SUICIDE PREVENTION

Across Northern Locality

Northern Locality Community Development Support

IMPACT NETWORK

crun
Community Rural and Urban Network

CWSAN
Rural Support Network

Northern Area Community Network

www.healthallianceni.com

Health Alliance
Connecting & Involving Communities
Supported by Networks Involving Communities in Health Improvement (NICHI)

WE ARE HERE TO **HELP**

> " You are not alone, there is always someone available to take your call. "

Lifeline

0808 808 8000
www.lifelinehelpline.info

Within the **Northern Locality** suicide prevention is a shared responsibility across all sectors, organisations and communities.

This leaflet will help you understand the capacity building framework for suicide prevention and highlight useful resources.

Suicide prevention includes:

1. **Building strong communities**

2. **Promoting suicide prevention**

3. **Building capacity within the community to respond to warning signs of suicide**

4. **Northern locality suicide prevention strategies**

1. BUILDING STRONG COMMUNITIES

Individuals can create a sense of belonging by connecting with other community members - this is a protective factor for good mental health. Communities comprise of individuals, families and groups.

We can build stronger commmunities through investing in and supporting them – **this describes 'Community capacity building'.**

Community capacity building focuses on the ability of organisations, groups and individuals to build upon their current structures, people and skill sets to work collectively towards shared objectives. **In this framework the shared objective is improving the ability to protect against suicide.**

Ways Communities can increase capacity to protect against suicide:

a) **Providing safe environments:**
Psychologically safe spaces provide opportunities for people to think differently, learn new skills, become better connected with peers, and reduce social isolation. They also help people who have experienced abuse or trauma to cope and avoid re-traumatisation.

b) **Promoting relationships:**
Communities thrive when people have strong connections. Opportunities are given to make new social connections. Relationships are promoted and supported within families, friends, neighbourhoods, social and community groups.

c) **Co-ordinating support services:**
Services are promoted and delivered by local providers in a coordinated way. Signposting and transitions are strengthened.

d) **Trained responders:**
Ensuring that those working within communities are trained and proactive in their response to the needs of people at risk of suicide.

e) **Increase Knowledge of available support:**
People in the community know what support is available. This includes people in community groups, sports clubs, schools, self-help groups and religious organisations.

f) **Raising awareness of support services:**
People know where and how to get help, e.g. Lifeline, Text a Nurse, Self-harm intervention programme (SHIP).

2. PROMOTING SUICIDE PREVENTION

a) **Value the community's knowledge:** Communites are experts in their own lives and circumstances. We build capacity by supporting communities to actively shape what is done in their area. This includes them taking ownership and advocating for themselves. Community work should be directed from public discussions and community forums.

b) **Understand local issues that might affect the incidence of suicide:** Having a knowledge of communities is important to ensure targeted worked is effective. Targeted work should be used to address issues that might impact the incidences of suicide. Examples of targeted work include offering support to families recently bereaved by suicide or targeted work within schools. These examples can be identified by having knowledge of what is happening within our communities and in response those working within suicide prevention can plan a targeted intervention such as awareness raising or psycho-education programmes.

c) **Increase awareness of suicide prevention:** Creating a culture of discussing mental health and mental ill-health and suicides can trigger support being offered. An increase of education on the topic can help build resilience and a whole community response based on shared responsibility and capacity to protect and support its members. This can be achieved by increasing awareness of factors which can increase incidences of suicide such as adverse life events,

as well as health promotion targeted towards schools and sports clubs within the local community. It is important that communities receive education that suicide can affect anyone.

d) **Develop and maintain local networks:** Local networks are essential in building and maintaining community capacity. Collective knowledge, efforts and collaborative decision-making can produce better outcomes than working in isolation. Thus, it is important that various stakeholders such as community organisations/groups, schools, health services and policy makers all work in tandem in their approach to suicide prevention and any strategies they implement and avoid duplication of work or mixed messaging.

e) **Use existing resources:** Often, the best and most effective resources to support suicide prevention programmes can be found locally, as these resources usually have been developed in response to community need. It is important to build from the ground up, utilising existing community resources and upskilling those already working within suicide prevention. An example of this can be ensuring sound understanding of the theory, evidence and do no harm approach related to suicide prevention, ensuring access to current information and research on suicide prevention, funding support with having accessible technology and meeting spaces.

3. BUILDING CAPACITY TO RESPOND TO WARNING SIGNS FOR SUICIDE

Building community capacity is a system wide approach. There are many practitioners (mental health, education and religion etc) who come across those who have suicidal ideation, intent or plans.

Thus, it is important for all staff and volunteers, regardless of role, to be trained in suicide prevention awareness and skills to identify warning signs for suicide and how to respond appropriately.

Building suicide prevention networks is vital for the implementation of suicide prevention strategies into communities.

Why? - It means an array of local supports with accessible contacts working together, for example, emergency services, community mental health teams, support groups, training providers etc who individual community members can be signposted to or access quickly in crisis.

Bringing representatives together on a regular basis to implement a local suicide prevention strategy and response is vital.

Therefore, everyone who needs it can be signposted to the appropriate services more quickly and each service knows they are not being left to assist large numbers of people on their own due to collaborative working.

Trained in suicide prevention awareness and skills to identify warning signs

4. NORTHERN LOCALITY SUICIDE PREVENTION STRATEGIES

The **Northern Locality Suicide Prevention Community Development Model** enables communities to be active participants in making positive changes with a joint, consistent and community - based approach.

Within the **Northern Locality**, mental health and emotional wellbeing programmes are delivered within grass roots community groups.

Community support for mental and emotional health issues...

Community support for mental and emotional health issues is supported effectively through evidence-based approaches with the aim of improving quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible by connecting with meaningful activities and creating or fulfilling hopes and aspirations in line with their individual wishes.

Suicide Prevention Development Officers work collaboratively across statutory and non-statutory commissioners and providers to address health inequalities and social determinants of mental ill health.

Within the **Northern Locality** we have an Emotional Health and Wellbeing Suicide Prevention Model of care based on inclusivity, particularly for people who experience marginalisation.

Within the community outreach model, suicide prevention has a wide reach in partnerships across a range of localities and community spaces.

This role is to support Community Development within the Northern Area in line with key strategic drivers such as Protect Life 2, and complimentary to the objectives of the Community Networks who are Causeway Rural & Urban Network, Cookstown & Western Shores Area Network, Northern Area Community Network and Impact Network NI.

SUICIDE PREVENTION DEVELOPMENT OFFICER
Contact Information

Suicide Prevention Development Officers can support your group with awareness raising and education, capacity building and resilience, partnership working and information management.

Impact Network NI

Laura McCaughey

@ laura@impactnetworkni.org

📞 028 9447 8645

Unit 6 & 7 Arches House, 38-40 Main Street, Randalstown, BT41 3AB

AREAS COVERED:
Antrim, Newtownabbey
Carrickfergus

Northern Area Community Network & Causeway Rural and Urban Network

Hannah Graham

@ spdo@nacn.org   📞 028 2177 2100

25 Mill Street, Cushendall,
Ballymena, BT44 0RR

AREAS COVERED:
Ballymena, Ballymoney,
Larne, Moyle, Coleraine

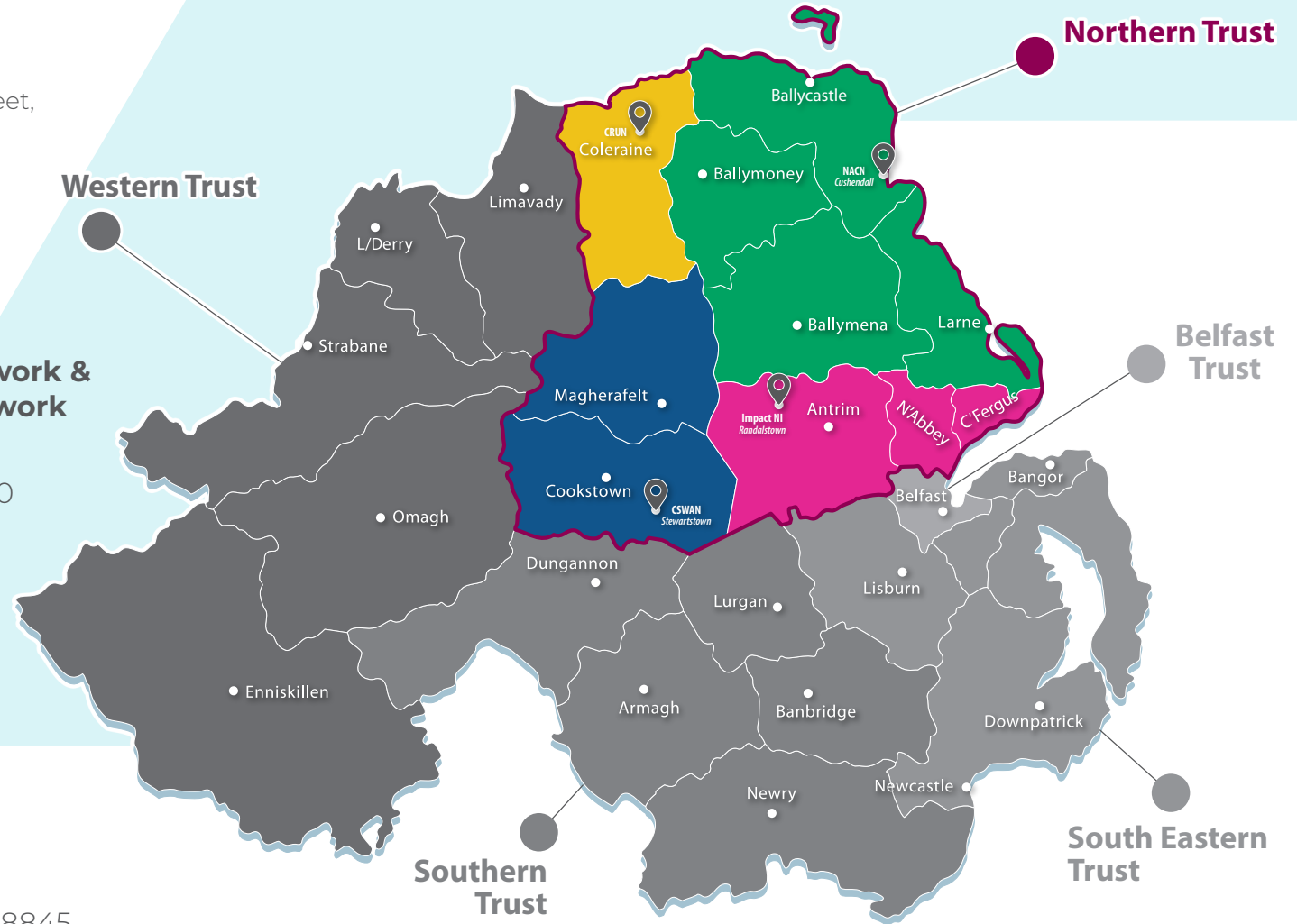### Cookstown & Western Shores Area Network

Denise Doherty

@ denise@cwsan.org   📞 028 8773 8845

The Crieve Centre, 2 Hillhead, Stewartstown BT71 5HY

AREAS COVERED:
Magherafelt & Cookstown

Northern Trust

Western Trust

Belfast Trust

Southern Trust

South Eastern Trust

Ballycastle

CRUN
Coleraine

Ballymoney

NACN
Cushendall

Limavady

L/Derry

Strabane

Ballymena

Larne

Magherafelt

Impact NI
Randalstown

Antrim

N'Abbey

C'Fergus

Bangor

Cookstown

CSWAN
Stewartstown

Belfast

Omagh

Dungannon

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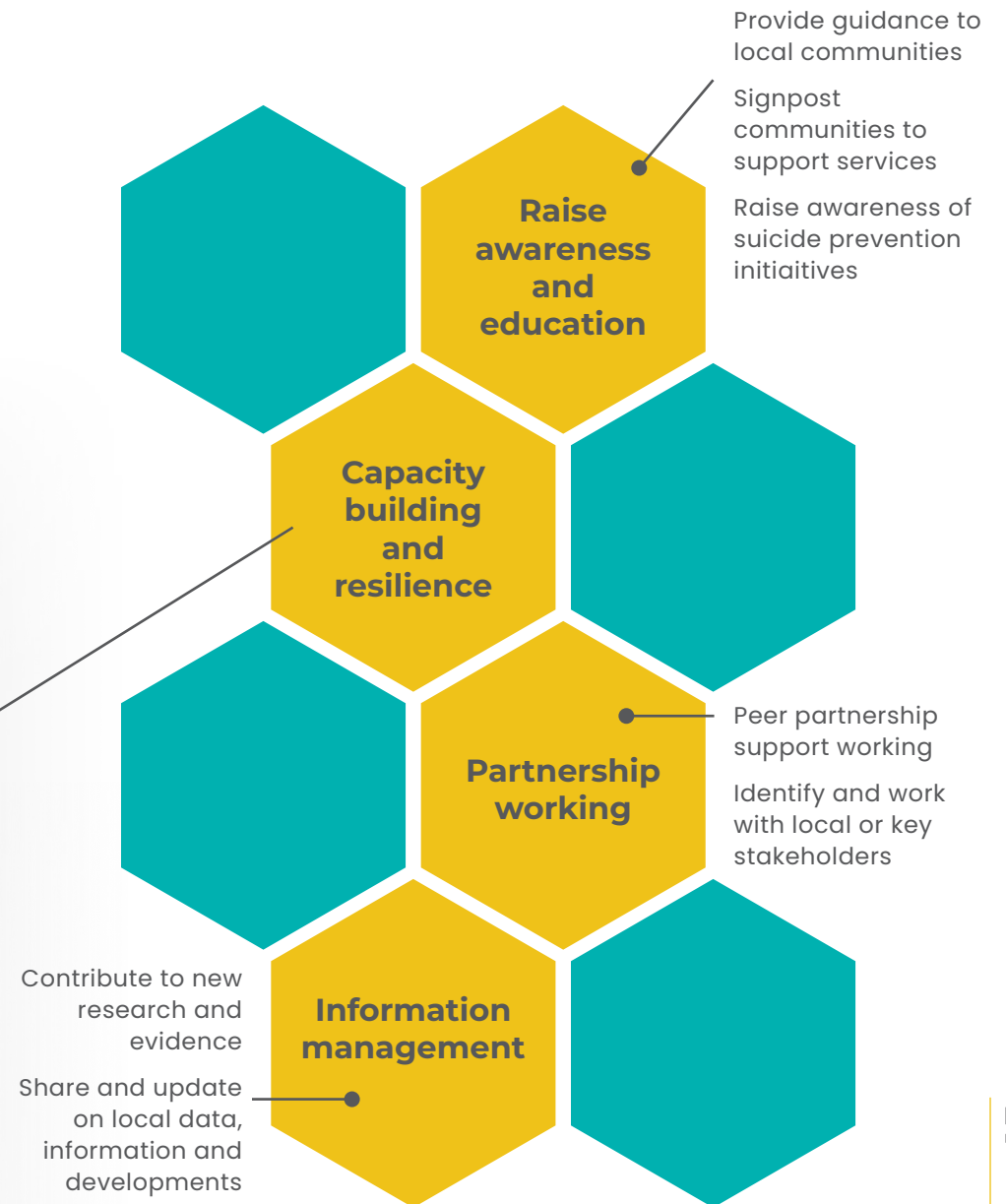## Some of the ways that suicide prevention is targeted within the Northern locality include:

a) **A community outreach model** with a wide reach. This is strengthened by partnership working and using a range of localities and community spaces. Engagement uses an assertive outreach approach (Protect Life strategy).

b) **An Area wide community engagement model** for mental health and suicide prevention. This takes account of health inequalities and vulnerabilities by including a focus on poverty, substance misuse, ethnic minority support, older people, youth work/ EANI and LGBTQ+. Support can be ongoing, as well provided in response to major societal events (such as the impact of Covid 19 on anxiety in communities).

c) **Improving mental wellbeing** by supporting communities to develop protective factors, e.g. encouraging people to talk and reduce stigma around suicide and raise any issues which may help to prevent future suicide attempts. This gives people hope for the future.

d) **Having awareness and knowledge** of communities to help respond to those in higher need through Sudden Death Form / Community Response Plan partnership working with Trust co-ordinated partnership e.g. suicide surveillance and bereavement support and by supporting with follow up actions in the community (information/ awareness of support/training/interventions).

e) **Sharing** up-to-date and accurate public health information and effective strategies for improving mental health and preventing suicide.

f) **Raising awareness** and **helping build connections** within the community, e.g. with local GPs, pharmacies, faith organisations, PSNI etc. This includes capacity building and sharing information such as training opportunities. Focal points include how to increase social inclusion and connectedness, reducing isolation, reducing hopelessness and increasing awareness on coping strategies and self-care, and social prescribing.

g) **Public health awareness campaigns**, regionally and locally including organising local events and programmes annually, e.g. Men's Health Week etc., always raising awareness of mental health and suicide prevention and all emotional or practical support services and projects.

h) **Local co-ordinated** education and awareness work on what support is available; how to access; up to date referral pathways and signposting.

i) **Local knowledge of needs** in communities – links with Community Response Plan.

j) **Awareness of safe / good practice and increasing standards** for newly emerging volunteer led groups in smaller / larger pockets of any locality.

WHOLE SYSTEMS APPROACH TO COMMUNITY BASED EMOTIONAL HEALTH AND WELLBEING / SUICIDE PREVENTION MODEL

(Working in partnership with other relevant organisations to ensure community safety and resilience)

Delivered by the Community Networks to get to the heart of communities – allowing for the programme delivery to be flexible annually against local needs/priorities

Empower communities to build social capital

Organise, provide or signpost to relevant training and awareness programmes

Support communities to develop emotional health and wellbeing, and suicide prevention initiatives

Raise awareness and education

Provide guidance to local communities

Signpost communities to support services

Raise awareness of suicide prevention initiaitives

Capacity building and resilience

Partnership working

Peer partnership support working

Identify and work with local or key stakeholders

Information management

Contribute to new research and evidence

Share and update on local data, information and developments

PHA QUALITY STANDARDS FOR SERVICES PROMOTING MENTAL AND EMOTIONAL WELLBEING AND SUICIDE PREVENTION

These PHA Quality standards summarise what best practice looks like in promoting mental and emotional wellbeing and suicide prevention.

Groups should familiarise themselves with the content. There is a free, online self-assessment tool that helps your group identify what you are doing well and areas for improvement.

To see the Standards and complete the standards self-assessment, go to: https://standards.pharesourcehub.co.uk/home

You will need to **REGISTER** to get access to the portal to allow you to complete the standards self-assessment tool.

Scan me

The **INFORMATION PAGE** gives background details on the standards, outlines how to complete the standards and explains how self-assessment works.

Scan me

MEDIA GUIDELINES AND RESOURCES TO SUPPORT SAFER COVERAGE OF SUICIDE

How a community responds to a death by suicide is important. Some types of media reporting such as explicitly describing a method, sensational and excessive reporting can increase suicide risk among vulnerable people. Practical advice on what to do in the community and media after a suicide is provided in these resources.
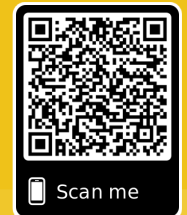
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Samaritans' media guidelines for reporting suicide.

Scan me

PHA's advice for communities, groups and schools on public memorials following a sudden death that is a suspected suicide.

PHA's advice for families on public memorials following a sudden death that is a suspected suicide.

Scan me

A new online platform has been launched to help support communities following a sudden death.

Comkit includes guidance on key themes including:
· the importance of using safe language when talking about suicide
· Social media
· memorials and public gatherings within the community
· It is customised for use by family, friends, neighbours, media, political representatives and community organisations
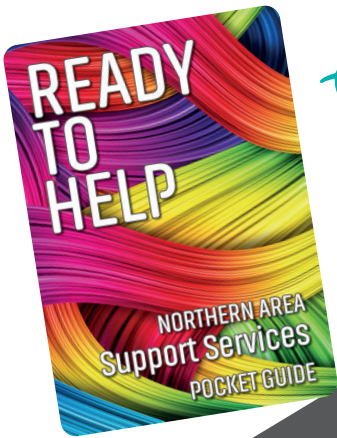
Comkit.info

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Press Release

The
Ready to Help
resource includes information about training and a directory of services in the Northern Locality.

READY TO HELP

NORTHERN AREA
Support Services
POCKET GUIDE

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From programmes and events to training and funding, the **NICHI Health Alliance** keeps you in touch with resources to support the creation of healthier communities.

visit **www.healthallianceni.com**

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