Working Action Plan for Leeds 2017 - 2020

This is the second successive suicide prevention action plan for Leeds. It aims to continue setting out the direction and priorities for suicide prevention work in Leeds over the next three years. It is to guide developments and promote citywide investment matched to key areas of action shaped from national policy, intelligence and the recent suicide audit for Leeds (2016).

Background

A national suicide prevention strategy came from the Department of Health in 2011 - Consultation on preventing suicide in England: A cross-government outcomes strategy. This highlighted six key areas for action:

Area for action 1: Reduce the risk of suicide in key high-risk groups

Area for action 2: Tailor approaches to improve mental health in specific groups

Area for action 3: Reduce access to the means of suicide

Area for action 4: Provide better information and support to those bereaved or affected by suicide

Area for action 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Area for action 6: Support research, data collection and monitoring

Most of these areas for action formed the basis of the previous suicide prevention action plan where relevant alongside the findings from the suicide audit for Leeds in 2012. A city-wide workshop with key partners helped inform the final objectives.

The plan and activities are overseen by the strategic suicide prevention group for Leeds. This is a multi-agency group chaired by Public Health, Leeds City Council.

National updates

On 9th January 2017 a new strategy refresh was published by the Department of Health – it also included a third progress report of the cross-government suicide prevention strategy and details the activity taken place across England to reduce deaths by suicide in the year ending March 2016.

Public Health England (PHE) has recently published a document designed to assist in the implementation of the new guidance; this refers to the same six areas.

This report is being used to update the national 2012 strategy in 5 main areas:

- Expanding the strategy to include self-harm prevention in its own right
- Every local area to produce a multi-agency suicide prevention plan
- Improving suicide bereavement support in order to develop support services
- Better targeting of suicide prevention and help seeking in high risk groups
- Improve data at both the national and local levels

It followed on from other key documents published since the last action plan for Leeds was produced:

- Support after a suicide: A guide to providing local services A practice resource (Government 2017)
- Local suicide prevention planning guide (Public Health England 2016)
- Preventing suicide in public places (Public Health England 2015)
- Identifying and responding to suicide clusters and contagion (Public health England, 2015)

Local picture

These key documents fit well with the current Leeds Approach

Leeds Suicide Audit September 2016 (2011-13)

The latest suicide audit has been recently completed and disseminated from September 2016. It looks at deaths occurring during the three year period 2011-2013.

Key Findings can be found in Appendix 1

The suicide audit made 11 recommendations, these are:

1. Continue to target interventions towards those identified as most at risk.
2. Re-engage with all key partners (e.g. a range of third sector and statutory organisations across the city) that have contact with the groups identified as most at risk, and include them in the development and implementation of the suicide prevention strategy.
3. Work with primary care to increase the recognition of those at risk of suicide. This audit shows that 45% of people had contact with primary care within a month prior to their death. Evidence shows that interventions and training programmes aimed at increasing awareness of signs of suicide can be effective.
4. Appropriate management of poor mental health at an early stage. Research shows that those with depression and other mental illnesses can benefit from a range of interventions both pharmacological and psychosocial and these can reduce the risk of suicide.
5. Monitor trends in jumping/ falling as a method of suicide and the proportion of deaths occurring in public.
6. Engage new partners who may have influence over access to means of suicide across the city (e.g. partners in the city development and planning sector) in the multi-agency strategic suicide prevention group and in the development of the suicide prevention strategy.
7. Continue to prioritise postvention interventions aimed towards those who are bereaved by suicide, and ensure that this service is evaluated to add to the global evidence base around postvention interventions.

8. Engage fully with partners who are most likely to be in early contact with those who are bereaved by suicide (e.g. emergency departments, police or the Coroner's Office) to ensure early access to appropriate services.
9. Continue to work with colleagues in the media and promote the use of the guidelines developed in partnership with the National Union of Journalists.
10. Continue to undertake a suicide audit at regular intervals to gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the city.
11. Consider the development of a real-time surveillance system for suspected suicide through working closely with key identified partners across the city.

These recommendations will be embedded in the following overarching priority work streams:

1. Citywide Leadership for suicide prevention

2. Reduce the risk of suicide in high risk groups

3. Tailor approaches to improve mental health in specific groups

4. Work with primary care to support both the workforce and those accessing primary care

5. Provide better information and support to those bereaved or affected by suicide

6. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

7. Support research, data collection and research

The scope of the action plan below continues to include interventions commissioned locally by the partners of this group. The action plan aims to take a "life course" approach as set out in both national mental health strategy, suicide prevention strategy and advocated by the Marmot Review making continuous links across to children and family commissioning. It also sits alongside the suicide audit 2016 and includes the 5 recommendations from the national strategy refresh, predominantly around self harm being specifically included.

Priority	Action / description of intervention	Leadership	Progress / outcomes /milestones	Monitoring
1.Citywide leadership for Suicide Prevention	• To have a functioning strategic group overseeing delivery of action plan • Members to advocate on behalf of work stream and have targeted activity in their local work plans • To identify funding and commissioning opportunities for initiatives • To maintain strong links to Mental Health Partnership Board, relevant Children and Young Peoples strategic groups • To share best practice from and with national and local work • To ensure links with national support networks as set out in national guidelines	Public Health, LCC	Evidence of strategic leadership and influence Review TOR / membership annually to reflect current work Quarterly Meetings with minutes and actions from activity of both strategic and task groups Coordinate awareness for Citywide Suicide Prevention day every September Annual review of action plan	Minutes and actions Evidence of activity Accountable to the Health and Wellbeing Board Attendance at scrutiny Understanding and articulating suicide rates in Leeds in comparison to national rates.
2.Reduce the risk of suicide in key high risk groups	a) **30-50 year old men in high risk groups** • Continue promoting the findings from the local audit, Insight and men's health reports targeting those who engage with men at risk. • Establish and maintain strong links between services that work with men at risk of suicide and their families • Provide relevant and targeted suicide prevention training to front line staff working with high risk group • Ensure links to new commissioned work	LA, PH, CCGs ,3rd Sector, Fire Service , Police and suicide prevention group	On-going activity to be fed back and captured through the strategic group. Identify new work/partners invite and support new partners to help share knowledge. Increased activity of suicide prevention work with Men External funding for suicide prevention activity that includes peer communicators	Quarterly meetings Evaluations from partners work / commissioned services Sharing new insight Numbers of people trained in suicide awareness training in targeted way

	including social prescribing and digital portals (Mindmate, Mindwell) • Ensure commissioned community health development services target men at risk develop evidence based work (green gyms, men's groups, walking groups) • The new Mentally Healthy Leeds service to include suicide prevention work with men at risk in service specification • Promotion of Crisis Cards to at risk group and other resources as developed with men's peer groups **b) Those at risk / history of self harm** • Continue a life-course approach to self harm prevention with links to C&YP agenda including Futures in Mind, Mindmate, Best start • Target work with young women and those at risk (LAC, care leavers, and YP in the Youth Justice System • Promote the pink booklet resource with wider workforce • Ensure all relevant services compliant with of NICE guidelines • Suicide and self harm awareness training to wider frontline workforce • stigma and discrimination towards self-harm to be challenged and reduced through improving awareness, understanding **c) People in care of mental health services** • Suicide prevention strategy /plan to be developed by LYPFT and supported by the strategic group Which will include ; -staff training and awareness raising of risk. - to comply with best practice on suicide prevention , supported by regional NHS	LA,CCG's , LCH, LYPFT CCG, LA, LYPFT	(i.e. mens groups) Procurement of new Mentally Healthy Service Dissemination of crisis cards across the city To have a clear picture of self harm in the city with gaps and agreed prevention messages led by partners Capture data of wider workforce trained and where they work Evidence of self harm NICE standards and pathways implemented with relevant commissioned services. Time to change hub work around self harm awareness and stigma associated Completion of Strategy / action plan shared in the city	Digital portal evaluations and data Successful procurement process with award of contract **Potential Indicators:** Suicide Rate The ratio of male suicide deaths to female suicides Population well-being e.g. Edinburgh-Warwick ONS indicators of wellbeing Numbers of people trained in awareness

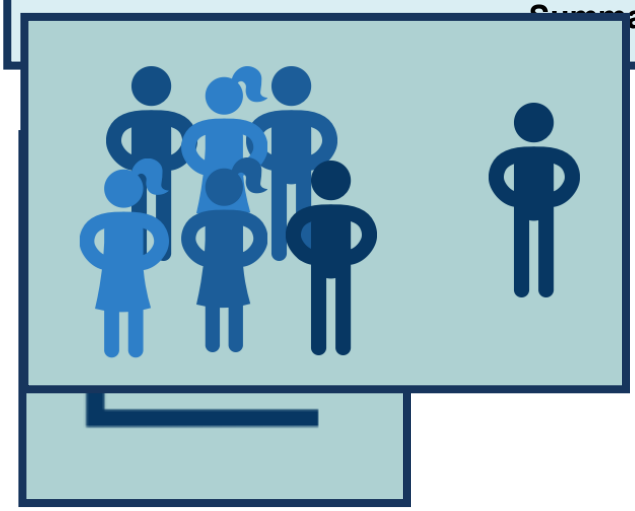
	Vanguard • LCC to continue to commission targeted welfare advice mental health outreach service • Link suicide prevention agenda to the Mental Health Framework, Crisis care concordat so that agenda is embedded in crisis work.		Mental health outreach re- commissioning to be agrees post 2018/19 Suicide Action plan linked to crisis care concordat (sections A & D) Demonstrate good suicide prevention leadership with the police and acute services	training Time to change hub action plan LYPFT monitoring data including headlines from SUI learning Monitoring from welfare advice provider Crisis care concordat action plan
3. Tailor approaches to improve mental health in specific groups	Identify key at risk groups (as evidenced in Audit for Leeds and MHNA2017) • Link with C&YP work in the city raising awareness of YP at risk of poor MH • Work with CCG partners to commission public mental health initiatives that include targeting people who live in areas of deprivation.(i.e. LSECCG Health Inequalities fund) • Commissioned social prescribing schemes trained to identify and work with people at risk and to promote resilience and early signposting. • The Time to Change partnership hub will	LA, PH,CCG, 3rd sector	Evaluation of demonstrating broader suicide and self harm prevention work of social marketing	HIF monitoring/ demonstrating outcomes Social prescribing demonstrating outcomes related to broader mental health promotion and resilience of protective factors

	continue work challenging stigma around poor mental health.			Time to Change action plan monitoring
4.Work with primary care to support both the workforce and those accessing primary care	• Work with key primary care partners to increase the recognition of those at risk of suicide they have contact with (i.e Long term physical health conditions, untreated depression) • Understand the training needs of primary care staff • Promote links to financial inclusion and welfare advice services in primary care • Promote local resources Mindwell and Mindmate digital portals, crisis cards	CCG, 3rd sector, PH, LA	Agreed approach around training for primary care. To demonstrate awareness for supporting GP's including their own mental health and wellbeing has been raised locally Evidence of digital portal use and effectiveness for primary care	Training evaluation Portal effectiveness in relation to suicide prevention awareness raising and signposting to services by GP's
5. Provide better information and support to those bereaved or affected by suicide	• Promote the Leeds Suicide Bereavement Service • Evidence the need and rational to continue to commission the pilot Suicide Bereavement Service post 2017/18 • Understand the findings of the evaluation for the service • For postvention referrals by partners to be timely and as early as possible. • To understand and support national evidence base and look for national opportunities to promote work in Leeds • To engage with wider partners public in raising awareness of those bereaved by suicide so that we can provide support that is effective and timely • To promote "Help is at Hand" resource through the PHRC	PH, CCG, LA, 3rd sector	Increased referrals made by wider services including GPs. Police, Coroner's Office. Evaluation completed (due in July 2017) To secure re-procurement / commissioning of the nationally recognised service To share gaps in provision in the city To secure funding for family worker to meet the needs of children bereaved by suicide To support identification of potential contagion.	Annual report Demonstrating service outcomes PHRC dissemination data

6. Support the media in delivering sensitive approaches to suicide and suicidal behaviour	• Promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media using the locally developed national reporting guidelines. • Work with local and regional newspapers and other media outlets to encourage them to provide information about sources of support and helplines when reporting suicide and suicidal behaviour. • Link in with local Time to Change hub activity (anti stigma work) • Support national work around digital media messages • Explore work with universities who teach Journalism courses.	LA, PH, CCG	Sensitive reporting of suicides in the media who have used the media guidelines Demonstrate targeted messages aimed at young people (Future in Mind launch – Stevie Ward, Leeds Rhinos) Demonstrate links with Universities and colleges who provide media / journalism training YEP #Speakyourmind campaign coverage	Examples of responsible reporting
7. Support research, data collection and research	• Continue to promote the findings of the recent audit. • Advocate for continuation of future audits with adequate PH resource. • Promote our Leeds approach both regionally and nationally and support national evidence base to best practice. • Expand and improve the systematic collection of and access to data on suicides • Develop options for real time surveillance systems both for the city and at regional level using national guidelines to support these options.	LA, PH, CCG, PHE	Agreement timescale for undertaking future suicide audit Gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the city Decide on real time surveillance options for Leeds / region and contribute to national discussions in sharing data across partners Share best practice with national and regional partners	

Appendix 1: Audit of Suicides and Undetermined Deaths in Leeds (2011-2013)

Summary of findings



Rates

- There were 213 deaths b
  2013 audit.
- The rate of death from sui
  people in Leeds. This h
  previous audit.

Gender

- 83% of the cases were male.
- The audit found that men are almost five times more likely to end their own life than women (5:1). This is higher than the national average (3:1).
- The rate of suicide in men has increased since the previous audit, however the rate in women has not.

Ethnicity

- 173 (81.2%) of the cases were White British. The majority of both men and women were White British.
- White British males were over twice as likely to end their life by suicide than BME males.
- White British females were nearly twice as likely to end their life by suicide than BME females.

single, divorced or separated compared to

Deprivation and Geography

- 55% of the audit population lived in the most deprived 40% of the city.
- The area with the highest number of suicides is slightly west and south of the city centre. These areas make a band across LS13, LS12, LS11, LS10 and LS9.

- A theme of social isolation emerges from these findings.

Employment and Financial Situation

- 34% of the audit population were unemployed, this compares to 8.5.% of the population in Leeds.
- 39% were experiencing financial difficulties, this has increased from the previous audit.
- A theme of worklessness and financial difficulties seemed to underlie a large proportion of the cases

Contact with Primary Care

- Over 10% of the individuals in the audit had visited their GP within one week of their death, and 45% had attended in the past month.
- Of these consultations, only 27% were regarding a mental health problem only.
- The high number of people who attended primary care shortly before their death presents a significant opportunity to detect and support those who may be feeling suicidal.

Key statistics
Of the audit population:

- 83% were male
- 81% were from a White British background
- 58% were born in Leeds
- 26% were within the 40-49 age group

- 69% died by hanging/ strangulation
- 16% died by poisoning (with no one poison predominating)
- 69% died in their own home, with the next most common location of death being in a park or woodland

Appendix 2: The Leeds Approach

Suicide Prevention: The Leeds Approach

Public Health, Leeds City Council

1. Background

- Recommendations from the National Suicide Prevention Strategy for England
- Suicide prevention work informs and supports the wider Public Mental Health agenda
- We have a responsibility to understand and reduce inequalities in the city
- We aim to be a compassionate city that cares about our communities' health and wellbeing
- Reducing suicide is a priority for Leeds

4. Action

- Sharing audit findings as evidence base
- Shaping, developing and agreeing the Leeds Strategic Suicide Prevention Plan
- Broad ownership of Suicide Prevention agenda and disseminating data
- Improving robustness of data
- Reviewing real-time surveillance options
- Developing meaningful and targeted local action e.g. men's groups, Adopt a Block
- Commissioning
- Action feeds into Suicide Prevention agenda being valued and prioritised

STRATEGIC LEADERSHIP AND COMMITMENT

- *Chief Executive of Leeds City Council*
- *Executive Board Member for Health and Wellbeing Champion Mental Health*

- *Full Council Deputation in support of commitment to prevent suicides in Leeds*
- *Essential*

ENGAGEMENT AND INSIGHT

BROAD APPROACH

The Leeds Approach

Insight and evidence

- *Men's insight*
- *Crisis cards developed by and for men at risk*
- *Green Man Project*
- *Leeds Suicide Bereavement Service scoped and delivered by those bereaved*

Local activity

- *Welfare Advice*
- *Adopt a Block*
- *NUJ National Media Guidelines*
- *Wider SP Training: ASIST, SafeTALK, GP workshops*

Suicide Audit

- *A tool used to deliver, inform and evidence need*
- *Sharing findings*
- *Locally owned*

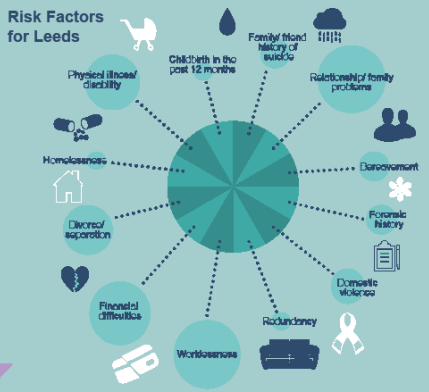
Leeds Strategic Suicide Prevention Group

- *Partners (Police, Fire Rescue, CCGs, Third Sector, Acute Mental Health Trust, Prisons, Coroner's Office)*
- *Action Plan*
- *Commissioned Services*
- *National lobbying*

AMBITIOUS SCALE

2. Suicide Audit

- Working in partnership with West Yorkshire Coroner's Office
- Undertaken every 3 years as per PHE recommendations
- Analysed all suicides in Leeds between 2011-2013 using Coroner's records
- A rigorous approach taken to data collection
- Intensive but invaluable: supports focused prevention planning and enables targeting of high risk groups and areas
- Helps to review interventions of what works tailored to local need



3. Key findings of the Suicide Audit

- 213 people were included in the audit
- The highest age group was 40-49 years
- 82.6% male (n=176) and 17% female (n=37) Male 5:1 Female (National gender ratio for suicides: 3:1)
- This means for every 1 female death there were 5 male deaths by suicide.
- 81% of those identified were White British
- 55% of audit cases lived in the most deprived 40% of the city

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For more information please visit: www.leeds.gov.uk/phrc/Pages/Suicide-Prevention.aspx

Appendix 3: Support for projects that work with men, in areas of the city with higher rates of suicide: Barca Leeds West Men's Group

Insight Report into Preventing Male Suicide in LS12
Final Report August 2014

1) Introduction

1.1 The 'Insight' project was initiated in response to the findings of the 2011 Suicide Audit which found that LS12 had the highest rate of male suicide in Leeds.
1.2 The aim of the project was to consult with the communities of LS12 to find their views on why there is such a high number of male suicides in the area. And to listen to local views as to what might be done to improve the situation.
1.3 As a result of listening to LS12 residents' views, we then piloted some interventions to begin to monitor their impact.

2) Methodology Summary

2.1 The project was divided into three distinct blocks:
i) Paper based research.
ii) Face to face consultations and interviews.
iii) Trial interventions.

2.2 Appendix 1 lists the agencies contacted during the early stages of the project, although agencies is used loosely as this included sports clubs, faith groups and Public Houses.

2.3 The first phase involved studying the findings of the Suicide Audit, reading up national and local research on male suicide, contacting agencies operating in the area to establish whether they may be able to assist us to access the right people, and sending questionnaires to local agencies and individuals.

2.4 The second phase involved fifteen individual interviews with men from LS12 who had attempted suicide or family members of men who had taken their own life. It also involved five group meetings with 'targeted' groups of people – vulnerable people and those with a history of Mental Health problems. Appendix 2 contains the detailed notes of these interviews.

2.5 The third phase involved responding to the findings by putting into place intervention projects. These interventions are detailed later in this report alongside the analysis of the impact of these interventions.

3) The Target Group

3.1 The project was steered by the findings of the Leeds Suicide Audit which established that the statistical evidence indicated high numbers of suicides in LS12 among men aged

between 35 and 60 years old.

Typically a man at high risk of suicide would:
i) Not be in employment.
ii) Be living alone.
iii) Have a history of alcohol or drug mis-use.
iv) Have a history of Mental Health problems.

3.2 The Samaritans report nationally that economic disadvantage is a key driver in high rates of male suicide. With regards to the Armley area, although it has levels of social and economic disadvantage that are higher than the national average, there are several areas of Leeds that suffer worse levels of poverty, yet have lower levels of male suicide.

4) Conclusions about LS12

4.1 The research and analysis of what we were being told in our interviews and group work led to the following recurring messages:

4.2 Availability, accessibility and quality of support in the area

4.2.1 Whilst some interviewees felt they had been treated well by GP services, a significant number expressed a lack of confidence in the support they anticipated would be provided: “They will just give me some pills and tell me to go on my way”.

4.2.2 Several respondents expressed positive views of other support services such as the Samaritans, Stocks Hill Day Centre and Dial House. However there was limited awareness of these services and also issues with the cost of calling the Samaritans’ from a mobile phone (one individual ran up a bill of over £60 from one call).

4.2.3 Nearly all the men we interviewed talked about needing ‘someone to talk to’, especially at weekends and at night. Few of them felt they had access to anyone they could really be honest with.

4.3 Lack of social cohesion

4.3.1 Most people we interviewed expressed dis-connect with their local community. They talked about neighbour hostility and about a lack of respect for property and the community.

4.3.2 Many people do not experience any kind of community support and experience a culture of victimising the weaker members of the community.

4.3.3 This appears to be the case whether someone is a ‘LS12 person’ or not, ie whether they have lived in the area all their lives or if they have moved in recently..

4.4 **The prison**

4.4.1 There is no evidence to suggest people settle in LS12 after leaving the prison.

4.4.2 There is however, a constant awareness of the prison's presence in the minds of LS12 residents.

4.4.3 People who have been in the prison and felt suicidal inside, say the presence of the prison is a constant reminder of those feelings.

4.5 **Downward spiral of deprivation**

4.5.1 LS12 received very little investment during the 'boom' years of the 90s and 00s.

4.5.2 This lack of investment in housing, green space and social and community provision has continued.

4.5.3 Once the area got a reputation it has been evident that the slide has continued as no-one has wanted to invest in the area.

4.6 **Lack of local identity**

4.6.1 No-one we spoke with expressed any pride in being from LS12. This differs from Seacroft, Bramley, Gipton, Halton Moor, Harehills and Chapeltown for example.

4.6.2 Most people we spoke to talk about coming from Leeds, but not particularly from Armley.

4.7 **Geographical position**

4.7.1 LS12 is close to the City Centre and on the main arterial route to Bradford and some people report it is 'convenient' for drug suppliers (for example) to travel in either direction.

4.7.2 As the City Centre is in walking distance major shops are not attracted to develop in the area as residents have easy access to both City Centre and out of town shopping centres.

5) Trial interventions

5.1.1Based on the research and consultations, the project concluded that there were four areas on which we could demonstrate an impact.

5.1.2 Intervention1: Increase awareness of crises support services via the design and

distribution of a ‘crisis card’.

5.1.3 Intervention 2: Deliver a number of positive activities aimed at vulnerable men intended to combat social isolation and facilitate their engagement with other relevant services and opportunities.

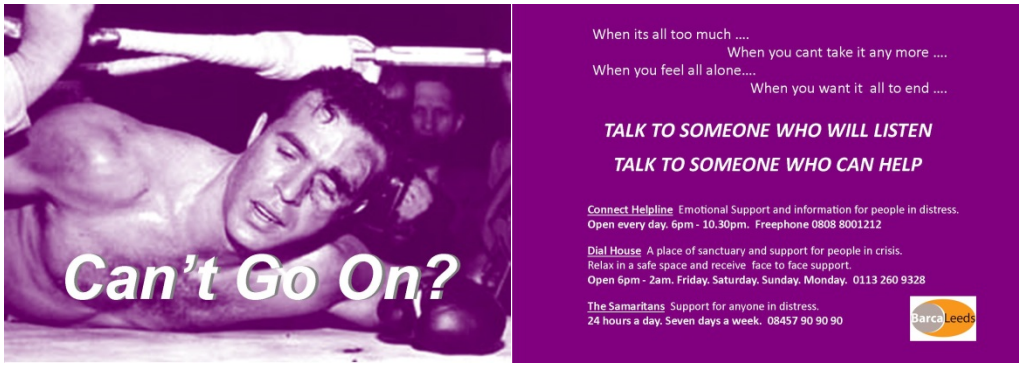
5.1.4 Intervention 3: Form a Steering Group for the project that provides feedback and guidance on the project and insights into issues affecting vulnerable men in the area.

5.1.5 Intervention 4: Set up a ‘Head Space’ course in conjunction with Oblong aimed at men in the target group.

5.2 Results of interventions to date

5.2.1.a **CRISIS CARDS.** The project designed and distributed 2000 Crisis Cards in selected locations throughout the area. These cards provided contact numbers for support services such as the Samaritans and Dial House. The graphics were designed to appeal particularly to men in the target group. (see picture). The cards were placed where vulnerable men were likely to see them eg pubs, betting shops, pawn shops, community centres, cafes, charity shops, health centres and the Armley One Stop Centre.

5.2.1.b Four weeks after distributing the cards, nearly all of the cards had gone from the locations where they were distributed.



5.2.2a **POSITIVE ACTIVITIES.** The project has organised a number of positive activities for men at risk of suicide and depression which are aimed at tackling social isolation. We recruited men for the group via existing community groups, through promoting the scheme in community locations and through the Local Authority Discretionary Housing Payment Multi-storey Flats Project.

5.2.2b So far a total of 16 men have been involved with these activities. They have included:
i) A gardening workshop on growing your own food in window boxes.
ii) A series of classes in basic woodwork run in conjunction with the Men in Sheds project.
iii) A trip to see a Rugby League match after securing concessionary tickets from the Leeds Rhinos.
iv) A trip to the Hetchel Woods Nature reserve.
v) A trip to Meanwood Valley Urban Farm.



5.2.2c We are planning trips to Yorkshire Sculpture Park, Yorkshire Mining Museum and a fishing trip.

5.2.2d The reaction from the men involved has been extremely positive. They have very much welcomed the opportunity to get out of their immediate environment and do something positive. Several of the men have mentioned that it makes a welcome break from being alone all day and has made them feel more positive about themselves.

“The benefit of this project to me has been amazing. I have only been involved for a few weeks, however my mood and self-confidence has improved. Because of the project I have started volunteering and am doing MIDAS training.”

“The woods walk was brilliant. According to my doctor I’m only supposed to be able to walk a few hundred yards - but I kept going all afternoon. I had a really good day.”

5.2.2e The group has developed through the course of the activities, with the men getting to know each other and getting new members involved. Although all of the men fit the criteria of ‘vulnerable’, they have quite diverse backgrounds, ages and skills. Some have difficulty reading and writing, others have been educated to degree level and/or have had successful careers in the past. Some of the older men have quite serious health issues.

5.2.2f The group have become increasingly supportive of each other and have planned their own activities outside of the group.

5.2.2g The group now meets on a weekly basis and are starting to plan their own activities.

5.2.2h The people attending the group have also been encouraged to take part in other activities. As a result many have expressed interest in volunteering within the community and taking up training opportunities.

5.2.2i Four individuals have successfully completed the MIDAS mini-bus driving course with another two are about to embark on it.

5.2.2j Three individuals worked as volunteer stewards at the Unity Festival in Hyde Park and have volunteered to take part in the Unity Christmas Pantomime.

5.2.2k Three individuals have applied to take the HLN Volunteering Training Course.

5.2.2l Three individuals have applied to take the HLN Community Health Educator course.

5.2.3a **INSIGHT PROJECT STEERING GROUP.** The steering group was set up to provide a 'sounding board' for the project and as a vehicle for men at risk of suicide to feed into the discussions around the issue and give feedback on the value of the project's interventions and existing support services.

5.2.3b The Steering Group has held two meetings in July and August with another planned for September.

5.2.3c During these meetings the Group has discussed the various INSIGHT interventions, how they feel about local support services and given feedback on the local authority Support Card scheme.

5.2.3d They have also agreed to provide input to upcoming events aiming at promoting Local Authority initiatives tackling male suicide, including giving interviews and supporting a display prior to the full council meeting in September.

5.2.3e As well as the potential for providing a valuable source of feedback for service providers, the members have benefitted from feeling that their opinions and experiences are being valued.

5.2.4a **ORGANISING RELEVANT TRAINING FOR VULNERALBE MEN IN ARMLEY.** The project has been able to generate enough interest to organise a series of training events aimed at this group.

5.2.4b In September the INSIGHT project will be organising a 'Headspace' training programme to be delivered by Oblong Resource Centre at Community Location in Armley.

5.2.4c Headspace consists of seven weekly sessions where participants learn practical skills such as stress management, dealing with insomnia, confidence building and assertiveness.

6) Recommendations

6.1 Based on our consultations, research and the results thus far from the project's interventions, we make the following recommendations for a community based approach to tackling the issue of male suicide.

6.2 **Community work targeted at single, workless men aged 30-60**.
This should be particularly concerned at tackling social isolation amongst this group and used as a gateway for providing support and access to other relevant services, training and volunteering opportunities. As well as other approaches, the successful example of the

INSIGHT Positive Activities Group could provide a useful template for this work.

6.3 **Establish a volunteer befriending network for men affected by social isolation and/or depression**.
Several of the men we have been in contact with have already started doing this on an ad hoc basis – introducing new people to the group and taken a positive mutual interest in each other's lives. If such a network was established and properly resourced it could make a significant contribution in helping to tackle the problems faced by this group and provide a service into which GPs, support services and social housing providers could signpost or refer.

6.4 **A greater promotion of relevant support services – especially crisis support**.
Many of the men we consulted felt that immediate support when they were in crisis would be very useful, but we found that awareness of crisis support services was generally low. A sustained promotional campaign and greater resources for services such as the Crisis Line and Dial House could have a very positive impact. In particular many of those we consulted felt that having an establishment like Dial House located in West Leeds would be very beneficial.

6.5 **Awareness raising**
Providing awareness raising schemes covering the issues around suicide such as the ASSIST programme has a positive impact. In addition there could be related training schemes highlighting the particular issues faced by vulnerable men. This awareness raising should be targeted at support agencies, medical services and third sector community groups.

6.6 **A city-wide approach**
Whilst the INSIGHT project has concentrated on Armley, it is clear that the issues relating to high rates of male suicide are not restricted to that area and can be found across the City. With this in mind, it seems logical that any approach to tackle this issue should encompass all of the local authority areas. It may be useful to analyse information such as social housing demographics to identify where men most likely to be at risk are living.