

North Tyneside Suicide Prevention – Annual Action Plan: 2017-18

The following Action Plan is based on the work of a Suicide Prevention task and finish group who report into the Mental Health Integration Board. The task and finish group have carried out a number of pieces of work including a Suicide Health Needs Assessment; a local Suicide Audit and an audit of current services and gaps in provision.

Statistically, between 2007-12, the North Tyneside rates have been significantly higher than the England rate. However, the latest national data shows that North Tyneside's suicide rate per 100,000 general population has reduced (11 suicides per 100,000) and we are now not statistically significantly different to the England rate.

Suicide prevention is not the sole responsibility of any one sector of society, or of the health services alone. Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.

The following local action plan is based on [Public Health England Guidance](#). The guidance from PHE states that local areas should aim to tackle all six areas of the national strategy in the long term.

1. reduce the risk of suicide in key high-risk groups
2. tailor approaches to improve mental health in .specific groups
3. reduce access to the means of suicide
4. provide better information and support to those .bereaved or affected by suicide
5. support the media in delivering sensitive .approaches to suicide and suicidal behaviour
6. support research, data collection and monitoring

Recommended priorities for short term action with a co-ordinated whole system approach are set out in the table below.

Suicide prevention supporting actions log. The purpose of this log is to identify the most appropriate place for the broad range of suicide prevention activities to sit without having an unwieldy suicide prevention plan, engaging the right range of partners, embedding public mental health and avoiding duplication. It aims to provide a log of activity so that overall suicide prevention progress can be monitored through the inputs of a range of partners.

	North Tyneside Local Actions	Lead	Governance / reporting arrangements
1. Reducing risk in men, especially in middle age, with a focus on: economic factors such as debt; social isolation; drugs and alcohol; developing treatment and support settings that men are prepared to use.	<p>Target mental health awareness campaigns to at risk groups of men.</p> <p>Undertake outreach work in work-based settings to encourage help seeking behaviour in men</p> <p>Audit access to IAPT/Talking Therapies by men</p> <p>Ensure drug and alcohol services are aware of suicide risk of clients.</p>	<p>Public Health Team : NTC</p> <p>Better Health at Work Programme lead : NHCFT</p> <p>NHCFT</p> <p>NTRP</p>	Mental health integration board
2. Preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients	<p>Promote the Phoenix Detached Youth Club Self Harm Pack.</p> <p>Implementation of CAMHS Transformation plan</p> <p>Implementation of North Tyneside's Mental Health Crisis Concordat</p>	<p>PDYP</p> <p>CCG</p> <p>CCG</p>	<p>Contract monitoring meetings with Public Health</p> <p>CYP MH EW Strategic partnership group.</p>
3. Mental health of children and young people, with joint working between health & social care, schools & youth justice, and plans to address the drastic increase in suicide risk between 15 to 19 year olds	<p>Implementation of the CYP Mental Health and Emotional Wellbeing Strategy and Action plan.</p> <p>Implementation of local CAMHS Transformation Plan</p>	<p>All partners : lead by NTC</p> <p>CCG</p>	CYP MH EW Strategic partnership group.

4. Treatment of depression in primary care, with safe prescribing of painkillers & antidepressants	Improve the depression care pathways and identification of depression in primary care.	CCG and Primary Care	Mental Health Integration Board
5. Acute mental health care, with safer wards & safer hospital discharge, adequate bed numbers & no out of area admissions	All trust policies ensure there are safer wards & safer hospital discharge	NTW NHCFT	Mental Health Integration Board.
6. Tackling high frequency locations, including working with local media to prevent imitative suicides	<p>Regularly monitoring local data and trends and work with PHE regionally across the North East network to enable local and regional comparisons.</p> <p>3 yearly refresh of the North Tyneside Suicide Audit. Work with the Coroner to identify additional case files and analyse and track trends, means of suicide and any hotspots. Provide surveillance data and disseminate findings to relevant stakeholders to inform local action.</p>	Local Authority :Public Health	Mental Health Integration Board.
7. Reducing isolation, for example through community-based support, transport links and working with third sector	<p>Care and Connect : Community navigators work into the four areas of the borough and are responsible for identifying community based resources and activities as well as supporting people to develop their own and for building community capacity</p> <p>Promote the work of; LaunchPad, VODA Good neighbours project, Social</p>	<p>Local authority : Care and Connect</p> <p>Mental health service user group</p> <p>Local voluntary sector partners</p>	Mental health integration board

