

Suicide Prevention Strategy



**TURNING
POINT**
inspired by possibility



Contents

- 3** Introduction
- 4** Working together to prevent suicide
- 6** Educating and training our workforce
- 7** Supporting our workforce
- 8** Safe places
- 9** Listen and learn
- 11** References

Introduction

We believe every life matters. We believe that everyone has the potential to grow, learn and make choices.

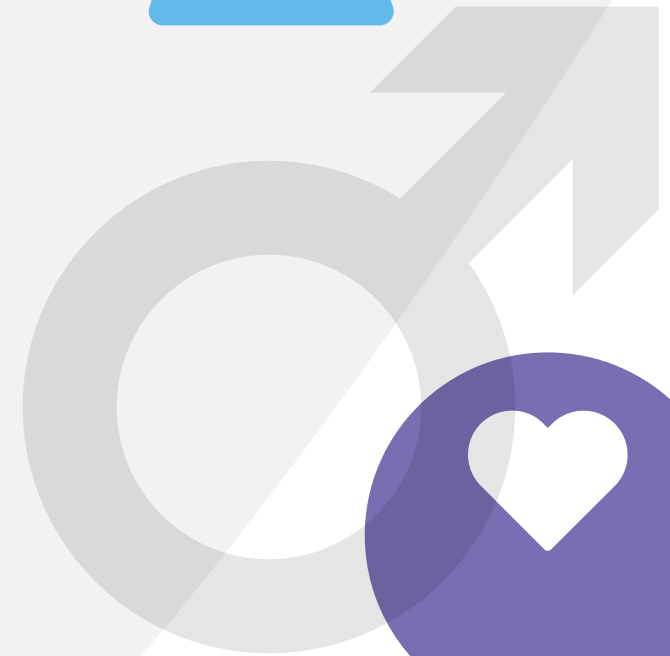
We understand that sometimes people feel the only option available to them is to take their own life. We are committed to doing everything we can to support people to consider alternative options regardless of whether they are someone we support or a colleague we work with. Turning Point supports the Government's **Suicide prevention strategy for England** - see www.gov.uk.

Suicide is the leading cause of death in England in adults below the age of 50¹

(ONS, 2017)

We recognise that many of the people we support, and the people we employ, may be identified in at least one of these high risks groups:

- Young and middle-aged men
- People in the care of mental health services, including inpatients
- People in contact with the criminal justice system
- Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers
- People with a history of self-harm



Working together to prevent suicide

The Government's national strategy sets out seven key areas for action:

- 1 Reducing the risk of suicide in high risk groups
- 2 Tailoring approaches to improve mental health in specific groups
- 3 Reducing access to means of suicide
- 4 Providing better information and support to those bereaved or affected by suicide
- 5 Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- 6 Supporting research, data collection and monitoring
- 7 Reducing rates of self-harm as a key indicator of suicide risk

The **Public Health England Suicide Prevention Profile** has been produced to help develop understanding at a local level and support an intelligence-driven approach to suicide prevention. It collates and presents a range of publically available data on suicide, associated prevalence, risk factors, and service contact among groups at increased risk. It provides planners, providers and stakeholders with the means to profile their area and benchmark against similar populations.

By working together with people we support, their loved ones, our staff and people from other health and social care agencies, we believe we can have a positive impact on people's lives and help prevent suicides.

We recognise that statutory mental health services offer different support for those

considered at highest risk throughout the country. We also know there are many other organisations that can help support people who are affected by suicide, suicidal thoughts and who are in the high risk groups.

Turning Point is committed to developing local Suicide Prevention Pathways to help inform and educate anyone we have contact with about how they can be supported and access help in their local area.





Reducing access to common methods of suicide and to places where suicide may be more likely to occur can be an effective way of preventing suicide²

(NICE, 2019)

The suicide rate is highest for those aged between 40 and 54. The rate among 45 to 49 year olds is around 50% higher than the overall average³

(ONS, 2018)

Educating and training our workforce

We have offered training to our frontline workers for many years on how to work with people who are suicidal. In order to help prevent suicide we recognise we have to do more and offer training to our workforce within our governance structure, including flash meetings, team meetings, Complex Case Review and we are now developing an extra layer of mandatory formal training.

Turning Point is committed to offering every member of our workforce education and training around suicide and how we can work together to prevent it. This training will include information about how we can help our colleagues as well as the people we support.

5.4% of people surveyed reported having suicidal thoughts in the past year. This is an increase from 3.8% in 2000⁴

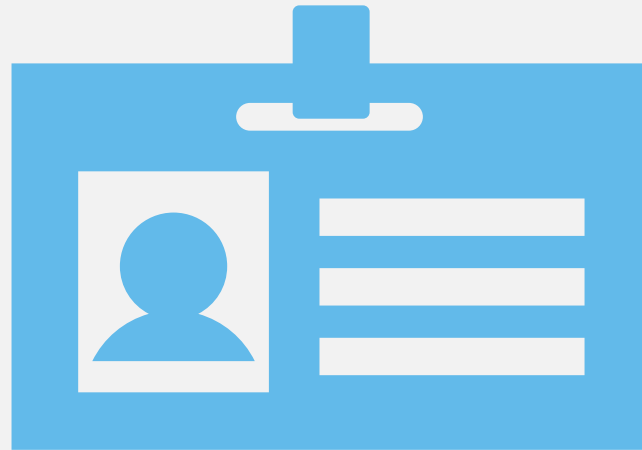
(Adult Psychiatric Morbidity Survey, 2014)



Supporting our workforce

Many of our workforce are identified in the high risk groups, either due to their demographics, lived experiences or profession. We also recognise that supporting others through distress can have an impact on our own mental health and wellbeing. We already provide our entire workforce with free access to Occupational Health and Rightsteps.

Turning Point is committed to developing a Suicide Support Pathway for our workforce. This can be accessed by any member of staff throughout the organisation. This will include individual and team Wellbeing Plans.



The suicide rate among women in the UK has halved since 1981. The rate among men was 12% lower in 2018 than in 1981. However, the 2018 rise in suicide rates affected both genders to a similar degree, with rates for both men and women rising by 10%⁵

(ONS, 2018)

Safe places

We want to continue to provide people with safe places to live and work. We recognise our environment can have an impact on their mental health and wellbeing.

Turning Point is committed to developing an Environmental Suicide Awareness Audit that identifies anything that may increase a person's risk of suicide or access to lethal means.



In 2018 there were 6,507 deaths in the UK where the cause was identified as suicide. This is a significant increase on previous years, and is the highest rate recorded since 2002⁶

(ONS, 2018)

Listen and learn

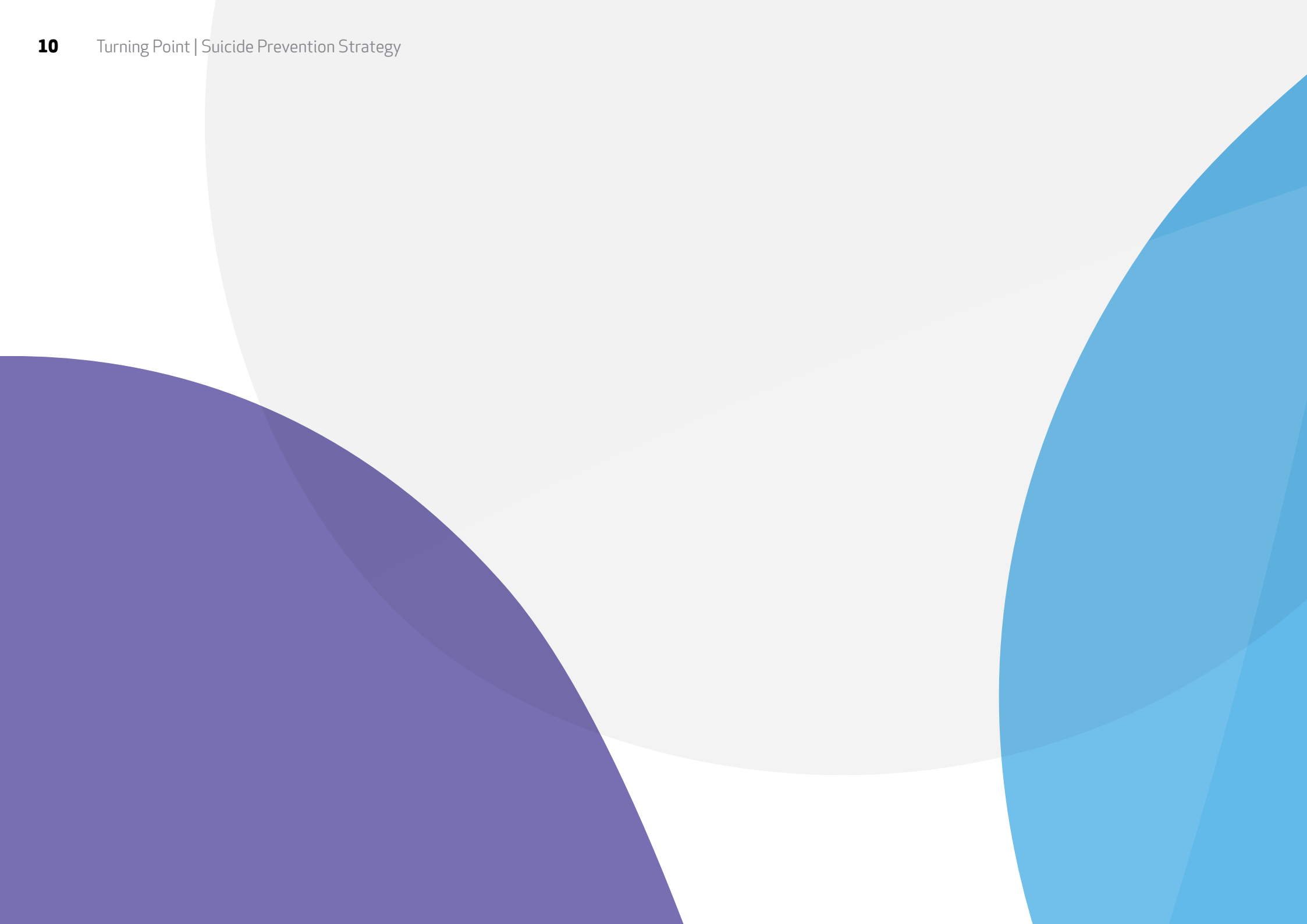
We know how important it is to listen and learn from the past. We want to learn from all incidents of suicide or attempted suicide so we can make positive changes to the way we work to help prevent future suicides.



Turning Point is committed to reporting all incidents of suicide to the Medical Director within 24 hours, who will then lead a review within 72 hours.

Good information is essential for planning, monitoring success and improving the strategy and plan for all settings⁷

(NICE, 2018)



References

1. ONS, Deaths registered in England and Wales (release date 6 August 2019)
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsregisteredinenglandandwalesseriesdrreferencetables>
2. NICE, Suicide prevention (published 10 September 2019)
<https://www.nice.org.uk/guidance/qs189/resources/suicide-prevention-pdf-75545729771461>
3. ONS, Suicides in the UK: 2016 registrations (release date 18 December 2017)
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>
4. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014
<https://files.digital.nhs.uk/publicationimport/pub21xxx/pub21748/apms-2014-suicide.pdf>
5. ONS, Suicides in the UK: 2017 registrations (release date 4 September 2018)
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>
6. ONS, Suicides in the UK: 2018 registrations (release date 3 September 2019)
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations>
7. NICE, Practical steps to improving the quality of care and services using NICE guidance (2018)
<https://intopractice.nice.org.uk/practical-steps-improving-quality-of-care-services-using-nice-guidance/index.html>



Turning Point
Head Office
Standon House,
21 Mansell St,
London, E1 8AA

**TURNING
POINT**
inspired by possibility

