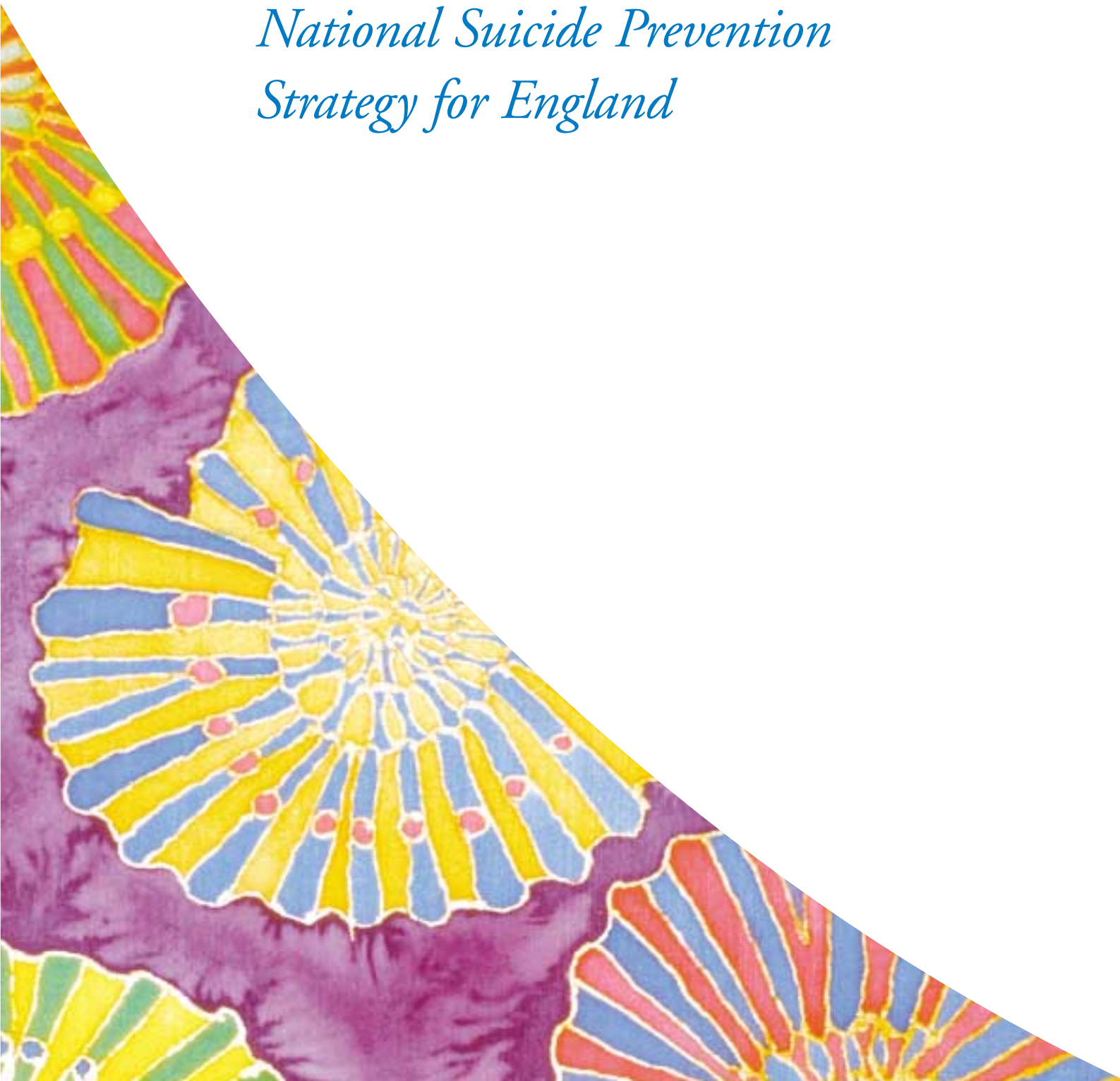
Department of Health

National Suicide Prevention Strategy for England



The hand painted ammonites were designed and painted on silk by Becky Aitkens, a trainee at WORKWISE.

WORKWISE is a specialist training organisation operating from two locations within Bury St Edmunds, Suffolk. WORKWISE caters for individuals suffering the effects of long or enduring mental ill health, who are referred by Community Mental Health team specialists, and who are seeking active skills development.

WORKWISE provides a supportive environment focussed on the individuals' identified needs to enable trainees to regain the direction of their lives through employment or community participation.

For more information, contact Kate Sparks, art & design instructor on 01284 755261 or Valerie Beresford – General Manager, email workw@aol.com

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Reflections is the publication supporting the promotion of 'Works in Mental Health', a new project that aims to encourage creativity in people who have been affected by mental illness and to promote understanding. We are launching a search for such art to showcase in a variety of ways, including a series of national exhibitions, for non profit purposes.

Entry is open to anyone who has experienced mental illness themselves or has been affected by the mental illness of someone they care about.

You can use a wide variety of media such as painting, drawing, photography, writing, sculpture, pottery and ceramics. Full details are in the application pack. If you are interested, or you know someone who might be, please contact 0870 609 0034, or log on to www.artWorksinmentalhealth.co.uk

Art Works in Mental Health is sponsored by Pfizer Ltd and collaborating organisations involved in the project are Breakthrough, Coventry Healthcare NHS Trust, Depression Alliance, NSF, The Northern Centre for Mental Health, South London and Maudsley NHS Trust, PriMHE (Primary care Mental Health Education) and Priority Healthcare Wearside.

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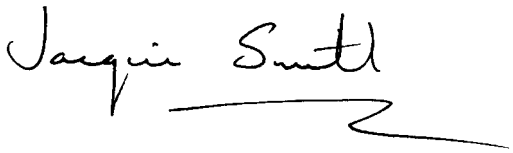
Ministerial foreword

Suicide is a devastating event. Its emotional and practical consequences are felt by family and friends and the many statutory and voluntary agencies involved in the provision of health and social care. Although the rate of suicide in England is not high in comparison with other countries in the European Union, the figures remain disturbing. On average, a person dies every two hours in England as a result of suicide. It is the commonest cause of death in men under 35. It is the main cause of premature death in people with mental illness.

The Government's White Paper *Saving Lives: Our Healthier Nation* sets out a challenging target to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010. There is no single route to achieving this target. The factors associated with suicide are many and varied – they include social circumstances, biological vulnerability, mental ill-health, life events and access to means. A coherent, co-ordinated suicide prevention strategy therefore needs the collaboration of a wide range of organisations and individuals.

This document sets out a suicide prevention strategy for England. It follows a consultation document published in April. We intend it to be an evolving strategy which will develop in light of progress made and emerging evidence. Implementation will be led by the newly established National Institute for Mental Health in England which will make suicide prevention one of its core policy programmes.

I would like to thank all those who responded to the consultation document. Their comments have helped to develop the strategy and we will continue to refer to them as we turn the strategy into action.



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Executive summary

Introduction

The strategy aims to support the *Saving Lives: Our Healthier Nation* target of reducing the death rate from suicide by at least 20% by 2010. It is not a one-off document but an on-going, co-ordinated set of activities which will evolve over several years. The strategy seeks to be comprehensive, evidence-based, specific and subject to evaluation, and will be delivered as one of the core programmes of the National Institute for Mental Health in England (NIMHE).

Goal 1: To reduce risk in key high risk groups

Actions to be taken include:

- Local mental health services will be supported in implementing *12 Points to a Safer Service*; these aim to improve clinical risk management
- A national collaborative is being established for the monitoring of non-fatal deliberate self-harm
- A pilot project targeting mental health promotion in young men will be established and evaluated for national roll-out

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

Actions to be taken include:

- A cross government network will be developed to address a range of social issues that impact on people with mental health problems, e.g. unemployment and housing
- 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,
  - make available training in suicide risk assessment for substance misuse services

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

Actions to be taken include:

- NIMHE will identify additional steps that can be taken to promote safer prescribing of antidepressants and analgesics
- NIMHE will help local services identify their suicide 'hotspots' e.g. railways, bridges and take steps to improve safety at these

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

Actions to be taken include:

- A media action plan is being developed as part of the mental health promotion campaign, *mind out for mental health*, which 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 e.g. Press Gazette, Media Week, British Journalism Review

Goal 5: To promote research on suicide and suicide prevention

Actions to be taken include:

- A national collaborative group will oversee a programme of research to support the strategy, including research on ligatures used in hanging and suicides using firearms
- Current evidence on suicide prevention will be made available to local services through NIMHE's website and development centres

Goal 6: To improve monitoring of progress towards the *Saving Lives: Our Healthier Nation* target for reducing suicide

Actions to be taken include:

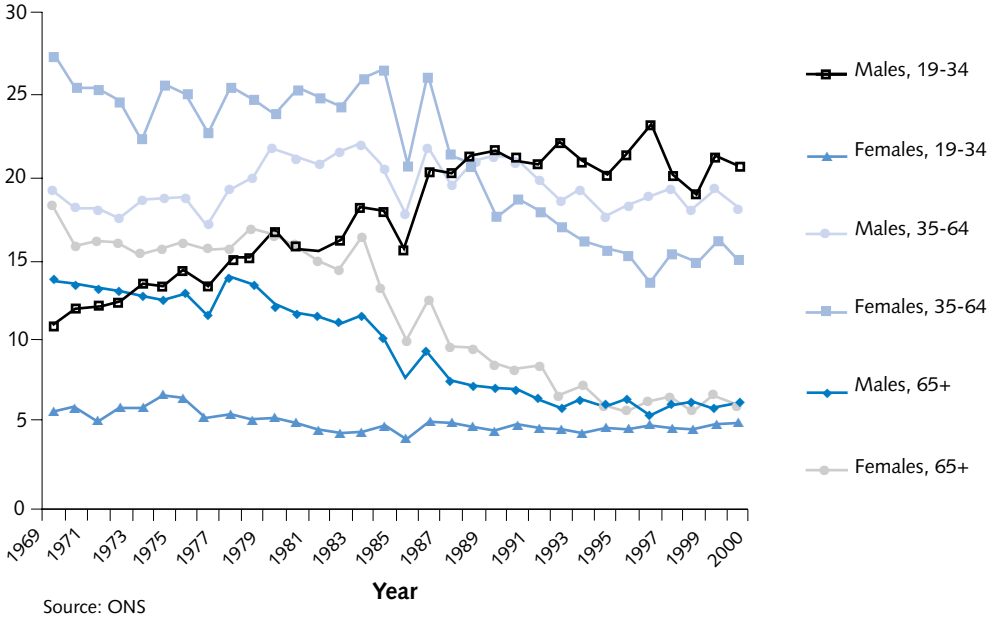
- A new strategy group of experts and other key stakeholders will be established
- The new strategy group will regularly monitor suicides by age and gender, by people under mental health care, by different methods and by social class

Introduction

Why do we need a national strategy for suicide prevention in England?

Suicide is a major public health issue. Around 5000 people take their own lives in England every year†. In the last 20 years or so, suicide rates have fallen in older men and women, but risen in young men (figure 1).

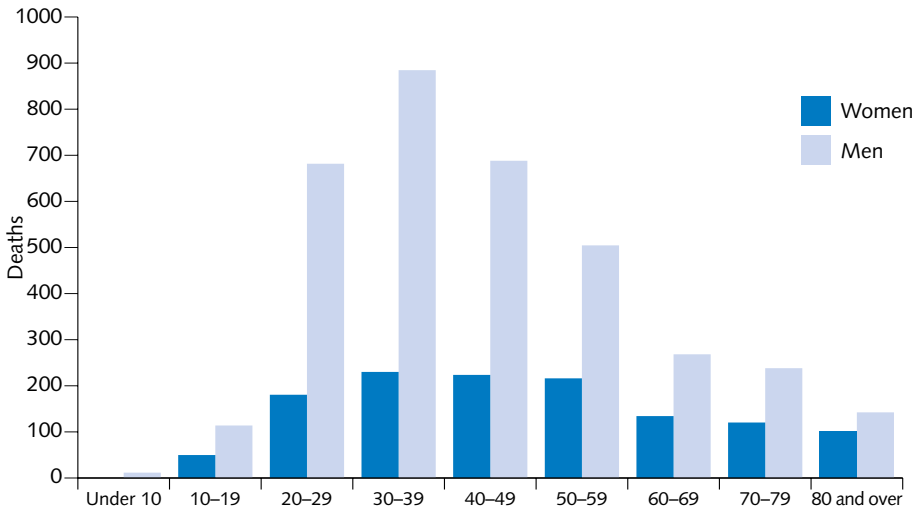
Figure 1: Age standardised death rates per 100,000 population from suicide and undetermined injury, England 1969–2000



Source: ONS

The majority of suicides now occur in young adult males (figure 2). In men under 35, suicide is the most common cause of death.

Figure 2: Deaths from suicide and undetermined injury, England 2000



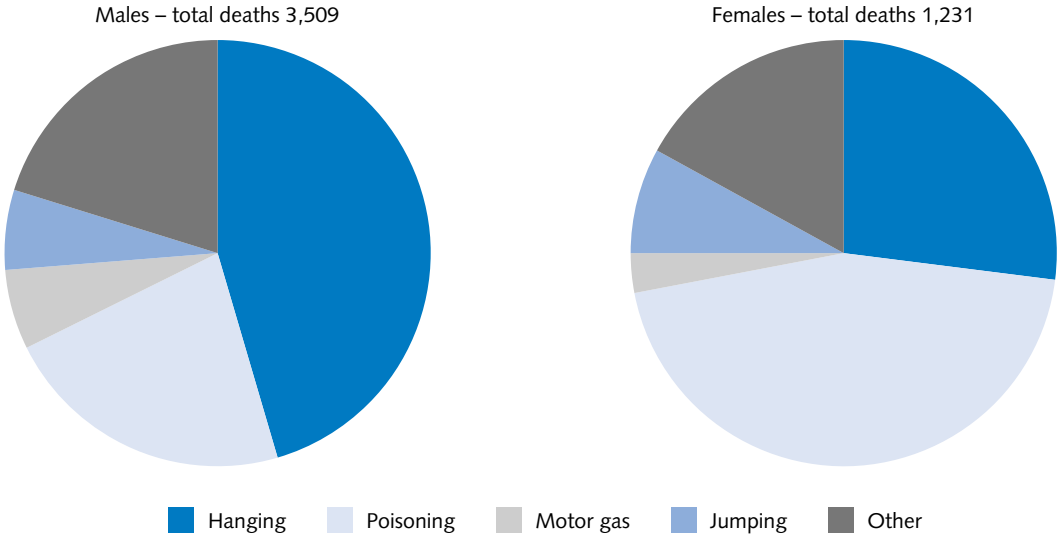
Source: ONS

† This figure includes both suicide verdicts and undetermined injury. "Undetermined" deaths are known to be mainly suicides and it is conventional to include them in suicide statistics.

Each suicide represents both an individual tragedy and a loss to society. Suicide can be devastating for families and other 'survivors' – economically, psychologically and spiritually. For these reasons the Government has made suicide prevention a health priority.

Many of the risk factors for suicide are known from research – being male, living alone, unemployment, alcohol or drug misuse, mental illness. We also know that the main methods of suicide are hanging and self-poisoning with psychotropic or analgesic drugs (figure 3).

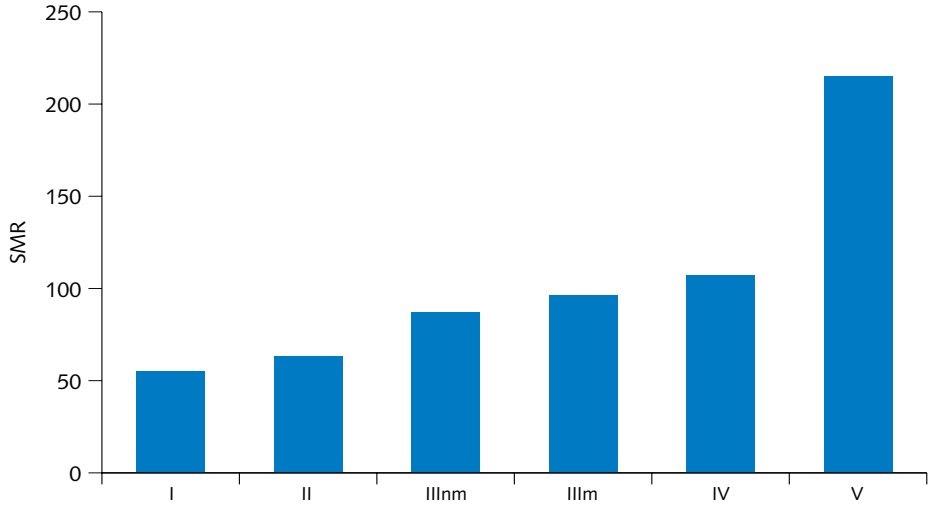
Figure 3: Deaths from suicide and undetermined injury by method and gender, England 2000



Source: ONS

The rate of suicide varies according to geographical area and social class, with the highest rates of suicide occurring among people in social class V (figure 4).

Figure 4: Social class differences in suicide: men aged 20–64, England 1997



Source: ONS

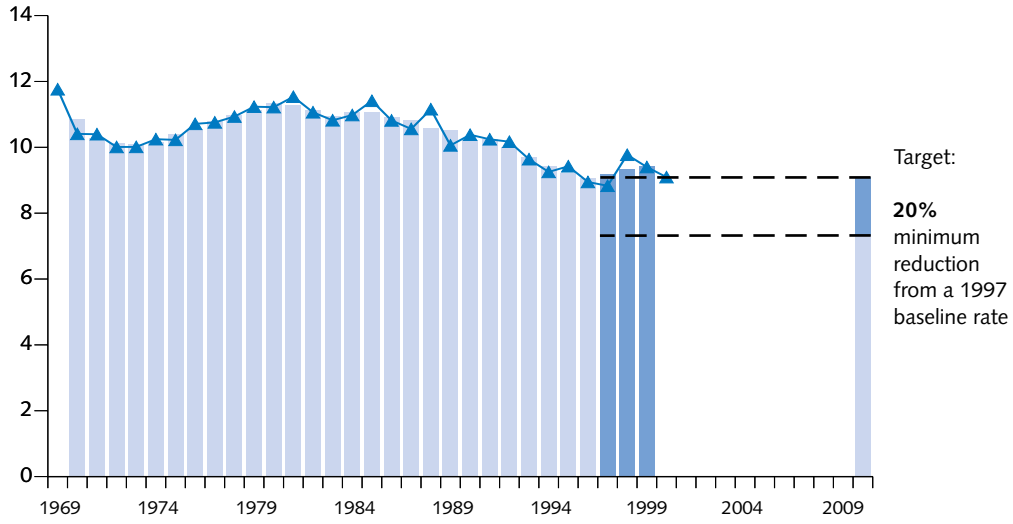
These characteristics tell us who should be a target of prevention efforts and suggest ways in which prevention might be achieved.

They also show that there is no single approach to suicide prevention. We need a broad strategic approach – one that co-ordinates the contributions of public services and organisations, academic research, voluntary groups, the private sector and the concerned individual.

What are the aims of the strategy?

The strategy aims to support the achievement of the target set in the White Paper *Saving Lives: Our Healthier Nation (OHN)*,[1] and reinforced in the National Service Framework for Mental Health[2], to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010 (figure 5).

Figure 5: Death rates from suicide and undetermined injury per 100,000 population England 1969-2000



Source: ONS

Rates are calculated using the European Standard Population to take account of differences in age structure.

The bars represent 3-year average rates plotted on the middle year. 1999 (ie 1998–2000) is the most recent available 3-year rate. The line shows annual rates. The latest 3-year average shows a rise, as a result of a relatively high rate in 1998. Annual rates show a recent fall.

The strategy is not a one-off document. 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. The strategy will be delivered by the National Institute for Mental Health in England (NIMHE) and as one of its core programmes will be subject to annual review. We shall publish updated versions of the strategy regularly.

What are the underlying principles?

The strategy is intended to provide a coherent approach to suicide prevention, based on four key principles. It aims to be:

- **Comprehensive**

The strategy recognises that suicide prevention is not the exclusive responsibility of any one sector of society, or of health services alone. This is particularly important in mental health services. People with mental illness are at high risk and mental health services have a vital part to play; however, around three quarters of people who commit suicide are not in contact with mental health services[3].

- **Based on evidence**

  The strategy is intended to be evidence-based. It draws on published research wherever possible. Where the evidence is weak, we propose to improve it.

- **Specific**

  The strategy is built around a number of actions. These are intended to be specific, practical and open to monitoring.

- **Subject to evaluation**

  The strategy itself will be subject to continual evaluation and changed when necessary.

What does this document intended to achieve?

This document sets out a suicide prevention strategy for England, formulated by an expert advisory group through consultation with mental health professionals, researchers, survivors of suicide attempts, the voluntary sector, and others with relevant experience. It was published for public consultation in April 2002 and the strategy group thanks all those who have provided feedback. This has helped in the development of the strategy and will continue to inform its progress. Messages from the consultation process are summarised in appendix 1.

The document sets out a programme of activity to reduce suicide based on six goals:

1. To reduce risk in key high risk groups.
2. To promote mental well-being in the wider population.
3. To reduce the availability and lethality of suicide methods.
4. To improve reporting of suicidal behaviour in the media.
5. To promote research on suicide and suicide prevention.
6. To improve monitoring of progress towards the *Saving Lives: Our Healthier Nation* target to reduce suicides.

Under each goal, a series of more precise objectives is listed. Figures for suicide are given in relation to these objectives where possible, based on the most recent available figures, rounded up or down, and a breakdown according to gender is also provided. As a guide to the potential benefits of each of these objectives, the impact of meeting the *OHN* target of a 20% reduction in suicide is set out. These figures are not intended as individual targets: they show what each objective could contribute to the overall target. For simplicity, these figures are based on the most recent three-year average figures available. There are inevitably links between several of the objectives listed here, and therefore many of the proposed actions are cross-referenced between different goals and objectives.

Implementing the strategy

The implementation plan sets out the actions already under way and the existing policy context. The implementation plan will be the responsibility of the National Institute for Mental Health in England (NIMHE).

NIMHE

NIMHE is a new organisation based within the Modernisation Agency at the Department of Health. It aims to improve mental health by supporting change in local services and providing a gateway to learning and development for mental health staff and others.

In June 2002 Health Minister, Jacqui Smith announced the programmes of work that NIMHE will carry out as a priority. One of these is to support the suicide prevention strategy.

The programme will be led nationally by the National Director for Mental Health, Professor Louis Appleby and a programme director, and steered by an advisory group. Its delivery will be supported by NIMHE's eight development centres.

For more information on NIMHE, you can log on to www.nimhe.org.uk or write to:

- NIMHE
  Blenheim House
  West One
  Duncombe Street
  Leeds
  LS1 4PL.

Goals and objectives for action

Goal 1: To reduce risk in key high risk groups

Many risk factors for suicide have been described. We have therefore identified groups that are at high risk and are targeting them for specific action. We have applied clear criteria to select high risk groups and these are linked to the principles outlined earlier.

Criteria for selecting high risk groups:

- The group has been shown to have a statistically increased risk of suicide
- Actual numbers of suicides in the group are known
- Evidence exists on which to base preventive measures
- Ways of monitoring the impact of preventive measures exist

There are several groups over whom concern has been expressed but who in our view do not meet these criteria. This is usually because there are no satisfactory current figures and/or there are no research data suggesting the main preventive measures that should be taken. In these cases we are highlighting their needs in goal two of this strategy (promotion of mental well-being) and taking steps to address these gaps in information.

Objectives

1.1 Reduce the number of suicides by people who are currently or have recently been in contact with mental health services.

1.2 Reduce the number of suicides in the year following deliberate self-harm.

1.3 Reduce the number of suicides by young men.

1.4 Reduce the number of suicides by prisoners.

1.5 Reduce the number of suicides by high risk occupational groups.

The scale of the problem and Our Healthier Nation target

Objective	Current situation	Illustrated impact of 20% reduction in suicides
Reduce the number of suicides by people who are currently or have recently been in contact with mental health services	1,200 deaths per year Latest three year average: 1,238 Male: 826 Female: 412 Source: National Confidential Inquiry	240 fewer deaths
Reduce the number of suicides in the year following deliberate self-harm	1,180 deaths per year Latest three year average: 1,176 Male: 672 Female: 504 Source: Centre for Suicide Research, Oxford	236 fewer deaths
Reduce the number of suicides by young men	1,300 deaths per year latest three year average: 1,294 Source: ONS	260 fewer deaths
Reduce the number of suicides by prisoners	85 deaths per year Latest three year average: 85 Male: 80 Female: 5 Source: Home Office	17 fewer deaths
Reduce the number of suicides by high risk occupational groups	Farmers (and agricultural workers): 52 deaths per year Nurses: 27 deaths per year Doctors: 17 deaths per year Source: ONS	19 fewer deaths

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

Suicide rates reflect the mental health of the community as a whole. Standard one of the National Service Framework for adult mental health adopts a similarly broad approach by stating that health and social services should:

- Promote mental health for all, working with individuals and communities
- Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion

We value the importance of general measures to improve mental health and to address aspects of people's life experiences that may damage their self-esteem and their social relationships. This strategy focuses on a number of groups within society for whom additional specific measures should be taken. These are not the groups at high risk of suicide, defined in goal one. They are vulnerable groups of people about whom concerns were expressed during the consultation period.

Objectives

2.1 Promote the mental health of socially excluded and deprived groups.

2.2 Promote mental health among people from black and ethnic minority groups, including Asian women.

2.3 Promote the mental health of people who misuse drugs and/or alcohol.

2.4 Promote the mental health of victims and survivors of abuse, including child sexual abuse.

2.5 Promote mental health among children and young people (aged under 18 years).

2.6 Promote mental health among women during and after pregnancy.

2.7 Promote mental health among older people.

2.8 Promote the mental health of those bereaved by suicide.

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

Reducing access to lethal methods of self-harm is known to be an effective way of preventing suicide[4-6]. One reason is that suicidal behaviour is sometimes impulsive[7], so that if a lethal method is not immediately available a suicidal act can be delayed or prevented altogether. Although "method substitution" does occur, a number of people will not go on to use another method and lives can therefore be saved[8-9].

This strategy focuses on reducing access to the main methods of suicide (see figure 3 on page 8). Hanging and strangulation are particularly associated with mental health wards[3] and prisons[2], but these are also frequent methods of suicide in the community, especially among young men.

Objectives

3.1 Reduce the number of suicides as a result of hanging and strangulation.

3.2 Reduce the number of suicides as a result of self-poisoning.

3.3 Reduce the number of suicides as a result of motor vehicle exhaust gas.

3.4 Reduce the number of suicides on the railways.

3.5 Reduce the number of suicides as a result of jumping from high places.

3.6 Reduce the number of suicides using firearms.

The scale of the problem and Our Healthier Nation target

Objective	Current situation	Illustrated impact of 20% reduction in suicides
Reduce the number of suicides as a result of hanging & strangulation	1,900 deaths per year Latest three year average: 1,880 Male: 1,573 Female: 307 Source: ONS	380 fewer deaths
Reduce the number of suicides as a result of self-poisoning	1,330 deaths per year Latest three year average: 1,326 Male: 744 Female: 582 Source: ONS	265 fewer deaths
Reduce the number of suicides as a result of motor vehicle exhaust gas	350 deaths per year Latest three year average: 350 Male: 319 Female: 31 Source: ONS	70 fewer deaths
Reduce the number of suicides on the railways	210 deaths per year Latest three year average: 187 Male: 144 Female: 38 Unknown: 5 Source: Railway Safety (Figures for London Underground = a further 20 deaths per year).	38 fewer deaths
Reduce the number of suicides as a result of jumping from high places	140 deaths per year Latest three year average: 133 Male: 97 Female: 36 Source: ONS	28 fewer deaths
Reduce the number of suicides using firearms	95 deaths per year Latest three year average: 98 Male: 93 Female: 5 Source: ONS	20 fewer deaths

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

Media of all kinds have a significant impact on our behaviour. There is evidence that reporting of suicide in the media can increase the rate of suicide, especially among young people already at risk[10,11]. By limiting some aspects of the reporting of suicide and by portraying it in ways which may discourage imitation, the media can make an important contribution to prevention.

Objectives

4.1 Promote the responsible representation of suicidal behaviour in the media.

Goal 5: To promote research on suicide and suicide prevention

Research evidence on suicide prevention is a crucial foundation of this strategy. A large amount of evidence has been reported from epidemiological and clinical studies on risk factors associated with suicide. However, there have been no intervention studies in which suicide has been the main outcome. This is largely because of the huge sample of people (running to several million) that would have to be in such a study before reliable results could be produced.

This strategy aims to develop our research base in two key areas:

- 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

Objectives

5.1 Improve research evidence on suicide prevention.

5.2 Disseminate existing evidence on suicide prevention.

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

A large amount of data is already collected by the Office for National Statistics and through programmes of research. However, additional information is required to support the strategy's objectives.

Objectives

6.1 Monitor suicide statistics relevant to the goals and objectives in the strategy.

6.2 Evaluate the national suicide prevention strategy.

The implementation plan

The Department of Health will now be asking the National Institute for Mental Health in England (NIMHE) to take this strategy forward as one of its core programmes of work. NIMHE is a new organisation which forms part of the Modernisation Agency. It operates from a central office based in Leeds but is structured around 8 development centres across the country, whose role is to support service development. NIMHE's implementation of this strategy will be achieved by close working between a range of health and social care agencies. Contact details for NIMHE are given on page 11.

Actions and targets contained in the National Service Frameworks (for adults and older people), the NHS Plan and the strategy for the development of health care in prisons, when implemented, will contribute to achieving the goals set out in this strategy.

This section sets out, for each goal, the actions that are already under way in relation to the above policies and the actions that are now required.

Goal 1: To reduce risk in key high risk groups

1.1 Reduce the number of suicides by people who are currently or have recently been in contact with mental health services ('recently' defined here are within one year)

Action under way

To meet standard seven of the National Service Framework for adult mental health, local mental health services are required to ensure they have a system for suicide audit.

The NHS Plan has introduced a number of new clinical teams providing assertive outreach, early intervention and crisis resolution. These are intended to improve mental health care to high risk groups and to improve access to care at a time of crisis.

Following the Chief Medical Officer's report *An Organisation with a Memory*[12] a Department of Health directive was issued requiring all local mental health services to remove non-collapsible bed or shower curtain rails on wards by March 2002 – this has now been achieved by all services.

Local mental health services are developing written care plans for people on enhanced care programme approach which addresses their need for employment, housing and welfare benefits.

Recently launched acute in-patient care guidance[13] by the Department of Health supports staff training in suicide risk assessment and management.

Action to be taken

- Local mental health services will be supported by NIMHE to implement the *'Twelve points to a safer service'* (developed from the work of the National Confidential Inquiry[3]):
  - staff training in the management of risk every 3 years
  - all patients with severe mental illness and a history of self-harm or violence to receive the most intensive level of care under the Care Programme Approach
  - individual care plans to specify action to be taken if a patient is non-compliant or fails to attend
  - prompt access to services for people in crisis and for their families
  - assertive outreach teams to prevent loss of contact with vulnerable and high-risk patients
  - atypical anti-psychotic medication to be available for all patients with severe mental illness who are non-compliant with 'typical' drugs because of side-effects
  - local strategies for dual diagnosis covering training on the management of substance misuse, joint working with substance misuse services, and staff with specific responsibility to develop the local service
  - in-patient wards to remove or cover all likely ligature points
  - follow-up within 7 days of discharge from hospital for everyone with severe mental illness or a history of self-harm in the previous 3 months
  - patients with a history of self-harm in the last 3 months to receive supplies of medication covering no more than 2 weeks
  - local arrangements for information-sharing with criminal justice agencies
  - policy ensuring post-incident multi-disciplinary case review and information to be given to families of involved patients
- NIMHE will develop a toolkit to support the implementation of standard seven of the National Service Framework for adult mental health (prevention of suicide); this is planned for publication in early 2003 and 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

1.2 Reduce the number of suicides in the year following deliberate self-harm

Action under way

The Royal College of Psychiatrists has produced *'Guidelines on the Management of Deliberate Self-harm'*[14] and *'Managing Deliberate Self-harm in Young People'*[15], available to download from www.rcpsych.ac.uk. Key messages include standards for service provision, including:

- Accident and Emergency departments
- In-patient wards
- Child and adolescent psychiatry

Action to be taken

- 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; this is due for publication in late 2003
- A national collaborative is being established for the monitoring of deliberate self-harm; through this monitoring it will be possible to estimate the number of suicides in the year following deliberate self-harm; this is being overseen by Professor Keith Hawton at the Centre for Suicide Research, Oxford
- 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 (see objective 2.3)
- 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

1.3 Reduce the number of suicides by young men

Action under way

Existing research[16] has provided good information about the characteristics of suicides in this group. For example, deliberate self-harm, unemployment and substance misuse are common risk factors. Recommendations from this research, addressed throughout the strategy, suggest that prevention of suicide among this group would be aided by:

- Improved risk management skills in front-line clinical staff
- Measures to reduce alcohol and substance misuse
- Availability of support at times of crisis

A CALM (Campaign Against Living Miserably) crisis helpline for young men has been established in a number of local authorities, supplementing the work of The Samaritans and NHS Direct. It aims to support young men who may become suicidal. The Department of Health has commissioned an external evaluation of its benefits.

The *mind out for mental health* anti-stigma campaign for 2002/3 targets young people. It aims to encourage more positive attitudes to mental health, helping young people to seek mental health care when they need it.

Action to be taken

- 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 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

- 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

1.4 Reduce the number of suicides by prisoners

Action under way

The prison service has its own suicide prevention targets (20% reduction in the rate of suicide from a base-line of 141 per 100,000 in 1999/00 to a rate of 112.8 by April 2004) and has produced a suicide prevention strategy outlining key actions to reduce the number of suicides among prisoners.

Key elements include:

- New suicide screening, care plan and staged risk management systems
- The implementation of intervention strategies for repeat deliberate self-harm in all prisons
- Improved health screening on reception into custody to assist in the detection of mental disorder, vulnerability to suicide and self-harm, and substance misuse
- Prisoner listeners trained by The Samaritans accessible at all times for prisoners in distress

The prison service has published a health promotion strategy for prisons. It is available on www.doh.gov.uk/prisonhealth.

Community mental health teams (prison in-reach teams) are being developed by secondary mental health services in collaboration with prisons to improve the mental health care of prisoners.

See also objective 3.1 regarding the removal of ligature points.

Action to be taken

Working with the prison service, NIMHE will:

- Investigate ways of improving information sharing into and across the criminal justice system about people known to be at risk of suicide
- Disseminate World Health Organisation Primary Care Guidelines for Prisons, including guidance on suicide prevention

1.5 Reduce the number of suicides by high-risk occupational groups

Action under way

Helplines are provided for farmers, by the National Union of Farmers, the Rural Stress Information Network, the Farmers' Crisis Network, RuralMinds and The Samaritans.

NIMHE will ask the Coroners Review Group, as part of their consultation process, to consider routinely recording occupation to allow monitoring.

The Department of Health and NIMHE have supported the Rural Stress Action Plan set up as part of the Prime Minister's Action Plan for Farming. This is a partnership between the government, The Samaritans, Farm Crisis Network as well as other mental health and agricultural organisations. NIMHE will continue this work both nationally and via the regional development centres. Key aims of the plan include:

- Delivering support to those suffering from stress in rural communities
- Developing regional support networks
- Developing a rural support initiative fund

Action to be taken

- NIMHE will work with RuralMinds and through the Rural Stress Action Plan to share identified successful local support initiatives for farmers and their families; for example this will review the dissemination of helpline numbers and explore the possible further development of teleconferencing facilities for farmers
- NIMHE will liaise with professional organisations to explore how occupational health services can be made more readily available.
- See also objective 3.6 regarding suicides using firearms

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

2.1 Promote the mental health of socially excluded and deprived groups

Action under way

To meet standard one of the National Service Framework for adult mental health, mental health services are developing a mental health promotion strategy, based on a local needs assessment.

The Department of Health, in partnership with mentality, have produced *'Making it happen: a guide to delivering mental health promotion'*[17], which is available from www.nimhe.org.uk or by writing to NIMHE.

Action to be taken

- The suicide prevention programme will link closely with the NIMHE equalities programme, which focuses on mental health promotion and social inclusion

- NIMHE has initiated a cross government network to address a range of social issues that impact on people with mental health problems (e.g. employment and housing); NIMHE is also developing a framework to promote the employment of people experiencing mental health problems, which is due for publication in December 2002
- The Department of Health will disseminate a toolkit to support primary care staff in promoting mental health; this is due for publication in Spring 2003
- The Department of Health will disseminate guidelines on meeting the physical needs of people with mental health problems; this is due for publication in Spring 2003

2.2 Promote mental health among people from black and ethnic minority groups, including Asian women

Action to be taken

- The Department of Health is due to publish, in late 2002, 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, to be published for consultation by the end of 2002
- NIMHE will ask the Coroners Review Group, as part of their consultation process, to consider routinely recording ethnicity to allow monitoring

2.3 Promote the mental health of people who misuse drugs and/or alcohol

Action to be taken

- 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
- See also objective 1.2 regarding:
  - the development of assessment procedures in A&E departments
  - the development of a risk assessment training package to be used in a range of settings including substance misuse services

2.4 Promote the mental health of victims and survivors of abuse including child sexual abuse

Action to be taken

- NIMHE will support the implementation of the women's mental health strategy (scheduled for publication in autumn 2002) and in particular measures for women with experiences of violence and abuse
- NIMHE will liaise with the Survivors Trust and other relevant organisations about ways of reducing suicide risk in survivors of child sexual abuse

2.5 Promote mental health among children and young people (aged under 18 years)

Action under way

Work has been commissioned through the Department for Education and Skills to map current national initiatives to promote mental health in schools and to identify further opportunities, such as the new National Curriculum on citizenship and the National Health Schools Standard.

The Community Fund has supported a study of the frequency and characteristics of deliberate self-harm among school students carried out at the Centre for Suicide Research, Oxford. When published this will be disseminated by NIMHE.

See also objective 1.2 regarding deliberate self-harm.

Action to be taken

- 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

2.6 Promote the mental health among women during and after pregnancy

Action under way

The recently published Confidential Enquiries into Maternal Deaths in the United Kingdom[18] contains a series of recommendations including:

- Women with a past history of serious psychiatric disorder (postpartum or non-postpartum) should be assessed by a psychiatrist in the antenatal period
- Women who require psychiatric admission following childbirth should be admitted to a specialist mother and baby unit together with the infant

Action to be taken

- 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 improve the dissemination of web based and telephone helpline information available to women

2.7 Promote mental health among older people

Action under way

The National Service Framework for older people[19] seeks to promote good mental health in older people and to treat and support those with dementia and depression by:

- Ensuring access to integrated mental health services

- Effective diagnosis
- Treatment and support for them and for their carers

Actions to be taken

- 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

2.8 Promote the mental health of those bereaved by suicide

Action under way

Organisations such as The Compassionate Friends, SOBS and CRUSE provide support to people bereaved by suicide.

The Coroners Review Group plan to place the support for bereaved people at the centre of a reformed inquest process. As part of their consultation process NIMHE are highlighting the specific needs of people bereaved by suicide.

Action to be taken

- NIMHE will liaise with the organisations above, and PAPYRUS (an organisation founded by parents for the prevention of young suicide) to develop a support pack for people in contact with bereaved families, such as GPs, the police and religious leaders

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

3.1 Reduce the number of suicides as a result of hanging and strangulation

Action under way

The Prison Service strategy to reduce self-inflicted deaths includes changes to the environment such as the re-design of cell windows and furniture to reduce ligature points (see objective 1.4).

See objective 1.1 regarding the removal of non-collapsible curtain rails from in-patient psychiatric wards.

Action to be taken

- See objective 1.1 regarding the environmental auditing of in-patient psychiatric wards
- See objective 5.1 regarding future research into hanging in community settings

3.2 Reduce the number of suicides as a result of self-poisoning

Action under way

From September 1998, the maximum pack size for over-the-counter sales of paracetamol and aspirin was reduced to 32 for pharmacies and 16 for other outlets. This appears to have led to an initial fall in overdose deaths using these substances[20].

NIMHE will consult further with the Medicines Control Agency, the National Prescribing Centre, and Primary Care organisations to:

- Identify additional steps that can be taken to promote safer prescribing of antidepressants and analgesics
- Publicise the health dangers of paracetamol in overdose

Action to be taken

- 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, 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

3.3 Reduce the number of suicides as a result of motor exhaust gas

Action under way

The introduction of catalytic converters in motor vehicles for environmental reasons has led to a reduction in the number of suicides by this method[6].

Action to be taken

- 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

3.4 Reduce the number of suicides on the railways

Action under way

The Samaritans have advised a number of local authorities about measures that can be taken to improve safety at railway 'hotspots'.

The Suicide and Open Verdict on the Railways (SOVRN) project is investigating railway suicides. Their report is due in December 2002.

Action to be taken

- NIMHE will work with Railway Safety, London Underground and other key stakeholders on the potential for developing safety measures on railways, for example 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

3.5 Reduce the number of suicides as a result of jumping from high places

Action under way

The Samaritans have posted contact numbers on a number of bridges and other high places.

Action to be taken

- NIMHE will develop guidance on actions to be taken at 'hotspots' for suicide from high places.

3.6 Reduce the number of suicides using firearms

Action to be taken

- 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 (see also objective 5.1).

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

4.1 Promote the responsible representation of suicidal behaviour in the media

Action under way

A systematic review of research literature on the influence of the media on suicidal behaviour has been produced. This is summarised in *Crisis*[11] and full results will be published in due course.

The Samaritans have produced guidelines for the media on the reporting of suicides. These are available to download at: www.samaritans.org or by emailing communications@samaritans.org.

The Presswise Trust has also developed guidelines for the media, available at www.presswise.org.uk

Key points from both pieces of guidance include:

- Improve the placing of responsible articles on suicide prevention in the media
- Reduce sensationalism and positive tone about suicide in reports
- Promote the inclusion of facts about suicide and the avoidance of reference to means of suicide in reports
- Improve population awareness of the potential benefits of help-seeking in times of crisis by promoting media portrayal of suicidal people seeking help and gaining benefit

- Influence the training of journalists to ensure that they report issues about mental illness and suicidal behaviour in an informed and sensitive manner

The Department of Health's *mind out for mental health* anti-stigma campaign has worked with the Society of Editors and the National Union of Journalists to influence the ways in which the media report mental health issues. The campaign has provided training for individual journalists, publishing houses and journalism colleges. It has also produced a guide to reporting of mental health issues, which was distributed at the Society of Editors conference and at all the training workshops. The campaign also provides information to help people to complain about examples of bad coverage and to praise good coverage.

Action to be taken

- 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 e.g. Press Gazette, Media Week, British Journalism Review
- NIMHE will liaise 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

Goal 5: To promote research on suicide and suicide prevention

5.1 Improve research evidence on suicide prevention

Action under way

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (funded by NICE) is studying the antecedents of suicide by people under mental health care.

The prison service is funding a number of research activities on the antecedents of suicide and self-harm in prison.

The Community Fund has supported a study of the frequency and characteristics of self-harm among school students.

Action to be taken

- The NHS Research and Development Directorate is planning to commission research on nursing observation on mental health wards
- A national collaborative of experts in suicide research, chaired by Professor Keith Hawton from the Centre for 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
- 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, e.g. serious, non-fatal deliberate self-harm
- See also objective 1.3 regarding suicide by young men

5.2 Disseminate existing evidence on suicide prevention

Action under way

- Reviews of current research evidence have been published[21-23]

Action to be taken

- Current evidence, including recent major studies and systematic reviews, will be made available to local services through NIMHE's web site and development centres

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

A large amount of data is already collected by the Office for National Statistics and through programmes of research. However, additional information is required to support the strategy's objectives. Objectives here outline the data needed to monitor progress in all areas of the strategy.

6.1 To monitor suicide statistics relevant to the goals and objectives in the strategy

Action under way

The strategy group is currently able to monitor:

- Suicide rates in different age and gender groups and by different methods using data from ONS
- Suicides by people under mental health care using data from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
- Suicides by prisoners using data from the Home Office
- Suicides by women during and following pregnancy using data from the Confidential Enquiries into Maternal Deaths

Action to be taken

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

6.2 To 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

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Appendix 1: Key messages from the public consultation

The strategy was published for public consultation in April 2002. An enormous number of comments were received. These have been, and will continue to be helpful in informing the development of the strategy. Here are some examples of the comments received.

General comments

- The strategy implementation process should be made explicit within the document
- The relationship between social inequality and suicide risk should be acknowledged
- More emphasis should be placed on the role of primary care in suicide prevention
- The list of goals should be re-ordered to begin with something other than suicide method

Goal 1

- Risk assessment training should be made more widely available
- Young men: this section should be strengthened with more emphasis placed on ways that services could engage them

Goal 2

- The strategy should include survivors of child sexual abuse as a vulnerable group
- The strategy should refer to the risks to children coming out of care
- The role that religious leaders can play should be highlighted

Goal 3

- The health dangers of overdose should be mentioned
- Deaths on the London Underground should be included in railway deaths
- The use of firearms as a method of suicide should be included
- Dedicated self-harm services should be promoted

Goal 4

- Television programmes should be used to promote positive images of mental illness and help seeking behaviour, as opposed to positive images of suicide

Goal 5

- A wide range of possible research ideas were put forward which included:
  - conducting qualitative work
  - carrying out local suicide research
  - the identification of those not in contact with mental health services

Goal 6

- Improved dissemination of suicide data

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