



Brent and Harrow Suicide Prevention Action Plan 2019/20 – 2023/24

Brent and Harrow PH
11/29/2019

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Introduction

In 2018, there were 6,507 suicides registered in the UK, an age-standardised rate of 11.2 deaths per 100,000 population. This rate is significantly higher than that in 2017 and represents the first increase since 2013. Three-quarters of registered deaths in 2018 were among men (4,903 deaths). Despite low numbers of deaths overall, rates among the under 25s have generally increased in recent years, particularly 10 to 24-year-old females. The most common method of suicide in the UK was hanging, accounting for 59.4% of all suicides among males and 45.0% of all suicides among females¹.

Preventing Suicide in England – A national strategy

Since publishing the national strategy for preventing suicide in 2012², the Government has published several reports and strategies aimed at improving mental health and preventing suicide. The strategy mandated local authorities with the responsibility for leading local suicide prevention work in collaboration with local partners such as (but exclusive to) local Clinical Commissioning Groups (CCG), police, voluntary sector and the coroners office. Other national reports include the Five Year Forward View for Mental Health³ which set a national ambition in 2016 to reduce suicides by 10% by 2020/21.

The England strategy had two objectives which suicide prevention plans should reflect and work towards. These are:

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

The strategy identified six key areas for action to support delivery of these objectives:

- 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

¹ ONS Suicides in the UK: 2018 Registrations. Available

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations>

² HMG and DH Preventing suicide in England. A cross-government outcomes strategy to save lives (2012) Available here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

³ NHS The Five Year Forward View for Mental Health. A report from the independent Mental Health Taskforce to the NHS in England (2016). Available here:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

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6: Support research, data collection and monitoring. An additional area of focus was added which included, reducing rates of self-harm.

Thrive LDN

Regionally in London during 2016-2018 the rate of suicide for all persons was 8.1 per 100,000⁴. 568 Londoners took their own lives in 2017, this equates to approximately 11 people every week. London currently has the lowest rate of suicide for the whole of England, although there is variation between the boroughs⁵. Thrive LDN are leading in developing a joined up approach to delivering suicide prevention activities. In addition to supporting Harrow to deliver Mental Health First Aid training to colleagues and professionals, they have also commissioned Papyrus UK to provide education to schools, colleges and London universities on suicide prevention through training workshops and organisational policy development. In addition to this, resources have been developed aimed at clinicians and primary care staff to reduce access to medication as a means of suicide to high risk groups.

Data sharing across London

Thrive LDN have also developed London's first multi-agency information sharing hub, allowing vital information to be securely shared to enable effective bereavement support and the improvement of suicide prevention work throughout London. The data sharing hub will entail working with all councils to facilitate real time reporting enabling local councils to potentially have in-depth discussions and relationships with local officers of the Metropolitan Police and British Transport Police.

Zero Suicide London

Thrive LDN have partnered with the London Mayor and the Zero Suicide Alliance, to undertake a city wide movement to encourage 100,000 Londoners to take up a free training program to help anyone taking the training to be able to identify warning signs and feel comfortable having conversations about suicide. The free suicide prevention training can be found here: [Zero Suicide London](https://www.zerosuicidelondon.org/)

⁴ Public Health England Fingertips Tool. Suicide Prevention Profiles. Found here: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E12000007/ati/102/are/E09000015>

⁵ Thrive LDN Suicide Prevention. Found here: <https://www.thriveldn.co.uk/core-activities/suicide-prevention/>

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Local Context⁶.

- Brent and Harrow public health team are yet to undertake an audit with the local coroners office. Currently, Public Health teams cannot access the coroners to inform suicide numbers locally, due to significant changes across London. There will be seven new partnerships which will come together across London to implement and manage these new systems. As new partnerships, there is a responsibility for the partnership to implement new processes; collect a standardised dataset; ensure multi-agency input; undertake thematic learning; and provide routine support to bereaved families. Hence, there is currently some uncertainty regarding the exact number, breakdown by age and gender, method of death and other such demographic data over time that is not available.
- Thrive LDN have now formalised the Pan-London Information Hub overseen and held by the London Metropolitan Police. The Hub will enable data and information to become available across all London boroughs by Sustainability and Transformation Partnership (STP). The data will support boroughs to look at patterns and interrogate a larger database to establish patterns, hot spots and themes. The process is, following a suspected suicide, data will be sent in the following order:
 - Category A Access: London Metropolitan Police, London Ambulance Service, British Transport Police and NHS Trusts (Mental Health)
 - Category B Access: A defined professional within the Local Authority. For Harrow and Brent this will be with the Public Health Teams.
- NHS NW London STP has received funding from NHS England and NHS Improvement to set up a service supporting people bereaved by suicide. The Postvention service is currently in development and will need to be set up by March/April 2020. Part of the development of the service will include capacity building by developing and rolling out training with services that offer bereavement counselling and support services.

Risk Factors and Data

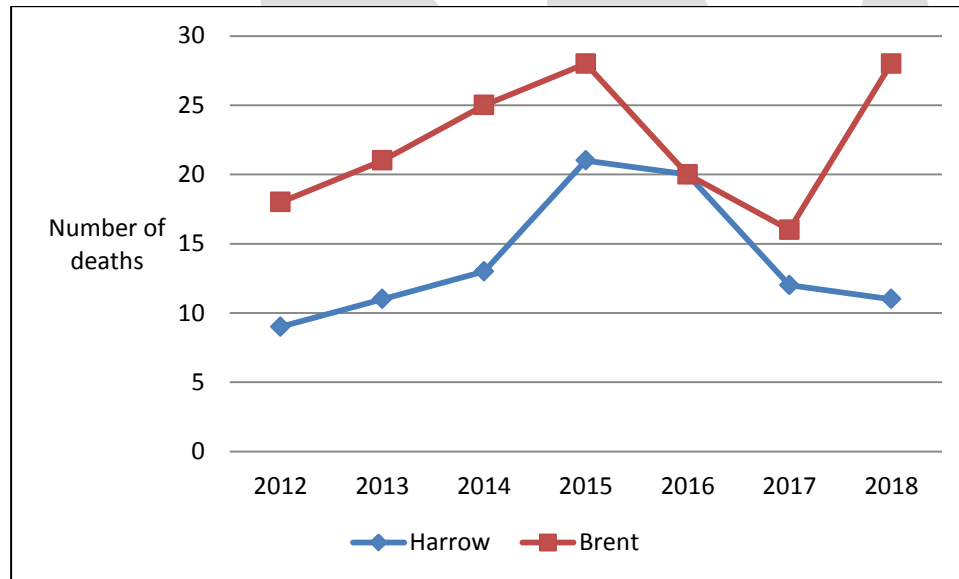
- In England and Wales, suicide is defined as deaths given an underlying cause of intentional self-harm or injury/poisoning of undetermined intent. Public Health England (PHE) Fingertips tool allows some insight into mental health and suicide data. This is collected by a combination of local CCG and Local Authority individual rates.
- Specific risk factors associated with suicide include the occurrence of common mental health disorders in people aged 16 and over in 2017 for Harrow CCG was 15.6% which was significantly better than the England benchmark of 16.9% and when compared to London which was 19.3%. These are estimated synthesised figures.

⁶ Public Health England Fingertips Tool. Common Mental Health Disorders. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/0/gid/8000041/pat/46/par/E39000018/ati/165/are/E38000004/iid/91841/age/168/sex/4>

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- Recent trends show that the occurrence of depression is on the increase. In 2017, Harrow CCG shows that there were 6.1% of people with depression on GP registers. Whilst the trend is increasing across NHS London region, these proportions are significantly better than NHS London which is 7.1%
- ONS data on the number of suicides recorded per year show that in the last seven years the numbers of suicide deaths have varied significantly between the boroughs. Figure 1 shows the absolute numbers of suicides between 2012 -2018 in Brent and Harrow.

Figure 1. Number of absolute deaths per year in Brent and Harrow



Source: ONS Suicides in the UK: 2018 Registrations

However, the rates of suicides within Brent and Harrow when compared to England and London rates, show little significant difference between 2016-2018. The current rate of suicides in Brent and Harrow is current lower than the England rates. See Table 1

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Table 1. Brent and Harrow Age Standardised rates of suicide per 100,000 compared with London and England

	Population	Age Standardised suicide rate per 100,000 population			Estimated Number of suicides per year
		All	Male	Female	
England ⁷	55,977,200	9.6	14.9	4.7	-
London	8,908,081	8.1	12.5	4.0	-
Brent	330,795	7.3	12.4	2.3	24
Harrow	250,149	6.4	9.0	3.6	16

Source: ONS Mid Year Population Estimates, PHE Mental Health and Wellbeing JSNA.

Brent and Harrow Priorities for 2019 – 2020

Male Suicides

Male suicide has been described as a “silent epidemic”⁸. In the UK, suicide is the highest cause of death among men under the age 45. In Brent and Harrow, the rates of male suicides are higher than for females. One reason for the high rates seen in men, is that men are less likely to ask for help or express depressive or suicidal feelings⁹. Risk factors associated with male suicides include¹⁰:

- **Social-economic Factors** – Men are up to ten times more likely to end their lives by suicide than those in the highest social class from the most affluent areas.

⁷ ONS 2018 Mid Year estimates. Available here:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

⁸ F. Baffour(2018). The British Psychological Society online article. Male Suicide: A Silent Epidemic. Online and available here: <https://www.bps.org.uk/blogs/dr-funke-baffour/male-suicide-silent-epidemic>

⁹ Ibid⁸

¹⁰ Samaritans and Network Rail (2012). Men and Suicide. Why it’s a social issue. Available here: <https://www.samaritans.org/about-samaritans/research-policy/middle-aged-men-suicide/>

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- **Challenges in mid-life** – Considered the ‘buffer generation’ Men in mid-life now are part of the so-called ‘buffer’, men who are in their mid-life years find themselves caught between older, traditional fathers and younger, more progressive and individualistic sons.
- **Personality Traits** – Depression and other psychiatric illnesses contribute to suicide. Some personality traits and ‘mind-sets’ contribute to the development of suicidal thoughts, including the desire to be perfect; self-criticism; brooding; and having no positive thoughts about the future.
- **Masculinity** – Men compare themselves against a standard of masculinity and when there is a perception that this is not being met, this can lead to a sense of shame and defeat.

Recommendations for reducing male suicide rates from the Samaritans include:

1. Local suicide prevention strategies target men at the highest risk and consider gender and socio-economic disadvantage;
2. Prioritise interventions to mitigate stereotypes around masculinity and stigma around help-seeking;
3. Put in place ambitious policies to tackle the risk factors that can be linked to suicide risk in middle-aged men, including loneliness and alcohol misuse and
4. Roll out suicide awareness training programmes for GPs to improve diagnosis and signposting to services

Children and Young People

Suicide in young people is rarely caused by one thing; it usually follows a combination of previous vulnerability and recent events.¹¹ An estimated two hundred children a year lose their lives through completed suicide in the UK.¹² Risk factors associated with suicides in children and young people are:

¹¹ Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017.

¹² Papyrus. Building suicide-safer schools and colleges: a guide for teachers and staff. 2018. <https://tinyurl.com/yxj36j9p>

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Table xx Suicide risk factors for children and young people

Behavioural disorders	Family breakdown	Mental health problems
Substance misuse	Rejection	Suicide in the family or a friend
Academic pressures	Bullying	Bereavement
Substance misuse	Childhood abuse	Sexual abuse

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness produced a report in July 2017¹³ highlighting the impact of suicide methods found on the internet. Of the 922 suicides reviewed in England, they found suicide-related internet use in 26% of deaths in under 20s, and 13% of deaths in 20-24 year olds. This is the equivalent to 80 deaths per year.

The following table shows the crude rates of suicides for 10-34 year olds in Brent and Harrow compared to the England and London for the same age group. The rates of suicides in Brent and Harrow are similar to England rates however, slightly higher for the London region.

Table 2. Crude rates for suicides over a 5 year period for 10-34 year olds in Brent and Harrow

	England	London	Brent	Harrow
Suicide crude rate for 10-34 year olds per 100,000	10.5	8.3	10.2	10.2

Source: PHE Fingertips

Self-Harm

Nationally, self-harming in young people is not uncommon 10-13% of 15-16-year-olds have self-harmed in their lifetime¹⁴. Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. Self-harm is an expression of personal distress. There is a significant and persistent risk of future suicide following an episode of self harm.

¹³ Ibid¹¹ Available here: <https://www.hqip.org.uk/wp-content/uploads/2018/02/8iQSVI.pdf>

¹⁴ Department of Health, No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages (2 February 2011). Available here: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf

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Following an initial workshop with partners to discuss how suicide prevention within Harrow should be tackled, it was agreed that this years action plan would focus on Children and Young People. Young Harrow Foundation conducted a needs assessment of children and young people in Harrow, 15% of the target age (10-19 years) responded. Findings showed that young people in Harrow are struggling with mental health issues including self-harm and suicidal thoughts.

Data received from the Young Harrow Foundation has found that:

Out of 3870 CYP that answered the question around suicidal thoughts:

- 412 said they need support
- 312 said their close friends need support.
- These 2 numbers together says 17% of the CYP responding said there was a need around suicidal thinking.

Of the 412 that asked for the support themselves:

- 61% female
- 31% male
- 8% other

Of the 412 that asked for the support themselves:

- 53% also want support for self harm
- 49% want support to deal with bereavement
- Furthermore, there is a percentage of respondents in Harrow schools state that they would like support around suicidal thought. This ranges from as high as 16% of respondents.

The table below show emergency admissions for self harming in Brent and Harrow all ages including children and young people compared to England and London.

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Table 3. Self Harm Hospital Admissions

	England	London	Brent	Harrow
Emergency hospital admissions for intentional self-harm (standardised rate per 100,000)	185.5	83.6	50.6	70.7
Hospital admissions as a result of self-harm (10-24yrs)	421.2	209.1	135.9	195.1

Source: Public Health England, Fingertips

Services which respond to self-harm are key to suicide prevention in children and young people. Recommendations for reducing suicide and self harming rates in children and young people include:

1. Support for young people who are bereaved, especially by suicide
2. Greater priority for mental health in colleges and universities
3. Housing and mental health care for looked after children
4. Mental health support for LGBT young people
5. Encourage online safety, especially for under 20s

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The national strategy preventing suicide in England: A cross-government outcomes strategy¹⁵ to save lives recommends that a multi-agency suicide prevention group alongside a local prevention action plan is collaboratively developed with local partners, drawing on local data and focusing on specific areas of action.



This action plan has six key areas:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in all groups
3. Reduce the access to means of suicide and tackle high frequency locations
4. Provide better information 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

The Action Plan has been developed in partnership with local organisations that either commission or deliver services related to mental and emotional health, suicide and bereavement support.

The Action Plan will focus on the tackling suicide rates in men and children and young people in Year 1 (2019-2020).

Key:

	Actions for 2019 -2020
	Proposed future actions 2021+

¹⁵ Department of Health. Suicide Prevention Strategy for England (2012). <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

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Action 1: Reduce the risk of suicide in key high-risk groups.

Some groups of people are known to be at higher risk of suicide than the general population. The groups at high risk of suicide are:

- **young and middle-aged men;**
- women and girls
- people with a history of self-harm;
- people who misuse drugs and alcohol

	Objective	Action	Lead Agency	Due By	Joint Action	Progress 2019-20 (RAG)
1.1	Reduce the risk of suicides in men	Ensure those working with men in different settings, receive suicide prevention training.	Public Health, Papyrus, Samaritans	April 2020	Joint	
1.2		Train primary care professionals to recognise signs of distress in men.	Public Health, Papyrus, Samaritans, COMPASS	Ongoing	Joint	
1.3		Promote men's mental health in community locations and traditional male settings	All Partners - Public Health, Men's Health Forum, CALM, Sport/Football Club, Mental Health Foundation, Samaritans	Ongoing	Joint	
1.4		Set up task and finish group to draw up proposals to increase help seeking by men. Includes focus on Eastern European men	Public Health, Samaritans, Sport/Football Club, CAB and Harrow Learn	February 2020	Joint	
1.5	Reduce the risk of suicides	Provide accessible suicide prevention information and materials to those in contact with children and young people	Young Harrow Foundation, Public Health	Ongoing	Joint	

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1.6	and self-harm in children and young people	Improve access to early intervention programmes and support for children and young people	Young Harrow Foundation, WISH Centre, Molly Rose Foundation, KOOTH, COMPASS	Ongoing	Joint	
1.7		Ensure that schools undertake online safety training.	Public Health	April 2020	Joint	
1.8		Offer all schools suicide prevention training and policy support. Including audit of policies in schools.	Public Health, Papyrus, Samaritans	Ongoing	Joint	
1.9		Develop an online resource for parents to support self-harm and suicide	Harrow Young Foundation, CAMHS	December 2020	Joint	
1.10		Map and review referral pathways for CAMHS and increase suicide prevention training amongst staff	Harrow and Brent CCG,	2021 -2024	Joint	
1.11	Women and Girls	Review the emerging evidence of women and girls self-harming and suicide rates in Brent and Harrow	Pan London Information Hub, Public Health, CDOP (STP)	2021 – 2024	Joint	
1.12		Map services that support women and girls and embed self-harm and suicide prevention training	Voluntary Action, WISH Centre, Harrow Women’s Centre, Diwa Asian Women’s Network, Harrow CYP Safeguarding Board	2021 – 2024	Joint	
1.13		Audit pathway for people attending Emergency Department following suicide or self-harm attempt to ensure clear support	NHS Acute Trusts CNWL, Imperial NHS Trust and LNWH	2021-2024	Joint	

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1.14	People with a history of self harm	Audit to investigate whether GP's are contacted with details of suicidal/vulnerable person who have attended the Emergency Department	Brent and Harrow CCG's	2021-2024	Joint	
1.15		Review peer to peer support model for self-harm based on recommended good practice	WISH Centre, Public Health	2021-2024	Joint	

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Action 2: Tailor approaches to improve mental health in all groups

As well as targeting high-risk groups, another way to reduce suicide is to improve the mental health of the population as a whole. This needs to include tailored measures for groups with particular vulnerabilities or problems with access to services.

	Objective	Action	Lead Agency	Due By	Joint Action	Progress 2019-20 (RAG)
2.1	Reduce the risk of suicides in men	Ensure GP's understand and utilise mental health pathways and are able to sign post confidently to local services including social prescribing	Harrow and Brent CCG, Public Health	October 2020	Joint	
2.2		Public health to scope options for service user support of suicide prevention work	Public Health, Harrow Employment Services	April 2020	Joint	
2.3		Promote and deliver Mental Health First Aid Training for adults and Suicide Prevention training to NHS staff including ED staff and other allied professionals such as pharmacies	Public Health, Harrow and Brent CCG, NHS Trusts	Ongoing	Joint	
2.4	Reduce the risk of suicides and self-harm in children and young people	Promote mental health first aid youth training and suicide prevention training to school staff	Public Health, Young Harrow Foundation	Ongoing	Joint	
2.5		Link emerging actions from the Action for Change project in Harrow and Anna Freud Link Programme with the CCG to AP	Public Health, Young Harrow Foundation, Brent and Harrow CCG	April 2020	Joint	
2.6		Provide mental health advice and support to schools and early years settings including linking to	Public Health, Healthy Schools and Healthy Early Years settings, HS:	Ongoing	Joint	

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		Healthy Schools London and Healthy Early Years London programme.	Team (Harrow Schools, Thriving Emotionally And Mentally)			
2.7	Reduce the risk of suicides and improve mental health in all groups in Brent and Harrow	Work with local businesses to raise awareness of suicide and mental health by promoting Thrive LDN suicide prevention training and MHFA	Public Health, Harrow Economic development, Papyrus, Samaritans	Ongoing	Joint	
2.8		Contribute and promote national campaigns on mental health and suicide prevention e.g. WMHD, Suicide Prevention Day	All partners	Ongoing	Joint	
2.9		Build on the current joint working arrangements for co-morbidity by Harrow substance mis-use services and Harrow mental health	WDP, CNWL	Ongoing	Joint	
2.10		Develop a peer mentoring /youth ambassadors programme to champion SP	All partners	Ongoing	Joint	
2.11		Engage with charities and interfaith groups to improve understand and knowledge of suicide, linking actions to the Safeguarding Board Green Book	Voluntary Action Harrow, Public Health, Thrive LDN, Safeguarding Board	Ongoing	Joint	
2.12		Work with universities and colleges to review their current arrangements for students in crisis	Brent Public Health, Universities and colleges.	Ongoing	Brent	
2.13		Use contract mechanisms to ensure suicide awareness training is built into all contracts. All new	Brent and Harrow commissions, CCG commissioners,	2021 -2024	Joint	

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		contracts to include requirements for suicide prevention and intervention training	Safeguarding Board			
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Action 3: Reduce the access to means of suicide and tackle high frequency locations

In order to tackle impulsive and opportunistic attempts of suicide is to reduce access to high-lethality means of suicide. As an example, evidence suggests that loss of life can be prevented when local agencies work together to discourage suicides at high-risk locations, including sites that temporarily become suicide hot-spots following a suicide death.

	Objective	Action	Lead Agency	Due By	Joint Action	Progress 2019-20 (RAG)
2.1	Reduce the risk of suicides in men	Identify high risk locations and review signposting at these locations		Ongoing	Joint	
2.2	Reduce the risk of self-harm and suicide in children and young people	Contribute and support national campaigns that focus on reducing suicide and self-harm ideation	Public Health, Papyrus, Samaritans	Ongoing	Joint	
2.3	Reduce the risk of suicides and improve mental health in all groups in Brent and Harrow	Feedback on actions undertaken from British Transport and Network Rail	BTP, Network Rail, Samaritans, Papyrus	2021-2024	Joint	
2.4		Partnership group to engage with pharmacists to review safety of prescribing practices	Brent and Harrow CCG, Pharmacists, Public Health	2021-2024	Joint	
2.5		Further work by CNWL to reduce access to means of suicide in inpatient facilities and reduce absconding among detained patients – may be useful	CNWL, Public Health	2021-2024	Brent	

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Action 4: Provide better information to those bereaved or affected by suicide

Effective and timely emotional and practical support for families bereaved or affected by suicide is essential to help the grieving process, prevent further or longer-term emotional distress and support recovery. It is important that GPs are vigilant to the potential vulnerability of family members when someone takes their own life. Providing better information for those bereaved means

- providing support that is effective and timely;
- having effective local responses in place to the aftermath of a suicide; and
- providing information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide.

	Objective	Action	Lead Agency	Due By	Joint Action	Progress 2019-20 (RAG)
2.1	Reduce the risk of self-harm and suicide in children and young people	Promote support offer to schools and siblings of those who have died by suicide	Public Health, Papyrus, Samaritans, Brent & Harrow Bereavement Care, Educational Psychology service, Brent and Harrow commissioning	April 2020	Joint	
2.2	Reduce the risk of suicides and improve mental health in all groups in Brent and Harrow	Promote NW London Postvention Service once support is established	All partners, NW London Partners	April 2020	Joint	
2.3		Utilise Help is at Hand z-card distribution in community settings, front line staff and primary care staff	All Partners	March 2020	Joint	
2.4		Explore potential for Survivors of Bereavement by Suicide (SOBS) Peer Support group to be set up in NWL	Public Health	2021 -2024	Joint	

Action 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

The action plan will support the two approaches to ensuring the media is sensitive to suicide and suicide behaviour. These are, promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media; and continuing to support the internet industry to remove content that encourages suicide and provide ready access to suicide prevention services.

	Objective	Action	Lead Agency	Due By	Joint Action	Progress 2019-20 (RAG)
5.1	Reduce the risk of suicides and improve mental health in all groups in Brent and Harrow	Ensure local media is aware of the Samaritans guidance on suicide reporting	All Partners	Ongoing	Joint	
5.2		Support and promote national promotion days relating to mental health and suicide prevention. E.g. WMHD	All Partners	Goings	Joint	

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Action 6: Support research. Data collection and monitoring

- In order to inform the Action Plan, the group will:
 - build on the existing research evidence and other relevant sources of data on suicide and suicide prevention;
 - expand and improve the systematic collection of and access to data on suicides; and
 - monitor progress against the objectives of the national suicide prevention strategy.

	Objective	Action	Lead Agency	Due By	Joint Action	Progress 2019-20 (RAG)
6.1	Reduce the risk of self-harm and suicide in children and young people	Review and contribute to the emerging actions of the STP CDOP group	Harrow and Brent Safeguarding Board, Public Health	Ongoing	Joint	
6.2	Reduce the risk of suicides and improve mental health in all groups in Brent and Harrow	Develop a detailed understanding of local suicide patterns.	Public Health	Ongoing	Joint	
6.3		Contribute, receive and review information from the confidential data sharing Pan London Hub	NHS, London Ambulance Service, British Transport Police, Metropolitan Police, Thrive LDN, Brent and Harrow Public Health	Ongoing	Joint	

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Partners

List of partners signed up to the Brent & Harrow Suicide Prevention Action Plan

Brent Contributors	Harrow Contributors
Public Health	Public Health
	Harrow Council Commissioning – Children and Young People
	Harrow Educational Psychology service
	Marlborough Primary School
	Public Health Commissioner
	Harrow Bereavement Care
	WDP – Harrow Adult Substance Mis-Use Service
CNWL	CNWL
	Harrow CCG (Children and Young People Commissioning)
Brent CCG	Harrow CCG
Papyrus	Papyrus
Brent Samaritans	Harrow Samaritans
	Voluntary Action Harrow
	Harrow Council Housing

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	Harrow Young Foundation
CAMHS Urgent Care Team (Harrow & Brent Hub)	CAMHS Urgent Care Team (Harrow & Brent Hub)
Network Rail	Network Rail
Metropolitan Police	Metropolitan Police

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