

Report on Consultation on Suicide Prevention Strategy

Background

Recent statistics have shown that the suicide rate in Wandsworth has increased, and is higher than the London average. Suicide can also have an indirect effect on others which means that suicide is a wider problem for a larger number of people than the statistics suggest. It can be preventable if the right support is available and accessible.

We became aware that Wandsworth Council intended to address the issue with a new suicide prevention strategy and we felt it was important to engage with residents of the borough to understand their experiences of issues of mental health difficulties and suicide. We also wanted to understand their experiences of services, what has helped them and what they thought might help them. The consultation could help ensure that Wandsworth Council's strategy and service development is informed by the lived issues and experiences of existing services.

The impact of suicide is varied, ranging from psychological to economic effects. The issues involved and the factors leading to suicide can potentially affect anyone. However, our approach was to focus our outreach activities particularly with those identified high-risk groups because they are more likely to need the local services and to have experienced some of the issues involved.

The Wandsworth Suicide Audit identified that at risk groups include:

- Men
- People with drug and alcohol related issues
- People with mental health issues
- People with debt and relationship problems

We particularly wanted to focus on men because, of the deaths from suicide in Wandsworth, there are 4 men for each woman.

The consultation was open from 5th January 2016 to 22nd February 2016.

Overview of the survey

We developed a survey and approached specific groups to reach vulnerable people who could be identified as potentially at most risk. The groups we were successfully able to speak to included groups with varied participants; Roehampton CAB , Battersea CAB,

Battersea Foodbank, Wandsworth Together in Putney and Be Enriched who provide free nutritious meals and health education in Wandsworth. We also spoke to Mama Lowes, a BME mental health group.

However, the survey was designed to be general enough to capture the opinions of anyone, because suicide can potentially affect anyone. Due to the sensitivity of the consultation, we ensured that our survey was accessible on all our social media platforms and website, with a link to Survey Monkey, where the survey could be completed anonymously.

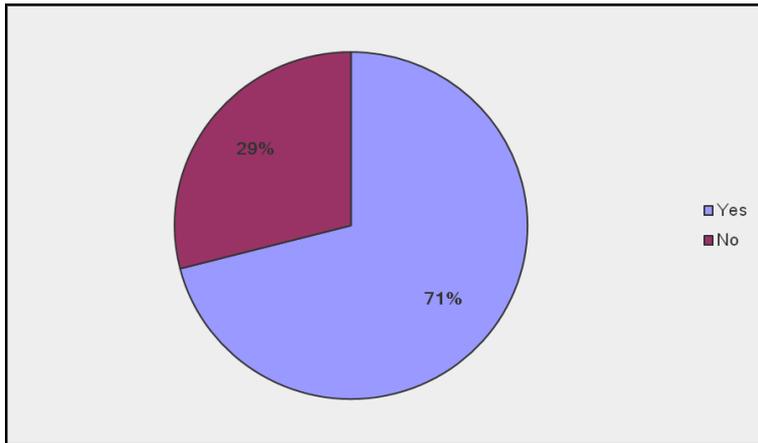
It is important to mention that we found particular barriers and challenges undertaking this survey that we have not experienced with other consultations. The stigma behind the issue appeared to prevent people from opening up about their experiences. When we did speak to people face to face, conversations were challenging for both the respondents and the outreach workers due to the distressing nature of the topic.

Some service users were extremely vulnerable and had experienced suicide first hand or knew of people who had experienced these issues and reiterated the lack of support services available in the borough. We could not access some groups because some group organisers were concerned about how their members would be affected by discussing the issues and felt their participation was inappropriate. In these cases we gave them a link to the survey for individuals to decide whether to fill in the survey, confidentially and in their own time.

Findings

Of the 69 respondents, 59 completed the questionnaire during outreach sessions, and 10 completed it online. A mixture of open and closed questions was used to draw out individual experiences, their thoughts and suggestions.

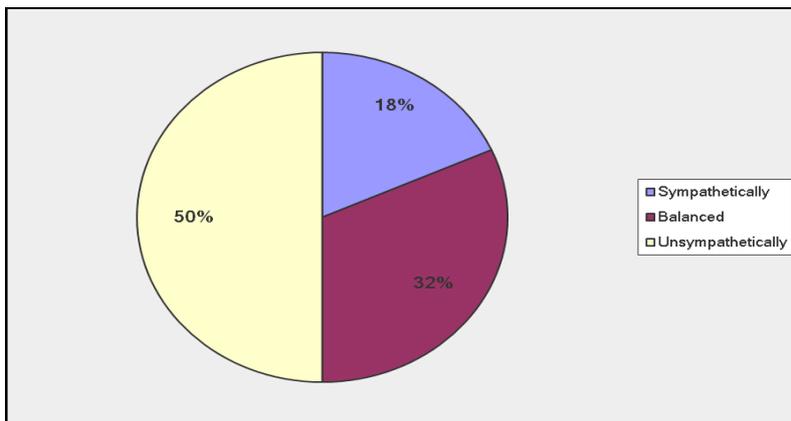
We started by asking whether the participants recall any mental illness or suicide stories in the media. This was a less personal question to begin with and helped us to understand general awareness and perception of suicide and issues related to it. We wanted to understand how the perceptions were being portrayed in the media that might influence people, because this could have an effect and what they might do if they encountered suicide directly or indirectly.



Graph 1: Do you recall any mental illness or suicide stories in the media?

Graph 1 shows that 71% had recalled mental illness and suicide stories in the media, although 29% had not. This may suggest that stories of this kind leave an impression on many people and that people will be aware of suicide happening either nationally or locally.

We then asked how people felt these stories had been portrayed



Graph 2: If so, how do you feel the story was portrayed?

Graph 2 shows that 18% of people felt that these stories were reported sympathetically, 32% felt that the reporting was balanced, whilst 50% felt that the stories were unsympathetic. This indicates that the majority of people feel that stories they read are not sympathetic about mental health issues and suicide, although sometimes they are more balanced. The implication may be that if the majority of people feel there is a generally unsympathetic view and stigma around these issues they could be less inclined to seek support if they find themselves in similar situations. The stories may also negatively impact on their feelings about supporting others having difficulties or their attitudes about their own difficulties and confidence to seek help.

To find out how these perceptions could change, we asked people what they felt could reduce the stigma associated with suicide and encourage more public discussion.

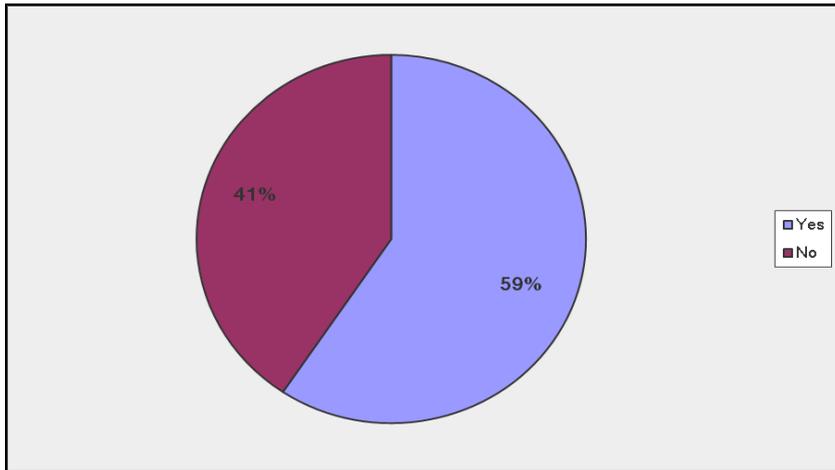
Three themes were identified representing the 65 responses we received to the question, ‘What do you think can be done to help reduce the stigma associated with suicide and to encourage more public discussion?’

<p>Image of suicide – removing the stigma</p> <ul style="list-style-type: none"> - More positive media coverage that is more informative and sympathetic (not using images of distressed people for example), survivor stories, normalise mental health difficulties and more accepting of people with mental health difficulties. Control of negative media. - Media coverage should include TV programmes, TV discussions and the internet - A public campaign. It is important to consider how it can reach those with busy lives - More public discussion, more openness to discuss - Separate it from the assisted suicide issue - The change is needed for both the general public and health and social care professionals 	
<p>Raising awareness</p> <ul style="list-style-type: none"> - How to recognise the signs - How ordinary people can help others - About the reasons behind why a person might want to commit suicide - Raising awareness that provides information and education - Teach people from an early stage 	<p>Improving local services</p> <ul style="list-style-type: none"> - Access made easier - More help available that is consistent (i.e. services don’t close when funding has ceased) - Centres where people can talk - Services providing awareness through information/education and helping prevention - Help for carers - Open forum to look out for each other

There were some interesting ideas that followed themes of improving local services, raising awareness, and ideas about removing the stigma associated with suicide. Awareness raising was felt important for both the general public and professionals with a focus on positive perceptions such as survivor stories. There seemed to be a need for more information about how to help yourself and others and a concern to change the way that people think about mental health difficulties and suicide.

This indicates that people would welcome a campaign and greater discussion and openness about the issues and that they think it is important. It is interesting that they suggested improvements in services and access as helping to remove the stigma, perhaps because people facing difficulties could access help more easily if it is seen as a more normal part of living in the community, accessing the support as and when needed.

We then specifically asked if people know whether help is available locally to help people at risk.



Graph 3: Are you aware of the services available to support individuals at risk of suicide?

We found that 59% of respondents said that they were aware of services available to support people at risk of suicide and the largest proportion were national organisations, whereas 41% of people said that they were not. Unfortunately this shows that nearly half of the people we talked to would not know where to seek help if they had a problem and most people could not name a support service. This is concerning because awareness of existing services is low and means that a high number of people could be unsupported if they needed help.

It may also indicate that the existing services may be under-used. We found a few people commented on difficulty gaining access to services, additionally those that had identified their GP as a point of contact if they were feeling suicidal, had difficulty in getting an appointment when most at need and or were prescribed medication that they felt only masked what was going on and not addressing the main issues that would inevitably resurface. A long wait to get support is concerning because people are left without means to address their difficulties during that waiting time, particularly distressing if people are already feeling that they have very few options.

A list of services identified is included in Appendix B and reflect a mix of providers including council and NHS services, charities and the church. This variety indicates that some people may not find it clear where to go for help and the complexity of care pathways.

In Wandsworth 3 out of 4 suicide victims are men, so we particularly wanted to hear about how the number of male suicides could be reduced and how men could be supported and engaged.

Here are a selection of summarised comments representing the 69 responses we received to the question 'In Wandsworth 3 out of 4 suicide victims were men. The full list of original responses is available in Appendix C. What do you think could be done to reduce the number of male suicides?'

Image of suicide – removing the stigma and changing attitudes

- Changing the way it is discussed – it is not a weakness, developing trust to discuss.
- Understanding the way that men will present may not be explicit e.g. ‘anger is a not a mental health condition’, ‘men often will identify with anger rather than emotions of sadness and fear, that may drive it’ or ‘men often present with addiction or drink misuse problems.’
- Cultural change needed because there is too much pressure through emphasis on achievement
- People need not have to deal and cope with things themselves.
- Encouraging men to open up and discuss in a group.

Raising awareness and capacity to support

- Public campaign.
- Family and friends should be able to recognise symptoms and be encouraged to open up.
- Families should encourage coping skills in children.
- Women to encourage men to get help
- Literature should be available.
- Signposting should be easy and clear.
- Talks – e.g. in gyms, work places, shelters and job centres.
- Television and media attention to the issues.

Improving local services

- Improve access to help with employment and training, housing assistance and mentoring.
- Male only help groups.
- Music therapy may be appeal to men – less direct/explicit.
- Walk-in services.
- More services listening to people.
- More support for relationship breakups.
- Increase awareness amongst GPs to recognise issues when men are not clearly presenting or not willing to discuss.
- GPs to refer to help access support.

There were some interesting ideas about how to engage men. People appeared to think that awareness needed to be raised to provide information, to improve capacity to support people across the community, from family and friends to the media so that people to help themselves and others.

There were ideas about where this activity might be most helpful. Suggestions for services varied reflecting the varied factors and causes leading people to difficulties and crisis;

- Improving access included walk-in services.
- Improving referrals and the effectiveness of diagnosis, such as picking up on signs which are likely to be subtle.
- A subtle approach to service provision was also suggested.
- Men should have somewhere to turn that was less explicitly about ‘suicide prevention’ and more general, encouraging them to talk and debate the issues that might be contributing towards their difficulties to help them open up.

- Responses suggested general need for a change in attitudes to recognise the subtle signs and normalise mental health difficulties leading to acceptance that difficulties are common and seeking and getting support is viewed positively.

Lastly, we wanted to find out if the people we spoke to had any experience of suicide situations, services available and we wanted to hear what actually helped them. We asked ‘if you have received treatment/support because you had suicidal feelings, what did you find most helpful?’

This question was not relevant for many respondents, however we received 56 responses to the question and many that felt that there was no service available. There were a variety of places people found help, including primary care and talking to the Samaritans. Wherever support came from many felt that what had really helped was being able to talk to someone, knowing that someone was not judging but supporting them and staying a part of the community. Practical help was also important when it came to the issues leading to problems, such as financial help. There were a couple of specific negative comments about crisis line.

Services Used	What helped/could have helped
<ul style="list-style-type: none"> - None available x5 -Home visitor -Talking therapy at local GPs surgery about depression -Springfield outpatients therapy session -Talking Samaritans -Financial help which was causing anxiety -Prescription from GP to go swimming -Being under the CMHT team is helpful but I attempted suicide twice before getting this help. -One to one 24 hour support was helpful -Being trained as peer support and training etc. encouraged self-respect. <p>11 x blanks 1 x no</p>	<ul style="list-style-type: none"> -Can be resolved with money. Taking money away & sanctions caused severe distress. -Being listened to appropriate empathy. -Social networks. -NHS direct. -Home treatment. -Being heard not judged. -Not rushing into hospital, kept in community. -Talking to someone – a friend/ family /professional. -Having someone there who cares. -Having someone to listen – not judging or telling me what to do but giving ideas of how to cope. -Having a variety of support. -Faith. -Need goals to get up in a morning. -Mediation.

Conclusions

Although we found conversations around the survey difficult we still had a good response with some useful comments and suggestions. We spoke to a range of people across the identified vulnerable groups, and others. We found that people clearly feel that more can be done to change attitudes towards suicide and the issues related to this at a community-wide level, including health and social care professionals and the media. This is important because it will have an impact on people’s willingness to open up about any difficulties

they might be facing themselves. There was also a desire for information with increased awareness to help people help themselves and others they are concerned about.

When questioned about services, we received a mixed picture of support accessed and it appeared to be quite scarce. It was important to people to have a clear route to seeking help and that that help should not carry a stigma or necessarily be labelled ‘suicide prevention’, but that it should help people work through their problems in an open and accepting environment. Many comments revealed that people felt suicide could be prevented with the right kind of support if it can be easily accessed and when it is consistent, highlighting that services need to be sustainable and simple to find. Care pathways need to be clearer and quicker, with a range of support from both within from primary care and more immediate help in the community to ensure people get help to cope with difficulties before the escalate.

Enthusiasm demonstrated by our respondents for more information and awareness and a desire for people to help each other show the far reaching effects of suicide. We were surprised by the number of people exposed to the issues, either by being directly affected, or living near or witnessing a suicide attempt for example. It was clear that many lacked the resources to deal with it. We hope that the comments of our respondents will help inform the delivery of Wandsworth Council’s strategy and associated projects to address this clear need.

Summary of recommendations

<p>Services</p>	<ul style="list-style-type: none"> • Increase the support available. • Make the services easier to find and access quickly for help when in distress or facing difficulties. • Ensure services are sensitive to the needs of users, particularly the vulnerable groups, examples about how to communicate with and engage men given. • Services to be less explicitly labelled ‘suicide prevention’ but to ‘normalise’ issues and to remove the stigma in using the services.
<p>Awareness and Information</p>	<ul style="list-style-type: none"> • Public campaign including the media, TV and internet to raise awareness of the issues involved and to change opinions about suicide and make services feel more accessible. • Public campaign to raise awareness of help available. • Campaign to provide key information to recognise the signs, to get help and to help people help themselves and others. • Information, including posters and leaflets, to be widely available and accessible, ‘normalising’ and removing the stigma about difficulties leading to suicide.

Appendix A

What do you think can be done to help reduce the stigma associated with suicide and to encourage more public discussion?

Stories positive, press/stories, more help & support.

Survivor stories, good positive media, more funded services.

More NHS advertisement about help & support out there.

Harsh stories not being printed, learning at school about mental health & diagnostic & support, more services with staff that can actually help support.

Better courage in media. Not putting blame.

Government support, control of negative media.

Better stories in press, educating public about mental health.

More hopeful & positive press, thought from a younger age about mental illness.

More info & doctors.

Council / NHS leaflet/ advance suicide prevention services & support- not just a GPs- e.g. shops - people can be normalised & hopefully sympathetic.

Media + church haven't helped. We have taken a stand against to many things tackle loneliness.

Tackle the helplessness that leads people to that point. We should done an open form / space to talk before they get to social suicide point. A social forum where people can keep eye on with other.

Self help groups, talking to someone you don't know may help as there will be no judgement.

Be less racist, culture clash, lack of understanding of the world and the people.

More media coverage.

A lot of funding, mental health issues are been neglected.

Offering more services and information to guide people.

Not sure.

Put more stories in the papers.

Stop making it so easy to survive people don't get their own way they get all "I can't make out here syndrome". It's usually because they never ever got motivated to be someone. Broken homes. Having said that mental illness can have like a hereditary pattern so to speak. For instance, "my parents where insane, so maybe it's ok for me to be. The state will just understand and provide my future existence under the mental health act, some are gaining cases but mist use mental displacement to get on keep their home there benefits claiming that you have a mental deficiency puts you near the top of the housing chain and qualifies you for other benefits and treatment I was not given priority for housing because I had no mental illness so some adopt one such as drug habits or made up phobias to gain security from the social system. But there are many genuine cases but most are not. I got friends that play the mental card to survive. Eviction and bedroom tax.

Raising awareness of the reasons why a person might commit suicide. Access to support services made easier.

I for one feel the government are clearly not doing enough to push the help out there for those that are at risk of suicide or may need help due to their thoughts and feelings. It is one thing to give organisation money and another to continually help to maintain the help and support. Which I feel is clearly not happening. VERY POOR TO SAY THE LEAST

More positive media coverage.

Centre where they can talk about what they are feeling more issues they are hand.

TV programs or web sites.

People with suicide problems need social support.

Public campaign. Life is too fast and people don't have time to listen to others.

TV, discussion on TV.

More support.

More public discussion.

More open discussion.

More awareness, open discussion other people know its ok and not something to be ashamed off.

If organizations knew more and were more support.

Campaign.

Discussion & debate and separate away from assisted suicide.

Awareness / Prevention.

Media appeal/ information. Help for carers, online information informative, detailed. Education about illnesses e.g. reduce misconceptions such as 'oh I go up and down maybe I have bipolar this is ignorance!!

Pop up workshops events to give people more information regarding the subject.

More discussion and education about suicide.

Talking on discussion forums.

More mental health centre and support in community.

Awareness.

Awareness.

More dialogue more individual places after than media.

More awareness.

More open discussions about the incidences of suicide. More information about how/whether it can be detected and what ordinary people can do to help.

Treat mental illness like other illnesses.

More sympathetic talk in the media and also in places of worship.

More education on the topic.

Programme's like obsessive compulsive cleaning on mainstream TV is not a good reflections of a condition. Diagnosis names/ terms of reference keep changing but does not take away stigma. It just creates confusion.

Talking openly about the subject.

Continue public awareness in an informative sympathetic way. I feel it's helpful in using diagrams that don't show distressed people.

Normalise mental health difficulties instead of portraying mental health sufferers as dangerous and crazy.

Culture a big part hard to address people don't display sense of social responsibility. No sympathy.

Thing are improving long way to go - lots of stigma around mental health.

Start a conversation about to issue.

More support more courage.

Families to come to get them open groups to be set up.

Well people should be more accepted of people who have mental illness.

More people feel more valued. Too much violence. Creativity unit encouraged more positivity.

More public discussion and openness on the issue taking advice and cues from people who have been suicidal themselves.

Opening up topic, speaking about more as people don't understand. More information.

Awareness.

Treated by hospital with disgust and not support by St. Georges.

More awareness.

Stop stories that are unrealistic stories that do not represent the majority of patients.

Appendix B

**Are you aware of the services available to support individuals at risk of suicide?
If yes, please list services:**

Yes but they only support the victims they've assessed. Bit of a guess thing really.
Depends upon how good the act is.

Healthy Minds and now Healthwatch Wandsworth.

Samaritans.

Social services.

Springfield.

Drop in centre.

GP.

GP (posters on wall) internet.

Spiritual assistance.

Samaritans.

Samaritans, SANE, CMHT, crisis line, peers, various support groups, home treatment.

GPs, online websites, telephone services.

Crisis line, GP, CMHT.

The Samaritans , local N.H.S. telephone Helplines GPs

Church

Church, priest.

Mind

Kaley Centre, Islam.

Mental health services, CAMHS, Samaritans.

Samaritans.

Crisis line A&E Samaritans.

GP if can get an appointment - Consultant if home are.

Crisis line, mind, time to change.

Mental health team. Hospital only use that can prescription the medication.

Samaritans (great 99%) Your way is a great place /caving people.

Morley Hospital

Church. Citizens Advice Bureau and GP.

Crisis, Doctors.

Kaley Centre, Islam

Appendix C

In Wandsworth 3 out of 4 suicide victims were men. What do you think could be done to reduce the number of male suicides?

More open conversations with workers
Male workers reassuring mail clients.
More specific groups / organization, encouragement to talk
Positive media stores about men receiving help.
Unsure
Website for support e.g. big white wall if don't want face to face help
Don't know.
Choice to speak to a man or woman. A&E.
More groups that are male specific not mixed
Lack of support services. Men might be feeling unneeded very self-sufficient lack self-worth. They lack propose women have become.
Depends approach a place they can go to for any issue, a relaxing atmosphere with professional. There should be no labelling of the service.
Setup a male only self help forum. Men more likely to open up them.
Show them more respect less stereotypic, less racial attacks.
More services available to them.
Enough help place nowhere to go drop in centre.
Fund root cause to why and show offering training courses where services are.
Not sure
More housing for single men
Access to their children. A job eviction withdrawal training mentors.
Employment and support groups.
Reaching out on a far wider scale via Television, newspapers and social media.
Encourage men to open up and talk about their emotions.
Open a walk-in clinic. There are more support services for women. Men this needs to be addressed.
Better support.
I don't know.
It's a grey area, more discussion.
Women force men.
Men hard everything inside, think they need to be strong.
Encourage me to open up and discuss.
Group discussion to be organized.
Awareness
More support and people knew where to go to for help. Men bottle up and don't know to express.
More media attention, awareness.
Need to know history environment at the person to know circumstances. Men find it difficult to talk about emotions.
More awareness, pub.
Men don't like to reach out.
Spread the word that men can have emotions TV/Radio etc. Train GPs to recognise mental health of men who may not be forthcoming.
Make male group activities possible by referrals from GPs? More advertising for people that feel depressed, so they know what to do they feel suicidal.
Talk to men, help them encouraging to open help them understand that it's not a weakness to be ill.
Look at the root cause of why men feel pressured into committing or attempting suicide.
Communication support in the community better health centre open, more funding.
Make men share problems and not see as a weakness need to be able to trust.

Need to open up and discuss.

Recognise the symptoms, educating family to recognise symptoms raising awareness.

Research the events that precede suicide to see if there is a link. Ensure there is a good service to refer to when you meet a suicidal man.

I think this starts at home with parenting and giving men coping skills from a young age.

1) Better mental health services for the things men present with in primary care. I work as a private counsellor in Wandsworth and I am very busy with clients who have to pay as what they bring is not catered for by primary care mental health, for those that can't pay, they are left with little or nothing. For instance, Wandsworth IAPT's new management cut the anger group I used to tell men about, saying that anger is a not a mental health condition, they ignored the fact it was a long running, successful group and men often will identify with anger rather than emotions of sadness and fear that may drive it.

2) Men presenting with sadness around relationship break ups and missing children are also poorly catered for as Wandsworth IAPT gives only a tiny proportion of its budget to non CBT interventions, CBT interventions, especially self help with young psychology grads are not really suited to this presentation and it has no psychosexual counsellors if men need to address these issues. I am aware that two psychologists whose supplementary training in interpersonal therapy was paid for by Wandsworth IAPT have left because of poor treatment by new management 3) Men often present with addiction or drink misuse problems. The current alcohol counselling provider makes access difficult as you cannot book assessment appointments, you have to turn up in the morning at 9am at St John's and wait an hour and if 4 people got there before you have to come back another day, working people can't do that. They only offer 6 sessions of counselling which is far too short. There is no provision for gambling, pornography etc addictions

Male support groups, mental health literature/sign posting/talks for men at the gym, in work places, shelters and job centres etc.

Need to put the message out there that men should speak up and reach out for therapy.

Encouraging ways to get men to open up before they attempt suicide.

Increased supportive services - No health without mental health - We all have mental health, I think if it's less stigmatised makes perhaps would feel more able to speak out.

More support services for men as there is a lots of women but not men.

Talk to councils. Encourage then to talk to friends.

Invest more ship closing down day centre. 3 hours in Wednesday are a week not enough.

Make to first more to approach the person. Telephone first.

Listen to them more. Change their medicals.

Groups where emotions are shared, lose fear to be judged.

Listen to music (Smiths) Music therapy (something inspires you) men like music / men are not emotionally aware as women.

Too much pressure to be strong unsure about your meet. He needs a cultural change. Too much emphasis on achievement and not engage on enjoying education.

I think work needs to be done around the issues of toxic masculinity which makes men think they have to deal with mental health + emotional issues themselves.

Encourage men to talk about their feelings.

Public Campaign.

More public awareness.

Raising awareness

Appendix D

If you have received treatment/support because you had suicidal feelings, what did you find most helpful?

Support worker & Wandsworth Your Way- can task as I know her well. Crisis line is not good - rude staff.

Mixed support- in & out of hospital & not so strictly time related, day centre - as they were helpful in past.

I received great support while in hospital & a care plan with support on discharge. Crisis line not helpful & staff abrupt & unhelpful.

Home treatment - as they can visit & support short term who you need it.

A combination of support, but crisis not what it used to be?

I don't but know others who do and crisis sure used to be good but not anymore.

Having a variety of support e.g. support worker, GP, peer support family/friends.

The fact that someone was there wanting to talk to them with no judgement, and tried to find something positive in their life. Available out of hours. No answer for service should be used.

N/A

N/A

Genuine & professional help.

N/A

Talking to someone/moral support.

Haven't never needed any treatment for any mental disorder, broken hand maybe. I use the joy of being alive as template for keep sane in this unforgiving world there was no help.

Someone to home visit.

Can be resolved with money. Talking money away & sanctions caused severe distress.

Being listened to appropriate empathy, social networks NHS direct, home treatment, being heard not judged. Not rushing into hospital Kept in community.

People listening to that you are saying - not telling me what to do but giving suggestion ideas of how to cope making me feel that they care.

Practical talking therapy at local GPs surgery in regards to depression, Springfield outpatients therapy session.

Talking to someone friend/ family /professional.

Not received.

How up faith.

Talking Samaritans financial help which was causing anxiety, prescription from GP to go swimming no support in Wandsworth.

N/A but I think having someone or a service who listens empathically and who is there whenever you need them must be a help.

Metallisation Based Therapy

Need to have real goals. A Passion to get out of bed, for me it is ant.

Being under the CMHT team is helpful but I attempted suicide twice before getting this help.

Be listened too is so important and validated, home visits, supportive GP, Therapy was like changing for me.

Helpful to make connections with people not have similar interests. One to one 24 hours support during that time was helpful.

Talking to someone.

Supporting family member, emotional support Meditation.

Not received any.

no

Engaging helps, home visits.

Nothing helpful. Visiting St. Mary's and being trained as peer support and training etc. encouraged self-respect.

No support in Wandsworth.
