



**Government's Preventing Suicide in England
Consultation Event
Wednesday 21st September 2011
Leigh Library
Turnpike Centre
Civic Square, Leigh, WN7 1EB**

Wigan and Warrington Local Involvement Networks in partnership with 5 Boroughs Partnership organised a consultation event for service users, carers and organisations who work with service users and carers to discuss the Government's Preventing Suicide Strategy.

30 people attended the event from across the 5 borough areas.

Attendees were given the opportunity to express their views as a group and also to put any issues/ comments on post it notes to share anonymously.

Below are all the comments that were captured.

Area for Action 1 – Reduce the risk of suicide in key high risk groups.

1. In your view, are there any additional measures or approaches to reduce suicide on the high risk groups that should be considered?

Raising awareness of mental health as not everyone goes to see the GP.
Education in schools as early as possible – coping mechanisms, taking about feelings

Easier access to services

No judgmental attitudes

More support

Be aware

Breaking the cycle of safety and security in prison

Encourage men to speak more freely

Less stigma

Education primary schools and upwards – Tier 1 Support

More support in the community

More education for GPs as not all GPs are fully clued up about mental health

GPs to be more understanding

Lack of communication between GPs and mental health services

Increase funding available to GPs

Targeted to mental health outcomes

Proper risk management

Raising awareness

To reduce risk by early intervention around mental health in schools and communities and parenting

For BME Communities reduce stigma for Mental Health and appropriate literature

Prisons – should have a better awareness and compassion for prisoners
Media reporting can be detrimental to families
Awareness programme able to male as well as females encourage knowledge about feelings.
Marketing and media plan 2 target and stigma
Additional funding for IAPTS
Taking a holistic approach
Publicity for mental health organisations e.g. Samaritans, Mental Foundation

2. In your view, are there any other specific occupational groups that should be included in this section? If so, what are the reasons for inclusion?

Armed Forces
LGBT
Unemployed
Bereavement
Pregnancy and new mums
Relationship breakdowns
Physical long term health conditions
Carers
Refugees and Asylum seekers
Homeless
All vulnerable adults
Anybodies circumstance can change suddenly

Area for Action 2: Tailor approaches to improve mental health in specific groups

3. In your view are the most appropriate groups considered, including any groups where there are issues relating to equality?

Groups in Area 1 and Area 2 should be the same
Physical health, long term conditions
Disability
People with dementia
Older People
Assisted suicides
People with learning difficulties (not severe), not much support at the moment
Bullied children
Unemployed people
Gypsies and travellers
Carers
Minority groups
Children and young people

4. In your view, are there additional measures or approaches to reduce suicide in the identified groups that should be considered for inclusion?

Education, primary upwards
Tier 1 support upwards
Spotting the signs, GPs, Nurses, hospitals and teachers
Additional medical treatment

Empathy for diverse groups
Better contact between family units and social workers
Constant monitoring of people involved
Build in mental emotional health opportunity to each care or health contact, asking 'how is your life in general?'
Target marginalised groups and relate to their issues
More community support groups and community activities
Additional funding for IAPTS
Education and services need to be improved and started at a much earlier point
Education and awareness to all groups of people
Access to crisis teams out of hours
Asylum seekers have no access to health services for a period of time
Tailor approaches for all including those at high risks
Avoid having to repeat your circumstances
Sympathetic and supportive employers
Universal awareness around mental health e.g. schools, colleges, teachers support, workers etc
Strategies – mapping and more joined up services
Good sign posting
Reducing stigma changing attitudes in some specific groups
Reduce waiting times for services
Very disjointed services, lengthy appointment waits need reducing
Police, see as time wasting

Area for action 3: Reduce access to the means of suicide

5. In your review, are there any additional means of suicide that should be considered?

Knives/ blades – cutting themselves
CO poisoning
Accidental
Prescribed medications

6. What additional actions would you like to see taken to reduce people's access to the means of suicide?

Regulate/ ban pro-suicide websites
Restrict access to places, bridges, railway lines
Geography is an issue, Wigan has one of the highest suicide rates in the country, need to look at the reasons for this, motorway links, railways etc.
Preventative signs/ support groups at high risk places
Observe depressive patients
Access to medications, more control of repeat prescriptions and stricter limits on prescribed and 'over the counter' medication
Listen to carers
Education primary upwards, Tier 1 support upwards
Restrict GP's prescribing of drugs
Interventions should be involved
Samaritans unable to intervene

GP's need more training around mental health, GPs should specialise in mental health, depression, suicide
Provide better information and support to bereaved or affected by suicide.

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Area for action 4: Provide better information and support to those bereaved or affected by a suicide

7. What additional measures would you like to see to support those bereaved or affected by suicide? Please comment on how this help could provide effectively, and appropriately funded.

Information on prevention, current, during and post for families and individuals
Voluntary organisations to monitor statutory services
Strategic approach to target families affected
Education primary upwards, Tier 1 upwards
More national awareness days/ local awareness days
Local commemoration days/events, so that families can feel supported spiritually by the community, not purely faith based
It is acceptable to be a relative of a person who has committed suicide, decrease in shame and blame

8. What additional information or approaches would you like to see provided to support families, friends and colleagues who are concerned about someone who may be at risk of suicide? Please comment on how this help could provide effectively, and appropriately funded.

Target stigma
Positive support
Utilise existing information 'Help is at Hand' document
Twice yearly event across voluntary and statutory services to share and promote the different services and best practice
More understanding and listening to carers, Crisis Team won't speak to carer/ relative if the person 'in crisis' is over 18.
Confidentiality should not be used as an excuse not to listen to carers and relatives
Systems are difficult to navigate, different teams have different criteria
Shouldn't be upto the families to look for support, support should be offered, there is no ongoing support for families affected
Should be somewhere where people who have been affected can go if they feel they have been let down by a service.

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Area for action 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

9. In your review, are there any additional measures or approaches that could promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media?

Is there a Code of Practice, if not there should be one. Charter being developed in Wigan for reporting a death as suicide by a Coroner
Support families
Press corporate social responsibility charter.

Press be careful with photographs they use.
Regulation of social networking sites and You Tube

10. In your view, are there any additional approaches that could be considered for the internet industry in England to maximise the positive potential of the internet to reach out to vulnerable individuals?

Regulate or ban 'pro suicide' websites
Promote positive site e.g. Papyrus
Collate and 'approve' sites
Divert to help sites
Recognise potential impact of the media
Have a 'champion' for suicide awareness and education

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Area for action 6: Support research, data collection and monitoring

11. Is there additional information available that could be collected at a national and local level to support the suicide prevention strategy?

Identify 'hot spots'
Speak to families to identify hidden suicides
More sharing of information
Better sharing and access to information i.e. Police and NHS
Identify attempted suicides, agree criteria
Capture information for and in the JSNA
Education primary upwards, Tier 1 upwards

12. In your view, where are the gaps in current knowledge of the most effective ways of preventing suicide?

Target groups to form mutual support groups – Warrior Wellness Programme
Awareness of how people access services
Baseline assessment, share knowledge of good practice
Education primary upwards, Tier 1 upwards

Any other Comments

This consultation needs to be done with Prison staff and inmates, Psychiatric
Crisis Teams need a list of providers and charities who can help alleviate
waiting lists
Confidentiality should not be used as an excuse not to listen to carers and
relatives
Stigma is a big issue that needs addressing