



Royal College of Nursing
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Submission to the House of Commons Health Select Committee inquiry on suicide prevention

The nursing community makes an invaluable contribution to identifying and caring for individuals experiencing a mental health crisis, especially those at risk of, or experiencing suicidal thoughts. However, nurses themselves are considered a high risk group. We believe there are 6 key areas where action is needed to improve suicide prevention in England. These are as follows:

- **Implement the governance arrangements set out in the Mental Health Five Year Forward View to ensure government policy on mental health is aligned across all government departments¹:** we believe stronger governance mechanisms are required to ensure policy development for good mental health promotion, including suicide awareness, occurs at a national level.
- The Government should build on the legacy of the Mental Health Five Year Forward and start work on the next iteration in order to match the government's long-term vision of fully integrated and transformed mental health care across the NHS and social care.
- **Build a highly skilled nursing workforce for the future:** a robust nursing workforce, that has the capacity, skill mix and knowledge to support more effective health promotion, including suicide awareness and prevention, is required. The forthcoming Health Education England (HEE) mental health workforce development strategy¹ must set out how it will fill the gaps in the mental health nursing workforce and also, build the capacity and skills needed in the broader workforce to ensure it is equipped to support physical and mental health.
- **Train and upskill all health and care professionals:** variation in training and education on suicide awareness must be urgently addressed through pre-registration nursing education. Better training in mental health awareness, including suicide awareness, should be mandatory for professionals working with key at risk groups across health, social care and criminal justice settings.
- **Deliver more responsive and coordinated services:** people at risk of suicide require rapid access to very specialised treatment. While mental health services are re-orientating, the commitment made to developing more responsive and coordinated services must be continued through sustained funding.
- **Supporting key high risk groups:** nurses are a key high risk group for suicide due to the strain and level of responsibility that is attached to their role. There is significant variation across England in the quality of workplace health promotion and crisis support, which needs to be addressed. NHS organisations should implement

¹ NHS England, *Mental Health Five Year Forward View: implementation plan*, July 2016.

our [Healthy Workplace Toolkit](#), which emphasises the importance of good working conditions.

- **Improve data collection and data sharing:** the [Information sharing and suicide prevention: Consensus Statement](#)² principles, developed by the Department of Health and key stakeholders, need to streamline into services for individuals at risk of suicide. In addition, ongoing work such as the 'Local Digital Roadmaps'³, to increase data collection and sharing, needs to be sped-up, and connected with other relevant policies.

Additional information

1. Build a highly skilled nursing workforce for the future

1.1 We are concerned that there were 4,876 fewer mental health nurses in April 2016 than there were in May 2010⁴. This marks a decrease of 12 per cent⁵. In addition, Band 7 and 8 nurses have been disproportionately hit by the cuts to the mental health workforce. From April 2010 to April 2015 the NHS lost 641 band 6 nurses, 930 band 7 nurses and 503 band 8 mental health nurses⁶. This would indicate that senior nurses are being downbanded or losing their jobs, and being replaced with nurses on lower bands or health care assistants who cannot offer the same skills as those on higher bands. The loss of experienced nurses is hugely worrying and has serious implications for service users.

1.2 Furthermore, a large proportion of the mental health nursing workforce is over 50, which has implications for the future mental health workforce. Many of these nurses will have a retirement age of 55 and are therefore close to leaving the profession, resulting in mental health services potentially seeing a drop-off in the number of nurses over the next few years. It is also likely that many of the retirees will be the most experienced and skilled senior nurses.

1.3 The forthcoming HEE mental health workforce development strategy, as set out in the Mental Health Five Year Forward View implementation plan⁷, should set out how gaps in the mental health nursing workforce will be filled, as well as how the capacity of the broader workforce in health and social care will be developed.

Investing in the wider nursing workforce

1.4 The nursing community works across many health, social care, and custodial settings, and their contribution to identifying and caring for individuals at points of crisis is critical. While the nursing profession as a whole needs to be bolstered in order deliver the care people deserve, further investment will need to be allocated to those parts of the nursing workforce that are key to identifying and caring for high risk groups.

² Department of Health et al, *Information sharing and suicide prevention: Consensus Statement*, January 2014 [Available here](#)

³ NHS England, Local Digital Roadmaps [Available here](#)

⁴ NHS Digital, *Health and Social Care Information Centre, Provisional NHS Hospital & Community Health Service (HCHS) monthly workforce statistics, August 2016*

⁵ Ibid

⁶ Data request to NHS Digital, NHS hospital and community health services provisional statistics: Qualified nursing, midwifery & health visiting staff in England by area of work and pay band as at the last day of each specified month, February 2016

⁷ NHS England, *Mental Health Five Year Forward View: implementation plan*, July 2016.

1.5 Health visitors make a significant contribution to the health and wellbeing of families and local communities. They play a key role in identifying issues and providing support to families in times of crisis, for example women experiencing perinatal and postnatal depression⁸. A good example of this is the relationship between mental health and breastfeeding, where difficulties with breastfeeding can contribute to low mood in new mothers, leading to feelings of failure and rejection. However, we are very concerned by reports from our members that since responsibility for commissioning health visiting transferred to local authorities in October 2015, these services have been pared back, with early warning indications that this is resulting in cuts to the health visitor workforce. This will cause a dangerous gap in service provision and also undermines the previous Government's commitment to increasing the health visitor workforce.

1.6 School nurses can have an equally significant impact in early identification. They are in a unique position to develop relationships with education colleagues to raise awareness and help young people talk about how they are feeling. The current pressure faced by health visiting and school nursing services compromises the effectiveness of interventions and risks failing those individuals most at risk. Given that the latest statistics from the Office for National Statistics identify suicide as the main cause of death in young people, nurses working across different fields are in a prime position to engage and encourage conversations about the subject.

1.7 Primary care and community nurses, through their contact with the wider community, are in a key position engage with those who may be depressed and harbouring suicidal thoughts. However, workforce figures from April 2016 show that the numbers of registered nurses working in community settings has fallen by 13% since May 2010⁹.

2. Strengthen education and training of health and care professionals

2.1 All graduate nurses must meet certain criteria in order to gain entry onto the Nursing and Midwifery Council (NMC) register. Minimising risk of harm, including attempted suicide¹⁰, is a core skill for a newly qualified mental health nurse. This competency is not part of pre-registration nursing standards for other fields of nursing and therefore leaves a dangerous knowledge and skills gap. For example, a survey of our members found that 60.1% of pre-registration and 50.2% of post-registration respondents reported having received no training in suicide prevention or awareness, with 96% of respondents saying they thought it important to know about it in their field of nursing¹¹. This is clearly a role for education providers, and one that we recommend they address as a matter of urgency.

2.2 Addressing suicide must extend across all fields of nursing, and more must be done to ensure suicide awareness and prevention is a feature of all undergraduate nursing programmes. The development of the new standards for pre-registration nursing education by the NMC offers an opportunity to strengthen suicide prevention across all branches of nursing, and will help to develop the

⁸ Royal College of Nursing, *The RCN's UK position on health visiting in the early years*, July 2011.

⁹ NHS Workforce Statistics – April 2016 *provisional statistics: staff excluding medical* available at: <http://www.hscic.gov.uk/>

¹⁰ Nursing and Midwifery Council, *Standards for pre-registration nursing education*, 2010.

¹¹ Rebar, A., & Hulatt, I. Understanding barriers to talking about suicide – RCN members' survey. Nursing Standard 2016 (in print)

capacity of the future nursing workforce to deliver the care at risk individuals will need.

Upskilling the current workforce

2.3 Every interaction with a patient or client is an opportunity to promote health and prevent illness and injury. This is vital for people in the midst of, or on the cusp of, a mental health crisis, where suicide is a very real risk. Better training in mental health awareness, including suicide awareness, should be mandatory for health and social care professionals working with groups considered high risk. On-going training and continuing professional development is an effective way to support staff to develop the skills they need in order to build confidence in partaking in conversations about suicide. Employers should be required to ensure training is available and accessible to all directly employed health and care staff.

2.4 Making Every Contact Count (MECC) is an important initiative to promote an equal focus on mental and physical and identify individuals at risk¹², and must continue to be promoted amongst frontline health professionals. Given that more than 70% of people who die by suicide are not in touch with mental health services, a focus on MECC is essential for uncovering those who may be suicidal. Similarly the *Mental Health Core Skills Education and Training Framework*, currently in development by Skills for Health, is a welcome step forward¹³ in achieving this objective.

3. Deliver more responsive and coordinated services

3.1 The Five Year Forward View for Mental Health sets out a clear vision about the future of mental health services, and the recommendation for all local areas to have multi-agency suicide prevention plans is a welcome step forward that we fully support¹⁴. However, more still needs to be done to improve access to mental health services. Too many individuals in crisis are still inappropriately referred to Accident and Emergency Departments for treatment, while others are detained in police cells. Services need to be more responsive, giving individuals in crisis the ability to 'self-refer' to a service, rather than requiring them to go through primary care.

3.2 We are starting to see different services working together more effectively, and nursing expertise is at the forefront. The Government's Street Triage initiative demonstrates how police officers and mental health nurses working together can reduce the use of Section 136¹⁵. Nurses working in police liaison and diversion services are also delivering effective outcomes, including improved health outcomes, reduced re-offending and the earlier identification of vulnerabilities, thus reducing the likelihood of people reaching crisis-point.

3.3 Partnerships between NHS services and local support groups are also proving effective in helping to identify and monitor at risk individuals. Devon Partnership NHS Trust is working with Devon Liaison and Diversion Service, Street Triage Team and the Samaritans of North Devon and North Cornwall, to offer a range of services. Mental health nurses, alongside other health and care professionals,

¹² Department of Health, *NHS Future Forum: recommendations to government on NHS modernisation*, 2012

¹³ Skills for Health, *Mental Health Core Skills Education and Training Framework*, expected publication June 2016

¹⁴ NHS England, *Five Year Forward View for Mental Health*, February 2016

¹⁵ Heslin M, Callaghan L, Packwood M, et al. Decision analytic model exploring the cost and cost offset implications of street triage. *BMJ Open* 2016

are following up with people detained in police custody units and referring them to Barnstaple Samaritans to provide them with the opportunity to talk through their issues with a trained listening volunteer. Additionally, patients being discharged from the Psychiatric Inpatient Wards in North Devon are given the option to receive a call from Samaritans when being discharged from hospital to home.

3.4 However, there remains significant variation in the scale and impact of cross-service collaborations. We would like to see a more consistent and sustainable implementation of similar models across England with more focus on engaging third sector/charitable organisations involved in suicide prevention.

4. Supporting key high risk groups

The nursing community

4.1 Nurses in particular are considered a key high risk group for suicide, due to the strain and level of responsibility attached to their role. Our Member Support Services provides a free and confidential counselling service to members who are vulnerable. The service is well used, delivering 4,232 sessions to members in 2015. Members seek support when they are unable to cope and come to the service exhibiting significant risk factors, including suicidal thoughts.

4.2 A common theme is that nurses “push themselves too hard” because they assume they “should cope”. This can leave nurses prone to work errors, injury, accidents, sickness absence, burnout and a desire to leave the nursing profession, which ultimately risks patient safety and outcomes.

4.3 These individual feelings are compounded by the impact of the current nursing workforce shortage in England. A lack of nurses, coupled with increased workloads, has seen a significant decrease in the workplace health and wellbeing of the nursing profession. A survey of our members found high levels of stress, with long working hours combined with unrealistic time pressures and unachievable deadlines being the main causes¹⁶.

4.4 Members using our counselling service tell us repeatedly that their line managers, employers and/or organisations ignore or disregard mental health issues such as depression, stress, anxiety, bereavement and loss, often leading to further deterioration of the individual's health and wellbeing. While there are costs to taking a pro-active approach, employers that invest in their employees' health and wellbeing reap benefits, such as reduced absence and sickness rates, higher employee satisfaction, and ultimately better staff retention rates, as evidenced by Black¹⁷ and Boorman¹⁸ in their respective reports.

4.5 Our '*Healthy workplace; Healthy you campaign*'¹⁹ is designed to promote the importance of healthy working environments, and promote self-care amongst the nursing workforce. As part of this campaign, we are supporting healthcare professionals to develop, implement and maintain self-care strategies to empower the nursing community, and encourage them to take better care of themselves. We are also calling on NHS organisations to implement the healthy

¹⁶ Royal College of Nursing, *Beyond Breaking Point: A survey report of RCN members on health, wellbeing and stress*, September 2013. [Available here](#)

¹⁷ Black C, Frost, C, *Health at work: an independent review of sickness absence*, November 2011 [Available here](#)

¹⁸ Boorman S, *NHS Health and Well-being* November 2009 [Available here](#)

¹⁹ Royal College of Nursing, *Healthy workplace; Healthy you*.

workplace toolkit, which emphasises the importance of good working conditions for nursing staff.

High-Risk Groups: Lesbian, Gay, Bisexual and Trans People

4.6 People using services may require different approaches when interacting with health and care services, for instance, to address language barriers or cultural sensitivities. For Lesbian, Gay, Bisexual and Trans (LGBT) communities, tackling institutional forms of discrimination and disadvantage remains central to securing better healthcare outcomes. General upskilling for health and social care professionals is vital to raising awareness of their specificities, and to providing them with better care. Collaboration with charity partners to identify the needs and plan services for this group is also important.

4.7 As part of our commitment to the national suicide prevention strategy, we have collaborated with Public Health England (PHE) to develop a toolkit to support nurses when dealing with young LGB individuals at risk of suicide²⁰. The toolkit provides support for frontline nurses, equipping them to deliver appropriate and sensitive care, and helping them to identify individuals most at risk of suicide, so that they can be referred to specialist services.

5. Improve data collection and data sharing

5.1 We collaborated with the Department of Health and a number of other health organisations to develop a 'Consensus Statement'²¹, with the aim of improving information and support for families who are concerned about a relative who may be at risk of suicide, and to better support those who have been bereaved by suicide.

5.2 Work now needs to be done to ensure that the Statement's principles are streamlined into the delivery of services for individuals at risk of suicide. This work must be coupled with action to upskill all professionals working in health, social care and criminal justice settings with the knowledge they need to deal with sensitive information. We would welcome greater promotion through NHS England and commissioning bodies.

5.3 Data collection and sharing could play a vital role in early identification and prevention, however progress has been slow. Currently the body looking at this, the 'Transformation Improvement and Assurance Group', is only retrieving data on early interventions in psychosis and increased access to psychological therapies. Crisis services are scheduled to be added to the mental health dashboard in 2017/18, which is welcome. Going forward 'Local Digital Roadmaps' could be used to map and improve data collection and sharing arrangements across localities.

About the Royal College of Nursing

6. The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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²⁰ Royal College of Nursing and Public Health England, *Preventing suicide among lesbian, gay and bisexual young people: A toolkit for nurses*, 2015. [Available here](#)

²¹ Department of Health et al, *Information sharing and suicide prevention: Consensus Statement*, January 2014