



*National Institute for
Mental Health in England*

**National Suicide Prevention
Strategy for England**
Annual Report on progress 2004

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Foreword

It is now over two years since the national suicide prevention strategy for England was launched. The National Institute for Mental Health in England continues to develop the infrastructure at national, regional and local level to work with the many partners helping deliver on the extensive programme of work outlined in the original strategy document. Moreover, we have been able to identify gaps in information and data where further research was necessary to help us deliver evidence based approaches to preventing suicides.

In addition, we are currently reviewing the membership of the Suicide Prevention Strategy Advisory Group which helps provide leadership and support to the many partners and stakeholders working to implement the strategy. This review is necessary to ensure that this overarching group has the necessary skills, knowledge and experience to aid successful implementation of the strategy.

Whilst we must always be cautious when interpreting changes in suicide statistics, current data continue to reflect a downward trend in the rates of suicide in England. However, we must continue to take action on the goals and objectives outlined in the strategy to ensure that this downward trend is maintained.

This report is the second annual report of progress and sets out what has been achieved in the past 12 months and what further actions still need to be taken in the medium and longer term.



Professor Louis Appleby
National Director for Mental Health

Chapter 1 – Progress in 2004

Introduction

The first national suicide prevention strategy in England was launched in 2002. The strategy aims to support the achievement of the target set in the White Paper *Saving Lives: Our Healthier Nation*, and reinforced in the National Service Framework for Mental Health, to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010. The Public Service Agreement reached between the Department of Health, Treasury and No 10 to reduce the mortality rate from suicide and undetermined injury by at least 20% by 2010 reflects the Government commitment to improving access to mental health services. This important national target has been retained in the *National Standards Local Action* health and social care standards and planning framework for 2005/06–2007/08.

The likelihood of a person committing suicide depends on several factors. These include physically disabling or painful illnesses and mental illness; alcohol and drug misuse; and level of support. Stressful life events such as the loss of a job, a death or divorce can also play a part. For many people, it is the combination of factors which is important, rather than any single factor.

There is no single approach to suicide prevention. That is why we have developed a broad strategic approach which involves health and social care agencies, Government departments, and the voluntary and private sector organisations.

Implementation – second year progress

NIMHE continues to take implementation of this strategy forward as one of its core programmes of work. We have continued to make good progress involving a number of specific initiatives. These include:

- establishing a small number of mental health promotion pilots aimed at young men. These pilots, located in Bedfordshire, Camden and Manchester, commenced in October 2004;
- piloting of risk assessment training packages in a small number of NHS Trusts in the North West and South East Development Centre areas and in five prisons;
- the completion of coroner based studies into specific methods of suicide to help inform future interventions. The following methods of suicide were investigated – hanging, firearms, co-proxamol poisoning and self-poisoning, in which the individual reached hospital alive;
- establishment of a study of deliberate self-harm in three centres in England to help provide accurate data and trends and patterns of DSH, identify any differences between centres, and detection of any changing patterns. The centres began this work in November 2004 for an initial 18-month study

and are located in Oxford, Manchester and Leeds. However, the ultimate aim is to establish longer-term multicentre monitoring of DSH across several centres in England;

- the launch of a strategic 5 year programme to tackle stigma and discrimination on mental health grounds. One of the priorities for action within this programme is work to promote balanced and accurate media reporting of mental health issues. NIMHE will work at a national and regional level to ensure that journalists and editors have effective guidance and support on the reporting of suicides;
- guidance has been issued by the National Institute for Clinical Excellence (NICE) on the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care.
- The Social Exclusion Unit has published its report on mental health and social exclusion. The comprehensive report sets out how we can improve health and well-being, boost employment and training, increase support to families and prevent the isolation of those with mental health problems.

NIMHE has continued to build capacity within its eight development centres and all have now appointed suicide prevention leads to ensure successful implementation and ownership at a local level. Their contact details can be found in appendix 2. In addition, development centres have agreed their own work programmes for 2004/05 to reflect the ongoing and future work streams outlined in the suicide prevention strategy. Chapter 3 provides more detailed information on local activity.

Where we are now

Suicide rates whilst fluctuating year on year, show a downward trend since the early 1980s. The OHN target is to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010 (from a baseline rate of 9.2 deaths per 100,000 population in 1995/6/7 to 7.4 deaths per 100,000 population in 2009/10/11). Latest available data (for the 3 years 2001/2/3) show a rate of 8.6 deaths per 100,000 population – a reduction of 6% from the 1995/6/7 baseline. For more detailed analysis of the statistical data see Chapter 2.

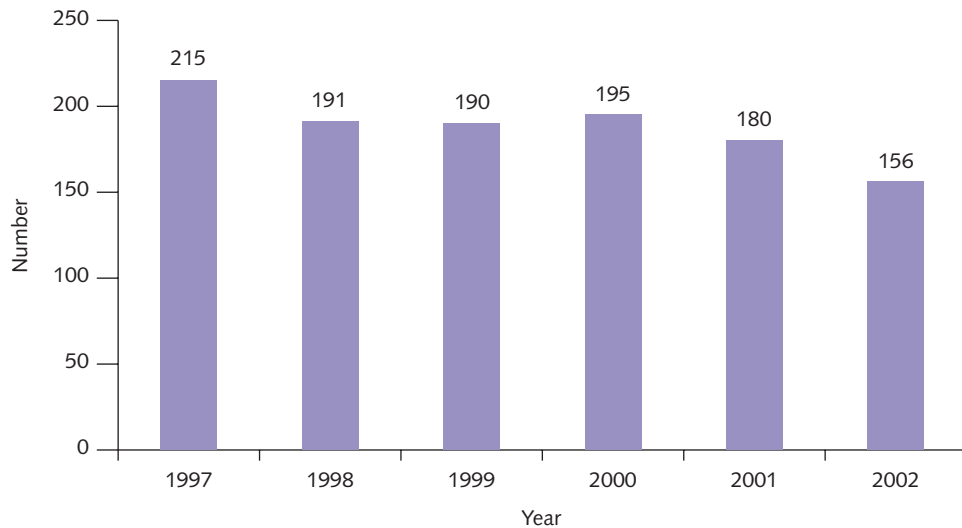
In the 2004 star ratings, 291 out of 303 PCTs (96%) reported having a local system for suicide audit.

In-patient suicides

Having a severe mental illness is a known risk factor for suicide. Because a significant number of suicides occur during a period of inpatient care or shortly after discharge, managing risk effectively, and ensuring good continuity of mental health care is essential.

There continues to be a particular focus on in-patient safety. The Government has also established the National Patient Safety Agency to improve the safety of NHS patient care. The NPSA have identified patient safety in acute mental health settings as a priority. The emphasis on the project's work will be identifying and understanding the complex inter-relation of systems that exist on acute psychiatric wards and how these can be managed to improve safety.

Figure 1: In-patient suicides England 1997–2002



Source: National Confidential Inquiry into suicide and homicide by people with mental illness.

The latest available data covering calendar year 2002 show that the numbers of in-patient suicides in England have fallen from 215 in 1997 to 156 in 2002.

Young Men

There has been an encouraging and sustained fall in the rate of suicide amongst young men under the age of 35. However, the death rate from suicide amongst this high-risk group is still high in comparison with the general population. That is why we have developed specific mental health promotion pilots in Camden, Manchester and Bedfordshire to try to encourage young men to seek help earlier and access services or support when in distress. These pilots will be evaluated and if successful will be disseminated widely as part of NIMHE's national mental health promotion work. (See figure 5)

Suicide by prisoners

92 self-inflicted deaths occurred in prison during 2003/4. Whilst a reduction from the previous year, the rate is far higher than that in the general population as is the prevalence of mental disorders and with co morbid substance misuse. Additionally they are more socially excluded with fewer support options compared to the general population.

Further prison research has been completed which helps to better understand the time of greatest vulnerability and likely risk factors. Significant investment has been made during the year that includes a further expansion in mental health service into prison; implementation of a revised health-screening tool on reception into prison to better identify those at greatest risk; and the development of a mental health awareness training programme for prison staff. NIMHE are now responsible for delivery of the prison mental health national programme. Much collaborative working between HM Prison Service, DH and NIMHE is occurring. The current Prison Service suicide prevention protocol is under review, its replacement emphasising improved initial assessment, care planning and multidisciplinary team working to reduce risk. Prison mental health forums are being established in each of the NIMHE regional

development centres to push forward all aspects of the suicide and safer custody programme.

Methods of suicide and access to means

Research has indicated that the likelihood of committing suicide will depend to some extent on the ease of access to, and knowledge of, effective means. One reason is that suicidal behaviour is sometimes impulsive, so that if a lethal method is not immediately available a suicidal act can be prevented (see Chapter 2 for the latest statistical data on deaths from suicide and undetermined injury by method and gender).

Conclusion

We continue to make good progress in implementing the many actions outlined in the suicide prevention strategy. Chapter 4 provides a comprehensive update on all the actions either completed, ongoing or planned.

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

Chapter 2 – Statistical information

Introduction

Official suicides are those in which the coroner or official recorder has decided that there is clear evidence that the injury was self-inflicted and the deceased intended to take their own life. Open verdicts or undetermined injury are those where there may be doubt about the deceased's intentions. Research studies show that most open verdicts are in fact suicides. For the purposes of measuring overall suicides in England, official suicides and open verdicts are combined.

Details are collected when deaths are certified or registered. Most deaths are certified by a medical practitioner, however suspected suicides must be certified after a coroner's inquest. Statistics on cause of death are collected by the Office for National Statistics and are passed to the Department of Health on an annual basis.

Suicide numbers and rates

The number of suicide deaths refer to the actual number of people who have died by suicide or undetermined injury.

The rate of suicide refers to the frequency with which suicide occurs relative to the number of people in a defined population. This age-standardised rate takes account of changes in the size and age structure of the population to provide a comparable trend across time and across different areas.

OHN Targets

The OHN target is to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010. OHN targets measure suicide rates using three-year pooled rates. Three-year rolling averages are generally used for monitoring purposes, in preference to single year rates, in order to produce a smoothed trend from the data and to avoid drawing undue attention to year-on-year fluctuations instead of the underlying trend.

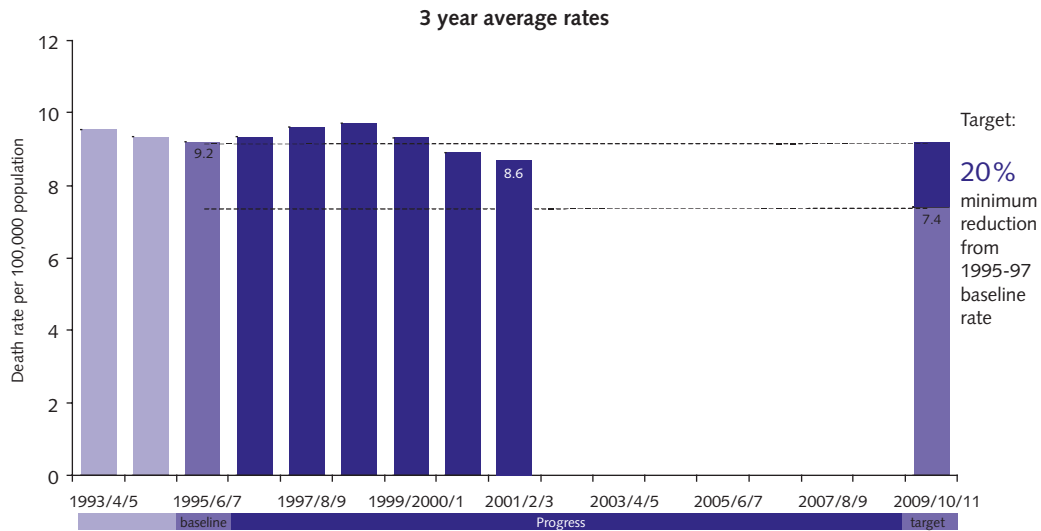
Current Position

The OHN target is to reduce the death rate from a baseline rate of 9.2 deaths per 100,000 population in 1995/6/7 to 7.4 deaths per 100,000 population in 2009/10/11. Figure 2 shows the latest available data (for the 3 years 2001-2003) showing a rate of 8.6 deaths per 100,000 population – a reduction of 6 per cent from the baseline.

The three-year average rate rose in the period immediately following the setting of the baseline. However, the rate has since fallen and progress is now towards the target. If the trend of the last five years were to continue, the target would be met – see figure 2 below.

Figure 2: Mental Health Target

Death rates from Intentional Self-harm and Injury of Undetermined Intent excluding 'Verdict Pending' in England 1993–2003 and target for the year 2010 – All persons



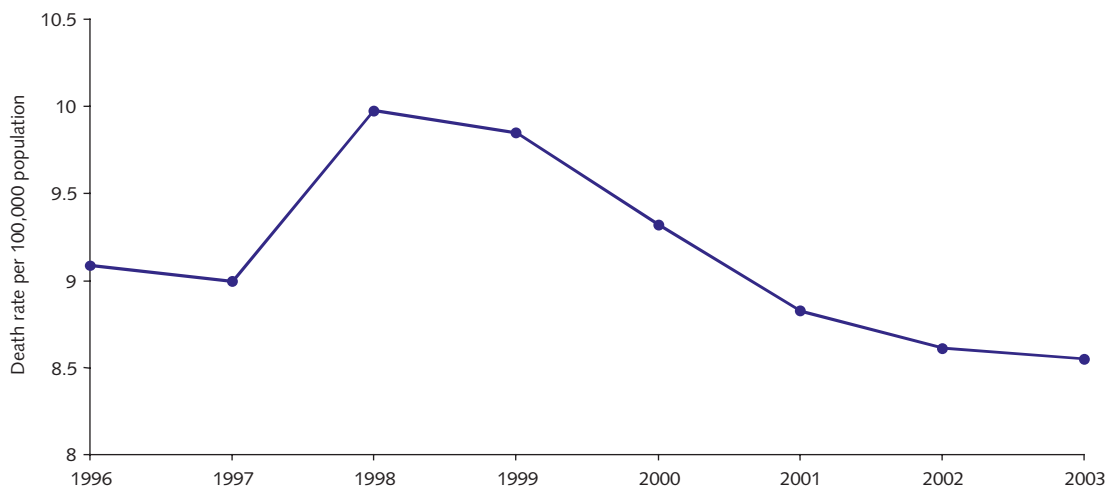
Rates are calculated using population estimates based on 2001 census, subsequent to amendments resulting from the Local Authority Population Study (LAPS). Rates are calculated using the European Standard Population to take account of differences in age structure. ICD9 data for 1993 to 1998 and 2000 have been adjusted to be comparable with ICD10 data for 1999 and 2001 onwards.

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

The suicide rate for the year 2003, the most recent available, was the lowest recorded. The European Age Standardised Rate (EASR) was 8.5 per 100,000 population, a decrease of 1.1% on 2002 which was 8.6. (See figure 3 below)

Figure 3: Mental Health Target

Death rates from Intentional Self-harm and Injury of Undetermined Intent excluding 'Verdict Pending' in England 1996–2003 – All persons

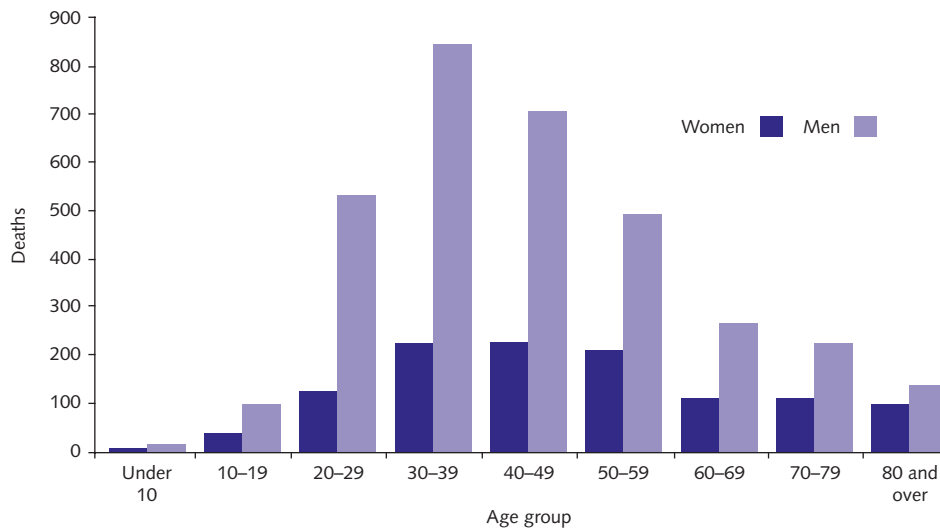


Rates are calculated using population estimates based on 2001 census. Rates are calculated using the European Standard Population to take account of differences in age structure. 1996 to 1998 and 2000 have been coded using ICD9; 1999 and 2001 onwards are coded using ICD10.

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

The majority of suicides continue to occur in young adult males (figure 4 below) – that is those under 40 years. In relation to women of the same age, younger men are more likely to commit suicide. The peak difference is the 25-34 age group in which 4 males commit suicide to each female. The average ratio between men and women of all ages is just over three male suicides to each female. Once people pass 50 years of age the ratio stabilizes at around 2.5 male suicides to each female.

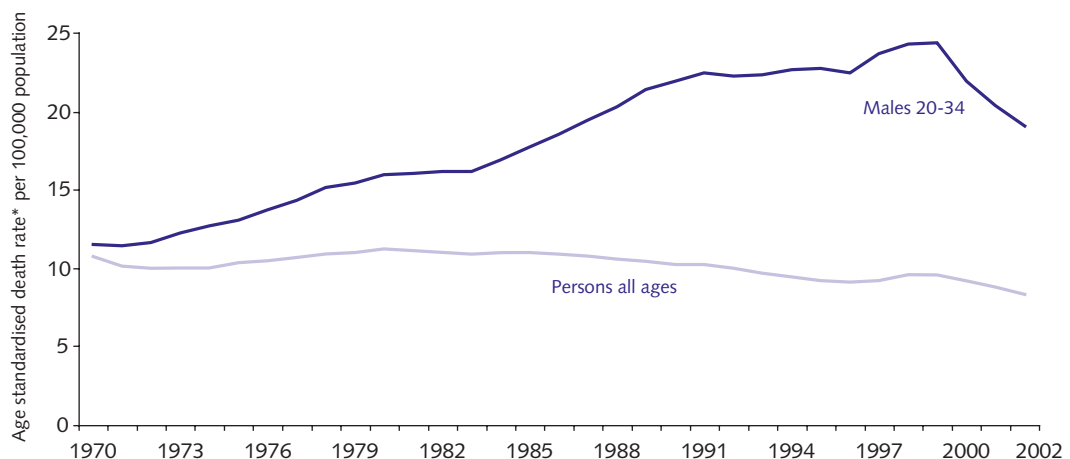
Figure 4: Deaths from Intentional Self-harm and Injury of Undetermined Intent – England 2003



Source: ONS Mortality data

In the last thirty years of the 20th century, suicide rates had fallen in older men and women but risen in young men. We are now seeing evidence of a sustained fall in suicide among young men in recent years, although the rate remains high in comparison to the general population. (See figure 5)

Figure 5: Mortality Rate from Intentional Self-harm and Injury of Undetermined Intent in young men (aged 20–34) in England – Three-year average rate, plotted against middle year of average (1969–2003)



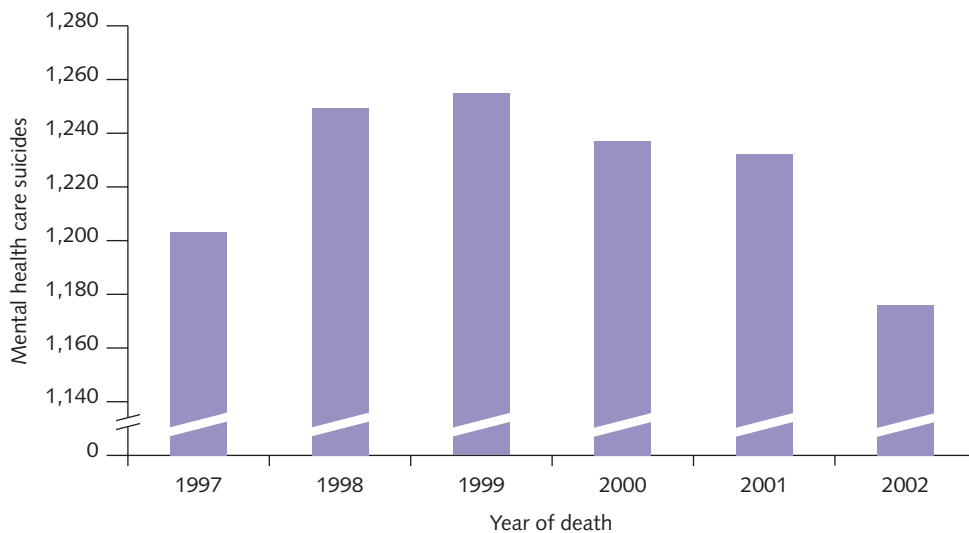
Rates are calculated using population estimates based on 2001 census. Rates are calculated using the European Standard Population to take account of differences in age structure.

Years to 1998 and 2000 have been coded using ICD9; 1999 and 2001 onwards are coded using ICD10.

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

Suicide rates by people in touch with mental health services in the year prior to death continue to show an encouraging fall. Implementation of standards one to six of the NSF have all contributed to reducing suicides. It is also clear that better risk management, removal of specific ligature points, appropriate care and treatment and good quality follow up and continuity of care are key factors in the reduction in the number of people with a mental illness who take their own life. (See figure 6 below)

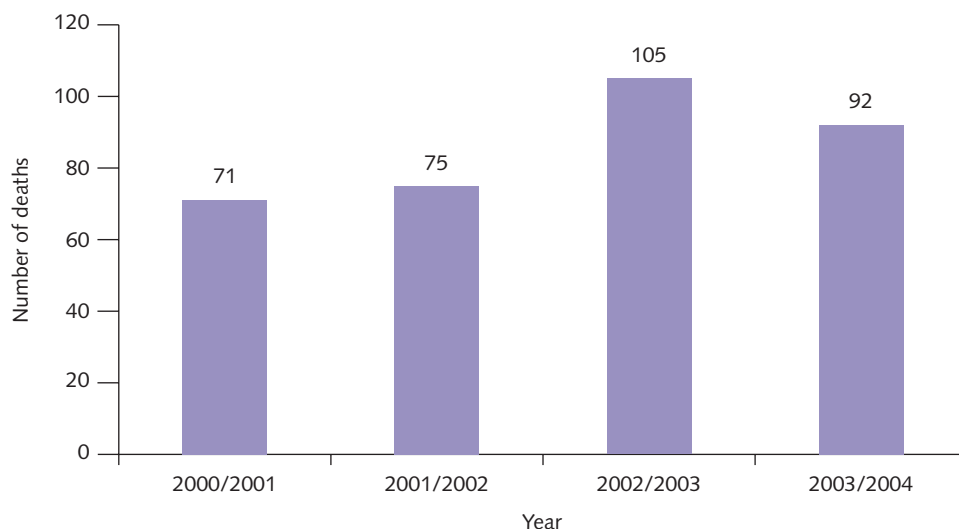
Figure 6: Suicides by people in touch with mental health services (in 12 months prior to death) England 1997–2002



Source: National Confidential Inquiry into suicide and homicide by people with mental illness

The general population downward trend in suicides has not occurred in prisons. However, 2003/04 has seen a reduction from the previous year, although the rate is still higher than in the general population – see figure 7.

Figure 7: Self-inflicted deaths in prison, England and Wales

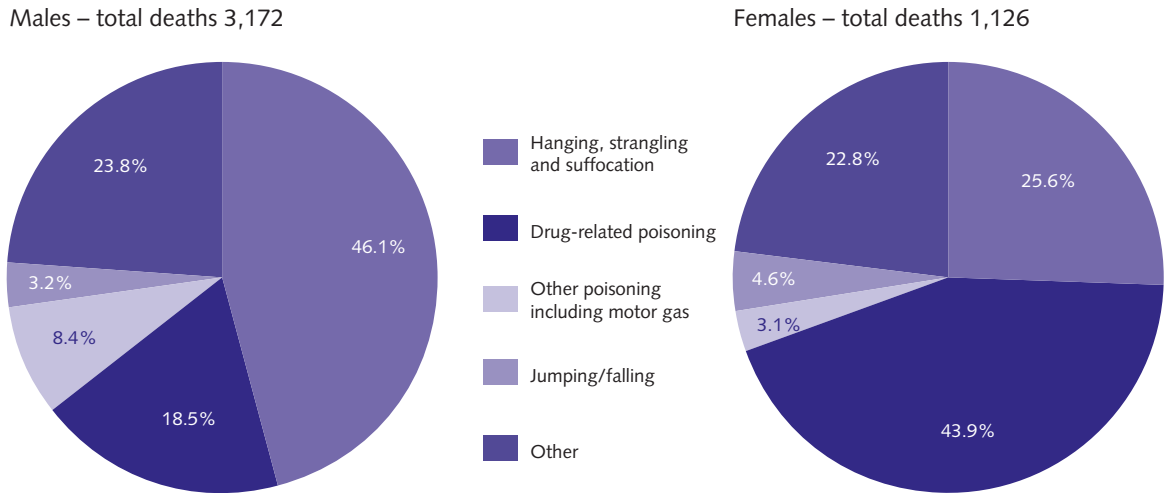


Source: HM Prison Service

Hanging and suffocation is now by far the most common method of suicide for men, accounting for nearly half of all male suicide deaths. The relative importance of drug related or other poisoning (including motor gas poisoning) has decreased accordingly. Among women, drug related poisoning is still the most common method of suicide,

accounting for nearly 44% of all female suicide deaths, but hanging and suffocation now account for over a quarter of all female suicides and is the second most common method used.

Figure 8: Deaths from suicide and undetermined injury by method and gender England 2003



Note: The analysis by method is not directly comparable to previous versions coded under ICD9. In particular the 'motor gas' category is now subsumed within the 'other poisoning' category.

Source: Office for National Statistics (ONS)

Chapter 3 – Implementing the suicide prevention strategy through development centre activity

Introduction

NIMHE's development centres are key to the delivery of the suicide prevention strategy, providing tailored support to local communities and working in partnership with a range of different stakeholders. They continue to stimulate and encourage innovation, and support local communities to implement the strategy priorities in ways that fit with local circumstances. This report provides a snap shot of some of the activities taking place through development centres to enable us to reduce suicides in our communities.

North East, Yorkshire and Humber

The North East, Yorkshire and Humber Development Centre area serves a population of almost seven and a half million people. Within the area are a wide range of rural and urban communities, many different cultural communities and some of the country's most deprived areas.

A long established network of NSF Standard 7 Leads exists to share and support positive practice. This has enabled them to:

- disseminate and support implementation of *Preventing Suicide: A toolkit for mental health services* to localities;
- support local services in the development of local strategies;
- arrange briefing sessions on the NICE guidelines which were held in November and provide further support as required;
- engage with the Yorkshire East Rural Support Project around the needs of farmers.

In addition, the development centre has supported and encouraged innovation at a local level. Examples of audits and learning the lessons from such tragedies include:

- Development of SHA-based networks to monitor suicides of people known to mental health services and share approaches to risk assessment and risk management.
- In Hull and East Riding an internal Executive Group has been established, utilising national guidelines, toolkit and information gained from adverse incident statistics. A Clinical Risk Committee has been set up to review all serious untoward incidents including suspected suicides and attempted suicides. The Committee will monitor progress and good practice, carry out an appraisal of lessons learned/audit, produce an annual report and circulate to relevant groups.

In addition, a tool to audit suicides of people not known to mental health services is currently being piloted by nine Local Implementation Teams across the region – the one-year pilot will end on 31 May 2005 and then be evaluated.

The national suicide prevention strategy recognises the need for staff to be trained in risk assessment and management. For example, the Northumberland, Tyne and Wear Strategic Health Authority has supported the progression of a comprehensive suicide risk awareness-training programme to statutory, non-statutory, and non-profit making organisations.

In County Durham and Darlington, assessment protocols have been agreed across all Accident & Emergency sites in the area. All patients who attend A&E after self-harming should be offered assessments and GPs (and other relevant parties) informed within 24 hours of presentation.

Work has also taken place to minimise the risk of suicide amongst young men. For example, in Calderdale a review of health related information has been undertaken to improve the effectiveness of services offered to students attending Calderdale College. A written resource has been developed to increase general awareness of accessible support to those at risk of suicide.

Other examples of local work include:

- In Doncaster, prison in-reach protocols for suicide prevention mental health assessment are in place.
- Doncaster has commissioned Mental Health Strategies to produce a suicide prevention strategy which explores the multi-faceted elements relating to addressing suicide within Doncaster. It reviews the socio-economic profile of the area, develops an understanding of the recent deaths by suicide and identifies patterns and risk factors.
- Leeds has created a new post, Media Officer for Positive Mental Health. Amongst other initiatives, the post holder has been able to contribute to the Leeds Suicide Prevention Strategy. This 3-year project will involve dialogue with the local press on coverage of suicide.

Finally, the development centre has devised a proforma for the collection of data from across the region on suicide "hotspots". The report captured the issues identified, established hotspots, current interventions and further interventions required. The report identified a number of potential hotspots within the region and suggested a number of possible measures that could be taken at specific locations. For example, In Durham and Darlington, contacts within the rail network have been established and a group planned to take forward key aspects of the SOVRN report and wider suicide prevention agenda. Leeds Metropolitan University is undertaking research looking at coroners' records of all suicide and undetermined deaths in Leeds over the last three years. It is hoped that this research will provide valuable information and identify additional hotspots within the locality.

West Midlands

NIMHE West Midlands covers a population of over 5.5 million people from diverse cultural communities with areas of high economic and social deprivation as well as issues associated with rurality.

NIMHE West Midlands sits on the West Midlands Regional Assembly Health Partnership which includes representatives of local government, NHS Trusts, the Public Health Observatory, Regional Development Agency, business and commerce and the private health care sector amongst others. Involvement in this partnership is key to influencing the health partnership action plans to ensure that the wider public mental health agenda is recognised.

A number of trusts have completed the Suicide Prevention Audit using the NIMHE Suicide Prevention Toolkit and more trusts are planning to complete an audit early in 2005.

Plans are also being developed for expanding local suicide prevention strategies into “combined approaches” working with Mental Health Promotion Leads, Public Health Leads and the wider community in order to begin to reduce the suicides of people who are not in contact with mental health services. Consultations with the network of local Standard 7 Leads has informed the NIMHE West Midlands Suicide Prevention Work programme for 2005/06 and will address the completion of Suicide Prevention Audits, combined strategies as well ongoing work around addressing risk issues, developing standards for good practice and ongoing learning.

The development centre highlights innovative work streams in a number of localities. These include:

- In South Worcestershire, the PCT has developed an independent men’s health programme including working with young fathers and the development of a men’s health information centre in Worcester.
- Shropshire PCT is developing a Men’s Health project that will include work around suicides. This work will be carried out with local sports clubs, youth centres & colleges.
- North Staffs Initiative Media Action Group for Mental Health has been funded through the mental health promotion programme to deliver a training programme in three pilot localities in the south of the region. The programme aimed at users, ex-users and carers, is developing proactive approaches to working with the media to encourage positive reporting of mental health issues.

In addition, the development centre is working with West Midlands South Clinical Governance network around serious untoward incidents and their review and learning points including trends, hotspots and recommendations.

Shropshire has two standard suicide audits that they conduct annually. Firstly, one for those known to mental health services and secondly, an audit that looks at all suicides within the county. Also, two pilot studies have been undertaken (i) using patient’s primary care records and (ii) reviewing Coroner case notes. Both pilot studies were conducted using a questionnaire in an attempt to identify probable causes for

suicides. The aim hopefully being to learn lessons from those people who intentionally ended their own lives, in order to help inform the development of local services and ultimately reduce the number of suicides occurring in Shropshire each year. The questionnaire aimed to collect data that is not readily available from the Office for National Statistics, for example:

- History of significant health problems including mental health.
- History of substance, drug or alcohol abuse.
- Frequency and timing of contact with health professionals prior to suicide.
- Personal and family history (e.g. recent bereavement, diagnosis of disease).
- Social situations and circumstance surrounding suicide (e.g. employment status, legal problems).

Wolverhampton has also developed a review process that incorporates the questions of inquiry for the National Confidential Inquiry with their local audit as a comprehensive learning process following serious untoward incidents and suicides.

Staffordshire has also set up a “Risk Collaborative” that conducts reviews of incidents and develops learning points.

West Midlands South Strategic Health Authority has developed a methodology for reviewing serious untoward incidents that looks at issues across a spectrum from strategic issues to direct practice and facilities.

The dissemination of Suicide Prevention Resources by website and CDROM has proved highly effective. The delivery of a bespoke theatre performance addressing issues around suicide called “Revolving door” has also been very positively evaluated and will be included in more local events to support the development of broader community strategies for suicide prevention.

London

London is home to over 7 million people and has extremes of wealth and poverty and a very diverse population – one in four people are from black and minority ethnic communities.

The London Development Centre for Mental Health (London Development Centre) is currently considering how best to support PCTs, mental health trusts and other organisations in implementing the national suicide prevention strategy. One of the first steps has been to set up a London-wide network of NSF Standard 7 leads and to establish a programme of support and activity. The overall aim is to ensure that actions around the national strategic goals are embedded into the development centre’s main programmes and activities.

A network of mental health trusts is being established to support implementation of *Preventing Suicide: A toolkit for mental health services* and to share good practice. An increasing number of mental health trusts are building on local audits to develop trust-wide strategies and the London Development Centre is helping to enable them to share their approaches.

In July 2004 NICE issued guidance on standardised care for people who self-harm. The London Development Centre has invested in a dedicated resource to help with implementation of all NICE guidelines. In particular, they are working with 3 London mental health trusts to embed implementation of NICE guidelines into local clinical governance systems.

In London, Camden Young Men's Mental Health Project has been identified as a national pilot – involving the primary care team at Camden PCT and working with Camden and Islington Mental Health and Social Care Trust and the Brandon Centre.

To contribute to risk reduction in prisoners with mental health problems, London Development Centre is:

- Working with the HMP Safer Custody Group on the piloting and introduction of safer practices including self harm/suicide warning for the Assessment Care and Custody and Teamwork (ACCT) programme.
- Supporting an established network meeting of prison in-reach team managers which provides peer support for participants, provides policy and practice development including the prevention and management of self harm/suicide and dealing with the aftermath of suicide within this setting.
- Running a practice development/peer facilitated support for senior clinicians working in London prisons.

Publication of the Social Exclusion Unit report in July 2004 on Mental Health and Social Exclusion has raised the profile of work with this group that was already being undertaken by London Development Centre. They are promoting improved access to meaningful occupation for people with long term mental health problems, through employment opportunities, with voluntary sector, mental health trusts and Jobcentre plus; and access to educational opportunities through the NIMHE/National Institute of Adult Continuing Education (NIACE) network.

The London Development Centre is funding a pan-London training programme for staff working with dual diagnosis clients which includes issues around risk assessment of suicide. The training will enable staff to be better at engaging with and recognising this group as vulnerable, and offer interventions that meet their needs.

The London Development Centre is also developing its programme for children and young people, which will include work around mental health promotion. Current partner organisations include those delivering work in this area (e.g. The Place 2 Be) and the London Health Commission Children and Young People's Forum who are developing their children and young people's emotional well-being strategy.

London Development Centre is working with London Underground (LU), Samaritans and local mental health trusts to introduce safety and support measures around suicide prevention. Modifications have been carried out at Mile End underground station which have successfully reduced incidents since their implementation in November 2001. LU has implemented measures including: staff training, increasing the number of cameras in strategic positions, Samaritans posters and Samaritans phones. Listening to staff, encouraging them to share and take pride in their expertise (e.g. in spotting unusual behaviour and intervening) have also contributed to overall improvements.

London Development Centre is supporting the extension of this work to ten other LU stations which will include mental health awareness sessions for staff members and close links to local mental health services.

Since 1993 the Barnet Suicide Audit Project has carried out peer reviews with all mental health and primary care practitioners involved with a patient following a suicide or undetermined death, whether or not they were known to mental health services. This provides valuable feedback for the clinical governance structures of Barnet, Enfield and Haringey Mental Health NHS Trust and Barnet PCT. In 2003 a Bereavement Liaison Doctor (a former GP with psychotherapeutic skills) was appointed for one session weekly to conduct interviews with bereaved relatives and carers identified by the Suicide Audit Project.

Eastern

NIMHE Eastern serves the six counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk, a population of 5.4 million.

The development centre has worked with and through established networks and specialists forums to promote implementation of the suicide prevention strategy within localities. This includes making links with:

- the Eastern Prison In reach Collaborative;
- Rural Stress Information Network who provide services to rural areas;
- working with statutory and non statutory agencies to enhance the experience of black & minority ethnic users;
- support for the development of assertive outreach, crisis resolution and early intervention teams at both strategic and operational level.

In particular, Eastern development centre is developing a short suicide prevention training course for frontline healthcare professionals across the region to ensure implementation of *Preventing Suicide: A toolkit for mental health services*. In addition, advice and consultation is given to strategic health authorities and primary care trusts with regard to the population based audits into suicides within the community. Training is already being provided to emergency care practitioners through the A&E diversions scheme pilot in Essex.

The CALM campaign and helpline is also currently available in Bedfordshire. One of the young men's mental health promotion pilots is also located within the Eastern Region and is being led by the Health Improvement/Promotion team at Bedfordshire Heartlands PCT and involves CALM, Connexions, Bedfordshire County Council and Bedfordshire Drug Action Group.

South East

This region is a complex mix of urban and rural areas, rapidly expanding and transient populations, diverse socio-economic conditions, marginalised ethnic groups, and a high density of prisons.

The South East Development Centre has established an active suicide prevention programme to help take forward implementation of the national strategy at a local level. A Regional Steering Group has been established to guide this programme and to monitor its progress. This group comprises colleagues from all sectors of mental health and social care, service users and carers, educationalists and researchers, from the NIMHE central team, voluntary organisations, Safer Custody and child & adolescent mental health services. They intend widening this further to colleagues from Connexions and Sure Start. Early work has included:

- inviting quotes to bid for 10 projects which aim to enable the development of the partnerships necessary to establish psycho-social assessment services in A&E for people who have self harmed;
- inviting quotes to bid for a mapping project which will find and evaluate the differing forms of A&E assessment where this already exists for people following self-harm. The aim is that this will indicate appropriate models for service developments across the south east and work with the above projects to develop service provision for assessments as recommended by the NICE guideline;
- inviting quotes to bid for about three major projects which will demonstrate how to reach those defined as “hard to reach” and who are at high risk of suicide. It is expected that this will concentrate on young men but local audit indicates that other groups may fit this category. A local audit in Dover, for example, indicates that workers in the building/construction industry are very much at risk and this work is being supported with a view to the future potential for suicide amongst the workforce of the proposed new house building areas in the south east;
- inviting quotes to bid for a project which will roll out across the South East – the ASIST model of training in suicide assessment and risk management for non-mental health specialists. This project will also seek ways to establish this model of training into the mainstream of educational provision.

The South East Development Centre is also leading on the Prison Programme for NIMHE and is working closely with the Safer Custody Group on CPA and in-reach but especially risk assessment both in prison (for suicide and self harm) and at the point of discharge. This programme is also training SEDC and Safer Custody staff in order to deliver the ASIST model of suicide prevention training for prison officers. This will then roll out to probation hostel staff.

Work is also ongoing to develop procedures for women who harm themselves whilst in custody. Other activities include:

- the development of procedures/protocols for the safe management of women in many settings who self harm. It is hoped to disseminate this work to other settings where people may self harm (e.g. looked after children);
- Oxford City and County Mental Health Promotion Team are supporting an initiative whereby local media would sign a contract of responsible mental health reporting. When completed and if successful, it is hoped to roll out this good practice in the South East;
- a pilot programme is being set up which will highlight the issues surrounding suicide prevention and young people;

- the programme is working with colleagues in NIMHE North West to develop and disseminate an audit protocols/toolkit so that PCTs have the opportunity to use a single system for suicide audit. The outcome of this will be better quality information and figures which can be more safely aggregated across SHAs or the south east in order to form appropriate local arrangements and to gauge progress in achieving the target reduction of 20% by 2010.

South West

NIMHE South West serves the seven counties which stretch from Gloucestershire, to Dorset, to Lands End. Over 9% of England's total population live in the South West where they face the health, social and economic needs found in inner cities, and found in rural settings.

The development centre continues to forge links with key stakeholders including the voluntary sector, the Government Office for the South West, Social Care, the Valuing People Support Team, National Treatment Agency for Substance Misuse and educational services.

Examples of some activities and initiatives include:

- regional workshop held to promote and disseminate *Preventing Suicide: A toolkit for mental health services*;
- support for a county wide conference developing a multi-agency network and steering group for Deliberate Self-harm initiated by specialist mental health liaison service with a PCT;
- prison staff and in reach staff included in two regional events held to develop networks;
- primary care liaison post created by Prison programme lead;
- focused work with health, railway and police agencies on a particular hotspot;
- network development and an education programme for children's and youth services on suicide risk and self-harm.

In addition, NIMHE South West has supported the Government Office and Farm Crisis with bidding for funds and delivering joint events for health services and agricultural support and community agencies to develop better links and understanding. Stepping Stones, a project working with Unrecognised Complex Grief, has been funded to train statutory and community tutors to run programmes to develop emotional literacy with young people and others who would not normally approach health services. Early evidence suggests a reduction in self-harm behaviour.

A research and service development project, which aims to improve knowledge on needs around suicide and self-harm risk for all age groups, has been established in the region in partnership with the Peninsula Medical School. The project will also develop and evaluate accessible services for people in distress, including support to PCTs with suicide audits and local arrangements, training and working with others on care pathways for people who self harm.

East Midlands

NIMHE East Midlands serves the counties of Leicestershire, Nottingham, Derbyshire, Lincolnshire, Northamptonshire and Rutland. The region encompasses significant cultural diversity, and some inner city areas score highly on measures of mental health morbidity and economic and social deprivation. There are also a number of isolated rural communities. A number of important networks have been established which will help deliver on the suicide prevention programme. These include:

- regional social inclusion and mental health steering groups;
- an employment and mental health network;
- primary care steering group;
- regional acute care programme board.

In 2004/05, additional staff capacity will allow East Midlands to support this and other work programmes such as child & adolescent mental health services, older people and black & minority ethnic groups. Contacts have already made to work at a local level to support the implementation of the NICE clinical guidelines on self-harm. These initial contacts include:

- Psychological management of suicidal behaviour within hospital settings in Nottingham.
- Mental Health Liaison in Chesterfield.
- Acute care services in Northampton.

The development centre is planning to establish a regional network of professionals involved in the management of self-harm in young people. Initial contacts have been established with the CAMHS lead for NIMHE (East Midlands) and practitioners in Nottingham and Leicester.

The development centre is about to start work with the Regional Prison Health Care Team and the Safer Custody Group (HM) Prison Service. In the first instance, this work will aim to examine current activity within institutions in terms of suicide prevention and harm reduction. The development centre has appointed a lead for Prisons who will help develop current mental health services within regional establishments. Part of this work will involve looking to identify patterns of actual suicides, attempted suicides and self harm behaviour in prisons at a local level. This will be supported by the Safer Custody Group/HM Prison Service.

In South Derbyshire, work is being developed around a database of information on suicides to be collected from coroners, GPs, probation, social services and the police. It is anticipated that this data is used to review and recommend improvements in practice. This should lead to the identification and action taken at particular hotspots.

North West

The North West has some of the most deprived areas in the country and has the highest suicide rates in the country. Only London and Trent have higher rates of hospital episodes for schizophrenia.

During the last 12 months, the focus of work with the NIMHE North West Development Centre has developed to reflect a two-strand approach, building capacity within key environments and developing sustainability. Their work has focused on supporting those delivering support and interventions in a range of services, instigating training opportunities and monitoring practice and delivery through audit and similar actions. Looking to the longer term, they have engaged a range of key agencies to think through potential collaborations and partnerships that demonstrate cross boundary working and move suicide prevention into the mainstream beyond immediate and sometimes obvious health settings.

The development centre supports regional networks whose membership includes commissioners, Standard 7 leads and those in clinical practice roles. The network also sees participation from colleagues in non-statutory agencies. The Regional Crisis Network is now well established and the issue of training and development for practitioners in relation to suicide has been a recent theme. The use of the STORM suicide prevention training programme is being planned through a phased and managed initiative targeting these service teams – the method of delivery is being supported through this network. Similarly, Early Intervention services are receiving development support via the regional EI Network.

A North West collaborative has commenced utilising an interactive resource toolkit to support implementation of the NICE Schizophrenia Guideline. The incidence of suicide in the population with this diagnosis is well established, this initiative will help to improve access to appropriate services, encourage development of SMI registers across primary care, encourage team level ownership of effective psychosocial interventions as outlined in the NICE Guideline.

To support PCTs in developing audits of suicide, the development centre is working with a local consultant in public health to develop a tool for whole systems suicide audit by PCTs. The work is overseen by a steering group of public health colleagues in liaison with others across the region and country. The document aims to provide practical guidance to undertake a whole systems approach to suicide audit within a PCT in order to improve practice. As well as providing clarity over definitions and methodologies it will include recommendations on data collection, effectiveness of interventions, standards for practice and significant event audit. A draft tool will be ready for dissemination in December 2004 and will be piloted in collaboration with the other development centres.

The Development Centre is working with the Public Health Team at Government Office North West to develop public health intelligence support to North West coroners. The partnership aims to improve access to information gathered through coroners' investigations to be used appropriately to inform and monitor public health initiatives and to improve coroners' access to public health intelligence in support of their inquiries. The work will initially focus on local anomalies in deaths by drowning with a systematic study of the sites and circumstances of the deaths using the detailed information available from coroners' records.

One of the three national young men's pilot sites is located in Manchester and the development centre has been involved in the local steering group and the recruitment of the project worker. Contributions have been made to the project design and evaluation, providing guidance on mental health promotion and suicide prevention practice. The project aims to work with younger aged men through group work in collaboration with other local agencies in the voluntary and statutory sector.

CALM, the Campaign Against Living Miserably, engages with young men to raise awareness of depression and encourage young men to take action to sort out problems. Two of the three CALM zones are situated in the North West region, the other located in Bedfordshire. National funding for CALM was transferred from the Department of Health to NIMHE in April 2004 and funds remain only for this financial year. NIMHE North West has taken a lead in co-ordinating this transition from a nationally DH funded initiative. This has involved managing the CALM National Co-ordinator and a project manager to oversee the transition, scope the future direction of the project and secure funding and commitment for its continuation and development.

A freelance journalist/communications manager is working for the development centre on a six-month Positive Media Reporting project. The aims are to gain commitment from media organisations/ newspapers to endorse national guidance on responsible media reporting of suicide and mental health and to build partnerships between mental health trusts, primary care trusts, users, carers and journalists. Support and guidance will be given to develop local action and develop consistent and joined-up campaigns and media work across the region, in support of national media work.

National work is underway to develop more effective approaches to suicide prevention in prisons, replacing the current system with new Assessment Care in Custody and Teamwork.

North West is developing a model to enable this transition working with 5 prisons to establish an implementation framework. The framework will include mental health awareness training, STORM training and better use of reception screening at point of entry to prison.

Chapter 4 – National suicide prevention strategy annual report on progress 2004

Update on goals and actions

Goal 1: To reduce risk in key high risk groups

Objective	Actions	Action taken	On-going activity	Future activity
1.1 Reduce the number of suicides by people who are currently or have recently been in contact with mental health services.	<ul style="list-style-type: none"> Local mental health services will be supported by NIMHE to implement the “twelve points to a safer service” . NIMHE will develop a toolkit to support the implementation of standard seven of the National Service Framework for adult mental health (prevention of suicide). It will include an audit tool and examples of positive practice. The toolkit will include guidance on conducting regular environmental audit in all in-patient psychiatric wards to minimise the risk of hanging and strangulation. 	<p>NIMHE has developed a toolkit for local services to measure progress in implementing the recommendations of the report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness – <i>Safer Services</i>. The toolkit was published on 30 October 2003.</p> <p>NIMHE development centres disseminated the toolkit via National Service Framework Standard Seven and Clinical Governance leads and through other developed networks within their locality in a variety of ways.</p>	<p>NIMHE, through the Knowledge Community Project, continues to help develop the toolkit which over time will include positive practice and local delivery stories pertaining to each of the standards outlined in the toolkit.</p> <p>Development centres will continue to support local services.</p>	<p>The National Patient Safety Agency has identified patient safety in acute mental health settings as a priority. The emphasis on the project’s work will be identifying and understanding the complex inter-relation of systems that exist on acute psychiatric wards and how these can be managed to improve safety.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>1.2 Reduce the number of suicides in the year following deliberate self-harm.</p>	<ul style="list-style-type: none"> 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. A national collaborative is being established for the monitoring of deliberate self-harm; through monitoring it will be possible to estimate number of suicides in the year following deliberate self-harm; being overseen by Prof. Keith Hawton at the Centre for Suicide Research, Oxford. 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. 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. 	<p>The NICE clinical guideline <i>Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care</i> was published on 27 July 2004.</p> <p>Three centres have been established to monitor deliberate self-harm and provide accurate data on national trends and patterns to help inform suicide prevention interventions and detect changing patterns or local variations. Initially there will be an 18-month pilot study in those centres with DSH registers – Oxford, Manchester and Leeds.</p> <p>See above under Nice clinical guidance.</p> <p>The STORM risk assessment training package, developed by the University of Manchester is being piloted in the North West development centre area.</p> <p>The Prison Service has produced guidance on the management of self-harm in prisons. A CD ROM containing this package has been circulated to all prisons in England.</p>	<p>Development centres will ensure that the NICE clinical guideline is disseminated through their networks to acute trusts and A&E departments.</p> <p>The multi centre sites began on 1 November 2004.</p> <p>See above under Nice clinical guidance.</p> <p>The Prison Service has, with the University of Manchester, developed a risk assessment-training package (Prison version of STORM) which is being piloted in 5 prisons – HMP Holme House; HMP Low Newton; HMP Woodhill; HMP Wandsworth; HMYOI Feltham.</p>	<p>Development centres will need to determine what further action is required to disseminate the NICE clinical guideline.</p> <p>Once the pilot study is complete we hope to extend the number of centres that monitor data on deliberate self-harm.</p> <p>See above under Nice clinical guidance.</p> <p>Once piloted and evaluated STORM can be rolled out through other development centre areas as well as be adapted for use in other areas.</p> <p>The South East Development Centre intend to introduce the ASIST (Applied Suicide Intervention Skills Training) training package for non-mental health specialists and prison staff.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>1.3 Reduce the number of suicides by young men.</p>	<ul style="list-style-type: none"> 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. 	<p>NIMHE launched its 5-year strategic plan to tackle stigma and discrimination on mental health grounds <i>From Here To Equality</i> in June 2004. One of the key aims of the plan is to promote a positive and accepting understanding of mental health issues. Working with young people will be a key part of this programme.</p> <p>A review of the available research has highlighted that there is very little evidence on effective approaches to health promotion in young men. NIMHE has therefore selected 3 pilot sites, in Camden, Manchester and Bedfordshire, to develop a package of measures aimed at young men. Work commenced in October 2004.</p>	<p>NIMHE is in the process of developing its detailed plans and projects to support the strategic plan.</p> <p>NIMHE has also appointed a contractor to evaluate the pilots who has worked with them from the outset in developing their own local outcomes and ways of measuring them.</p>	<p>The STORM risk assessment package could be adapted for use by college counselling services. This proposal will be considered as STORM is piloted and evaluated.</p> <p>See also objective 2.5 (promoting mental health among children and young people).</p> <p>The pilots will be evaluated and the successful elements will become part of NIMHE's national mental health promotion work.</p> <p>NIMHE will establish appropriate mechanisms for collaboration with both the National Director for Primary Care and NIMHE's own primary care programme to promote the further recognition of suicide risk amongst young men engaging with primary care services.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>1.4 Reduce the number of suicides by prisoners.</p>	<ul style="list-style-type: none"> Working with the prison service, NIMHE will: investigate ways of improving information sharing into and across the criminal justice system about people to be known to be at risk of suicide. Disseminate World Health Organization Primary Care Guidelines for Prisons, including guidance on suicide prevention. 	<p>Improving information sharing across agencies, including prisons, was identified as one of the recommendations outlined in the report <i>Safer Services. Preventing Suicide</i> – a toolkit for mental health services was published in October 2003. It should enable services to measure where they are in terms of this action; take action where appropriate to identify those at risk of suicide within the criminal justice system.</p> <p>World Health Organization Primary Care Guidelines for Prisons, including guidance on suicide prevention have been disseminated to prisons.</p>	<p>Prison mental health regional forums are being established via each of the NIMHE development centres. The primary focus of these groups will be to support a coherent multi-agency approach to suicide prevention.</p> <p>The Prison Service, working in partnership with Prison Health, has a substantial programme of suicide prevention work. Progress includes:</p> <p>A new suicide and self-harm warning, care process and provision of information for “at risk prisoners” at court.</p> <p>Introduction of new peer support scheme (Insiders) and expansion of Samaritans led Listeners scheme.</p> <p>Expansion of Safer (ligature free) Cells – initiative following successful evaluation by Jill Dando Institute.</p> <p>Developmental work to improve identification and management of prisoners vulnerable to suicide and those with mental health and substance misuse problems includes improved reception screening and increased maintenance prescribing for substance misusers.</p>	<p>Revised identification, assessment and care management process will commence in 5 pilot prisons: HMP Holme House; HMP Low Newton; HMP Woodhill; HMP Wandsworth; HMYOI Feltham in Jan 2004 followed by independent evaluation.</p> <p>Continued improvement in health services for prisoners, especially mental health and substance misuse services.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>1.5 Reduce the number of suicides by high-risk occupational groups – these have been identified as farmers (and agricultural workers), nurses and doctors.</p>	<ul style="list-style-type: none"> NIMHE will work with rural sector support organisations through the Rural Stress Action Plan to share identified successful local support initiatives for farmers and their families, eg review dissemination of helpline numbers & explore possible further development of teleconferencing facilities for farmers. 	<p>Farming Help, which provides a list of helpline numbers for the farming and wider rural community in distress, is promoted through NIMHE's website and through its development centres.</p> <p>The Department of Health, through NIMHE, is represented on the Rural Stress Action Plan Working Group and continues to work through this network to support local initiatives aimed at those in distress in rural communities.</p> <p>NIMHE provided advice and support to the production of <i>RuralMinds Rural Proofing Toolkit</i> which helps improve the mental health of people in isolated rural areas through the development of training and education for those providing emotional support.</p>	<p>The report to NIMHE <i>Rural Proofing the National Service Framework for Mental Health</i> is now available from Mind. This project, funded by NIMHE, was in response to the mechanism introduced in the Government's 2000 Rural White Paper to assess all major policies for their rural impact. The project was managed by Mind and the National Mental Health Partnership.</p>	<p>RuralMinds are working with the Rural Stress Information Network to set up a pilot project which will establish support networks for members of the farming community who may be experiencing anxiety, depression or other mental health issues related to their work, lifestyles or environment. The proposed networks would be established using telephone support groups through the medium of telephone conferencing.</p> <p>Rural Stress Information Network staff are currently being trained in telephone group work techniques with a view to setting up a pilot group in January 2005.</p> <p>The report will assist those working with rural communities to identify and take forward specific rural mental health issues.</p>

Objective	Actions	Action taken	On-going activity	Future activity
	<ul style="list-style-type: none"> 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. 	<p>Guidance on the range and quality of occupational health services that NHS services should receive was set out in December 2001.</p> <p>Research programme which commenced in December 2002 has now been completed.</p>	<p>There is evidence from the National Audit Office report and other sources, that the current arrangements are not delivering the type and level of OH services needed for the NHS workforce. New arrangements for the delivery of OH services are being discussed which will help develop and improve the nature, structure and relationship with existing OH units and NHS employers.</p> <p>Research papers will be published in academic journals.</p>	<p>A revised version of this guidance is planned for 2005.</p> <p>We will consider publishing the key findings of the research on NIMHE's Knowledge Community website and consider implications and actions arising from these findings.</p>

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

Objective	Actions	Action taken	On-going activity	Future activity
<p>2.1 Promote the mental health of socially excluded, deprived and other vulnerable groups.</p>	<ul style="list-style-type: none"> The suicide prevention programme will link closely with NIMHE's social inclusion and mental health promotion programmes to promote the mental health and social inclusion of people with mental health problems. 	<p>In March 2003, the Social Exclusion Unit (SEU) announced a project to consider what more can be done to reduce the social exclusion faced by people with mental health problems and promote greater participation and better access to services for this group. The SEU published its report in June 2004.</p>	<p>The SEU report outlines a comprehensive programme of work to help improve health and well being, boost employment and training, increase support of families and prevent the isolation of those with mental health problems.</p>	<p>NIMHE, through the London Development Centre, will work with Government and other sectors to implement the recommendations outlined in the SEU report.</p>

Objective	Actions	Action taken	On-going activity	Future activity
	<ul style="list-style-type: none"> NIMHE has initiated a cross government network to address a range of social issues that impact on people with mental health problems (eg employment & housing). NIMHE is also developing a framework to promote the employment of people experiencing mental health problems. The Department of Health will disseminate a toolkit to support primary care staff in promoting mental health. The Department of Health will disseminate guidelines on meeting the physical needs of people with mental health problems. 	<p>A Social Inclusion National Programme has been established in NIMHE to oversee implementation of the Social Exclusion Unit report.</p> <p>Cross government network established May 2003.</p> <p>Publication of the framework has been rescheduled to take account of the recommendations of the SEU project and will be pursued within the Social Inclusion Programme.</p> <p>Primary Care toolkit was published in June 2003. Copies available from Lundbeck Ltd, Lundbeck House, Caldecotte Lake Business Park, Milton Keynes MK7 8LF.</p> <p>As part of the new anti stigma and discrimination programme, <i>Shift</i>, resources in relation to physical health issues for people with mental health problems called <i>Healthy Body, Healthy Mind</i> were made available on 11 October 2004.</p>	<p>This network met on a regular basis during the development of the SEU report and will continue.</p> <p><i>mentality</i> is in the process of developing additional resources for use in primary care.</p> <p>The Prison Service, working in partnership with Prison Health, has a substantial programme of suicide prevention work. Improvements to health services for prisoners with mental health and or substance misuse problems continue to be made.</p> <p>Prison mental health regional forums are being established via each of the NIMHE development centres. The primary focus of these groups will be to support a coherent multi-agency approach to suicide prevention. This will support joined up working between the mental health and substance misuse programme.</p>	<p>The future dissemination of the employment framework will take place as part of the major project on employment as part of the Social Inclusion Programme.</p> <p>Development Centres will work closely with the <i>Shift</i> programme to promote the use of the <i>Healthy Body, Healthy Mind</i> resources at a local level.</p>

Objective	Actions	Action taken	On-going activity	Future activity
		<p>The NIMHE Sexual Orientation Special Interest Group (SOSIG) has been established in order to promote mental health services which combat discrimination and meet the needs of lesbian, gay and bisexual (LGB) people and people who support them. Recent studies suggest that LGB people have a higher incidence of major depression, anxiety, substance misuse, deliberate self-harm and suicide. Very little research in the UK has focused on these issues.</p> <p>NIMHE, and DfES, will work with the recently established Universities UK/SCOP Committee for the Promotion of Mental Well-being in Higher Education.</p>	<p>To help inform future actions NIMHE has commissioned a literature review of the available research on the suicide risk amongst LGB groups. This review will also aim to produce a series of recommendations to highlight current gaps in research, successful intervention models and approaches that underpin best practice for these groups.</p> <p>The Committee has developed its work plan which will:</p> <ul style="list-style-type: none"> • raise awareness of mental health issues; • assist in the dissemination of positive practice supporting access to higher education for potential students with mental health problems; • help deliver effective support for students while in higher education. 	<p>This literature review will commence early in 2005.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>2.2 Promote mental health among people from black and ethnic minority groups, including Asian women.</p>	<ul style="list-style-type: none"> The Department of Health has published a strategy for consultation for the mental health care of black and minority ethnic groups; in support of this work. NIMHE is working with mentality to develop a toolkit on health promotion for people from black and minority ethnic groups. NIMHE will ask the Coroners Review Group, as part of their consultation process, to consider routinely recording ethnicity to allow monitoring. 	<p>NIMHE has established its largest programme of work to address the inequalities in access, treatment and outcome for people from black and minority ethnic communities. The programme focuses on the development of better information, improved community engagement and the development of appropriate and responsive mental health services. Nine Race Equality Leads have been appointed to direct and implement the programme on a regional basis.</p> <p>DH has appointed Professor Kamlesh Patel to chair a new BME mental health programme board and lead implementation of Delivering Race Equality.</p> <p>The toolkit, <i>Celebrating our Cultures: Guidelines for Mental Health Promotion with Black & Minority Ethnic Communities</i> was launched on 1 December 2004.</p> <p>NIMHE included the need to include recording of ethnicity in their response to the Review of Coroners Services. The Review of Coroners Services has now published their report and findings.</p>	<p>NIMHE continues to work with the Home Office as they seek to consider the recommendations outlined in the Report of the Review of Coroner Services.</p>	<p>DH will publish the <i>Delivering Race Equality</i> action plan in January 2005. The document will incorporate the Government response to the independent inquiry into the death of David Bennett.</p> <p>A BME suicide research project has been commissioned to provide comprehensive information on the risk factors for suicide and suicide attempts in different ethnic groups. This will help inform a strategy to prevent suicide in minority ethnic groups to be included in <i>Delivering Race Equality</i>.</p> <p>NIMHE development centres will disseminate the toolkit through their Race Equality Leads.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>2.3 Promote the mental health of people who misuse drugs and /or alcohol.</p>	<ul style="list-style-type: none"> 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. 	<p>The work to establish mental health promotion package of measures aimed at young men has highlighted the need for the pilots to identify work to encourage sensible drinking and discourage drug misuse. (see goal 1.3)</p> <p>NIMHE's Dual Diagnosis Programme aims to improve the experiences of people with coexisting mental health and substance misuse difficulties.</p> <p>A national 2-day learning event has been held focusing on pathways of care for adults with substance misuse and mental health difficulties.</p> <p>The Cabinet Office published the Alcohol Harm Reduction Strategy for England in March 2004. The strategy has highlighted that chronic drinkers are at a higher risk of premature death and suicide.</p>	<p>NIMHE will continue to work with the National Treatment Agency's substance misuse programme which is supporting the mainstreaming of mental health services for people with dual diagnosis.</p>	<p>Following the recent 2 day learning event it is envisaged that NIMHE's development centres will pilot local improvement projects in their localities.</p> <p>The Alcohol Harm Reduction Strategy for England sets out a number of measures for Government to take to address this issue, in particular the Department of Health and Home Office will establish an alcohol communications group to share best practice and agree strategies. In addition, the Department of Health will set up a number of pilot schemes to test a variety of models of targeted screening and brief interventions in primary and secondary healthcare settings.</p>

Objective	Actions	Action taken	On-going activity	Future activity
	<ul style="list-style-type: none"> See also objective 1.2 regarding: the development of assessment procedures in A&E departments and the development of a risk assessment training package to be used in a range of settings including substance misuse services. 		<p>The Prison Service, working in partnership with Prison Health, has a substantial programme of suicide prevention work that includes dedicated residential areas within prisons for the clinical management of substance misusers in 6 pilot prisons – HMP Birmingham; HMYOI Feltham; HMP Leeds; HMP Eastwood Park; HMP Winchester; HMP Wandsworth. These will undergo independent evaluation.</p> <p>Prison Health is developing an improved model for the clinical management of substance misusers including psychosocial interventions, more effective and prolonged treatment programmes including increased maintenance prescribing.</p> <p>This more flexible clinical approach to treatment is anticipated to reduce counter-therapeutic impulses. It is due for publication at the end of 2004.</p>	<p>The STORM risk assessment training package can be adapted for other settings.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>2.4 Promote the mental health of victims and survivors of abuse, including child sexual abuse.</p>	<ul style="list-style-type: none"> NIMHE will support the implementation of the women's mental health strategy and in particular, measures for women with experiences of violence and abuse. 	<p>The Women's Strategy <i>Into the Mainstream</i> was published in December 2002. The Gender and Women's Mental Health Implementation Guidance was published and launched by the Minister of State Rosie Winterton in September 2003. At the beginning of 2004/5, a NIMHE Foundation Programme for Gender and Women's Mental Health was established to support services in translating the Guidance into practice. A growing number of mental health trusts have now appointed women's leads to drive the agenda for change.</p>	<p>One of the programme's key priorities is to support services in laying the foundations for the routine exploration of violence and abuse in assessment and care planning which includes:</p> <ul style="list-style-type: none"> training for staff responsible for care co-ordination; access to appropriate psychological therapies for women victims/survivors; working in partnership with the voluntary sector that has built up significant expertise in this area. 	

Objective	Actions	Action taken	On-going activity	Future activity
		<p>A joint Department of Health/NIMHE Violence and Abuse Programme on Health and Mental Health was launched in April 2004. (This was formerly the NIMHE Violence Abuse and Mental Health Programme). Its purpose is to address the health and mental health effects of sexual and domestic violence and abuse for professionals and services identifying and responding to the needs of victims, survivors and abusers, including children, adolescents and adults, both male and female. The programme is working closely with the Home Office Domestic Violence Unit, Victims Unit, Juvenile Offenders Unit and Sexual Crime Reduction Team in conjunction with the Inter-Departmental Ministerial Groups on Domestic Violence and Sexual Offending.</p>	<p>Expert Groups are being established in five areas: (i) adult domestic violence victims, survivors and perpetrators, (ii) child victims of domestic violence and child sexual abuse, (iii) adult victims of rape and sexual assault, (iv) adults sexually victimised in childhood, and (v) adolescent and adult sexual abusers/offenders. These will comprise key academics, professionals, service providers and service users to map existing services across sectors and to develop national service guidelines based on a consensus of the full range of stakeholders covering:</p> <ul style="list-style-type: none"> • what is known about the violence and abuse experienced by each of the affected groups (i.e. nature, extent, effects, needs); • what is known to work in their treatment and care; • what services are currently available to meet the needs of these individuals; • what gaps there are in practitioner knowledge and service provision; • what steps are required to remedy this. 	<p>A joint DH/NIMHE Sex Offender Treatment Mental Health Policy Development Group has met and will be publishing a report on the joint DH and HO conference on Adolescent Sexual Abusers.</p>

Objective	Actions	Action taken	On-going activity	Future activity
	<ul style="list-style-type: none"> NIMHE will liaise with the Survivors Trust and other relevant organisations about ways of reducing suicide risk in survivors of child sexual abuse. 	<p>The Survivors Trust has been commissioned to develop guidance and protocols for generic health and mental health services and respond to the needs of adult survivors of child sexual abuse.</p>	<p>On 20 October 2004, ministers announced new steps to aid victims of domestic violence. The joint Department of Health/NIMHE Violence and Abuse programme is looking at how to equip professionals and services to identify and respond to the needs of victims and survivors, including children and adolescents (see also objective 2.5).</p> <p>The Prison Service is implementing a strategy for the management of individuals who self harm. Previous physical and sexual abuse is common amongst those who self harm in prison, especially young girls (15-17 years) and women. This implementation is supported by a resource CD ROM which has been circulated to all prisons in England.</p>	

Objective	Actions	Action taken	On-going activity	Future activity
<p>2.5 Promote mental health among children and young people (aged under 18 years).</p>	<ul style="list-style-type: none"> 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 <i>mind out for mental health</i> anti-stigma campaign. 	<p>The National Service Framework for Children, Young People and Maternity Services was launched on 15 September 2004 and is aimed at setting standards for health and social services for children, young people and pregnant women and includes the needs of looked-after children. Standard 9 covers the mental health and psychological wellbeing of children and young people and includes reference to depression and self-harm.</p> <p>The <i>mind out for mental health</i> campaign targeted young people as one of its key target groups. The campaign ended in March 2004.</p>	<p>The Child and Adolescent Mental Health Strategy in NIMHE (agreed in July 2004) includes “Early intervention, promotion and prevention initiatives” as one of the agreed ten priority areas for NIMHE activity in relation to children and young people 2004-6. Good practice in this area is already being collated and will be made available via the CAMH good practice library available on the National CAMHS Support Service Website and accessible via the NIMHE Knowledge Community.</p> <p>One of the key aims of NIMHE’s new 5-year strategic plan to tackle stigma and discrimination on mental health grounds is to promote a positive and accepting understanding of mental health issues in young people and to promote their emotional resilience. NIMHE is in the process of developing detailed plans and projects. Our goal is to have resources available to all and pilots underway by Autumn 2005.</p> <p>NICE is preparing guidelines on the treatment of depression in children and young people – due August 2005.</p>	<p>NIMHE, through the Children and Young People Group, led by the Fellow for Child and Adolescent Mental Health, will continue to ensure a co-ordinated approach to promote the mental health of children and young people. This will also involve working alongside the National Clinical Director for Children.</p> <p>We will work with the DfES and those specialising in mental health promotion to address mental health and mental ill health in the curriculum and develop evidence-based approaches for use in primary and secondary education. A key element of this work will involve connecting schools’ current policies to address issues such as bullying, homophobia, harassment, self-harm and eating disorders.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>2.6 Promote mental health among young women during and after pregnancy.</p>	<ul style="list-style-type: none"> 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. 	<p>The National Service Framework for Children, Young People and Maternity Services was launched on 15 September 2004 and is aimed at setting standards for health and social services for children, young people and pregnant women.</p> <p>Specific helpline numbers and information for women is included and promoted in the new Contact Directory of Mental Health Services published by NIMHE. This resource is available in both hard copy and electronically.</p>	<p>The ten-year strategy outlines that NHS maternity care providers and primary care trusts should ensure that all pregnant women are offered a supportive environment and the opportunity to disclose domestic violence.</p>	<p>NIMHE will seek to take this work forward, linking with the Gender and Women's Mental Health programme and the Confidential Enquiries into Maternal Deaths over the next few months.</p> <p>NIMHE will work in partnership with the Gender and Woman's Mental Health Programme to ensure that web based and telephone helpline information continues to be made available to women and is regularly updated.</p>
<p>2.7 Promote mental health among older people.</p>	<ul style="list-style-type: none"> 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. 	<p>In September 2004, the Department of Health published <i>Changing Times: Improving services for older people – A report on the work of the Health and Social Care Change Agent Team 2003/4</i>. This report highlights practice that the team has found to work and provide examples of good practice.</p> <p>Age Concern and the Mental Health Foundation have set up an Inquiry into Mental Health and Well-Being in Late Life.</p>	<p>In considering priorities for action in 2005/06 older people is an area of interest for the National Patient Safety Agency. In addition, the NPSA have recently commissioned a literature review regarding the incidence of suicide amongst older people.</p> <p>NIMHE's Older People Mental Health Programme has been reviewing the <i>Preventing Suicide: A Toolkit for Mental Health Services</i> and its applicability to older adult services.</p>	<p>It is hoped that the literature review will be completed early in 2005. NIMHE, through both the Older People's and Suicide Prevention work programmes, will need to work closely with the NPSA and the voluntary sector in considering actions arising out of the review.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>2.8 Promote the mental health of those bereaved by suicide.</p>	<ul style="list-style-type: none"> NIMHE will liaise with organisations such as The Compassionate Friends, SOBS, CRUSE and PAPYRUS to develop a support pack for people in contact with bereaved families, such as GPs, the police and religious leaders. 	<p>NIMHE has set up a small group comprising of organisations providing support to people bereaved by suicide to look at developing a support pack that can also signpost individuals to organisations which offer support in their local area.</p> <p>The Department of Health has commissioned the York Centre for Reviews and Dissemination to undertake a review of evidence regarding interventions to help people bereaved by suicide.</p> <p>NIMHE responded to the Review of Coroners Services highlighting that coroners should address the specific needs of people bereaved by suicide.</p> <p>The report of the Review of Coroner's Services has recommended that the needs of people bereaved should be integral to the inquest process. The Home Office is currently considering the recommendations.</p>	<p>The original intention, working with the organisations mentioned, was to develop a resource pack for people bereaved by suicide. However, it has now been agreed to revise the original Royal College of Psychiatrist's bereavement information pack. NIMHE is in the process of agreeing the content of this revised pack in consultation with the organisations identified above.</p> <p>This review is scheduled to commence in December 2004.</p> <p>The Department of Health has been working closely with the Home Office on reform of the death certification and investigation process. The position paper published by the Home Office in March 2004 on <i>Reforming the Coroner and Death Certification Service</i> sets out proposal for reform. The overall system will be developed in detail over the next 2 years and the DH will continue to work closely with the Home Office during that time.</p>	<p>NIMHE hopes to appoint a contractor to begin work on revising the Royal College of Psychiatry pack early in 2005.</p> <p>Once the pack is published, we will develop resources promoting the pack for frontline staff, including the police and emergency services, coroners, funeral directors, clergy and other faith leaders, and those recently bereaved by suicide.</p> <p>The position paper contains proposals to include a new family charter in the reform system. This charter will set out precisely what the deceased family can expect from the service. It will recognise the needs of all communities, including the particular sensitivities of faiths and individual families. These needs will be respected as far as is consistent with the social obligation to undertake a thorough investigation of individual deaths in certain circumstances.</p>

Objective	Actions	Action taken	On-going activity	Future activity
			<p>The Home Office has already been developing improved training for coroners including work on communications and diversity. The Department of Health is also working to help improve understanding of the needs of bereaved people and to generally develop bereavement services in the NHS, including taking account of the needs of different cultures and faiths.</p> <p>Following a self-inflicted death in custody the Prison Service works closely with their families during any investigations surrounding the death until after the inquest.</p>	

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

Objective	Actions	Action taken	On-going activity	Future activity
3.1 Reduce the number of suicides as a result of hanging and strangulation.	<ul style="list-style-type: none"> 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. 	<p>All in-patient psychiatric wards have removed non-collapsible curtain and shower rails.</p> <p><i>Preventing Suicide – A Toolkit for Mental Health Services</i>, published in October 2003, provides advice to services on audits to minimise opportunities for hanging or other means by which patients could harm themselves. It is recommended that such audits be undertaken at least annually.</p>	<p>In November 2004 NHS Estates issued a Safety Alert Broadcast – NHSE (2004) 10 – reminding mental health trusts of their obligations to ensure that all non-collapsible bed and shower curtain rails in psychiatric in-patient settings should be removed and replaced with collapsible fittings.</p> <p>Research papers will be published in academic journals.</p> <p>Expansion of Safer (ligature free) Cells initiative in prisons following successful evaluation by Jill Dando Institute.</p>	<p>We will consider publishing the key findings of the research on NIMHE's Knowledge Community website and consider implications and actions arising from these findings.</p>
3.2 Reduce the number of suicides as a result of self-poisoning.	<ul style="list-style-type: none"> NIMHE and the Medicines and Health Care Regulatory Agency (MHRA – formerly 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. 	<p>NIMHE and the MHRA have agreed not to consider any further action with regard changing the current safety warnings or introduction of helpline numbers until we are in a position to evaluate the effects of the current legislation.</p>	<p>Recent research undertaken by the Centre for Suicide Research at Oxford University concluded that almost 25% fewer people took fatal aspirin and paracetamol overdoses in the three years after the 1998 legislation to restrict the pack sizes for over-the-counter sales of these drugs. The results were published in the British Medical Journal in October 2004.</p>	<p>We will consider the implications of this research in discussions with the MHRA.</p>

Objective	Actions	Action taken	On-going activity	Future activity
	<ul style="list-style-type: none"> <li data-bbox="521 304 902 544">• 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. <li data-bbox="521 743 902 879">• To consider whether restriction in the use of co-proxamol, responsible for 200-300 suicides per year, was feasible in the light of its extensive clinical use. 	<p data-bbox="913 304 1283 440">NIMHE has recommended that pharmacists, through the new policy initiative <i>A Vision for Pharmacy</i> encourage safe disposal of unwanted medicines.</p> <p data-bbox="913 743 1283 1062">Recent research from the Centre for Suicide Research in Oxford on co-proxamol, using national mortality statistics and non-fatal self-poisoning has concluded that co-proxamol can be particularly dangerous and contributes to 200-300 drug-related suicides per year. The study was published in the British Journal of Clinical Pharmacology in the fourth quarter of 2004.</p> <p data-bbox="913 1078 1283 1238">The MHRA conducted a review of the risks and benefits of the pain reliever co-proxamol in the light of longstanding concerns about safety and efficacy and more recent data concerning safety in overdose.</p>	<p data-bbox="1305 304 1675 727">Negotiations on the new contractual framework for pharmacy have recently been completed and, subject to a successful ballot of the pharmacy profession, will go live in April 2005. Disposal of unwanted medicines is included within the essential services component of the framework. This means that all pharmacies will normally provide this service. Pharmacies will be obliged to accept unwanted medicines from patients. PCTs will make arrangements for the medicines to be collected from pharmacies at regular intervals.</p> <p data-bbox="1305 1078 1675 1318">This review, which involved seeking evidence from healthcare professionals, the pharmaceutical companies and the public, closed on 17 September 2004. In the light of this further evidence, the Committee of the Safety of Medicines are considering further on the risk/benefit of co-proxamol.</p>	<p data-bbox="1693 304 2063 679">Following on from the Shipman Inquiry recommendations on the management of controlled drugs in the community, there is likely to be a national communications strategy which will almost certainly go wider than controlled drugs. This strategy will highlight to the public the importance of safe storage and possession of all medicines, discourage the sharing of medicines and will encourage people to return all unwanted medicines to the pharmacy for safe disposal.</p> <p data-bbox="1693 1078 2063 1190">The Licensing Authority will make a final decision after reviewing the evidence and considering the CSM advice when this is available.</p>

Objective	Actions	Action taken	On-going activity	Future activity
<p>3.3 Reduce the number of suicides as a result of motor vehicle exhaust gas.</p>	<ul style="list-style-type: none"> 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. 		<p>NIMHE will continue to monitor the rate of suicide by this method.</p> <p>NIMHE will continue to monitor progress nationally and internationally on research initiatives in this area.</p>	
<p>3.4 Reduce the number of suicides on the railways.</p>	<ul style="list-style-type: none"> NIMHE will work with Rail Safety and Standards Board, London Underground and other key stakeholders on the potential for developing safety measures on railways, eg improved barriers. 	<p>A report of the SOVRN (Suicides and Open Verdicts on the Railway Network) project was published in July 2003. The Rail Safety and Standards Board (RSSB) are committed to taking forward work arising out of the SOVRN report to help manage and reduce the incidence and effects of suicides on the railway network.</p> <p>London Underground Limited (LUL) has recently completed a pilot initiative at Mile End Station in an effort to reduce suicides and suicidal behaviour on the London Underground. More information on this initiative is included under Chapter 3 – Development Centre Activity.</p>	<p>RSSB established the National SOVRN Group in 2003 to identify how to implement the suicide reduction strategy. The group recently extended its remit to include all rail fatalities and is now called the Rail Fatality Management Group (RFMG). It includes representation from Network Rail, RSSB, the National Union of Rail Maritime and Transport Workers, the Association of Train Operating Companies and some individual operators, British Transport Police, London Underground Limited, NIMHE and Samaritans.</p>	<p>The RFMG will work with other agencies and stakeholders to enable prevention measures to be developed through multi agency liaison at local level working with NIMHE's development centres.</p> <p>RSSB has also commissioned a research project which seeks to gain an understanding of schemes to manage trauma suffered by staff in various industries that encounter suicide in the line of their work and evaluating the advantages and practicalities of adopting the scheme within the UK rail industry.</p> <p>NIMHE's London Development Centre is supporting the extension of this work to 10 other London Underground stations and will include mental health awareness sessions for staff members and close links to local mental health services.</p>

Objective	Actions	Action taken	On-going activity	Future activity
	<ul style="list-style-type: none"> 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. 	<p>NIMHE’s North East, Yorkshire & Humber Development Centre has devised a proforma for the collection of data from across the region on suicide “hotspots” (see also chapter 3 – Development Centre Activity).</p>	<p>See also 3.5 below.</p>	<p>NIMHE, through its development centres working with local Standard 7 Leads and the Public Health Observatories, will look at potential hotspots in their localities to collect data and determine what actions may be required to reduce risk of suicide. This will include looking at physical barriers and other preventative and promotional measures.</p>
<p>3.5 Reduce the number of suicides as a result of jumping from high places.</p>	<ul style="list-style-type: none"> NIMHE will develop guidance on actions to be taken at “hotspots” for suicide from high places. 	<p>NIMHE’s North East, Yorkshire & Humber Development Centre has devised a proforma for the collection of data from across the region on suicide “hotspots”.</p>		<p>NIMHE, through its development centres working with local Standard 7 Leads and the Public Health Observatories, will look at potential hotspots in their localities to collect data and determine what actions may be required to reduce risk of suicide. This will include looking at physical barriers and other preventative and promotional measures.</p>
<p>3.6 Reduce the number of suicides using firearms.</p>	<ul style="list-style-type: none"> 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. 	<p>Research into suicides using firearms commenced in December 2002 and has now been completed.</p>	<p>Research papers will be published in academic journals.</p>	<p>We will consider publishing the key findings of the research on NIMHE’s Knowledge Community website and consider implications and actions resulting from the research.</p>

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

Objective	Actions	Action taken	On-going activity	Future activity
<p>4.1 Promote the responsible representation of suicidal behaviour in the media.</p>	<ul style="list-style-type: none"> A media action plan is being developed as part of the mental health promotion campaign, <i>mind out for mental health</i>, now being replaced by NIMHE's new 5-year strategic plan to tackle stigma and discrimination on mental health grounds, which will include specific activities in support of the <i>Our Healthier Nation</i> target to reduce suicides; this will include: <ul style="list-style-type: none"> incorporating guidance on the representation of suicide into workshops held with students at journalism colleges; round table discussion sessions with leaders in mental health and senior journalists; a series of road shows at which frontline journalists can discuss responsible reporting; a feature on suicide in media journals eg Press Gazette, Media Week, British Journalism Review. 	<p>Workshops for students at journalist colleges included regular workshop sessions on the representation of suicide in the media as part of the <i>mind out for mental health</i> campaign.</p> <p>Through the <i>mind out for mental health</i> campaign, a media guide was produced which highlighted ways of ensuring the media report about mental health issues in a more responsible way and made available to journalists through the Society of Editors.</p> <p>The Centre for Suicide research and the Reuters Foundation programme organised a seminar in November 2003 which discussed the role and effect of the media on the presentation of suicide.</p>	<p>One of the key aims of NIMHE's new 5-year strategic plan to tackle stigma and discrimination on mental health grounds is to promote balanced and accurate media reporting about people with mental health problems and the responsible representation of suicidal behaviour in the media.</p>	<p>Building on the foundation of the <i>mind out for mental health</i> campaign, the programme will undertake training and awareness sessions at journalist colleges. The programme will consider how we can maximise the impact of positive relationships with new journalists on an ongoing basis.</p> <p>One of the priorities for action within this 5-year programme is work to promote balanced and accurate media reporting about people with mental health problems. As part of this media activity NIMHE will ensure that journalists and editors have effective guidance and support on the reporting of suicides. This will include working with Internet service providers and web publishers.</p> <p>In developing effective guidance and support for the media outlets, we will work with key partners, including the Centre for Suicide Research and the Reuters Foundation to take this work forward.</p>

Objective	Actions	Action taken	On-going activity	Future activity
	<ul style="list-style-type: none"> 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. NIMHE will work with other relevant government departments to explore what action can be taken to discourage Internet sites that encourage people to take their own lives. 	<p>Officials from the Home Office, DTI, DfES and NIMHE are discussing what possible actions can be taken to address the concerns over Internet sites that encourage people to take their own lives. In particular in the context of the Government's campaign for safety on the Internet and the national suicide prevention strategy.</p>		<p>The Samaritans' guidelines on media reporting will be promoted in the training and awareness sessions at journalist colleges.</p>
<p>5.1 Improve research evidence on suicide prevention.</p>	<ul style="list-style-type: none"> The NHS Research and Development directorate is planning to commission research on nursing observation on mental health wards. 	<p>Research underway.</p>	<p>Research papers will be published in academic journals.</p>	<p>Action will need to be taken once the research is published.</p>

Goal 5: To promote research on suicide and suicide prevention

Objective	Actions	Action taken	On-going activity	Future activity
	<ul style="list-style-type: none"> A national collaborative of experts in suicide research, chaired by Professor Keith Hawton from the Centre of Suicide Research, Oxford will oversee a programme of research to support the suicide prevention strategy; immediate priorities are: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> detailed studies of high-risk groups from which we can draw conclusions on prevention with reasonable certainty; intervention studies with more common outcomes that will act as “proxy” measures for suicide, eg. serious, non-fatal deliberate self-harm. See also objective 1.3 regarding suicides by young men. 	<p>The Research Forum has now been established and has determined its early priorities for research. These include research into specific methods of suicide, which are hangings, firearm suicides, poisonings and co-proxamol poisoning deaths. These research projects have now been completed.</p> <p>The Research Forum has submitted 4 research proposals to the Suicide Prevention Strategy Advisory Group.</p> <ul style="list-style-type: none"> Attitudes towards and satisfaction with services amongst deliberate self-harm patients: A systematic review of the literature; What influences the decision to use hanging as a means of suicide? A qualitative study of people who have survived a nearly lethal suicide attempt; Media influences on suicidal behaviour: an Interview study of young people; Can the medical management of self-poisoning contribute to suicide prevention? Confidential inquiry and case control study. 	<p>These 4 projects are currently undergoing peer review.</p>	<p>We will consider publishing the key findings of the research on NIMHE’s Knowledge Community website and consider implications and actions resulting from the research.</p> <p>We will consider what action to take once the research is published.</p>
5.2 Disseminate existing evidence on suicide prevention.	<ul style="list-style-type: none"> Current evidence, including recent major studies and systematic reviews, will be made available to local services through NIMHE’s web site and development centres. 			<p>We will consider publishing the key findings of any research carried out on NIMHE’s Knowledge Community website.</p>

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

Objective	Actions	Action taken	On-going activity	Future activity
<p>6.1 Monitor suicide statistics relevant to the goals and objectives in the strategy.</p>	<p>The strategy group aims to collect data on:</p> <ul style="list-style-type: none"> • Suicide following deliberate self-harm by cross-linking information collected by the new self-harm monitoring group with mortality data from the Office for National Statistics (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. 	<p>Multi centre monitoring deliberate self-harm – 18-month pilot sites established 1 November 2004 in Oxford, Manchester and Leeds.</p> <p>NIMHE has asked the Review of Coroner’s Services to consider whether the ethnicity of the deceased could be included in the Coroner’s Certificate of Cause of death.</p>	<p>NIMHE and the Department of Health Statistics Division continue to discuss with the ONS the need to develop and collect additional data to help improve monitoring of the strategy.</p> <p>See objective 2.8.</p>	
<p>6.2 Evaluate the national suicide prevention strategy.</p>	<ul style="list-style-type: none"> • The strategy group will meet regularly to assess progress on all objectives listed in the strategy; an annual up-date will be published. 	<p>The Suicide Prevention Strategy Advisory Group meets every six months to review progress and discuss and recommend future work programmes.</p> <p>The suicide prevention annual reports for 2003 and 2004 have now been published.</p>	<p>NIMHE’s suicide prevention programme, on a regular basis, reviews progress on, and risks to, its activity in line with the overall Mental Health Programme’s governance regime.</p> <p>This report will be published on an annual basis. In addition, the NIMHE website will, as a matter of routine, be used to communicate and promote progress and information sharing pertaining to the suicide prevention implementation programme.</p>	

Appendix 1 – Suicide Prevention Strategy Advisory Group

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

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

265972/National Suicide Prevention – Annual Report on progress may also be made available on request in braille, on audio cassette tape, on disk and in large print.

265972/National Suicide Prevention – Annual Report on progress is available on the department's website at:
www.nimhe.org.uk