

Community and Mental Health Services



Suicide Prevention Zero Suicide Alliance

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CQC Community Mental Health Trust Survey



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Our population





32% v 20% children in low income families





The combined population of Liverpool, Sefton and Knowsley (predominantly Kirkby).

Circa 13% NEET

1.275 ASYLUM SEEKERS

living in supported accommodation in Liverpool, - 5.7% of the UK total.

3



DRUG DEATH CAPITAL OF ENGLAND



3,114 per 100,000 in Liverpool **849 per 100,000** In parts of SW England

Highest level of depression and anxiety (19.3%) in England (Avg 12%) Upper quartile new incidents of psychosis (31.4/100K) in England (Avg 24/100K)

FOODBANK CAPITAL OF THE COUNTRY



Zero Suicide Approach

- Henry Ford Hospital System, Detroit, (USA) implement a philosophy and practice of 'perfect depression care' which led within four years to a 75% drop in suicides, and eventually to years without a single suicide.
- Mersey Care NHS Trust believe that this can be implemented in the UK, and are the first mental health trust to publically commit to the ambitious aspirational goal of zero suicide from within its care over the next five years.
- The Zero Suicide approach aims to improve the care provided and outcomes for people at risk of suicide under the care of Mersey Care NHS Trust.

If Not Zero Then What?



Zero suicide in our care



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- Our aim is to eliminate the suicide of people in our care;
- We believe suicide in our care is avoidable;
- The are evidence-based interventions and we can maximize their delivery;
- It is therefore both a concept and a set of practices;
- It is the ultimate expression of our commitment to patient safety.



Mersey Care 4 Cornerstones and 10 practices for Zero Suicide

1	Service user and partner engagement	 Co-production with service users of materials and resources to aid self-care. Collaboration with primary care, Emergency Department clinical teams, and the police to ensure effective joint approach taken at critical risk points
2	Safe and effective care and treatment	 Integrated community services Intensive care following inpatient care and in times of crisis Medicine safety Restriction of access to means and modification of other risk factors
3	A competent workforce	 7. Develop and implement a learning strategy across whole organisation, including competency based suicide prevention training for all staff commensurate with their level and role 8. Ensure adequate staffing skill-mix
4	Research and Evaluation	 9. Standardise post-incident reviews 10. Collect, analyse and disseminate data on suicides and near misses



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Driver Diagram



A competent workforce

- Development of a Learning Strategy
- Connect with OE strategy
- Competency based suicide prevention training for all staff
- Skilled workforce in evidenced based interventions
- Confidence in use of appropriate assessment tools
- Ensure appropriate staffing skill-mix

Developing a learning strategy

- Two levels of training
 - Level 1 (Suicide awareness)
 - For all Trust staff (Board to front line staff)
 - ZSA 'See, Say, signpost' training developed from this
 - Level 2 (Suicide Risk awareness)
 - For all clinical staff
 - 5 modules (6th module currently being completed)
 - Targeted to 'hot-spot areas'
- All training has been Co-produced with Service users and staff
- Have used Lived experience to enhance the training and give context

5 Values of Co-Production

Values and behaviours

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:



Seven practical steps to make co-production happen in reality:

7 steps to Co-Production



Level 1 Training Evaluation

An overall increase in the number of staff reporting more positive attitudes and beliefs about those at risk of suicide.

In some areas there has been a move to a 100% adherence.

At 9 months post evaluation the adherence to positive views was 78%.

An overall increase in the number of staff reporting a self rated increase in both their confidence to intervene with someone in distress and the development of skills & understanding about Suicide Prevention.

At post 9 months 70% of participants indicated that they would be more likely to intervene if they had concerns, 75% had a better understanding of suicide prevention and 80% felt more positive about the Zero Suicide Strategy

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Aims

- 1. Can a locally developed learning resource deliver improvements in knowledge, skills and confidence in the field of suicide prevention ?
- 2. Will participation in the training improve perception of the Zero Suicide Strategy?





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Zero Suicide Alliance (ZSA)

- The Awareness Training is available to use from anywhere in the world from December 2017 as part of the Zero Suicide Alliance offer;
- The ZSA launched 16th November 2017 in the House of Commons, Palace of Westminster;
- Over 90 organisations self-assembling to create a new social movement;
- Focus on knowledge into action;
- Aiming for 1 million to complete awareness training in England;
- Driven by lived experience;
- Supported by Mersey Care.



TALK TO ME



WHAT WE SAY

WHEN WE SAY IT...

Make some time, sit down with a friend, colleague or family member and have that long awaited chat.

LET'S TALK... because in 2017/18 5,821 people died by suicide in the UK, that's nearly 16 people EVERY day.

SAVE A LIFE... TAKE THE TRAINING: zerosuicidealliance.com

RELIAS LEARNING



The *Suicide*. *Let's Talk* course aims to raise awareness and get people talking...

- Suicide is preventable and avoidable
- 2. Suicide impacts all of us

RELIAS LEARNING

3. Suicide is personal



The course uses facts, figures and personal stories to engage participants emotionally...



And presents scenarios and coaching that lend experience.



RELIAS LEARNING

Participants are left feeling empowered and more confident spotting and handling difficult conversations.





RELIAS LEARNING

Implementing Zero Suicide

- Understand the Data- Do you know how your organisation is performing? The public health context? Areas of excellence, areas of concerns
- Engagement- How do you propose to engage locally? MCT had high level Board support- and this was important- but some work needed on operational leadership- to overcome barriers
- Zero Suicide Pathway- getting the basics right- do you have a vision for what the basics look like? MCT do now! But probably didn't when we started.
- Resources- What do you need to make this an effective strategy

Zero Suicide training

- Available free to use and can be loaded onto your own training platform.
- Please contact Mersey Care Communications dept. for instructions on how to load the files
- <u>www.zerosuicidealliance.com</u>