









North West Ambulance Service











NHS



Public Health England





Louise Thomas: Clinical Network Programme Manager Neil Smith: Senior Advisor - Multi Agency Strategic Partnership



#### 1. Understanding



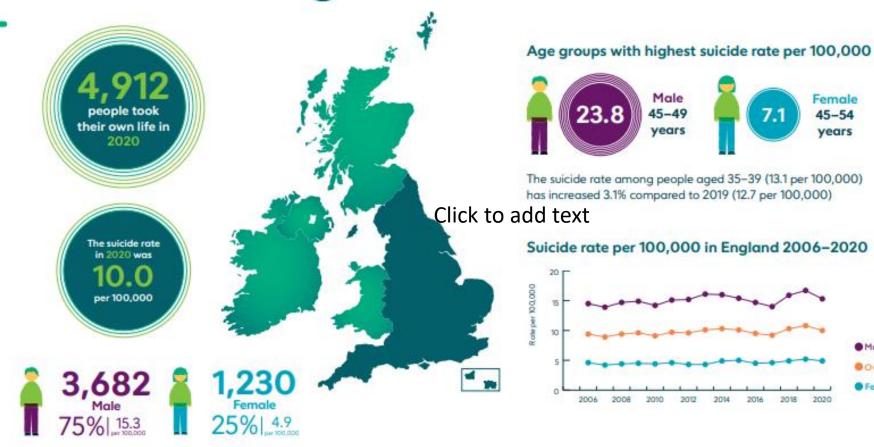
#### Understanding suicide

- Suicide Prevention is "Everyone's Business". You don't have to be a Mental Health professional to help somebody.
- Not every person who takes their life has a mental health diagnosis, so there are many people struggling that are 'completely unknown to services'
- Suicide can often be prevented with the right help and support
- AWARENESS: Suicide is not confirmed until the Coroner's inquest
- LANGUAGE: People don't 'commit' suicide it is not a crime; take own life, complete suicide or die from suicide, are preferred ways to talk about suicide.





#### **Suicides in England**



\*It is important to note, that these deaths didn't all happen in 2020, and we will not know how many did until all deaths are officially registered- this can sometimes take a year or more

Overall, the suicide rate in England has decreased by 7.4% compared to 2019. The male suicide rate has decreased by 8.4% compared to 2019. The female suicide rate has decreased by 5.8% compared to 2019. Males are 3.1x more likely to die by suicide in England than females.

Notes about data: Data source - Office for National Statistics (ONS). Suicide refers to deaths where the underlying cause is intentional self-harm and events of undetermined intent. Data represents suicide registrations. Increases/decreases are based on one year of data. These may not indicate longer term trends and may not be statistically significant. Overall rates for male, female and all persons are age standardised. Rates broken down by age group are crude.

Male

Overall

Female



### 2. Myth Busting



#### Myths & Facts (from Samaritans webpage)

MYTH	FACT
People who talk	People who kill themselves have often told
about suicide aren't	someone that they do not feel life is worth
serious and won't	living or that they have no future. Some may
go through with it.	have actually said they want to die.

#### Takeaway:

- Listen (don't be dismissive)
- Ask how they are feeling (if you feel comfortable)
- Know some basic signposting information to get them to talk to someone

#### Myths & Facts (from Samaritans webpage)

MYTH	FACT
Talking about suicide is a bad idea as it may give someone the idea to try it.	Suicide can be a taboo topic. Often, people who are feeling suicidal don't want to worry or burden anyone with how they feel and so they don't discuss it. But, by asking someone directly about suicide, you give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing.

#### Takeaway:

- Give people permission to talk
- Listen don't try to problem solve
- Know some basic signposting information to get them to talk to someone



## Suicide Prevention Orange Button Scheme Orange Button – What it is

- A Community Scheme that ensures people who have been trained in suicide prevention/awareness, can be identified.
- Orange Button holders;-
  - Are Happy to say/hear the word suicide
  - Can support people with signposting
  - Can listen without judgement
- Used as a very early intervention scheme to support people in the community with signposting and information.
- Helps to reduce the stigma of talking about suicide and asking for support.

Crange Button Community Scheme Orange button holder	
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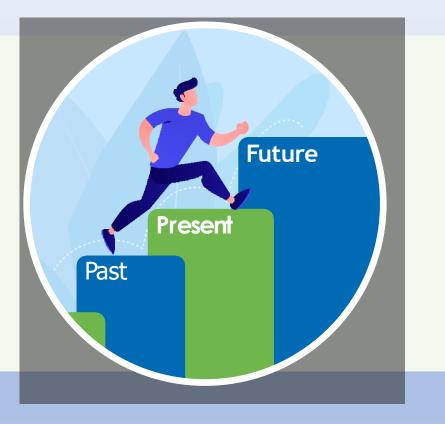


## Real Time Surveillance WHAT is it - HOW does it work



## Our Ambition

- > To Save Life Prevent Suicide
- > Police NOT HM Coroner system
- > One System all partners
- Same Day Data Alert
- > Develop sustainable Partnerships
- > Rapid Intelligence NOT data
- > National SP Programme UK Leader



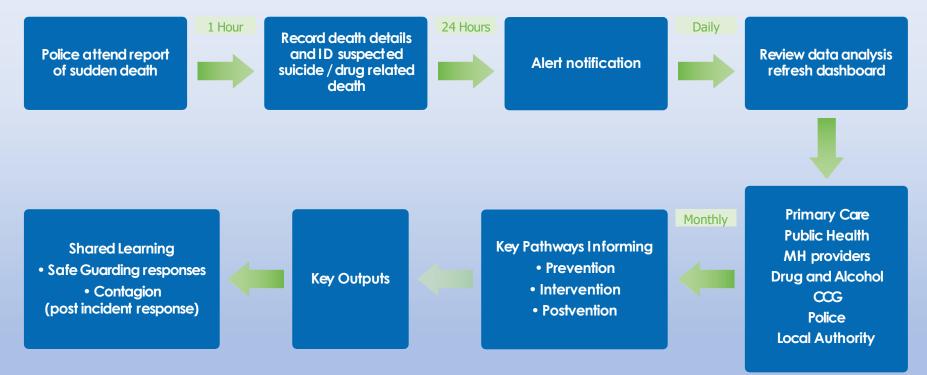


### **Real Time Surveillance Key Guiding Principles**

- **1.** Suicide Prevention is everyone's Business.
- **2.** We agree to share information and data across organisations to increase learning and new action opportunities.
- **3.** We will be intelligence led in all our responses to real time information.
- **4.** We will work together and collaboratively to increase our capacity to prevent self harm and suicide.
- **5.** We share the 'prevention' challenge and accept mutual accountability to reduce suicide and self harm.
- **6.** Rapid delivery of local responses to local problems supported by timely research and analysis.



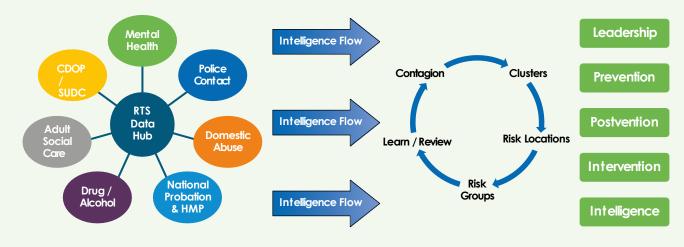
# Real Time AlertsProcess

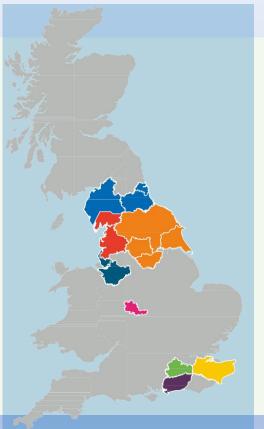




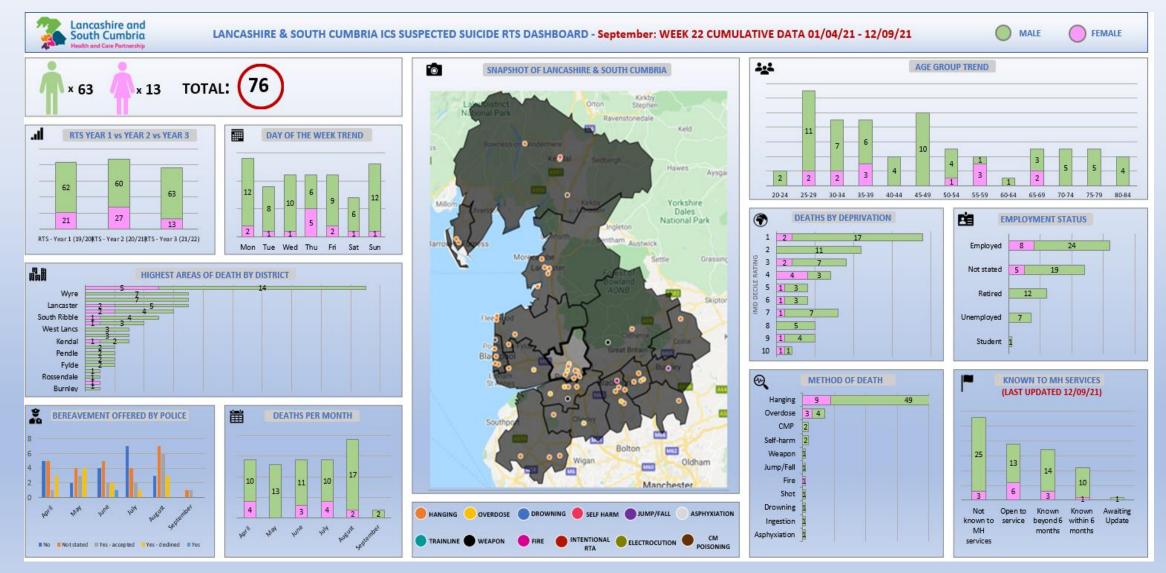
# Our Spread LOCAL and NATIONAL

- Real Time Surveillance Data Connectors and Flow Model
- > Intelligence NOT Data



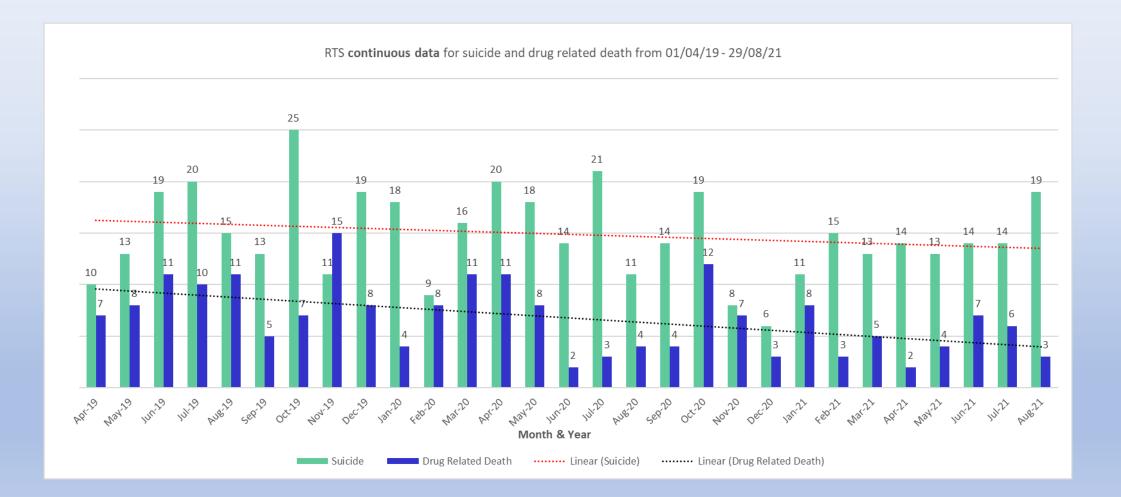


## RTS DASH BOARD





## PANDEMIC TRENDING



#### Suspected suicide cases by employment and IMD Decile - RTS yr 3 April 2021-September 2021



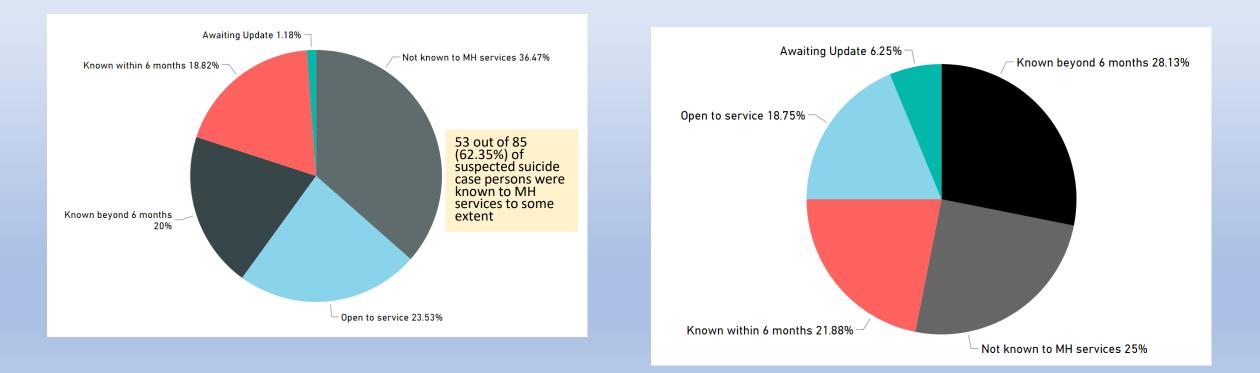


#### **Suspected Suicides by days April 2019- September 2021**

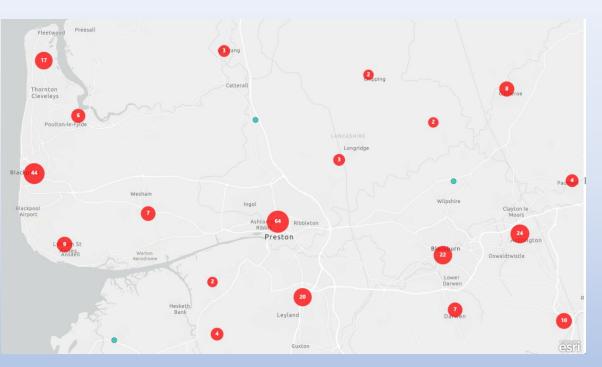
	Mon	Sat	Thu	Sun	Wed	Fri	Tue
Count of Index	74	72	69	68	61	55	55
	Monday and Satu with highest num Suicides since Ap	rday have are days ber of Suspected ril 2019					

#### RTS Yr 3 April 2021-September 2021 Suspected Suicide cases known to MH services –

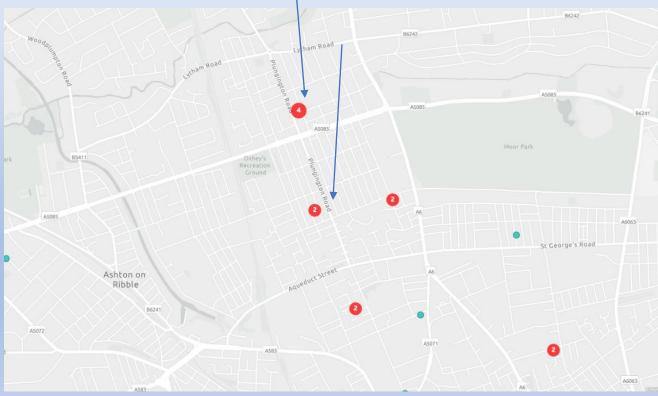
#### RTS Yr 3 April 2021-September 2021 Drug related death cases known to MH services –



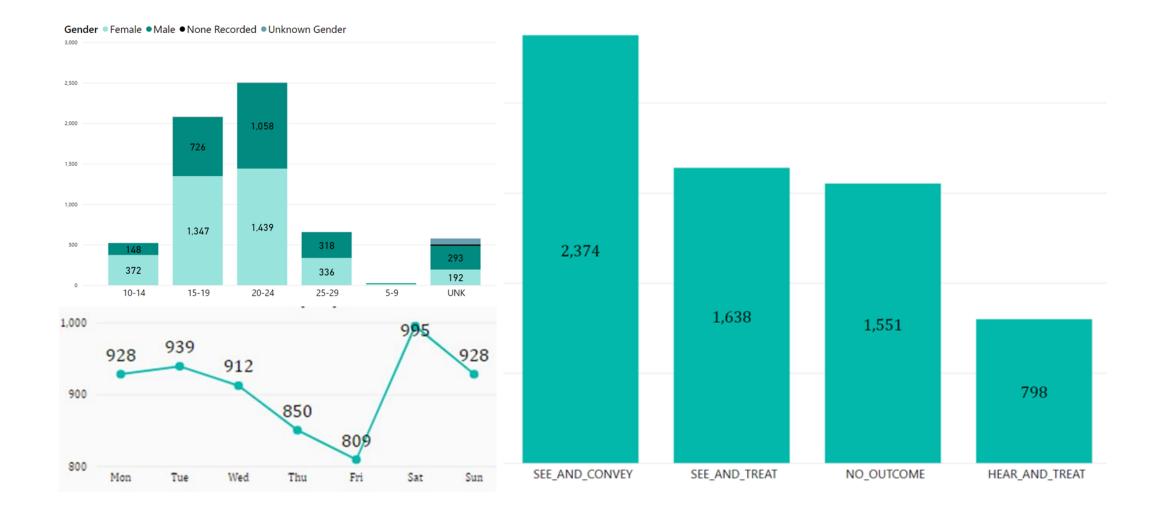
### Identify areas of suicide cluster using home postcode



Suspected suicide clusters can be identified in areas of each town, to identify any links, trends and services available

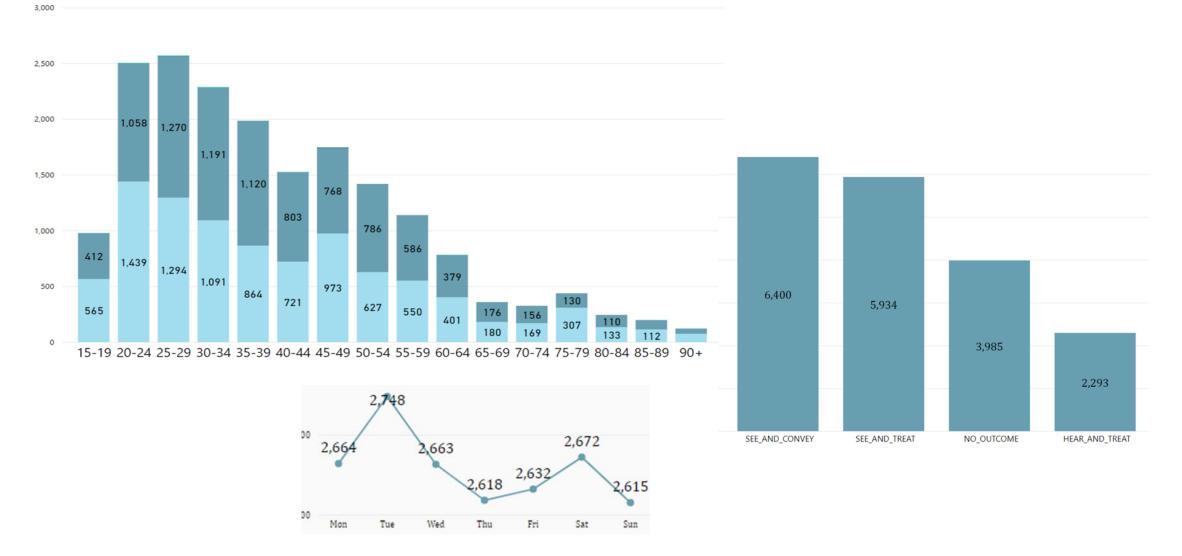


## Self Harm Dashboard- CYP 0-25



## Self Harm Dashboard- Adult 18+

Gender • Female • Male • None Recorded • Unknown Gender



# How we use the Real Time data in Lancs and South Cumbria?

- Intelligence led, using RTS data, targeted facebook adverts to key groups in high risk suicide area-
- Campaign has been rolled out across the ICS via:
- Facebook
- Twitter
- Instagram
- Printed material sent out to:
- Community Pharmacists
- Community Hubs
- GP surgeries
- Urgent Care Centres
- A&Es
- Digital versions available for screens in key locations across ICS





## > Value

Rapid Response to Risk Factors

Pro Active - Cluster Contagion Meetings

Connecting Communities to our systems

A Better Together culture

Shared Learning Events

## OUR NEXT BIG CHALLENGE

- Primary Care Links to RTS data Understanding Risk factors
- More Collaboration and Community Engagement Building capacity
- Sharing the Learning Rapid Reviews Real Time Responses.

## Thank you for listening

## **Question or Challenges**