

# Sunflowers Suicide Intervention Liaison Project

**Memberships:** Support After Suicide Partnership, National Suicide Prevention Alliance, Gloucestershire Suicide Prevention Partnership Forum, NHS Health and Care Foundation Expert by Experience. Gloucestershire Bereavement Partnership.

**Training & Education:** Three T4T Applied Suicide Intervention Skills Trainers, One T4T safeTALK trainer, Three Grief Recovery Method Specialists, Four team members PABBS trained.

## About Sunflowers

**Other Knowledge:** Set up by family bereaved by suicide, team members and volunteers experience of suicide bereavement, community focused, regular feedback and evaluation from service users, team members have experience of working within various statutory agencies

**Aim:** We exist to reduce the number of people who take their own lives in Gloucestershire.

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**The national strategy “Preventing Suicide in England: A cross government outcomes strategy to save lives” has outlined updated ‘areas for action’ as follows:**

Reduce the risk of suicide in high risk groups (Identified as young and middle aged men, people in the care of mental health services, including inpatients, people with a history of self-harm, people in contact with the criminal justice system, specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers)

Tailor approaches to improve mental health in specific groups (Identified as children and young people, survivors of domestic abuse or violence, veterans, people living with long-term physical health conditions, people with untreated depression, people who are especially vulnerable due to social and economic circumstances, people who misuse drugs or alcohol, people who are LGBT and people from BAME 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.

<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

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28% of people who complete suicide have been in contact with mental health services in the year before death.

People who have presented to hospital following self-harm are 50+ times more likely to die by suicide than general population. (Hawton et al, 2015)

## National Statistics

There were 6,507 Suicides in the UK in 2018  
(ONS Data. Suicides in the UK: 2018 Registrations)

About a third of people who take their own life will have seen their GP recently before their death

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/772184/national-suicide-prevention-strategy-4th-progress-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772184/national-suicide-prevention-strategy-4th-progress-report.pdf)

80-90% of people who attempt/die by suicide have a mental health condition, but not all are diagnosed

<https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/>

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Average suicide rate.

National: 9.6

Gloucestershire: 10.4

**Above national average**

Related Risk Factors that are increasing in Gloucestershire.

- Depression
- Mental Health
- Children in Care

**Gloucestershire**

Risk factors above the national average in Gloucestershire:

- Marital breakup
- Social Isolation
- Older people over 65 living alone
- People living alone

Services in contact above the national average:

**Emergency admission for self harm**

(National 193.4 Glos 212.1)

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## Why an intervention liaison worker is needed.

Relative to hospital presentations after self-poisoning alone, suicide risk was higher after a hospital presentation for self-injury.

Also presentations involving both self-injury and self-poisoning were associated with higher suicide risk.

Suicide risk was highest close to the self-harm presentation  
(Geulayov et al, 2019)

Receiving a psychosocial assessment after presenting to hospital following self-harm significantly reduces the likelihood of a repeat episode

➤ 57% lower risk of repetition – even for those with history of self-harm

Recommended by NICE (2011)

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Additional Gloucestershire information why an intervention liaison worker is needed.

Gloucestershire Health and Care Foundation Annual Report states:

The most frequently reported serious incidents are “suspected suicide” and attempted suicide.

They need to ensure that people are discharged from hospital with personalised care plans. To further improve personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24hrs of discharge. As we did not achieve this in 2018/19 we wish to ensure effective discharge from our inpatient services and enhance communication with both service users and primary care services.

[https://www.ghc.nhs.uk/wp-content/uploads/Annual-Report\\_2018-19\\_web.pdf](https://www.ghc.nhs.uk/wp-content/uploads/Annual-Report_2018-19_web.pdf)

In Gloucester A&E  
there are  
approximately  
**3 attempted  
suicides a day.**

Healthwatch Gloucestershire study:

People talked about the difficulties in accessing support for people who were in acute crisis and that they were sometimes signposted to services that were not able to offer support for those in crisis.

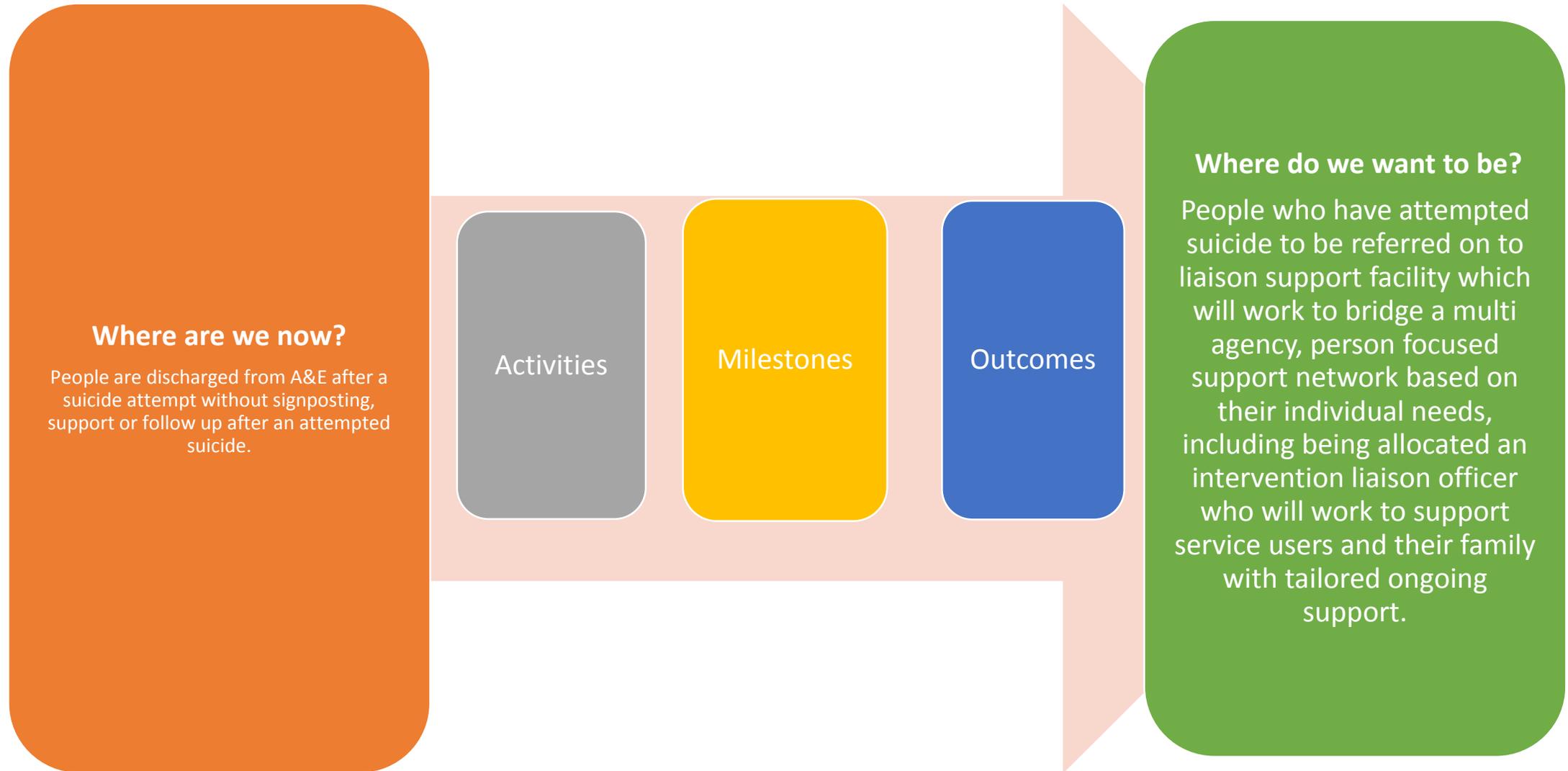
A common theme that ran through many people’s experiences was that of the complicated referral processes - often being passed from service to service and long waiting times.

<https://www.healthwatchgloucestershire.co.uk/wp-content/uploads/Mental-Health-Report-HWG-Final-Oct19r.pdf>

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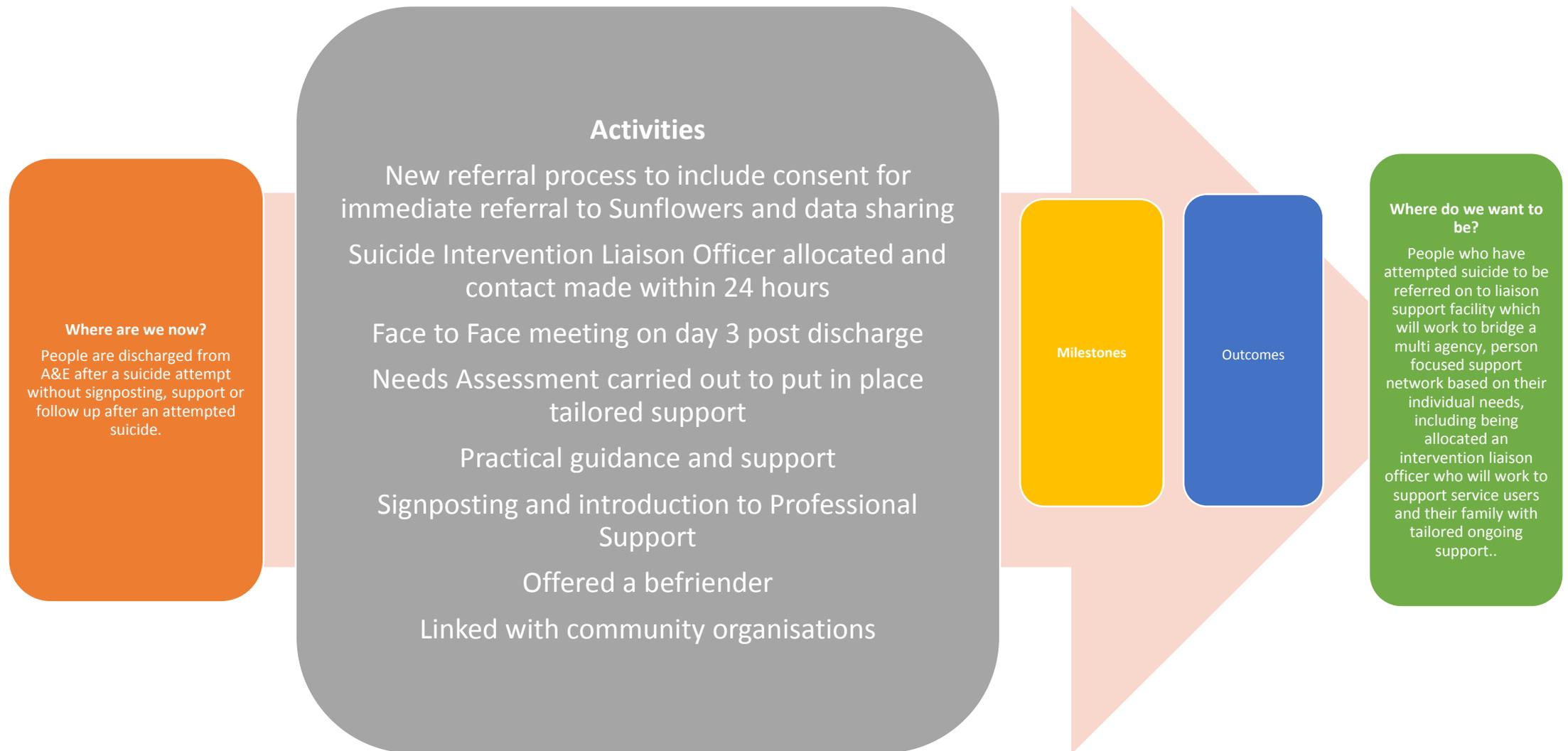
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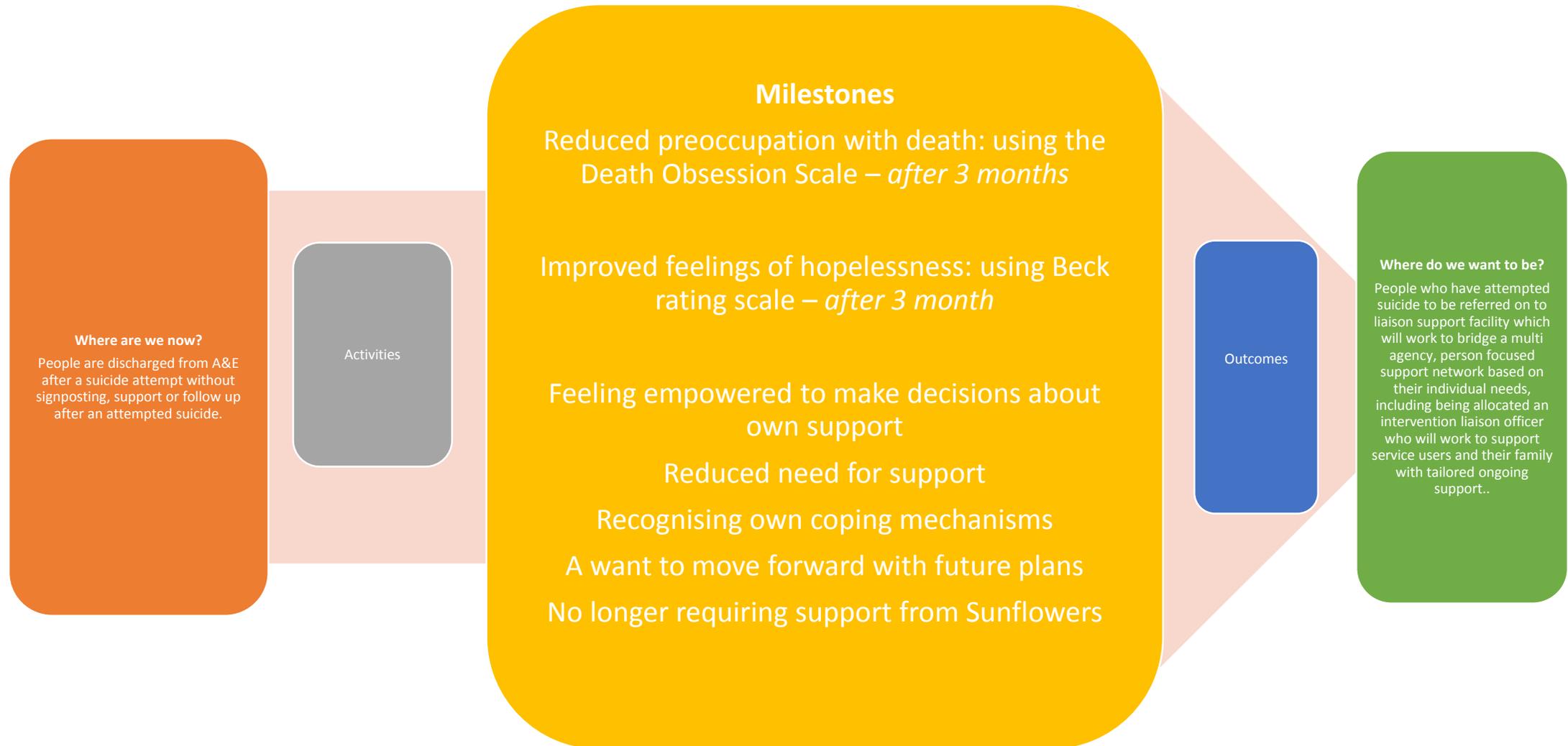
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## **Employment of a Suicide Prevention Liaison Officer**

**TOTAL COST £62,580 Per Year**

Employed on a part time basis of 30 hours per week.

*Wages £35,000 per annum pro rata for 30 hours a week*

There would be flexible working and some home working required for the role.

Travel throughout the county will be necessary, particularly for the first meet.

*Experience working in Mental Health. Previous knowledge and experience of suicide risk. They should also have attended ASIST training. We recommend training in safeguarding and also trauma and ACEs.*

Tailored support for individuals on discharge from A&E after attempted suicide

Working alongside Charity Manager to develop the response and liaison service for people who are being discharged from A&E after an attempted suicide or crisis

Follow up within 24 hours

Regular input and support within first week and face to face appointment for day 3 after discharge (highest risk day)

Complete a person focused needs assessment – allow referral to talk about what has happened and tell their story, using open and caring dialogue

Working in partnership with all stakeholders

Offering Grief Recovery if appropriate. Arranging creative support groups.

Introducing to other services. This may mean going with referral for first session to support them.

## **Befrienders Pool (FUTURE PLANS)**

**TOTAL COST FIRST YEAR £17,000**

Volunteers - Mixture of trained peers and trainee counsellors.

A training package to be developed which will include ASIST training, Grief Recovery, PABBS, Safeguarding, Confidentiality

Group supervision sessions to be offered for volunteers

1-2-1 online counselling support for clients to be developed

Development of Local Suicide Prevention Service in line with Best Practice

1. Increased positive feedback toward agencies working with people who have attempted or are bereaved by suicide
2. Referral process developed to include real time referrals to suicide liaison officer
3. Multi-agency cooperation and data sharing
4. Targeted and effective support for groups deemed at 'High Risk' in National Suicide Prevention Strategy