responsible sensitive reporting about suicide, in line with Mental Health Media Charter https://twitter.com/MHMediaCharter • Communications teams in CCC organisations to work with media organisations to ensure that they 	<ul style="list-style-type: none"> • Clear and unsensational information in the public domains about suicide and the impact of suicide • Shared understanding about the impact of suicide and shared set of values when reporting suicides and the impact of a death by suicide • Social media influenced by the shared understanding about suicide and the impact of suicide 	<p>All organisations signed up to the CCC that interface with the media and have communications teams in contact with local and national media</p>

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

	provide information about support organisations dealing with suicide		
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Acknowledgements

Many organisations have been party to the development of this plan and will be pivotal to the delivery of the plan and they are listed below.

Dorset HealthCare University Foundation Trust
Dorset Mental Health Forum
Dorset Mind
The Samaritans
Dorset Police
Office of Dorset's Police Crime Commissioner
Dorset County Council
Bournemouth Borough Council
Borough of Poole
Bournemouth Churches Housing Association
Public Health Dorset
Bournemouth and Christchurch NHS Foundation Trust
Poole NHS Foundation Trust
Dorset County Hospital NHS Foundation Trust
Dorset Mental Health Alliance
Dorset Clinical Commissioning Group
Dorset Fire Service

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Documents of interest

National Suicide Strategy <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

National Mental Health Prevention Concordat <https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health>

Dorset Crisis Care Concordat <http://www.dorsetccg.nhs.uk/aboutus/clinical-delivery-groups/crisis-care-concordat.htm>

Public Health England Local Suicide Prevention Planning Resource <https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

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Organisation signed up to Dorset's Suicide Prevention Plan

