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**Samaritans’ Response:**

**APPG on Mental Health inquiry into the progress of the Five Year Forward View for Mental Health**

1. **Where has the Five Year Forward View for Mental Health made the biggest impact and where could it go further?**

The key part of the Five Year Forward View regarding suicide prevention is recommendation 3:

*The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, reviewed annually thereafter and supported by new investment.*

At the time the Government responded to the report, 95% of local authorities either had a suicide prevention plan in place or in development. This figure is now 100%. We are pleased that there has been movement here, and the target is close to being met. We hope that the Government will now work with the few remaining local authorities who are developing a plan but have not finalised it in order to make sure that all have plans in place by the end of 2018 at the latest.

At the time of its publication, we expressed our concerns that, whilst the Five Year Forward View included a number of helpful recommendations on mental health training,[[1]](#footnote-1) there was nothing on suicide prevention training specifically.

This is disappointing, given that suicide is biggest killer of men under 50, and the biggest killer of young people of both genders aged 20-34.

Services should be compassionate towards suicidal people, recognise suicidal ideation, and refer people onwards appropriately. Our experience is that provision of services which meet these criteria is patchy. This is an issue which the Government must address, following the lead of the Scottish Government (see below).

**Suicide prevention training in Scotland**

Training can be an effective way to prevent suicide, and this is an area where Scotland has taken the lead. The Scottish Government set a target for 50% of frontline health staff to be trained in suicide prevention, specifically those working in mental health services, primary care, A&E and substance misuse services. This was achieved in 2010, and an impact evaluation concluded that the results of its research:

*“…clearly show that the delivery of a nationally-cascaded programme of suicide prevention training has made significant progress in increasing the understanding of suicide and reducing stigma in communities; and in giving people the skills, knowledge and confidence they need to intervene. The programme has also achieved its expected outcomes including, it may be argued, making a contribution to the decreasing rate of suicide in Scotland since 2000-02.”\**

\* p.vi, *Impact evaluation of the Choose Life training programme*, NHS Health Scotland, 2011 http://www.healthscotland.com/documents/5552.aspx

Recommendation 57 is also relevant:

*NHS Improvement and NHS England, with support from PHE, should identify what steps services should take to ensure that all deaths by suicide across NHS-funded mental health settings, including out-of-area placements, are learned from, to prevent repeat events. This should build on insights through learning from never events, serious incident investigations and human factors approaches. The CQC should then embed this information into its inspection regime.*

The Government did not respond to this recommendation at the time it published its response to the Five Year Forward View, presumably because it is partly the responsibility of arms-length bodies. The Secretary of State for Health and Social Care has, however, since announced that it will reduce suicide to zero amongst inpatients. Samaritans strongly welcomes this commitment.

**Funding**

We welcome the Five Year Forward View’s commitment to reduce suicide by 10% by 2020/21, and the Government’s acceptance of this.

In its response to the Five Year Forward View, the NHS noted that the £25 million of further investment from the Government would be used to support the recommendations on suicide (although the majority of progress on suicide would come about as a result of other measures outlined in the report).[[2]](#footnote-2) Samaritans welcomes this extra funding: however, it is unclear whether the funding currently committed will be enough to fully realise the report’s recommendations. Furthermore, it is expected to be disbursed to STPs rather than Local Authorities, which are ultimately responsible for preventing suicide in their area. The Government should determine how much funding is required to meet all of its aspirations (both those made within its response to the 5 Year Forward View and elsewhere) and ensure they are both funded appropriately and that the funding is delivered in the most effective way to local authorities and their partners.

1. **What should any new mental health strategy post-2021 focus on?**

Our focus at Samaritans is on suicide prevention, rather than the whole of the mental health system. Regarding suicide specifically: in addition to including suicide prevention as part of training (as set out above) it is important that a new strategy keeps up the momentum on suicide prevention, supporting the National Suicide Prevention Strategy. Now that the vast majority of local authorities have suicide prevention plans in place, it is important that they are held to account on the effectiveness of these plans, and the steps that being taken to actually implement them. This should include analysis of the funding required to deliver these plans, and commitments to the disbursement of such funding.

1. **How can we better scrutinise the implementation of the Five Year Forward View for Mental Health and what role can the public, Government, policymakers, Arm’s Length Bodies (ALBs) and parliamentarians play?**

The Government has created a clear map, available online, setting out which local authorities have suicide prevention plans, do not have plans, or have plans in development. We are pleased that the Government has committed to carrying out quality assurance of local suicide prevention plans, and would like to see similar transparency here. This is necessary for the public and civil society to hold local authorities accountable for the quality of their plans. Similarly, we need to see publicly available information on the effectiveness of the interventions being carried out by local authorities: plans, whether good quality or not, are irrelevant unless they actually result in life-saving work.

1. *the training of GPs could also be improved to ensure they are fully supported to lead the delivery of multidisciplinary mental health support in primary care’:* The Five Year Forward View for Mental Health, p.46; *‘[NHS England should deliver] extra training for primary care staff in supporting people with severe mental illness.’, p.41, ibid.* [↑](#footnote-ref-1)
2. *Implementing the Five Year Forward View for Mental Health,* NHS,P.36 [↑](#footnote-ref-2)