

Appendix 1



**Brent Public Mental Wellbeing
Strategy and Action Plan**

2018-2023

Contents

1. Glossary
2. The national context
3. The local case for a mental wellbeing action plan
4. Our ambition
5. Mental wellbeing and suicide prevention action plan
6. Approach to measure and evaluate outcomes
7. Appendices

1. Glossary

Mental health: used to describe a spectrum from mental health problems, conditions, illnesses and disorders through to mental wellbeing.

Public mental health: a Public Health approach to improve population mental health. An approach that is concerned with promoting mental wellbeing, preventing future mental health problems and recovery from mental health problems (Faculty of Public Health).

Mental wellbeing: the positive end of the mental health spectrum. Covers both feeling good and functioning well (feeling good is subjective and embraces happiness, life satisfaction and other positive emotional states whilst functioning well embraces the components of psychological wellbeing which includes self-acceptance, personal growth, positive relations with others, autonomy, purpose in life and environmental mastery).

A dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.

Mental health problems: used synonymously with poor mental health, covers the range of negative mental health states.

Diagnosable mental illness: health conditions involving significant changes to thinking, emotion and/or behaviour.

Mental distress: a disturbing or unpleasant mental or emotional state which impacts the way people think, feel or behave such as fear, mood-swings, anxiety, depression and confusion. It impairs people's ability to cope with day-to-day living and interferes with their relationship with other people, their work, and enjoyment in life.

Resilience: being able to cope with the normal stresses of life and bounce back from problems.

2. The national context: Mental wellbeing in the UK

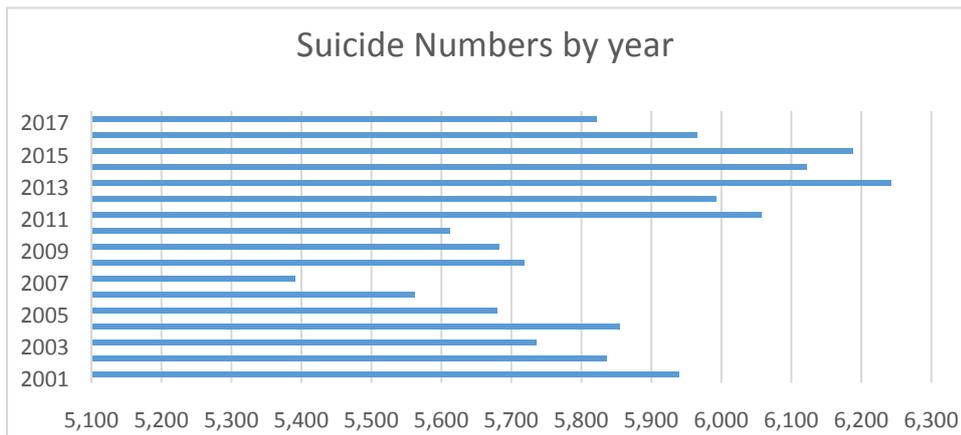
All individuals have mental health, however mental wellbeing varies across the UK. Over the course of a week, 1 in 6 people report experiencing a common mental health problem in the UK¹ whilst 25.3% self-reported low levels of happiness last year². This reflects the scale of the challenge we face as the mental wellbeing of individuals across the UK continues to deteriorate.

Stigma

49.9% of adults who reported to have attempted suicide in the UK did not seek help following their last attempt³. Only a third of people who died by suicide were in contact with mental health services, whilst around half of individuals who attempted suicide were not seeking specialist support. The common practice of not acknowledging mental illness as much as it should be due to the stigma attached to it means that individuals who suffer are socially excluded in society; and as a consequence, face barriers to seek the support they need to look after their mental health. This calls for organisations to work together to ensure all individuals are well-informed and equipped to get the support themselves or their families need. *Time to Change* is a national campaign launched in 2007 which aims to eliminate stigma and discrimination and has reaped some progress over the years, however stigma still exists.

Suicide

Nationally, suicide numbers were declining since the 1980s, however numbers have been increasing within the last decade. 5,965 individuals took their lives in 2016 in the UK⁴ which means that over 16 people take their lives each day.



Source ONS 2018

¹ Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing (2014)

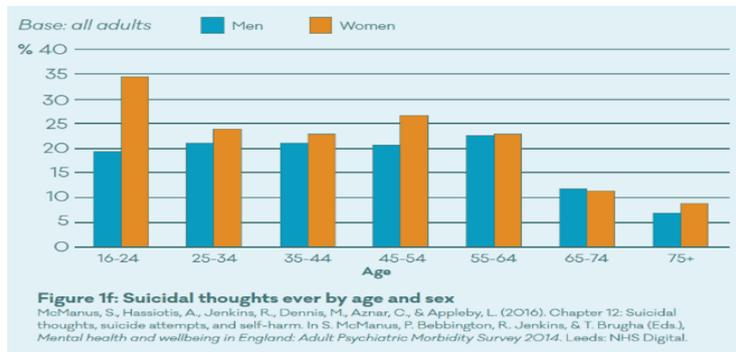
² Public Health Outcomes Framework- Fingertips (2017)

³ IBID

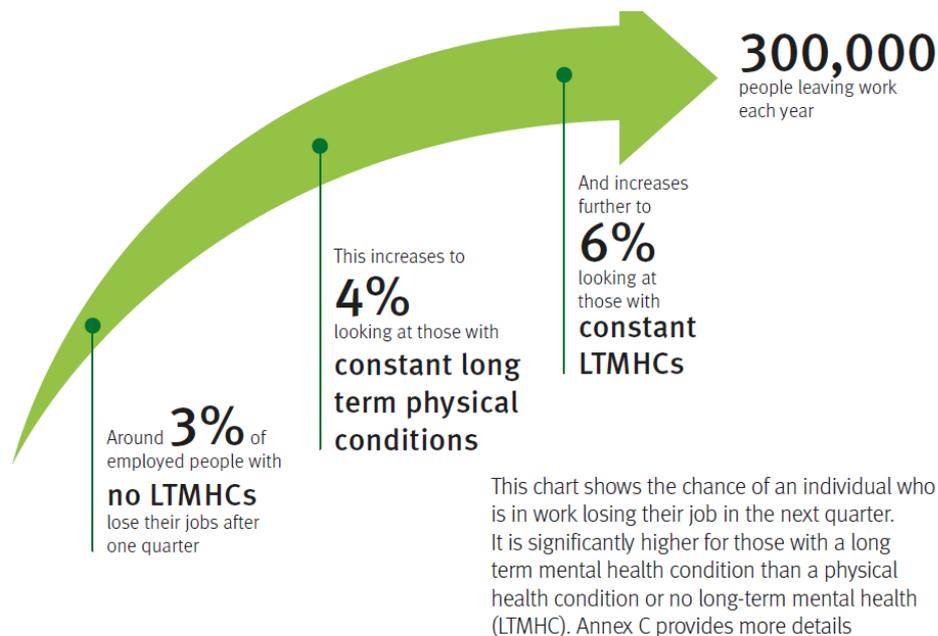
⁴ Annual Population Survey (2017)

Likewise, the risk of suicide is escalating; particularly among middle-aged men, to the extent that suicide is now the leading cause of death for this group. The proportion of middle-aged men who thought about

suicide in the past year nearly tripled from 1.9% in 2007 to 5.3% in 2014⁵. Suicidal thoughts are more common among certain age groups, and rates are different for males and females. For females, suicidal thoughts are more common among 16-24 year olds. The graph above shows this trend.



Workplace



Source: The Independent Review of Mental Health and Employers (2017)

More people with a mental health conditions are in employment; having increased from 23% to 44% over the past 10 years. However 300,000 people with a long-term mental health condition leave work every year⁶, reflecting the difficulties

⁵ IBID

⁶ Thriving at work: The Independent Review of Mental Health and Employers (Stevenson and Farmer, 2017)

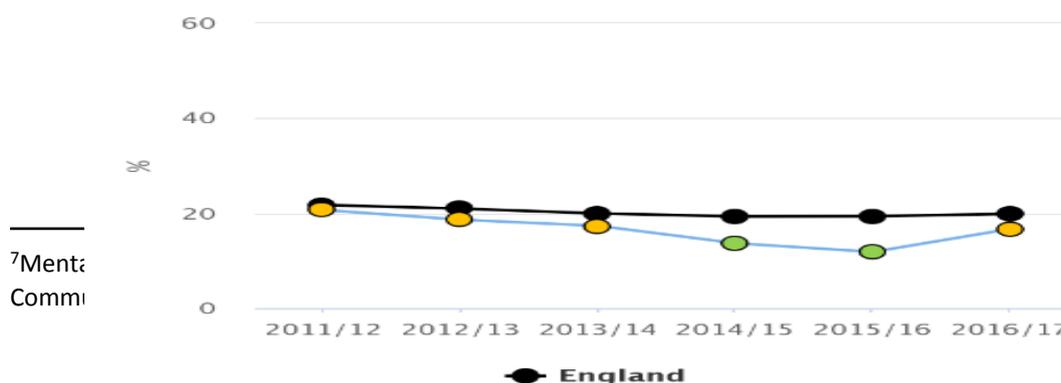
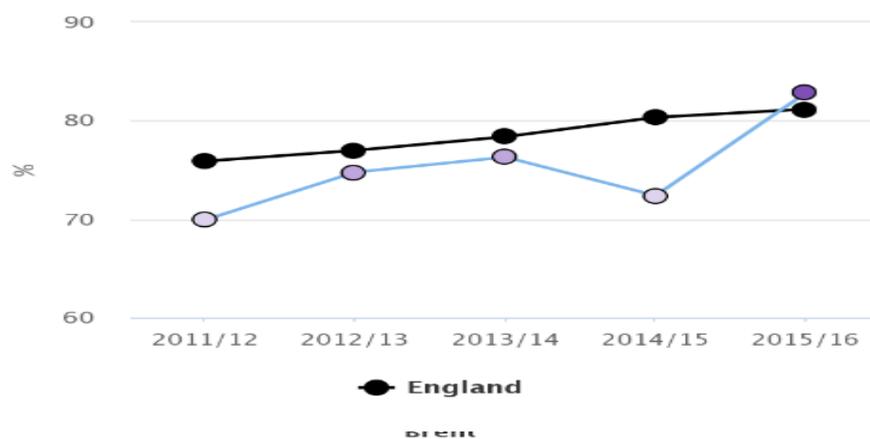
experienced by people in the workplace. Firstly, workers feel inclined to be present in the workplace and work long hours despite feeling ill, which is generating a culture of presenteeism. This risks further deterioration of a person's mental health and wellbeing. On top of this, many employees and colleagues think twice before offering help to a colleague with poor mental health whilst 35% of the population think they would be less likely to get promoted if they had depression⁷. For this reason, there is a need to eliminate stigma in the workplace and foster a working culture which coincides with everyone's mental wellbeing. These issues also indicate the need to ensure individuals with a mental illness are supported into good work opportunities.

3. The local context: the case for a mental wellbeing action plan

3.1 Brent's Mental Wellbeing

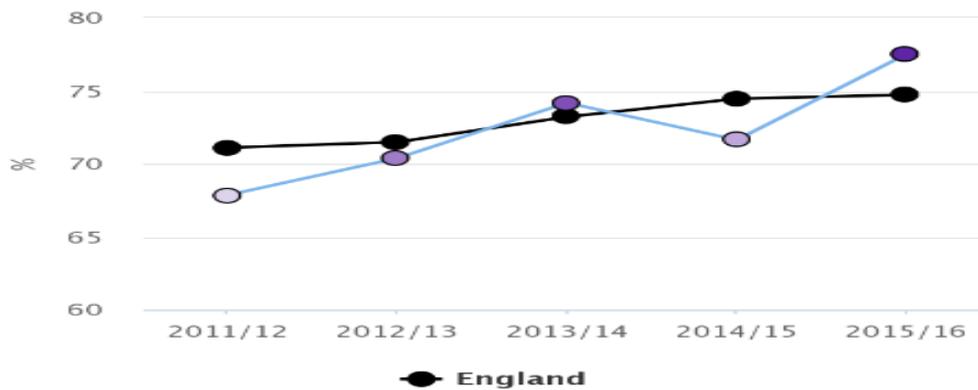
Mental distress: How is Brent feeling?

Self-reported well-being – high satisfaction score: % of respondents – Brent



⁷Mental Health Commission

Self-reported well-being – high happiness score: % of respondents – Brent



Source: Public Health Outcomes Framework: Fingertips (2017)

As indicated in the graphs above, self-reported satisfaction and happiness has improved over the past few years. This means that a higher proportion of Brent’s residents feel high levels of satisfaction and happiness. Conversely, self-reported anxiety levels have been fluctuating over the years; having improved between 2014 and 2016 before worsening in 2016/17, though remaining below the national average. Nonetheless, the data suggests that a high proportion of Brent feel low levels of worthwhile, happiness and satisfaction- 17% feel low levels of satisfaction and 16.7%⁸ feel high levels of anxiety.

5.3% are diagnosed with depression, which means that Brent has the 8th lowest rate of depression in the UK out of 150 counties and unitary authorities⁹. However, an estimated 16% of the adult population has a common mental health disorder- this is slightly higher than the national comparison of 15.1%¹⁰. These findings show that mental distress is highly prevalent in Brent, consequently indicating that a noticeable proportion of Brent are at risk of moving further down the mental health spectrum towards poor mental wellbeing and mental illness. This provides the rationale for establishing a Public Mental Wellbeing Task and Finish Group to work on a local action plan to promote wellbeing and prevent mental illness.

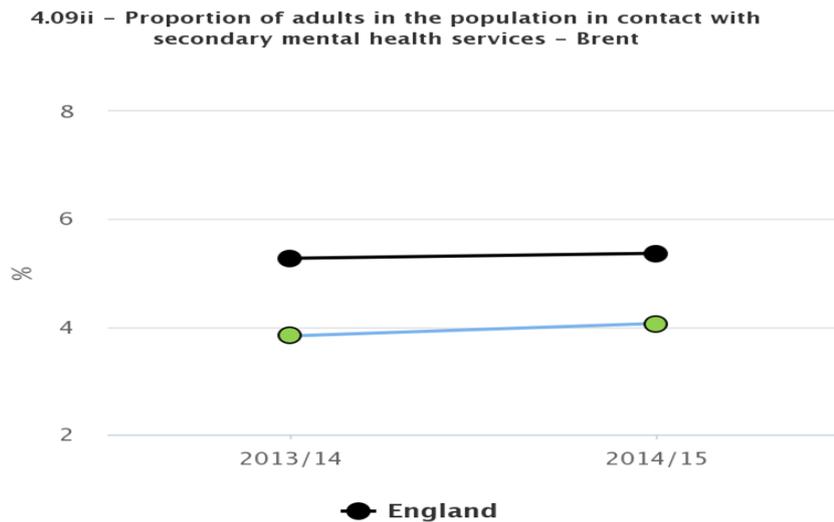
⁸ Annual Population Survey (ONS, 2017)

⁹ Public Health Atlas of Variation (PHE, 2017)

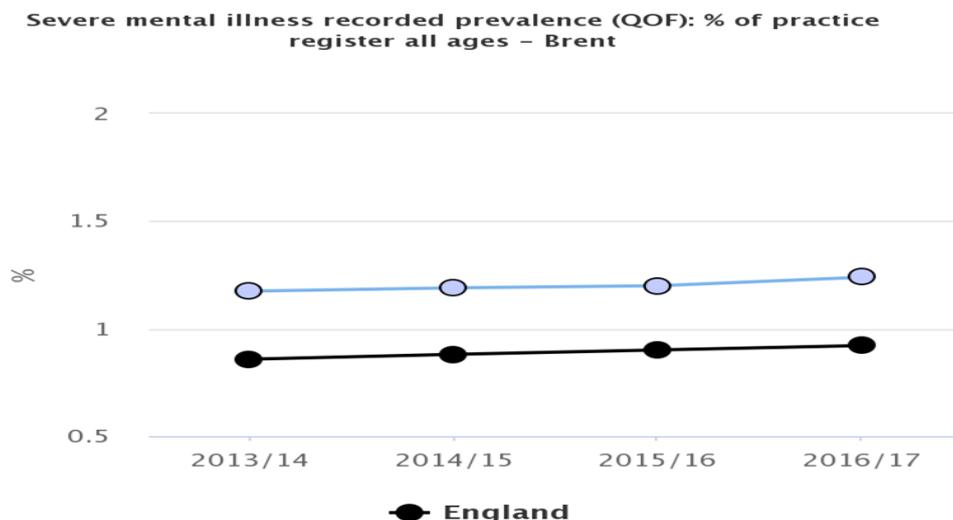
¹⁰ Commissioning for Value Mental health and dementia pack (NHS RightCare,2017)

Mental Illness

Beyond common mental health problems such as depression and anxiety, more severe diagnosable mental health conditions impact on a relatively small proportion of the population. In Brent, the number of adults in contact with secondary mental health services has been increased from 8,762 people to 9,350 people between 2013/14 to 2014/15¹¹.



This upward trend could indicate the improved awareness of services and referral pathways to care, however it could also indicate a rise in the prevalence of mental illness in Brent. The graph below further indicates the increasing prevalence of severe mental illness recorded across practices in Brent- from 4,351 cases in 2013/14 to 4,949 cases in 2016/17¹². These findings further provide rationale for a public mental health approach to promote wellbeing with the aim to address stigma and create an environment which promotes wellbeing as a means to enabling everyone including those with a diagnosis of a severe mental illness to have a better quality of life



¹¹ Ment:

¹² Qualit

Brent Suicide Audit

Brent's suicide rate has been fairly consistent over the past decade, fluctuating year on year between 7 and 9 suicide cases per 100,000 people. This is slightly below the national average of 9.9 cases per 100,000 people¹³.

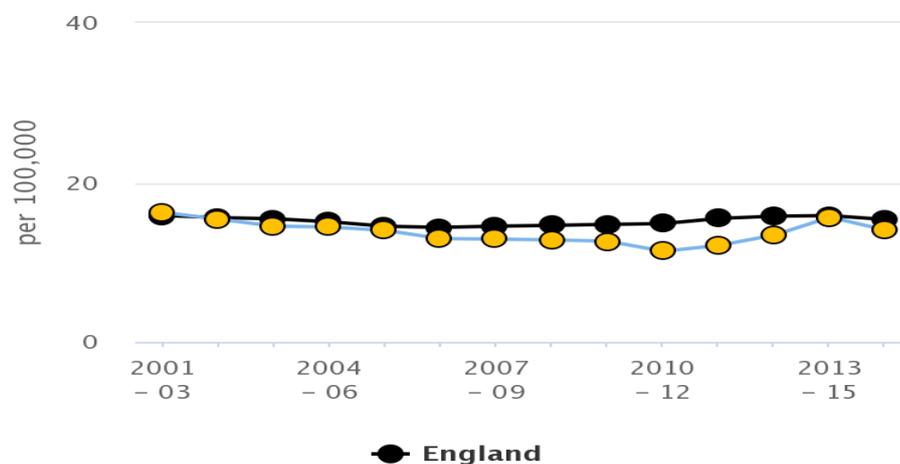
The 2017 suicide audit reveals several consistent findings among the 6 cases where the coroner gave a verdict of suicide:

- Firstly, men are overrepresented among cases with 100% being male. This picture is consistent with the national trend where mental health, mental wellbeing, suicidal thoughts and risk of suicide are worsening among middle-aged men.

Suicide: age-standardised rate per 100,000 population (3 year average) (Female) – Brent



Suicide: age-standardised rate per 100,000 population (3 year average) (Male) – Brent



¹³ Public Health Outcomes Framework: Fingertips (2017)

Source: Public Health Outcomes framework: Fingertips (2017)

- Secondly, 5/6 were born outside the UK (1 in Africa and 4 in Eastern Europe).
- Thirdly, only 1 was known to be in contact or previously had contact with mental health services, which indicates that many individuals may not seek the support available in the borough¹⁴
- Lastly, the most common age for suicide in Brent in 2016 was people aged 20-35 (4/6), followed by those aged over 60 (2).
- The average age was 40 years

Other findings revealed further useful insights, and in some cases contradicted the national picture:

- All individuals were in employment
- 5/6 were single or separated
- Only 1 had a current or historical issue with alcohol or drugs
- One had a mental health diagnosis
- 50% had contact with primary care in the three months prior to death
- One had made contact or previously had contact with mental health services
- The most common cause of death was hanging/strangulation (4/6), followed by self-poisoning (2/6). This mirrors the national picture.

In 2017, there were 170 emergency hospital admissions for intentional self-harm¹⁵. This figure is likely to be an under estimate of the levels of self harm as national research shows that people do not always seek help or if they do present to services they may not be admitted. This could be for a variety of reasons including stigma and barriers to access support.

For further information, please refer to the Suicide Audit Report published by Public Health.

3.2 Cost of mental health (financial, social) and cost effectiveness of prevention

¹⁴ Brent Suicide Audit (Brent Council, 2017)

¹⁵ Public Health Outcomes Framework: Fingertips (2017)

Spending on mental health services has been increasing year on year in Brent. From 2016/17 to 2017/18, Brent CCG spending allocations towards mental health services increased from 8% to 9%¹⁶.

The evidence base informing public mental wellbeing interventions is growing, strengthening the evidence base for savings generated by promoting wellbeing and preventing illness and suicide. LSE's Return on Investment (ROI) tool finds that the potential returns on investment is significant. For every pound invested on suicide prevention, approximately £2.93 can be saved in society over the course of ten years. Furthermore, for every pound spent in workplace wellbeing programmes, an estimated saving of £2.37 can be generated to society.

4 Our ambition and objectives

4.1 Objectives

Thrive LDN was launched by the London Health Board and the Mayor of London to raise the aspiration of the city's mental state. Thrive LDN has six aspirations:

1. A city where individuals and communities take the lead
2. A city free from mental health stigma and discrimination
3. A city that maximises the potential of children and young people
4. Develop a healthy, happy and productive workforce
5. A city with services that are there when and where needed
6. A zero suicide city
 - a. Reduce the suicide rate in the general population
 - b. Provide better support for those affected/bereaved by suicide

In response to Thrive LDN, we are committed to ensure that Brent does not only focus on mental illness, but on the mental health and wellbeing of communities too. This way, we can enable communities living in Brent to 'feel good and function well'.

This strategy will use four of the six aspirations as a framework:

- A. A city where individuals and communities take the lead
- B. A city free from mental health stigma and discrimination
- C. Develop a healthy, happy and productive workforce
- D. A zero suicide city

¹⁶ Brent CCG Annual Report 2018

Mental Health Five Year Forward View Dashboard (NHS England, 2017)

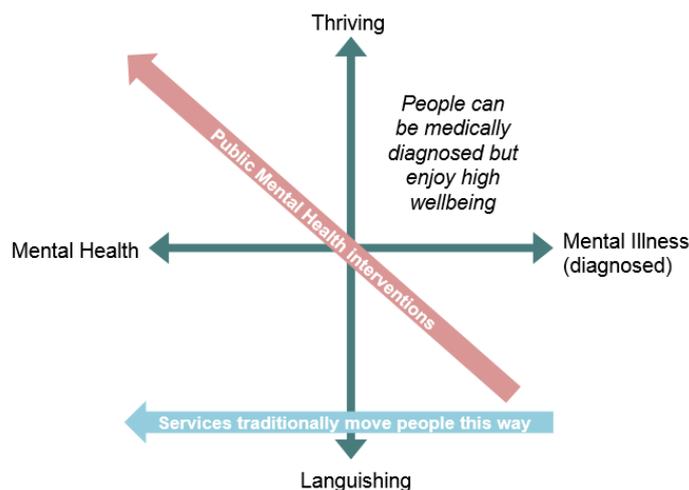
In Brent iThrive is working on children and young people’s mental health and wellbeing, therefore this strategy will focus on the general adult population. Existing groups are also focussing on aspiration 5 (a city with services that are there when and where needed), therefore this strategy will not focus on mental health services.

4.2 Priorities

The Public Mental Wellbeing Task and Finish group (TFG) has identified several priority areas considering the local context:

- Better equip provider organisations and groups to confidently promote mental wellbeing to residents
- Raise awareness of the support that exists locally for good mental health and
- Raise awareness of the Ways to Wellbeing and showcase the potential for recovery and resilience (through capturing and sharing residents’ experiences and stories).

4.3 Our approach



Brent will take an **asset-based approach** to promote wellbeing, prevent mental illness and suicide. Traditional approaches have focused on people with illness and the care they receive. However, promotion and prevention has not yet been a focal point in Brent. For this reason, this public mental wellbeing strategy and action plan will not focus on transitioning people from mental illness to mental

health, but intends to look after the mental wellbeing of the general population to ensure they are thriving, not just surviving whether they have or have not a diagnosable mental illness.

All actions will incorporate at least one of the 5 ways to wellbeing- these are proven public health messages which help to improve mental wellbeing¹⁷. In addition to the 5 ways to wellbeing, increasing evidence supports the role of arts in improving mental wellbeing¹⁸, thereby Brent will also aim to promote the 'to create' way to wellbeing. This locally our messaging will be on the 5+1 Ways to Wellbeing.



TALK & LISTEN,
BE THERE,
FEEL CONNECTED



DO WHAT YOU CAN,
ENJOY WHAT YOU DO,
MOVE YOUR MOOD



REMEMBER
THE SIMPLE
THINGS THAT
GIVE YOU JOY



EMBRACE NEW
EXPERIENCES,
SEE OPPORTUNITIES,
SURPRISE YOURSELF



Your time,
your words,
your presence

Links with other strategies:

- Local Sustainability and Transformation Programme (STP)
- Brent Health and Care Plan
- Local transformation plans for children and young people's mental health and wellbeing
- Employment and Mental Health Outcome Based Review (OBR)

4.4 Monitoring and evaluation

To determine progress, Brent will monitor priority areas to help inform any progress made. The indicators which will be monitored include:

- Self-reported wellbeing (satisfaction, worthwhile, happiness and anxiety) from the Annual Population Survey, although we will note that this reflects a sample of the Brent community
- Employment gap between those with a mental health condition and the general adult population
- Number of women scoring high on the postnatal depression scale and the Wholley question

5 Action Plan

5.1 Public Mental Wellbeing promotion & prevention

Action	Purpose	Actioner	Expected/actual outcome	Status
Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA)	<p>The refreshed Brent JSNA will provide a comprehensive picture of the current and projected health needs of the local population, encapsulating the main health issues and inequalities which exist in different parts of the borough. Key sources of information and intelligence which will be used to inform the development of the JSNA include:</p> <ul style="list-style-type: none"> • Marmot report and associated indicators • Public Health England (PHE) Brent health profile • ONS 2011 Census • Health and Social Care Information Centre 	Public Health, Adult Social Care	Information sheets will explore a range of factors which impact on the mental wellbeing of Brent residents. This information will help inform the action plan in the future.	Expected completion date: Summer 2019
Making Every Contact Count (MECC):	MECC uses the everyday interactions that staff have with other people to support them in making positive changes to their physical and mental	Public Health - PII team	Expected to rollout to all frontline staff in Brent Council's Community Wellbeing department.	April 2020

<p>Mental Wellbeing session</p>	<p>health and wellbeing. MECC interactions are:</p> <ul style="list-style-type: none"> • Opportunistic • Concise • Consistent • Evidence-based. <p>45-60 minute briefings will be offered to staff teams and organisations across the borough with the view of enhancing the knowledge the staff already have. Briefings will provide a focus on prevention and early intervention, staff will be more encouraged to seize the opportunity, explore new ways of understanding mental wellbeing and help improve the health of residents.</p>		<p>Expected to rollout to organisations across Brent</p>	<p>In progress</p>
<p>Thrive LDN community workshop</p>	<p>This gave Thrive LDN the opportunity to share their aspirations with the Brent community. The event also helped stakeholders shape Brent's vision for mental wellbeing. Discussions helped summarise what currently works and what can be done differently on a local level.</p>	<p>Public health, Thrive LDN, Mental Health Foundation</p>	<p>Approximately 60 people including residents, councillors, the metropolitan police, council officers, NHS providers, commissioners, and representatives from community and voluntary sector organisations attended.</p> <p>There was general support for Thrive's six aspirations, however the particular strengths and weaknesses of Brent were also recognised.</p>	<p>Completed Jan 2018</p>
<p>Setup Task and Finish Group and</p>	<p>Create a core multiagency partnership to share ideas and information between key stakeholder representatives. This</p>	<p>Public health</p>	<p>The CCG, Public Health, CNWL, Healthwatch and voluntary organisations are part of the core group and met on a monthly basis.</p>	<p>Completed June 2018</p>

Reference Group	will help devise and develop a well-informed local strategy and action plan.		The reference group includes core representatives from the wider community. This group will be informed of the outcomes of the Task and Finish group (TFG) and will have the opportunity to shape outcomes.	In progress
Community research: Mental Wellbeing Disability Forum	<p>There are numerous reasons for poor mental wellbeing. What we do not know is what influences the wellbeing of Brent residents. The Disability Forum provides people with physical and learning difficulties the opportunity to have their voice heard. Residents can share their experiences and aspirations, which will be used to help shape Brent's strategy.</p> <p>Furthermore, people with learning disabilities and physical disabilities who experience poor mental health and wellbeing require unique support in comparison to the general population. This forum will share information so people can learn about the support that exists and how they can navigate through support pathways.</p>	Brent Strategy and Partnerships team, Public Health, Councillors	<p>Expected to:</p> <p>Discuss how we could individually support each other to fulfil the six ways to wellbeing using local facilities, assets and resources- this will:</p> <ul style="list-style-type: none"> • Encourage people to practically think about the six ways • Share tips and intelligence about local opportunities • Partner representatives in the room can share information <p>Residents will get a clear commitment in response to their recommendations, which will be published on the Brent website.</p>	Expected completion date: 10/10/18
IAPT engagement	Increasing Access to Psychological Therapies service (IAPT) provide support for people who have low-level mental health conditions including low mood levels, depression and anxiety. To increase	Public Health, Brent IAPT service	Public Health will work with IAPT to promote the IAPT service. IAPT will be promoted at two mental wellbeing focussed events at the Civic Centre: the "Are We OK Brent?" learning event, and the Disability Forum in the Autumn.	Completed September 2018

	access to the service, IAPT engage with Brent residents through various avenues including workshops, however IAPT's awareness needs to grow to raise the target referral rate.			
IAPT referrals	Referrals to IAPT are down	IAPT and CCG	IAPT and CCG to work together to increase up take into the IAPT service	TBC
Are We OK Brent? Campaign	<p>There are a wealth of opportunities and organisations providing potential ways to wellbeing. However, these are not always seen as a means to improve and maintain emotional wellbeing, and they do not always connect to people or to one another. Simultaneously, individuals and organisations may wish to get involved in the promotion of mental wellbeing but feel ill-equipped to do so.</p> <p>The campaign will seek to overcome these identified gaps through engagement with the community, as well as a learning event.</p>	Public Health and local providers	<p>The Campaign is expected to:</p> <ul style="list-style-type: none"> • Better equip provider organisations and groups to confidently promote mental wellbeing to residents • Raise awareness of the support that exists locally for good mental health and • Raise awareness of the ways to wellbeing and showcase the potential for recovery and resilience (through capturing and sharing residents' experiences and stories) <p>An event will be run in the Civic centre to consider these expected outcomes. Residents will:</p> <ul style="list-style-type: none"> • be better informed about how to cope with mental distress • learn how to maintain positive wellbeing through the five ways • learn what practical steps can be taken to implement the five ways to wellbeing in Brent (how to make 	Completed date: 28/09/18

			use of local facilities, community groups, events and activities) <ul style="list-style-type: none"> instil hope in residents that maintaining positive wellbeing is possible by hearing stories of recovery and prevention 	
--	--	--	--	--

5.2 Suicide Prevention Action Plan (Appendix 6.2)

Action	Purpose	Actioner	Expected/actual outcome	Status
Suicide audit	<p>The coroner's office holds crucial information for each case of death in the borough. This includes the general background, history and lifestyle of individuals. These factors can help analyse common trends in deaths by suicide, which may help identify particular risks of suicide in Brent.</p> <p>The coroner's office also confirms whether a death is a confirmed suicide case as opposed to being a possible case of suicide.</p>	Public Health, Coroner's office	<p>The audit revealed 6 confirmed cases of suicide in 2016/17. The background of the individuals reveal noticeable commonalities. For example, men are overrepresented among cases- 100% of cases were male. Some evidence also contradicts with the national picture, for example in all cases, individuals were employed.</p> <p>These findings will help inform the suicide prevention action plan.(Appendix 1)</p>	<p>Completed for 2017.</p> <p>In negotiation with Coroner's office for 2018</p>

5.3 Employment and mental health

Action	Purpose	Actioner	Expected/actual outcome	Status
Mental health and employment mapping exercise: to map current employment support provision for people with mental health conditions and referral routes into mental health services	<p>Assisting people who experience mental health conditions to gain and maintain good employment opportunities is a priority in Brent. Currently, there's a 59.5% gap in the employment rate between those in contact with secondary mental health services and the overall population rate.¹⁹</p> <p>At present commissioning is carried out separately, with no shared approach or joint monitoring arrangements. This makes it challenging to create a clear picture of how services are responding to demand and supporting needs. This research will help build a picture.</p>	Adult Social Care (Brent Council)	<p>This piece of research found evidence of:</p> <ul style="list-style-type: none"> • Numerous pathways and a lack of cohesion • Misinformation between organisations and inappropriate referrals • Gaps in provision • Some potential areas of over capacity <p>These findings helped inform the mental health and employment Outcome Based Review (OBR).</p>	Completed April 2018

¹⁹ Public Health Outcomes Framework: Fingertips (PHE, 2017)

<p>Mental Health and Employment Outcome Based Review (OBR)</p>	<p>The issues around mental health and employment were explored during a community research carried out as part of the Employment Support and Welfare reform OBR in 2016. Overall, the research identified that with the right support, for people with mental health conditions, work is important to recovery. Furthermore, it highlighted the difficulties of managing work alongside your condition or treatment.</p> <p>The research completed in April helped find several issues across employment support services for people with mental health conditions. The OBR will build on this information to assess the effectiveness of current arrangements and identify where and how outcomes can be improved. OBRs use a clear methodology to address complex problems.</p>	<p>Transformation Team (Brent Council)</p>	<p>Expected outcome:</p> <p>OBR consists of 4 phases:</p> <p>1: Discover: research</p> <p>2: Stakeholder event: agree priorities/ideas</p> <p>3: Develop a shared commissioning approach</p> <p>4: Deliver: rollout approach</p>	<p>In progress: Phase 1</p>
--	--	--	--	---------------------------------

5.4 Reduce Stigma and Discrimination

Action	Purpose	Actioner	Expected/actual outcome	Status
Community engagement: Promote mental wellbeing and reduce the stigma attached to mental distress	<p>People often fail to care for their mental wellbeing despite the existence of provisions, facilities and community groups which promote wellbeing. Furthermore, people who experience mental wellbeing do not necessarily associate their symptoms with mental distress, which often leads to neglect and deterioration. These themes highlight the existence of stigma associated with mental distress.</p> <p>By showcasing local stories of resilience, recovery and prevention, people can be more informed and aware about the regularity of mental distress. Sharing residents' stories will help residents associate their conditions with those alike to help transform attitudes. As a result, people may feel more comfortable talking about mental distress more openly, and thus seek</p>	Public Health	<p>Publish residents' stories in the Brent magazine and local press.</p> <p>Brent magazine spread on mental wellbeing: This article explores a residents' personal account of their mental wellbeing. The story highlights the missed signs of mental distress, and explains how provisions in Brent have helped her improve her mental wellbeing. This includes IAPT (talking therapies), counselling, swimming, gardening, walking in Brent parks and the library service.</p>	<p>Completed October 2018</p> <p>Completed September 2018</p>

	the support they need to help prevent illness and poor mental wellbeing.			
Thrive LDN Champions: Leadership development programme (TBC)			Training will equip champions to better understand their local system and to build connections and partnerships.	TBC
Mental Health First Aider Training	Mental health wellbeing is an important issue for children at school. The Mayor of London decided to offer training to boroughs to cascade out to schools	Public health	Brent Public Health team led the training across NWL. Two members of the public health team were trained to deliver the two day programme to all schools across Brent	Completed November 2018 April 2019 October 2019

5.5 Loneliness and Social Isolation

Action	Purpose	Actioner	Expected/actual outcome	Status
Signposting service: Social Involvement in Brent Initiative (SIBI)	<p>Research shows that loneliness damages physical health as much as 15 cigarettes a day²⁰. Added to this is the impact on mental health and wellbeing.</p> <p>This service aims to tackle loneliness and social isolation for Brent residents by signposting people who are isolated to the wealth of clubs groups, classes and activities in Brent. The service talks to people about their interests to help suggest several activities in the community from the database of 1,100 activities.</p>	Community Voluntary Sector (CVS) commissioned by Brent Council	<p>Individuals feeling isolated or know someone who is can be connected to local activities which align their interests. This can help promote mental wellbeing and prevent illness.</p> <p>Signposted 450 referrals in 2017/2018 and followed up with support after 1, 3 and 6 months. Development work includes making information available through online factsheets; working with GP surgery and locality; art exhibition on theme of loneliness; event for 50 clients and other people at risk of isolation at Chalkhill Community Centre.</p>	Ongoing

²⁰ Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review.

6.1 Appendix

NHS Digital (2016) *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing*, England.

Office for National Statistics, (2017) *Annual Population Survey*

Brent Council Public Health (2017) *Brent Suicide Audit*

Business in the Community, (2016) *Mental Health at Work Report: National Employee Mental Wellbeing Survey Findings*

Clift, S., 2012. Creative arts as a public health resource: moving from practice-based research to evidence-based practice. *Perspectives in Public Health*, 132(3), pp.120-127.

NHS Confederation, (2010). Five Ways to Wellbeing: New applications, new ways of thinking. Available at:

<http://www.nhsconfed.org/resources/2011/07/five-ways-to-wellbeing>

NHS England, (2017). *Mental Health Five Year Forward View Dashboard*. Available at: <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>

Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review.

NHS RightCare, (2017) *Commissioning for Value Mental health and dementia pack*.

Public Health England (2018) *Public Health Atlas of Variation*. Available at: <https://healthierlives.phe.org.uk/topic/suicide-prevention> (Accessed: 20 August 2018)

Public Health England (2017) *Outcomes Framework: Fingertips*. Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> (Accessed: 30 August 2018)

Stevenson, D and Farmer, P (2017) *Thriving at work: The Independent Review of Mental Health and Employers*.

Brent Suicide Prevention Action Plan

2019 – 2024

*Subject to approval by Brent's Suicide Prevention Group on xxxx



Action Area 1: Development of a suicide audit plan

	Key issue/target group	What will be done – the task	Who will do it	Delivery time frame	Outcome – the difference it will make
1.1	Key stakeholders in Brent	A draft suicide prevention plan should be presented to the Suicide Prevention Steering group, containing details of responsibility for implementing different parts of the plan, anticipated timescales, and monitoring procedures Public Health to circulate updated plan for review by 23 rd May 2016	Public Health	Aim to agree plan by July 2019	Feedback from steering group on an agreed plan
1.2	Service user, carer and community input into suicide prevention work should be sought	Public health to scope options for service user support of suicide prevention work, and present suggestions/options to group for discussion	Public Health	September 2019	Feedback from steering group on agreed actions
1.3	Public Health should aim to assess availability of local data for audit, and initially audit data for the most recent three years for which data are available. Outcomes should be routinely presented to the steering group and used in routine plan updates.	Establish working relationship with coroner	Public health	April 2019	Aim to assess availability of data and develop plan for initial audit by end of 2018 - DONE Aim to present results of initial audit to the steering group in April.
		Obtain further information about number of unexpected deaths among individuals known to CNWL	CNWL and Public Health	Yearly	Information to be shared and reviewed ASAP.

1.4	The suicide prevention group should determine whether the Local Safeguarding Adults working group would be a reasonable forum for borough-wide oversight and monitoring of learning from adult suicide incidents. Such oversight/monitoring is already in place for children and young people via the LSCB, and it may be useful to learn from the methods used there.	Public Health to introduce local child and adult safeguarding leads to the group, such that information about the routine receipt and use of data by the working groups can be understood, and it can be determined whether the governance need proposed is already, or could be, met by these groups	CCG, Public Health and LSAB	September 2019	Aim to review current practice and possibilities.
-----	--	---	-----------------------------	----------------	---

Action Area 2: Reduce the risk of suicide in key high-risk groups:

Taking cross-cutting and coordinated approaches to address high risk groups is critical to maximising efforts to reduce suicide and improve mental health. Groups that have been chosen to focus on for the next five years include:

- Men aged 15 to 59
- Eastern Europeans
- People who have attempted suicide
- People with drug and alcohol problems

	Key issue/target group	What will be done – the task	Who will do it	Delivery time frame	Outcome – the difference it will make
2.1	Reducing risk in men especially in middle age, with a focus on: men from Eastern European countries, economic factors such as debt; social isolation; drugs and	Working group to draw up proposals for how to increase help seeking by men, in particular single white men aged 15-59 and from Eastern European countries. Identify individuals with lived experience for representation on working group.	Public Health, CALM, PAPYRUS, Working with Men, Opportunity for All, local football clubs,	June 2019	Report recommendations to inform future action by the Suicide Prevention Steering Group

	alcohol; developing treatment and support settings that men are prepared to use.		housing, major employers,		
2.2	People who have attempted suicide	Review and strengthen pathway for people attending A&E departments following suicide attempt.	NHS Acute Trusts CNWL, Imperial NHS Trust Hospital and LNWH	Ongoing New 24/7 Crisis and Urgent Care delivery and pathway developing with integrated outreach team for CYP	Audit to investigate whether all those attending A & E Departments who have attempted suicide placed on the Crisis Care and Urgent Care Delivery Pathway.
		Ensure GPs are contacted with details of suicidal/vulnerable person so that appropriate help and support can be offered e.g. Public Protection Unit/Liaison Team	CCG	Ongoing	CCG Audit to investigate whether GPs are contacted with details of suicidal/vulnerable people who have attended A & E departments so they can provide follow-up.
2.3	People who self-harm	Identify gaps in care relating to preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients.	NWL Collaborative of CCGs , mental health trusts, school nursing	Ongoing New 24/7 Crisis and Urgent Care delivery and pathway developing with integrated outreach team for CYP	Care for people who self-harm in line with NICE Guidance.
		Explore establishing a peer to peer support group for self-harm based on recommended good practice.	PHE,CCG, WDP, LNWH and CNWL	December 2019	Peer to peer support model established
2.4	Commissioning	Use contract mechanisms to ensure suicide awareness training is built into all contracts.	LA Commissioners CCG Commissioners	CCG commissioners to discuss with contract leads for LNWH and CNWL for insertion into 2020/2021 contracts by end of March 2019	All new contracts issued to include a requirement for suicide awareness, prevention and intervention training for all staff working with at risk groups. Develop a 'kitemark' standard to recognise /quality assured training providers.

		Review current commissioned services for suicide prevention		LA commissioners to discuss with current providers and include in all new contracts.	
2.5	First Responders	Suicide prevention and intervention training for all front line police, fire brigade ambulance service staff and British Transport police.	Metropolitan Police, London Fire Brigade, London Ambulance Service, British Transport Police	December 2019	Increased reports of interventions. Improved signposting and awareness from frontline staff. Reduced attempted suicide cases.
2.6	Support services	Establish partnerships to ensure that there is appropriate support including for those who do not access traditional services. Explore the potential for action across NWL	MIND, Samaritans, Public Health, School Nurses, Educational Psychology, 'Kooth' on-line counselling for young people.	September 2019	Identifying the support available
		Work with universities and colleges to review their current arrangements for students in crisis.	Public Health Universities and colleges.	TBC following planned London wide needs assessment	Once review completed, for recommendations to be implemented by the universities and colleges.
2.7	Training	Roll out e-learning and free to access Mental Health First Aid training	Suicide Prevention Steering Group	December 2019	
2.8	Mental Health Services – CNWL NHS Foundation Trust	Brent Public Health and Central and North West London (CNWL) Mental Health Trust to explore how “zerosuicide” concept could be applied in Brent	Public Health and CNWL	April 2019	Improved communications

Zero suicide: The zero approach is a proactive strategy that aims to identify and care for all those who may be at risk of suicide, rather than reacting once patients have reached crisis point. It emphasises strong leadership, improved training, better patient-screening and the use of the latest data and research to make changes without fear or delay. It is a joined-up strategy that challenges old ideas about the inevitability of suicide, the stigma that surrounds it, and the idea that if a reduction target is achieved, the deaths on the way to it are somehow acceptable.

Action Area 3: Tailoring approaches to improve mental health in specific groups

As well as including wellbeing interventions aimed at the whole population, the Brent Suicide Prevention Steering Group may want to identify some groups which may need additional support to improve their mental health and wellbeing.

- Socially excluded and deprived groups
- BAME communities
- Domestic abuse victims and survivors
- Women during and after pregnancy
- Young people leaving care
- Children, young people and students
- Older people (especially those who have recently lost long term partners)
- People who misuse drugs and alcohol
- LGBT
- People experiencing financial crisis
- People experiencing relationship difficulties
- People bereaved by suicide
- People with new diagnosis of disability or terminal illness

	Key issue/target group	What will be done – the task	Who will do it	Delivery time frame	Outcome – the difference it will make
3.1	Schools and Early Years	Healthy Schools and Healthy Early Years Partnerships to provide advice, guidance and recognition of achievement through the Bronze Silver and Gold Awards on emotional health and wellbeing and building resilience.	Public Health/Schools and Nurseries Healthy schools and Healthy Early Years Programmes	Ongoing April 2020	95% of primary schools and 80% of secondary schools to achieve and maintain Healthy Schools Bronze Award. Conferences focusing on Mental Health for both Healthy Schools and Healthy Early Years to promote improve practice and share learning and to include suicide prevention.

		0-19 Healthy Child Programme services (Health Visiting and School Nursing), commissioned by LAs require all front line staff to be trained tier 1 mental health workers.		April 2020	0-19 Healthy Child Programme Services contract requirement that all front line staff are Tier 1 mental health worker trained.
3.2	Ensuring up to date information on services is easily accessible for individuals, care givers and service providers.	Update the mapping of services available from health, social care and third sector and ensure the information is easily available and effectively communicated.	Public Health/ Social Care Services and HealthWatch	Commissioned by February 2020 Published by June 2020	Information on services easily available for both residents and service providers in a variety of formats.
3.3	Metropolitan Police	Work with MET Police to provide frontline officers with awareness and information cards promoting the LiveItWell.org.uk website and local mental health services	Public Health, CNWL and Met police		90% of police force will be aware of Liveitwell.org.uk
3.4	Brent population	Continue to roll out the Five plus one Ways to Wellbeing campaigns in Brent	Public Health	Ongoing	Increased awareness of 5+1
3.5	Individuals being referred for the right intervention	Continue to promote NHS Talking Therapies (also known as Improving Access to Psychological Therapies IAPT)	All	Ongoing	Increased access to the right services
3.6	Improving communications between agencies to share information	All agencies to share relevant information to enable timely monitoring and response of suicide and suicide attempts in Brent	All	December 2019	Increased awareness of trends

Action Area 4: Reduce access to the means of suicide

	Key issue/target group	What will be done – the task	Who will do it	Delivery time frame	Outcome – the difference it will make
4.1	Identifying any geographical hotspots	All agencies to work together to identify and manage hotspots for both completed suicide and suicide attempts in a timely manner	All	Ongoing	Hotspots identified for targeted work
4.2	Further work by CNWL to reduce access to means of	Network Rail suicide risk number to be disseminated to frontline services	CNWL and Public Health	Ongoing	CNWL compliant with CQC report recommendations and undertake

	suicide in inpatient facilities – and reduce absconding among detained patients – may be useful				annual audit. Staff on wards aware should call National Rail suicide risk number where relevant. -
4.3	The steering group should engage with pharmacists to review safety of prescribing practices	Consultation with local pharmacy teams and medicine management re data available.	CCG	December 2019	

Action Area 5: Provide better information and support to those bereaved or affected by suicide

Post-suicide interventions at family and community level are essential to deal with the effects of suicide, the risk of contagion and cluster suicides and the on-going impact on the mental health of the bereaved. There is a key role here for the police and the Coroner's office in offering immediate help to bereaved families in access to information and to find support from local and national organisations.

	Key issue/target group	What will be done – the task	Who will do it	Delivery time frame	Outcome – the difference it will make
5.1	Provide effective and timely support for families bereaved or affected by suicide	Immediate outreach after suspected suicide through a liaison role (with a named individual who is responsible for suicide bereavement support)	Metropolitan Police/Coroner's Office	July 2019	Police suicide liaison role established in each local authority area. Support for the bereaved family to cope with the tragedy
5.2	Ensure there is a representative from Survivors of Bereavement by Suicide to join the Steering Group	Invite a representative from Survivors of Bereavement by Suicide to join the Steering Group	Public Health	May 2019	
5.3	Front line staff	Ensure that the support pack "Help is at Hand" and details of local support groups such are distributed to as many frontline staff in appropriate occupations (eg health, police) as possible	Public Health	September 2019	Staff more aware of what's available

5.4	Those bereaved /affected by suicide	Critical incident response service to schools - Support offer to schools and siblings of those who have died by suicide	Educational psychology service to schools and Sixth Form colleges.	Ongoing	All schools aware that they can request support for themselves and for the siblings of those who have died by suicide.
		Develop a pathway to improve the provision of support and information to those bereaved by suicide including provision of information e.g. "Help is at Hand" leaflet as well signposting to Samaritans/other charities	Public Health, Police, Coroner, Registrar, GPs, Acute Health Trusts, Funeral Directors, Social Care, MIND/PAPYRUS	September 2019 September 2018	All those bereaved by suicide provided with the appropriate support and information.
		Explore potential for a survivors of Bereavement by Suicide (SOBS) peer support group to be set up in NWL.		April 2021	Plan for a SOBS peer support group drafted and presented to the Suicide Prevention Steering Group.

Action Area 6: Promoting a multiagency approach

	Key issue/target group	What will be done – the task	Who will do it	Delivery time frame	Outcome – the difference it will make
6.1	Review local data sharing processes in light of the Thrive LDN data sharing work	Set up a mechanism to share confidential and other information between agencies on suicide prevention e.g. data, services, website, sharepoint.		December 2019	Increased appropriate referrals to services.

Action Area 7: Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

	Key issue/target group	What will be done – the task	Who will do it	Delivery time frame	Outcome – the difference it will make
7.1	Communication team	Brent t Council, NHS and Police communications teams hold The Samaritans media guidance regarding suicide reporting, and distributes this to local media in the case of a local incident	Local Authority , NHS and Police Communications Team	May 2019	
7.2	Social media campaign	Explore the potential to build on the annual Thrive LDN campaigns	LA and NHS Communication Teams	Summer 2019	LA and NHS communications incorporate promotion of Thrive LDN in their communications plans