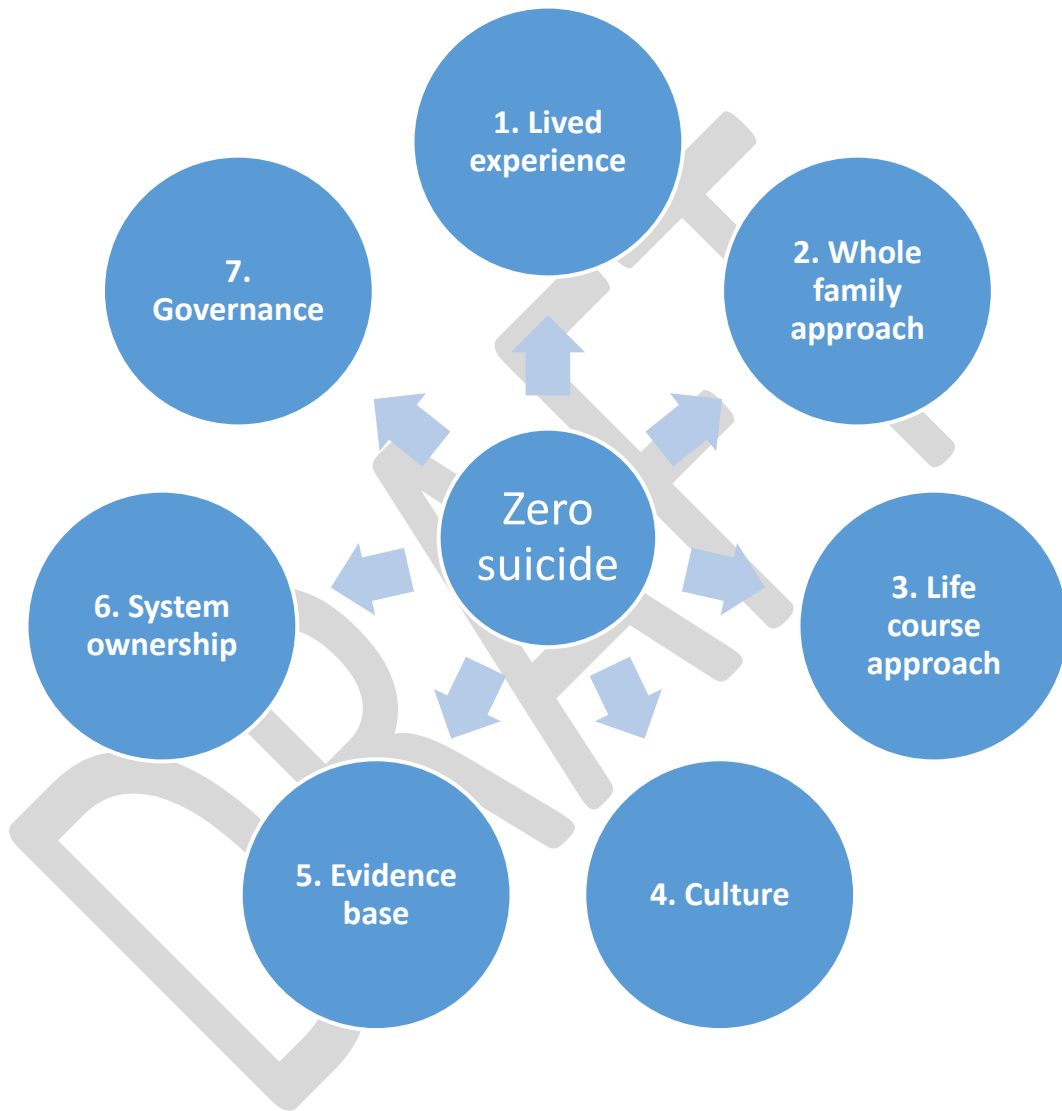**Suicide prevention protocol for Surrey.**

A commitment from partners involved in the suicide prevention work across Surrey

To be a member of the Surrey suicide prevention partnership all partners must be signed up to this protocol.

Part 1: Guidance

Area	All partners must	Guidance
1. Lived experience	Ensure that lived experience is embedded across their work streams	• How is the voice of people with lived experience used to inform service improvement service development and shape new services? • Do you have a lived experience network? • Commitment to listen to voice of their frontline staff to escalate challenges and barriers and make it clear how these fits with the protocol
2. Whole family approach	Demonstrate how the whole family and embedded across their work streams	• How is the voice of families used to inform service improvement service development and shape new services? • How do you engage with families to ensure they are part of the care plans
3. Life course approach	How all ages and key transitions are managed and support across the service	• How do you support people all different ages? •
4. Culture	4a. Demonstrate that stigma of suicide is addressed and embedded across organisation	• If possible, could we get a baseline of attitudes from (some organisations) • Completion of stigma training % of staff. •
	4.b. Demonstrate workforce development around mental health awareness, suicide prevention awareness and trauma informed care.	• Is mental health awareness training mandatory in your organisation? • If no, would you consider making mental health awareness training mandatory for all staff who consent to attending the training? • Is suicide prevention awareness training mandatory in your organisation? • If no, would you consider making suicide prevention awareness training mandatory for all staff who consent to attending the training?
	4.c. Demonstrate how staff wellbeing is supported	• Please attach your workplace health policy/ plan

5. Evidence base	5.a. All partners must carry out learning around serious self-harm, attempted suicide and suicide.	• Please describe the current learning process that is used in your organisation. • Demonstrates how this learning is joined up with the Surrey wide system. • Information on links with learnings from suicide prevention from the Partnership membership and commitment to communications with their organisations • Would your organisation be willing to be part of a Surrey suicide database?
	5.b All partners must demonstrate how evidence is used to shape and inform suicide prevention work	• Please demonstrate how your organisation will use up to date research, evidence based practise, local data and intelligence to inform your suicide prevention work.
6. System ownership	6.a. Demonstrate how's your organisation works with the surgery suicide prevention partnership groups.	• All partners will be required to develop a local suicide prevention action plan within three months of the strategy being published. Please describe how you will be working with the suicide prevention partnership group?
7. Governance	Demonstrate the governance set up in your organisation to support the delivery of suicide prevention.	Please describe the governance process your organisation to ensure thought suicide prevention is embedded at a strategic level and across key boards in your organisation
Added: Crisis response	Have local crisis response plans and a pathway for people who present which suicidal ideations and suicidal behaviours.	• Do you have a local crisis pathway for people accessing your services? • If yes, please share this

Part 2: Partner assurance

Suicide prevention protocol response: please use the below table to demonstrate how you meet this protocol. Please attached/ embed documents as appropriate.

Organisation name:	
Directorate:	
Strategic lead for suicide prevention and email	
Operations lead for suicide prevention and email	
Date- 100% compliant with protocol	

Area	What we do now	The gaps	How we will address this within first 6 months of strategy
1. Lived experience			
2. Whole family approach			
3. Life course approach			
4. Culture			
5. Evidence base			
6. System ownership			
7. Governance			
Added: Crisis response			