NHS

National Institute for Mental Health in England

National Suicide Prevention Strategy for England

Annual Report on progress 2003

NHS

National Institute for Mental Health in England

National Suicide Prevention Strategy for England

Annual Report on progress 2003

READER INFORMATION

Policy HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership Working
Document Purpose	For Information
ROCR Ref:	**Gateway Ref:** 2400
Title	National Suicide Prevention Strategy for England: Annual Report 2003
Author	National Institute for Mental Health in England
Publication date	01 Dec 2003
Target Audience	All those working in or with an interest in the prevention of suicide
Circulation list	PCT CEs, NHS Trusts CEs, StHAs CEs, Directors of PH, GPs, Emergency Care Leads, Local Authority CEs, Ds of Social Services, NDPBs, Voluntary Organisations
Description	The first national suicide prevention strategy for England was launched in September 2002 to support the target set out in the White Paper Saving Lives: Our Healthier Nation to reduce the death rate from suicide and undetermined injury by at least 20% by 2010. This annual report outlines progress made in the first year
Cross Ref	National Suidice Prevention Strategy for England
Superseded Doc	
Action required	To note progress
Timing	None
Contact Details	Keith Foster NIMHE Blenheim House West One Duncombe Street Leeds LS1 4PL 0113 254 3817 keith.foster@doh.gsi.gov.uk
For recipient use	

First published December 2003

Produced by the Department of Health
CHLORINE FREE PAPER

www.doh.gov.uk/changeagentteam

Contents

Foreword 2

Introduction 3

Pre strategy work – Laying the foundations 3
- Action on pack sizes of drugs often used in suicide 4
- National Confidential Inquiry 4
- National Service Framework for Mental Health and the NHS Plan 4

Implementation of the National Suicide Prevention Strategy– first year progress 5

Update on Goals and Actions 5

Where we are now 5

In-patient suicides 8

Suicide by prisoners 8

Methods of suicide and access to means 9

Conclusion 9

Appendix 1

Goals 10

Appendix 2

Suicide Prevention Strategy Advisory Group: 28

Foreword

It is just over one year since the launch of England's first national suicide prevention strategy. The strategy builds on the commitments to improving and modernising mental health services as outlined in the National Service Framework for Mental Health. It also recognises the important roles that different stakeholders can make to help reduce the number of suicides in our communities.

The first year has seen us identify and take action on a number of specific initiatives where we felt an early impact could be made.

A Suicide Prevention Advisory Group has been established to help provide leadership and support to the many partners and stakeholders working to implement the strategy. This Strategy group also provides valuable input into the development of, for example, the programme of research to help address gaps in information and knowledge.

Whilst we must always be cautious when interpreting changes in suicide statistics, current data suggest that the number and rates of suicide in England are showing a downward trend. Our task now is to take action on the goals and objectives outlined in the strategy to ensure that this downward trend continues.

This report sets out what has been achieved so far and what further actions we need to take in the medium and longer term. It is the first in a series of progress reports that we shall publish as the strategy is implemented and new figures and findings become known.

Professor Louis Appleby
National Director for Mental Health

Introduction

The first national suicide prevention strategy in England was launched by the then Minister of State for Health Jacqui Smith MP on 16 September 2002 during the 9th European Symposium on Suicide and Suicidal Behaviour. The strategy aims to support the achievement of the target set in the White Paper *Saving Lives: Our Healthier Nation*, and reinforced in the National Service Framework for Mental Health, to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010. The Public Service Agreement reached between the Department of Health, Treasury and No 10 to reduce the mortality rate from suicide and undetermined injury by at least 20% by 2010 reflects the Government commitment to improving access to mental health services.

To understand what can be done to prevent suicide, we need to understand the variations in risk, and the actions we can take to prevent risk. For example, we know that men in unskilled occupations are four times more likely to commit suicide than those in professional work. The variations in risk show that action on suicide is needed at different levels in health and social care, and that different actions need to be taken in different parts of the country within communities to achieve the target set.

We know that there is no single approach to suicide prevention. That is why we have developed a broad strategic approach that involves contributions of many different stakeholders and partners within public services and elsewhere. The strategy is not a one-off document. Rather it is a co-ordinated set of activities that will take place over several years, and it will evolve as new priorities and new evidence on prevention emerge. Our approach may need to be adapted as we gather evidence or learn from experiences or issues raised during implementation. All aspects and actions in the strategy will be fully evaluated

That is why this annual update report is important. We need to clear about what progress we are making, what has worked well and areas where we have encountered difficulties.

Pre strategy work – Laying the foundations

The development and launch of the suicide prevention strategy in 2002 was not the beginning of the policy imperatives to improve mental health care and reduce suicides. A number of specific actions had already been initiated over the previous four years, alongside the development of policies at a national level, which have helped make a start in work to reduce the number of deaths from suicide and undetermined injury.

Action on pack sizes of drugs often used in suicide

In August 1997 the Department of Health, announced important new measures on reducing pack sizes of paracetamol and aspirin aimed at reducing the incidence of impulsive overdose. These changes took effect from September 1998. The measures mean that packets of paracetamol and aspirin, available from supermarkets and general stores, contain a maximum of 16 tablets or capsules; larger packs containing 32 are available from pharmacies. Pharmacies can supply up to 100 tablets in justifiable circumstances. New warnings on labels also emphasise the risks associated with overdose.

National Confidential Inquiry

The Department of Health has supported the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The inquiry is crucial to gaining a better understanding of the circumstances surrounding homicides and suicides committed by people with mental illness.

In 1999 the National Confidential Inquiry report *Safer Services*, which highlighted in-patient suicides, recommended greater emphasis on suicide prevention on wards in various ways. Most important was the removal of ligature points from which hangings could occur and to review the physical layout of wards for safety.

In 2000, the Report of the Chief Medical Officer *An Organisation with a Memory* instructed trusts to take immediate steps to remove all non-collapsible bed and shower curtain rails.

Safety First, the 5 year report on suicide and homicide by psychiatric patients (2001), builds on the Inquiry's earlier report. The key findings and further recommendations outlined in *Safety First* also helped inform the development of the national suicide prevention strategy for England. It is clear that better risk management, appropriate care and treatment for people who self harm, and good quality follow up and continuity of care for people moving in and out of hospital are essential to a reduction in the rate of death by suicide.

National Service Framework for Mental Health and the NHS Plan

1999 saw the publication of the first National Service Framework for Mental health which set out national standards and service models for promoting mental health and treating mental illness. Standard Seven relates specifically to suicide prevention.

The NHS plan, with its emphasis on better care for the most vulnerable/high risk patients, was published in 2000. The NHS Plan, building on the National Service Framework for Mental Health has provided over £300million new investment to fast forward the NSF and deliver on our NHS Plan commitments.

Implementation of the National Suicide Prevention Strategy– first year progress

NIMHE is taking implementation of this strategy forward as one of its core programmes of work. A number of specific initiatives were identified where we could make good progress in the first year. These include:

- the development of an audit toolkit to support implementation of Standard Seven of the National Service Framework for Mental Health
- developing and establishing a small number of mental health promotion pilots aimed at young men;
- a link from the NIMHE website to Farming Link which provides confidential help and advice for all in the farming and rural communities;
- response to the Review of Coroners Services highlighting the need to ensure that the Coroners Service addresses the specific needs of people bereaved by suicide;
- a media guide which highlights ways of ensuring the media report about mental health and suicides in a more responsible way;
- workshops for students at journalist colleges now include a session on the reporting of suicides.

In addition NIMHE has continued to build capacity within its eight development centres as well as in developing partnerships across Government and its agencies, and with other organisations to ensure a co-ordinated approach to implementation. Seven of the eight development centres have now appointed suicide prevention leads to ensure successful implementation and ownership at a local level. Early discussions have taken place with a range of organisations and individuals who are keen to work in partnership with NIMHE in helping implementation.

Update on Goals and Actions

Appendix 1 provides a comprehensive update on all the actions either completed, ongoing or planned. A number of the objectives and activities require more medium to long term planning involving a number of partner organisations and linking to other strands of activity. In addition, some actions depend on the results of research either underway or planned, and may be adapted in the light of further experience or evidence.

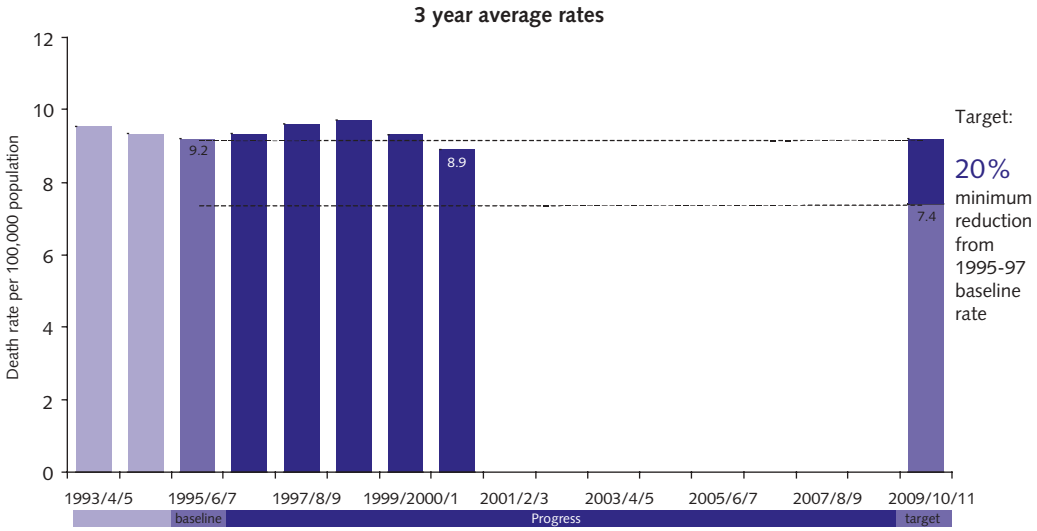
Appendix 2 provides a list of Suicide Prevention Strategy Advisory Group members.

Where we are now

Suicide rates whilst fluctuating year on year, show a downward trend since the early 1980s. OHN targets measure suicide rates using three-year pooled rates. Three-year rolling averages are generally used for monitoring purposes, in preference to single year rates, in order to produce a smoothed trend from the data and to avoid drawing undue attention to year-on-year fluctuations instead of the underlying trend.

The OHN target is to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010 (from a baseline rate of 9.2 deaths per 100,000 population in 1995/6/7 to 7.4 deaths per 100,000 population in 2009/10/11). Latest available data (for the 3 years 2000-2002) are the first to fully post-date the start of the OHN strategy in July 1999. Data for 2000/1/2 show a rate of 8.9 deaths per 100,000 population – a reduction of 3.2% from the baseline. If the trend of the last ten years continues then the target will not be met. However, if the trend for the most recent five years (since 1998) continues then the target will be met.

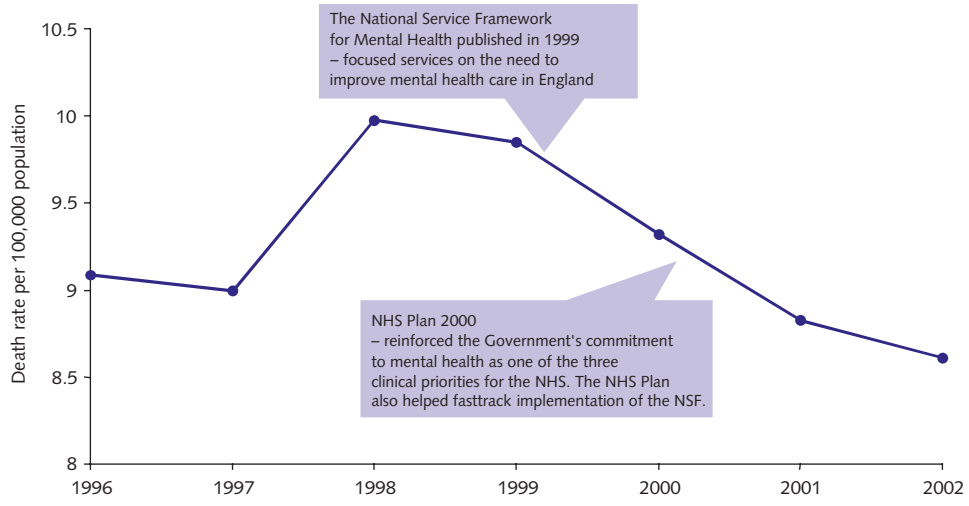
Figure 1: Mental Health Target
Death rates from Intentional Self-harm and Injury of Undetermined Intent excluding 'Verdict Pending' in England 1993–2002 and target for the year 2010 – All persons



Rates are calculated using population estimates based on 2001 census. Rates are calculated using the European Standard Population to take account of differences in age structure.
1993 to 1998 and 2000 have been coded using ICD9; 1999 and 2001 onwards are coded using ICD10.

Source: ONS (ICD9 E950-E959, plus E980-E989, excluding E988.8 (inquest adjourned) ; ICD10 X60-X84, Y10-Y34 excl. Y33.9 (verdict pending))

Figure 2: Mental Health Target
Death rates from Intentional Self-harm and Injury of Undetermined Intent excluding 'Verdict Pending' in England 1996–2002 – All persons

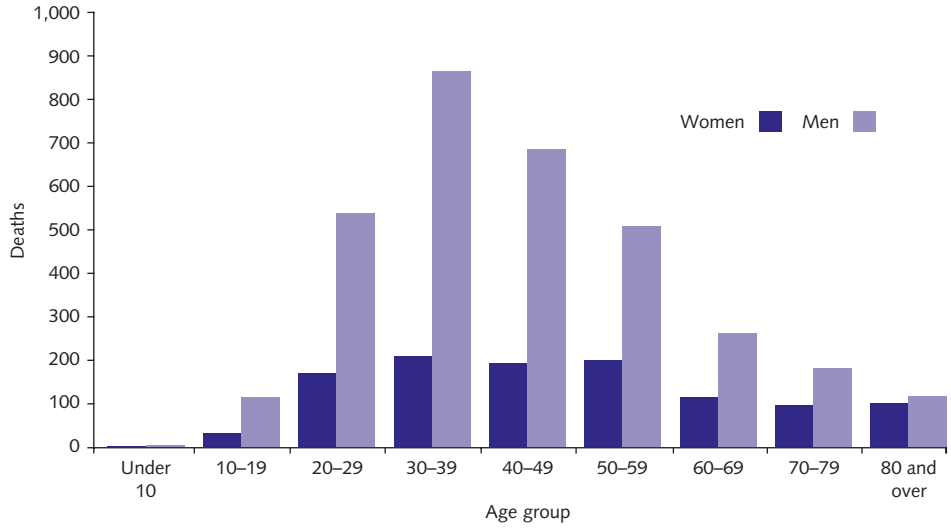


Rates are calculated using population estimates based on 2001 census. Rates are calculated using the European Standard Population to take account of differences in age structure.
1993 to 1998 and 2000 have been coded using ICD9; 1999 and 2001 onwards are coded using ICD10.

Source: ONS (ICD9 E950-E959, plus E980-E989, excluding E988.8 (inquest adjourned); ICD10 X60-X84, Y10-Y34 excl. Y33.9 (verdict pending))

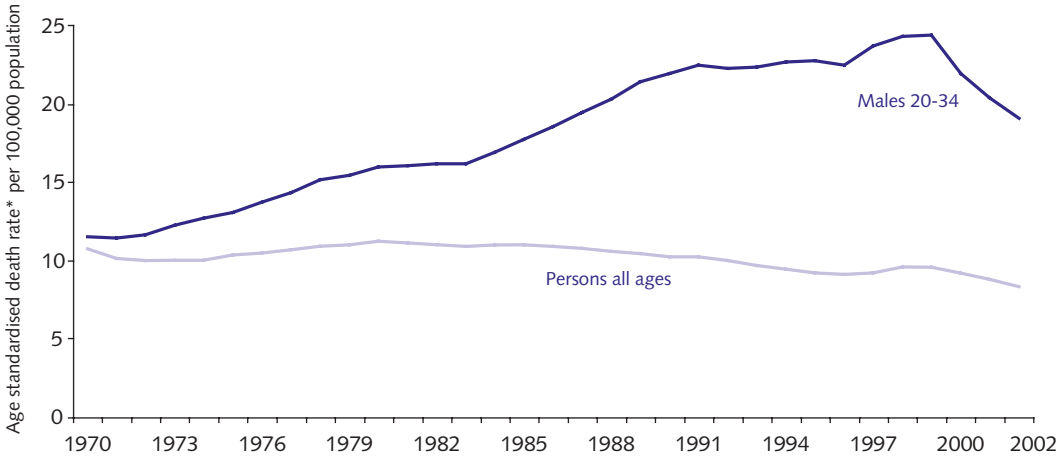
The suicide rate for the year 2002, the most recent available, was the lowest recorded. The European Age Standardised Rate (EASR) was 8.6 per 100,000 population, a decrease of 2% on 2001, which was 8.8.

Figure 3: Deaths from Intentional Self-harm and Injury of Undetermined Intent – England 2002



The majority of suicides continue to occur in young adult males.

Figure 4: Mortality Rate from Intentional Self-harm and Injury of Undetermined Intent in young men (aged 20–34) in England – Three-year average rate, plotted against middle year of average (1969–2002)



Rates are calculated using population estimates based on 2001 census. Rates are calculated using the European Standard Population to take account of differences in age structure.
1993 to 1998 and 2000 have been coded using ICD9; 1999 and 2001 onwards are coded using ICD10.

Source: ONS (ICD9 E950-E959, plus E980-E989, excluding E988.8 (inquest adjourned); ICD10 X60-X84, Y10-Y34 excl. Y33.9 (verdict pending))

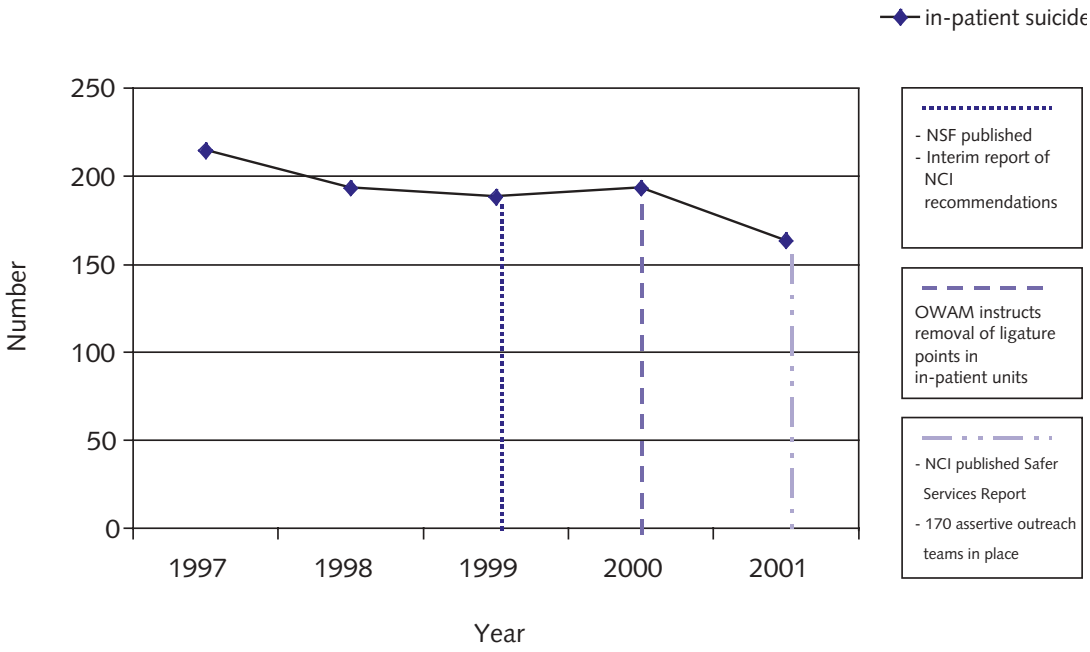
In the last twenty years or so, suicide rates have fallen in older men and women but risen in young men. We are now seeing evidence of a fall in suicide among young men although the rate remains high in comparison to the general population.

In-patient suicides

About 1 in 4 of suicides are amongst people who have been in contact with specialist mental health services in the year before their death. Of these, 16% were in-patients at the time.

Implementation of standards one to six of the NSF will all contribute to reducing suicides. In addition it is vital that services develop local systems for suicide audit to learn lessons and take necessary action. NIMHE has published an audit toolkit which will help services to assess what progress they are making in implementing the recommendations *Safety First*, and will signpost them to additional resources and advice. The toolkit is being disseminated through NIMHE Development Centres.

Figure 5: In patient suicides England 1997–2001



There was a significant fall in in-patient suicides in 2001 (data for 2002 not yet available).

Suicide by prisoners

The general population downward trend in suicides has not occurred in prisons. One of the reasons is the even greater challenges of dealing every day with increasing numbers of individuals with mental health, substance misuse problems including increased vulnerability to suicide, who enter custody. HM Prison Service and Prison Health are undertaking a comprehensive programme of work to improve identification of vulnerability to suicide and mental health problems, including substance misuse, and the services to treat and support prisoners from court and throughout custody. Prisoners are most vulnerable to suicide during their first day, first week and first month in custody and a similar period of time following transfer to a new prison. The Confidential Inquiry into Suicides in Prisons 1999-2000 found that 72% of those who died had at least one psychiatric diagnosis recognised at reception. The commonest mental disorder identified was drug dependency. 62% of those who died had a history of drug misuse and 30% alcohol misuse.

Methods of suicide and access to means

Research has indicated that the likelihood of committing suicide will depend to some extent on the ease of access to, and knowledge of, effective means. Poisoning is still the most common method of suicide for women but is now only the third most common method for men. Early research indicates that the restrictions on pack sizes of paracetamol and aspirin have led to an initial fall in overdose deaths by using these substances.

Recent UK research into co-proxamol, dextroproxphene and suicide: a study of national mortality statistics and local non-fatal self poisoning has concluded that self poisoning with DXP-containing products, most of which also contain paracetamol, can be particularly dangerous and contributes to drug related suicides. This research has been highlighted to Medicines and Health Care Regulatory Agency (MHRA), who have conducted a risk:benefit assessment on co-proxamol and DXP-containing products, and are due to seek Committee on Safety of Medicines (CSM) advice in the near future.

Suicide rates by hanging and suffocation have steadily increased in numbers since 1981 and is now the most prevalent method accounting for 40% of all suicides. In 1981, drug poisoning was more prevalent than hanging or suffocation.

Conclusion

We are making good progress in implementing the many actions outlined in the suicide prevention strategy. Although the overall rate of suicide is falling, there are still around 4,500 deaths from suicide in England each year.

The strategy is an evolving document and will develop over time in the light of progress made, adapting our approach where necessary. The strategy will continue to be a key programme of activity delivered by NIMHE and will be subject to regular annual review and evaluation.

Appendix 1

Goal 1: To reduce risk in key high risk groups

Objective	Actions	Action Taken	On-going activity	Future activity
1.1 Reduce the number of suicides by people who are currently or have recently been in contact with mental health services	• Local mental health services will be supported by NIMHE to implement the "twelve points to a safer service" • NIMHE will develop a toolkit to support the implementation of standard seven of the National Service Framework for mental health (prevention of suicide). It will include an audit tool and examples of positive practice. • The toolkit will include guidance on conducting regular environmental audit in all in-patient psychiatric wards to minimise the risk of hanging and strangulation.	NIMHE have developed a toolkit for local services to measure progress in implementing the recommendations of the report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness – *Safer Services*. The toolkit was published on 30 October 2003.	Development Centres will support dissemination of the toolkit via National Service Framework Standard Seven Leads in secondary mental health services over the coming weeks and months.	NIMHE, through the Knowledge Community Project, will help develop the toolkit over time to include positive practice and local delivery stories pertaining to each of the standards outlined in the toolkit.

Objective	Actions	Action Taken	On-going activity	Future activity
1.2 Reduce the number of suicides in the year following deliberate self-harm	• Guidance is to be issued by the National Institute for Clinical Excellence (NICE) on the management of deliberate self-harm in accident and emergency departments: due for publication in late 2003		It is understood that this guidance will now be published early in 2004. The Prison Service is preparing guidance on the management of self-harm in prisons.	NIMHE will ensure it provides inputs into the guidance as and when it is circulated in draft form. NIMHE and the Department of Health will also consider the wider issues arising out of the guidance.
	• A national collaborative is being established for the monitoring of deliberate self-harm; through monitoring it will be possible to estimate number of suicides in the year following deliberate self-harm; being overseen by Prof. Keith Hawton at the Centre for Suicide Research, Oxford	The Suicide Prevention Strategy Advisory Group (SPSAG) has agreed the principles behind the establishment of multi centres monitoring deliberate self-harm.	Work is ongoing to establish a number of sites to collect and monitor data on deliberate self-harm. Sites have been established in Oxford, Manchester and Leeds. Further sites to be identified.	
	• NIMHE will support local services in establishing procedures and services for people presenting at A&E with deliberate self-harm; these will address the assessment of suicide risk, mental health needs and substance misuse.			To be taken forward once the NICE guidance is published.
	• A risk assessment-training package will be made available by NIMHE to frontline clinical staff, the prison service, primary care, substance misuse services and college counselling services.		A risk assessment training package (STORM), developed by the University of Manchester, will be available for piloting in two development centre areas – North West and South East in the near future. The Prison Service has, with the University of Manchester, developed a risk assessment-training package (Prison version of STORM) which is being piloted in 5 prisons.	Once piloted and evaluated STORM can be rolled out through other development centre areas as well as be adapted for use in other areas.

Objective	Actions	Action Taken	On-going activity	Future activity
1.3 Reduce the number of suicides by young men	• As part of the health promotion strategy, NIMHE will work closely with schools, colleges and universities to: promote the mental health of students, support the development of internal counselling services, extend risk assessment training into college counselling services	The *mind out for mental health* campaign continues to target young people as one of its key target groups.	NIMHE is currently reviewing both the *mind out for mental health* activity for the next year and its general programme of activity to promote the mental health of the wider population. Through this review NIMHE is committed to supporting activity to promote the mental well being of young people.	The STORM risk assessment package could be adapted for use by college counselling services. This proposal will be considered as STORM is piloted and evaluated.
	• The Department of Health Research and Development directorate will commission a review of the evidence on how health promotion measures (not specifically mental health) can successfully access young men; NIMHE will draw on the findings of this review to establish a mental health promotion pilot targeting young men; this will be evaluated and if successful will become part of NIMHE's national mental health promotion work	A review of the available research has highlighted that there is very little evidence on effective approaches to health promotion in young men. NIMHE established a small group of experts to look at what mental health promotion measures and interventions would engage successfully with young men. Expressions of interest in developing a small number of pilots have been sought from statutory and voluntary sector organisations with experience of young men's issues. These were advertised through the NIMHE website and Community Care magazine in September 2003	Shortlist and final selection of pilots taking place in December 2003.	Successful sites to be informed in December 2003 and will commence early in 2004. Applications to tender for the evaluation contract to be developed with the aim of advertising in January 2004.
	• The suicide prevention programme will link closely with a) the National Director for Primary Care and the NIMHE primary care programme, to promote the recognition of suicide risk in primary care; b) the primary care development team based in the Modernisation Agency, which is developing a collaborative to support the management of depression in primary care. • See also objective 1.2 regarding risk assessment • See also objective 2.3 regarding substance misuse			NIMHE will establish appropriate mechanisms for collaboration with both the National Director for Primary Care and NIMHE's own primary care programme to promote the further recognition of suicide risk amongst young men engaging with primary care services.

Objective	Actions	Action Taken	On-going activity	Future activity
1.4 Reduce the number of suicides by prisoners	• Working with the prison service, NIMHE will: investigate ways of improving information sharing into and across the criminal justice system about people to be known to be at risk of suicide		Improving information sharing across agencies, including prisons, was identified as one of the recommendations outlined in the report *Safer Services*. The *Preventing Suicide – a toolkit for mental health services*, published in October 2003, should enable services to measure where they are in terms of this action; take action where appropriate to identify those at risk of suicide within the criminal justice system.	Revised identification, assessment and care management process will commence in 5 pilot prisons in Jan 2004 followed by independent evaluation.
	• Disseminate World Health Organization Primary Care Guidelines for Prisons, including guidance on suicide prevention	World Health Organization Primary Care Guidelines for Prisons, including guidance on suicide prevention have been disseminated to prisons	The Prison Service, working in partnership with Prison Health, has a substantial programme of suicide prevention work. Progress in 2002-3 includes: A new suicide and self-harm warning, care process and provision of information for "at risk prisoners" at court. Introduction of new peer support scheme (Insiders) and expansion of Samaritans led Listeners scheme. Expansion of Safer (ligature free) Cells- initiative following successful evaluation by Jill Dando Institute. Developmental work to improve identification and management of prisoners vulnerable to suicide and those with mental health and substance misuse problems, includes improved reception screening and increased maintenance prescribing for substance misusers	Continued improvement in health services for prisoners especially mental health and substance misuse services

Objective	Actions	Action Taken	On-going activity	Future activity
1.5 Reduce the number of suicides by high-risk occupational groups – these have been identified as farmers (and agricultural workers), nurses and doctors.	• NIMHE will work with Rural organisations and through the Rural Stress Action Plan to share identified successful local support initiatives for farmers and their families, eg review dissemination of helpline numbers & explore possible further development of teleconferencing facilities for farmers	Farming Link, which provides a list of helpline numbers for the farming and wider rural community in distress, is promoted through NIMHE's website.	The Department of Health, through NIMHE, is represented on the Rural Stress Action Plan Group and continues to work through this network to support local initiatives aimed at those in distress in rural communities.	ruralMinds are committed to piloting the further development of teleconferencing facilities for farmers.
	• NIMHE will liase with professional organisations to explore how occupational health services can be made more readily available	Guidance on the range and quality of occupational health services that NHS services should receive was set out in December 2001.	There is evidence from the National Audit Office report and other sources, that the current arrangements are not delivering the type and level of OH services needed for the NHS workforce. New arrangements for the delivery of OH services are being discussed which will help develop and improve the nature, structure and relationship with existing OH units and NHS employers.	
	• See also objective 3.6 regarding suicides using firearms	Research programme commenced in December 2002.		To consider implications and actions arising from research findings.

Goal 2: To promote mental well-being in the wider population

Objective	Actions	Action Taken	On-going activity	Future activity
2.1 Promote the mental health of socially excluded and deprived groups	• The suicide prevention programme will link closely with the NIMHE equalities programme, which focuses on mental health promotion and social inclusion	The programme to take forward implementation of the suicide prevention strategy is a key element of NIMHE's general equalities programme.	Development Centre suicide prevention leads meet with other Equalities leads on a regular basis to ensure a co-ordinated approach.	
	• NIMHE has initiated a cross government network to address a range of social issues that impact on people with mental health problems (eg employment & housing);	Cross government network established. First meeting held in May 2003.	In March 2003 the Social Exclusion Unit (SEU) announced a project to consider what more can be done to reduce the social exclusion faced by people with mental health problems and promote greater participation and better access to services for this group. For the duration of this project the cross government network will focus on its findings. The Prison Service, working in partnership with Prison Health, has a substantial programme of suicide prevention work. Improvements to health services for prisoners with mental health and or substance misuse problems continue to be made.	The SEU project will publish its report in April 2004. NIMHE is committed to working with the SEU to implement its recommendations when published.
	• NIMHE is also developing a framework to promote the employment of people experiencing mental health problems	Framework drafted and completed in June 2003.		Publication of the framework has been rescheduled to take account of the recommendations of the SEU project. The framework will, therefore, not now be published until Summer 2004.
	• The Department of Health will disseminate a toolkit to support primary care staff in promoting mental health	Primary Care toolkit was published in June 2003.		
	• The Department of Health will disseminate guidelines on meeting the physical needs of people with mental health problems		NIMHE have commissioned **mentality** to develop guidance on meeting the physical needs of people with mental health problems	It is expected that these guidelines will be published and disseminated by NIMHE early in 2004.

Objective	Actions	Action Taken	On-going activity	Future activity
2.2 Promote mental health among people from black and ethnic minority groups, including Asian women	• The Department of Health has published a strategy for consultation for the mental health care of black and minority ethnic groups; in support of this work, NIMHE is working with mentality to develop a toolkit on health promotion for people from black and minority ethnic groups		The toolkit on health promotion for people from black and ethnic minority groups will be published early in 2004.	
	• NIMHE will ask the Coroners Review Group, as part of their consultation process, to consider routinely recording ethnicity to allow monitoring	NIMHE included the need to include recording of ethnicity in their response to the Review of Coroners Services. The Review of Coroners Services has now published their report and findings.		NIMHE will be working with the Home Office as they seek to consider the recommendations outlined in the Report of the Review of Coroner Services.
2.3 Promote the mental health of people who misuse drugs and /or alcohol	• The suicide prevention programme will link closely with the NIMHE substance misuse programme to: improve the clinical management of alcohol and drug misuse among young men who carry out deliberate self-harm	The work to establish mental health promotion package of measures aimed at young men has highlighted the need for the pilots to identify work to encourage sensible drinking and discourage drug misuse	NIMHE will continue to work with the National Treatment Agency's substance misuse programme which is supporting the mainstreaming of mental health services for people with dual diagnosis. The Prison Service, working in partnership with Prison Health, has a substantial programme of suicide prevention work that includes dedicated residential areas within prisons for the clinical management of substance misusers in 7 pilot prisons that will undergo independent evaluation.	NIMHE will ensure input into the development of the Alcohol Harm Reduction Strategy
	• See also objective 1.2 regarding: the development of assessment procedures in A&E departments and the development of a risk assessment training package to be used in a range of settings including substance misuse services		Prison Health is developing an improved model for the clinical management of substance misusers including psychosocial interventions, more effective and prolonged treatment programmes including increased maintenance prescribing.	The STORM risk assessment training package can be adapted for other settings.

Objective	Actions	Action Taken	On-going activity	Future activity
2.4 Promote the mental health of victims and survivors of abuse, including child sexual abuse	• NIMHE will support the implementation of the women's mental health strategy and in particular, measures for women with experiences of violence and abuse • NIMHE will liase with the Survivors Trust and other relevant organisations about ways of reducing suicide risk in survivors of child sexual abuse	The Women's Strategy Into the Mainstream was published in December 2002. The Gender and Women's Mental health Implementation Guidance was published and launched by the Minister of State Rosie Winterton in September 2003. Arrangements are currently being put in place for a national implementation programme.	NIMHE has set up a Violence Abuse and Mental Health Project to work alongside the suicide prevention strategy implementation programme. Prison service is developing a strategy for the management of individuals who self harm. Previous physical and sexual abuse is common amongst those who self harm in prison, especially young girls (15-17 Years) and women The Survivors Trust has been commissioned to develop guidance and protocols for generic health and mental health services and to identifying and responding to the needs of adult survivors of child sexual abuse including suicide and self harm associated with these experiences.	
2.5 Promote mental health among children and young people (aged under 18 years)	• NIMHE will consult with those preparing the National Service Framework for children on measures to improve the identification and clinical management of depression and to address the mental health needs of young people coming out of care • See objective 1.3 regarding the *mind out for mental health* anti-stigma campaign		The *mind out for mental health* campaign continues to target young people as one of its key groups to influence.	NIMHE, through its child and adolescent Fellow, will ensure a co-ordinated approach to promote the mental health of children and young people. This will also involve working alongside the National Clinical Director for Children.

Objective	Actions	Action Taken	On-going activity	Future activity
2.6 Promote mental health among young women during and after pregnancy	• NIMHE will work with the Confidential Enquiries into Maternal Deaths, the National Institute for Clinical Excellence (NICE) and the mental health policy unit at the Department of Health, to support the implementation of these recommendations			NIMHE will seek to take this work forward, linking with the Gender and Women's Mental Health programme and the Confidential Enquiries into Maternal deaths over the next few months.
	• NIMHE will improve the dissemination of web based and telephone helpline information available to women	Specific helpline numbers and information for women is included and promoted in the new Contact Directory of Mental Health Services published by NIMHE. This resource is available in both hard copy and electronically.		NIMHE will work in partnership with the Gender and Woman's Mental Health Programme to ensure that web based and telephone helpline information continues to be made available to women and is regularly updated
2.7 Promote mental health among older people	• NIMHE will work with leaders of services for older people and primary care to identify ways of enhancing the assessment and clinical management of depression in older people, especially those suffering from physical illness • NIMHE will consult with voluntary service providers on the resourcing and development of services for vulnerable older people • Regional collaboratives for older people and mental health have been established in some parts of the country, supported by the Modernisation Agency; NIMHE will consult with them on actions to be taken on suicide prevention			An action plan will be developed over the next few months to take these specific actions forward.

Objective	Actions	Action Taken	On-going activity	Future activity
2.8 Promote the mental health of those bereaved by suicide	NIMHE will liase with organisations such as The Compassionate Friends, SOBS, CRUSE and PAPYRUS to develop a support pack for people in contact with bereaved families, such as GPs, the police and religious leaders	NIMHE has set up a small group comprising of organisations providing support to people bereaved by suicide to look at developing a support pack that can also sign post individuals to organisations which offer support in their local area.	This small group is currently considering the content of this resource.	
			Following a self inflicted death in custody the Prison Service works closely with their families during any investigations surrounding the death until after the inquest	
		NIMHE responded to the Review of Coroners Services highlighting that coroners should address the specific needs of people bereaved by suicide		The report of the Coroners Review of Services has recommended that the needs of people bereaved should be integral to the inquest process. The Home Office is currently considering the recommendations.

Goal 3: To reduce the availability and lethality of suicide methods

Objective	Actions	Action Taken	On-going activity	Future activity
3.1 Reduce the number of suicides as a result of hanging and strangulation	• See objective 1.1 regarding the environmental auditing of in-patient psychiatric wards	All in-patient psychiatric wards have removed non-collapsible curtain and shower rails.	*Preventing Suicide – A toolkit for Mental Health Services*, published in October 2003, provides advice to services on audits to minimise opportunities for hanging or other means by which patients could harm themselves. It is recommended that such audits be undertaken at least annually. Expansion of Safer (ligature free) Cells initiative following successful evaluation by Jill Dando Institute.	
	• See objective 5.1 regarding future research into hanging in community settings			Consideration will be given to how to take this work forward when the research into hanging in community settings is complete.

Objective	Actions	Action Taken	On-going activity	Future activity
3.2 Reduce the number of suicides as a result of self-poisoning	• NIMHE and the Medicines Control Agency plan to discuss the possible introduction of a safety warning and helpline number on over-the-counter packs of paracetamol and aspirin	NIMHE and the Medicines and Health Care Regulatory Agency (MHRA), have agreed not to consider any further action with regard to changing the current safety warnings or introduction of helpline numbers until we are in a position to evaluate the effects of the current legislation.		Will consider further once the results of research are published.
	• NIMHE, along with the Department of Health and Primary Care Trusts, will explore the feasibility and likely benefits of promoting the safe disposal of unwanted medicines by the public and the recalling of unused prescribed antidepressants by clinicians	NIMHE has recommended that pharmacists, through the new policy initiative *A Vision for Pharmacy* encourage safe disposal of unwanted medicines.		
		Recent research into coproxamol, dextroproxphene and suicide: a study of national mortality statistics and non-fatal self poisoning has concluded that DXP-containing products can be particularly dangerous and contributes to drug-related suicides. The MHRA have conducted a risk: benefit assessment on co-proxamol and DXP-containing products, and are to seek Committee on Safety of Medicines (CSM) advice in the near future.		The MHRA has conducted a risk: benefit assessment on co-proxamol and DXP-containing products and will be seeking advice from CSM. This paper will be shared with NIMHE.

Objective	Actions	Action Taken	On-going activity	Future activity
3.3 Reduce the number of suicides as a result of motor vehicle exhaust gas	• The strategy group will monitor the rate of suicide by this method to ensure that this decline continues • The strategy group will continue to liaise with the car industry regarding potential future modifications to vehicle design and will monitor international research in this area		NIMHE will continue to monitor the rate of suicide by this method. NIMHE will continue to monitor progress nationally and internationally on research initiatives in this area.	
3.4 Reduce the number of suicides on the railways	• NIMHE will work with Railway Safety, London Underground and other key stakeholders on the potential for developing safety measures on railways, eg improved barriers • NIMHE are discussing with ONS the separate recording of railway suicides (i.e. distinct from road suicides) to aid monitoring • NIMHE will develop guidance on actions to be taken at "hotspots" for suicide on railways	A report of the SOVRN (Suicides and Open Verdicts on the Railway Network) was published in July 2003. The Rail and Safety Standards Board (RSSB) are committed to taking forward work arising out of the SOVRN report to help manage and reduce the incidence and effects of suicides on the railway network.	Discussions ongoing.	The RSSB have set up a National Suicide Action Group to provide strategic direction on this initiative. They may also set up Local Suicide Groups, based on Network Rail's regional network and will include representatives from NIMHE development centres as well as the police, local NHS services, coroners and A&E personnel. NIMHE, through its development centres working with local Standard 7 Leads and the Public Health Observatories, will look at potential hot spots in their localities to collect data and determine what actions may be required to reduce risk of suicide. This will include looking at physical barriers and other preventative and promotional measures.

Objective	Actions	Action Taken	On-going activity	Future activity
3.5 Reduce the number of suicides as a result of jumping from high places	• NIMHE will develop guidance on actions to be taken at "hotspots" for suicide from high places			NIMHE, through its development centres working with local Standard 7 Leads and the Public Health Observatories, will look at potential hot spots in their localities to collect data and determine what actions may be required to reduce risk of suicide. This will include looking at physical barriers and other preventative and promotional measures.
3.6 Reduce the number of suicides using firearms	• A national collaborative of experts in suicide research will oversee a programme of research: an early priority will be a study of suicides using firearms	Research into suicides using firearms commenced in December 2002.	Research due to be completed by Spring 2004.	Consider actions resulting from the research.

Goal 4: To improve reporting of suicide behaviour in the media

Objective	Actions	Action Taken	On-going activity	Future activity
4.1 Promote the responsible representation of suicidal behaviour in the media	• A media action plan is being developed as part of the mental health promotion campaign, *mind out for mental health*, which will include specific activities in support of the *Our Healthier Nation* target to reduce suicides; this will include: – incorporating guidance on the representation of suicide into workshops held with students at journalism colleges; round table discussion sessions with leaders in mental health and senior journalists – a series of road shows at which frontline journalists can discuss responsible reporting – a feature on suicide in media journals eg Press Gazette, Media Week, British Journalism Review • NIMHE will liase with media groups and representatives to explore ways to promote The Samaritans' guidelines on media reporting; NIMHE will seek to involve a broad range of agencies in this work, such as coroners and the police	Workshops for students at journalist colleges now include regular workshop sessions on the representation of suicide in the media as part of the *mind out for mental health* campaign. Through the *mind out for mental health* campaign, a media guide has been produced which highlights ways of ensuring the media report about mental health issues in a more responsible way and is made available to journalists through the Society of Editors. A seminar was held in November 2003 which discussed the role and effect of the media on the presentation of suicides.	The *mind out for mental health* campaign continues to target individual journalists about articles and seeks to encourage more sensible media coverage.	Following on from this seminar, and working closely with the participants, NIMHE will begin to develop a media action plan which will consider more close working between the various media outlets. This will be incorporated into the media action plan to be developed.

Goal 5: To promote research on suicide and suicide prevention

Objective	Actions	Action Taken	On-going activity	Future activity
5.1 Improve research evidence on suicide prevention	• The NHS Research and Development directorate is planning to commission research on nursing observation on mental health wards	Research underway		Action will need to be taken once the research is published.
	• A national collaborative of experts in suicide research, chaired by Professor Keith Hawton from the Centre of Suicide Research, Oxford will oversee a programme of research to support the suicide prevention strategy; immediate priorities are: – types of ligature and ligature points used in hanging and strangulation in the community – preventable factors in overdose deaths prior to and following hospital admission – suicides using firearms	The Research Forum has now been established and determined its early priorities for research. These include research into specific methods of suicide, which are hangings, firearm suicides, poisonings and coproxamol poisoning deaths. The research began in December 2002 and is due to report by Spring 2004.		The Suicide Prevention Strategy Advisory Group will consider what further research should be commissioned in the future work programme. The SPSAG have been asked to submit their priorities for research to be considered by the Research Forum at its meeting in February 2004.
	• NIMHE is establishing a national research network and a research advisory group to highlight and support NHS research priorities; in consultation with other funding bodies, NIMHE will promote: – detailed studies of high-risk groups from which we can draw conclusions on prevention with reasonable certainty – intervention studies with more common outcomes that will act as "proxy" measures for suicide, eg. serious, non-fatal deliberate self-harm			
	• See also objective 1.3 regarding suicides by young men			

Objective	Actions	Action Taken	On-going activity	Future activity
5.2 Disseminate existing evidence on suicide prevention	• Current evidence, including recent major studies and systematic reviews, will be made available to local services through NIMHE's web site and development centres			NIMHE will make evidence and studies available on the website in Spring 2004.

Goal 6: To improve monitoring of progress towards the Saving Lives: *Our Healthier Nation* target to reduce suicides

Objective	Actions	Action Taken	On-going activity	Future activity
6.1 Monitor suicide statistics relevant to the goals and objectives in the strategy	The strategy group aims to collect data on: • Suicide following deliberate self-harm by cross-linking information collected by the new self-harm monitoring group with mortality data from ONS (see also objective 1.2) • Suicides by people from different ethnic minority groups and different occupations by asking coroners to consider recording this information (see also objectives 1.5 and 2.2) • Inequalities in social class figures for suicide by estimating the proportion of social class V deaths that are due to suicide		NIMHE and the Department of Health Statistics Division continue to discuss with the Office for National Statistics the need to develop and collect additional data to help improve monitoring of the strategy.	
6.2 Evaluate the national suicide prevention strategy	• The strategy group will meet regularly to assess progress on all objectives listed in the strategy; an annual up-date will be published	The Suicide Prevention Strategy Advisory Group meets every six months to review progress and discuss and recommend future work programmes. The suicide prevention annual report for 2003 has now been published.	NIMHE's suicide prevention programme, on a regular basis, reviews progress on, and risks to, its activity in line with the overall Mental Health Programme's governance regime. This report will be published on an annual basis. In addition, the NIMHE website will, as a matter of routine, be used to communicate and promote progress and information sharing pertaining to the suicide prevention programme of implementation.	

Appendix 2

Suicide Prevention Strategy Advisory Group:

Professor Louis Appleby (Chairman)	National Director for Mental Health
Simon Armson	Samaritans
Dr Jenny Bywaters	NIMHE
Keith Foster	Suicide Prevention Programme Lead, NIMHE
Professor Clair Chilvers	Department of Health
David Daniel	Department of Health
Sue Graves	Department of Health
Dr David Gunnell	University of Bristol
Professor Keith Hawton	Centre for Suicide Research, Oxford University
Dr Anna Higgitt	Department of Health
Professor Rachel Jenkins	Institute of Psychiatry
Rachel Munton	Department of Health
Dr Mary Piper	Department of Health
Dr Sian Rees	Department of Health
John Scott (Secretary)	NIMHE

Produced by the Department of Health
34193 1p 3k Dec 03 (XXX)
CHLORINE FREE PAPER

Front cover image 'How he sees the night' by Vic Scott

For more copies of this document, please contact your local development centre or the central team in Leeds.

Contact NIMHE Central Team

The National Institute for
Mental Health in England
Blenheim House
West One
Duncombe Street
Leeds LS1 4PL

Tel: 0113 254 5000
Web address: www.nimhe.org.uk

NIMHE.ORG.UK is part of the Modernisation Agency at the Department of Health

08700 102870 – Textphone (for minicom users) for the hard of hearing
8am-6pm Monday to Friday

34193/National Suicide Prevention – Annual Report on progress can also be made available on request in braille, on audio cassette tape, on disk, in large print, and in other languages on request.

34193/National Suicide Prevention – Annual Report on progress is available on the department's website at:
www.nimhe.org.uk

DH Department of Health