

SUICIDE: TACKLING THE BIG TABOO



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EVERY YEAR around 6,000 people in the UK and Republic of Ireland die as a result of suicide (Source: Samaritans) – that's more than double the number people who die as a result of road accidents. Alongside the devastating human cost of suicide to family, friends and communities, there is a huge financial cost.

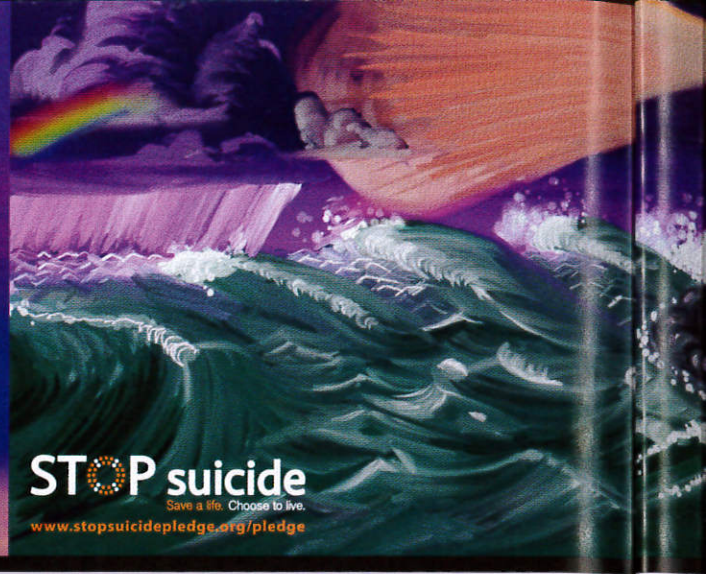
Approximately one in five of us has had suicidal thoughts at some point in our lives – and yet most people find it hard to even say the word 'suicide' out loud, let alone tell someone if they are struggling or ask directly about suicide if they are worried about someone else.

How can we even begin to reduce suicide rates when such stigma and taboos still exist?

That question has been posed to six pilot projects across England – four in the east of England, one in Liverpool and one in the south west – with each receiving £50,000 NHS England 'Pathfinder' funding for one year (ending in March 2015). The projects were inspired by the work Detroit-based 'zero suicide' initiative, led by Dr Ed Coffey. As Chief Executive of Behavioural Health Services at the Henry Ford

Health System, in Detroit, Dr Coffey pioneered the 'zero suicide rate' approach to suicide prevention which reduced suicides in his patient population by 82%, sustained over eight years and reaching zero suicides during some years. He now encourages health providers elsewhere to set ambitious goals in mental health services and stresses the importance of straight talking and collaboration with those at risk around suicide methods and access to means.

Dr Coffey's work with the UK pilots has already prompted Deputy Prime Minister Nick Clegg and the Minister of State for Care and Support the Rt Hon Norman Lamb to call on all NHS trusts to commit to a new ambition for 'zero suicides' ambition (19th January 2015).



CAMBRIDGESHIRE AND PETERBOROUGH PILOT

Cambridgeshire and Peterborough's project is the only pilot to be led by three charities – Mind in Cambridgeshire, Peterborough and Fenland Mind and Lifecraft (Cambridge), having been commissioned by a Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), which believes passionately in empowering voluntary organisations. The CCG has also actively supported the project as has the Cambridgeshire County Council's public health team.

STOP Suicide's project group decided early on to focus its messages on the wider community as opposed to a specific mental health service – a decision driven by the fact that around 75% of

suicides are by people who are not in touch with mental health services. When it comes to identifying those at risk, it is friends, family, colleagues and neighbours who are in a position to detect the warning signs first and have the opportunity to intervene – but they need to know what to look for and what to do if they are worried about someone.

Positive, equitable partnership working between the three charities involved has been key to the project's progress and achievements. So too has input from committed representatives from Cambridgeshire County Council Public Health team and Cambridgeshire and Peterborough CCG.

THE BROAD OBJECTIVES OF THE PROJECT WERE:

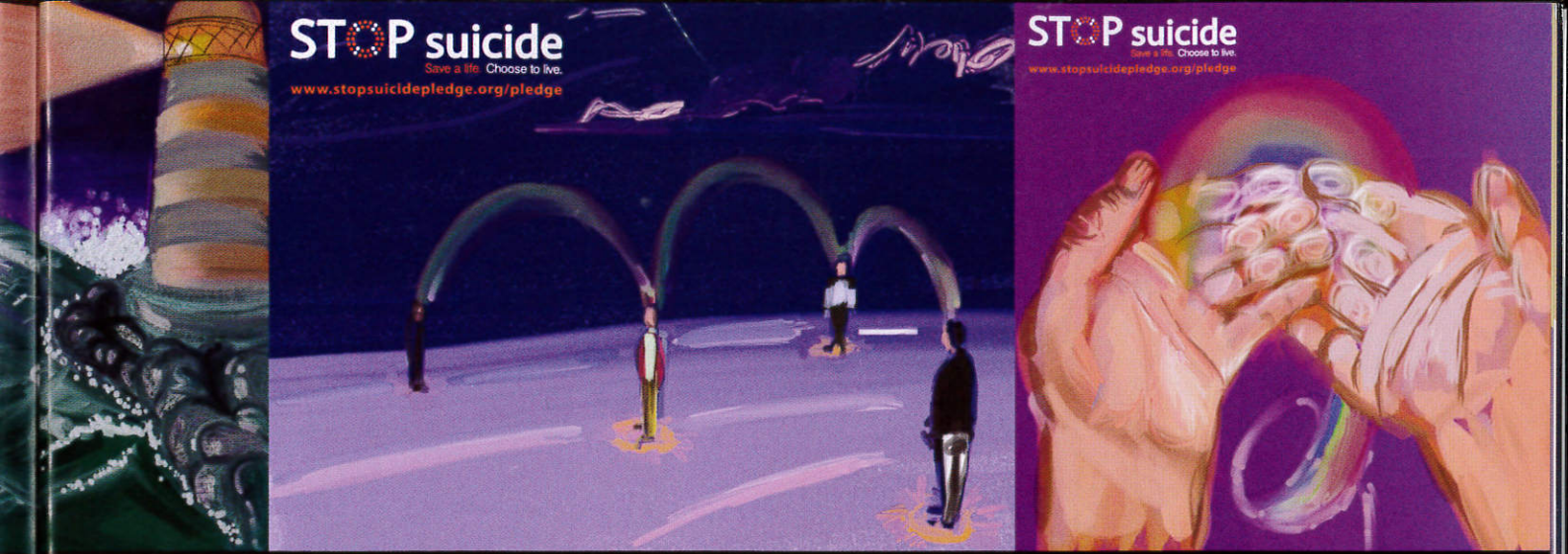
- > To create a *Suicide-safer Cambridgeshire and Peterborough*, by empowering communities and individuals to recognise the warning signs, asking directly about suicide and supporting those at risk to get help
- > To increase the suicide prevention skills, particularly among non-mental health professionals working with vulnerable groups
- > To tackle the myths, stigma and taboo around suicide
- > To work alongside mental health service providers to improve access to crisis care

SUICIDE: NAMING IT

From the start, we felt we needed a strong project name and logo – a recognisable “identity” which could hold all aspects of the project together.

While we initially explored softer names for the campaign, we soon realised that we needed to be much braver than that: if we wanted other people to start talking about suicide, then we would have to model that!

We consulted widely on this (including friends, family, colleagues and our local Service User Network) and were very lucky to commission a local designer Kate Molloy – who gave significant amounts of her own time to perfecting the logo, resources and website – and a talented illustrator Luke Aldington, who volunteered to create a series of stunning images for the campaign free of charge. The overall impression is clear and direct, but also warm, empathic and non-clinical. The website and resources have been designed to be easily transferable and we are already about to roll out the campaign into Mid-Essex, with additional interest from other commissioners elsewhere.



THE STOP SUICIDE PLEDGE

The STOP Suicide personal and organisational pledges have been central to the project. The personal pledge was inspired by the work of Grassroots' suicide prevention in Brighton. We created an organisational pledge to complement this (see below). Pledges are invited to carry a STOP Suicide Pledge Card, featuring a reminder of the pledge, the campaign website and details of local and national crisis helplines. They are also encouraged to wear an "I'd Ask" badge and carry a campaign-promoting email tag.

Within three months, we already had 25 organisational pledges from a range of organisations including Cambridgeshire Constabulary, Cambridgeshire County Council and Peterborough City Council. We achieved the 450-plus personal pledges in the same timescale, which was less than we had predicted – and far less than the

number of website visits. We felt that this might be indicative of an anxiety around the directness of our approach and are researching ways to combat this.



THE PERSONAL PLEDGE

I PLEDGE THAT I WILL:

- tell you if I'm struggling and need help
- reach out and connect with you if I'm worried about you
- listen to you, without judgement, if you need someone to talk to
- ask you, directly, if I think you are trying to tell me about suicide
- help you to get support if you are struggling and/or thinking about suicide.

THE ORGANISATIONAL PLEDGE

WE PLEDGE THAT WE WILL:

- promote the STOP Suicide message throughout our organisation
- encourage staff to sign up to the personal STOP Suicide Pledge
- encourage staff to be open and honest when life gets difficult
- encourage staff to reach out to others if they are worried about them.

Make the STOP Suicide Pledge at www.stopsuicidepledge.org

TRAINING

The project team is also delivering specialist training, including the internationally-renowned ASIST (Applied Suicide Intervention Skills Training), to give people the skills they need to identify individuals at risk and, ultimately, to work with them to create meaningful safety plans.

By the end of the pilot, we will have trained at least 80 people in ASIST and delivered the two hour suicide TALK that goes alongside ASIST to a further 70-plus individuals. We will also have raised awareness among many more through our other mental health awareness talks and training programmes into which the campaign message has been embedded.

CRISIS CARE

STOP Suicide has been enhanced by the fact that it has coincided with the development of Cambridgeshire and Peterborough's Suicide Prevention Strategy – and a very pro-active response to the Crisis Care Concordat work. Cambridgeshire and Peterborough have signed the Crisis Care Concordat Declaration and the leading team have made sure that all partners sign up to the Stop Suicide Pledge. The aim is to improve the experience people have when in the midst of a mental health crisis and get them to the help they need at the right time. The range of partners include Cambridgeshire Constabulary and other Blue Light services who are keen to develop skills and ways of helping people who are having suicidal thoughts.

OVERCOMING CHALLENGES

All the project activity to date has had to be delivered via existing organisational capacity or input from volunteers. As such, the progress of the project has required significant out of hours 'unpaid' input from paid staff together with an invaluable contribution from two volunteers on placement with us. We also developed the idea of recruiting "Campaign Makers" – volunteers who agreed to distribute the resources out within their communities. We see this limit on our resources from both positive and negative perspectives – on the one hand: "Look how much we can achieve when we all work together on something we are really passionate about," on the other: "Yes, but is this really sustainable?". Our conclusion is that this project has shown itself as having huge potential, but a sizeable investment is required to enable it to fulfil that. Given the economic cost of suicide outlined above, we believe this investment makes absolute sense from both a compassionate and economic standpoint.

Challenges in relation to training sustainability have also been an issue. We were completely sold on the ASIST model (see graph), but the instructor training is (understandably) costly and three trainers, all of whom have other roles within their organisations, only have so much capacity. Consequently, while continuing to run the ASIST course, we are also developing a one day STOP Suicide skills workshop, with a view to creating a cost-effective (but quality controlled) 'train the

trainer' option for community-based organisations. That way organisations can train their own trainer and deliver this basic skills and awareness course much more widely.

EVALUATION

Evaluation of a project such as this is itself a challenge because of the short timescale. We accept that we cannot expect to have evidence of impact on suicide rates in just 12 months.

However, we have been able to measure the short-term impact of the ASIST training (see graph) and will be measuring the longer-term impacts by surveying participants again after six months.

We already have anecdotal evidence of situations where interventions used as a result of this project have helped suicidal individuals to talk openly for the first time, stay safe and connect with professional help. There have also been countless situations where groups in generic mental health awareness training sessions have been introduced to the campaign – initially recoiled in horror at the thought of talking about suicide but then subsequently entered into positive, helpful discussions that can only help tackle the stigma and taboo.

In the east of England, NHS England is commissioning full evaluation of all four of its pilots – the results of which are expected later this year.

SINCE THE LAUNCH OF THE CAMPAIGN IN SEPTEMBER

- > More than 1,000 people have visited the Stop Suicide website - www.stopsuicidepledge.org
- > Thousands of STOP Suicide leaflets and posters have been distributed across the county
- > Around 420 people have signed up to the STOP Suicide personal pledge
- > 25 organisations have signed up to the STOP Suicide organisational pledge, including Cambridgeshire Constabulary, Cambridgeshire County Council and Peterborough City Council
- > More than 500 people have followed STOP Suicide on twitter
- > 55 people have been trained as ASIST suicide intervention first aiders, with another 30 due to be trained by the end of March this year