Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 SUMMARY



# Introduction

The Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 is the result of the mental health system in our county working together to imagine a single vision for suicide prevention work over the next few years. We have used suicide prevention models and strategies from both national and international sources to inform our work, and we have used local data and discussions with both system partners and people with lived experience of suicide in order to tailor our approach to best suit our diverse communities within Cambridgeshire and Peterborough.

We are pursuing a zero-suicide ambition, described by the Zero Suicide Alliance as “an alliance of people and organisations coming together around one basic principle: Suicide is preventable.”**[[1]](#footnote-1)**

Our local ambition builds on this:

Every person in Cambridgeshire and Peterborough has access to the right care and support, from both the mental health system and their communities, to ensure that they do not die by suicide

We have taken this approach because every suicide is a tragedy and deeply affects the family and friends connected to the individual. Our work in preventing suicide is driven by the belief that, together, we can support people who are experiencing suicidal thoughts in a compassionate way; to acknowledge their emotional pain and work to keep them safe. We believe that suicide is not inevitable.

As a mental health system, we believe it is equally important that members of the community are also suicide aware and able to keep each other safe. We want anyone who is suffering from poor mental health and suicidal thoughts to feel supported, not only when they are accessing mental health care, but also when at home or out in public. Therefore, we have laid out three key target areas, covering how our mental health system, our local communities, and individual people can be best informed and work together to keep ourselves and each other safe.

# Our Targets


# Key Themes

In line with national guidelines on preventing suicide, and to oversee the implementation of the local strategy, a multi-agency suicide prevention implementation group meets on a quarterly basis with input and membership from many organisations across public, charitable, and voluntary sectors.

A workshop held with this group held in July 2021 identified several key areas of work that are currently being undertaken and areas of interest. Based on these discussions the following key themes, which will form the basis of the strategy, have been proposed:

# Priority Areas

To meet these objectives, a number of key priority areas have been identified, using the national suicide prevention strategy, Lifespan suicide prevention model and COVID-19 mental health and wellbeing recovery plan.

# Improve the mental health of the general population and those identified as at risk



* Raise concerns in group meetings of emerging trends and address these rapidly using evidence-based approaches
* Ensure work includes consideration of how people exposed to several risk factors may require a different approach
* Actively include the voices of people from different backgrounds directly affected by tailored MH approaches
* When delivering targeted approaches, consider best forms of communication, how people access services, engaging with community leaders and working with experts
* Hand out resources providing details of support available in the community
* Produce a leaflet with all sources of support available with a guide to which support is best for each person’s needs
* Link MH services with other services working with vulnerable people
* Encourage discussions around mental health whenever anyone accesses a health or community service

# Provide high quality general and specialist support to people presenting with suicidal intent



* Ensure that primary and secondary care communicate effectively to allow for warm handovers and avoid patients feeling like they are starting from scratch when entering new services
* Promote consistent uptake of training
* Encourage all organisations with frontline mental health staff have robust procedures in place to protect their workers’ mental health
* Supply GPs with mental health resource packs providing guidance on support available where they can confidently refer patients
* Encourage and monitor use of SAFETool safety planning by GPs
* Promote Staying Safe Safety Plans within community services to allow non-medical professionals to promote suicide safety
* Create greater awareness in the community of safety plans, encouraging everyone to develop one
* Increase the number of primary care staff receiving suicide mitigation training
* Increase suicide awareness in all staff involved in mental health care, including support and admin staff

# Protecting people at a time of crisis and following de-escalation



* Raise awareness of available support to people in crisis and promotion of crisis cards to help give people greater control over their care
* Challenge stigma surrounding self-harm and ensure

patients are treated

with dignity and

respect, with their

mental health

concerns

addressed

alongside any

physical injuries

* Increased collaboration between services to ensure discharge buddies are appropriately engaged
* Inform Next of Kin (with consent) and equip them with resources to support their loved one if they re-enter crisis
* Continue to address ligature points in in-patient settings, rails, high spaces and medicines management
* Engage with individuals and loved ones to reduce hangings within the home
* Promote healthy online behaviour as alternatives for individuals searching for harmful content
* Increase engagement with the dashboard with more regular reporting to allow for a more rapid response to changes in crisis presentations

# Ensure the community is well-equipped to prevent suicide in non-clinical environments



* Promote responsible discussions around suicide when people are using social media and online forums
* Encourage appropriate reporting of concerning content on social media
* Produce resources discussing the impacts of posting incorrect or harmful information on the internet regarding suicide
* Deliver targeted STOP Suicide awareness campaigns using data collected from the Real-Time Suicide Surveillance System to tailor approaches
* Ensure that when multiple suicide awareness campaigns are in operation, efforts are made to collaborate and promote messages
* Promote suicide awareness training among members of the community
* The message that “suicide is everyone’s business” should be communicated out to the community to encourage uptake of training
* Ensure messaging in awareness campaigns and resources makes sure to encourage people not to take on too much responsibility themselves
* Encourage someone struggling with their mental health to identify key people within a support network (as opposed to a primary caregiver)

# Support children and young people and their families in addressing mental health issues



* Work cooperatively with the team developing the CYP MH strategy to ensure the strategies are complementary
* Continue discussions of suicide prevention at CYP MH board and discussion of CYP MH at suicide prevention strategy implementation group
* Any work being done into preventing suicide and self-harm in children and young people is considerate of the audience and can be adapted to accommodate
* Ensure messages delivered in schools are also accessible to NEET young people, including youth clubs and groups, job centres and online
* Outreach in schools promoting good mental health and preventing suicide
* Key messaging and support available to staff in schools, with guidance on how to keep a young person presenting with suicidal thoughts safe
* Connect schools experiencing the suicide if a pupil to the Samaritans to provide rapid support
* Delivery of pilot programmes co-produced by children and young people and their parents
* Improve the collection of self-harm data and the contributing factors that may lead to somebody self-harming

# Ensure that appropriate steps are taken following a suicide to support the community and learn from the incident



* Continue monitoring of media and promotion of appropriate reporting of suicides
* Monitor social media to ensure that information being shared is accurate and sensitive towards those who have died by suicide and their families
* Prepare statements focusing on dispelling harmful rumours and guiding people towards support
* Ensure staff are supported through case reviews and have access to resources providing emotional support to mental health professionals
* Provide resources and other support to first responders and encourage formal support processes to be introduced into organisations with at-risk worforces
* Increase the suicide bereavement support service to reach a wider range of people and offer longer term support
* Develop a suicide bereavement counselling service and suicide bereavement support for children and young people
* Expand the RTSS system to include a wider range of stakeholders to improve understanding following a suicide and better help people in the future
* Introduce learning forums for the system to identify any consistent issues and propose ideas for new approaches

# Conclusion

This summary outlines our ambition for suicide prevention work in Cambridgeshire and Peterborough in 2022-2025. The priority areas and accompanying recommendations will ensure that the mental health system, wider community and individuals are suicide aware and well equipped to keep everybody, including themselves, safe.

Progress of this strategy will be monitored through Real-Time Suicide Surveillance Data, rates of self-harm and attempted suicide, and consultations with people with lived experience, including frontline workers.

The implementation of the strategy will require a mixture of input and work from the entire mental health system in Cambridgeshire and Peterborough, as well as the wider community. Beyond addressing the priority areas, cultural and organisational changes will be needed to accommodate the key themes of collaboration, co-production and information sharing.

Implementation of the recommendations and action plan will be managed by the joint Cambridgeshire and Peterborough Suicide Prevention Implementation Group. Multi-agency working across all sectors, from NHS and mental health professionals to voluntary organisations, will be encouraged to utilise expertise from these organisations to implement the proposed initiatives.

Improved engagement with service users and their carers is expected for the successful development, implementation and delivery of initiatives in each priority area.

Through co-operation, coordination and community engagement, we can all work together to reach our ambition of zero suicides in Cambridgeshire and Peterborough.

**To read about the suicide prevention strategy in more detail, please follow this link (TBC). The full strategy includes progress since the previous strategy, the data that has informed priority work, outcomes of consultations with people with lived experience, and the discussion of priority areas in greater detail.**

1. [Learn more about the Zero Suicide Alliance (ZSA)](https://www.zerosuicidealliance.com/about/about-us) [↑](#footnote-ref-1)