



Suicide prevention by design

Wednesday 11 January, 2023 1–3pm GMT, Online

Sharing work from public health, planning, design, and community. Everyone welcome.

#HealthyHappyPlaces







Welcome and Introductions

Tim Crawshaw

Development Consultant Crawsha

International Planning and Development Consultant, Crawshaw Urban Design

Chair of Tees Valley Nature Partnership President, Royal Town Planning Institute (RTPI)

Dr Rachel Turnbull

Programme Manager (Lead for Healthy Happy Places / Lead for ICS NENC Mental Health Evidence & Evaluation Group)

Academic Health Science Network for the North East and North Cumbria



House Keeping

- Please ensure your microphone and video are turned off during the session. This is to avoid any disruption during presentations and to assist with the quality of the connection.
- If you need to take a break, please feel free to drop off the call at any time and re-join.
- Live captions are available if required.
- The event is being recorded and will be shared.
- Please ask any questions you have through the chat facility.
 We will try to address questions during the event, but if we don't manage to do this we will follow up after the event.
- If you cannot see the chat please email your question/s to holly.fillingham@cntw.nhs.uk
- Join the conversation on Twitter #HealthyHappyPlaces
- Speaker presentations and the recording will be circulated following the event.



13:05- 13:25 Suicide Safer Communities (Every Life Matters/ NENC Suicide Prevention Network) Mike Conefrey, Public Health Locality Manager – South Lakeland, Public Health Chris Wood, Charity Manager and Suicide Safer Communities Lead, Every Life Matters

Agenda

13:45- 14:05 The Importance of Place Analysis in Youth Suicide Preventive Work Charlotta Thodelius, Faculty of Police Work, University of Borås

14:05- 14:25 Suicide Prevention in County Durham Locations

Toby Thorp, Environmental Health Officer, City of London

Claire Giraud, Senior Public Health Practitioner, Hackney

Jane Sunter, Public Health Strategic Manager, Durham County Council

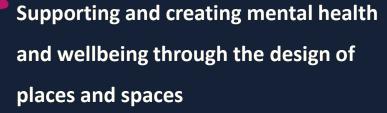
14.25-14.45 Designing Out Suicide

13:25- 13:45 Preventing Suicides in High Rise Buildings and Structures- A Planning Advice Note

Neil Peters, Suicide Prevention Consultant, Nuthatch Consultants

14.45-15.00 Questions and Close







....focussing on areas of inequalities

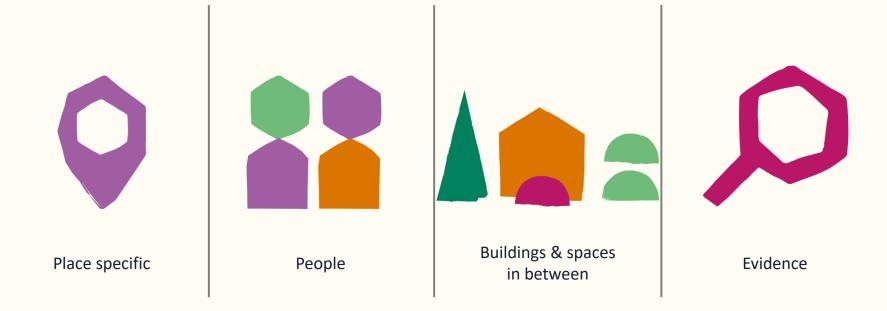




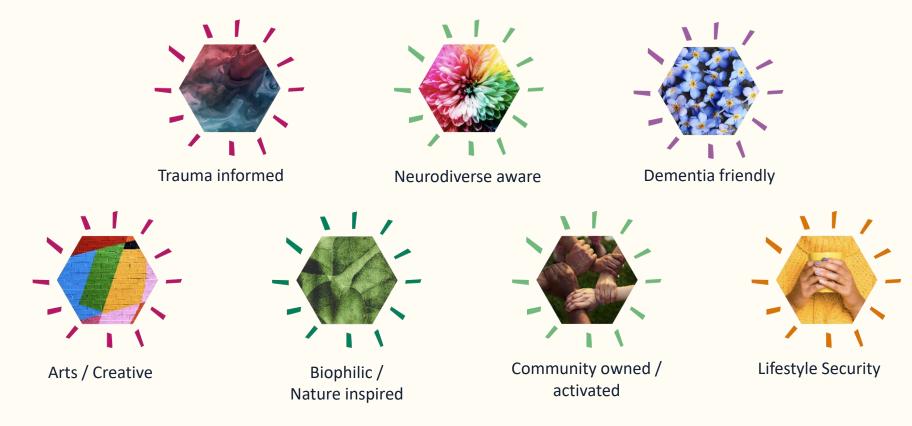














Webinar Series



- Dr Angela Kennedy, Head of Centre for Specialist Psychological Therapie
 Cumbria Northumberland Tyne & Wear NHS Foundation Trust
- Timothy Crawshaw, Vice President of the Royal Town Planning Institute
- Christopher Shaw, Chair of Architects for Health and Senior Director at Medical Architecture

#HealthyHappyPlaces

Thursday 2nd December 2021 11:00 - 12:15









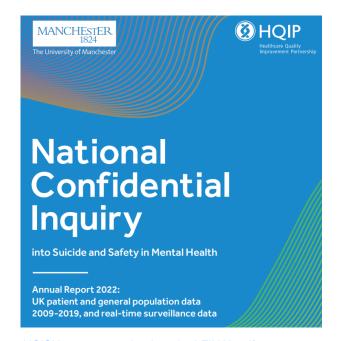


Suicide Safer Communities (Every Life Matters/ NENC Suicide Prevention Network)

Mike Conefrey
Public Health Locality Manager – South Lakeland, Public Health

Chris Wood
Charity Manager and Suicide Safer Communities Lead, Every Life Matters

Suicide in the UK



NCISH-2022-report-bookmarked-FINAL.pdf





Suicide statistics - House of Commons Library

(parliament.uk



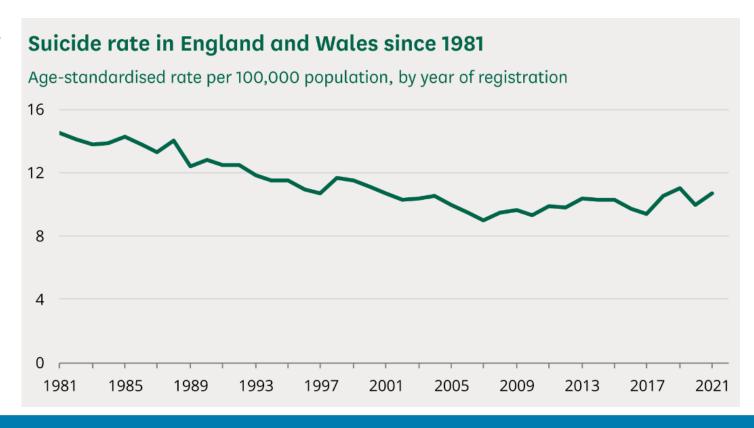
66,991 Suicides in the UK between 2009 and 2019. An average of 6,090 a year.

27% were people in contact with mental health services within 12 months of suicide



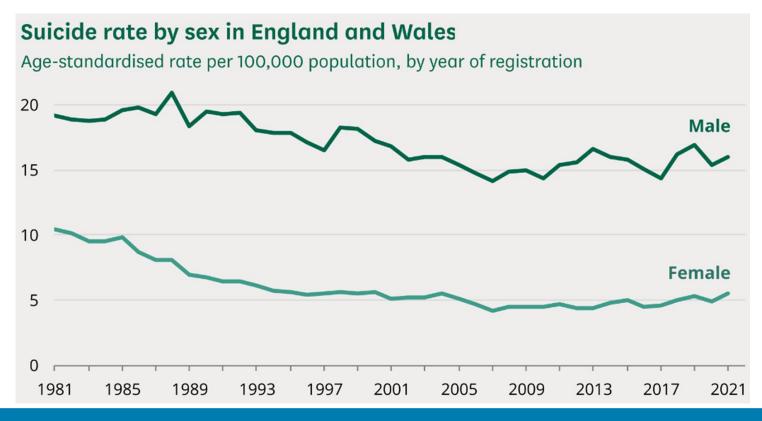


Suicide Rates





Rates by Sex

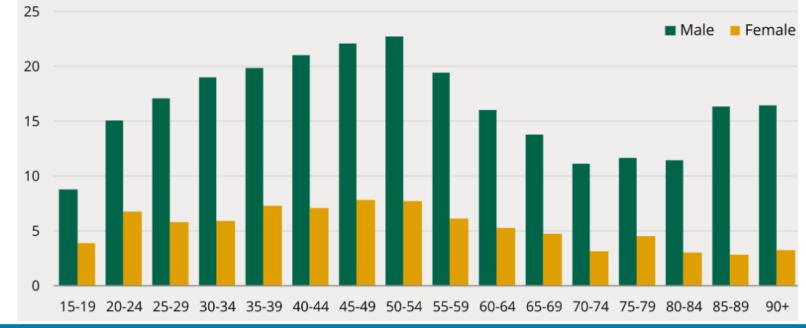




Rates by Sex and Age Group

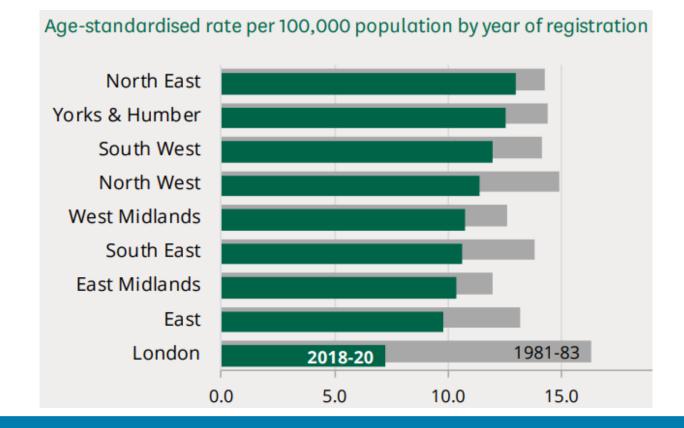
Suicide by sex and age group, England and Wales

Age-specific rate per 100,000 population, 2021



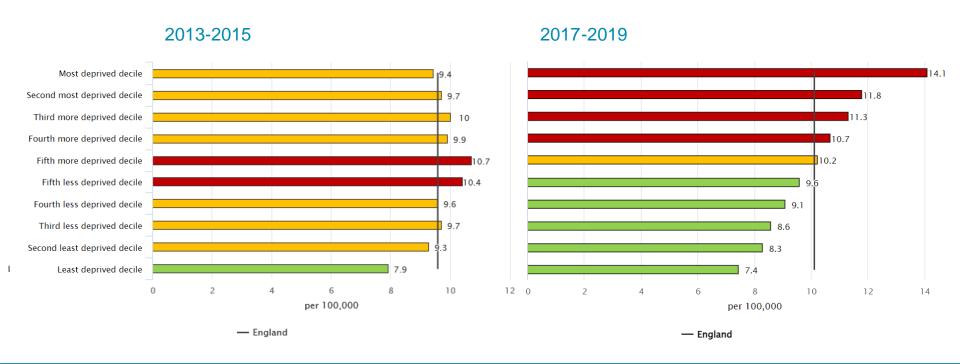


Rates:
Regional
Difference
& Change
over Time





Suicide Rates and Deprivation (LSOA/Deprivation Decile)



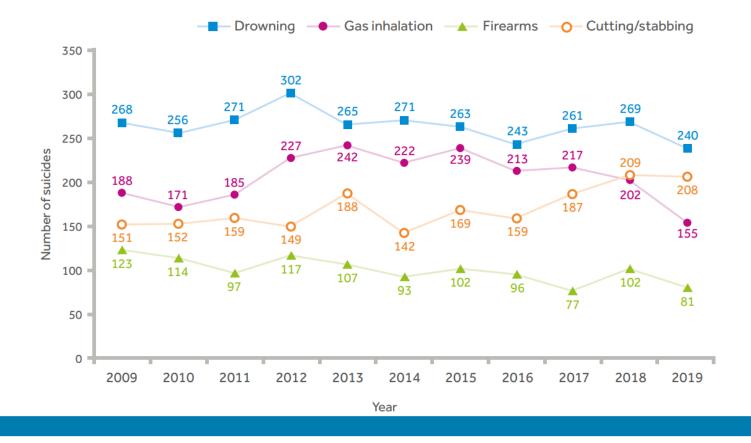


Suicides in the UK – Main Methods



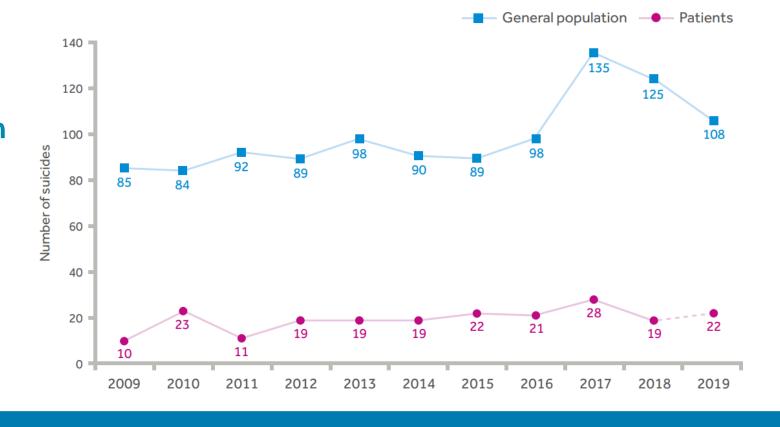


Suicides in the UK – Other Methods





Suicides by people aged under 18 in the UK





Every Life Matters

Every life matters ••••



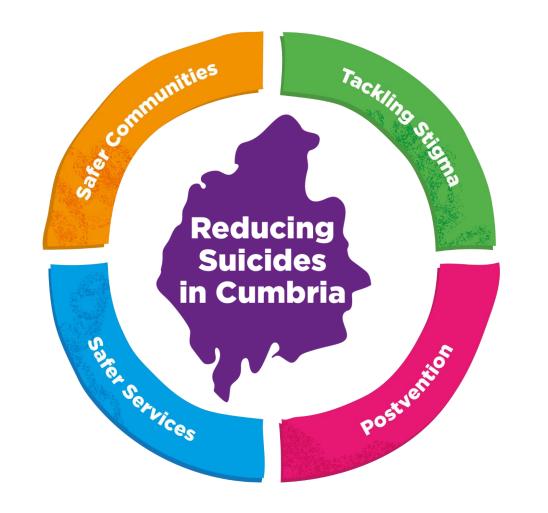


How do we reduce suicides?

Drawing on the evidence base

Every life matters ...







- Encouraging open
 conversations about suicide
 and mental health
- Addressing the facts, myths and misunderstandings about suicide
- Encouraging help seeking behaviour – there is significant amounts of support available
 - Tackling stigma



Postvention

- Suicide bereaved 40% thoughts of suicide, and 8% attempts, actual deaths unknown
- Significant long term mental and physical health impact
- Risk of contagion
- Appropriate media reporting
- Individual and community focused



Safer Services

- Around 75% dying by suicide are not in contact with mental health services
- Accessible clear care pathways
- Key gatekeepers can identify suicide risk
- Services are able to effectively manage suicide risk
- Compassionate

- Around 75% dying by suicide are not in contact with MH services
- Increased confidence, skills and knowledge of community members
- There are signs of risk
- Buy-in from across community members, who are empowered to make a difference
- Reducing access to means
- Better media reporting

Safer Communities



Suicide Safer Communities

Every life matters ••••





Aim

Reduce suicides in Cumbria

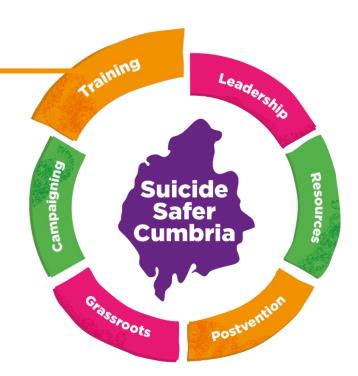
Outcomes

- People are more able to talk openly about thoughts of suicide.
- People with thoughts of suicide are more likely to access appropriate support in a timelier manner
- Common myths and misperceptions about suicide are reduced
- People better understand when someone is at risk of suicide
- People have the confidence, skills and resources to more effectively support those at risk of suicide
- People are more aware of the **help and information** that is available to those at risk of suicide and those supporting an individual experiencing thoughts of suicide



Training

- Range of training available
- Orange Button Community Scheme
- Accessible and well promoted
- Reaching as deeply as possible in to local population
- Target **2,500** per annum



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Suicide Prevention Self-harm & Mental Health Training in Cumbria Winter 2021

Introductory level for all community members and those in helping roles



This bits size Suicide Awareness session is aimed at anyone in the community who wants to learn more about the muths and facts surrounding suicide, understand when someone might be at risk, how to talk directly about suicide, and what we can all do to offer support. Over 2,000 people in Cumbria have now attended this

Cost: Free. Duration: 1 hour. Booking via Eventbrite



introduction to mental health, self-harm and suicide for parents and carers, or anyone who works with young people, who wants to understand how to help support them, and get a better understanding of the range of services and support locally and

Cost: Free. Duration: 1 hour. Booking via Eventbrite

General training for frontline staff and those in helping roles



An interactive training session that is aimed at anyone in a helping role who wants to understand more about the context of su identify when someone may be at risk how to ask directly about suicide, how to support someone experiencing thoughts of suicide, and how to guide them to the help they need.

Cost: Free, Duration: 3.5 hours. Booking via Eventbrite



A practical and interactive two hour session looks at how to support someone with thoughts of suicide through creating a stepped Safety Pfan, helping an individual manage thoughts of suicide from fleeting ideas to an overwhelming desire to end ones own life. Aimed at people in a helping role who may be supporting those experiencing thoughts of suicide.

Cost: Free. Duration: 2 hours. Booking via Eventbrite



Suitable for school staff, health and social care practitioners and professionals and anyone who wants to understand more about self-harm, to develop practical tools and strategies to support people, and gain knowledge of the range of local and national

Cost: Free, Duration: 3 hours. Booking via Eventbrite

Courses on this page are FREE OF CHARGE and available to book through Eventhrite. We an deliver in-house training sessions at your organisation for groups of 8 or more, via Zoom or face to face. We can also tailor sessions to various time constraints and for particular sectors/client groups. Contact us at training@every-life-matters.org.uk or 07908 537541 for more details and to book a session.

Suicide Prevention Training - Children and Young People



Lifeline Workshops ASK Training specifically addresses suicide risk in children. It gives participants appropriate tools to identify young people at risk and quickly gather and organise details needed to assess risk and inform safety planning.

Cost: £80 Duration: Duration 9 hours over 2 half days online or one day in person. For more information contact training/Devery-lifematters.org.uk or book via Eventbrite

Suicide Prevention Training - General

ASIST Applied Suicide FTY LivingWorks



The gold standard training in community suicide prevention skills. ASIST teaches participants to recognise when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. This is a highly interactive and

Cost: Various. Duration: Two days - in person only. For more mation contact training@every-life-matters.org.uk



Suicide First Aid is available as a half day "virtual Lite" online course or a one day face-to-face version. It which teaches the skills and knowledge needed to identify someone who may be thinking about suicide and how to competently intervene to help through a first aid approach. Delivered by zoom

Cost: Online 'Virtual Lite' Free for people living or working in South Cumbria. Duration: 3.5 hours. Booking via Eventbrite

Mental Health Training



Our team of experienced trainers offer the full suite of Mental Health First Aid training across Adult, Youth and Armed Forces. With One and two day options as well as Champions Training and Refreshers. We are also able to arrange local TFT's where organisations want to develop their own trainer workforce.

Costs: Various, Duration: Various - online or in-person. For more information contact training@every-life-matters.org.uk



MECC (Making Every Contact Count) is an approach to behaviour change using the millions of day-to-day interactions frontline healthcare staff have with others to support them in making positive changes to their mental health and wellbeing.

Cost: Free of charge. Duration: Various. For more information and bookings contact training@every-life-matters.org.uk

Bespoke Mental Health Training

Every Life Matters is a leading provide of Mental Health training in Cumbria. We have a team of 11 mental health trainers, with a wide range of experiences and backgrounds, and have worked widely across the Public, Private, Education, Voluntary and Community sectors in Cumbria to provide mental health training relevant to individual anisations needs. Contact us at training@every-life-matters.org.uk or 07908 537541 for more details and prices. All profits from our training are re-invested in suicide prevention activity across Cumbria.

North Cumbria Collaborative Training Offer









Courses below are available only for organisations operating within Allerdale, Copeland, Carlisle and Eden

Connecting with People - For Clinicians within Mental Health, GPs, Primary Care, A&E



Facilitates a safe assessment, triage, and immediate response for busy clinicians such as first point of access in Mental Health services. Primary Care staff, A&E and other staff in pressured environments. Equips usage of SAFETool* via case-based learning and develop skills and confidence in co-producing Safety Plans.

Cost: Free of charge. Duration: 3 hours. More information. Booking training@every-life-matters.org.uk



Understand collaborative and transparent approaches to mitigating suicide risk and how to increase your patient's resilience to suicidal thoughts. Learn to create a comprehensive, person-centred, biopsychosocial suicide mitigation plans and collaborative support manning. For clinicians in Mental Health and Primary Care.

Cost: Free of charge. Duration: 3 hours. More information. Booking training@every-life-matters.org.uk



This half day course is a condensed version of Suicide Awareness and Suicide Response Pt 1 and Pt2, specifically adapted for primary care practitioners. It is ideal for developing a whole system approach and common language in managing suicide risk within

Cost: Free of charge. Duration: 3.5 hours. More information. Booking training@every-life-matters.org.uk

Connecting with People - General training for frontline staff and those in helping roles



Tackles myths, stigma and barriers, and develops a common language between community, services and those in distress. Gives delegates a compassionate approach, and the confidence and the skills to talk to someone in distress.

Cost: Free of charge. Duration: T.5 hours. More information. Booking training@every-life-matters.org.uk



Emotional resilience is the ability to cope with life's challenges and ups and downs. This FREE half-day course helps you develop an understanding of practical strategies and coping mechanisms to promote wellbeing, whilst improving your own emotional literacy.

Cost: Free of charge. Duration: 3 hours. More information. Booking training@every-life-matters.org.uk

Every life matters •••

Between 2020 and 2022 Every Life Matters has now

Trained 8,596 People

in suicide prevention skills across Cumbria



2,729



Suicide Awareness

Bitesize Training for the whole Community

Suicide Alertness

Half day Alertness and Intervention Skills Training

Self-harm Alertness

Half day Alertness and Support Skills Training



178

Applied Suicide Intervention Skills Training ASIST



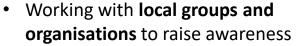
624

Suicide First Aid



529

Mental Health First Aid



- Harnessing the desire to make a difference
- Providing the tools, training and resources for them to make a difference

Grassroots



Maryport Matters









T HOME All our info was correct at the time of going to print but please be aware that in these unprecedented times. things can change quickly. Please follow current government guidelines. Stay safe and save lives.

Proud to support this edition!







Lots of people have thoughts of suicide and they may happen for many reasons. You may feel so low that life seems unbearable. But you still have reasons for living, and the good news is that there are people and organisations that want to support you through this difficult time. Reach out and talk.

Everv

- **6,507 people in the UK died by suicide in 2018.** This is 3 times the number of people who die on our roads every year.
- On average we lose one person to sulcide each week in Cumbria. Cumbria suicide rates are around 30% higher than the national average, with the highest rates along the West
- 1 in 17 of us will have thoughts of suicide each year, with a staggering 1 in 5 of us having thoughts of suicide in our lifetime. The vast majority of people get through having thoughts of suicide and the situation that has caused them.
- Suicide is the leading cause of death of men under 50. 75% of suicides are men, with middle aged men being the highest risk
- Over 200 school children die by suicide every year. Suicide is the leading cause of death in young people under 25 years old.
- Only 25% of people who die by suicide have had contact with mental health services in the year before they died. Suicide prevention needs to be a community wide concern. It is family, friends, neighbours and colleagues who are best placed to know when someone is at risk.

Having thoughts of suicide?

Contact your GP at the earliest opportunity. lf you don't feel you can keep yourself safe anymore call 111 straight away.

Nobody should have to struggle alone. Talking

Where to go for help:

Samaritans 24hr support. Call 116 123. CALM Mental health helpline for men 5pmmidnight. 0800 585858.

pyrus Hopeline Helpline for young people 9am-10pm Weekdays, 2pm-10pm Weekends. 0800 068 4141.

SHOUT 24hr crisis text service. Text Shout to

Young Minds 24hr Crisis Text service for young people, Text YM to 85258.

Childline 24hr phone support for under 19s. 0800 1111.

verline 24hr support line for older adults. 0800 4 70 80 90.

Young Minds Parent Line Support and advice for parents, 0808 802 5544.

umbria Mindline Cumbria Mental Health support line 5pm-11pm, 0300 5610000. For more information about where to get support, or how to support someone experiencing thoughts of suicide, visit www.every-life-matters.org.uk

Young People and Suicide

Supporting a child or young person with thoughts of suicide is something that no doubt sends ripples of anxiety through parents. Starting that conversation can feel a daunting prospect, but it could potentially be lifesaving. It's vitally important to know how you can help if your child is having thoughts of suicide.

- Look out for change in mood and behaviour. Bereavement? Exam stress? Isolation from friends? All can lead to uncertainty and poor mental health
- If you're worried ASK them. If you're worried it is ok to ask directly "Are you thinking about suicide?"
- What If they say YES? If your child does say they are experiencing thoughts of suicide, the most important thing that you can do is to stay calm. Acknowledge how difficult this must be for them to talk about it and let them know you are here to listen.

How do I help?

- You won't say the wrong thing, just being there In that moment is proof you care and you are a safe person to talk to. Don't worry about what you should/shouldn't say, Just listen.
- Connect and let them know how brave they are and that you are here to help.

- Try to focus on getting through this moment and not thinking too far ahead.
- Encourage them to do things they enjoy, spend time with people that improve their wellbeing.
- If they need to talk again, make sure they know that It's ok to come and speak with you.

There may be times when your child is struggling, they may lash out, their behaviour might change and they may feel like a stranger to you. This is a result of what they are going through and they still need your support.

> More than anything, remember that support is available. www.every-life-matters.org.uk



Every life matters

In partnership with Ewanrigg Local Trust, Every Life Matters

and #asmilehidesathousandthoughts



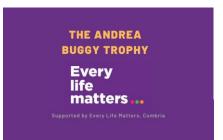






What have we done to date?





The Andrea Buggy Women's League Under 16 Girls League, Season 2021-22













CFA TEAM TALK



Providing Support to the Grassroots Football Community @Appleby Hub

2:00am-1:00pm

HOME

Week 2 – 17th to 22nd January 2022

	iturday 22nd
ng Safety Planning and Lau Finding Hope	ghing Yoga
@0	nline, Zoom
@The Hive, Workington	
11:00 10:00am-11:00am	am-11:30an
Assertiveness	
@Penrith Library	
3:00pm-4:00pm	
Decider Life Skills	
@Penrith Library	
4:00pm-5:00pm	
Rhythms of Recovery	
@Blue Jam, Penrith	
	6:00pm-8:00pm

Agri Health Matters:

Cumbria, North West, North Yorkshire and Northumberland Health services for farmers, allied industry and rural community Endorsed by
Agricultural Ambassador
Raymond
Irvine

of This Farming Life



As health professionals, our passion is to keep those within our local sectors safe. It's in our blood!

Being part of a rural community, we recognise that those who work within the agricultural and allied professions make upart of our key worker family.

With significant difficulties faced by our farming industry the health of our farmers their colleagues and associated businesse are our priority.

We have the expertise and passion to do things differently.

Join us in seizing the opportunity to help

Why Agri Health Matters; the numbers speak for themselves

In 2019/2020 too many lost their lives...

lost their lives in fatal farm accidents

133"

suicides were registered in England, Wales and Scotland in those working in farming and agricultural related trades



Where physical or mental health is concerned, if we can make a difference to one individual we have the ability to positively impact the lives of many.

- * Figures published in the Health and Safety Executive's report 'Fatal injuries in agriculture, forestry and fishing in Great Britain 2020/21' show 41 people were killed as a result of farming and other agriculture-related activities during the year.
- ** These include farmers, managers, and proprietors of ag related services and those working in agricultural related trades and elementary Agri occupations Enurse, what insel from the Office of National Scalatics and the National Secretary of Scalation

Mitchells

Confirmed Partners:







CARR'S

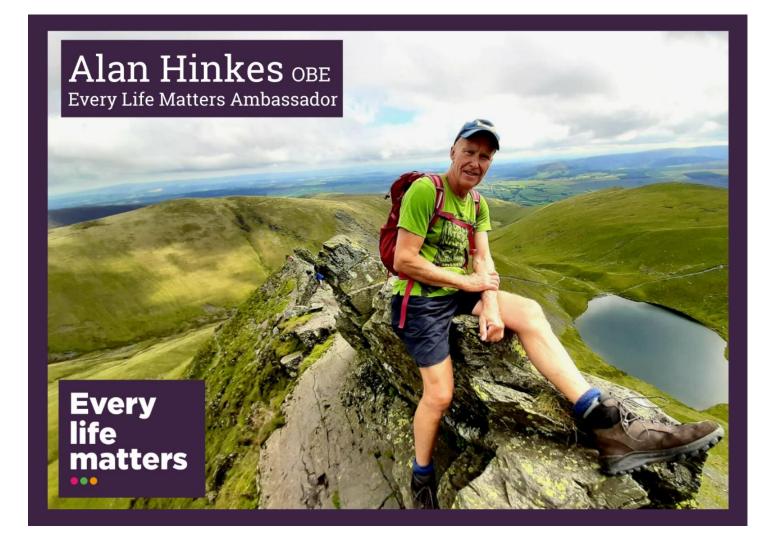
BILLINGTON







What we do and how you can get involved



Don't be scared
to ask,
"Are you having
thoughts of suicide?"
You might just be
asking them the
question they really
wanted to hear

Every life matters ...









STORIES

MEDIA

NEWS

SIGNPOSTS

CONTACT











CHICCS Charter

As parents, carers and human beings we cannot allow our children to be continually failed, we are committed to taking action and we want to support the vulnerable parents and children in our community here in Cumbria.





- Engaging whole population across media & social media
- Targeted and direct messaging
- Aimed at those at risk and potential supporters
- Reaching as deeply as possible in to local population



Be helpfully nosey

Sometimes you just need to keep asking



You alright?

Are you really OK?

Listen, I'm worried about you. Shall we grab a brew and have a chat?

Every life matters



Every

matters...



People would

be better off without me

We all have a part to play in suicide prevention

Suicide Safer Cumbria







Sometimes we say we're OK when we're not. If you're worried about a mate, ask again "Are you really OK?"

TBH I feel like sh*t...

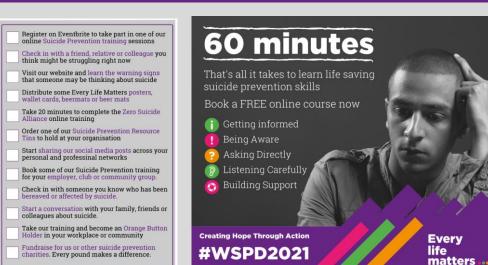














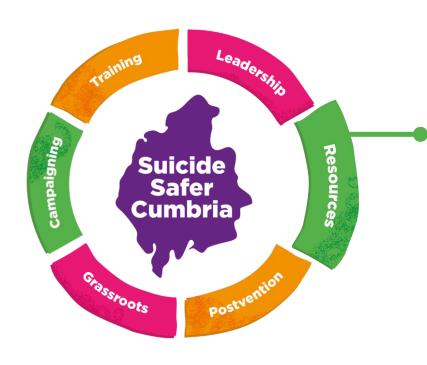
World Suicide Prevention Day

Join with people the world over at 8pm Light a candle

to remember a loved one lost to suicide for those who live with thoughts of suicide to show your support for suicide prevention

Every life matters





Resources

- Digital and Paper Resources suicide, self-harm, safety planning
- Website including local/national signposting pages
- Orange Button Community Scheme
- Employers/Clubs **Toolkit**
- Suicide Prevention App
- Self-harm Safe Kit
- Tools to support others to take action





Struggling to cope

Thoughts of suicide are not uncommon – a lot of people will have them - around one in five of us during our lifetime. Having these thoughts doesn't make it inevitable that you are going to take your own life.

If you are having thoughts of suicide focus on what you need to do to keep yourself safe for now. Visit www.every-life-matters.org.uk to complete a Safety Plan and learn more about what practical steps you can take to keep yourself safe. This can include:

- Finding ways to distract yourself that allow the feelings to pass
- Calling a helpline or someone you can trust
- Avoiding using alcohol and drugs
- Removing things from your house that you could use to harm yourself

- If you can, going somewhere you feel safe
- Knowing who you can contact if you need professional support - this might be your key worker, your GP, NHS 111 or others
- Making a Hopebox a list, or photos, or objects that remind you of why you want to live.

If you feel you can't keep yourself safe any longer, or if you have done something to harm yourself - call 999 now. The number is free.



Thoughts of suicide do pass and there are things that you and other people can do to make your situation better.





Thoughts of suicide

Being there to listen and to provide emotional support can be a lifesayer.

If you're worried that someone you care for may be feeling suicidal it can be really hard to know what to say to them, or how to help. But thinking about suicide does not make it inevitable that someone is going to take their own life, and all of us have the ability to support someone who is experiencing thoughts of suicide, and to saye lives.



Trust your gut instincts. If you are at all concerned that someone is having thoughts of suicide - ASK them directly - LISTEN compassionately - GET HELP if needed.

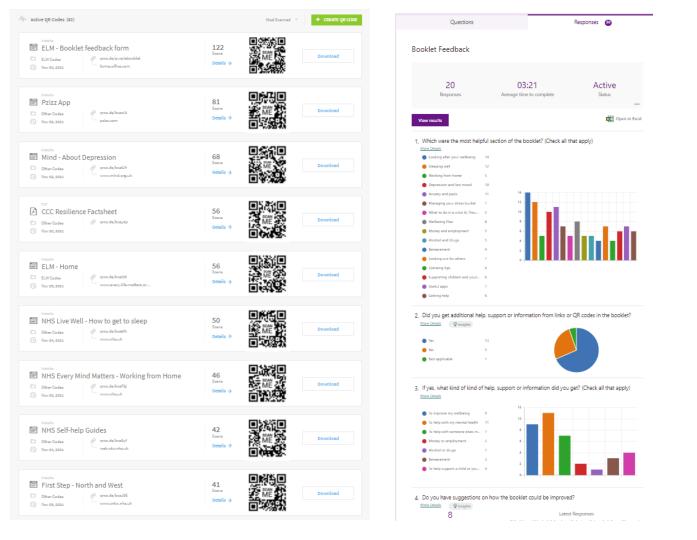
In addition to the general signs of mental health problems listed earlier someone having thoughts of suicide might;

- Talk, or post social media messages, about wanting to die, feeling hopeless, trapped or having no reason to live, or that they are a burden to others.
- Show unexpected mood changes such as suddenly being calm after a long period of depression, giving
- away possessions or making a will, increased risky behaviour or self-harming, or researching suicide online.
- Have had by a major loss or change in their life, an accumulation or build-up of problems before Covid-19, or be facing financial, relationship or housing hardship.

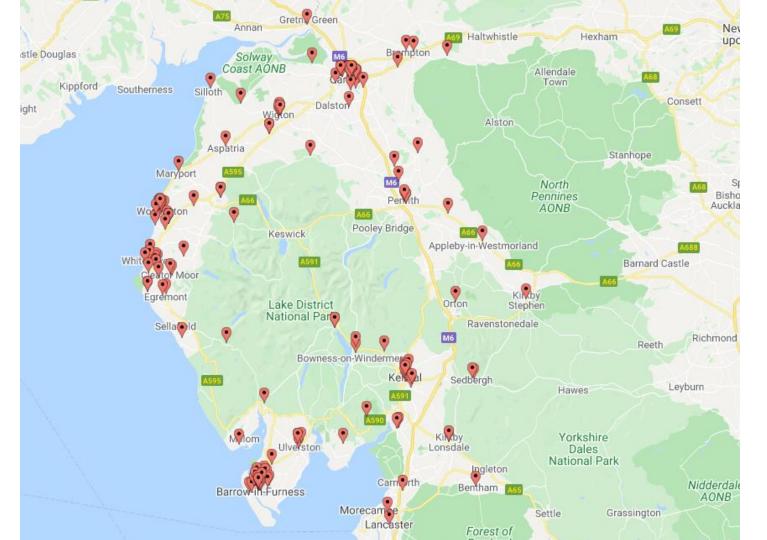
Talking about suicide with someone can feel nervewracking but the best thing to do is ask directly. "Are you thinking about suicide?" This will not put ideas in their head and will show them they don't have to struggle alone with these overwhelming thoughts.

Visit www.every-life-matters.org.uk for more information on how to help someone with thoughts of suicide.







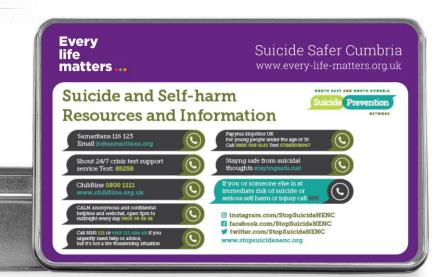


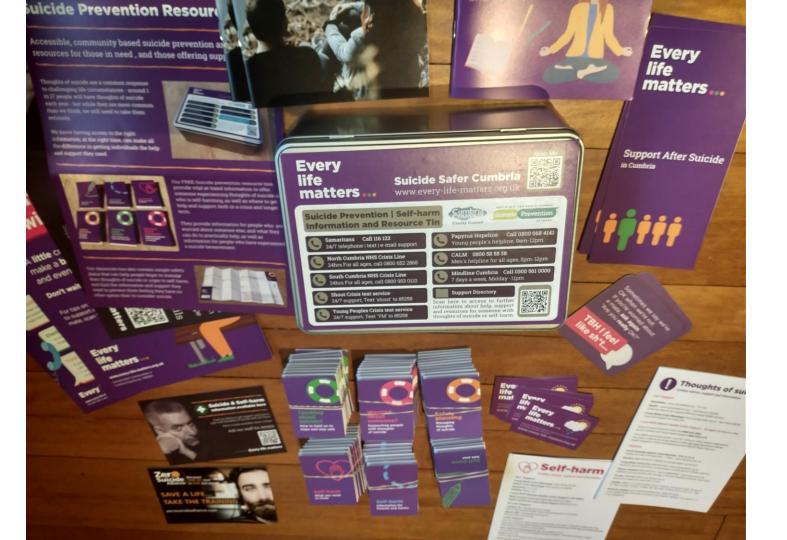


NHS Communications Initiative of the Year Award

FINALIST

North East and North Cumbria Suicide Prevention Network











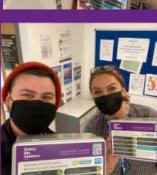








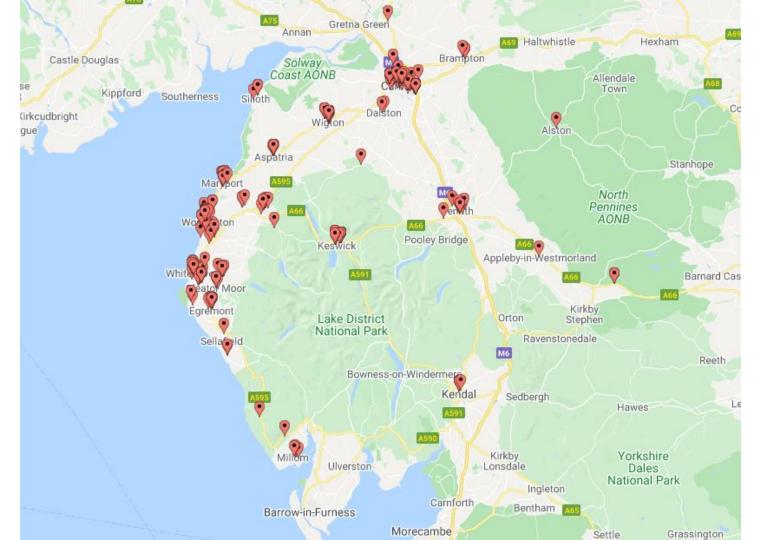


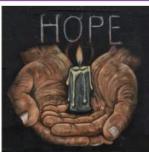


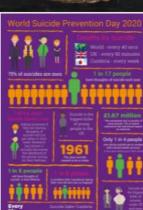


































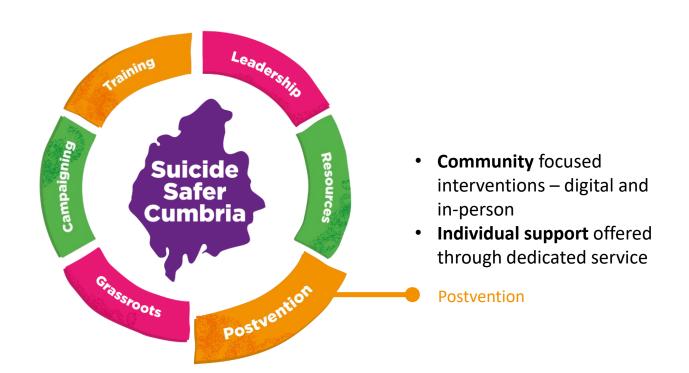


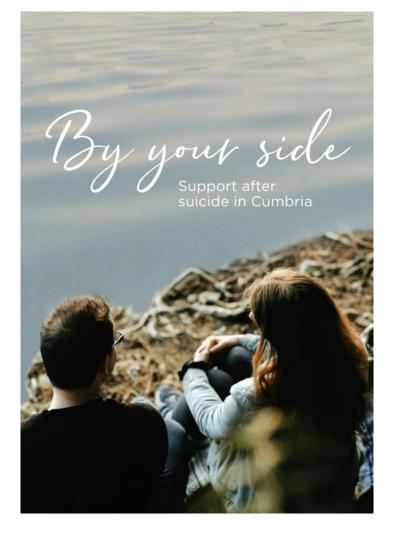
Orange Button Training



Leadership

- Engaged in Cumbria's Suicide
 Prevention Leadership Group
- Establishing District level leadership groups and/or Action Groups
- Breadth of engagement and membership – shared purpose senior policy makers to individual activists















Every life matters





NORTH EAST AND NORTH CUMBRIA

Suicide Prevention

NETWORK



Preventing Suicides in High Rise Buildings and Structures- A Planning Advice Note

Toby Thorp
Environmental Health Officer, City of London

Claire Giraud
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Planning and Suicide Prevention

11 January 2023

City of London and Hackney Public Health team and City of London Corporation Environmental Health





Introduction





"Suicide is everyone's business"



Background and context

- There are suicide incidents every other day in the City of London
- City of London has unique population profile

LONDON

London's Daytime Population 2010

9,300,000

Daytime population

7,900,000

. .

Top 5 Boroughs - Daytime Population Density

- 1. City of London (350,000 sq. mi.)
- 2. Westminster (120,000 sq. mi.)
- 3. Kensington and Chelsea (59,000 sq. mi.)
- 4. Camden (55,000 sq. mi.)
- 5. Islington (52,000 sq. mi.)

Bottom 5 Boroughs - Daytime Population Density

- 29. Enfield (8,800 sq. mi.)
- 30. Richmond upon Thames (8,200 sq. mi.)
- 31. Hillingdon (7,800 sq. mj.)
- 32. Havering (4,900 sq. mi.) 33. Bromley (4,800 sq. mi.)

Top 5 Boroughs - Daytime Population

- 1. Westminster 980,000 (253,000 residents)
- 2. Camden 460,000 (235,000 residents)
- 3. City of London 390,000 (11,700 residents)
- 4. Tower Hamlets 380,000 (238,000 residents)
- 5. Southwark 360,000 (287,000 residents)

Top 5 Boroughs - Day Trip Visitors*

- 1. Westminster 116,000
- 2. Camden 34,000
- 3. Kensington and Chelsea 32,000
- 4. Southwark 23,000
- 5. Lambeth 20,000

Defined as those away from home for 3+ hours and undertaking activities that would not usually constitute part of their work or regular leisure activity.

Other Daytime Data...

Most Aged 0-4: Newham 27,000 Most School Age Children: Croydon 53,000 Most Full Time Students: Barnet 19,500 Most Overseas Visitors: Westminster 65,000





Background and context

- People travel from all over to use City infrastructure to attempt suicide
- Suicide is preventable
- Interrupting the suicidal process can also buy crucial time (for emergency response to arrive)this is what some of the measures mentioned in the guidance note aim to achieve



Context and History

City of London Open Space Strategy 2015:

There are two main sources of increasing the amount of public open space; securing public access to existing private space and securing additional public open space as part of new development.

There is a potential synergy between growth and open space provision; since taller buildings with small footprints provide opportunities for additional open space – helping to ensure that it is provided in locations where it is most needed.



https://www.cityoflondon.gov.uk/assets/Services-Environment/planning-spd-open-space-strategy-2015.pdf





20 Fenchurch Street:

Sky Garden Visitor Management Plan

Approved by City of London Corporation

1 Introduction

1.1 Background

Section 106 covenants have been entered into regarding the Sky Garden at 20 Fenchurch Street. These are reproduced at Schedule 1 for information, they include a covenant requiring submission of a Visitor Management Plan (VMP) for the Sky Garden to the City of London Corporation for approval. The VMP shall include arrangements for the following:

- a) entrance security arrangements
- b) access/ticketing and pre-booking system;
- public facilities in the Sky Garden, i.e. toilets; and security in the Sky Garden.

This document is the VMP approved by the City of London Corporation and is subject to review as set out in paragraph 8.1.The VMP should be read in conjunction with the relevant clauses within the S106 agreement.





Context and History

- Historically, suicide completions in workplaces 'investigated' by Environmental Health. Some post hoc preventative work undertaken to reduce repetition.
- Pre-planning applications: PH officer did not have time and EH H&S function not statutory consultee
- Planning process ideally located for suicide prevention intervention at design stage and City Long Term Plan being renewed
- It took 3 years between the inception of the idea to the guidance note being approved by the planning and transportation committee in June 2022



Preventing Suicides in High Rise Buildings and structure

- The guidance was written by public health and planning for public access spaces
- The guidance is meant to be considered at the pre planning, pre approval of designs stage, once designs are approved, interventions are limited
- There is no way to be sure that suicide risk has been completely eliminated



Important Disclaimer

- The guidance note lays out a non statutory framework for architects, developers and planning officers to consider because suicide prevention is part of the City's Public Health objectives
- The guidance is not enforceable the consideration of suicide risks depends on the developers and architect's risk appetite
- We cannot offer consultancy on risk assessment
- The guidance is mostly aimed at public access spaces where there is foreseeable risk



The four pillars of suicide risk mitigation in a publicly accessible space

- Restrict access and means of suicide
- Increase opportunity and capacity for human intervention
- Increase opportunities for help seeking behavior
- Change the public image of the site





Balustrade on roof terrace at 120 Fenchurch Street







Art installation/ suicide prevention barrier, Canada





Planting on roof terrace at 120 Fenchurch Street

Assessing the impact on suicide numbers of a physical solution - a new framework

The following criteria can be considered when aiming to make an informed estimate of the change each option will have on suicide numbers:

- Quality of space
- Access prevention
- Obscured visibility of the water/ground
- Opportunity for delay
- Opportunity for safe return to deck
- Fear of injury through disrupted path to the water/ground
- Visibility of suicidal user
- Continuity of protection

Considerations for planning officers during application review

- Ensure developer is aware of the reputational risk and potential for translation into a real cost
- There is no one size fits all (no perfect solution)seek balance of hard and soft measures
- Communication around suicide is very sensitive
- How future site operators will take up suicide awareness/prevention/intervention training at the developing stage



Achievements so far

- The planning process is now leading to developers actively considering suicide prevention
- This is a developing field with a limited evidence base
- Some initial confusion on the status of the guidance, we had to train planners and change some of the wording
- We hope that future structural and architectural solutions arising from this will add to global learning in place shaping policy and designing out suicide



Contact us...

 Email <u>claire.giraud@hackney.gov.uk</u> or <u>toby.thorp@cityoflondon.gov.uk</u>









Summary and takeaway message

- Consider suicide risk and balance hard and soft measures to mitigate the risk
- Encourage building owners/managers to train their staff in suicide awareness and suicide intervention
- Preventing Suicides in High Rise Buildings and Structures | City of London





The Importance of Place Analysis in Youth Suicide Preventive Work

Charlotta Thodelius Faculty of Police Work University of Borås

THE IMPORTANCE OF PLACE ANALYSIS IN YOUTH SUICIDE PREVENTIVE WORK

CHARLOTTA THODELIUS, PHD, FACULTY OF POLICE WORK, UNIVERSITY OF BORÅS, SWEDEN

A BRIEF OVERVIEW OF THE STUDY

- This presentation origins from a sub-study in my doctoral thesis "Re-thinking Injury Events"
- The study was based on findings from previous research, theoretical framework related to situations and a combination of empirical material (interviews with first responders, field observations, onlinenarratives)
- Focus on identified outdoor hot-spots (for both suicides and suicide attempts = suicidal situations)
 and the external elements in suicidal situations
- Internal elements in suicides = related to the individual
- External elements in suicides = related to place and method
- Youths suicides are often described as an opposite to adults

TYPOLOGY OF SUICIDAL SITUATIONS

	Desperate suicides	Para suicides	Traditional suicides	Instrumental suicides	
Degree of planning Primary aim to decease	Low Yes	Low	High Yes	High No	

TYPOLOGY OF SUICIDAL SITUATIONS

	Desperate suicides	Para suicides	Traditional suicides	Instrumental suicides	
Necessary spatial conditions	Opportunity	Accessibility	Effective	Strategic	

UNDERSTANDING YOUTH'S SUICIDAL SITUATIONS

- Majority in the cluster of para suicides
- Suicidal situations as a response to a rapid developed crisis (fights with parents, boy- or girlfriend, failed with something important etc)
- Aiming for change and stopping the pain
- Well-known places and easy to access
- Place = method (jump from heights, train platforms and train rails)

PLATFORM A



- Working with visibility by activity support (no station house or convienence store near the railway)
- Lightning (autodetect if someone enter the platsform/rails)
- Fencing
- CCTV (active)
- Emergency phone

PLACE ANALYSIS AND PREVENTION

- Place of importance suicides always takes place
- We need to identify so called hotspots and map where suicides takes place, when they take place and also whom tries/commit suicide (gender and age aspects)
- Explore what make this situation possible finding place-related enablers or facilitators (why is it accessible?)
- Finding preventive strategies which make it hard to access place, but still makes the place functional for its intention
- According to previous research: working with place-based interventions is effective and has a low degree of displacement

Thank you for listening!

CHARLOTTA THODELIUS:

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Suicide Prevention in County Durham Locations

Jane Sunter
Public Health Strategic Manager
Durham County Council

County Durham Suicide Prevention High Frequency Locations





Regional Suicide Rates

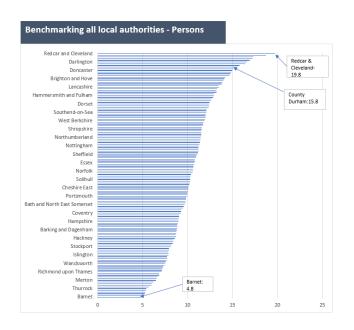
Figure 4: Directly age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 (3 years pooled), persons, County Durham, North East LAs and England, with 95% confidence intervals, 2019-21. Source: ONS

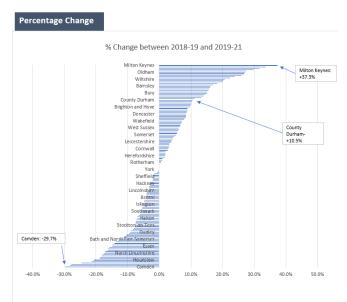
Area ▲ ▼	Recent Trend	Count ▲ ▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	15,447	10.4	H	10.3	10.6
North East region	-	900	13.0	H	12.1	13.8
Redcar and Cleveland	-	69	19.8	<u> </u>	15.3	25.0
Darlington	-	47	16.6	<u> </u>	12.2	22.1
County Durham	-	217	15.8		13.7	17.9
Middlesbrough	-	54	14.9	-	11.1	19.5
Hartlepool	-	36	14.7	<u> </u>	10.3	20.3
Sunderland	-	103	14.2		11.4	17.0
Newcastle upon Tyne	-	85	11.6		9.1	14.4
Northumberland	-	95	11.5		9.2	14.1
North Tyneside	-	59	11.0		8.3	14.2
Stockton-on-Tees	-	52	10.2		7.6	13.4
Gateshead	-	51	9.6		7.1	12.6
South Tyneside	-	32	7.7		5.3	10.9

Statistically significantly worse than England
Not statistically different to England
Statistically better than England



Benchmarking against LAs









Real Time Data Surveillance System

Using PHE Guidance for monitoring

- MSOA and also wider area (taking into account community perceptions)
- Timeline 6-12-months
- High profile deaths and high-frequency locations.

Criteria hit triggers a Multi-agency Assurance Review (MAAR) process to look for links including social connections and initiate a community response.



Taking Action

Restricting access to sites and increasing opportunities for help-seeking behaviour by the individual



Station review of access points

Multiple Unrestricted Access Points







- Further actions to restrict access onto the platform and the tracks given the requirements to maintain wheelchair, pushchair, mobility scooter and pedestrian access cannot be identified
- Ongoing discussion with Network Rail to provide a ticket machine on both platforms, to deter customers in a hurry from crossing the tracks to obtain a ticket

(Review complete Summer 2022)



Altogether better

Community Response-signage



Friends of the Station worked with local school to produce some artwork to display at the station



Signage, installation of new guardrail and pedestrian lighting



The lighting installation will retrofit to the existing and new pedestrian guardrail, LED technology will reduce light spillage, energy, maintenance and ecological impacts (estimated to be fitted Spring



Signs replaced and placed at greater frequency across the viaduct (work complete Autumn 2022)



Barriers to be added to the existing viaduct parapet



*artist's image of the fencing type to be used

The type and style of suicide fencing has been agreed in principle by a stakeholder group including Design and Conservation, Fire Brigade and Highways.

Estimated to be fitted in Spring 2023



Increase opportunity and capacity for human intervention



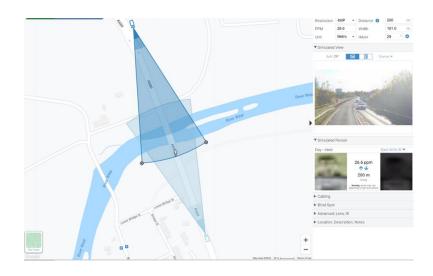
Station

- Operatives have approx. 6 seconds to intervene if someone accesses the tracks when a train is passing through (trains travelling at 100+mph).
- Two Safe Travel Operatives employed by Network Railestimated to have saved 35 lives through preventing access to the tracks
- Surveillance cameras have been updated to ensure real time surveillance (but only extend so far along the track)
- New businesses including a café and taxi office were scheduled to open





Viaduct



- New lighting columns
- 2 CCTV cameras colocated on lighting columns,
- Agreement with Care Connect to monitor the cameras from the Depot
- Signage to advise pedestrians that CCTV cameras are in place

Estimated to be fitted in Spring 2023



Change the public image of the site; dispel its reputation as a 'suicide site'



Wider Place-Based Response

- A focus on early intervention and prevention at a population level
- · Importance of post-vention referral
- Regular contact with relevant Elected Members and MPs
- Holding local press reporting to account using Samaritans Media Guidelines
- Dissemination of "Rainbow Resources" to AAPs to share and display with key partners such as community groups and Primary Care
- Establishing a local offer via Wellbeing for Life of Making Every Contact Count (MECC) training for these local community groups and assets





Altogether better

Wider Response cont...

- Continually using Intelligence gathered from the Real Time Data Surveillance to target key population surrounding these sites
- Looking at the wider determinants within these areas (unemployment, food poverty, substance misuse etc) and current offer in partnership with Wellbeing for Life and Area Action Partnerships
- Use the "Now You're Talking" comms for wider population awareness raising, and tailoring messages to local higher frequency areas
- Think about memorials





What have we learnt?

- One death is one death too many, but intent cannot always be mitigated against
- Not everyone is in a "mental health crisis"
- Data for potential suicides and "incidents" is essential to inform the evidence-base and address trends
- The "communication balance."
- Social media constant challenge when trying to influence public perceptions
- De-escalation Samaritans Media guidance is invaluable
- Don't underestimate the impact of wider determinants on the local community
- People aren't always happy with the label of suicide
- Always consider the wellbeing of staff involved on the agenda

You can't please all of the people all of the time





Any Questions?

Jane Sunter
Public Health Strategic Manager
Durham County Council

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Designing Out Suicide

Neil Peters
Suicide Prevention Consultant
Nuthatch Consultants

Suicide prevention through design

Neil Peters

Nuthatch Consultants



Neil Peters

• Mott Transport MacDonal Planning d Samaritan Charity s & the Sector railway Nuthatc Suicide h Prevention Consult ants



nuthatchconsultants.co.uk



Nuthatch Consultants

- Founded in 2020
- Support charities and business with suicide prevention and mental health strategy, planning and advice
- Particular expertise in suicide prevention in public places
- Provide guidance, consultancy and project management to support your organisation
- Katie Barton joined in 2022
- Organisations we've worked with:





Why should we take action?

- Suicide is everyone's business
- But is complex and cannot be done alone by one person or organisation

All the major organisations that are working effectively in suicide prevention are working with a multi-agency approach

There is an ethical reason to prevent suicide and support vulnerable people

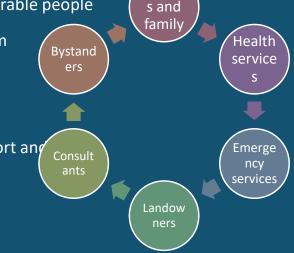
It saves individuals lives, prevents trauma of those around them

Protects staff, emergency services and others from trauma

Reduces reputational risk of sites and organisation

For those working in consultancy, environmental, retail, transport ang

building services there is a added value for clients



Friend



Opportunities to reduce risk

Strategic

- Prevention: Reducing the number of people who reach a point in their lives where they wish to take their own life
- Crisis Intervention: Intervening with those who do reach a crisis point to reduce the number of people who attempt suicide
- Postvention: Reducing the known impact of a suicide or attempted suicide

Tactical

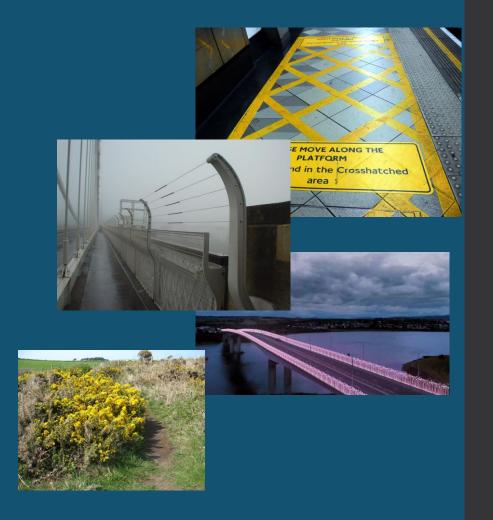
- Restrict access to the site and the means of suicide
- Increase opportunity and capacity for human intervention
- Increase opportunities for <u>help seeking</u> by the suicidal individual
- N. Change the public image of the site

Owens, C., Hardwick, R.J.L., Charles, N.; et al. (2015). Preventing suicides in public places: A practice resource.



Restricting access

- Closing sites or access to sites
 - Restricting access to certain areas
 - Closing storeys in car parks
 - Closing remote car parks
 - Fencing (2.5m high, inward curved)
 - Bridge barriers
 - Safety nets multi purpose (could prevent rock falls)
 - Boundary marking (hatching, painted lines lighting, vegetation) – increases awareness for when someone is 'in the wrong place'





External Barriers



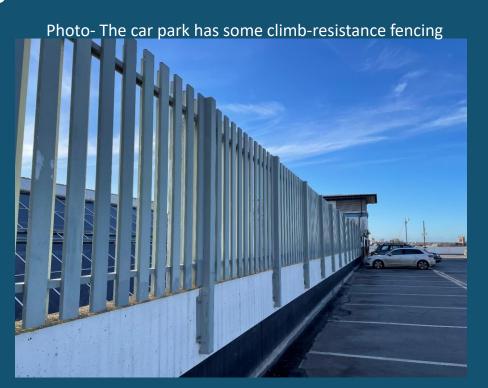


Photo- Anti-trespass fencing with Samaritans signage

Internal Barriers



Photo- higher glass barriers feature on level 3 link

Reducing Access – Restrictions at public locations

Context

There is only one road into the area.

- Laybys on the cliff road are used by suicidal people seeking a less observed access to the cliffs.
- The laybys have short walks to the cliff edge
- Several stakeholders suggest restricting road access.

Reduce access, increase opportunity for observation

- Undertake costs benefit analysis for closing laybys
- Limit parking to car parks
- Closing the road at night would limit access at lower demand times, particularly when patrols are less active.
- By placing a toll or park and ride facility





Reduce access to cliff edge through barrier intervention

Options

It is recommended to explore the opportunity for planting dense gorse or other foliage.

Trim grass verges to enable better visibility of the area between the road and the cliff edge.

- If possible dense planting of shrubs like gorse would restrict access to the cliff edge but not obstruct the sea views and could be environmentally sympathetic. Could limit to 5ft.
- Trimming verges, will increase sight lines for surveillance and enable suicidal people to be more visible for patrols from the road.



References:

Public Health England, Preventing Suicides in Public Places, A Practice Resource 2015, Area 1 – Restrict access to the site and the means of suicide



Bridge schemes







Knight Architects



Human Intervention

- Design in visibility
- Reduce hiding places
- CCTV inc. smart, thermal (must be monitored)
- Human intervention needs to be equipped to deal with the situation
- Training
- Encourage people to look out for each other
- Has anyone had experience of making an intervention with a suicidal person or aware of a scheme where this has happened?





Help seeking

- Crisis Signage
- Emergency telephones
 - Particularly in remote areas or those with poor mobile reception
- General advertising of support

In a two-year period, 30 out of 39 people intending to take their own life used the telephone to call for help. Only one person who called the helpline went on to complete suicide. Local media reports indicate that up until 2010, 75 people were assisted to leave the bridge the helpline.

Signage: Suicide numbers reduced from an average of 10 per year prior to the intervention to an average of 3.3 per year over a three-year period



Supporting data

Interventions	Pre-intervention per year	Post-intervention per year
Physical barriers (11 studies)*	3.16 suicides	0.72 suicides
Physical barriers at jump sites (8 studies)*	2.80	0.91
Sites with safety net only (2 studies)*	1.1	0.10 to 0.46
Surveillance (3 studies)*	7.79	5.29
Signage (1 study)^	10	3.3
Crisis telephones (1 study) ~	8.3	6.3
*NICE, Preventing suicide in community and custodial settings, Evidence review 6 for reducing access to means 2018		
^King E, Frost N. The New Forest Suicide Prevention Initiative (NFSPI). Crisis 2005; 26(1): 25-33.		
#Interventions to reduce suicides at suicide hotspots: a systematic review, Cox, Owens et al		

Improve image of site

- Reputation
- Mythology
- Aesthetically
 - Some people are attracted to lonely unwelcoming places
 - Others to beauty spots
- General improvements, art schemes, flowers, planters, community value and ownership
- Give the site a sense of community ownership and that they could be observed

"Participants felt that the...could be redesigned or adapted to make them feel less isolated and more humane." Marzano et al, 2016





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peters-nuthatchconsultants/





Further resources & training opportunities....



Suicide Awareness training

<u>20 minute suicide awareness training</u> (<u>zerosuicidealliance.com</u>)



Signpost
North East &
North Cumbria

https://www.signpostnenc.co.uk/



https://www.mind.org.uk/



More resources and training opportunities https://www.stopsuicidenenc.org/



https://www.papyrus-uk.org/

https://www.samaritans.org/



Questions and Reflections

Visit our <u>webpage</u>
Sign up to our <u>mailing list</u>

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