

Appendices

Appendix 3

Mental Health & Suicide Prevention Project Plan (Herts)

Project Plan

Public Mental Health & Suicide Prevention, Gypsy, Roma, and Traveller Community

N.B All work programmes below focus specifically on the Hertfordshire Gypsy, Roma, and Traveller (GRT) Community only

Programme Area	Action required	Methodology/Approach	Outcome expected (18-month timeline)
Key Strategic Objectives			
Mental Health & Wellbeing	Improve Mental Health and Wellbeing of GRT Community across Hertfordshire	<ul style="list-style-type: none"> Engage with community members as partners in this initiative Listen to priorities and feedback from community members, to support implementation of education, campaigns and programmes that promote Mental Health and Wellbeing Encourage community to lead on programmes Partnership working with organisations Influence and develop cultural competency with partner organisations working with the community Consider sustainability and longevity of programmes developed Acknowledge Covid impact on Mental Health and mitigate by supporting wellness 	<ul style="list-style-type: none"> Increased MH and wellbeing awareness in GRT community and reduction in stigma Local MH services and programmes designed and delivered are more culturally competent and responsive to needs of GRT community Ownership of sustainable MH support and programmes built into community

Programme Area	Action required	Methodology/Approach	Outcome expected (18-month timeline)
Suicide Prevention	Reduce suicide incidents and raise profile of prevention and support	<ul style="list-style-type: none"> • Work with community and organisations as partners to recognise areas of risk and reduce incidents • Improve data recording of Suicide incidents within GRT community • Offer education, support and training to empower and upskill community members • Work with partner organisations to challenge their offer of services, to make them more culturally competent and accessible to community members • Explore crisis support available and work with organisations to improve these for GRT community • Develop campaigns and programmes with preventative focus • Development of culturally appropriate responsive bereavement service led by community members 	<ul style="list-style-type: none"> • Reduction of GRT suicide incidents in Herts • Prevention support (including crisis care), is accessible and culturally competent, with improvements to provision and promotion for community • Better-quality data and analysis on GRT community suicide incidents • Ethnicity becomes a core element in the data collection of suicides that includes GRT communities. • Bereaved by suicide service influenced and shaped by GRT communities and meets specific cultural needs.

Programme Area	Action required	Methodology/Approach	Outcome expected (18-month timeline)
Four Project Priorities			
Community Engagement	Build strong, effective and trusted relationships with community members and local organisations	<ul style="list-style-type: none"> • Create advisory group(s) and champions network within community, to work as partners and owners on work programmes and projects around MH and SP • Work with GATE Herts and Gypsy and Traveller Section (HCC) to build these relationships and learn more about community needs • Offer effective MH and SP training and networking opportunities • Utilise effective methods/platforms for sharing information, exploring social media and other routes that meet community needs • Signpost champions and community to culturally relevant and competent support services, and positive MH messages and SP preventative support • Working with community and partner organisations to create and promote MH and SP campaigns • Build/enhance relationships between community members and organisations • Collaborate with partner organisations on existing and new workstreams 	<ul style="list-style-type: none"> • Strong, trusting relationships forged between community, HCC and other partner MH and SP organisations • Communities' confidence increased each year in services to meet their needs, which are relevant, responsive and culturally competent • Community fully engaged in coproducing health initiatives and campaigns, and ongoing co-production.

Programme Area	Action required	Methodology/Approach	Outcome expected (18-month timeline)
Bereavement Support	Development of formal bereavement support service for those bereaved by suicide, led by community members	<ul style="list-style-type: none"> • Research, develop and design service led by GRT community for GRT community • Partnership working within community and stakeholders to develop service • Identify barriers with feedback from community and plan to address these • Create pathway for community to receive support following a suicide • Implement data recording and analysis around support offered • Work with partner organisations to influence the services they provide to reduce barriers for community to access 	<ul style="list-style-type: none"> • GRT community members offered bereavement support that is timely and culturally competent • Reduced isolation and stigma and effects on MH from suicide • Confidence of GRT community with community led programme

Programme Area	Action required	Methodology/Approach	Outcome expected (18-month timeline)
Data Collection & Analysis Improvement	Data improvement of collection and analysis of recording ethnicity in suicides, with focus on GRT community	<ul style="list-style-type: none"> • Work with public services to develop pathway of recording ethnicity data for all suicide incidents, and receiving timely notifications • Work with Public Health intelligence team around the capturing and analysis of this data • Review recommendations made by DHSC* in line with this work • Request data ethnicity is recorded at time of suicide • Data ethnicity to be validated with family as appropriate • Request that community, GATE Herts and Gypsy and Traveller section report suicides, which will be cross referenced with incidents formally reported • Create dashboard with local and national data, including analysis • Collection of data across all programmes developed/supported • Work with partner organisations to request data ethnicity recording for GRT access to services where possible 	<ul style="list-style-type: none"> • Clear evidence base to prioritise future support and planning of preventative measures where needed. • Better understanding of GRT use of local MH and SP services • Co-production with GRT communities and services in line with Advanced Equality MH Strategy and PACREF (patient and carer race equality framework)

Programme Area	Action required	Methodology/Approach	Outcome expected (18-month timeline)
Wider Mh And Sp/ Inequalities Priorities Alignment	Align to wider team priorities to ensure community involvement in wider MH and SP work	<ul style="list-style-type: none"> • Share key messages from wider team with community as relevant • Use MH champions network and/or social media to disseminate information • Work with wider public health team to feed in and out MH messages/feedback, to also help shape wider programmes • Promoting access to MH online platform for people with low to moderate depression /anxiety, working with colleagues to improve access/ barriers of service for community members • Consider and promote accessibility and digital literacy across other workstreams • Influence wider work to ensure GRT community and needs/voices are incorporated/ acknowledged • Review and add to resource guide with relevance for community members and partner organisations • Contribute to development of Crisis support across Hertfordshire and ensure GRT voice is included • Work with colleagues developing Men's MH programmes, and adapt and promote to GRT community as relevant • Sharing knowledge and feedback with wider team 	<ul style="list-style-type: none"> • Increased community involvement in wider initiatives including Crisis Support, Men's MH, Online Platform and Signposting • Reduction in Inequalities to Health care promotion for community • GRT needs mainstreamed into wider workstreams

Programme Area	Action required	Methodology/Approach	Outcome expected (18-month timeline)
Evaluation (To be imbedded throughout all work priorities)	Embedded evaluation and analysis into relevant workstreams to understand impact of work implemented	<ul style="list-style-type: none"> • Work with Public Health evaluation and intelligence teams to identify most effective programmes to evaluate, and together devise methods to assess programmes • Conduct surveys to gain understanding of community knowledge and attitudes on MH and SP, at different stages of programmes including start and end • Use evaluation feedback to help shape projects and programmes being delivered • Include evidence collected in reports • Collect feedback and data across various sources including community members, partners and stakeholders as appropriate, via data recorded, focus groups, surveys and interviews • Monitor numbers attending training, advisory groups and programmes • Focus evaluation on service transformation 	<ul style="list-style-type: none"> • Evaluation will be used for all relevant workstreams to evidence we have met intended outcomes

***Note:**

Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives

Published 27 March 2021

***Suicide prevention in Gypsy, Traveller and Roma (GTR) communities:**

DHSC have engaged with a number of organisations to consider actions in this space, e.g. linking in with the Advancing Mental Health Equalities Taskforce (NHSE/I) to consider issues in this community.

Ongoing work includes continued focus on improving availability of ethnicity data sources by the ONS and PHE. PHE are also encouraging local areas to reflect the specific needs of their population in their suicide prevention plans (with specific mention of local GTR communities where relevant). DHSC and NHSE/I continue to encourage local services and organisations to engage with the VCS sector on best practice in supporting specific communities.

Appendix 4

Bereavement Service (Herts)

Changes to service to meet needs of Gypsy, Roma and Traveller people

New Service

There is a new bereavement service in Hertfordshire for people affected by suicide to give them more support than before. We are looking for Gypsy, Roma, and Traveller people to work with, so you can tell us what changes you think might be needed to this service to make sure it looks at cultural needs. This means looking at the main service, and perhaps an extra support group for Gypsy, Roma, and Traveller people.

On the next page you will see a flow chart showing the new service and the page after that will look at how we'd like to work with you and the types of questions we may ask.

The new Bereavement Service in Hertfordshire

What: Is the new service?

A new service: has been developed in Hertfordshire for people affected by Suicide. This will mean more support for people than before.

Types of support include: having someone just to listen to you, or it could be support with inquests, dealing with any debt, housing issues, funerals and the coroner. You can tell the service what help you need and they will do their best to help. If they can't help, they can let you know of organisations that can.



How: will support be offered?

People will get 1:1 help: for as long as they need it, with no time limit. They may choose lots of help for a long period of time, or just at key times like birthdays and anniversaries.

Future community groups: we are starting with 1:1 help, but in the future, there may be more community support groups.

Contact: there will be a helpline and email address people can contact to find out more information about the service.



Why: Is there a need for this project?

We know that the suicide rates for Gypsy, Roma and Traveller people are higher than the general population. We also know that for different reasons people don't always access support, so we want to make sure that those who are sadly affected by suicide are better supported



Where: Will support be offered?

This can be at a place that is best for the family or person needing support. It could be in their home, at a coffee shop, at GATE Herts hub or somewhere else they feel comfortable.



When: will someone receive support

Launch: the service across Hertfordshire started in October 2022

The Police will send letter of condolence: to the next of kin, the day after a suicide happens. This to say sorry for their loss, to send a booklet with information of what will happen next and organisations that can provide further support, and to let them know someone from the bereavement service will be calling them to offer more support.

Someone from Chums (the bereavement service) will call: the next of kin within 3 days of the suicide. The family member can say if they don't want this or support, or if they would like to be called back in a few weeks or months.

Individual plan: The support worker will ask each individual family what support they would like and create a plan of support that is right for them. They will tell them about the types of support available. This might not be done at the first phone call, but when the family are ready.

There will be a follow up call in 6 weeks: giving families space and time before receiving support if preferred.

Task and Finish group:

So that we can provide the best possible service to Gypsy, Roma, and Traveller people, we'd like to create a special group, where we can ask you what you think about this service and what extra things you think Gypsy, Roma, and Traveller people might need. We will then use the information you share with us to try and make changes to improve the service.

Who: 3-4 Gypsy, Roma, and Traveller people that have been closely affected by Suicide. (One person to be below 18 years of age if possible) to hear from a younger person.

Chums: Relevant person

When: We will arrange several meetings over the next few months, and will check when is best for everyone

Payment: Gypsy, Roma, and Traveller people taking part in all meetings will be given £100 supermarket vouchers to thank them for their time in taking part.

Where: At the Gate Herts office for those that can join face to face, and for anyone else who can't come in person, they can join online (MS Teams). Or we can meet or speak with you alone to get your ideas if that's what you prefer.

Questions about this new service:

1. What do you think about this new service?
2. What changes do you think are needed to meet the needs of Gypsy, Roma, and Traveller people?
3. Do you think an easy read letter and handbook from the police would be better or a video to explain this information?
4. What do you feel about the timelines to be contacted?
5. Would it be better to receive that support from someone from the Gypsy, Roma, and Traveller community?
6. Anything else important to consider?

Questions about a GRT support group:

1. What are your thoughts on a suicide bereavement support group, just for Gypsy, Roma, and Traveller people?
2. How often should this run, where, what time, for how long?
3. Who should run and support this?
4. How would we tell people about this?
5. Training you might need?
6. Anything else important to consider?



[nhsrho.org](https://nhs.uk/race-and-health-observatory)



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