

UPDATE ON THE JOINT CAMBRIDGESHIRE AND PETERBOROUGH SUICIDE PREVENTION STRATEGY

To: **Health Committee**

Meeting Date: **7 September 2017**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **n/a** *Key decision:* **No**

Purpose: **To ask the Committee to comment on the progress to date and draft refresh of the suicide prevention strategy.**

Recommendation: **The Committee is asked to:**

- a) Note and comment on progress to date against the suicide prevention strategy 2014/17.**
- b) Comment on the draft suicide prevention strategy 2017-2020.**

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1. BACKGROUND

- 1.1 This report presents the progress to date on the 2014-2017 Joint Cambridgeshire and Peterborough Suicide Prevention Strategy and proposes a refresh of the strategy (2017-2020) - see Appendix 1. The 'refresh' is an early draft, but includes updates on national and local suicide statistics, initiatives, evidence and forward planning. Incorporated as a main thread throughout the strategy is an ambition towards ZERO Suicide, as agreed through the multi-partner suicide prevention implementation board in 2017. This enhances the work already underway to prevent suicide locally, including 'STOP Suicide' and the 111(2) First Response Service (FRS) for mental health crisis.
- 1.2 The strategy builds on and supports the National Suicide Prevention Strategy – 'Preventing suicide in England', Dept. of Health 2012. The key purpose is to ensure that there is co-ordinated and integrated multi-agency agreement on the delivery of suicide prevention services that is tailored appropriately to local need and is driven by the involvement and feedback from service users. With a focus on Zero suicide, the strategy emphasises the requirement for senior level engagement with all relevant organisations to ensure quality improvement across the pathways of care for suicide prevention.
- 1.3 The report is being presented to the Health Committee upon request, partly due to normal processes that would require the strategy to be presented as it is being reviewed and refreshed for the coming years and partly as the result of consultation and conversations with constituents who have been affected by suicide.
- 1.4 The six priority areas for suicide prevention in Cambridgeshire and Peterborough with recommendations for actions are set out in the Suicide Prevention Action Plan attached at Appendix 2.

2. MAIN ISSUES

- 2.1 Suicide is a major public health issue as it marks the ultimate loss of hope, meaning and purpose to life and has a wide ranging impact on families, communities and society. Suicides more frequently occur in the younger age group and account for a larger proportion of years of life lost compared to deaths from other causes. However, the National Suicide Prevention Strategy – Preventing Suicide in England¹ states that suicides are not inevitable and many can be prevented, thus supporting a call for action to reduce suicide and the impact of suicide both at national and local level.
- 2.2 A recommendation in the 2014-2017 Strategy was to conduct a local suicide audit annually for monitoring purposes and to inform the Suicide Prevention Implementation Group of any information about concerns, or risk factors that could help focus the prevention work. The local suicide audit for 2014 and 2015 showed there were 65 and 66 suicides and unexplained deaths respectively for these years in Cambridgeshire and Peterborough
- 2.3 The suicide rate in Peterborough has decreased steadily since 2010-2012 when the rate was significantly above both the England and East of England rates and is now similar to the England average. The suicide rate in Cambridgeshire has remained similar to or slightly below the England average for the last five time periods.

When the data for Cambridgeshire is broken down to smaller local authority areas, all districts have recently had rates of suicide which are similar to the England average, although in the past Cambridge City and Fenland have both had periods of statistically higher suicide rates than average. No data is shown for East Cambridgeshire due to small numbers.

2.4 The 2014-2017 Suicide Prevention Strategy set out six priority areas for suicide prevention in Cambridgeshire and Peterborough with recommendations for actions in each priority area. Implementation of the Strategy and accompanying action plan was overseen by the Joint Cambridgeshire and Peterborough Suicide Prevention Implementation Group – comprising a partnership of multiple organisations involved in mental health care.

3.0 **Progress to Date – (2014-2017 Suicide Prevention Strategy and Action Plan)**

Details presented below provide an update on the progress made as a result of the Suicide Prevention Strategy and Action Plan 2014-2017. Progress is reported for each priority area as described in the strategy.

3.1 **Priority area 1 – Reduce the risk of suicide in high risk groups**

3.1.1 **Provide Suicide Prevention Training**

- **Applied Suicide Intervention Skills Training (ASIST)**
 - Three ASIST trainers trained
 - ASIST Courses delivered across Cambridgeshire and Peterborough targeting ‘Gate Keeper’ roles including those working with migrant communities and bereavement support workers.
 - An ASIST course was funded and delivered to peer support workers in Peterborough prison.
 - 258 people trained in ASIST between October 2015 and January 2017
- **STOP suicide training** - Locally developed ½ day STOP suicide course has been developed and delivered. 21 STOP suicide workshops have been delivered reaching 236 people (From Oct 2015 to Jan 2017).
- **GP Training in suicide prevention** -Funding has been secured through the STP for training of GPs across Cambridgeshire and Peterborough in suicide prevention, which will focus on the patient/GP interaction, risk identification, compassion and empathy as well as safety plans and follow-through care. Training will be implemented from the Autumn 2017

3.1.2 **Develop and promote suicide prevention resources**

- Since October 2015, STOP suicide Campaign Makers, partners and other local organisations have distributed resources to at least 70 different locations across the county i.e. pubs, leisure/sport centres, community centres, local shops.
- The Blue Light Programme which is for emergency services has given out leaflets to people working within the emergency services
- Great Northern Railways displayed STOP Suicide resources at its key railway stations from end of July 2016 onwards

- Keep Your Head (Children's and Young People's mental health website) has been developed; www.keep-your-head.com. This includes a page designed with, and for, GPs. Crisis information and preventive suicide and self-harm information. Wide promotion of this resource has taken place and is continuing.
- A directory of Services App (MyHealth App) for the public and a professional directory of services App (Midos) are being developed. These will be available along with the directory of services produced by Lifecraft via 'Keep Your Head'.
- The development of an adult version of the 'Keep Your Head' website has been agreed with funding secured from the 'Better Care Fund'. This will be developed from September 2017 with partner organisations and the Service User Network working together to create content.

3.1.3 Awareness raising in suicide prevention

- **STOP suicide website and pledge**

The STOP suicide website and pledge were developed as a result of funding from the NHS Strategic Clinical Network in 2014. As of January 2017 there were 1,220 personal pledges and 51 organisational pledges for STOP Suicide. In addition, STOP Suicide had 1,343 twitter followers and 394 Facebook fans. The STOP suicide website has had 17,598 visitors and 45,047 page views. Approximately 3000 one to one conversations with individuals around the subjects of mental health and suicide since September 2015. The campaign has recruited a total of 10 new Campaign Makers - four in Peterborough, five in Cambridge and one in St Neots.

- **STOP suicide promotion through the media:**

The following indicates the media coverage that the issue has received.

- 'No Shame In Talking' video on ITV News Anglia – Fixers, 5 October 2016
- 'Health Secretary Jeremy Hunt visits Cambridge's 'groundbreaking' mental health services' – Cambridge News, 28 October 2016
- CRC radio interview – talk about current campaigns, 2 December 2016
- 'Cambridgeshire dad welcomes Theresa May's pledge to 'transform' attitudes to mental health' – Cambridge News, 10 January 2017
- Promotion of suicide prevention awareness coincided with suicide prevention day on September 10th 2016 via a discussion hosted by radio Cambridgeshire

3.1.4 Develop Integrated services for those at risk of suicide

- The Vanguard/Crisis Care Concordat work has been successful at creating an integrated mental health team with mental health nurses based in the police control room.
- A First Response service (FRS) with crisis telephone number (111 option 2) was established in September 2016 to help prevent people with mental health crisis going to A&E and being

admitted or sectioned under section 136 of the mental health act. In addition voluntary sector led places of safety (sanctuaries) have been established in Peterborough, Cambridge and Huntingdon for people in mental health crisis to access via the FRS. This service has been shortlisted for the Positive Practice in Mental Health Awards in the 'Crisis and Acute Services' category. In addition, the FRS and Sanctuaries have been evaluated by the 'Service User Network' (SUN) against its 'five values' of Empathy, Honesty, Inclusion, Personalisation and Working Together and have awarded the FRS 3 stars (good rating) and Sanctuaries 4 stars (outstanding).

- **Data sharing** - Information Sharing Agreements are in place across organisations to support a Frequent Attenders Commissioning for Quality and Innovation (CQUIN), in addition to MH and Acute Trusts this includes 111, ambulance service, substance misuse, primary care (Work carried out through the Crisis Care Concordat).

3.2 Priority area 2 – Tailored approaches to improve mental health in specific groups

3.2.1 Anti-stigma work and mental health promotion targeting specific groups at higher risk

Public engagement events through the 'anti-stigma work' contract with Cambridgeshire, Peterborough and South Lincolnshire (CPSL) MIND - a range of events including:

- Mental Health crisis support for young people event, Cambourne – 22 Sept and 23 November 2016
- Shelf Help launch, Huntingdon library – 28 Sept
- World Mental Health Day stand at South Cambs Council – 10 Oct
- HRC Freshers' Fair – 20 October 2016
- Hunts Forum AGM stand – 10 November 2016
- Meeting with Cambs Football Association – 12 Jan 2017

3.2.2 Children young people anti stigma/bullying in schools and tackling self-harm

- Between October 2015 and January 2017 CPSL Mind have engaged approximately 555 young people via workshops at Hills Road Sixth Form College, Kimbolton School, College of West Anglia, Milton, Oliver Cromwell College, Chatteris, Thomas Clarkson Academy, Wisbech and Ramsey College. Centre 33 have also been delivering mental health awareness sessions in schools. Between September 2016 - March 2017 mental health awareness sessions had taken place in 11 schools with sessions booked for a further 7 other schools. 821 students engaged in the workshops. These sessions aim to challenge stigma and build understanding of mental health.
- The [Stress LESS campaign](#) launched in April 2016, supports young people to manage stress through the examination period. A range of resources were produced with over 6,500 being downloaded and 2,695 website page views. Over 130 Stress LESS Action plans were made to encourage people to 'Take 5' when revising.
- A range of workshops are being run to enable school staff to deliver 'Stress LESS' sessions within their schools with pupils. As of spring 2017 over 21 schools had been involved in this training and a further 90 individuals were being trained over the summer term. These

workshops have been expanded to include information on how to respond to a young person in distress (including discussion around self-harm and suicide).

- Small grants are available to pupils who have ideas they would like to develop to support the wellbeing of other students. These ideas are taken forward by 'Stress LESS' champions in schools.
- Training is provided by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to upskill the children and young people's workforce, this includes responding to self-harm as well as a 14 day Child and Adolescent Mental Health (CAMH) foundation course. 'Whole school briefings' offer an introduction to mental health with a focus on the ethos and culture around mental health in schools. Since 2015, 49 schools have held a whole school briefing, with 1,616 staff.
- A self-harm conference was held in 2015 in Cambridgeshire for professionals and a guide to 'understanding and responding to self-harm' has been produced and is freely available via the Keep Your Head website. A self-harm support group for parents has been run by PinPoint with support from local authority teams.
- Community based youth counselling services are run across Cambridgeshire and Peterborough, with a bereavement service offered in Cambridgeshire also. These services offer face-to-face counselling and support to young people. The Kooth online counselling service for young people was commissioned in September 2016 to broaden the mental health support available for young people.

3.2.3 Early interventions to prevent suicide

- **GP training** – NHS Funding has been obtained through the STP for suicide prevention training for GPs. Funding is supplemented by CCC public mental health budget. A bespoke GP training package will be designed and implemented hoping to cover 20-30% of GPs or practices within the next twelve months (from September 2017) – see priority area 1. The training will help to improve GP recognition and management of mental illness and use early intervention techniques to prevent escalation to mental health crisis.
- **Money management/debt advice** - debt prevention work is being funded with care leavers to improve money management skills and ensure vulnerable young people know where to access support if in financial trouble. A contract has also been awarded to support debt prevention and money management support to those with a severe mental illnesses in Cambridgeshire. Both of these pilot projects will be evaluated with a view to expanding provision in the future if successful.
- **Preventative work in schools** -please see priority 2.2.2 for further details. In 2017/18 training is being offered to schools staff to develop peer mediation skills. This work aims to support anti-bullying work locally. In addition a range of anti-bullying resources have been developed locally by the PSHE service working together with schools in Cambridgeshire. http://www5.cambridgeshire.gov.uk/learntogether/homepage/352/anti_bullying/

- Drop in services for young people in Huntingdon and Peterborough and Cambridge as part of Centre 33 and local authority partnerships. Delivering broad support as well as counselling.

3.3 Priority area 3 – Reduce access to the means of suicide

3.3.1 Car park barriers

The 2014-2017 Strategy identified a need to reduce access to the means of suicide in car parks. There have been suicides in car parks in both Cambridgeshire and Peterborough. There is strong evidence for reducing access to the means of suicide in preventing suicide, particularly barriers at sites where suicide has been frequent. Locally in Peterborough the Suicide Prevention Implementation group, including the coroner, were successful in persuading the owners of the Queensgate car parks to erect barriers on all the car parks they operate in the city centre. Since completion 2017 there have been no further suicides from car parks in Peterborough.

3.3.2 Suicide prevention on railways

A range of work is being undertaken nationally as part of the railway Suicide Prevention Pan – Samaritans, Network Rail and British Transport Police. This includes printed messages on tickets and posters at stations. Some local stations are also displaying STOP Suicide resources.

3.3.3 Safer medicines management

Following Child Death Overview Panel reports there was a communication to GPs regarding safe prescribing to young people, this was also re-circulated.

3.4 Priority area 4 – Provide better information and support to those bereaved or affected by suicide

3.4.1 Establishing a bereavement support service for people affected by suicide

NHS Sustainability and Transformation Plan (STP) Funding was granted in July 2017 to set up a reactive support service for people who have been bereaved as a result of suicide. The service will be managed by a family liaison officer who will offer support to families in the first weeks after bereavement. They will also signpost people to follow-up services and peer support groups. Part of this work will be to set-up SOBS (Survivors of bereavement due to suicide) or similar groups in Cambridge and Peterborough and connect with CRUSE bereavement counselling services.

3.4.2 Bereavement support resources

- **Access to the 'help is at hand' leaflet for people bereaved as a result of suicide**

Help is at hand booklet shared with The Coroner's Office (Feb15) and circulated to all GP practices in Cambridgeshire and Peterborough. Electronically shared with Funeral directors. Information on 'help is at hand' circulated via the GP bulletin in 2015 and 2017.

- Bereavement support resources are promoted via the Stop Suicide Pledge website and Keep Your Head website. These resources include specific sites for young people who are bereaved.

3.5 Priority area 5 - Support the media in delivering sensitive approaches to suicide and suicidal behavior

- Communication with Cambridge News on the responsible reporting of suicide, including information advice created by The Samaritans – this was initiated after a suspected suicide incident was poorly reported by the Cambridge News. CCC Communications team have been involved in this work.
- Visits were made to Radio Cambridgeshire to promote the responsible reporting of suicides and guidelines on suicide reporting were provided to the editor.

3.6 Priority area 6 - Support research, data collection and monitoring

- **Surveillance: suicide audit**

An annual suicide audit was undertaken in 2015 (of deaths in 2014) and 2016 (of deaths in 2015). The audits have helped to shape targeting of local work. The audit will continue to be undertaken annually, with a detailed case review of a sample of files. Work has been carried out together with the Coroner's Office to improve the standardised regular information received on deaths throughout the year. The quality of the information received has improved.

- **Surveillance from British Transport Police**

Data is received from BTP through an annual report and a warning system (national system).

- **Local, real-time surveillance system**

A local real-time surveillance system has been established. This shares information from Police/Coroner to Public Health on suspected suicides as they occur. This information is essential to establish a bereavement support service. The Coroner flags any notable patterns with the group or public health. The surveillance system will also help to identify any concerns in terms of geographic/temporal patterns/clusters.

3.7 Moving forward with suicide prevention

A draft 'refresh' of the suicide prevention strategy and action plan (2017 – 2020) with the inclusion of a ZERO suicide ambition follows on from the progress to date (2014-2017 strategy, detailed above). This follows the same six priority areas with suggested interventions building on areas of work already in progress. For details please refer to the draft documents provided with this report.

4. ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

The economic cost of each death by suicide in England for those of working age is estimated to be £1.67 million (2009 costs). This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.

Given these economic costs, preventing suicide locally will inevitably benefit the economy and benefit all

4.2 Helping people live healthy and independent lives

The work of the suicide prevention implementation group is fundamental to helping people improve their mental health, prevent mental illness and crisis leading to suicide. Effective Crisis care support and management as well as many of the other initiatives proposed and offered in the implementation plan will enable people with mental health problems live independently.

4.3 Supporting and protecting vulnerable people

People at high risk of suicide are by definition vulnerable people but certain vulnerable groups of people have higher risk of suicide, including homeless, looked after children, gypsies and travellers, migrants and asylum seekers. The strategy prioritises work that supports these vulnerable groups to reduce the risk of suicide.

5. SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

- The STOP suicide/anti stigma work is funded by CCC and PCC with a contract awarded to CPSL MIND for three years (from April 2017) at an annual cost of £37,691 from CCC Public Mental Health.
- The debt/ money management work is funded by CCC for a pilot one year period (from July 2017) - £15K for the adult service. The contract was awarded to Lifecraft.
- Better Care Fund money: £8K is being used to support development of the adult 'Keep Your Head' website

- £10K for one year (from August 2017) is being used from the public mental health budget (CCC) to support GP training and setting up the bereavement support service – funded mostly through the STP (£70K)
- Anti-bullying work - £15K per annum
- Support to PHSE - £10K per annum
- Emotional wellbeing tender – £10K per annum

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- Procurement processes were followed before the award of the contract for the STOP suicide/anti stigma work
- Procurement processes were followed before the award of the contract for the debt/ money management work
- Contract variation process needs to be followed for the £10K support towards GP training and the bereavement support service.

5.3 Statutory, Legal and Risk Implications

- There is a legal requirement to keep any person identifiable information confidential and therefore, when data is received about suicide, this is held securely by Public Health.

5.4 Equality and Diversity Implications

- The work of the suicide prevention implementation group will be all inclusive for the benefit of the community but will focus on groups at higher risk of suicide. This will take account of equality and diversity issues as it identifies the most vulnerable groups in society.

5.5 Engagement and Communications Implications

- Engagement across all sectors is crucial for the delivery of suicide prevention interventions and this is why the implementation group is made up of a partnership between many organisations.
- The suicide prevention strategy was agreed in 2014 upon wide consultation and engagement with stakeholders and service users. The refresh of the strategy will go through the same consultation process over the coming months – including workshop/stakeholder events. Service Users have been involved in the evaluation process for some of the work – STOP suicide and the Crisis care services, for example.
- The continuing roll-out of suicide prevention initiatives, including promotional events, working with the media and the ZERO suicide ambition will require Communications support from the Local Authority and other partner Communication teams.

5.6 Localism and Local Member Involvement

- The suicide prevention strategy recommends initiatives that encourage community participation, awareness raising and self-help, therefore promoting the localism agenda.
- The intention of the ZERO suicide ambition is to engage individuals and communities to work with the suicide prevention implementation group and therefore with the County Council in furthering this agenda.

5.7 Public Health Implications

- The Cambridgeshire and Peterborough Suicide Prevention Group is led by the two Local Authority Public Health teams, with involvement from a wide range of stakeholders. The suicide prevention implementation initiatives aim to reduce suicide and prevent mental health problems that may lead to a risk of suicide
- Many of the interventions focus on people at higher risk of suicide and these include people with mental health problems, those affected adversely by the wider determinants of health including, economic disadvantage, unemployment, being looked after, for example.
- The suicide prevention strategy will help support the key priorities of the Cambridgeshire Joint Strategic Needs Assessments for Adult Mental Health and for Child and Adolescent Mental Health

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Martin Wade
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Sarah Fuller
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes 18 Aug 2017 Name of Officer: Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes 18 Aug 2017 Name of Officer: Liz Robin

Have any Public Health implications been cleared by Public Health	Yes 18 Aug 2017 Name of Officer: Liz Robin

Source Documents

1. National Strategy: Preventing Suicide in England, 2012:
<http://www.dh.gov.uk/health/files/2012/09/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf>
2. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives: <https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>
3. Cambridgeshire and Peterborough Clinical Commissioning Group Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013 – 2016
http://www.cpft.nhs.uk/Downloads/rod%20files/2013_0816_CCG_Adult_MH_Commissioning_Strategy_2013_FINAL.pdf
4. JSNA Cambridgeshire – health and wellbeing strategy see:
http://www.cambridgeshire.gov.uk/info/20116/health_and_wellbeing_board
5. JSNA Peterborough Mental Health
<http://www.peterborough.gov.uk/pdf/HealthAndSocialCare-JSNA-Mental%20Health.pdf>
6. Suicide Prevention Strategy CPFT 2013-2016 (closed document) – for details please contact author or CPFT
7. Emotional well-being and mental health strategy for children and young people 2014-2016 (draft strategy)
8. Suicides in students <http://www.ons.gov.uk/ons/about-ons/what-we-do/publication-scheme/published-ad-hoc-data/health-and-social-care/november-2012/index.html>
9. National Confidential Enquiry into Suicide and homicide by people with Mental Health illness – Annual report 2013
http://www.bbmh.manchester.ac.uk/cmhr/centreforsuicideprevention/nci/reports/AnnualReport2013_UK.pdf
10. Samaritans report –men suicide and society:
<http://www.samaritans.org/sites/default/files/kcfinder/files/Men%20and%20Suicide%20Research%20Report%2010912.pdf>
11. No health without mental health:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215811/dh_124057.pdf
12. Public Health Outcomes Framework
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf
13. Mental Health Crisis Concordat – Improving outcomes for people experiencing mental health crisis, February 2014. Department of Health
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf
14. Annual Report of the Chief Medical officer 2013 – Public Mental Health Priorities: Investing in the Evidence
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351629/Annual_report_2013_1.pdf
15. Saving Lives: Our Healthier Nation; Department of Health, 1999:
<https://www.gov.uk/government/publications/saving-lives-our-healthier-nation>
16. Detroit model for suicide prevention:
<http://zerosuicide.actionallianceforsuicideprevention.org/sites/zerosuicide.actionalliance>

- forsuicideprevention.org/files/PerfectDepressionCarearticles.pdf
17. ASIST suicide prevention training: <http://www.chooselife.net/Training/asist.aspx>
 18. Mental Health First Aid training England: <http://mhfaengland.org/>
 19. Suicide in primary care in England 2002-2011¹⁸
<http://www.bbmh.manchester.ac.uk/cmhr/research/centreforsuicideprevention/nci/reports/SuicideinPrimaryCare2014.pdf>
 20. Knapp et al 2011, Mental health promotion and prevention: The economic case.
<http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf>
 21. The Use and Impact of Applied Suicide Intervention Skills Training (ASIST) in Scotland: An Evaluation Social research: The Scottish Government,
<http://www.chooselife.net/uploads/documents/19-ASISTEvaluationFullReport.pdf>
 22. Bickley, H et al 2013; Suicide within two weeks of discharge from psychiatric inpatient care. A case control study Psychiatric Services 2013
<http://ps.psychiatryonline.org/article.aspx?articleID=1673604>
 23. Cox et al 2013; Interventions to reduce suicides at suicide hotspots: a systematic review BMC Public Health 2013, 13:214
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3606606/pdf/1471-2458-13-214.pdf>
 24. Mann et al, 2005 Suicide Prevention Strategies: A systematic Review. JAMA. 2005;294(16):2064-2074
 25. Support after a suicide: A guide to providing local services
<https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services>
 26. We are in your corner – Samaritans: <http://www.samaritans.org/media-centre/our-campaigns/were-your-corner>
 27. MHRA – Best practice for the sale of medicines for pain relief -
<http://www.mhra.gov.uk/home/groups/pl-p/documents/websiteresources/con065560.pdf>
 28. Hawton K, Bergen H, Simkin S et al (2010) Toxicity of antidepressants: rates of suicide relative to prescribing and non-fatal overdose. *British Journal of Psychiatry* 196: 354-358
 29. 'Help is at hand' a resource for people bereaved by suicide and other sudden, traumatic death <http://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>
 30. Preventing Suicide - A Resource for Media Professionals: A resource guide produced by the Department of Mental Health at the World Health Organization in 2000.
http://www.who.int/mental_health/media/en/426.pdf
 31. Media guidelines for reporting suicide – Samaritans:
<http://www.samaritans.org/sites/default/files/kcfinder/files/press/Samaritans%20Media%20Guidelines%202013%20UK.pdf>
 32. NHS England and Public Health England 'A call for Action: Commissioning for Prevention' November 2013. Available at: www.england.nhs.uk
 33. WHO For which strategies of suicide prevention is there evidence of effectiveness
http://www.euro.who.int/__data/assets/pdf_file/0010/74692/E83583.pdf