National Suicide Prevention Alliance

NSPA review 2013-14 and 2014-15
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Message from the Co-Chairs

The National Suicide Prevention Alliance is a coalition of public, private and voluntary organisations in England. Our mission is to get all parts of society working together to take action to reduce suicide and improve the support for those bereaved by suicide.

Established in 2013, having evolved from the 2012 Call to Action for Suicide Prevention, we have a growing membership of organisations, each committed to taking action to help reduce suicide. In total, members have signed up to nearly 150 actions to help achieve the NSPA’s aims.

Although we’re still a relatively young organisation, we are proud of what we have already achieved. This review looks back at the last two years, 2013/14 and 2014/15 as well as setting out our plans for the year ahead.

Suicide prevention is everyone’s business

There were 6,233 suicides in the UK in 2013, 4,722 of which were in England alone. The male suicide rate is at its highest since 2001, and more middle aged men are taking their own lives than in the last thirty years. This has to stop.

Suicide is not just a tragedy for the person who loses their life. It also shatters the lives of those left behind – families, friends and communities. For every life lost to suicide, it is estimated that at least six people are deeply affected, but there is not a simple formula for reducing suicide. The risk factors are wide ranging and complex. Suicidal feelings and behaviour usually result from multiple issues in someone’s life and can be related to many different factors including demographics, social issues, settings or times of crisis. We will only save more lives if all parts of society work together to tackle the problem.

We have seen some progress in the last two years with initiatives such as the inclusion of an indicator for suicide in the NHS Outcomes Framework, the Zero Suicide Collaborative launched in three areas across England and the Mental Health Crisis Care Concordat, a national agreement between services and agencies involved in the care and support of people in crisis. We welcome these and believe they are helping to transform the way society thinks about wellbeing and mental health.

We have also seen the private sector starting to take notice, with self-harm and suicide filters introduced by the four main Internet Service Providers as well as innovation within the voluntary sector with, for example, the launch of the suicide prevention app ‘Stay Alive!’ developed by Grassroots Suicide Prevention.

The UK’s first national inquiry into suicides in children and young people is going to be set up under the National Confidential Inquiry into Homicide & Suicide which should provide valuable evidence to help stimulate action and we’re pleased to see the growing body of organisations that are actively raising awareness of the issues around suicide.

However, much still remains to be done. Gaps in suicide prevention provision around the country remain widespread. A survey of local authorities recently undertaken by the All Party Parliamentary Group for Suicide and Self-harm Prevention found that around 30 per cent of local authorities do not have a local suicide prevention action plan, around 40 per cent do not have a multi-agency suicide prevention group and around 30 per cent do not collect local suicide data. These are all crucial components that are needed to effectively implement the government’s National Suicide Prevention Strategy and it is vital these deficiencies are addressed.

The NSPA will build on the valuable work that is already being done in this area and will continue to work with its members to change the face of suicide prevention in England; ensuring that suicide prevention remains high on the health agenda and beyond, promoting collaboration between all parts of society.

# NSPA Declaration

## The difference we aim to make

We want to see a significant reduction in suicide in England. We think this will happen if we work together to bring about the following outcomes:

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<tr>
<th>Outcome</th>
<th>Description</th>
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<td>Reducing Stigma</td>
<td>For all parts of society, talking about mental health, and taking action to maintain good mental health, is as normal as talking about and maintaining physical health.</td>
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<td>Help seeking</td>
<td>More people experiencing emotional distress seek help before they become suicidal.</td>
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<td>Providing the right help</td>
<td>When people in emotional distress seek help, they receive appropriate support from the people or organisations they approach and they are offered appropriate options.</td>
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<td>Reducing access to means</td>
<td>People experiencing severe emotional distress find it harder to access the means to take their own life.</td>
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<tr>
<td>Suicide bereavement</td>
<td>People bereaved by suicide get the support they need to cope with the impact on their life.</td>
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<tr>
<td>Data and evidence</td>
<td>There is better official data about suicide in England and more evidence about effective suicide prevention. Those working in suicide prevention find it easier to obtain this data and evidence.</td>
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<tr>
<td>Working together</td>
<td>Organisations with an interest in suicide prevention are collaborating with each other to make a bigger difference.</td>
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## What we do

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<th>Activity</th>
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<tr>
<td>Deliver commitment and influence</td>
<td>We identify public, private and voluntary organisations that can make a difference and we invite them to join us and take action.</td>
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<td>Mobilise action</td>
<td>We identify the most important issues to work on and we facilitate projects to address them.</td>
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<td>Build an active network</td>
<td>We facilitate collaborations between organisations who can achieve more by working together.</td>
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<td>Share best practice</td>
<td>We share information about what organisations are doing to prevent suicide, support those bereaved by suicide and promote good practice in these areas.</td>
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<td>Raise awareness and build knowledge</td>
<td>We work to improve the quality and accessibility of data about suicide and help improve the evidence base about what works in suicide prevention and bereavement support. We share this intelligence with organisations that can make a difference.</td>
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<tr>
<td>Improve support</td>
<td>We share information about support available for people in distress and those bereaved or affected by suicide, to increase options and raise awareness of what’s out there.</td>
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Our work in 2013-14 and 2014-15

What we said we’d do

• Develop a more visible brand and an online presence, including launching a microsite providing an online hub in support of the broad network.

• Develop the governance and structure of the NSPA.

• Bring together people involved in suicide prevention at a national conference to share best practice, consult on priorities and develop ideas on what the NSPA should seek to achieve in future.

• Provide materials to support local implementation of the suicide prevention strategy, encourage sharing of good practice and knowledge.

• Establish a shared position and course of action for suicide-related websites and harmful web content.

• Establish and support a national framework of support for people bereaved by suicide to ensure they are offered options for effective, timely, proactive and wide-ranging support.

• Identify nationally available suicide prevention training and support people to make informed choices of providers and courses.

What we did

It has been a busy two years for the NSPA as we have evolved from the Call to Action, into a formal membership organisation with strengthened governance and systems in place. During this time, we have continued to build our profile with national and local stakeholders to consolidate our position as the leading suicide prevention alliance. This has been a period of internal development as well as external action. The provision of a two year grant from the Department of Health has been instrumental in the development of the NSPA, enabling us to employ a full time staff member to provide the Secretariat, develop our web presence and fund a series of projects.

Taking action to help reduce suicide

• Held our first national conference, One World Connected, on 3rd February 2015 with over 200 delegates from across the public, private and voluntary sector. Supported by Public Health England and Samaritans, the conference had a wealth of high profile speakers, including the Rt Hon Norman Lamb, Minister for Care and Support. [see ‘In focus’ page 7]

• Participated in and supported groups that brought together voluntary organisations working in specific areas of suicide prevention, including The Alliance of Suicide Prevention Charities (TASC) and the Suicide Bereavement Support Partnership (SBSP).

• Funded the development of a best practice guide for responding to suicidal content in online communities. Mind is working with NSPA to develop the guide, aiming to empower online communities of all sizes to deliver a safer and more supportive environment. [see ‘In focus’ page 6]

• Funded the development of a framework for support to people bereaved by suicide, being delivered by the SBSP. [see ‘In focus’ page 5]

• Successfully tendered to PHE to update Help is at Hand, a resource for families and all those affected by suicide, incorporating feedback from the evaluation of the original resource to ensure it is user friendly and reflects the latest national and international research on what works. Meadows Communications is delivering the work on behalf of the NSPA. [see ‘In focus’ page 6]
• Developed our relationship with the Internet Safety Team in the Department for Culture, Media & Sport in order to reduce the risk of unsafe content and contact through the internet.

• Worked to influence the level of proof required to formally conclude that a death is by suicide, including participating in a Ministry of Justice round table event.

• Our ‘One World Connected’ conference, the NSPA website and development of the alliance network have all contributed to supporting local implementation of the strategy, by helping to share knowledge and disseminate good practice. We will be looking to develop more materials to support implementation under programme 7 of the new NSPA strategy (see page 20).

• We haven’t yet started on work around suicide prevention training but as part of the NSPA’s new strategy and the on-going development of the NSPA website, we will be creating a map of suicide prevention activity, including information on training providers and courses (see page 20).

**Development of the NSPA**

• Developed and launched our website, www.nspa.org.uk, in November 2014. The website includes a directory of support services.

• Developed a five year strategy, focusing on 7 programmes of work designed to help us achieve our vision, mission and aims.

• Developed the mechanism and guidance for in-kind and cash member contributions with over £18,000 received and a high level of in-kind contributions so far.

• Transitioned our partners from the Call to Action into formal membership of the NSPA, with over 40 members committing to an action plan.

• Reviewed the ways of working under the Call to Action and used lessons learnt to inform membership structure and engagement.

• Held our inaugural Annual Membership Meeting in June 2014 with over 50 participants. Professor Louis Appleby CBE provided the keynote speech and the meeting launched the NSPA’s new governance and membership arrangements.

**IN FOCUS: Supporting online communities to respond to suicidal content**

Online communities increasingly provide an opportunity for people to give and receive support. As community members feel listened to and accepted they may share more personal experiences, including thoughts of suicide.

This can happen in any place where people come together to talk online, it is not limited to mental health communities. A supportive and appropriate response is essential. It can be lifesaving for the person in distress and it can protect other community members, who might otherwise be left feeling responsible for another person’s safety.

The NSPA is funding Mind to produce a best practice guide for responding to suicidal content in online communities. The project arose from the Online Environment Working Group convened under the Call to Action, and is a great example of how ideas from our members can result in NSPA taking action.

**IN FOCUS: Refreshing ‘Help is at Hand’**

‘Help is at Hand’ is a support and information resource for people bereaved by suicide, originally published by the Department of Health. NSPA won the tender to update and refresh this resource, issued by Public Health England in response to user feedback. This is an exciting achievement with the potential for significant impact across the country.

We are working with Meadows Communications and an advisory group including Professor Keith Hawton from the University of Oxford Centre for Suicide Research and representatives from Samaritans, Judi Meadows Memorial Trust, If U Care Share and The Matthew Elvidge Trust. The resource is being updated to ensure it is accessible for families and all those affected by suicide, incorporating feedback from the evaluation of the original Help is at Hand, as well as reflecting best practice nationally and internationally.

The new resource is due to be launched in August 2015.
IN FOCUS: One World Connected

The NSPA held its first ever national conference on the 3rd February 2015, bringing together over 200 individuals and organisations from across the country. The event provided a forum to hear about the latest developments in suicide prevention, showcasing innovative practice and facilitating information-sharing. Held at the Kia Oval in London, the event was supported by Public Health England and part-funded by Samaritans through a major donor.

Key note speakers included the Rt Hon Norman Lamb MP, Minister of State for Care and Support, Department of Health, Professor Louis Appleby CBE, Chair of the government’s National Suicide Prevention Advisory Group and Professor Kevin Fenton, National Director of Health & Wellbeing, Public Health England.

There were a range of sessions providing delegates with:
- A first look at the statistics and highlights from the government’s annual report for the national suicide prevention strategy for England.
- The latest from the ‘Zero Suicide’ initiatives being piloted by Mersey Care NHS Trust, and the South West and East of England Strategic Clinical Networks, based on the successful ‘Zero Suicide’ collaboration in Detroit in America.

Presentations from the day can be found on the NSPA website www.nspa.org.uk in the About Us section.

Rt Hon Norman Lamb MP
There is no more important work than this #nspaconf

Dr. Joe Rafferty, Chief Executive, Mersey Care NHS Trust
Stunning and moving presentations at the National Suicide Prevention Alliance – real heroes #nspaconf

Dr. Andrew Reeves, Chair of the British Association for Counselling and Psychotherapy
Thank you for an inspirational day #nspaconf
NSPA members
Highlights from our members

The success of the NSPA is driven by our members. Without their involvement and engagement the NSPA would not be able to achieve its mission; to get all parts of society working together to take action to reduce suicide and improve the support for those bereaved by suicide.

As well as celebrating the collective achievements and collaborations of our members, our annual review is an opportunity to highlight the fantastic work of our members individually. Here are some highlights and achievements from 2013/14 and 2014/15, from our members, as submitted by them.

British Transport Suicide Prevention and Mental Health (SPMH) teams

BTP has two joint health and policing teams, one based in Birmingham and the other in London. These teams consist of BTP officers and staff and NHS Psychiatric nurses. Their job is to deal with the 5,000 suicidal incidents that occur across the rail network each year.

The role of the SPMH teams is to provide advice and guidance (including access to health intelligence) to officers whilst they are dealing with people in crisis on the network, and to follow up all cases through a risk-based approach which involves joint police and health decision making. Those people who are jointly judged to be at risk of suicide are placed on Suicide Prevention Plans (SPPs), which allows us to make the necessary referrals and take actions with the objective of moving them from crisis to care.

In 2014/15 the SPMH teams dealt with 1,156 people on Suicide Prevention Plans across the whole rail network (including the London Underground). Of those, we know that seven people went on to take their own lives on the railway and three more did so elsewhere. These deaths represent individual tragedies, however they represent 0.86% of the total number of people on SPPs, which in itself is a high risk group. People on SPPs accounted for 3% of the total number of people who took their own lives on the railway.

These teams have been funded on a multi-agency basis, which includes contributions from the rail industry, BTP, NHS England and the Department of Health (as part of the street triage programme).

New railways suicide prevention hotline

In the Spring of 2014 BTP introduced our Suicide Prevention Hotline. We have passed this number to colleagues in the NHS and Mental Health Trusts, to voluntary organisations and to the rail industry, to ensure that anyone who has immediate concerns about someone who may be about to harm themselves on the railway can call us so that we can arrange an emergency response. We have received hundreds of calls on this number since its inception and saved a number of lives as a consequence.

www.btp.police.uk
The Connecting with People Suicide Assessment Framework E-Tool (SAFETool)

Connecting with People has pioneered a robust approach to suicide prevention, which combines compassion and governance. It has been designed to improve the assessment of people at risk of suicide by enhancing the quality, consistency and documentation of assessments, care plans and safety plans.

The Connecting with People approach ensures that every suicidal thought is taken seriously and patients are supported to co-create a comprehensive safety plan. Practitioners are trained to co-create the safety plan with service users and carers to agree strategies to self-manage, seek support and explicitly reference removal of access to means.

The SAFETool uses a set of clinical tools (fully peer reviewed and published) to ensure quality and consistency of care, which promotes a structured assessment and documentation process. This improves consistency at times of assessment, triage and referral between practitioners or different services.

Practitioners are trained to use the SAFETool on a bite sized modular training programme, which also builds knowledge, skills and promotes a compassionate approach. Clear structure and recording of information ensure excellent governance. A web-based app of the SAFETool is available in addition to a paper based version. The web-based app can be fully integrated securely with NHS IT systems.

New online resource Staying safe if you’re not sure life’s worth living

This online self-help resource includes practical and compassionate advice, with links to useful national organisations that provide support for people in distress and those supporting them: www.connectingwithpeople.org/StayingSafe. The development was supported by an excellent team of reviewers which included academics, people with lived experience, third sector experts and practitioners.

www.connectingwithpeople.org

Professor Kevin Fenton, National Director of Health and Wellbeing, Public Health England
Suicide research network reaches 100 members!

The EM-SRN hosted the bi-annual meeting of the East Midlands Self-harm and Suicide Prevention Research Network in January 2015. We had around 70 attending with a number of new faces attending the meeting and subsequently joining our network. Feedback was very positive with a desire to continue these events.

The network is now up to 100 members and is continually growing and being used more for information sharing and collaborative working.


Increasing collaboration and building stronger links with our communities

- Ongoing training and support for the work of our volunteers at a county level.
- Developing key link person in county groups to connect with other agencies in their county including local authority forum.
- In February, piggybacking on the Time to Talk day, we set about encouraging people within the farming community to raise awareness of the specific needs of the community through social media and were also involved in publishing articles in the farming press to raise awareness about mental well-being and suicide. There were also several opportunities to use local media around the country to raise awareness.
- In the Spring of 2015 coinciding with the on year anniversary of the flooding in Somerset, where many farming families were also affected, an ‘anniversary event’ was held to enable farmers to reflect on their experiences and talk through the ongoing stress and emotional issues.
- Linking with Young Farmers Clubs to support their Rural Plus campaign which raised awareness about mental wellbeing and effects of isolation for rural young people including joint poster campaign to signpost to support.
- Partnership with Men’s Health Forum to distribute a ‘Haynes style manual’ preventative health booklet “Fit for Farming” which includes a section on suicide support in a chapter on well-being.
- Support for students, including those on Nuffield (agricultural) scholarships writing papers on suicide and stress in farming.

www.fcn.org.uk
On World Suicide Prevention Day 2014 Grassroots launched ‘Stay Alive’– the UK’s first suicide prevention app

A suicide prevention pocket resource for the UK, Stay Alive offers help and support both to people with thoughts of suicide and to people concerned about someone else. The app can be personalised to tailor it to the user. Stay Alive is totally free and is available on Google Play and the App Store.

Key features include:

- Quick access to national crisis support helplines.
- A mini-safety plan that can be filled out by a person considering suicide.
- A LifeBox to which the user can upload photos from their phone reminding them of their reasons to stay alive.
- Strategies for staying safe from suicide.
- How to help a person thinking about suicide.
- Suicide myth-busting.
- Research-based reasons for living.
- Online support services and other helpful apps.
- Suicide bereavement resources.

This is the first version of Stay Alive. The app will be updated following an academic review and we are seeking next stage funding to help us develop the app further, including a location-enabled function to show the user support services in their vicinity.

During 2013–2015 Grassroots has taken on key contracts for workforce development, delivering training across Brighton & Hove, the whole of Sussex and further afield

Grassroots supports communities to prevent suicide through an approach that unites training, consultancy and the involvement of people with lived experience. We are specialists in suicide prevention and deliver training that saves lives. We believe that suicide is a community health problem and can be prevented.

We work locally in Brighton & Hove and further afield with the NHS, public health departments, third sector organisations and other clients to develop the workforce to respond effectively to people thinking of suicide. We facilitate networking between and within communities to strengthen their suicide prevention efforts.

Grassroots now has contracts to deliver ASIST (Applied Suicide Intervention Skills Training) and safeTALK (Suicide Alertness For Everyone) across the whole of Sussex (East Sussex, West Sussex and Brighton & Hove). Other contracts include London, Surrey and Essex, as well as a continual stream of spot commissions in different areas. The training is making a significant contribution to the development of suicide safer communities.

Each year, we have held an ASIST T4T (Training for Trainers course) and a safeTALK T4T to support the wider rollout of both programmes. The number of trainers in the UK is growing and we will continue to support trainer development in this way.

www.prevent-suicide.org.uk
Providing suicide awareness and emotional resilience training to student helpline volunteers

In 2013, we received a grant from three suicide trust funds* to train 10 Nightline Association volunteers to deliver suicide awareness and emotional resilience training to Nightline volunteers. All Nightlines are run by students, for students, and offer confidential and anonymous listening support services at night during term time when other university welfare services are usually closed. Currently we have approximately 2,100 student volunteers. Since September 2013 Nightline Association volunteers have delivered the 2-hour suicide awareness module to 280 Nightline volunteers and the 2-hour emotional resilience module to 275 Nightline volunteers. This training has been delivered to volunteers at our annual and regional conferences and locally at Nightlines in Bangor, Nottingham, Durham, Dublin, Birmingham, Edinburgh, Dundee, Lampeter, Norwich, Manchester and York. Over 100 students (aged 16-24 years) die through suicide each year. We want our young volunteers to be able to offer their support more confidently and safely to students in crisis and in doing so, help prevent the unnecessary loss of promising lives.

www.nightline.ac.uk

Rail industry – Learning Tool

4.5% of suicides in the UK take place on the railway, impacting hugely on staff, commuters and those bereaved. A cornerstone of the industry’s suicide prevention campaign is asking staff and those of our partners to intervene in suicide attempts – last year 904 interventions were made. Classroom training has been available for Network Rail, train operators and the British Transport personnel for the last four years provided through our relationship with Samaritans.

To supplement this, a purpose built website has been launched so that all rail industry staff can access what the industry is calling a Learning Tool. This comprises 10 DVD modules which focus on providing the skills and confidence to our 190,000+ workforce (many of whom will not attend the formal training) to intervene in a suicide no matter where they are. The videos have been specifically shot and edited to allow them to be shown at safety briefings across the industry in less than 30 minutes.

Whilst the focus of the Tool is on interventions, modules also exist to help our people recognise the effects of trauma and how they may support themselves, and others, affected by it.

Preventing suicides on the GB Rail network

During 2014/15 the rail industry has introduced a significant number of initiatives to prevent people from taking their lives on the railway and in the community as a whole. It has:

- Renewed its unique relationships with both Samaritans and the British Transport Police through the latter’s dedicated Mental Health and Suicide Prevention Unit.
- Created a bespoke industry learning tool to allow more of rail staff to feel comfortable in approaching those that may appear to be in distress or vulnerable.
- Installed physical barriers at key locations to prevent access to the rail network. ‘Mid platform fencing’ – restricting access across platforms – have been introduced at many commuter stations around London, whilst ‘platform end barriers’ and anti-trespass guards have been installed countrywide.
- Looked to trial initiatives both ‘home grown’ and from around the world that may offer some form of suicide mitigation measure. These include the use of holographic images, movement activated camera’s and ‘alarms’ and new lighting technologies.
- Commissioned Middlesex University to undertake an 18 month study into suicides on the GB rail network.

2015/16 will see this work develop and grow as the industry explores new avenues and relationships in its attempt to work with others to prevent suicides on the rail network and the communities it operates in.

www.networkrail.co.uk

*The Matthew Elvidge Trust, Charlie Waller Memorial Trust and The James Wentworth-Stanley Memorial Fund
Development of an organisational strategy on preventing suicide and reducing self-harm

Many of the people we support at Rethink Mental Illness can find themselves in a dark place where they feel nothing and no-one can help, and we want to be able to work alongside them, to show them they are not alone. The charity has therefore been working to develop a new organisational strategy, designed to:

- improve our information and reporting systems;
- offer practical guidance to staff via a tool kit on creating safer environments and offering effective support to those at risk of suicide;
- provide training for staff, especially in those services deemed ‘high risk’.

The strategy stresses the importance of ‘debriefing’ and offering emotional support to staff teams following a suicide in their service, and its ambition is for zero suicides in Rethink services. The next steps for the cross-departmental group which worked on the strategy will be to design specific services and support for people with a personality disorder who may be expressing suicidal thoughts.

www.rethink.org
Richmond Fellowship has developed services to support people experiencing mental health crisis by providing alternatives to hospital or a police cell

Being admitted to hospital, or taken to a police cell, can be frightening and detrimental to the wellbeing of people experiencing mental distress. By providing a homely environment in the community, Richmond Fellowship has developed a more recovery focused alternative with our crisis houses in Derby and Leicester, and our ‘alternative place of safety’ pilot with the Home Office and NHS and police in Sussex. As well as supporting individuals who would otherwise be hospitalised, our crisis services can support people whose social or mental health crisis might otherwise deteriorate, to a point where more intensive support or hospital intervention is required, thus providing preventative care. Our Leicester service also offers a helpline which enables individuals to access support over the phone and to be directed to further support where required.

Individuals are supported to deal with their immediate crisis and get ‘space’ from their daily life which may have contributed to this. We use our comprehensive knowledge of local agencies to provide holistic support; integrating crisis care with other ongoing support. Many people experiencing crisis have complex needs and our services are able to provide practical support, enabling people to manage these issues and reduce the likelihood of repeated crises.

www.richmondfellowship.org.uk

LGB support toolkit launched

On 16th March 2015 the RCN, in collaboration with Public Health England (PHE), launched a toolkit to guide nurses and other health professionals in the prevention of suicide in lesbian, gay and bisexual (LGB) young people. LGB youth are at a higher risk of suicide than their heterosexual peers due to the impact and fear of stigma, discrimination and rejection from society. The RCN toolkit aims to equip nurses with the knowledge and skills to provide effective support to LGB young people and help reduce the risk of suicide.

www.rcn.org.uk

Samaritans’ vision is that fewer people die by suicide. To make this happen we work to:

- reduce the feelings of distress and crisis that can lead to suicide
- increase access to support for people in distress and crisis
- reduce the risk of suicide in specific settings and vulnerable groups
- influence governments and other agencies to take action to reduce suicide.

In 2014 Samaritans volunteers received over 5.2 million contacts (this includes telephone calls, face-to-face sessions, texts, emails and letters).

We renewed our Network Rail funded programme on behalf of the rail-industry. This programme has 3 key work streams; awareness raising campaign which encourages people to seek help, training for railway staff to help them make potential life
saving interventions and the provision of support at railway stations following an incident on the railway. We trained over 2,500 railway staff on the Managing Suicidal Contacts in 2014 and provided support at numerous stations.

We also continued to develop our Step by Step service, responding to 87 requests of support, 80 of which were schools, and updating our guidance materials. We completed a significant expansion of our Developing Emotional Awareness and Learning (DEAL) resources including the addition of new audio visual materials developed by young people for young people, and have had over 6,000 downloads of these in 2014.

In prisons, around 1,686 of our trained Listeners responded to over 86,000 contacts from prisoners struggling to cope.

We continue to work with Facebook and Google to improve safety online and we have teamed up with Bristol University to better understand how vulnerable people use this environment as the whole industry seeks to make the online environment as supportive as possible for vulnerable people.

In 2013 we published the revised edition of Samaritans’ Media Guidelines for Reporting Suicide which supports the industry to improve the reporting and portrayal of suicide. Introducing the guidelines in England, we held a private round table discussion with the UK’s national media, where we saw attendance from a high level representative at every single national newspaper.

We were awarded a grant from the Department of Health to provide bereavement support groups in six areas across England in partnership with Cruse Bereavement Care.

Throughout 2014, we monitored over 6,970 online and print media articles on deaths by suicide and inquests. We gave advice on 23 programmes, including documentaries such as BBC’s Panorama, national soaps such as Emmerdale, EastEnders and Hollyoaks and factual programmes, including a BBC world service feature about the impact of suicide.

We provided secretariat and research support for the All Party Parliamentary Group on Suicide and Self-harm Prevention (Westminster) chaired by Madeleine Moon MP, which allows parliamentarians from across parties to debate important policy areas related to suicide and selfharm prevention.

Working with Young People: free seminar on self-harm and suicide

As part of our social impact work within in the community, we aim to host seminars and events to provide a networking space and learning opportunities for local services. Our latest seminar had delegates from a range of disciplines across Greater Manchester, Cheshire, Merseyside, Lancashire and Yorkshire, to discuss the latest approaches to suicide prevention and self-harm mitigation. The evaluation showed that 92% of delegates rated the seminar as "Good" or "Excellent".

The seminar was organised in conjunction with the GMC and Manchester CCG. A feature of the seminar was the mixing of delegates from health, education and the voluntary sector into workshops based on CCG areas. This provoked interesting and useful exchanges between the different disciplines.

The seminar was chaired by Professor Nav Kapur and the principal speakers included Professor Steven Pryjmachuk (University of Manchester) and Gemma Trainor (Junction 17). A further free seminar is being organised for Cheshire and Merseyside on the 7th October, 2015.

www.stormskillstraining.com
Website for parents and carers of young people who self-harm

The University of Oxford and healthtalk.org have launched a new online resource to support parents and carers who have discovered their child is self-harming. The resource is based on detailed video and audio interviews with parents whose children self-harm, covering topics such as the impact on the family, how to support their child, treatment options and advice for other parents. It includes video, audio and text extracts from interviews with 39 family members of young people who have self-harmed between ages 12 and 25 years.

Parents of young people who self-harm can feel alone and isolated, and may struggle to find help and support. Now they can become better informed and feel less alone by visiting healthtalk.org to see interviews with other parents in the same situation. They can learn about the impact of self-harm, including feelings of guilt, shame and anger and problems with siblings and other family members. This resource provides information for parents and carers on what to expect from hospitals, schools and mental health services. It also provides insights about self-harm for clinicians and others who work in mental health or with parents and families. The website is freely accessible and can be found at: www.healthtalkonline.org/peoples-experiences/mental-health/self-harm-parents-experiences/topics


Data on individuals presenting to the general hospital in Oxford following self-harm (self-poisoning and self-injuries) have been collected continuously since 1976, allowing numerous clinical research studies including:

- Trends in self-harm.
- Methods used.
- High-risk groups and outcome, including risk of suicide.

We have recently published papers on trends in self-harm in the Oxford area and a comparison of self-harm in Oxford and Newcastle (Australia). Oxford is also the lead centre in the Multicentre Study of Self-harm in England, a collaboration with colleagues in Manchester and Derby, funded by the Department of Health: http://cebmh.warne.ox.ac.uk/csr/mcm

Recent publications from this study, which provides the most accurate information on self-harm in England, include deaths by suicide and accidents following self-harm, the impact of clinical management of self-harm on subsequent repetition of self-harm and suicide, and trends in alcohol misuse in self-harm patients.

http://cebmh.warne.ox.ac.uk/csr
Looking ahead

We have developed a new five year strategy, focusing on the 7 outcomes we want to achieve. In 2015-16, the first year of our strategy, we will work to consolidate and embed NSPA’s internal mechanisms and membership to ensure we have a firm foundation for the future.

1 Reducing stigma

For all parts of society, talking about mental health, and taking action to maintain good mental health, is as normal as talking about and maintaining physical health.

In 2015-16:
- We will support the Partnership for Wellbeing and Mental Health in Schools, promoting its work to NSPA members and identifying and connecting members that can contribute to the partnership.

2 Help seeking

More people experiencing emotional distress seek help before they become suicidal.

In 2015-16:
- This is an important area of work and we will use the first year of the strategy to discuss with our members how to best use NSPA’s expertise and resources to make an impact in this area.

3 Providing the right help

When people in emotional distress seek help, they receive appropriate support from the people or organisations they approach and they are offered appropriate options.

In 2015-16:
- We will continue to develop the NSPA website as a source for other organisations to help them help individuals to find the support they need, as well as being a direct source for individuals.
- We will work with those organisations and professionals who could have most impact on bereaved individuals and scope the possibilities for a project in this area.

4 Reducing access to means

People experiencing severe emotional distress find it harder to access the means to take their own life.

In 2015-16:
- We will work with the Government’s National Suicide Prevention Advisory Group on understanding and acting on emerging suicide methods.
- We will help promote and disseminate the guidance being produced by PHE on preventing suicides in public places and responding to multiple suicides and clusters.
- We will continue look at how to reduce harmful content online. This will include funding Mind to complete the guide on how to respond to suicidal content in online communities and disseminating this guide to help online communities of all sizes to deliver a safer and more supportive experience.
5 Suicide bereavement

People bereaved by suicide get the support they need to cope with the impact on their life.

In 2015-16:

• We will continue to work with the Suicide Bereavement Support Partnership to complete the development of the national framework for support to people bereaved by suicide and work to develop a pilot to test the framework in priority geographic areas.
• We will complete and the refresh of the ‘Help is at Hand’ resource and conduct an initial evaluation of the finished product (see page 6 for project details).

6 Data and evidence

There is better official data about suicide in England and more evidence about effective suicide prevention. Those working in suicide prevention find it easier to obtain this data and evidence.

In 2015-16:

• We will continue to support PAPYRUS Prevention of Young Suicide to lead work for NSPA with Coroners on issues relating to the burden of proof for a death to be classed as suicide.
• We will encourage members to share data and evidence and make this available through our website.

7 Working together

Organisations with an interest in suicide prevention are collaborating with each other to make a bigger difference.

In 2015-16:

• We will hold a cross-sector conference to bring together organisations from private, public and voluntary sector to share the latest policy and research around suicide prevention, as well as sharing best practice and local innovation.
• We will continue to increase the profile and influence of the NSPA, working with members to convey NSPA ideas on best practice measures to prevent suicide, and developing our use of social media channels to increase awareness of our work.
• We will develop our website to ensure relevant research, best practice, member organisation and action planning information is available on it, improving availability and accessibility of information on suicide prevention.
• We will provide materials to support local implementation of the suicide prevention strategy, including identifying nationally available suicide prevention training.
• We will continue to develop our membership, with improved membership communications, transition of the remaining informal members into formal membership with action plans that help deliver NSPA’s aims and expansion with new members.
• We will hold an Annual Members Meeting to share best practice and undertake an annual membership survey to ensure that we remain effective and sustain the engagement of our members.
• We will develop our income streams, including through member contributions.
• We will consolidate the NSPA governance framework and back office systems, with an emphasis on sustainability and future-proofing.
Financial review

We are grateful to everyone that has contributed time and energy for the NSPA since it was established. This report only shows direct financial contributions to NSPA, but we hope to record all in-kind contributions in our report next year. Thank you to the Department of Health for their funding, as well as Samaritans for its significant in-kind support and hosting of the secretariat.

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How you can get involved

Being part of the NSPA means being part of a broad and active network of organisations and individuals committed to working together to reduce suicide and supporting those that have been affected by suicide.

The NSPA offers a forum to share:

• **Information and good practice** amongst NSPA members, the wider public and practitioners working in the field (such as health and wellbeing boards and Directors of Public Health).

• **Opportunities to collaborate on suicide prevention activity** with supportive organisations and individuals from across the public, private and voluntary and community sectors.

• **Opportunities to input** and shape the direction and priorities of the Alliance.

The NSPA welcomes the involvement of all organisations and individuals from across the public, private and voluntary sectors and all walks of life.

There are two ways to engage with the NSPA; organisations are invited to become members and individuals are invited to become supporters.

**Becoming a member**

Any organisation can become a member of the NSPA if they are prepared to:

• Sign up to the NSPA Declaration.

• Sign up to the NSPA Membership Agreement.

• Develop an action plan (that will be publically available on the NSPA website) showing what work your organisation is doing in this area.

• There is no fee for joining the NSPA but members are invited annually to make a voluntary contribution; this may be financial or support in-kind.

**Becoming a supporter**

There are no criteria for becoming a supporter of the NSPA but supporters may include:

• Organisations not ready or able to make the full commitment required to become a member.

• Individuals with lived experience of suicide.

• Professionals who are not attached to a member organisation or who are not in a position to act as the representative for their organisation.

• Any individual who is interested in or cares about suicide prevention.

**NSPA Steering Group**

The NSPA receives its strategic direction from an elected Steering Group, with up to four appointed Co-Chairs.

The Steering Group and Co-Chairs have oversight of all NSPA activities and are responsible for the strategic direction and resourcing of the NSPA. Any member of the NSPA may stand for election to the Steering Group with elections held annually. Samaritans, as host to the NSPA Secretariat, and the Department of Health, as primary funder, have standing roles on the Steering Group.

**Member task and finish groups**

Task and finish groups are the vehicles by which the NSPA progresses joint programmes of work and ultimately its core aims. These groups are the mechanism by which we aim to have a direct, positive impact on the fields of suicide prevention and bereavement.

If there are specific areas of work in which members would like to see action or collaboration, or a defined project members believe the NSPA should be supporting, a proposal may be put forward for consideration by the Steering Group. Task and Finish groups are supported by the financial and in-kind contributions of NSPA members.

**Annual Membership Meeting**

The NSPA holds an Annual Membership Meeting where members are invited to come together to network, share ideas/experiences and offer input on the emerging priorities and work of the NSPA.

For further information on becoming a member or supporter of the NSPA go to [www.nspa.org.uk/home/get-involved](http://www.nspa.org.uk/home/get-involved). Alternatively please contact the NSPA Secretariat: Rosie Ellis, via email [info@nspa.org.uk](mailto:info@nspa.org.uk) or telephone 020 8394 8381.
The National Suicide Prevention Alliance is a cross-sector, England-wide coalition committed to reducing the number of suicides in England, and improving support to those bereaved or affected by suicide.

For more information on the National Suicide Prevention Alliance, and for details of partner organisations, please visit www.nspa.org.uk