GD No. 2021/0057

Council of Ministers' Response to the Social Affairs Policy Review Committee Second Report for the Session 2020-21 Mental Health and Suicide Follow-up report

July 2021

To the Hon Steve Rodan OBE BSc (Hons) MRPharmS MLC, President of Tynwald, and the Hon Council and Keys in Tynwald assembled.

Foreword by the Minister for Policy and Reform

The Council of Ministers welcomes the report and recommendations of the Social Affairs Policy Review Committee – Second Report for the Session (2020-21): Mental health and suicide follow-up report[1].

The Cabinet Office has co-ordinated this report in partnership with the Council of Ministers Social Policy and Children's Lead Officer Group and relevant stakeholders – namely the Department of Health and Social Care and Manx Care.

The Council of Ministers recognises that in emerging from the Covid-19 pandemic, there are important issues that warrant a particular community wellbeing focus: particularly mental health and suicide.

Mental health awareness campaigns such as the "Are You Ok Mann?[2]" project, and others, are helpful in highlighting both existing and new support channels.

I should like to express my thanks to the Select Committee for their timely report, and the contributions of those with whom they engaged.

Hon R Harmer MHK Minister for Policy and Reform

[1] PP 2021/0127 - https://www.tynwald.org.im/business/pp/Reports/2021-PP-0127.pdf
[2] https://covid19.gov.im/health-wellbeing/are-you-ok/

	Recommendation	Response / Commentary	Position
1	That Tynwald is of the opinion that mental health is everyone's business; and notes that pressures on the mental health of the Island, which were already severe, have been made worse by the pandemic.	The Council of Ministers concurs that "mental health is everyone's business" and notes that the Public Health Directorate (Cabinet Office) has taken forward an extensive piece in respect of responding to evolving mental health pressures exacerbated by the Covid-19 pandemic. This has included, amongst other actions, the establishment of the Isle of Man Suicide Prevention Group ("SPG"); a multiagency, high level group aiming to reduce the rate of suicide and self-harm within the Isle of Man and to provide a forum for successful multi-agency partnership working at strategic and operational level. The SPG has all the core members recommended by Public Health England, including all the key government departments (public health, mental health services, primary care, emergency services, children and families services, DHA, police, DESC, social security, job centre, housing), the third sector (the Samaritans) and expert by experience (IOM Bereaved Survivors of Suicide). There is also a wider stakeholder group whose expertise will be called upon as necessary. The group is chaired by the Director of Public Health. Work is ongoing and includes collation of the latest data to inform an ongoing live response to emerging pressure points.	**Accept**

	Recommendation	Response / Commentary	Position
		The Chief Minister launched the 'are you ok' campaign in response to an increased awareness of the heightened risk of mental health issues arising from the effects of the social isolation, fear of the unknown, disruption to normal routines caused by the Covid-19 pandemic. The 'are you ok' website offers help and practical information about the five ways to wellbeing and strategies to enhance wellbeing and stress management. The website provides helpful links to resources that help people to plan and develop strategies that will enhance mental wellbeing, manage stress and enhance self-esteem such as personalised mind maps. Links within the website allow the user to open information about mental wellbeing and access the contact details of a range of health, sports, outdoors, environmental, volunteering, victim support and mental health organisations.	
2	That the Department of Health and Social Care, working with Manx Care, should ensure that awareness of mental health issues is raised and that clear information is provided to the public on how to seek help.	Council of Ministers notes that the Department of Health and Social Care, working with Manx Care has established an Objective via the Manx Care Mandate that seeks evidence of an equitable focus on improving physical and mental health outcomes. Manx Care is committed to working with colleagues in Public Health and Primary Care to ensure access to information is clear, consistent and aligns with targeted and specific programmes such as the 'are you o' campaign.	**Accept**

	Recommendation	Response / Commentary	Position
		Manx Care's Mental Health Service continue to operate and promote the Kooth system, an on-line e-portal for young persons to access to receive online counselling, support and access to information pertaining to mental health matters. A joint targeted marketing campaign is also being planned to promote the service.	
3	That the stepped care model of mental health support should be adequately resourced at every level, with pathways allowing service users to step up and down according to their need; and that this should be a high priority for the Department of Health and Social Care and Manx Care.	Council of Ministers notes that the Department of Health and Social Care, working with Manx Care to ensure appropriate structures and service models are in place and adequately resourced. Manx Care's Mental Health Service is in the process of developing care pathways based on clinical groups to ensure future clinical interventions will be consistent with the stepped care model. Ongoing development includes: The development of care pathways at steps 1 and 2 of a community wellbeing collaborative. The aim of the collaborative is to develop closer working relationships and partnership working with a range of charitable, third sector, statutory (health, education and police), employer organisations. A cohort of practitioners from Mental Health Services begin training as CBT therapists to increase the availability and access to psychological treatments within services.	**Accept**

	Recommendation	Response / Commentary	Position
		Recruitment of a therapist charged with embedding counselling, therapy and psychological treatments into primary care/GP settings over the next 12 months. These strategies will provide quicker access to psychological therapies and promote early recognition and early treatment of common mental health problems. It is preventative in nature and remains the most effective way of supporting people with their recovery and assist people to achieve their personal life goals with less need for services in the future. These strategies and outcomes are consistent with the outcomes and key actions within the Strategic Plan for Mental Health and Wellbeing; developing step and step services, investment in the prevention of mental disorder and early treatment of mental disorder, appropriate prioritising of people at higher risk of mental health issues and poor mental wellbeing and improved access to psychological therapies.	

	Recommendation	Response/Commentary	Position
4	That resources must be found as a matter of urgency to implement in full the Tynwald resolutions of **January 2019** and **February 2020** relating to mental health and suicide.	Council of Ministers notes the importance of addressing matters of mental health and suicide. Accordingly, noting the Tynwald resolutions of January 2019 and February 2020 [below] – an amendment is proposed (opposite). **Notes (Public Health Directorate):** **Annex 1** – Suicide Prevention Update **Annex 2** – Suicide Prevention Group	**Amend** *"That resources must be found as a matter of urgency to implement in full the Tynwald resolutions of January 2019 and February 2020 relating to mental health and suicide –* ***noting existing work underway and the commitment of the Council of Ministers to work together on future delivery and outcomes".***

In respect of Recommendation 4 – the two Tynwald resolutions of January 2019 and February 2020 relating to mental health and suicide are outlined below:

a) <u>Tynwald Resolution January 2019</u>

Amended motion –

That the Social Affairs Policy Review Committee Second Report for the Session 2018-19: Mental Health [PP No 2018/0151] be received and the following recommendations be approved:

- **Recommendation 1** | That the Department of Health and Social Care should review the operational and legal basis for the confidentiality protocols in place in the Mental Health Service and disseminate clear guidance to all staff.

- **Recommendation 2** | That Tynwald is of the opinion that every effort should be made to ensure that patients' records are retained and referred appropriately, and that patients and, where appropriate, next of kin should be kept informed insofar as practical and in conformity with relevant confidentiality law.

- **Recommendation 3** |That further provision be put in place by the Department to support carers and that this provision should be available throughout the Island.

- **Recommendation 4** |That the Department for Health and Social Care make available clear guidance for service users and families on how they can access the available complaints systems.

- **Recommendation 5** |That the Mental Health Service review its training procedures relating to the 1998 Act and disseminate guidance to all staff, who require this understanding as part of their role, on its relevant requirements and provisions.

- **Recommendation 6** |That mental capacity legislation containing Deprivation of Liberty Safeguards be drafted and introduced into the Branches of Tynwald.

- **Recommendation 7**|That the Department of Health and Social Care submit a yearly report to Tynwald on the progress towards the goals of the Mental Health and Wellbeing Strategy. In particular this report should focus on waiting times for patients in all service areas, support for carers and signposting and communication between service areas.

Amended motion carried.

b) <u>Tynwald Resolution February 2020</u>

That the Social Affairs Policy Review Committee's Second Report for the Session 2019-20: Suicide [PP No 2019/0142(1)] [PP No 2019/0142(2)] be received and the following recommendations be approved:

- **Recommendation 1** | That a Joint Strategic Needs Assessment on suicide prevention, leading to an evidence based achievable strategy and a timed, costed and accountable delivery plan, will be delivered by the Director of Public Health no later than March 2021, and that information and data on suicide should be included in future Public Health annual reports to Tynwald as soon as practical.

- **Recommendation 2** |That all gatekeepers, particularly health and social care providers, be encouraged to routinely enquire into vulnerable service users' suicidal ideation; and that risk assessment tools be created to assist them in doing so.

- **Recommendation 3** |That guidance from relevant bodies should be utilised for relevant professionals and service users to assist in the completion of risk assessments.

- **Recommendation 4** |That Applied Suicide Intervention Skills Training be encouraged for gatekeepers and other interested individuals, and that systems be put in place to support the active use of the skills gained from this training.

- **Recommendation 5** |That Tynwald reaffirm its commitment to the resolution of 15th January 2019 – That the Social Affairs Policy Review Committee Second Report for the Session 2018- 19: Mental Health [PP No 2018/0151] be received and the following recommendations be approved:

  (1) *That the Department of Health and Social Care should review the operational and legal basis for the confidentiality protocols in place in the Mental Health Service and disseminate clear guidance to all staff.*

  (2) *That Tynwald is of the opinion that every effort should be made to ensure that patients' records are retained and referred appropriately, and that patients and, where appropriate, next of kin should be kept informed insofar as practical and in conformity with relevant confidentiality law.*

  (3) *That further provision be put in place by the Department to support carers and that this provision should be available throughout the Island.*

  (4) *That the Department for Health and Social Care make available clear guidance for service users and families on how they can access the available complaints systems.*

  (5) *That the Mental Health Service review its training procedures relating to the 1998 Act and disseminate guidance to all staff, who require this understanding as part of their role, on its relevant requirements and provisions.*

(6) That mental capacity legislation containing Deprivation of Liberty Safeguards be drafted and introduced into the Branches of Tynwald.

(7) That the Department of Health and Social Care submit a yearly report to Tynwald on the progress towards the goals of the Mental Health and Wellbeing Strategy. In particular this report should focus on waiting times for patients in all service areas, support for carers and signposting and communication between service areas.

- **Recommendation 6** |That the Department of Health and Social Care should include the assessment of additional provision of psychological support (including access and cost) within the ongoing Mental Health Strategy, with a clear link through to the Joint Strategic Needs Assessment.
- **Recommendation 7** |That the Department of Home Affairs and Department of Health and Social Care review methods of restricting mentally disordered persons from holding firearm licences where it would be a safety risk for such a person to do so.
- **Recommendation 8** |That Tynwald notes the already existing guidance already adopted in the Isle of Man which includes the duty of the Communication Commission to inform regulated entities of their obligations in reporting.
- **Recommendation 9** |That the Department of Home Affairs and the Communications Commission should monitor developments in the UK relating to online harms and should ensure that the Island keeps pace with any relevant international standards.
- **Recommendation 10** | That Tynwald notes that the Public Health Directorate routinely collates, analyses and reports information; and that this must feed directly into the Joint Strategic Needs Assessment which should examine, among other things: i) the involvement of suicide victims with statutory services; ii) the incidence of mental disorders among suicide victims; iii) the care received by mentally disordered suicide victims; iv) the drugs commonly used in self-poisonings by overdose to enable the development of policies to restrict the access to such drugs for people at risk of suicide; and v) the existence of suicide hotspots.

- **Recommendation 11** |That the police and the courts should continue to improve the support they give to people affected by suicide.
- **Recommendation 12** |That Tynwald is of the opinion that there is a need for additional support for those bereaved by suicide, including additional training for relevant front-line staff, a focal point for the co-ordination of the response to a suicide, and a survivors group.
- **Recommendation 13** |That Prevention of Future Death Reports should be published as a matter of routine.

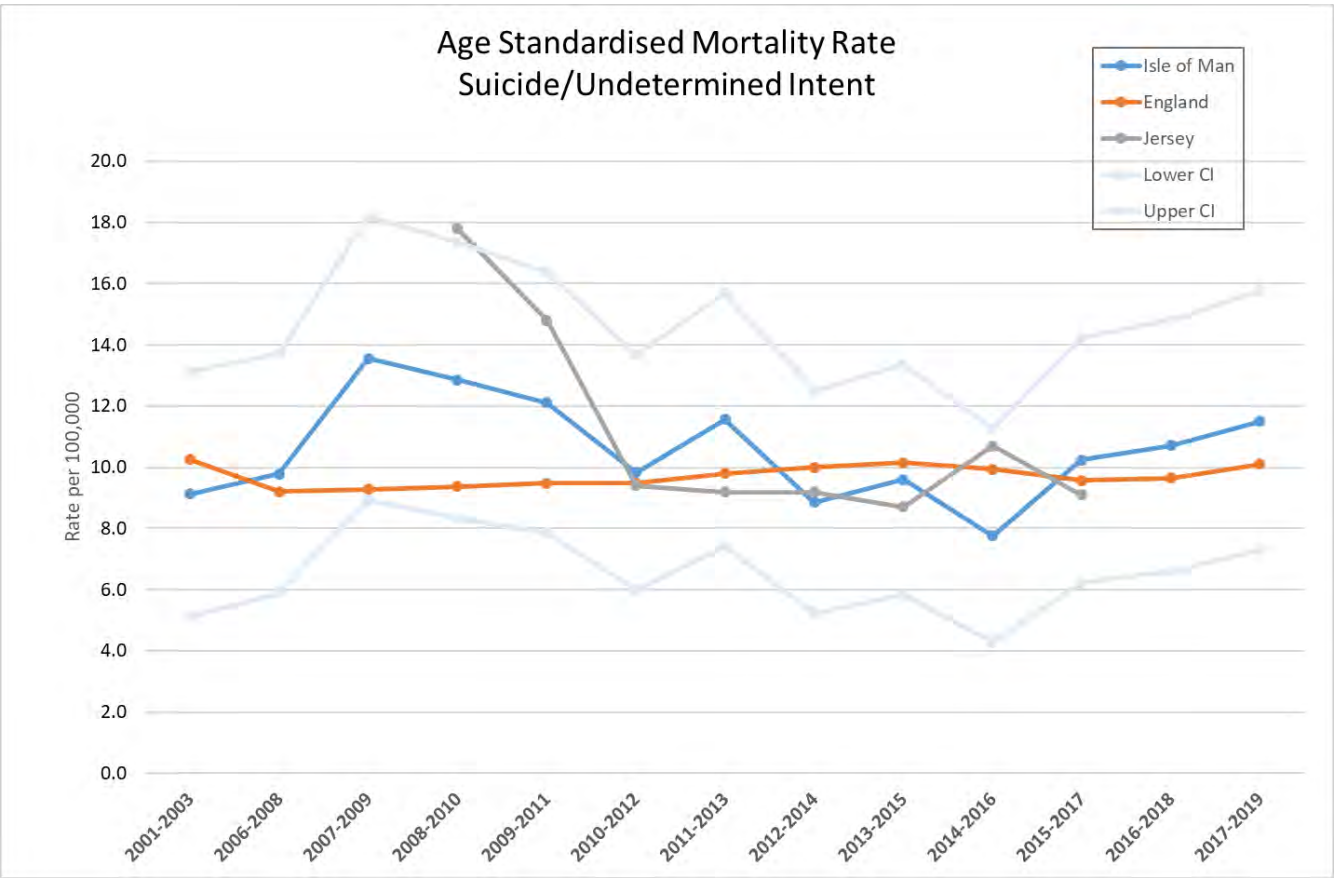
Motion carried.

Suicide Prevention update

Local Data

Rate of suicide on the Isle of Man

2001 - 2019



- Suicide statistics on the Isle of Man are recorded in the same way as the ONS
- **Until 2019, rates had been stable for at least 10 years**
- **At about 10/100,000, the rate was statistically similar to the UK and Jersey**

2019

Cautionary note:

These are small numbers and so one expects fluctuations from one year to the next. The ONS and PHE recommends 3 year rolling averages

Suicide statistics usually refer to 'year of registration' rather than 'year of death'.

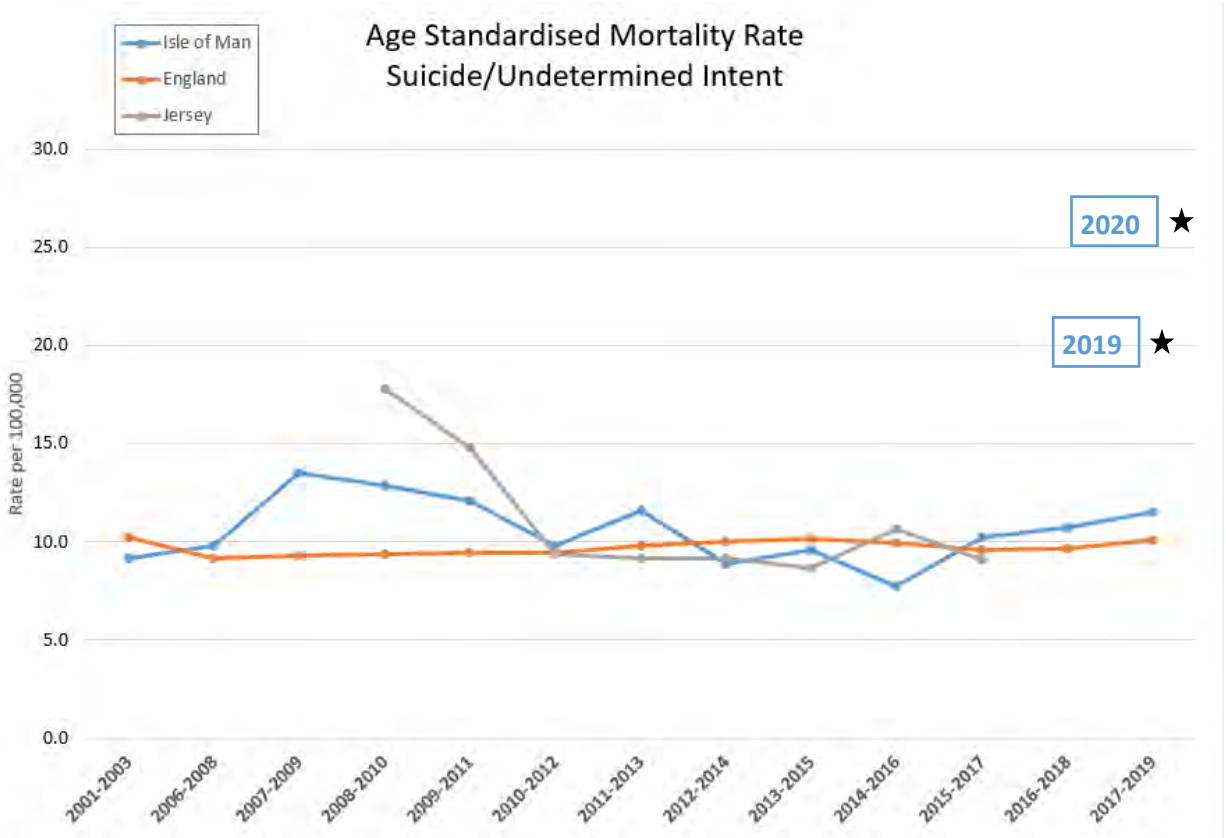
During 2019 there were 17 sudden deaths that have since been found to be suicide / undetermined intent. This is equivalent to a rate of 20/100,000/year. However, during 2019 there were only 8 inquests that returned a verdict of suicide / undetermined intent.

2020

2020 sudden death inquests are yet to be completed. However, **in 2020 there were 22 sudden deaths whose circumstances were highly suggestive of suicide. This is equivalent to a rate of 26.5/100,000/year.**

Cautionary note:

'Suicide' is a coroner's verdict. Before the inquest we must use the term 'suspected suicide'



Single year and suspected suicide figures must be treated with caution. However, the indication is the rate increasing.

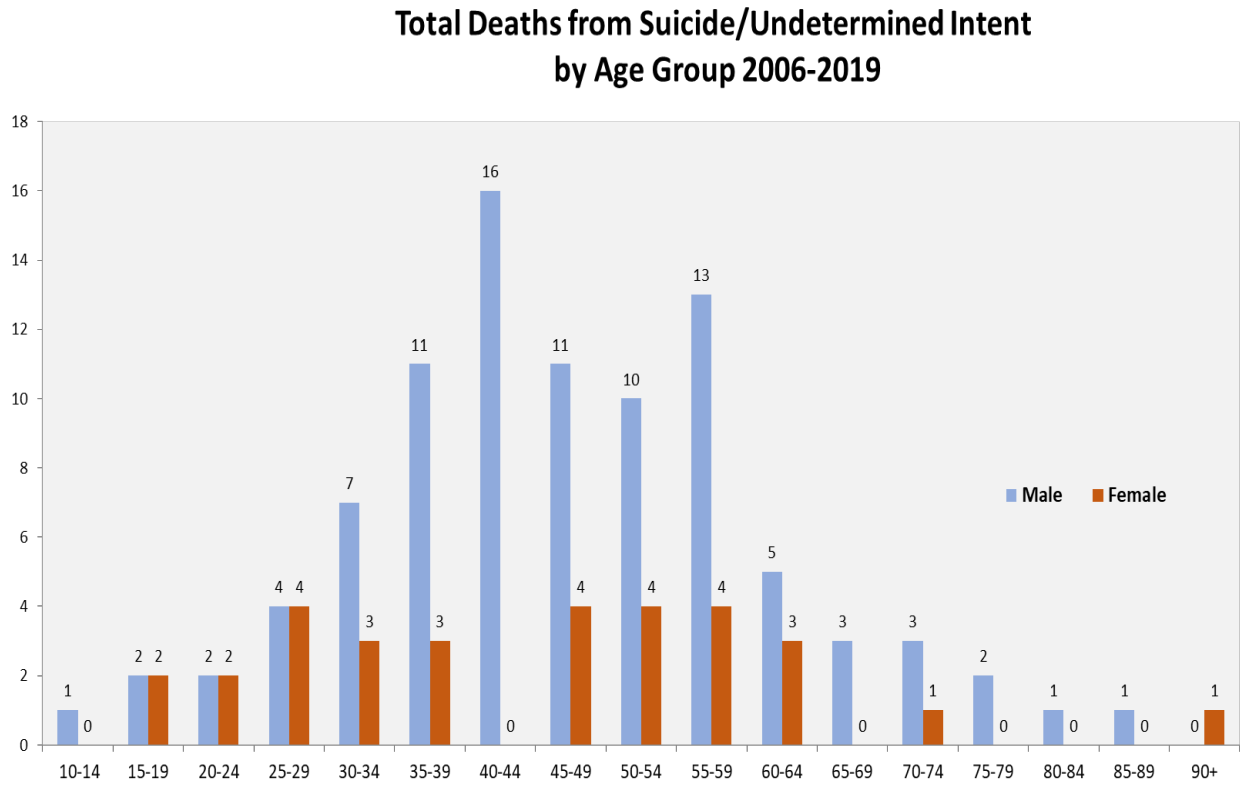
Effect of COVID-19

While 2020 seems to have had high numbers of suspected suicide, rates seem to have been increasing pre-COVID-19. In England and other high income countries, there has not been an increase in suspected suicide or self-harm in the months post lockdown.[1]

This is despite evidence from surveys and calls to charities of increased mental health morbidity. Professor Appleby hypothesised this maybe the result of a greater sense of community, of getting through it together.

Vulnerable Groups

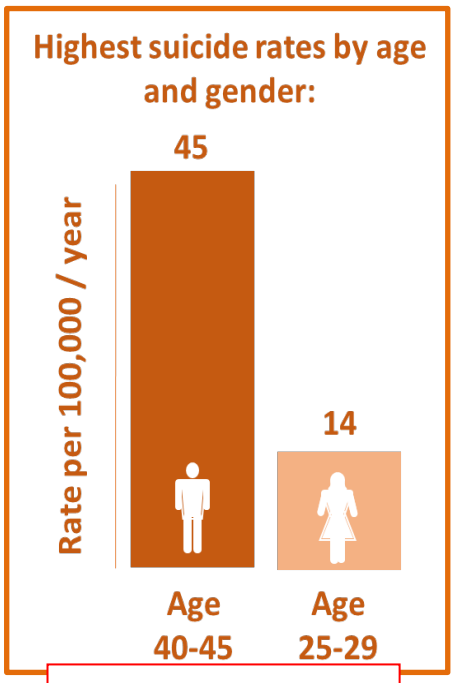
Age



[1] *Louis Appleby 10th March 2021 What has been the effect of covid-19 on suicide rates? BMJ opinio*

Gender

- On the Isle of Man the highest suicide rate in men is between the ages of 40-44 (45 deaths per 100,000 males aged 40-44). In women the peak is less defined, but when total numbers in each age group are taken into consideration, the highest age-specific rate was in the age group 25-29 (14 deaths per 100,000 females aged 25-29).
- On the Isle of Man, between 2009 and 2018, suicide was the leading cause of death in males in the age groups 5-19 and 35-49. For 20-34 year old males, suicide is third behind transport accidents (RTC's) and accidental poisoning (drug related deaths).
- For females aged 20-34 on the Isle of Man, suicide is the leading cause of death.
- Ages 35-59 account for 62% of total suicides

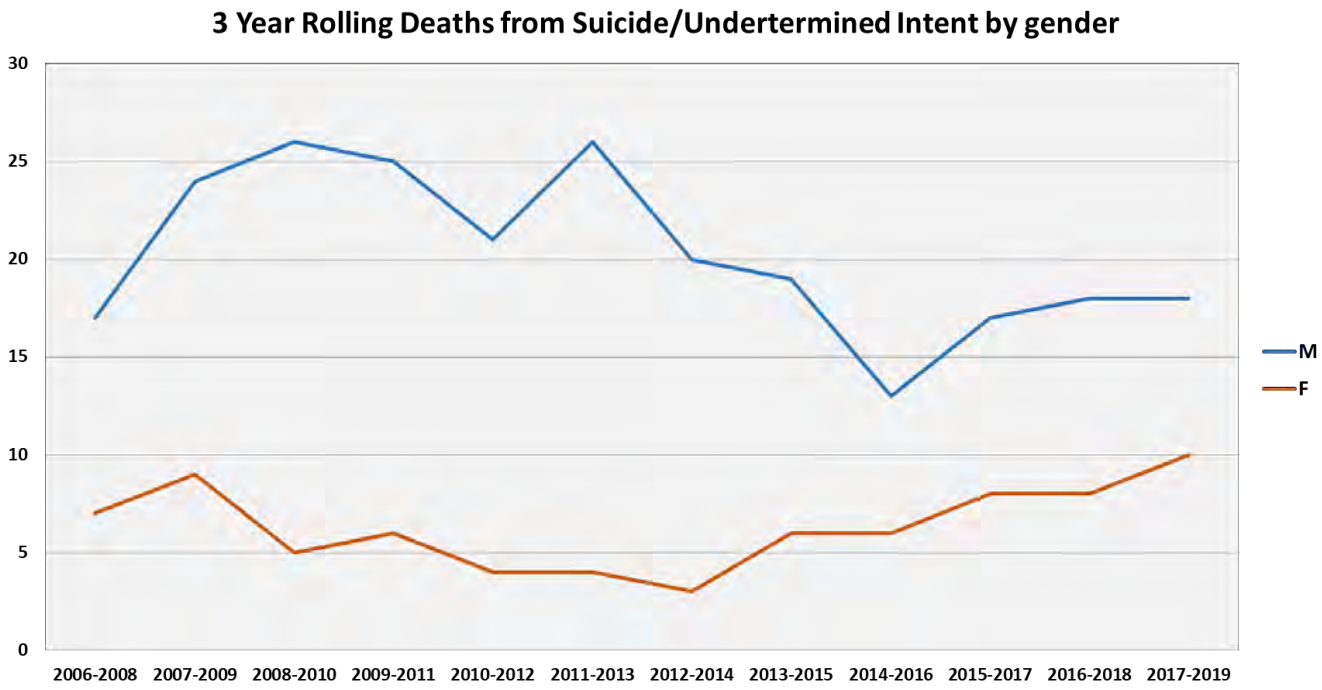


- In England and Wales during 2019 the age-specific suicide rate was highest in males aged 45-49 years (25.5 deaths per 100,000 males) and in females aged 50-54 years (7.4 deaths per 100,000 females). There is a slightly smaller subsidiary peak aged 25-29.[2]
- In England and Wales for death registered in 2019, suicide and injury or poisoning of undetermined intent is the leading cause of death in all males age groups 5-49 years, and females 5 to 34 years.[3]

Cautionary note:

When breaking down numbers into gender and age group, local numbers become small and so loose statistical confidence

[2] *ONS 2019, Suicides in England and Wales: 2019 registrations*
[3] *ONS 2019, Deaths registered in England and Wales: 2019*



Over the last 13 years on average the rate in men is 3x that in women

- However, in recent years, this difference appears to be narrowing
- In England and Wales, around three-quarters of registered deaths in 2019 were among men, a consistent trend back to the mid-1990s.[4]

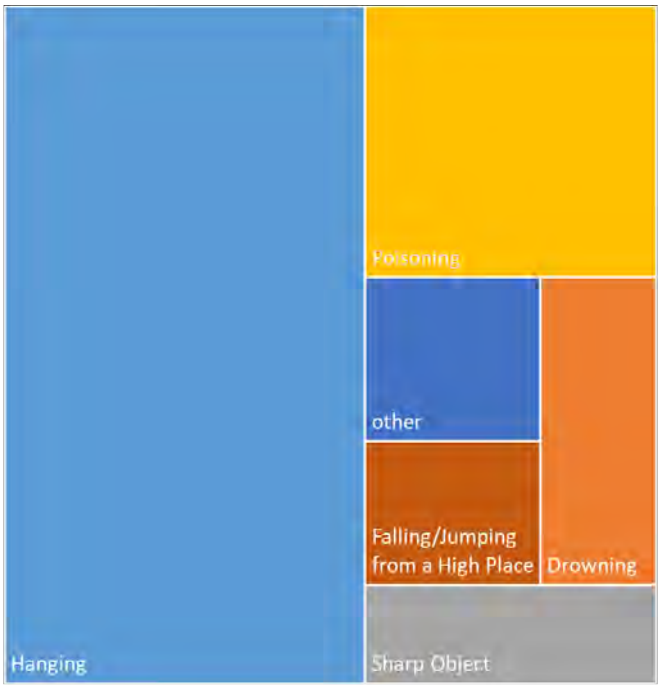
Suicide methods

- Hanging is by far the most frequent method in both the Isle of Man and England and Wales
- Methods used on the Isle of Man are broadly similar to England and Wales
- Firearms account for just 2.6% of deaths by suicide on the Isle of Man
- Compared to England and Wales, there have been no deaths on the Isle of Man by jumping or falling in front of a moving object

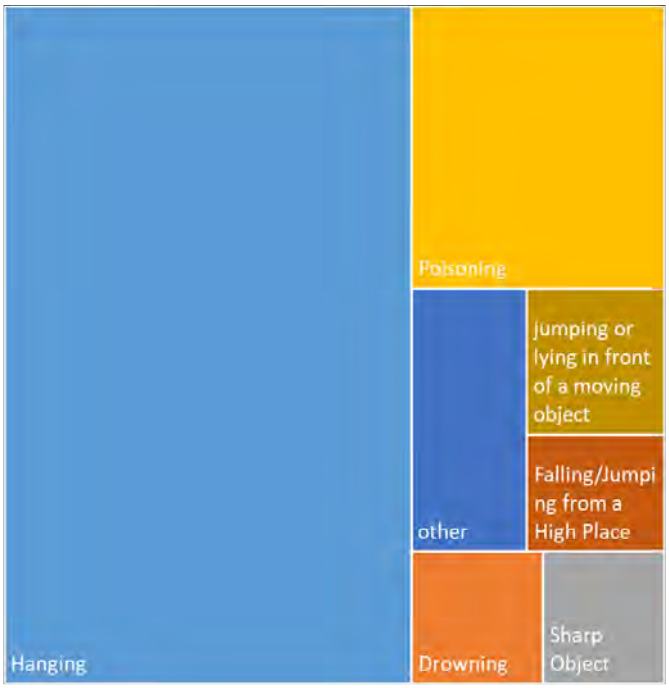
[4] *ONS 2019, Suicides in England and Wales: 2019 registrations*

- Drowning appears to twice as frequent on the Isle of Man compared to England, but numbers are low so should be viewed with caution.

Methods – Isle of Man (2006-2019



Methods- England (2019)



Data summary

- From 2006-2019, the overall suicide rate, gender and age breakdown and methods used have been similar to the UK.
- In the last 2 years there appears to be cause for concern

Gaps in local data and intelligence

Self-harm

Suicide, thankfully is relatively uncommon. Yet it represents the top of a so called 'iceberg model of self-harm'. An Oxford study published in the Lancet found for every adolescent suicide there was 370 hospital presenting non-fatal self-harm and 3,900 who reported self-harm in the community.[5]

The risk of suicide is elevated by between 30 and 100 fold in the year following an episode of self-harm, compared to the general population.[6]

Other related risk factors / service contacts

[5] *Geulayov et al. (2017) Incidence of suicide, hospital-presenting non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in England (the iceberg model of self-harm): a retrospective study. The Lancet Psychiatry, Vol 5, Issue 2*

[6] *Chan M, Bhatti H, Meader N, Stockton S, Evans J, O'Connor R and Kendall T (2016) Predicting suicide following self-harm: Systematic review of risk factors and risk scales. British Journal of Psychiatry, 209(4): 277–83 doi:10.1192/bjp.bp.115.170050*

Public Health England co-ordinate an online suicide prevention dataset with capability for local areas to scrutinise rates in there vicinity compared to other areas. This **dataset** contains related risk factors, such as:

- Use of drugs and alcohol
- Long-term health problems or disability
- Self-reported well-being scores
- Prisoner population
- Children in youth justice and the care system
- Domestic abuse and relationship breakup
- Homelessness and isolation
- Unemployment
- Mental health problems treated by primary care

There are also related service contacts, such as:

- ED self-harm and mental health data
- Drug and alcohol services data
- Mental health services data[7]

Without this information on the Isle of Man a full local profile of vulnerability cannot be completed and suicide prevention strategies cannot be developed intelligently or monitored for effectiveness.

Contextual information

Suicide is usually the endpoint of a complex series of factors. Each death is different. Much can be learned from studying the context of each suicide once the Coroner has reached their verdict. This is a '**suicide audit**'.

'Real time' data

The coronial process is necessarily thorough causing inquests to be many months after the sudden death. People who know someone who has died by suicide are at greater risk of attempting to or taking their own lives by suicide by up to 300%.[8] Rapid collection of data is essential for **postvention** (suspected suicide bereavement support) and planning a timely response to emerging patterns, such as clusters or new methods.

2020 suicide prevention achievements

The Isle of Man Suicide Prevention Group

For the first time, a multiagency, high level Suicide Prevention Group (SPG) has been established on the Isle of Man. The SPG aims to:

- to reduce the rate of suicide and self-harm within the Isle of Man

[7] *https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide*
[8] *Lukas C. and Seiden H (1897) Silent Grief: Living in the wake of suicide. Jessica G Publishers, London UK, 2007*

- to provide a forum for successful multi-agency partnership working at strategic and operational level

Membership

The SPG has all the core members recommended by Public Health England, including all the key government departments (public health, mental health services, primary care, emergency services, children and families services, DHA, police, DESC, social security, job centre, housing), the third sector (the Samaritans) and expert by experience (IOM Bereaved Survivors of Suicide).

There is a wider stakeholder group whose expertise will be called upon as necessary. The group is chaired by the Director of Public Health.

Responsibilities

- to develop and agree a multi-agency suicide prevention strategy and action plan for the Isle of Man.
- to monitor the implementation of the suicide prevention strategy
- to review and update the strategy as appropriate
- to identify opportunities for suicide prevention and develop specific projects through joint commissioning.
- to create an annual statistical and intelligence update
- to publicise ongoing work and recent developments
- to facilitate partnership working between organisations represented on the Steering Group
- to influence the work of all agencies and individuals who could help prevent suicide and self-harm, including those with lived experience

While there are some gaps in our local data, we do already have a good picture of suicide rates on the island. What we do know suggests the island is broadly in line with England and Wales. It is reasonable to assume similar vulnerability profiles. The SPG therefore aims to develop further intelligence, a suicide prevention strategy and action plan contemporaneously.

Progress

The SPG's inaugural meeting was on the 7/12/2020, with a follow up on the 1/2/2021. Membership and Terms of Reference have been agreed. A strategy planning half day was postponed by the pandemic. *[work since ongoing]*

Suicide audit

With the grateful cooperation of the Coroner and MHS Risk Management Coordinator, work on a suicide audit has begun. Records are being collated for:

- Demographics including age, sex, race, occupation, employment status, relationship status
- Place of death
- Method
- Context of death including stressors and triggers
- Nature and frequency of contact with primary and secondary services e.g. GP, ED, crisis and MHS

- Evidence of vulnerability, including drug and alcohol history, criminal justice history etc.

Suspected Suicide Rapid Response

With the apparent rise in suicides and suspected suicides in the past two years, and concerns about the possible impact of the COVID-19 pandemic, formalizing the immediate action following a suspected suicide was prioritized.

The Suspected Suicide Rapid Response (SSRR) is triggered by a sudden death by suspected suicide. The aim is to prevent further associated suicides or attempted suicide.

Objectives

To achieve the aim, data and information will be shared and analysed to identify:

- Emerging themes, such as novel methods, locations etc. (this function will be handed to the Suicide Prevention Group once it is formed).
- Possible links with other suspected suicides
- Identification of groups or individuals who maybe at increased risk of suicide because of their association with the deceased

Action plans will be drawn up to mitigate the risks identified. Considerations may include:

- Bereavement support
- Media strategy - controlled release of information, campaigns targeting vulnerable groups
- Location hardening
- Restricting access to means
- Staff support
- Lessons for services

Progress

A small team comprising of public health (chair), police, primary care, mental health services, DESC and Cruse IOM have developed a Terms of Reference, operating procedure and data collection tools.

The project has the support of the Coroner.

Despite the urgency of the work and level of partnership engagement, data sharing requirements have been protracted.

One case has been reviewed, which revealed a possible link to a previous suicide, and 26 bereaved friends, family and work colleagues have received support.

Suicide Prevention database

Scoping work on developing an IOM Suicide Prevention database has commenced. This will echo and therefore be comparable to PHE's Suicide Prevention Profile.

Membership of UK suicide prevention alliances

The Public Health Directorate as an organisation has joined the National Suicide Prevention Alliance, and Zero Suicide Alliance.

Zero suicide ambition

Meetings have begun with the strategic lead for suicide prevention in Mersey Care. Merseyside led the UK in importing the 'zero suicide' ambition from the US.

Postvention service

Meetings have begun with the 'Martin Gallier Project' lead, pursuing the possibility of a commissioned safe from suicide service. This may include postvention, supporting those at risk of suicide and suicide awareness raising.

Suicide prevention training

Meetings have begun with two local providers of suicide prevention training. What is crucial is that training is:

- Tiered from basic awareness and being confident to talk about suicide, to providing specialist risk management.
- At a level appropriate to role.
- Planned and monitored, both for reach and effectiveness

All these elements will form part of the strategy.

In addition the island's GPs and practice nurses received a presentation on local suicide patterns by the SPG primary care representative.

Are you OK suicide awareness article

A COVID-19 / suicide awareness article was published online, across social media and local newspapers to mark World Suicide Prevention Day. It contained links to free online suicide awareness training.

Looking ahead to 2021-22

In the following year, the SPG intends to:

- Publish the first IOM Suicide Prevention 5 year strategy
- Publish the first IOM Suicide Prevention Action Plan
- Develop a Suicide Prevention database capable of highlighting areas of vulnerability and monitor the effectiveness of interventions
- Consolidate the work of the SSRR

Suicide Prevention Group –

Suspected Suicide Rapid Response Draft Terms of Reference

Introduction

Suicides can act as if they are contagious either through:

- A group or population being exposed to a common stressor (e.g. a workforce being made redundant)
- Friends & family of somebody who has died by suspected suicide, being at increased risk of taking their own life.

Investigation of the context around a suspected suicide and the deceased contact group, can identify who else maybe at increased risk and require support (often called 'postvention').

The goal is to prevent further suicide or self-harm. To achieve this interventions must be timely and cannot usually wait for the Coroner to publish their findings.

Background

The rapid response to a suspected suicide is an important component of wider Suicide Prevention. In 2020, the Social Policy and Children's Committee* approved the formation of a Suicide Prevention Group. This high level group will:

- Scope and drive delivery of the JSNA (Joint Strategic Needs Assessment)
- Set strategic objectives
- Develop a timed, costed and accountable action plan
- Secure capacity and resources to deliver the action plan

The response to COVID-19 halted progress, although this has now since resumed.

COVID-19 and the scale of state interventions is having a significant impact on the population's wellbeing and mental health. Unfortunately it is expected that this will be reflected in an increase in the number of suspected suicides. The need for Suspected Suicide Rapid Response in this context is considered by the Silver Health and Wellbeing Group to be too urgent to wait for the wider Suicide Prevention Group.

The capabilities and scope of the Suspected Suicide Rapid Response group will evolve as the governance, data sharing agreements, information gathering and personnel capacity develop.

Aims

Suspected Suicide Rapid Response is triggered by a sudden death by suspected suicide. The aim is to prevent further associated suicides or attempted suicide.

* Minute No. 018/2020 refers

Objectives

To achieve the aim data and information will be shared and analysed to identify:

- Emerging themes, such as novel methods, locations etc. (this function will be handed to the Suicide Prevention Group once it is formed).
- Possible links with other suspected suicides
- Identification of groups or individuals who maybe at increased risk of suicide because of their association with the deceased

Action plans will be drawn up to mitigate the risks identified. Considerations may include:

- Bereavement support
- Media strategy - controlled release of information, campaigns targeting vulnerable groups
- Location hardening
- Restricting access to means
- Staff support
- Lessons for services

Information sharing

The success of Suspected Suicide Rapid Response is dependent on multi-agency information sharing.

GDPR does not apply to the deceased. However, the principles of relevance, proportionality, need to know and security should still be followed.

Information sharing regarding those identified as at risk because of their association with the deceased should be done with their consent. If somebody is at imminent risk of harm information could be shared to protect that person. The Real Time Suicide Surveillance group will develop a Real Time Suicide Surveillance Information Sharing Protocol to interpret relevant legislation to this scenario.

Meetings

- **Routine –** monthly business meeting.
- **Ad hoc –** task-group meets within 2 working days of suspected suicide, and as required thereafter.

Core membership of task-group

- Police - Superintendent for operational policing
- Mental Health Services - Head of Mental Health
- Care Quality &Safety Team - Risk Management Coordinator
- Public Health (Chair) - Senior Health Improvement Officer with suicide lead
- DESC - Director of Inclusion and Safeguarding
- Health -primary care (tbc)

- Admin support - (tbc)

If the core representative cannot attend, it is incumbent on them to organise a suitable deputy.

Other specialities will added depending on the particular circumstances of the suspected suicide being investigated, for example:

- Safeguarding
- CAMHS
- Educational psychology
- Office of Human Resources
- Government Communications
- Third Sector (CRUSE, Samaritans)

Membership of business meeting

Core task-group (or deputy) plus:

- Office of Human Resources
- Government Communications
- Third Sector (CRUSE)

Governance and Reporting

The Suspected Suicide Rapid Response group will report initially to the Silver Community Health and Wellbeing Group. As soon as a Suicide Prevention Group is established, reporting will be transferred there.

Suspected Suicide Rapid Response is a part of wider suicide prevention. The target for this wider initiative will be Zero Suicides, recognising that suicide is neither inevitable nor unavoidable. Success will be monitored by a reduction in the number of suicides and a reduction in self harm.

SPCC Suicide Prevention paper –

Developing a Shared Suicide Postvention Approach for Schools

DESC have drafted guidance and protocols for responding to a death of a young person by suicide. This is postvention for school attenders and will be triggered and overseen by the Suspected Suicide Rapid Response group.

The establishment of communication pathways, policy agreement, monitoring and governance will be via the Suicide Prevention Group.

The draft Suicide Postvention Response Plan contains detailed guidance for schools and the response plan.