

**Rotherham Suicide Prevention and Self Harm Action Plan  
2019 – 2021**

***‘Be the one to Talk, Listen and Care’***

# Introduction

*Every day in England around 13 people take their own lives. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy. Every local area, whether its own suicide rate is high or low, should make suicide prevention a priority* (PHE, 2016: Local suicide prevention planning: a practice resource).

Suicide is not inevitable. It is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. Suicide prevention is everybody's responsibility and cannot be left to the remit of one agency/organisation.

In 2012 the Government produced "Preventing suicide in England. A cross-government outcomes strategy to save lives":

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf) link doesn't open

The strategy outlined six areas for action:

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 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.

Local areas should aim to tackle all six areas of the national strategy in the long term. However Public Health England (PHE) guidance issued in 2016

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585411/PHE\\_local\\_suicide\\_prevention\\_planning\\_practice\\_resource.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf)) on suicide prevention recommended the following short term actions:

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1. Reducing risk in men
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
3. Mental health of children and young people
4. Treatment of depression in primary care
5. Acute mental health care
6. Tackling high frequency locations
7. Reducing isolation
8. Bereavement support

Reducing suicides remains an NHS priority over the next decade as referenced in the NHS Long Term Plan

(<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>)

Suicide prevention is a priority area within the South Yorkshire and Bassetlaw Integrated Care System (ICS) and joint working is taking place across the ICS to address the following areas:

- Working with the media in relation to suicide prevention.
- Establishing, implementing and evaluating one real time surveillance data system across South Yorkshire. Rotherham Safer Neighbourhood Service (SYP) have been doing this work for years and have been key in sharing good practice across the region.
- Supporting those people bereaved and affected by suicide.
- Working with Sheffield University to conduct an audit of coroners records to build up a richer narrative about the wider personal, economic and societal factors that contributed to the suicide that could be used to inform the development of future local and ICS level suicide prevention work.

Locally suicide prevention is a priority area within the Rotherham Place Plan and Health and Wellbeing Board Strategy.

*Aim 2 All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life*

[http://rotherhamhealthandwellbeing.org.uk/homepage/6/joint\\_health\\_and\\_wellbeing\\_strategy](http://rotherhamhealthandwellbeing.org.uk/homepage/6/joint_health_and_wellbeing_strategy)

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This plan outlines the actions Rotherham organisations are taking to prevent suicides from both the national strategy and PHE guidance. The action plan should be read alongside the Better Mental Health for All Strategy and Action plan which looks at action to be taken to improve the mental wellbeing of people living and working in Rotherham.

<https://moderngov.rotherham.gov.uk/documents/s111144/Better%20Mental%20Health%20for%20All%20Action%20Plan%20Appendix.pdf> link doesn't open

### **Governance arrangements**

Rotherham takes suicide prevention seriously. The Rotherham Suicide Prevention and Self Harm Group meetings are chaired by a Consultant in Public Health. The multi-agency group meets bimonthly and is tasked to implement this plan, with the Suicide Prevention Operational Group meeting every six weeks to review real time data. The Partners represented on the Rotherham Suicide Prevention and Self-Harm Group include:

- Cabinet Member for Adult Care, Housing and Public Health (Also Chair of the Health and Wellbeing Board)
- CGL Rotherham Drug & Alcohol Service
- Rotherham Clinical Commissioning Group (RCCG)
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust
- RMBC- Adult Care, Housing and Public Health
- RMBC Children and Young People's Services
- RMBC Communications
- Rotherham MAST/Maltby Academy (Multi Agency Support Team) Strategic Leader
- Rotherham Samaritans
- Rotherham United Community Sports Trust (RUCST).
- South Yorkshire Police

Progress against this action plan is reported on a monthly basis to the Mental Health (MH) and Learning Disability (LD) Transformation Group, a sub group of the Rotherham Place Plan Board. Annual updates are given to the Rotherham Health and Wellbeing Board. Issues are escalated as and when required to the MH and LD Transformation Group.

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### Rotherham Suicide Prevention Symposium

On the 6<sup>th</sup> June 2019, a symposium was held in Rotherham with the following delegates invited to attend:

- Chief Executive Officers of the Health and Wellbeing Board
- Members of the Strategic Suicide Prevention Group
- Members of the Operational Suicide Prevention Group
- Members of the Rotherham Suicide Prevention and Self Harm Group

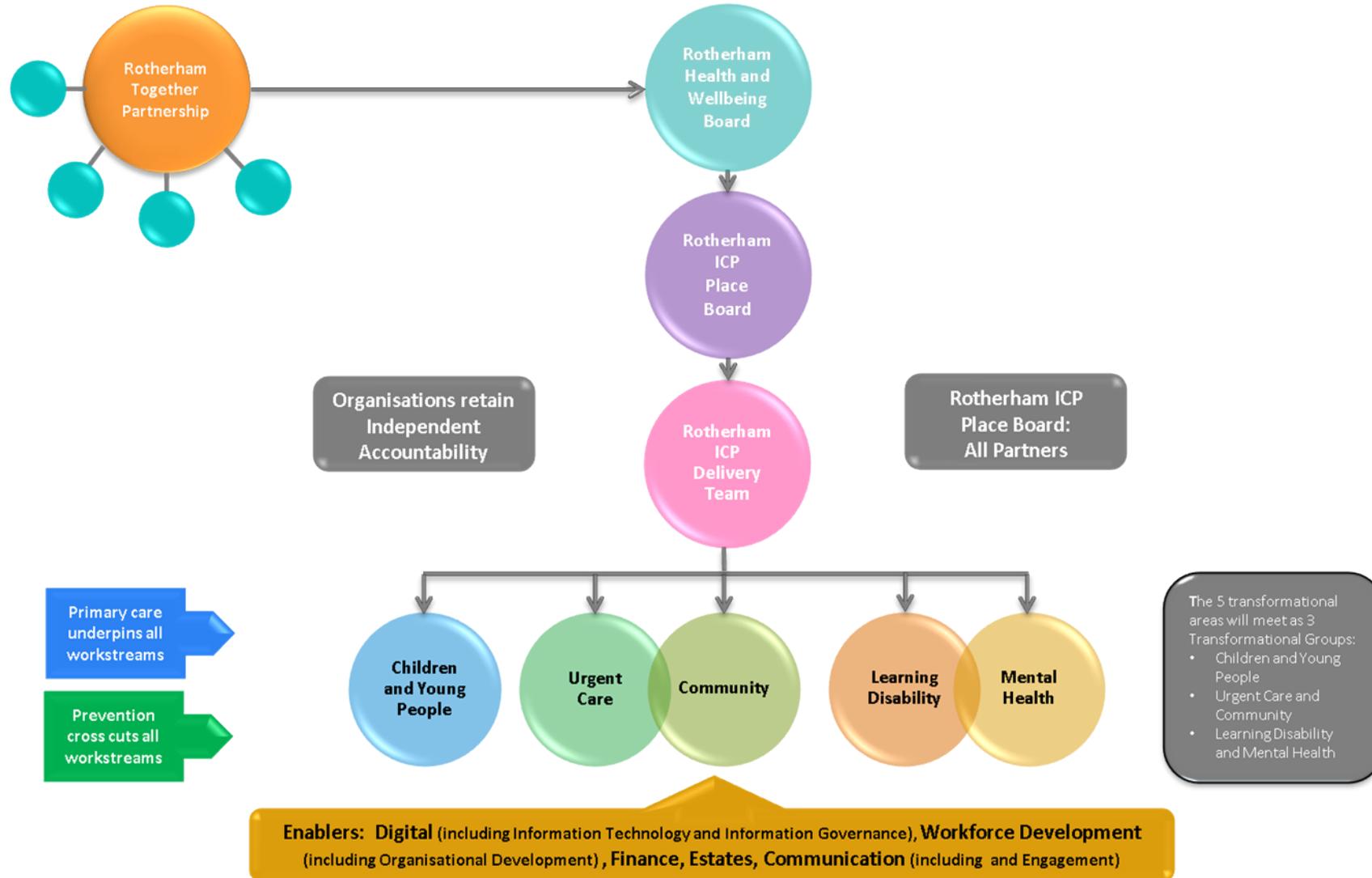
The symposium provided an opportunity for partners working across Rotherham to hear about national research and best practice in relation to suicide prevention. The symposium acted as a self-assessment of the Rotherham Suicide Prevention and Self Harm Action Plan. Following the symposium the action plan was refreshed and will go to the Health and Wellbeing Board for their approval in November 2019.

Professor Nav Kapur gave the national context/picture for suicide prevention on the themes identified below. The themes were taken from the national suicide prevention strategy and Public Health England Guidance, (<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england> & <https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>).

1. People under the care of mental health services.
2. Better information/support to those children, young people and adults bereaved or affected by suicide.
3. People who self-harm.
4. Men and primary care.

(Professor Kapur is Head of Research at the Centre for Suicide Prevention at Manchester University and also leads the suicide work programme of the National Confidential Inquiry into Suicide and Safety in Mental Health Services).

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### National Picture

On the 3<sup>rd</sup> September 2019 the Office of National Statistics published:

1. [Suicides in the UK: 2018 registrations](#)

Registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method.

2. [Quarterly suicide death registrations in England: 2001 to 2018 registrations and 2019 provisional data](#)

Provisional rate and number of suicide deaths registered in England per quarter. Includes 2001 to 2018 registrations and provisional data for 2019 Quarters 1 and 2 (Jan-Mar, April-June).

- In 2018, a total of 6,507 suicides were registered in the UK, 686 more deaths than in 2017 when there were 5,821 deaths (11.8% increase). This equates to a statistically significant increase in the suicide rate, with 11.2 deaths per 100,000 population in 2018, compared with 10.1 deaths per 100,000 population in 2017. (ONS, 2019).
- Following several years of decline, the latest UK suicide rate has increased to the level seen when it previously peaked in 2013 (11.1 deaths per 100,000).
- **England-** since the early 1990s males have accounted for around three-quarters of suicide deaths nationally, 76% of the registered deaths in 2018 were among men (3,800 male deaths compared with 1,221 female deaths).
- Males continue to account for three-quarters of suicide deaths in 2018 (4,903 male deaths compared with 1,604 female deaths). The latest increase in the overall UK rate appears to be largely driven by males: in 2018, the rate was 17.2 deaths per 100,000 males, up significantly from the lowest observed rate in the previous year (15.5 deaths per 100,000).
- Approximately 7% of the national population have attempted suicide at some stage, according to the Adult Psychiatric Morbidity Survey (APMS) 2014<sup>1</sup>.
- Around 1 in 5 people (21%) in England have had suicidal thoughts at some point in their life (APMS 2014)<sup>1</sup>.

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- People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas.
- For every suicide it is now estimated that 135 people are exposed (knew the person)<sup>2</sup>
- People diagnosed with autism are at high risk of suicide. In a large scale clinic study of 374 adults newly diagnosed with Asperger Syndrome (a sub group on the autism spectrum without language delay or intellectual disability), 66% had contemplated suicide, and 35% had planned or attempted suicide.<sup>3</sup>
- A large scale population study in Sweden showed that autistic people, without intellectual disability, were at significantly higher risk of dying by suicide than the general population, with suicide a leading cause of early death for autistic people.<sup>1</sup> An ongoing study in the UK is showing that 12% of people who die by suicide have evidence of autism, (significantly higher than the 1% rate in the general alive population), with a majority not yet diagnosed before their death.

*\*Data is not available at Rotherham level from the APMS.*

*Cleary A. Suicidal action, emotional expression, and the performance of masculinities. Social Science Med. 72012 Feb; 74(4):498-505.*

*Cassidy, S., Bradley, P., Robinson, J., Allison, C., McHugh, M., & Baron-Cohen, S. (2014). Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: a clinical cohort study. The Lancet Psychiatry, 1(2), 142-147.*

*Hirvikoski, T., Mittendorfer-Rutz, E., Boman, M., Larsson, H., Lichtenstein, P., & Bölte, S. (2016). Premature mortality in autism spectrum disorder. The British Journal of Psychiatry, 208(3), 232-238.*

### **Local picture**

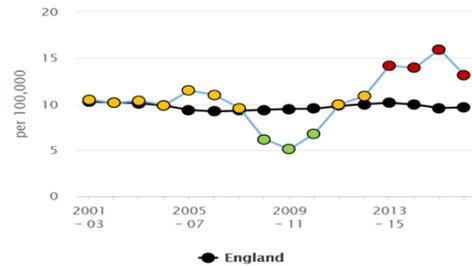
- After a small decrease between 2013-15 and 2014-16, the 3-year directly age-standardised rate (DSR) increased from 13.9 to 15.9 deaths per 100,000 between 2014-16 and 2015-17. The latest data for 2016 – 2018 shows that this has now dropped to 13.1 deaths per 100,000 a decrease of nearly 18%. (Red = significantly worse than England, Amber = similar, Green = Better)

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4.10 - Suicide rate New data Rotherham

Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#) [Export table as CSV file](#)



Recent trend: -

Period	Rotherham				Yorkshire and the Humber region	England
	Count	Value	Lower CI	Upper CI		
2001 - 03	69	10.5	8.2	13.3	10.0	10.3
2002 - 04	67	10.1	7.8	12.9	10.2	10.2
2003 - 05	69	10.4	8.1	13.2	10.4	10.1
2004 - 06	65	9.9	7.6	12.6	10.2	9.8
2005 - 07	76	11.5	9.0	14.4	9.7	9.4
2006 - 08	74	11.0	8.6	13.8	9.4	9.2
2007 - 09	65	9.6	7.4	12.2	9.4	9.3
2008 - 10	42	6.2	4.5	8.4	9.0	9.4
2009 - 11	34	5.1	3.5	7.1	9.0	9.5
2010 - 12	46	6.8	5.0	9.1	9.6	9.5
2011 - 13	68	10.0	7.7	12.6	10.4	9.8
2012 - 14	74	10.9	8.5	13.7	10.3	10.0
2013 - 15	96	14.2	11.5	17.3	10.7	10.1
2014 - 16	94	13.9	11.2	17.0	10.4	9.9
2015 - 17	107	15.9	13.1	19.3	10.4	9.6
2016 - 18	87	13.1	10.5	16.2	10.7	9.6

Source: Public Health England (based on ONS source data)

- The number of registered deaths reduced from 107 for 2015-17 to 87 for 2016-18 largely due to the loss of 2015 data from the period with its high number of deaths. Rotherham is now statistically similar to all nearest neighbours (was significantly higher than 7 of 15 nearest neighbours for 2015-17 data). This is based on overlapping confidence interval values.

4.10 - Suicide rate New data 2016 - 18

Directly standardised rate - per 100,000

[Export table as image](#) [Export table as CSV file](#)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	14,047	9.6	9.5	9.8
Neighbours average	-	-	-	-	-	-
St. Helens	-	2	75	16.1	12.6	20.2
Rotherham	-	-	87	13.1	10.5	16.2
Calderdale	-	10	68	12.5	9.7	15.8
Doncaster	-	1	98	12.3	10.0	15.0
Wigan	-	5	106	12.3	9.9	14.6
Bolton	-	13	87	11.7	9.3	14.4
Tameside	-	6	68	11.6	9.0	14.7
Halton	-	9	38	11.4	8.1	15.7
Sunderland	-	14	82	11.1	8.8	13.7
Rochdale	-	15	59	10.9	8.3	14.1
Wakefield	-	4	96	10.9	8.8	13.3
Dudley	-	11	80	9.7	7.7	12.1
Telford and Wrekin	-	8	44	9.7	7.0	13.0
Barnsley	-	3	59	9.2	7.0	11.9
Stockton-on-Tees	-	7	48	9.2	6.8	12.3
Walsall	-	12	59	8.2	6.2	10.6

Source: Public Health England (based on ONS source data)

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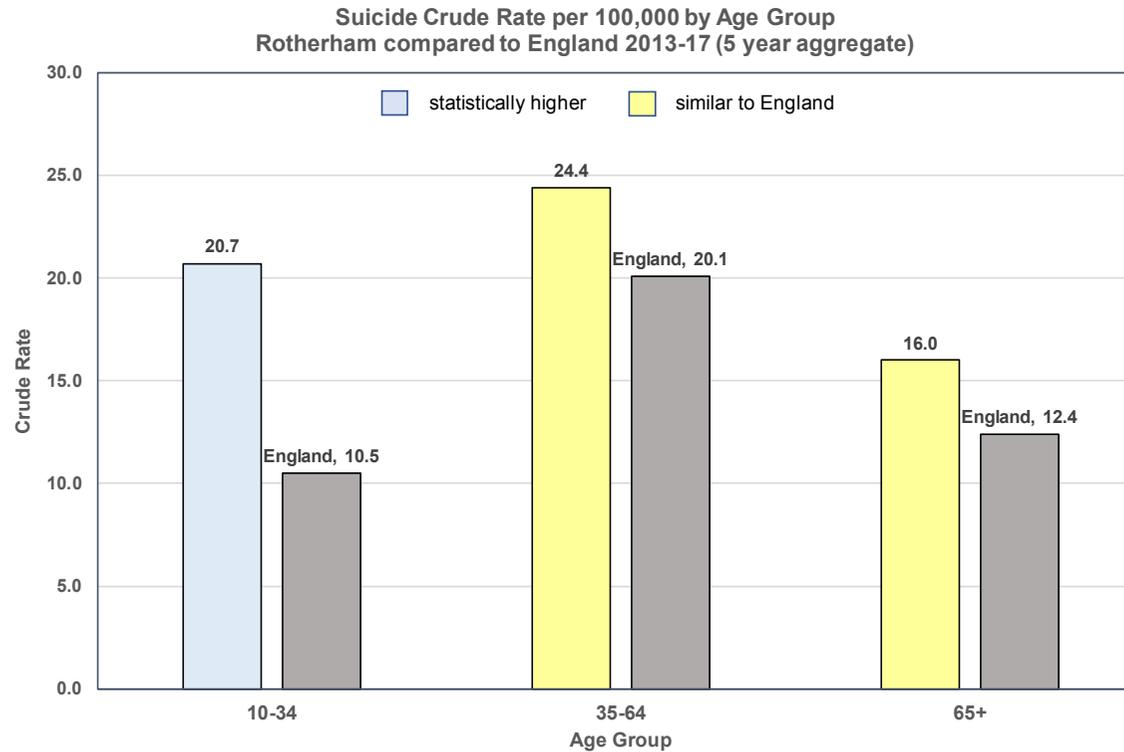
- Males account for around three-quarters of suicide deaths with the trend in death rates matching the total trend. After reaching its highest in 2015-17 (in the period since 2001-03) the rate decreased in 2016-18 from 24.0 to 20.3 deaths per 100,000 population. However, Rotherham is still significantly higher than England and ranks 2nd highest of nearest neighbour authorities.
- After increasing every period since 2010-12 the female rate decreased from 8.4 to 6.4 deaths per 100,000 population between 2015-17 and 2016-18 and is now statistically similar to England again (was significantly higher/worse in 2015-17). Rotherham's female rate ranks as highest among CIPFA nearest neighbours.
- By age (5-year combined data) – Data not yet updated to include 2018 The age 10-34 rate has risen consistently between 2011-15 and 2013-17 and is significantly higher than England (20.7 compared to 10.5 deaths per 100,000 population). The rates for the 35-64 and 65+ age groups were stable between 2011-15 and 2012-16 but both increased for 2013-17. The rates for ages 35-64 and 65+ are higher than England but still statistically similar.

**Suicide Crude Rate per 100,000 by Age Group - Rotherham Compared to England**

Age Group	Rotherham			England		
	2011-15	2012-16	2013-17	2011-15	2012-16	2013-17
10-34	16.7	18.7	20.7	10.5	10.6	10.5
35-64	22.5	22.7	24.4	20.8	20.6	20.1
65+	13.1	13.6	16.0	12.6	12.4	12.4

Source - Office for National Statistics, original mortality data.

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○ Source - Office for National Statistics, original mortality data.

- Rotherham rates rank 2nd highest among CIPFA nearest neighbour authorities for deaths in ages 10-34, average for ages 35-64 and 3rd highest for ages 65 and over.
- The most common form of suicide in Rotherham is by hanging.
- The real time data for suspected suicides in Rotherham shows that deaths are more prevalent in most deprived wards.

*\*Data is not available at Rotherham level from the APMS.*

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Source: Death registrations data from the Office for National Statistics.

DSR: Directly age-standardised rate.

CIPFA: Chartered Institute of Public Finance and Accountancy.

### **Self-harm**

#### **National picture:**

- Approximately 7% of the national population have self-harmed (without suicidal intent) at some stage, according to the Adult Psychiatric Morbidity Survey (APMS) 2014<sup>1</sup>.

#### **Local picture:**

- Rates for hospital admissions due to self-harm in children and young people (Aged 10-24 years) are also significantly lower/better than England. In 2016/17 Rotherham's rate was 278.1 per 100,000 DSR compared to 404.6 per 100,000 for England. Rotherham ranks 3<sup>rd</sup> lowest in Yorkshire and the Humber Region and lowest/best among CIPFA nearest neighbours.
- Rotherham had 403 emergency hospital admissions for self-harm in 2016/17 which is 159.4 per 100,000 DSR (Persons, All ages). This rate is significantly lower/better than England (185.3 per 100,000) and ranks as 5th lowest in Yorkshire and the Humber and 2nd lowest among CIPFA nearest neighbours.

*DSR – Directly age standardised rate.*

#### **Helpful resources on suicide prevention**

- Healthier Lives – suicide prevention <http://healthierlives.phe.org.uk/topic/suicide-prevention>
- Help is at Hand <http://supportaftersuicide.org.uk/wp-content/uploads/2016/09/England-Help-is-at-Hand.pdf>
- Identifying and responding to suicide clusters and contagion: a practice resource  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/459303/Identifying\\_and\\_responding\\_to\\_suicide\\_clusters\\_and\\_contagion.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf)

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- Local suicide prevention planning: a practice resource  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/564420/phe\\_local\\_suicide\\_prevention\\_planning\\_a\\_practice\\_resource.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf)
- Preventing suicide in public places: a practice resource  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/481224/Preventing\\_suicides\\_in\\_public\\_places.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf)
- Suicide prevention profiling tool <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>
- Support after a suicide: A guide to providing local services  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582095/Support\\_after\\_a\\_suicide.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582095/Support_after_a_suicide.pdf)

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

### Aim 1. Reducing the number of suicides amongst people receiving mental health support from across all organisations

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<p><b>1.1 To have a whole system approach to suicide prevention within acute and community mental health services.</b></p>	<p>To implement Rotherham Doncaster and South Humber NHS Foundation Trust</p> <p style="text-align: center;">KEEPING SAFE KEEPING WELL</p> <p>Suicide Prevention Action Plan 2019 – 2021</p>	<p>RDaSH</p>	<p>Annual progress report. Plan to be delivered over 2 years.</p>	<p><b>A reduction in the number of suicides amongst people receiving mental health support:</b></p> <ul style="list-style-type: none"> <li>• Plan focusses on zero suicide for inpatients and a 10% reduction in community.</li> </ul>	
<p><b>1.2 Staff across the health and social care system are equipped to identify and support people at risk of suicide.</b></p>	<p>Partners across the Health and Social Care system to agree an approach to suicide prevention training for all staff. Training to range from spotting the signs and signposting to providing intensive interventions.</p> <p>Training programme to be rolled out across health and social care.</p>	<p>Workforce Enablement Group (Sub Group of the Place Board)</p>	<p>March 2020- agreed plan in place and approved by partners</p> <p>Training programme being implemented.</p>	<p><b>A reduction in the number of suicides amongst people receiving mental health support:</b></p> <ul style="list-style-type: none"> <li>• An approved training package so managers are assured that staff are trained to the appropriate level for their role.</li> <li>• Number of staff</li> </ul>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				trained.	

### Aim 2. To improve support to those bereaved and affected by suicide

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<p><b>2.1 To provide support and early intervention to children and young people bereaved by suicide.</b></p>	<p>To review Child Bereavement pathway, brief all organisations and upload onto Tri-x.</p> <p>To review offer of support to schools following a death by suicide of a parent/carer.</p>	<p>PH working with partners from RMBC C&amp;YP services, SY Police and CAMHS.</p> <p>The review will incorporate any feedback from families where this is available.</p> <p>Review of offer to schools will be led by Educational Psychology and PH.</p>	<p>Review due October 2019</p> <p>Review of Critical Incident information to schools and bereavement toolkit- x 2020</p>	<p><b>Children bereaved or affected by suicide receiving appropriate support:</b></p> <ul style="list-style-type: none"> <li>• Pathway renewed.</li> <li>• Organisations to cascade updated pathway to their staff.</li> <li>• Updated pathway on Tri-x.</li> <li>• Critical Incident information to schools reviewed and</li> </ul>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				updated. <ul style="list-style-type: none"> <li>• Positive feedback from Children, young people and families.</li> </ul>	
<b>2.2 To ensure that timely, coordinated and appropriate support is provided to adults bereaved and affected by suicide.</b>	To have an agreed support pathway for adults bereaved and affected by suicide which will explore the possibilities of including peer support: <ul style="list-style-type: none"> <li>• Current listening provision evaluated.</li> <li>• Recommendations made to the Suicide Prevention and &amp; SH Group and the MH &amp; LD Transformation Group.</li> <li>• Discussions with ICS Suicide Prevention Group about future commissioning.</li> </ul>	PH & RCCG working with SYP.  Working with suicide prevention colleagues from across the ICS.	<ul style="list-style-type: none"> <li>• Review of current listening provision- end of September 2019.</li> <li>• Recommendations to the Suicide Prevention and &amp; SH Group and the MH &amp; LD Transformation Group Sept 2019</li> <li>• Discussions held across the ICS about future commissioning commencing Sept 2019.</li> <li>• Commissioning intentions agreed both locally and at an ICS level.</li> <li>• Provision commissioned.</li> <li>• Information on</li> </ul>	<b>Adults bereaved or affected by suicide receiving appropriate support:</b> <ul style="list-style-type: none"> <li>• Current provision reviewed.</li> <li>• Changes made where necessary.</li> <li>• Positive feedback from people receiving support.</li> <li>• Reports of uptake to Suicide Prevention Group &amp; Self Harm Group and MH &amp; LD</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			support offer communicated. <ul style="list-style-type: none"> <li>Monitoring and evaluations process established by January 2020.</li> <li>Monthly reviews reported to Suicide Prevention and &amp; SH Group and the MH &amp; LD Transformation Group.</li> </ul>	Transformation Group.	
<b>2.3 Frontline staff in contact with families able to offer support and signposting.</b>	Equip frontline staff to be able to offer appropriate support to families they have contact with:  Use briefing sessions/newsletters to introduce agreed support pathway encouraging staff to continue to offer support where they have regular contact.  Promote the Help is at Hand guide to all services so that workers can distribute this to families: <a href="https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/">https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/</a>	Representatives of the Suicide Prevention and Self Harm Group to take this action back to their organisation.  Working with Communication Leads from: RCCG, TFRT, RMBC, RDaSH, SYP	Help is at Hand Guide promoted on the Be the One Campaign website- September 2019.  Rotherham Health App  Help is at Hand distributed to all practices annually and article in GP bulletin (last distribution April 2019).	<b>Adults bereaved or affected by suicide receiving appropriate support:</b> <ul style="list-style-type: none"> <li>Staff distributing the Help is at Hand guide.</li> <li>Brief training sessions to incorporate adult support pathway.</li> </ul>	

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<b>Objectives</b>	<b>Actions</b>	<b>Who will lead?</b>	<b>By when?</b>	<b>What do we want to see as a result?</b>	<b>Progress to date</b>
			Brief training sessions to incorporate adult support pathway.		

**Aim 3. People who self-harm**

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<p><b>3.1 Increasing people's knowledge, skills and changing attitudes towards people who self-harm.</b></p>	<p>To develop, launch and evaluate a train the trainer self-harm project which will target parents/carers and frontline workers.</p>	<p>RCCG, RMBC working with partners of the Health and Wellbeing Board.</p>	<p>Tender process to identify provider April-May 2019.</p> <p>Programme developed August 2019.</p> <p>Maximum of 15 Train the Trainers from Health and Wellbeing Board partners identified August 2019.</p> <p>Train the Trainer programme commencing September 2019.</p> <p>Trainers delivering the programme to parents/carers and frontline staff.</p> <p>Each Trainer to deliver 4 courses per year for up to 18 people.</p>	<p><b>To reduce self-harm in within the community amongst children, young people and adults:</b></p> <ul style="list-style-type: none"> <li>• Qualitative and quantitative evaluations showing an improvement in knowledge and confidence of parents/carers and frontline staff.</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			Evaluation of programme April 2020 and future recommendations for phase 2.		
<b>3.2 To promote protective factors for children and young people.</b>	To explore opportunities to introduce trauma based work in schools so that they become trauma informed and mentally healthy places for all. To encourage schools to adopt the whole school approach, particularly Trailblazer schools.	RMBC C&YPS working with schools. RDaSH CAMHS RDaSH Trauma and Resilience Service.		<b>Taking appropriate training for schools, communities and organisations</b>	
<b>3.3 To increase awareness amongst people living and working in Rotherham of the importance of having good mental health.</b>	Roll out the Rotherham Five Ways to Wellbeing Campaign across the borough. <a href="http://www.rotherham.gov.uk/health">www.rotherham.gov.uk/health</a> To ensure that the Five Ways to Wellbeing message is incorporated into all mental health training.	All partners of the Health and Wellbeing Board: RMBC, RCCG, TRFT, RDaSH, SYP and voluntary sector.	Campaign launched in May 2018.  Ongoing but activity reported to SP & SH Group and Better Mental Health for All Group.	<b>Improved emotional resilience amongst people living and working in Rotherham:</b> <ul style="list-style-type: none"> <li>• A range of initiatives across the borough. Partners evidencing their actions on the activity record</li> </ul>	

**Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021**

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				sheet. • Press and social media coverage of campaign activity. • Case studies illustrating impact campaign is having. • Evidence of campaign message being delivered to health and social care staff.	

**Aim 4. Reducing suicides amongst high risk groups by reaching people where they live and work**

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<p><b>4.1 To equip people living and working to Rotherham to understand how to identify and support someone at risk of suicide.</b></p>	<p>Building on the success of previous campaigns, develop and launch a suicide prevention campaign for Rotherham.</p> <p>Link the campaign to national resources:</p> <ul style="list-style-type: none"> <li>◦ Stay Alive App</li> <li>◦ Zero Suicide Alliance Training</li> </ul>	<p>RCCG, PH and Communication Leads from statutory partners.</p>	<p>To work with at risk groups to develop the concept of the campaign- March 2019.</p> <p>Campaign developed and launched- September 2019.</p> <p>Impact of the campaign measured and reported to Suicide Prevention and &amp; SH Group and the MH &amp; LD Transformation Group.</p>	<p><b>A reduction in suicides amongst high risk groups:</b></p> <ul style="list-style-type: none"> <li>• An increase in people understands of how to identify and support someone at risk of suicide.</li> <li>• Promotion and uptake of Zero Suicide Alliance online training.</li> <li>• Number of pledges made to support messages of the campaign.</li> </ul>	
<p><b>4.2 To improve men's mental health and reduce social isolation.</b></p>	<p>To promote a small grants scheme which will support activities for men planned by local men themselves, with a focus on improving men's mental health and reducing social isolation.</p>	<p>RCCG &amp; PH RMBC</p>	<p>Small grants scheme round 1 evaluated- September/October 2019.</p> <p>Second round of grants promoted- September 2019.</p> <p>Grants awarded- October 2019.</p>	<p><b>A reduction in suicides amongst high risk groups:</b></p> <ul style="list-style-type: none"> <li>• An increase in the number of safe places where men can meet to support each other.</li> <li>• Promotion and signposting to these men's groups where</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			Activity delivered and evaluations completed April/May 2020.	they have capacity to accept informal referrals.	
<b>4.3 To understand how to reach women who may be at risk of suicide.</b>	To work with a local Academic Institution to explore opportunities for some research in this area.	PH RMBC, University, local partners (SYP, RCCG, TRFT and RDaSH) RDaSH Trauma and Resilience Service.	<p>Initial enquiry with University- August 2019.</p> <p>Meeting with local stakeholders and University- Sept/October 2019.</p> <p>Research proposal developed, ethical permission obtained and funding acquired- December 2019.</p> <p>Subject to approval, research commencing Jan 2020.</p> <p>Report produced and submitted to Rotherham Suicide Prevention and Self Harm Group and MH &amp; LD Transformation Group.</p>	<p><b>A reduction in suicides amongst high risk groups:</b></p> <ul style="list-style-type: none"> <li>• Research informing service provision/commissioning.</li> <li>• Suicide prevention training incorporating any learning.</li> <li>• Learning from research informing any future campaign developments.</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<b>4.4 To work towards a more restorative practice</b>	To develop a just and learning culture in our organisations and move away from punitive/retributinal dymanics when things go wrong			<b>A reduction in suicides amongst high risk groups:</b> <ul style="list-style-type: none"> <li>• Impact of HR processes on employees wellbeing is considered more carefully.</li> </ul>	
<b>4.5 For partners of the H&amp;WB to lead by good example ensuring that staff who are affected by suicide are offered appropriate support.</b>	All partner organisations to have procedures/policies in place outlining support for staff who are affected by suicide.	Members of the Strategic Suicide Prevention Group to lead this, working with HR Officers. (RMBC, SYP, RCCG, RDaSH, TRFT)	Evidence of policies/procedures in place by April 2020.	<b>A reduction in suicides amongst high risk groups:</b> <ul style="list-style-type: none"> <li>• Sharing of good practice across partner organisations.</li> <li>• Evidence of written policies/procedures.</li> <li>• Evidence of briefing information given out to managers and staff on availability of support.</li> </ul>	

**Progress Summary**

<b>Date of meeting</b>	<b>Actions Outstanding</b>	<b>Lead</b>	<b>Actioned By</b>

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Date of meeting	Actions Outstanding	Lead	Actioned By

<b>Grey</b>	Not due to start
<b>Red</b>	Not on target
<b>Amber</b>	Almost achieving target
<b>Green</b>	Achieving Target On track
<b>Blue</b>	Complete