

## Draft Action Plan

Initial Actions			Lead	Partners	Timescale
<b>Priority 1: Reduce the risk of suicide in key high-risk groups</b>					
1	<b>Men</b>	<p>Raise awareness among men of the support available and work with and through partners with specific focus on men's engagement to reduce the stigma among men to discuss mental health and suicidal thoughts.</p> <p>Focus opportunities for awareness raising and health promotion in locations frequented by men (job centres, youth centres, sports venues, barbers, tattoo artists, music venues, pubs and clubs) drawing on existing good practice.</p>	Cruse  Common Unity		
2	<b>Self-Harm</b>	Implement NICE guidance on the treatment of self-harm , including assessments at Emergency Department, including psychosocial assessments and mental health liaison services with appropriate follow-up support and care, and ensuring that serial presentations of self-harm should be red-flagged as a high suicide risk.	CGL		
3	<b>Substance Misuse</b>	Ensure that Mental Health and Substance Misuse services are working collaboratively to implement the NICE Dual Diagnosis guidance and establish coherent dual diagnosis pathways of care.	CGL		

4	<b>Mental health patients</b>	<p><u>Mental Health Inpatient Settings:</u> Ensure through commissioning levers and proactive support that all mental health in-patient providers have 'zero suicide ambition in-patient action plans' in place that are being implemented and are demonstrating progress.</p> <p><u>IAPT &amp; Community Mental Health Services:</u> Ensure that the commissioning of IAPT and community mental health services does not create referral or exclusion barriers for treatment for individuals with a history of self-harm or suicidal intent.</p> <p><u>Primary care:</u> Ensure through commissioning and service improvement levers that all primary care clinical staff and front line administrative staff have suicide awareness and prevention training. Suicide prevention training for all GP's.</p>	CCG: Dario Silvestro		
5.	<b>Birmingham Residents Born in Poland and Eastern Europe</b>	<p>Work with Polish and Eastern European communities, and the groups that are most engaged with them, as well as with service providers to ensure mental health and wellbeing services are culturally appropriate/ sensitive.</p> <p>Through the partnership with Warsaw, develop a shared learning approach to suicide prevention with Polish and Eastern European communities.</p>	BCC Public Health – Mo Phillips		

6.	<b>People in Skilled Trade Occupations</b>	Work with employers, developers and trade professional bodies to raise awareness of suicide and reduce the risks associated with the workplace.	BCC Public Health – Mo Phillips  Cruse  Samaritans		
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<b>Priority 2: Tailor approaches to improve mental health in specific groups</b>					
7	<b>Those in prison or facing a custodial sentence</b>	Engage the Criminal Justice System in a way that will ensure those most vulnerable are identified and supported across organisational boundaries.	Common Unity  NHE-Regional Lead		
8	<b>Children and Young People</b>	<p>Work with partners to improve the awareness of suicide risk and prevention for children, young people and parents across the 0-19yr workforce. i.e. midwives, health visitors, teachers, youth workers, community sport coaches, etc.</p> <p>Work with schools and youth services to raise awareness and reduce the risks and promote anti bullying, promote mental wellbeing and tackle self-harm.</p> <p>Support schools to work with parents to have conversations regarding mental health resilience.</p> <p>Support staff and settings working with young people facing</p>	Forward Thinking Birmingham  PAPYRUS		

		multiple challenges that might put them at greater risk to have appropriate training and awareness of how to prevent suicide e.g. looked after children, young offenders, children with special educational needs, LGBT youth.			
9	<b>Survivors of abuse or violence, including sexual abuse</b>	Ensure that pathways of care and support for victims of violence and abuse consider mental health support and suicide prevention explicitly in risk assessment and through staff training.	Women's Aid		
10	<b>Veterans</b>	Work with partners in the armed forces to consider how best to support veterans and reduce risk of suicide, especially among those who are dishonourably discharged.	BCC Public Health – Mo Phillips		
11	<b>People with Long Term Health Conditions</b>	Work with NHS partners to embed mental health awareness and suicide prevention and risk assessment into chronic disease care and support pathways through direct commissioning and staff training.	CCG: Dario Silvestro  STP – Care Pathway Work		
12	<b>People with untreated depression</b>	Increase general awareness of the signs and symptoms of depression and ensure that people are aware of the support available and how to access it themselves or to signpost others.	Year 2 - Linked to Men – Priority One		

13	<b>People who are especially vulnerable due to social and economic circumstances</b>	Consider how in the welfare support pathways, especially around financial and debt advice, homelessness and bereavement there is active integration of suicide awareness and prevention alongside training of frontline providers.	Review Year 2 PH Commissioning Citizens Advise Welfare Benefits Neighbourhood Team Academic Loan Sharks		
14	<b>Lesbian, gay, bisexual and transgender people</b>	<p>Work with providers and frontline services to increase awareness of suicide risk and mental health inequalities affecting LGBT people, especially young LGBT people, those with disabilities, from BAME communities and the elderly.</p> <p>Ensure that mental health services are accessible and culturally competent to support LGBT people.</p> <p>Work with the Community Cohesion and PREVENT team to amplify and support work to reduce homophobic, transphobic and biphobic hate crime and discrimination which may contribute to suicide and self-harm.</p>	Charity - Mental Health Unlocked	BCC Public Health – Mo Phillips	
15	<b>Black, Asian and minority ethnic groups</b>	<p>Work with communities and front –line organisations to reduce stigma around mental health and suicide.</p> <p>Bridge the gap between service providers and communities to</p>	Charity - Mental Health Unlocked	BCC Public Health –	

		<p>ensure individuals in need are able to access support and that services can provide culturally relevant and competent services.</p> <p>Work with faith leaders and communities to support positive and constructive approaches to suicide prevention and improving mental wellbeing.</p>		Mo Phillips	
16	<b>Refugees and asylum seekers.</b>	Work to ensure active consideration of suicide prevention and risk assessment in refugee and asylum seeker care and support pathways and that there is access to appropriate mental health support and care when required.	<p>Austin Rodriguez (Refugees &amp; Asylum Seekers Working Group) BCC Public Health – Monika Rosanski</p>		

Action			Lead	Partners	Timescale
<b>Priority 3: Reduce access to the means of suicide</b>					
17	<b>Planning and Building Design</b>	<p>High Risk Environments – amends the Birmingham developer’s toolkit to reflect suicide prevention measures when reviewing planning applications.</p> <p>Work with the Local Authority Property and Housing team to include suicide risk in building design considerations for major refurbishments and upgrading of social housing stock and corporate assets and as an active consideration for ‘high rise buildings’ such as multi-storey car parks.</p> <p>Mapping potential high risk sites through reviewing self-harm data and reports from health and police services and take action to</p>	<p>BCC Public Health – Kyle Stott</p> <p>Network Rail – Richard Godwin</p>		

		reduce risk e.g. barriers, signage.			
18	<b>Suicide Prevention Training for those working in high risk settings</b>	Increase awareness of suicide risk, and steps to intervene, in staff working in high risk areas e.g. park wardens, traffic wardens.	WMCA – Sean Russell		
19.	<b>Identification and reduction of Hotspot risk.</b>	Establish an epidemiological and evidence based process to identify suicide environmental 'hot spots' and a risk reduction protocol.	BCC Public Health – Kyle Stott  Natalie Stewart (Geographical Surveillance/Trends)  Network Rail – Richard Godwin		
20	<b>Safer Prescribing</b>	Reduce the risk of medication stockpiling through safer prescribing practice, especially for patients in high risk groups and with high risk medication such as painkillers and anti-depressants through the NHS Medicines Management Programme	CCG: Dario Silvestro		
21	<b>Control of Gases and Liquids</b>	Support retailers and vendors to consider suicide risk in the sale of potentially fatal gases and liquids.	BCC Trading Standards		

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<b>Priority 4: Provide better information and support to those bereaved or affected by suicide</b>					
22	<b>Support Resources</b>	Increase visibility of signposting resources such as 'Help is at Hand' and Waiting Room Resource Key through front line professionals working with individuals who are affected by suicide.	Samaritans		
23	<b>Support Services</b>	<p>Work with commissioners across the city partnership to review the provision of bereavement support, including specialist support for bereavement through suicide.</p> <p>Work with service providers and commissioners and front line services to develop a more coherent post-vention pathway for individuals affected by suicide.</p> <p>Encourage employers to use the Business in the Community/PHE suicide prevention and post-vention toolkits.</p>	Cruse Common Unity		



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<b>Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour</b>					
24	<b>Promotion of expert guidelines</b>	Work with local and regional media, especially considering media focused on high-risk communities, to increase awareness of well-developed expert guides for journalists such as by The Samaritans ( <a href="https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide">https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide</a> )	Samaritans BCC CGL BEP (Birmingham Education Partnership)		

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<b>Priority 6: Support research, data collection and monitoring</b>					
25	<b>Increase Intelligence</b>	<p>Work with partners across the West Midlands to develop the approach to real time surveillance to start to identify trends and hot-spots across the region – recognising that this is more effective than a single city approach due to the small numbers.</p> <p>Consider additional research into the reasons people decide to take their own life, especially in the context of high risk groups.</p> <p>Consider work to consolidate an ongoing focus on best practice evidence base as future work emerges as part of the annual refresh of the action plan.</p>	<p>PHE – Institute of Mental Health – Task &amp; finish Working Group</p> <p>BCC Public Health – Ralph Smith</p> <p>CCG: Dario Silvestro</p>		