



LEWISHAM SUICIDE PREVENTION STRATEGY

2019-2021

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1. Introduction and National Context

National Strategy

In 2012, the government produced a cross-party strategy focusing on suicide prevention, 'Preventing suicide in England: A cross-government outcomes strategy to save lives', which focuses on preventing suicide through a public health approach and establishes the case for locally developed multiagency strategies and action plans.¹

The national strategy had two specific ambitions and the following six priority 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 the 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

Since the publication of the strategy, two progress reports have been published which have led to the addition of an additional priority area for action around 'reducing rates of self-harm as a key indicator of risk of suicide'.^{2,3}

National Suicide Statistics

The most recent national data has shown that³:

- The suicide rate in England fell slightly in 2015, though the rate remains high in comparison to the last 10 years.
- The suicide rate in mental health patients has reduced
- The suicide rate in men has fallen for two years and this fall is found most clearly in middle-aged men whose risk has been highlighted in the National Strategy.
- The highest rates are still found in men in their 40s and 50s and it remains the leading cause of death in young men
- The suicide rate in women has risen, though the male rate is still three times higher

Five-Year Forward View for Mental Health

In March 2016 the *Five Year Forward View for Mental Health*⁴ was published which endorsed the vision of Future in Mind⁵ and set out the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. The document also set out the following national recommendations in terms of suicide prevention⁴:

- The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, contributing to a 10 per cent reduction in suicide nationally.
- These plans should set out targeted actions in line with the National Suicide Prevention Strategy and new evidence around suicide, and include a strong focus on primary care, alcohol and drug misuse.
- Each plan should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups (including young people who self-harm) within their population, drawing on localised real time data.
- Local suicide prevention plans should also agree indicative targets and trajectories for the reduction in suicides, to support transparency and monitoring locally over the period.

Future in Mind 2015

In March 2015, NHS England published 'Future in Mind'⁵ as part of a national drive to improve capacity and capability in the delivery of mental health services for children. This report provides a broad set of recommendations across five key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

The national and local drive to transform mental health services for children and young people across these key areas is evident across the country. Locally plans are in place across all areas to highlight and reflect, progress and further ambitions within the Child Adolescent and Mental Health Services Transformation Programme.

2. Local Strategy Development

The Public Health England (PHE) 'Local Suicide Prevention Planning: A Practice Resource' guidance⁶ was used in the development of this strategy, alongside information from one of the PHE Suicide Prevention Masterclass held in London in March 2017. The PHE guidance document outlines the following three steps in local plan development as recommended by the All-Party Parliamentary Group on Suicide and Self-harm Prevention, which were followed in the development of this plan (see Figure 1):

- Establish a multi-agency stakeholder group

The Lewisham Suicide Prevention Strategy Group was set up in January 2017 to develop and implement a suicide prevention strategy for Lewisham. The terms of reference (including membership) for the group can be seen in Appendix 1.

- Complete a Suicide Audit

A refresh of a previous local suicide audit was performed in February 2017. This audit refresh was performed using data from the Primary Care Mortality Database to examine all deaths recorded as suicides in Lewisham between 2012 and 2016 (calendar years). Deaths recorded as having 'open verdicts' were also included in the audit since deaths due to suicide are defined as deaths given an underlying cause of intentional self-harm or injury/poisoning of *undetermined intent*. This data formed the basis of the strategy/plan development.

- Develop a suicide prevention strategy and/or action plan that is based on the national strategy and the local data

The key priorities areas of the national strategy were used to form the framework for actions in this strategy. In addition to using local data to inform these actions, the Lewisham multi-agency group convened several stakeholder events to gain important local views on what would be important to incorporate into the local strategy. Summaries and feedback from these events can be found in Appendix 2.

Figure 1: Strategy Development Process



3. Deaths by suicide in Lewisham

Both national and local data sources were used to gain an understanding of local population need in relation to suicide in order to inform the development of the local strategy.

National Data

Between 2013 and 15, Lewisham had a 3-year average suicide rate of 7.4/100,000 (ref), which was significantly lower than the London and England averages for that period (Table 1).

Table 1: Age standardised mortality rate from suicide, per 100,000 population, 2013-15

	Total	Male	Female
Lewisham	7.4	9.6	Insufficient data
London	8.6	13.4	4.1
England	10.1	15.8	4.7

(Source: Office for National Statistics)

In terms of the years of life lost to suicide, Lewisham had a 3-year average total of 25.8 per 100,000 years of life lost to suicide between 2013 and 2015 (Table 2).

Table 1. Age standardised years of life lost from suicide, per 10,000 population, 2013-15

	Total	Male	Female
Lewisham	25.8	37	14.7
London	23	35.4	10.7
England	31.9	50.2	13.7

(Source: Office for National Statistics)

Local Suicide Audit

To gain further understanding of local population needs in relation to suicide and to inform the local strategy, the Lewisham Public Health team performed a refreshed suicide audit. The audit examined anonymised data extracted from the Primary Care Mortality Database (PCMD) for the time period January 2012 - December 2016. This included data on cause of death, age, gender, place of death and country of origin.

The following main findings were concluded from the audit:

- In Lewisham, the largest number of suicides during the time period examined was among those aged between 24-45 years (53% of all suicides). This differs from what is seen nationally, where those aged between 45 and 55 have the highest suicide rate. This finding may reflect the relatively younger population in Lewisham compared to England overall since the audit results have not been standardised.
- Three times as many men died as result of suicide in Lewisham in this time period compared to women. This reflects trends seen across the country.
- The most common method of suicide in Lewisham was hanging (66% of all suicides) during this period for both men and women.
- Opiate overdose made up a quarter of all non-violent suicides during this period in Lewisham.
- In terms of place of birth, the majority of suicide deaths in Lewisham were in those born in the UK (68%). Ethnicity data is not available from the PCMD, therefore place of birth can be used a proxy measure for ethnicity although will only closely correlate with ethnicity for first generation immigrants.

Data definitions and constraints

- It is important to note that in the UK (and therefore national statistics) suicide is defined as deaths given an underlying cause of intentional self-harm or injury/poisoning of undetermined intent. This means that the Coroner's review does not have to result in a verdict of suicide; open verdicts are still considered suicides.
- The PCMD is limited in the nature of the data that it can provide around suicide deaths to inform local action. Information concerning ethnicity, socio-economic status, employment, previous mental health diagnoses, previous contact with primary care or mental health services and other contextual factors can only be gained from records held by our local Coroner.
- We do not currently receive any additional data from the Coroner concerning deaths by suicide. Cross-borough approaches are currently being explored to obtain a minimum Coroner dataset for South-East London public health teams concerning suicides and drug/alcohol-related deaths.

4. Strategic Aims

Strategic Vision

To be a borough that becomes safer from the risk of suicide

Main Strategic Aims

To contribute to a national 10% reduction in the suicide rate by 2021

To provide better support for those affected by suicide in Lewisham

To raise awareness of suicide prevention in Lewisham among the frontline workforce and wider community

The main aims of this strategy closely reflect those of the national suicide prevention strategy¹.

The main objectives of the national strategy are to achieve¹:

- **a reduction in the suicide rate in the general population in England; and**
- **better support for those bereaved or affected by suicide.**

The main areas for action in the national strategy are to:

- **reduce the risk of suicide in key high-risk groups**
- **tailor approaches to improve mental health in specific groups**
- **reduce access to the means of suicide**
- **provide better information and support to those bereaved or affected by suicide**
- **support the media in delivering sensitive approaches to suicide and suicidal behaviour**
- **support research, data collection and monitoring**

They also reflect the ambitions set out in the Five Year Forward View for Mental Health as mentioned above.

The main long-term areas for action in this strategy will follow the main action areas of the national strategy, however the national 'reduce access to the means of suicide' action area will not be an immediate area of focus in this strategy. We will, however, aim to incorporate this action area into future iterations of the strategy.

5. Priority Areas for Action and Programmes of Work

A. Action Areas

National and local data, evidence and stakeholder input has been used to determine which specific actions are outlined under each main action area.

5.1 Reduce the risk of suicide in key high-risk groups

Why is this important for Lewisham?

There are a number of population groups that have been identified as being at higher risk of suicide than the overall Lewisham population:

- Young men (aged between 24-45 years)
- Those who misuse drugs and/or alcohol
- Pregnant women

It is critical that we take specific action and support targeted interventions to reduce the risk of suicide in these groups.

Main issues

Young men

Between 2012 and 2016, 53% of deaths by suicide in Lewisham occurred in men aged between 24 and 45 years. This is a slightly younger age group than that seen nationally (men aged between 45-59 years have the highest rates of suicide in England), which may reflect the younger population of Lewisham as noted earlier. Further data and exploratory work is required to understand more about deaths by suicide in this group, however evidence-based approaches and examples good practice will be examined as part of this strategy to take some steps towards reducing the risk of suicide in young men.

Those who misuse drugs and/or alcohol

There is a clear overlap between drug and alcohol related deaths and suicide. Eighty per cent of those in treatment for alcohol use conditions and nearly seventy per cent of people in drug treatment are thought to have co-existing mental health problems³. In 2014, the proportion of drug misuse deaths that were due to suicide (defined as intentional self-poisoning or poisoning of undetermined intent) in England was 28% and 11% in men and women respectively³.

At the Lewisham Drug and Alcohol-related Deaths (DARD) panel this overlap has become increasingly apparent. At the stakeholder workshop those working in the local substance

misuse services also highlighted the need for specific training around how to respond to service users in an acute mental health crisis expressing suicidal ideation.

Pregnant women

National evidence shows that approximately 20% of women experience a mental health condition during pregnancy and the first 12 months after childbirth, with suicide being the second most common cause of death for women during this period. In Lewisham, 33% of suicide deaths in women occur between the age of 24-45. Further investigation is required to understand what proportion of these occur within the perinatal period.

Those who self-harm

Previous episodes of self-harm have been identified as the strongest predictor of suicide⁶. In Lewisham, the (age-standardised) rate of emergency hospital admissions due to intentional self-harm⁷ is lower than the England average, and has seen a declining trend since 2013. However, local data on presentations/attendances at emergency services for episodes of self-harm is not routinely reported.

What is already happening?

Mental Health First Aid Training

Adult and youth mental health first aid training is currently available for all frontline workers and volunteers in Lewisham. This includes those who support young men, women in the perinatal period, children and young people, and those who misuse drugs and/or alcohol.

Perinatal Mental Health

A programme of work has been in place aimed at early identification of and support to women experiencing perinatal ill health in line with national initiatives such as 1001 Critical Days⁸. The Lewisham Maternity Voices Partnership (MVP) has led on the co-production of the, 'It's ok not to feel ok' on-line webpage⁹. Commissioners and the MVP have also worked together to commission a 2-year programme called 'Mindful Mums' run by Bromley and Lewisham MIND. This is a programme in which trained peer supporters with lived experience of mental ill health, facilitate a 6-week programme for pregnant and new mothers aimed at improving mental health and wellbeing.

Specialist perinatal mental health posts in midwifery and health visiting are also in place aimed at better staff training and ensuring there is a clear care pathway aimed at prevention and early identification of perinatal illness.

Dr Serena Patel, Public Health GP trainee has undertaken a Perinatal Joint Strategic Needs Analysis (JSNA), which is now publicly available and being implemented¹⁰.

What further action can be taken?

Paternal Mental Health

The above JSNA will inform future plans for improving perinatal mental health and suicide prevention. The JSNA findings indicate that there are gaps in knowledge and support services to new fathers with mental health issues and this is likely to be an area of work warranting more detailed analysis in the future. There is also scope to do more on suicide prevention through existing commissioned services for fathers e.g. The Working with men pilot for young fathers up to the age of 25 years.

Suicide Prevention Training

To ensure that front-line staff working with high-risk groups are confident in the recognition, assessment and management of risk in relation to suicide, appropriate suicide prevention training should be delivered to priority workforce areas. This would include non-clinical frontline staff, such as those in the housing department, benefits office, and job centres.

Comprehensive and concise guidance on how to ask, how to safety plan and what next for all front line staff including healthcare workers, Jobcentre Plus staff, drug and alcohol services and supported people services could also be included within this training. Work with the criminal justice system would also ensure that those in points of transition are effectively identified and supported. More emphasis needs to be placed on suicide prevention when going through the gate i.e. greater liaison with community mental health teams and more established release planning (primary care, accommodation, employment, signposting and appointments to support agencies such as drug and alcohol agencies, family support, finance and debt advice).

Dual Diagnosis

The National Institute for Health and Care Excellence (NICE) is currently reviewing guidance for people with coexisting severe mental illness and substance misuse, which aims to improve care pathways for this group. It is important for Lewisham to review these guidelines when published in September 2019 to provide coordinated services that address the wider health and social care needs as well as other issues such as employment and housing. Mental health and substance misuse commissioners have started to meet to further develop effective pathways for those with dual diagnosis in Lewisham.

Public Mental Health awareness particularly for young men

Resources from national campaigns targeting stigma and discrimination around mental health, such as the 'Time to Change' campaign, in addition to those focusing on mental health in men can be used locally to raise awareness of mental health in young men.

Lewisham has become one of a number of organic Time to Change hubs, enabling resource and training from the national campaign to be received locally to plan and develop activities to address stigma and discrimination for those with mental ill health. The mental health of young men could be an area of focus within the work of the Hub.

A new partnership initiative between Quo Vadis Trust, Community Connections and HealthWatch has established a men's mental health support group that meets on a monthly basis. Learning from this group will be used to inform the possibility of further men's mental health groups being established in Lewisham.

Improving local data and support for those who present to services with self-harm

There is a need for clearer data on self-harm presentations to emergency services in Lewisham, particularly in children and young people. There is also a need to standardise the information given to those presenting and their families. A strand of work is being developed to ensure that standardised materials are distributed to those affected by self-harm presenting to Lewisham A&E. Data reporting on self-harm will also be included in the annual suicide audit mentioned in priority action area number 6.

5.2 Tailor approaches to improve mental health in specific groups

Mental health of children and young people

Why is this important for Lewisham

There has been universal acknowledgment in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing. For those children and young people with diagnosable mental health problems and their parents/carers and the agencies that support them, the challenges are greater. A number of disorders are persistent and will continue into adult life unless properly treated. It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18. Young people who are not in education, employment or training report particularly low levels of happiness and self-esteem.

Main issues

There is a strong case to improve the current provision of health services for young people. A challenge for commissioners and providers is how services for young people are configured and provided. There is evidence that the complex and overlapping needs of young people and the challenges in identifying the early signs of risk factors, are not well served by an all too often silo approach to services and professionals working with young people.

No one service alone will be able to meet their needs. There is a duty of cooperation placed on commissioners and services to work together to the benefit of children and young people. The multi-agency nature of CAMHS will require a multi-agency approach to commissioning is required. Changes in one agency or one part of the system can affect demand and delivery in another. This interdependency can create risks if not properly considered but also brings with it the possibility of agencies working together to meet the needs of the populations they serve and to achieve wider system efficiencies. Services should work together in integrated ways to ensure appropriate communication and transitions.

What is already happening?

Lewisham's Children and Young People Plan (CYPP) 2015-18 affirms how partner agencies will work together to improve outcomes and improve the life-chances of young people in the borough. It also emphasises the commitment to joint commissioning with the purpose to achieve better value for money and ensure resources are aligned to achieve the greatest impact. The four priorities listed within the CYPP are: Build Resilience; Be Healthy and Active; Stay Safe; and Raise Achievement and Attainment, of which mental health and wellbeing are recognised across all.

'Lewisham's Children and Young People's - Mental Health and Emotional Wellbeing Strategy' works hand in hand with the CYPP and supported by Child and Adolescent Mental Health Services (CAMHS) Transformation funding, a considerable amount of work has been undertaken over recent years, to improve the mental health and wellbeing of Lewisham children and young people. Stakeholders, including children, young people and their parents have worked together to develop a shared vision and common language, to be understood by all.

“Our children and young people will be emotionally resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. Those that require mental health support are able to access this, where and when they need it.

Our parents/carers and young people’s workforce will be equipped to identify and respond to low levels of emotional well-being amongst our young people.”

The NHS Lewisham CCG Local Transformation Plan (LTP) was finalised at the end of 2015 and in December 2015 CCGs were advised of rising baseline funding for the next five years. Plans have now been in place since that time and there is continued expectation for CCGs to refresh plans annually to reflect local progress and further ambitions based on the increasing financial envelop and the Mental Health Implementation Plan.

NHS Lewisham CCG and stakeholders have developed an approach to delivering accessible, efficient and evidence based mental health services across the borough. Partners are working together to manage financial pressures across the system, integrating services where possible to ensure future sustainability.

Local Provision

Information below has been separated across specialist, targeted and universal provision to demonstrate the range of support services that are available to Lewisham children, families and schools, to ensure that the right mental health and wellbeing support is available, at the right time.

Specialist Provision

Specialist child and adolescent mental health services (CAMHS) is available in Lewisham to support children and young people up to the age of 18, where significant mental health concerns have been raised. Over the last 12 months, a service transformation programme and waiting list initiative have been implemented to improve access. Data has shown that overall CAMHS Referral to Assessment waiting times have improved significantly over the last 6 months.

Targeted Support

For children and young people displaying lower levels of needs, the Young People’s Health and Wellbeing Service is available to those aged 10 – 19 (up to 25 where there is a disability). The service employs a dedicated team of clinically trained wellbeing practitioners and integrates physical and mental wellbeing (providing a parity of esteem between the two) and responds to the three main risk factors to poor health and wellbeing: sexual health; mental health; and substance misuse, to provide holistic, youth-centred care. The hub-and-spoke model provides an outreach service to reach young people in schools and other settings such as youth centres, together with a central hub that can be accessed in a face to face capacity, as well as online counselling (available in the evenings and weekends) and via a text-messaging service.

There are also a range of services available to support the mental and emotional health of younger children. The Children’s Wellbeing Practitioner (CWP) Programme provides support to children with low level emotional health concerns, such as anxiety and depression. This is a national programme designed to increase capacity by training a new sub-service of practitioners to deliver support to children, young people and parents/carers who wouldn’t

normally meet the CAMHS threshold. Over the course of a year, CWPs are trained to offer brief, focused evidence-based interventions in the form of low intensity support and guided self-help to young people.

In additional schools are also able buy in different types of therapy support, such as educational psychology and speech and language services and a number (currently eight) commission 'Place2Be', a school based counselling and drop-in service originally established with support from the local authority.

The Pre-School Learning Alliance provides support for conduct and behaviour issues in partnership with local CAMHS and 'Place2Be', and are providing face to face and group work with parents and children aged 3-11 years.

For older children (11-18) with conduct and behaviour concerns, the Lewisham Functional Family Team, provided through the Youth Offending Service offers intensive outreach family therapy for young people and their families where the young person has persistent and significant conduct problems at home, school or in the community.

For Children Looked After (CLA), a new multi-disciplinary team, including a family therapist and a clinical psychologist has been established within the Virtual School for CLA, to provide support for lower level mental health issues to enhance education outcomes for CLA. The Lewisham Virtual School promotes and supports the educational attainment and progress of children and young people in care from Nursery to 18 years old, through effective collaboration with schools, social care, and other agencies.

Universal Provision

In partnership with voluntary sector organisations, a number of Lewisham primary and secondary schools have been supported to implement the Academic Resilience Approach. Some specialist support has been given to schools to undertake a needs assessment, workforce development programme, coaching, leadership support with action planning and implementation and finally reviewing impact.

Through the Young People's Health and Wellbeing Service (YPHWBS), universal emotional health support is offered across schools and youth settings, with a particular focus on supporting vulnerable children when transitioning from primary to secondary school. The service also offers a universal and targeted Universal Schools Safety Programme (USSP), across Year 7 year groups in all Lewisham secondary schools, the programme will cover sexual health, mental health, substance misuse and general health and wellbeing. Kooth, the online counselling platform, is also a partner in the delivery of the YPHWBS.

The Public Health team offer free training to all frontline CYP staff in Lewisham including schools. This training includes a Youth Mental Health First Aid training (jointly funded by public health and the CCG) and a Young Person's toolkit training (managing emotional and mental distress). Past attendees include mainstream and SEN teaching staff.

What further action can be taken?

A Government Green Paper ('Transforming Children & Young People's Mental Health Provision') was published in December 2017¹¹, which had a large focus on earlier intervention and prevention, especially in schools & colleges. Key proposals within the paper include:

- Creating a new mental health workforce of community-based mental health support teams
- Encouraging every school and college to appoint a designated lead for mental health
- Piloting a new four-week waiting time for NHS children & young people's mental health services in some areas

The proposals within the paper present an opportunity to work with schools in a co-ordinated way and to bridge a gap for children and young people with a low level of mental health need. A specific offer of youth mental health first aid training available to all Lewisham schools has been developed ahead of the implementation of the Green Paper proposals. This will work towards achieving a baseline level of mental health awareness among key school staff members in Lewisham. This offer will seek to complement the existing USSP and freely available online secondary school resources provided by the Samaritans.

5.3 Provide better information and support to those bereaved or affected by suicide

Why is this important for Lewisham?

When someone dies by suicide, the shock is profound and widely felt – by families, friends, colleagues and professionals. They describe profound distress, guilt, searching for explanations and stigma. They may struggle with work or relationships. They may develop their own mental health problems. They may themselves feel suicidal.

Support after suicide, called postvention is therefore an essential part of public health. Research suggests there is a substantial unmet need for support with survey data suggesting that two thirds of people in the UK receiving no formal support after being affected by suicide. We have no local data for Lewisham but there is no reason to believe the findings would be different. It is important to note that different people want different types of support (e.g. individual counselling, group peer support etc.).

Postvention forms a core part of our local suicide prevention strategy and will require close collaboration between all agencies in Lewisham.

What is already happening?

There are currently no specific support groups for those bereaved or affected by suicide in Lewisham, although people can access the groups organised by Survivors of Bereavement by Suicide and Cruse.

There are a number of online resources and a key document is ‘Help is at Hand’, jointly produced by PHE and the National Suicide Prevention Alliance¹².

What further action can be taken?

The Strategy Group consider that the opportunity to co-ordinate a support group in Lewisham for those affected by suicide should be explored.

The Group consider that the Help is at Hand resource should be distributed as soon as possible after a death that could be suicide to those most closely affected. This would ideally be done as a routine procedure by the Metropolitan Police and work will be done to explore how this might take place locally. However the resource should be available more widely for those not in direct contact with the emergency services and should be available in primary and secondary care as well as in community organisations.

Support groups for those affected by suicide exist in other London boroughs that can be accessed by Lewisham residents, which are summarised in Appendix 3 below.

5.4 Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Main issues

Over the past few decades there has been significant research into media coverage of suicide and how it can affect behaviour. The research shows that, when the media has applied caution in the reporting of suicide, there have been positive outcomes, potentially reducing the number of deaths.

This academic research has been conducted mainly around 'mainstream' media, including television and print newspapers, but there is growing interest among researchers to investigate the possible influence

What is already happening?

The South East London (SEL) STP Mental Health Prevention subgroup, covering the 6 boroughs in the SEL STP area are planning a collaborative approach to engaging with local media outlets to influence more sensitive reporting around suicides taking place across the SEL geography. A collaborative approach has been sought for this action area due a number of local media outlets in SEL having shared ownership.

What further action can be taken?

The Samaritans have published guidance around sensitive reporting of suicides in the media. South East London boroughs can work with the Samaritans to ensure that the content of this guidance is accessible and communicated to media outlets operating across SEL. SEL boroughs can also work with Thrive LDN on this area to influence media outlets that operate across London.

5.5 Support research, data collection and monitoring

Why is this important for Lewisham?

The analysis of available data on deaths by suicide through conducting a regular audit is recognised both locally and nationally as being a critical element of suicide prevention efforts. The main source of data used in Lewisham suicide audits is from Primary Care Mortality files and summary data from Public Health England. This data is limited in what can be ascertained about deaths by suicide locally, so additional sources of local data are required to support suicide prevention efforts.

Main issues

Lack of Coroner Data

The inner South London Coroner that serves Lewisham does not currently share data on suicides as part of the suicide audit process. Reviewing data from local coroners' records as part of the audit process can provide retrospective insights into the circumstances of deaths by suicide. These insights can play an important part in guiding local suicide prevention efforts.

Need for Real time data

There is no current real-time data collection process for suicides in Lewisham. Real-time data 'enables public health teams and/or multi-agency suicide prevention groups to consider and agree if interventions are required after a death has occurred where the circumstances suggest suicide in advance of the coroners' conclusion'⁶. This information can 'provide the means to offer timely support to people who have been bereaved or affected by a suspected suicide and to respond quickly to emerging patterns that could indicate clusters, increasing trends or new methods of death'⁶.

What is already happening?

South East London boroughs that share a Coroner – Lambeth, Southwark, Lewisham and Greenwich – have started to meet with the local Coroner to agree a minimum dataset from the Coroner's records concerning deaths by suicide in the four boroughs. Thrive LDN have also started to work with the Coroner to support the development of a London-wide data sharing agreement.

What further action can be taken?

Collaborative Annual suicide Audit

A local suicide audit could be performed on an annual basis with the potential for this being part of a SEL audit performed at a similar frequency. Data and intelligence from local Child

Death Overview Panels (CDOP), DARD panels and serious incident reporting from secondary care could also be collated in order to provide the most up to date data on suicides to incorporate into the audit.

B. Main Programmes of Work

The Lewisham multi-agency group made a decision to identify the main streams of work arising from the areas for action identified. These areas of work are summarised in Figure 2 below.

Figure 2: Main work streams

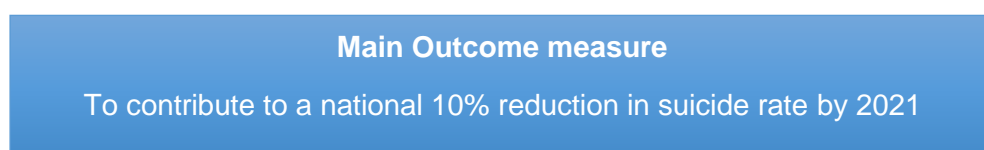
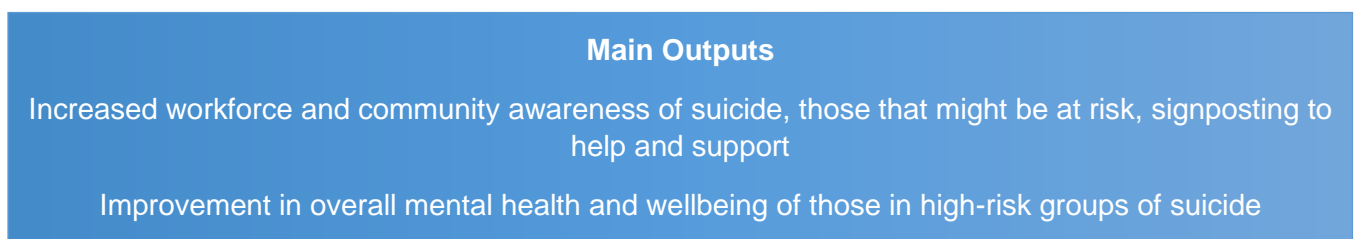
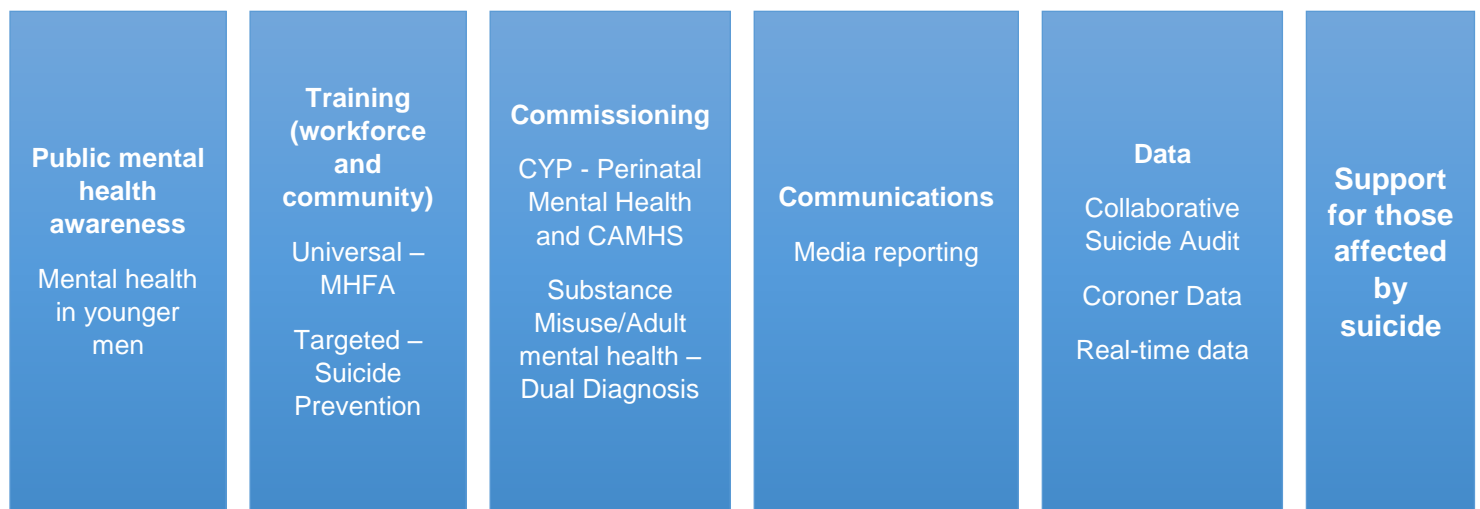


6. Monitoring and Evaluation

The main measure that will be used to monitor the achievement of the national ambition to reduce deaths by suicides by 2021 is the three-year rolling average age-standardised suicide rate per 100,000 population.

In this local strategy the same metric (three year rolling average age-standardised suicide rate) will be used to monitor the main strategic aim of contributing to a 10% reduction in the national suicide rate by 2021. Since this is a 3-year rolling average with a 2-year time lag in data reporting, monitoring for the length of this strategy will continue on until 2023 to capture the 3-year rolling average for 2019-21.

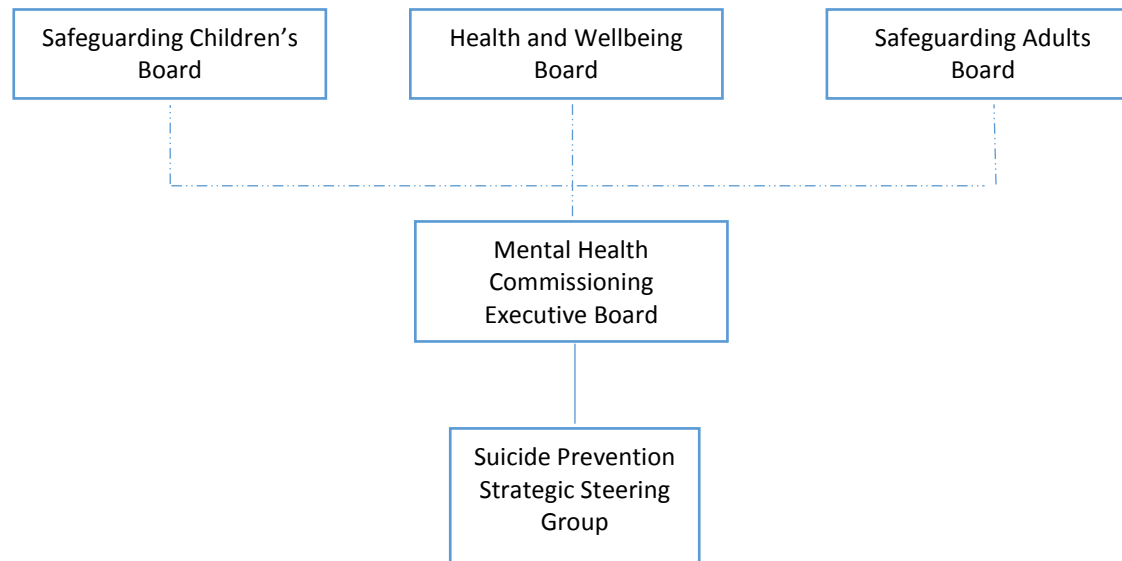
The following monitoring and evaluation framework will be used to capture the process and output measures that will be captured to achieve the overarching aim of reducing deaths by suicide by 2021:



7. Governance

The Lewisham Suicide Prevention Strategic Steering Group, which is a multi-agency partnership is the main planning meeting which brings together Lewisham CCG and Local Authority mental health commissioning team, Public Health and partners, with the aim to address and achieve the government's agenda in the reduction of suicide in our local area as outlined in the Mental Health Five Year Forward View.

The Chair of the Lewisham Suicide Prevention Strategic Steering Group is a sitting member of the Lewisham Mental Health Executive Board, which provide strategic influence over mental health commissioning decisions across Lewisham NHS, Primary and Secondary care, Public Health, children's services and adult social care and the third sectors organisation.



The Suicide Prevention Strategic Steering Group will take a work programme management approach in the delivery of the work streams highlighted in the Multi-agency Action Plan. It will also provide quarterly updates to the Mental Health Commissioning Executive Board who would be responsible for the management of the outcome for this group.

8. Action Plan

The following action plan outlines the main strategic areas for action and the lead partners, timescales and progress for achievement of actions. This action plan will be used to implement and monitor progress for the lifetime of the strategy.

Area for action	Standard/ Description of intervention	Standard/ Description of intervention	Lead (Responsibility) and Key Partners	Level (local/SEL/London region)	Timescale	Status (RAG)
1. Reduce the risk of suicide in high risk groups						
1.1 Young men (aged 25-44 years)						
a.	Suicide Prevention Training	To explore how training can be commissioned for frontline staff or in community settings that support young men e.g. job centre plus staff, faith leaders, sports clubs, police, housing providers and primary care.	Public Health/Joint Commissioners/Primary Care Commissioning	Local	To be determined	Not started
b.	Public Mental Health and Wellbeing strategy	Develop a strand of work within the public mental health and wellbeing strategy group around young men's mental health	Public Health/Joint Mental Health Commissioners	Local	Ongoing	In progress
c.	Support national campaigns focusing on the mental health of young men locally e.g. Time to Change, Rethink Mental Illness and Campaign Against Living Miserably (CALM)	Lewisham Time to Change Organic Hub implementation	Public Health/Joint Mental Health Commissioners	Local	March 2018 – August 2019	In progress
d.	Adult Mental Health First Aid training	Mental Health Workforce training to also include invitations to pharmacy	Public Health /Joint Mental	Local	Ongoing	In progress

Area for action	Standard/ Description of intervention	Standard/ Description of intervention	Lead (Responsibility) and Key Partners	Level (local/SEL/London region)	Timescale	Status (RAG)
		and appropriate workforce areas in contact with high risk population groups	Health Commissioners			
e.	Working with Men Pilot	Pilot Project for young men/fathers up to 25 years of age	CYP Joint Commissioning	Local	Ongoing	In progress
f.	Quo Vadis Trust Men's Mental Health Group/HealthWatch Project	To support mental health men's group and use learning to support the development of further groups	Quo Vadis Trust /HealthWatch/Community Connections	Local	Ongoing	In progress
1.2 Parents in the perinatal period						
a.	Suicide Prevention Training	To be explore how training can be delivered to be frontline staff or in settings that support parents in the perinatal period e.g. midwives, health visitors	Public Health/Joint Commissioners/CCG/Maternity Commissioner	Local	To be determined	Not started
b.	Perinatal Mental Health JSNA	To support the implementation of the recommendations of the perinatal mental health JSNA	Public Health/Maternity joint commissioner	Local	Ongoing	In progress
1.3 Those who misuse drugs and alcohol						
a.	Suicide Prevention Training	To explore how Suicide Prevention Training can be commissioned for staff at local substance misuse services (YPHWBS, PCRS and CGL)	Public Health/Substance Misuse Commissioners	Local		Not started
b.	Dual diagnosis work	To progress commissioning discussions around dual diagnosis services in Lewisham	LA (Joint mental health and substance misuse commissioners)/S LAM	Local	Ongoing	In progress

Area for action	Standard/ Description of intervention	Standard/ Description of intervention	Lead (Responsibility) and Key Partners	Level (local/SEL/London region)	Timescale	Status (RAG)
c.	Adult Mental Health First aid training	Training to be delivered to substance misuse staff in Lewisham	Public Health	Local/Sector	Ongoing	In progress
1.4 Those who self-harm						
a.	Support for those who Self-harm	NICE guidance for management of self-harm in A&E through SLAM Core 24 model	Joint Commissioning Teams/SLAM	Local	Ongoing	In progress
b.	Support for those who Self-harm	Development of a provider (SLAM) strand of work across 4 boroughs to address self-harm in young people	SLAM/Public Health Lambeth, Southwark, Lewisham and Croydon	SEL	Ongoing	In progress
c.	Support for those who Self-harm	Improving reporting of local data on presentations of self-harm in Lewisham	SLAM/PH/Joint Mental Health Commissioning team	Local	To be determined	Not started
d.	Support for those who Self-harm	Improving information provision to those who present with self-harm to A&E	Child Death Overview Panel/CAMHS	Local	Ongoing	In progress
2. Tailor approaches to improve mental health in specific groups						
2.1 Children and Young People						
a.	CAMHS Transformation refresh	The NHS Lewisham CCG Local Transformation Plan (LTP) was finalised in December 2015 and there is an expectation for CCGs to refresh plans to reflect local progress and further ambitions based on the increasing financial envelop and the Mental	CYP Joint Commissioning	Local	Ongoing	Completed

Area for action	Standard/ Description of intervention	Standard/ Description of intervention	Lead (Responsibility) and Key Partners	Level (local/SEL/London region)	Timescale	Status (RAG)
		Health Implementation Plan				
b.	Youth Mental Health First Aid training	To continue to deliver youth mental health first aid training and to develop bespoke schools offer	CYP Joint Commissioning/Public Health	Local	Autumn 2018-Spring 2019	In progress
e.	Children's Safeguarding Board	To work with the LSCB to: a) incorporate suicide prevention into safeguarding training for children and young person's settings b) Consider reviewing the risk assessment process for children and young people at risk of suicide in school settings c) Co-ordinate mental health awareness training for school staff/pupils	LSCB/Children's Social Care	Local	Ongoing	In progress
f.	Young People's Health and Wellbeing Service	Universal Schools Safety Programme delivered by YPHWBS/Youth First to include mental health component for Year 7 students in school and Year 8 + in non-school settings	CYP Joint Commissioning/C OMPASS/Youth First	Local	Ongoing	In progress
g.	Samaritans free online secondary school resources	Public Health to work with the local Samaritans lead to promote this training to Lewisham schools	Samaritans / Public Health	Local	To be determined	Not started

Area for action	Standard/ Description of intervention	Standard/ Description of intervention	Lead (Responsibility) and Key Partners	Level (local/SEL/London region)	Timescale	Status (RAG)
3. Provide better information and support to those bereaved or affected by suicide						
3.1 Provision of more comprehensive local support for those bereaved or affected by suicide						
a.	Map existing support groups for those affected by suicide in London that can be accessed by Lewisham residents	Perform mapping exercise to ensure signposting to available services for those affected by suicide in Lewisham	Public Health/Joint Mental Health Commissioning Team/London SOBs/SEL STP Public Mental Health Group	Local/Sector	To be determined	Not started
b.	Dissemination of existing resources/guidance for those affected by suicide	Use existing borough-wide communication channels to signpost to or disseminate existing resources for those affected by suicide	CCG/LA/VCS/Communications teams (CCG/LBL)/Metropolitan Police	Local/SEL	To be determined	Not started
4. Support the media in delivering sensitive approaches to suicide and suicidal behaviour						
4.1 Communications training for SEL news outlets						
a.	Samaritans communications training	To work with the Samaritans and other SEL boroughs to deliver communications training to news outlets and local council communications teams	Samaritans/SEL Public Mental Health Group	Sector-wide	To be determined	Not started
5. Support research, data collection and monitoring						
5.1 Local Suicide Audit						
a.	Annual Suicide Audit	i) A local suicide audit will be performed on an annual basis with the potential for this being part of a SEL audit performed at a similar frequency. ii) To work with local CDOP and	Public Health/SEL Public Mental Health Group/SEL Public Health Intelligence Group	Local/Sector-wide	To be determined	Not started

Area for action	Standard/ Description of intervention	Standard/ Description of intervention	Lead (Responsibility) and Key Partners	Level (local/SEL/London region)	Timescale	Status (RAG)
		DARD panels to collate most up to date data on suicides to incorporate into the audit. iii) To aim to incorporate UHL and SLAM serious incident reports involving suicides in the audit				
b.	Coroner Data	Work with other SEL boroughs that share a Coroner with Lewisham to develop a minimum dataset template that the Coroner is willing to share for the purposes of completing suicide audits	Public Health/SEL Public Mental Health Group/SEL Public Health Intelligence Group	Sector-wide	Ongoing	In progress
c.	Real-time Data	To explore the gathering of real-time data with the police and local road safety teams who attend deaths by suicide	Metropolitan Police/LBL Road Safety/Public Health	Local	To be determined	Not started
d.	Implement monitoring and evaluation framework for the strategy	To use a robust monitoring and evaluation framework to measure success of the strategy	Public Health	Local	To be determined	Not started

Appendix 1

TERMS OF REFERENCE

NHS Lewisham Clinical Commissioning Group

London Borough of Lewisham

Suicide Prevention Strategic Steering Group

Our aim is to contribute to a 10% reduction in the national rate of suicide by 2021 and to improve the care given to residents of Lewisham who are affected by suicide.

1. Introduction

Lewisham Suicide Prevention Strategic Steering Group is the main multi-agency stakeholder-planning group that supports the continuous development and improvement of the local Suicide Prevention Strategy and integrated Suicide Prevention Plan.

2. Purpose

The Suicide Prevention Strategic Steering Group will support and inform the development of a local strategy and integrated action plan to reduce the rate of suicide and self-harm in Lewisham.

It is therefore the role of the group to facilitate joint working within the partnership and provide a forum for discuss and implement solutions for the reduction of suicide in Lewisham

3. Areas of Focus

- To develop and agree a multi-agency suicide prevention strategy and action plan
- To monitor the implementation of the suicide prevention strategy
- To review and update the strategy as appropriate
- To commission and develop specific projects and initiatives to meet the aims of the suicide prevention strategy over and above routine MH commissioning by CCGs
- Support the formulation of a strategic vision for adult mental health services within Lewisham
- Oversee the steering mechanisms for best practice developments in service user involvement.
- To analyse an annual statistical and intelligence update
- To publicise on-going work and recent developments
- To facilitate partnership working between organisations represented on the Steering Group
- To influence the work of all agencies and individuals who could help prevent suicide and self-harm

4. Meeting Schedule

The Suicide Prevention Strategic Steering group will meet bimonthly

5. Accountability

The Suicide Prevention Strategic Steering Group will report to the Mental Health Executive Commissioning Group. Attendance to which is required to support the implementation of the strategic vision of mental health Joint Commissioning in Lewisham.

6. Committee Membership

Members of the group include colleagues from Mental Health Joint Commissioning, Public Health, GPs, London Borough of Lewisham and South London & Maudsley NHS Foundation Trust, Service Users, Carers and Voluntary Sector providers

The Chair of the CCG is an ex-officio member of all the CCG's committees and sub groups with full voting rights.

Representation	Attendee/Role
GP	Jim Sikorski (Chair)
NHS Lewisham & London Borough of Lewisham	Kenneth Gregory Keith Stewart (Minute taker) Caroline Hurst
London Borough of Lewisham	Gary Connors
Public Health Lewisham	Catherine Mbema Pauline Cross
Lewisham Police	Liz Delves
Bromley and Lewisham Mind	Ben Taylor
South London & Maudsley NHS Foundation Trust	Alice Ashby Victoria Morgan Rosalind Ramsay Omer Moghraby
Maytree	Natalie Howarth
Samaritans	Precious Jeffers
London Ambulance Service	Conal Percy Iris Mtero
Community Connections Service User/Consultants Representation	Trevor Pybus
Service User/Consultants Representation	Beverley Weston
Health Watch	Marzena Zoladz

7. Role & Responsibility

Role of the Chair

The Chair's role is to support the Joint Commissioning team in building strong relationships with the members of the group, ensuring that their views and concerns are represented at these meetings. .

The term of office for the chair and members

The terms of office for the Chair, is initially two years with the option for further three years if agreed by the members.

Members with the agreement of the Chair can co-opt members from other organisations that support the strategic vision and implementation of the strategy and integrated action plan.

Support to the Group

The Joint Mental Health Commissioning team will provide administrative support to Suicide Prevention Strategic Steering group meetings and work with the Chair to:

- Schedule meeting
- Take minutes, notes of each meeting
- Providing presentations and reports in a timely manner.

8. Quorum Rules and Responsibilities of Members

A minimum of four representatives from the list below is required for the meeting to be quorate

- Chair
- Service User
- Bereaved Family Member
- Police
- London Ambulance Service
- Joint Commissioning Team
- SLaM Representative
- Voluntary Sector Representative

9. Subgroups

The Suicide Prevention Strategic Steering Group is authorised to establish sub-committees and working groups as required to deliver its aim and priorities as identified in this terms of reference

10. Reporting Arrangements

The Suicide Prevention Strategic Steering Group will provide a regular report(s) of its meetings to Mental Health Executive Commissioning Group

11. Review

Terms of Reference will be reviewed annually.

Resources and support

The committee will be supported by an Associate Director of the CCG, who will be responsible for:

- overseeing of Suicide Prevention Strategic Group agendas, minimising the duplication of discussion and decision-making
- bringing together in accessible form, the reports and information necessary to support the discussion and decision-making
- producing and distributing minutes within seven days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Papers for the meeting will be distributed no less than seven days before the meeting.

Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

Version Control

Version:	Date	Changes made
0.1	20 th June 2017	KS Initial Draft
0.2	21 st June 2017	KS

Appendix 2

Comments from the Evaluation Form

Below comments and feedback from the Suicide Prevention event that was held in Lewisham Civic Suite on 11th May 2017

- Should be longer at least a full day
- Prior to any workshop on this subject; the facilitators should be given script, something like “keep yourself safe if you are affected by anything said today”, with information where someone could get support immediately or later on. Just a few lines and where to go for help.
- The workshop needs to be less “presenting” and more interactive. Maybe whizz through the facts first and use the experts in the room.
- Good Event and well organised. Interesting network
- Could have lasted longer, especially the times for the workshops
- Good Opportunity to share information
- Wishing more community group could have attended.
- What will happen after this meeting?
- Who will be invited to sit on the Preventing Suicide Steering Group?
- Will there be culturally specific group, looking at the percentage of people in these groups whom commit suicide?

Venue

- The space was not ideal (three workshops in one room), but the facilitators did their best
- There was some difficulty with noise from other workshops
- Rooms were too hot and it was difficult to concentrate
- If this event takes place again it maybe an idea to have dividers in the main room
- It could have been longer and allowed us the opportunity to participate in more workshops
- Room not great due to sound carrying, maybe allow a little more time, otherwise excellent!

Other comments and suggestions

- Names on the table for the Chair and Summary Panel – if you weren't in that workshop you didn't know who the facilitator was
- Lewisham needs to keep promoting what it is doing well (there is a lot).
- Publish contacts detail and share with attendees
- The Lewisham Safeguarding Children's Board (LSCB) have a website and are aiming be a central point for information across the borough for children, YP, parents, carers, professionals and community. www.safeguardinglewisham.org.uk
- Most of voluntary organisation, groups, etc. have “passed” – not supported by the council. They (we) are talking about isolation and non-involvement – WHY!!
- A police officer or rescue worker from a key suicide area like Beachy Head in Sussex would bring great insight to front line experience

Any suggestions, topics or activities related to Suicide Prevention for future meetings?

Training

- GP Training
- Mandatory training for public sector workers on basic of suicide first aid
- Improved publicity of services offering support in Lewisham
- More refresher courses and networking

Publicity

- Mental Health Promotion Strategy
- How to better communicate
- People bring leaflets and information from their organisation
- Letting people know that they haven't got to have a particular "problem" to be involved in what is going on
- More focus on collaboration of resources in the local area. Both for services and for referring health care professionals
- Promotional / focus groups to target GP surgeries

Networking

- Market Place – ask delegates to contribute; bring a summary of what they are doing in their organisation, sharing information and knowledge
- Aim at maximising expertise – what do we have in the borough.
- How can we make Mental Health everyone's business!
- Keep it going! Networking is really important. Lots of attenders want to make a difference and develop strategy

Additional Groups

- Maternal Suicide – learning that the cause of death in the first year following birth could be linked to suicide – not mentioned at all
- Some future involvement from suicide survivors not just relatives of people who have completed suicide
- Talking to those who are suicidal – the could assist in developing a guide/myths/best outcomes/practice
- It would be nice to hear more from people who work in this area on a daily basis (like doctors, psychiatrist...) to share their experience and give examples.

General Comments

- Expand confidentiality boundaries, central information point with up to date leaflets online and GP's, library's, Lewisham Website
- At the event most of the people were professionals, however it would have been good to have a percentage of the general public invited
- I feel that it is by events such as this one that we can all learn and hopefully make a major difference in turning people of all ages and creeds away from this tragic epidemic which is sweeping our society
- How do we take support for those in crisis away from traditional health settings, out into a more community/non-threatening setting

Notes from the Suicide Prevention Workshop

On the 20th October a workshop was held to support the development of the Mental Health and Wellbeing Suicide Prevention Strategy and Action Plan. The attendees split into two groups and were asked a range of questions about the current situation around Suicide Prevention and the direction of travel to enable the group to produce a strategy and action plan

The notes from the two groups were collated and captured below.

Priority Groups/Priority areas of Work

- Prescribed and over the counter medication
- There was a discussion around how to raise awareness of this issue, including the interaction with alcohol.
- There was a comment about the Increase in the use of Tramadol which is the 4th highest costly medication for the CCG spend (in year spend)
- There was a discussion around how over the counter medication may interact negatively with other medication
- The suggestion was that Training/awareness raising with GP's/Pharmacists, Pain Clinic and other front line clinicians
- Another area for development in the data and information form the Coroner's Office (e.g. toxicology reports) to a better understanding of why people commit suicide.
- The Police are developing an information pack to provide family members and the public after attendance of a Suicide. The Police require support in the development of the pack with information of what is available locally.
- The Police will have two Mental Health Liaison Officers in each borough from 2018
- Need to work closer with our statutory partners that see individual's that do not access health provision, i.e. DWP
- Network of Refugees/ Migrants network

Communication

- Who do we need to communicate with around the Strategy?
- Education – Schools and Colleges
- Police Family Liaison Officers-- Mental Health relates to 75% of Police calls
- Paeds Commissioners – we have a thriving younger population – Who is working with them – what knowledge do they have – What info is there in schools/Colleges i.e. self-harm
- CAMHS Crisis provision is increasing – including on-line services
- Need to pull together available information about services – focusing on Prevention, support, etc. So not to end up in Secondary Care and or A&E
- Need to monitor A&E attendance by young people and Priority groups
- Another area that needs to be included is our local hospital as there is limited information that is shared and the Hospital Coding needs to be accurately inputted
- Job Centre Plus – provides support and enhanced support with community partners for individual with a mental health issue
- Develop a Central Portal that could make links to Samaritans and other group websites
- Make available Paper copies of information and website
- Lewisham Life (long leading time)
- Look at other Council (Brent, Tower Hamlets, etc.) and other Media (Samaritans)

Mantra

- Job Centre Plus/ DWP - Make every interventions count
- Safeguarding is everybody's problem

Training

Training is expensive and we need to acknowledge that. We also need to advertise and promote the training programmes

What is available?

- Determine what's available -1st action and if the information is up to date
- Mental Health First Aid – Public Health - Introduce first awareness training to raise confidence
- 'Future learn' – website
- Online Clips to watch – need to investigate
- Time To Talk – in Croydon is there one in Lewisham?
- 'Help is at Hand'?
- Samaritans – media training
- Maytree – Training
- Mental Health FX – Website
- One Housing Group – has Mandatory Training, Mental Health Clinics, informal support,

What do we need?

- Suicide Prevention Training/Evaluation
- Training people to be Champions and then those Champions can train others i.e. Peer to peer training (similar to dementia friends)
- Develop solid network of Knowledge
- Mandatory training – SLAM provide training for staff we should look at what is being delivered
- Children services – plus organisations commissioned to deliver intervention to Children and young people i.e. COMPASS
- Include Counselling and Peer Support
- To engage local people with experience of Suicide support

Who require the trainings?

- Support for Survivors
- Post ventions –impact on families; impact on staff what support is available
- A&E
- Job Centre Plus
- Mosque and churches
- Youth Events
- NHS Front line services
- Crisis Resolution HTT
- Faith leaders
- Care homes
- Frontline staff
- Community pharmacist

Potential partners for delivery?

- PHE
- Re brand PHE first aid mental health training
- Could MIND help with this? - Consider the MIND training 'Speak up, Speak out
- Police information pack
- Lewisham Bereavement Group – not specifically looking at Suicide - Can we approach them again?
- Greenwich CRUSE Bereavement Group
- Samaritans
- Job Centre Plus/DWP – Training

Who do we need to Gain Commitment from?

- Local CCG
- Health and Wellbeing Board
- Safeguarding Boards
- Safer Neighbourhood Boards
- Samaritans

Campaigns

- Samaritans - Press Manager
- Suicide Prevention Day – Communication and Publicity
- World Mental Health Day
- Time To Talk
- Thrive London

Appendix 3: Support for those affected by suicide

Survivors of Bereavement by Suicide Support Groups

1) London

Contact Information

- Phone: (10am - 10pm) David on 0208 675 5862
- Email: sobslondon@gmail.com

London, UK

2) Orpington, Kent

Contact Information

- Phone: Sandra on 07519 105 354
- Email: sobs.orpington@gmail.com

Orpington, UK

3) Surrey

Contact Information

- Phone: Ann on 0785 142 0526

Cheam, Sutton, UK

4) London North

Contact Information

- Phone: 07934 976 253
- Email: northlondon.sobs@gmail.com

London Borough of Haringey, UK

Cruse Bereavement Care - Greenwich Area

St Luke's Hall Westmount Road, Eltham, SE9 1JB

<http://www.greenwichcruse.co.uk/>

020 8850 0505

One to One Support, Pre-bereavement Support, Telephone Support and Home Visits,
Bereaved by Suicide Group, Family Support Group

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