

<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	13 <sup>th</sup> January 2021
	<b>LEAD OFFICER</b>	Ruth Fletcher-Brown Public Health Specialist RMBC
	<b>TITLE:</b>	Suicide Prevention and Public Mental Health update including Five Ways to Wellbeing

## Background

- 1.1 Suicide Prevention**  
Currently, there is little evidence specific to COVID-19 and suicide prevention. (NCISH National Confidential Enquiry into Suicide and Safety in Mental Health, 2020)  
The national message is that many of the main priorities for suicide prevention remain the same during the pandemic.
- 1.2** However, it is thought that certain subgroups may be more at risk during the pandemic and guidance on the NCISH website can be found for the following:
- Children and young people
  - Prisoners
  - People with gambling addictions
- 1.3** A report in the Lancet and by the World Psychiatric Association outlines certain risk factors associated with the pandemic: financial issues, domestic violence, isolation and loneliness, relationship conflict, discord and loss, chronic pain, and mental health problems worsening.
- 1.4** Other studies have shown that the following groups are showing an increase in mental distress:
- young people
  - women and those with preschool aged children
- 1.5** People may have greater access to means through increased buying and stockpiling of medication, firearms, and poisons/chemicals.
- 1.6** Reduced help seeking behaviour due to stigma and belief that services are under pressure due to COVID.
- 1.7 Public Mental Health and Wellbeing**  
Research from quarantines during previous epidemics (SARS, Ebola, and Influenza pandemics) has shown the negative psychological effects which present including post-traumatic stress symptoms, confusion, and anger.
- 1.8** This pandemic will likely have many psychological impacts on the population which may have a detrimental effect on the short, medium, and long-term mental health of people living and working in Rotherham.
- 1.9** Recovery planning will need to include effective responses to the public mental health and wellbeing.

1.10	The Local Government Association (LGA) and the Association of Directors of Public Health (ADPH) have jointly produced a briefing for Directors of Public Health on the public mental health and wellbeing issues arising from the Covid-19 outbreak.
1.11	Preventing mental health problems and promoting mental wellbeing amongst people living and working in Rotherham requires a whole system approach.
1.12	The Better Mental Health for All Group already existed to address the promotion of mental wellbeing for people living and working in Rotherham. In addition, this group oversees the implementation of the loneliness action plan for the borough.
1.13	This group has formed the Rotherham Public Mental Health and Wellbeing COVID- 19 Group and has included other stakeholders where gaps have identified. The primary purpose of this group is to develop and implement an action plan addressing the potential mental health impacts of COVID-19 across the life course.
1.14	The group recommends and take collaborative action on local prevention and mental health promotion planning in relation to COVID 19, in the short medium and long term. This planning covers people living and working in Rotherham.

## Key Issues

2.1	<p><b>Suicide Prevention</b></p> <p>For several years Rotherham has looked at suspected suicides in real time to ensure that support can be put in place for those bereaved and affected and to mitigate against further suicides. This is now collated through the ICS Real Time Surveillance Project led by SYP.</p> <p>The real time data has been used during the pandemic to direct the actions within local plans, to offer support to those bereaved, affected and exposed to suicide and to mitigate against further suicides.</p>
2.2	The Suicide Operational Group, which reviews deaths by suspected suicides have updated their action plan in line with emerging risk factors during the pandemic.
2.3	Be the One campaign has been promoted throughout the pandemic with a focus on women in October and November and the wider population in the lead up to Christmas and the new year. The campaign was also promoted across the partnership as part of Safeguarding Awareness week in November 2020.
2.4	Zero Tolerance Suicide prevention training has been promoted across the council and with other partners.
2.5	The NHSE suicide prevention funding Year 3 has enabled Rotherham to promote the third round of the small grants scheme to community groups who are addressing the underlying causes which can lead to suicide. This is led by Rotherham CCG with input from Public Health RMBC. The Chair of the Health and Wellbeing Board and Cabinet Member, Councillor Roche was a member of the grants panel.
2.6	The Listening Service for people bereaved and affected by suicide has been promoted throughout the pandemic. The service is currently out for tender and the successful provider will commence in January 2021.
2.7	The Care Pathway for Children & Young People Bereaved by Sudden Traumatic Death has been updated with input from practitioners and is now on the Tri-x system for partners to adopt.

2.8	The pandemic has disrupted the programme of suicide prevention and self-harm training which was planned. The challenge has been two-fold to deliver these courses in a way which achieves the same learning outcomes whilst keeping participants safe. Courses for suicide prevention are being piloted and subject to evaluation a role out of training will be promoted in the spring.
2.9	The Suicide Prevention Top Tips for Primary Care has been amended to include risk factors and groups emerging because of the pandemic.
2.10	Meetings have commenced with Survivors of Bereavement by Suicide (SOBS) to advertise for volunteers to be trained to run a Rotherham peer support group.
2.11	<p><b>Public Mental Health and Wellbeing, including Five Ways to Wellbeing</b></p> <p>Partners of the Public Mental Health and Wellbeing COVID 19 Group worked on an action plan which is being implemented by partners. This includes work on cross cutting themes like bereavement and loneliness.</p>
2.12	A Rapid Mental Health Impact Assessment has been produced to inform decision makers on how the pandemic might have impacted on the mental health and well-being of local communities.
2.13	Public Health England recommended that local authorities capture the views of children and young people to establish the state of their mental health and wellbeing during lockdown. The Yorkshire & Humberside regional public health teams had reviewed a series of surveys already undertaken and they felt the one produced by Hull was of high quality and good practice. Rotherham Public Health worked with CYPS to adapt this survey. This has been administered twice in Rotherham with 4,203 young people completing the second survey. The results are given to individual schools for them to develop their own actions in response to the findings. The SEMH Strategy Group and the Public Mental Health and Wellbeing Group are looking at key areas of concern to address.
2.14	RCCG's Rotherhive website has been promoted across all partners and information has been sent to employers through the Be Well@Work project. Partners of the HWBB contributed to the information on debt.
2.15	Rotherham CCG and Public Health have been working together to look at promoting mental health support to employers.
2.16	Be Well@ Work has promoted mental health resources to employers.
2.17	Public Health Leads have run a variety of workshops for employees within the council on a variety of mental health issues, for example sleep management. These are promoted to other employers.
2.18	RMBC staff wellbeing toolkits have been shared with other partners.
2.19	RMBC has used the Five Ways to Wellbeing campaign messages to promote mental wellbeing with staff during the summer and Autumn months.
2.20	The Creative Recovery Programme has used the Five Ways to Wellbeing themes to promote activities each month.
2.21	The SY Listening service for those bereaved during the pandemic has was piloted in May and June, then extended until December. This was promoted by all HWBB partners

<p><b>2.22</b></p> <p><b>2.23</b></p>	<p>with Rotherham seeing the second largest number of referrals into this service. A decision was made across SY to continue to fund this service and it went out to tender in December and the successful provider will commence in January.</p> <p>RCCG chaired a multiagency task and finish group which looked at mapping bereavement provision, locally and nationally. This information is now promoted on Rotherhive.</p> <p>Partners of this group worked on simple key messages for all staff on bereavement. This communication has now been promoted across HWBB and Place partners.</p>
<p><b>Key Actions and Relevant Timelines</b></p>	
<p><b>3.1</b></p> <p><b>3.2</b></p> <p><b>3.3</b></p> <p><b>3.4</b></p> <p><b>3.5</b></p> <p><b>3.6</b></p> <p><b>3.7</b></p>	<p>Following a successful symposium in June 2019 with partners of the Health and Wellbeing Board, a further event is planned as a self-assessment of the Rotherham Suicide Prevention and Self Harm Action Plan. Following the symposium, the action plan will be amended and will go to the Health and Wellbeing Board for their approval. (April 2021)</p> <p>Delivery of the NHSE Year 3 suicide prevention funded activity. (March 2021)</p> <p>Delivery of suicide prevention training across the partnership, targeting different levels of training. (from March 2021)</p> <p>Relaunch of the Self Harm Train the Trainer project. (March 2021).</p> <p>Promotion of the listening service for those bereaved and affected by suicide and the service for those bereaved during the pandemic. (from January 2021)</p> <p>Communication and Engagement plan delivered for Five Ways to Wellbeing and Be the One. (ongoing)</p> <p>Launch of the Resilience Toolkits as part of the Creative Recovery Programme. (April 20210)</p>
<p><b>Implications for Health Inequalities</b></p>	
<p><b>4.1</b></p> <p><b>4.2</b></p> <p><b>4.3</b></p> <p><b>4.4</b></p>	<p>The Rapid Mental Health Impact Assessment (HIA) has examined the impact of the pandemic on the mental health and wellbeing of the whole of the population. However it has highlighted at risk and vulnerable groups, this evidence will be used to inform the Public Mental Health and Wellbeing action plan. This HIA can be added to as new evidence and data emerges.</p> <p>The real time data on suspected suicides produces demographic information which allows actions to be targeted at vulnerable and at-risk groups, specific geographic locations and communities of interest.</p> <p>The work on the resilience toolkits will look to work with a wide range of groups to ensure that the end product is accessible to all.</p> <p>People with lived experience were invited to be part of the tender process for both listening services and they will continue to work with PH Leads and RCCG Commissioning to monitor these services.</p>

<b>Recommendations</b>	
<b>5.1</b>	To note the updates on suicide prevention and Public Mental Health including Five Ways to Wellbeing.
<b>5.2</b>	For partners of the HWBB to commit to the forthcoming review of the Rotherham Suicide Prevention and Self Harm Action Plan.
<b>5.3</b>	For partners of the HWBB to ensure that their organisation maintains their commitment to the work of the Public Mental Health and COVID 19 Group.