

**Suicide Prevention Task Group**

**MINUTES**

**Thursday 10 September 2015**

“World Suicide Prevention Day”

2pm-4pm

**North Block HAS Conference Room 212, County Hall**

<b>Present:</b>	<b>Present:</b>
Claire Robinson Health Improvement Manager <b>(CR)</b>	Dallas Frank – North Yorkshire Safeguarding Children’s Board Manager, NYCC <b>(DF)</b>
Liz Vickerstaff - Quality Lead Yorkshire and Humber Commissioning Support <b>(LV)</b>	Cllr. Tony Hall – Councillor <b>(TH)</b>
Andy Chapman – Senior Suicide Prevention Co-ordinator <b>(AC)</b>	Victoria Turner - NYCC <b>(VT)</b>
Darren Gorgan – LYPFT <b>(DG)</b>	Emma Thomas – NYCC <b>(ET)</b>
Gillian Charters - Samaritans <b>(GC)</b>	Claire Lawrence – NYCC <b>(CL)</b>
Steve Wilcox - PCU <b>(SW)</b>	Odette Robson – NYCC <b>(OR)</b>
Emma Chawner NYCC <b>(EC)</b>	Nick Sinclair – York City Council <b>(NS)</b>
Tim Carroll – York City Council <b>(TC)</b>	Pauline Wilson – Probation Service <b>(PW)</b>

		<b>For note or action by</b>
<b>1</b>	<b>Welcome and introductions</b>	
	Welcome and introductions were given around the room.	
<b>2</b>	<b>Minutes and matters arising</b>	
	Minutes of 4 June 2015 were agreed as accurate. CR gave an update on actions taken.	
<b>3</b>	<b>Suicide Prevention Strategy - progress</b>	
	<ul style="list-style-type: none"> <li><b>Suicide Audit</b></li> </ul> <p>Update on the 5 year audit which is now well underway. Coroner’s records for North Yorkshire are being reviewed and those relating to York will follow. These are exclusively those cases determined by the coroner to be ‘suicide’ i.e. beyond reasonable doubt so does not cover those deaths by accident/poisoning of undetermined intent. 229 records in North Yorkshire, 67 records checked so far.</p> <p>There appear to be some emerging patterns, some of which reflect national trends and others which do not. Some brief discussion in relation to early identified trends although these may change as the audit continues. Once the audit is complete a report will be drafted and will be scheduled in to various forums and boards (target date January 2016).</p> <p>Discussion took place in relation to the link between self- harm and suicide and</p>	

whether or not this suicide prevention task group and the co-ordinator role- is best placed to consider the issue of self- harm. There were differing views on the relationship between self-harm and suicide i.e. someone who self- harms does not necessarily have suicidal ideation. There was however agreement that someone who self- harms by whatever means may well be at higher risk of suicide, a stance which is reflected in national research and suicide prevention guidelines. NS commented that this is an opportunity to be more collaborative on approach to self-harm connected with suicide.

- **Pink Book**

EC circulated the Pink Book. EC and AC attended Leeds Safeguarding Board Conference. Those front line staff who are non-clinically trained such as teachers are given a booklet known locally as 'the Pink Book' which provides guidance on how to respond if they encounter young people who are or are believed to be self-harming.

EC and AC are currently updating it for use by North Yorkshire and York having gained permission from Leeds to reproduce it. It is hoped it can be adapted for use by children and young people as well as adults. EC is looking into costs for hard copies and an online version for front line people to refer to. EC and AC to continue working on this. ET commented that some guidelines have previously been sent out to all North Yorkshire schools.

**Actions:** AC to continue working on Pink Book with ET (as EC is due to leave NYCC). AC to check what has previously been sent out to all North Yorkshire schools.

- **CYPS self-harm pathway marketing and embedding**

Further discussion regarding self-harm and the group agreed that the recently introduced 'Self Harm Pathway' should be included within the 'Pink Book'. Collecting data in relation to self-harm incidents is particularly challenging because much of it goes unreported or unseen and coding within organisations can also be an issue.

- **Suicide Prevention Co-ordinator – Andy Chapman**

Andy Chapman introduced himself as the new SSPC and said how he is delighted to be in post and in a position to make a real difference in helping to reduce suicide in North Yorkshire.

AC had attended a Suicide Prevention Conference in Durham the previous day and was very impressed by the extent of partnership working and the contribution of voluntary and charity organisations taking part in the conference and involved in suicide prevention. Although Durham has higher suicide rates than North Yorkshire it has been piloting a number of initiatives in recent years as a result of which some excellent best practice has been developed.

AC confirmed that the Government's 2012 Suicide Prevention Strategy has these objectives:

- a reduction in the suicide rate in the general population in England
- better support for those bereaved or affected by suicide

It also identifies six key areas of action:

AC/ET

- reducing the risk of suicide in key high-risk groups
- tailoring approaches to improve mental health in specific groups
- reducing access to the means of suicide
- providing better information and support to those bereaved or affected by suicide
- supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- supporting research, data collection and monitoring.
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50% of all suicides nationally are from hanging and this method appears to have increased in prevalence in recent years amongst both males and females. Reducing 'access to the means' in this particular area is clearly challenging. However one of the reasons for the current prevalence of this method may be as a result of hanging being wrongly portrayed in the media and TV and film drama as a quick, relatively pain free and effective way of taking one's own life. The National Association for Prevention of Suicide is lobbying government and the Board of Film censors to ensure that this misguided message is rectified.

Discussion in relation to phraseology and the potential impact of words in common use which can have a detrimental impact on those bereaved by suicide. For example best practice suggests that the act of suicide should not be referred to as "committing" suicide as the term implies that suicide is illegal (which it has not been since 1961). Terms such as 'die by suicide' or someone 'taking their own life' are considered more appropriate.

North Yorkshire County Council's Director of Health and Adult Services' September blog covers the subject of suicide and raises the profile of the work we are doing.

Social media has a huge effect on young people self-harming and potentially taking their own lives. EC is looking at information we currently give to children and young people regarding self-help and support working with Kathy Peacock.

- **Task and Finish Groups**

CR is looking at how we support a 'postvention' service i.e. specific bereavement support/counselling for those affected by suicide. This is on the basis that bereavement through suicide can be a very different experience to the loss of a loved one through any other means and that bereavement through suicide can potentially make someone more at risk of suicide themselves. National guidelines suggest that 'postvention is a form of prevention'

LV commented that the Samaritans provide support and she will find out if this is offered in North Yorkshire. AC added that the police generally provide next of kin with the NHS form 'Help is at Hand' which provides guidance and sign-posting information for bereaved families although these are national rather than local organisations.

Durham has specific referrals to the local charity "If U Care Share" which supports families, usually within 24 hours of suicide if requested. Durham local authority has piloted a 'real time surveillance' initiative where information regarding suicide is shared with partners promptly by Durham Constabulary.

	<p>CR added that Public Health England has recently produced a guidance document regarding so called suicide 'clusters' and the foundation of this is real-time surveillance of incidents of suspected suicide and partnership arrangements to manage and mitigate any further risks which may follow from it.</p> <p>AC commented that we need to identify champions in each area to reduce suicide. CR is assisting with a business case to deliver 'Mental Health First Aid' and 'ASIST' suicide awareness train the trainer programmes. Vicky Waterson is leading on this.</p> <p><b>Action:</b> SW to find name of lead on this. LW to check if Samaritans provide support in North Yorkshire.</p>	<b>SW/LW</b>
<b>4</b>	<b>Suicide Prevention Task Group (SPTG) Membership/representation</b>	
	<p>CR explained that AC will be reviewing the ToR and membership of the group to ensure we have representation from the appropriate organisations.</p> <p><b>Action:</b> AC to review ToR and membership and meet with individual group members.</p>	<b>AC</b>
<b>5</b>	<b>Yorkshire and Humber Mental Health and Suicide Prevention Network update</b>	
	<p>Public Health England was not represented at this meeting. However Diane Lee from PHE chairs a quarterly meeting of the Yorkshire and Humber Mental Health and Suicide Prevention Network which discusses challenges, emerging issues and regional and national best practice. AC will be attending the next meeting in Grimsby on 14<sup>th</sup> October and will provide the SPTG with an update.</p> <p><b>Action:</b> AC to update if PH not present</p>	<b>AC</b>
<b>6</b>	<b>Any Other Business</b>	
	<p>NS commented that social media could be used to share messages on suicide prevention, ie Facebook and an Instagram account would be useful for this also.</p> <p>Action: <b>VT</b> to scope options for social media messages</p>	<b>VT</b>
<b>7</b>	<b>Date of next meeting</b>	
	Monday 9 <sup>th</sup> November 2015 1.30pm-4.00pm. Venue Pink Meeting Room County Hall, Northallerton.	