Calderdale Suicide Prevention Network

Notes of meeting

Thursday 20 June 2024, 2 – 4pm

Venue: Calderdale Music

Attendance: 20

Contact: engagement@healthymindscalderdale.co.uk

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Welcome & collective care

Georgia introduced the network and thanked everyone for attending. She then covered some key aspects of collective care, asking attendees to please keep these in mind within the session:

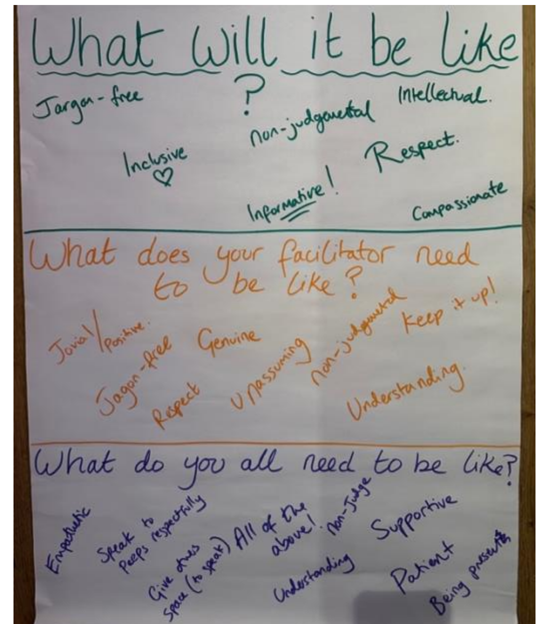
- **Leave if you need:** Everyone is free to leave the room at any point if they need a break or some space from the conversation.
- **Here to talk:** A designated staff member from Healthy Minds is available for a chat outside the room during the session, or after the meeting if you just want a bit of support. If you want to talk, just leave the room or give them a wave.
- **Help is at hand**: There are lots of flyers and posters sharing information about further support that you can access at the meeting.
- **Commitment to confidentiality**: Names or ways of identifying people, or details of experiences discussed in this group must not be shared outside of the room. Equally, it is important to only share details about other people who are not here today if you have consent from them to do so.
- **Content warnings**: A general content warning for the network meetings includes: discussion of suicide, bereavement by suicide, and possibly topics such as having thoughts of suicide, self-harm and methods of suicide.
- **Mindful of methods:** Suicide prevention best practice advice is to avoid discussing specific methods of suicide, as this can have a triggering effect on others. In this network, we will seek to understand suicide better, and so methods of suicide may come into conversation. We ask that all of us try to be mindful of discussing methods of suicide only when this is highly relevant to the conversation or is a specific issue that needs to be raised.
- **Holding difference:** We will all have unique experiences and perspectives, we don’t have to relate to everything, we aren’t all going to ‘resonate’ with other people’s views, this is OK, diversity of experience and perspective are our strength.

Georgia then shared the overall aim of the network as being: *To contribute to reducing suicide, and in turn, the wider impacts of suicide in our local area.* She explained that this might be achieved in three broad ways:

- **Creating advocates:** people who attend the network will reflect on their role in suicide prevention in society – professional or personal.
- **Influencing strategy:** by sharing the knowledge we generate with Calderdale’s strategic groups.
- **Connecting people:** to form a contact point for people and organisations who care about suicide prevention, creating new possibilities for collaboration beyond this network.

Creating a group agreement

Georgia asked the group for suggestions for the following questions in order to create a shared group agreement for the session:



1. What will our session be like today?
   Jargon-free, non-judgemental, intellectual, inclusive, informative, respectful, compassionate

2. What does your facilitator need to be like?
   Jovial/positive, genuine, unassuming/ don't make assumptions, non-judgemental, understanding, keep as they are/ more of the same.

3. What do you all as participants need to be like?
   All of the above!, empathetic, speak to people respectfully, patient, be present, supportive, give others space to speak, understanding, non-judgemental.

Context of this network

Jenniefer Eastwood and Jonny Richardson-Glenn then spoke to the group to give some wider context about why this network exists and what we want to achieve.

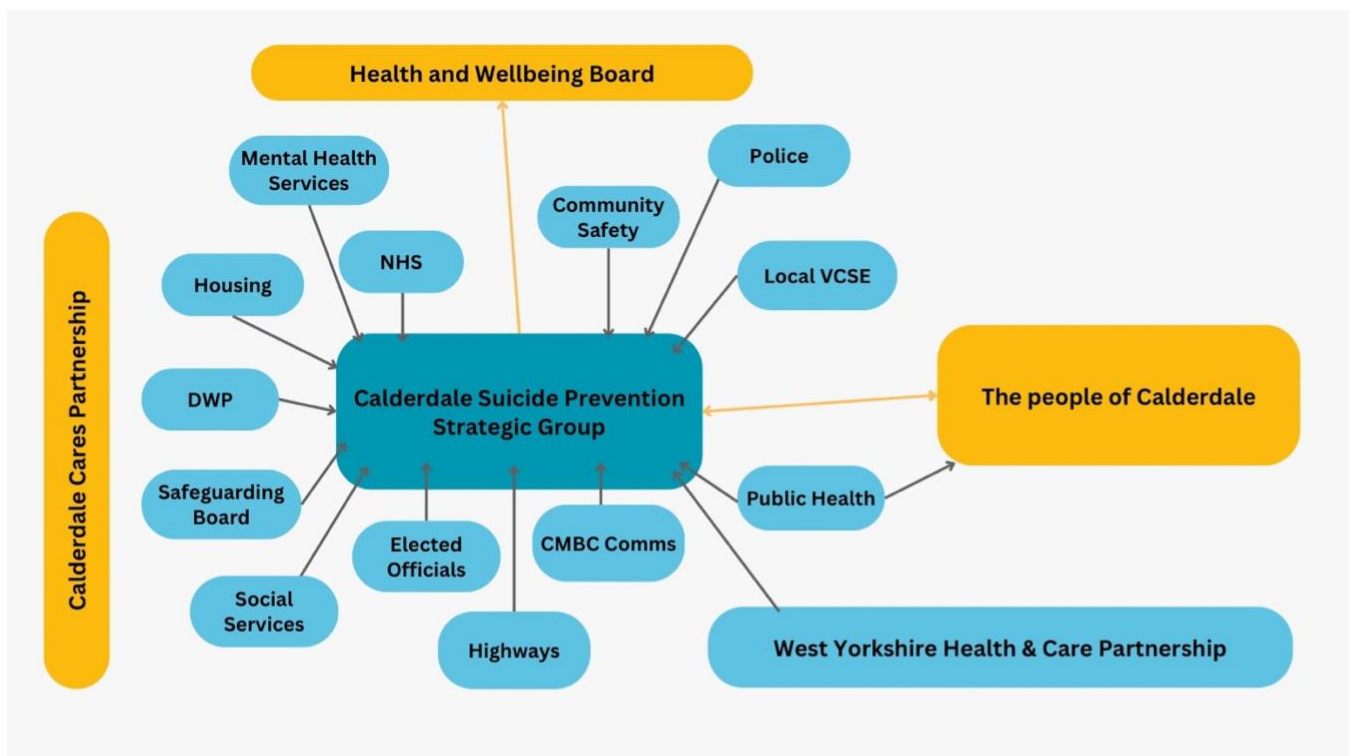
Please see a video of Jenniefer and Jonny speaking here. If you haven't been to this first meeting of the network, but want to attend a future meeting, this is essential context. Please try to watch the video to gain a better understanding of the role of this network before joining.

Jenniefer shared a map of different partners involved in suicide prevention (please see image on next page) and explained that:

- She works in the public health team, focussing on suicide prevention work and that this is a priority area for Calderdale Council, Calderdale Cares Partnership and the Health and Wellbeing Board.
- There is a 'Calderdale Suicide Prevention Strategic Group' made up of strategic partners, with reprensentation from the police, community safety, highways teams etc. This group agrees on the high-level outcomes of what will help to reduce suicide in Calderdale. The strategic group reports to the Health and Wellbeing Board.
- The bit that is missing from the strategic group is the voice of the people of Calderdale, which is why this new Suicide Prevention Netwok has come into existence. Jenniefer's job is to

be a link between this network and the wider work happening across different areas and strategic levels.

- Jenniefer's work involves areas such as:
    - Near real time suspected suicide surveillance – the monitoring all instances of suicide in Calderdale and what is done with this information.
    - Bereavement support and postvention – ensuring support is given to people who affected by suicide.
    - Public Places Group – a piece of work aiming to improve the safety of 'high-risk locations'.
    - Communications – working on how suicide is being talked about, including monitoring media.



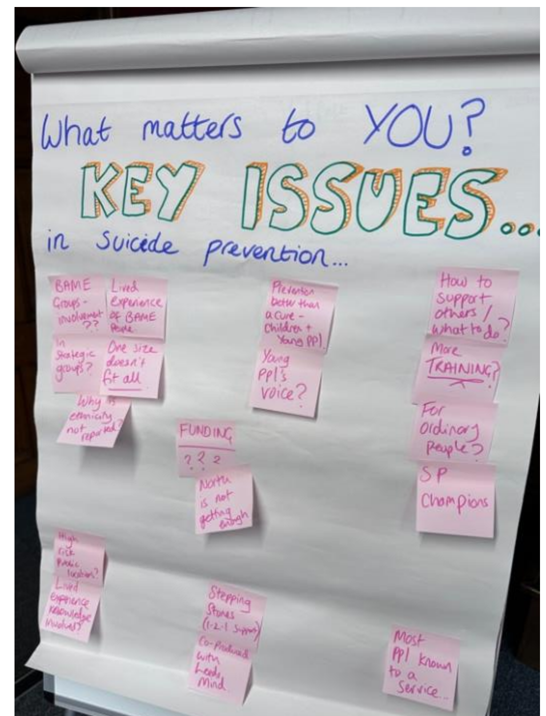
Jonny followed on from Jenniefer's introduction, sharing his perspective on what we want the network to be:

- Healthy Minds was set up 15 years ago, based on learning from people's experiences. At that time, people's experiences centred around the difficulty of access to NHS mental health services, or people's poor experiences of these services. Healthy Minds was set up to understand these experiences and to try to fill some of the gaps. This means we have a history of drawing out people's experiences to learn from these, which we thought would be put to good use for this new Suicide Prevention Network.
- A lot of people at this network will have been close to suicide in some kind of way, whether having felt like we wanted to end our own lives, have come across someone else who has been in that position, been bereaved by people who have died by suicide, or

come into contact with people through their jobs or the places that they work in. This richness of experience is incredibly valuable. At this network, we want to draw together all these different perspectives and ask: 'what can we learn from this' on a collective level.

- We will share the learning that we draw from this network with the strategic group to ensure that decisions at that level are influenced by a wider voice.
- A key question for this network is also 'what leads up to suicide' – if we can understand this better and communicate it to the people that need to hear it, so that the right things can be put in place to improve matters for all of us.

Group discussion: the key issues

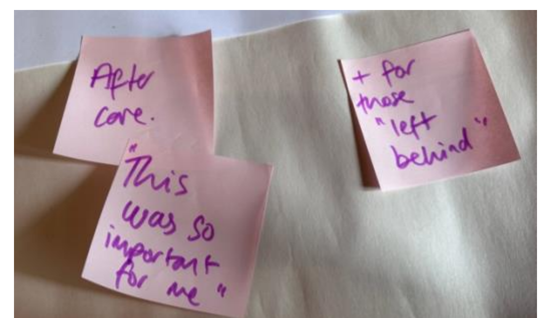


Georgia opened it up to the group to discuss what matters to them in relation to suicide prevention, with the aim of generating some of the key issues that the network can explore further.

She explained that people may have come to this meeting with specific things in mind that they wanted to raise, but that people could also respond to any of the following prompts to get a conversation going:

- What tailored support for higher risk groups is needed?
- How can help-seeking, and help-signalling be encouraged and normalised?
- What support for people affected by suicide is needed?
- How can uptake of bereavement support be increased?
- How can 'Experts by experience' be valued and included in suicide prevention work?
- How can residents and communities be enabled to play their part in suicide prevention?
- How can access to the means of suicide be reduced?
- How can opportunities for changing negative associations of high-risk locations be developed?

Outcomes of the group discussion explored:



Support for people affected

- 'After care' for people who have attempted suicide is incredibly important. This is important in preventing further deaths and good after care has been crucial for some people in not going on to take their own lives. Effective, timely after care needs to be more available.
- There seems to be a lack of follow up after being discharged from secondary care, e.g. check ins after 6 months/1 year for those who have attempted suicide or felt close to attempting suicide. It was mentioned that there is a new pathway that has recently been launched for people who have attempted suicide to access 1-2-1 support after an attempt if they want this support.

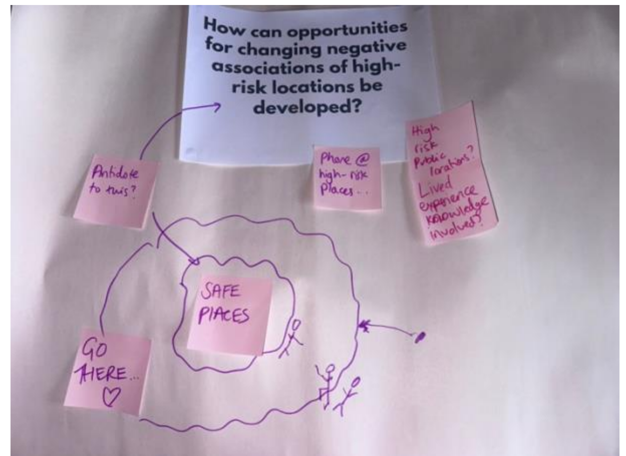
- We need to be able to recognise and respond to "calls for help" – a 'call for help' may look like all sorts of things, a suicide attempt might be one of these.
- Support for those "left behind" is also of high importance to people. It was asked what the bereavement service in Calderdale was – Georgia shared that this service is run by Leeds Mind (who cover all of West Yorkshire) but she didn't know much more about the service (we can find out more for a future meeting). It is apparent that support for people bereaved is incredibly important, but often not well known about, or very accessible.
- Initiatives such as Pushing up the Daisies in Todmorden are important community assets for helping people with death and bereavement which should be supported.
- The ability to know about and access support (e.g. bereavement support) continues to be negatively impacted by the ever-changing landscape of services, projects, programmes and organisations, both statutory and voluntary, meaning stability of awareness of where to access the right support is an ongoing challenge. This is felt both by the public but also remains a key issue within healthcare services themselves – confidence of knowing what is available 'out there' does not exist within current services.

Help-seeking & help-signalling

- We discussed how a lot of people who attempt suicide or take their own life are already known to services e.g. health or social care.
- Those who are already engaged in mental health services are likely to know more about who to contact in a crisis.
- People have had both positive and negative experiences with engaging the crisis team (officially called the Intensive Home Based Treatment Team) when in need of help. The negative experiences of asking for help in a crisis can include:
    - Calling the crisis team and being met with answering machines.
    - Calls taking a long time to get through to the right person *"It can be 3 – 4 hours before actually being able to talk to someone"*
    - New option of the NHS 111 line taking a long time to get through all the automated questions.
- It was pointed out that general, a lot of people don't know who to call in a crisis. Communications around this needs to be simpler, e.g. those living in certain areas will have to call a number with a different area code to the one they live in, which can be confusing.
- Language is a problem in communications around crisis support, as well as more generally, e.g. are translation services readily available? NHS jargon is also a problem for people, creating barriers to understanding and access at times.
- It was mentioned that there is a sense that there is still a heavy reliance on the responsibility of an individual to call a helpline or ask for help in some way, raising the question: how do we balance individual vs community responsibility for suicide prevention?
- There seems to be a need for a much higher level of public-wide awareness of what to do and who to ask for help during mental health crisis. Communications around this need to be as commonplace as TV adverts.
- It was discussed that there is a need for the general population to be better equipped to support others and to help prevent suicide. This could point to a need for more widely available suicide prevention training through all places where skills are developed (e.g. workplaces, schools, adult education, public campaigns). The West Yorkshire Suicide

Prevention Champion programme is a key asset we already have, which has a lot of scope to be promoted more widely.
- It was also pointed out that doing the training to become a Suicide Prevention Champion has also been a useful resource for those who are personally affected by suicide themselves, and there are cases where this training has helped people to keep themselves safe, which is an important secondary outcome of the training.

Spaces & public locations



- The issue of high-risk public locations was discussed, with it being mentioned that this is a strategic priority for the local authority. Following on from the issue of help-seeking in crisis, it was asked: can there be a phone installed at such locations which are directly linked to the right responders?
- It was asked what lived experience knowledge has been involved in the discussions around high-risk public locations – we would like to find out more about this.
- It was mentioned that some people don't want to call a crisis line, but might want to go to some physical space that feels safe. What spaces actually exist for this? Where are people physically going and not going in order to seek safety? Are these spaces actually equipped to support people in crisis? Can alternative spaces exist that people know that they can go to as an option?

What does crisis actually look like?

- Throughout our discussions around crisis, calling crisis lines as well as the physical spaces involved in crisis, the question of 'what does crisis actually mean / look like?' kept welling to the surface.
- It became apparent that crisis can 'look' very different for many people. We can be interacting with people who are in crisis and not necessarily know that they are in crisis. There may be no recognised 'risk' of suicide or 'reason' for attempted or completed suicide. 'Spotting the signs' in order to know when to intervene can become extremely complex and difficult. Preconceptions of what crisis 'looks like' can also affect the way that healthcare professionals respond to people, depending on their 'presentation'.
- This question feels important to continue to explore.

Involvement of BAME people in suicide prevention

- There was a desire for better representation of people from BAME backgrounds at a strategic level of suicide prevention. We would like to find out more about what engagement with BAME groups already exists in Calderdale, and what the gaps are for exploring this further.
- Many people were surprised to find out that data such as ethnicity isn't recorded by coroners on registered deaths by suicide.

- It was mentioned that 'one size does not fit all' when it comes to approaching suicide prevention, meaning that there are a multitude of cultural attitudes towards suicide, as well as different needs of various groups of people, that will impact the way that we need to go about suicide prevention.
- The lived experience of BAME people must be listened to and included in strategic decisions.

Is suicide always about mental health?

- This is a complex question with mixed views on the subject.
- It was mentioned that is important to emphasise that in order to reduce numbers of suicides we must recognise that there are multiple factors that increase risk, so a 'system-wide' approach is needed, suicide is prevented by dealing with these factors directly.
- Culturally, there is still a negative association with the phrase 'mental health'. People automatically associate the phrase with the image of poor mental health, when in reality, having mental health is a positive state of being.

Funding & resourcing suicide prevention

- It was mentioned that funding for organisations and resources that are working to prevent suicide is still dire. In particular, it was mentioned that recent government grants were meager offerings, and there was hardly any grants awarded in the North compared to the South of England.
- Charities are still 'picking up the slack' and struggle to access funding that is sufficient for them to implement the resources that they want to implement – despite the fact that what the voluntary sector can offer is often extremely important and needed by communities.

Young people's voice?

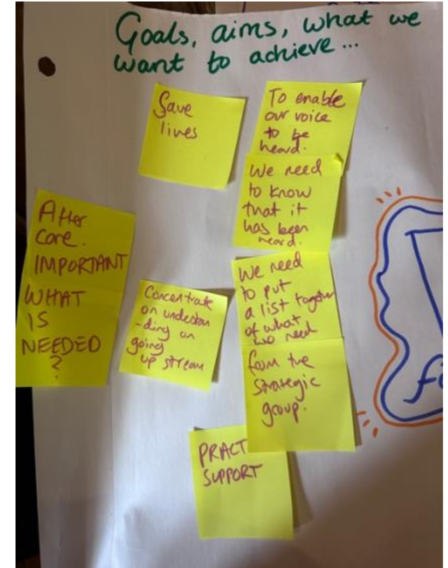
- It was mentioned that in the spirit of 'prevention is better than a cure', what was the level of involvement of young people in having a role in suicide prevention? Where is the young people's voice in all of this? – this is something that we still need to explore.
- Applying suicide prevention approaches within educational settings as well as providing better and more widely available mental health support for children and young people feels like a gap which is not being addressed enough.

The discussion at this first session acted as a starting point to open up the conversation. We know that there needs to be more in-depth exploration of different issues at future meetings. Georgia will use the issues raised at this first meeting to help guide the topics and content of future meetings, ensuring that we give as much opportunity as possible for people to have full discussions.

Vision for the future of the network

The group briefly had opportunity to add ideas to build a vision for the future, this was squeezed due to coming to closing time, so we will pick this up and continue to add ideas at future sessions.

Goals, aims, what we want to achieve:

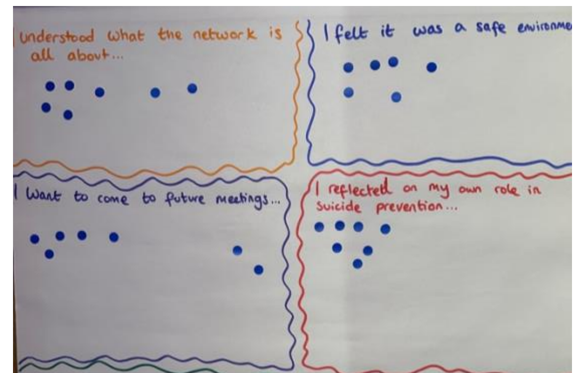


- To save lives.
- To enable our voice to be heard – to do this we need to put together a list of what we need to know from the strategic group.
- Concentrate on understanding what is going on 'upstream' of suicide (what are the earlier missed opportunities in prevention? E.g. exploring practical support that is needed).
- Having a focus on aftercare and understanding what is needed around this.

In future meetings we will consider:

- What do we need to nurture our network?
- How do we want it to run? (What is the best format? How will we communicate about it?)
- Who else needs to be here in the room with us? (Who should we promote it to?)

Session Feedback



After the session, there was opportunity for attendees to contribute feedback to a flipchart.

The main piece of feedback was that people indicated there needed to be more time to discuss, as topics moved quickly. This has been taken on board within the planning of the next meeting.

Action points

★ Georgia will circulate the meeting notes along with a feedback form and an online poll to gather people's preferences on when meetings should occur.
★ A booking link to a future meeting will be circulated once a date and venue is confirmed.