

Preventing suicide in the community

Consultation on draft scope Stakeholder comments table

27/04/16 to 25/05/16

ID	Type	Organisation name	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
1	SH	Addaction	1	19	<p>Can we include 'Substance misuse services, particularly those based in the community' due to substance misuse being a recognised risk factor for suicide?</p> <p>Given what we know about other risk factors for suicide e.g. social isolation, debts/unemployment, life events/psychosocial stress, it would also be helpful to include providers of community based supports for debts, housing, employment support etc here.</p>	<p>Thank you for taking the time to respond to the scope consultation.</p> <p>The final scope includes examples of high-risk groups under section 1.1 'Who is the focus?' This includes reference to people who misuse drugs or alcohol.</p> <p>The final scope includes 'Organisations that provide services to the public, such as employment, debt and housing advice' on page 1.</p>
2	SH	Addaction	3	18	<p>Access to means is an important contributory factor that also needs to be considered. People who use/misuse alcohol and/or drugs have 'access to means' and the disinhibitory/mood changing effect of alcohol and/or drugs can be a factor that leads people with thoughts of suicide to act on them.</p> <p>Prescribed medications e.g. for anxiety/depression or long term health conditions also provide access to means.</p>	<p>Thank you for your comment. Section 1.3 of the scope (key areas that will be covered) has been amended to include interventions to change or reduce access to the means of suicide.</p> <p>We will seek evidence of interventions to change or reduce access to the means of suicide that are relevant to a community or custodial setting; this may identify relevant interventions to reduce access to substances that have a mood changing effect.</p> <p>Access to medicines has been included as an example of an intervention to change or reduce access to the means of suicide. Prescribing is beyond the scope of this guideline; this has been clarified in the scope. Please see NICE guideline (NG5) on Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes.</p>
3	SH	Addaction	5	12	<p>Also important to understand from audit how often alcohol/drug use/misuse is a factor in suicide.</p> <p>And to consider if some deaths that are attributed to drug use e.g. accidental</p>	<p>Thank you for your comment. Based on the independent advisory bodies' careful consideration of available evidence, they will</p>

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					overdose, may in fact be suicides.	endeavour to identify what data and components should be included in local audits and plans.
4	SH	Addaction	5	19	As in point 2, drug and alcohol use/misuse can impact on emotional state/ mental health and/or may disinhibit people to act on suicidal thoughts. This is certainly the case for people in contact with drug and alcohol services but is also relevant for the general population.	Thank you for raising this point. The general population will be covered within the scope of the guideline. Specific consideration will be given to the needs of high-risk groups (for example, people who misuse drugs or alcohol)
5	SH	Addaction	9	29	Repeat of point 3	Thank you for your comment. Based on the independent advisory bodies' careful consideration of available evidence, they will endeavour to identify what data and components should be included in local audits and plans.
6	SH	Addaction	general	general	Can the equality impact assessment include drug and alcohol use as a vulnerability factor for suicide - both in people who misuse substances and also in the general population – where drug and alcohol (mis)use can reduce inhibition and lead to people acting on suicidal thoughts where otherwise they would not?	Thank you for your comment. The final scope includes examples of high-risk groups under section 1.1 'Who is the focus?' This will include reference to people who misuse drugs or alcohol. The Equality Impact Assessment has been updated to include reference to at-risk groups for consideration when developing the guideline; this includes people who misuse alcohol and drugs.
7	SH	Addaction	general	general	Additional groups for equality impact assessment – people who are homeless; war veterans; those in prison (not covered by the draft scope) or recently released from prison; people with debts; occupational groups with access to means; people who are socially isolated; people exposed to suicidal behaviour in others, especially close friends or family members.	Thank you for your comment. The Equality Impact Assessment has been updated to include reference to at-risk groups you mention, for consideration when developing the guideline.
8	SH	British Association for Counselling and Psychotherapy	2	4	The draft scope currently excludes providers of services to primary, secondary and higher education institutions. These services include counselling, wellbeing and other mental health services)	Thank you for taking the time to respond to the scope consultation. Both the draft and final scopes include reference to education institutions. The final scope includes reference to schools under section 1.2 'settings'.
9	SH	British Association for	3	12-17	This list should also include: - Education staff in contact with students, including both teachers and support	Thank you for your comment. The list of staff provided is not intended to be

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		Counselling and Psychotherapy			<p>Please insert each new comment in a new row</p> <p>staff</p> <ul style="list-style-type: none"> - Fellow students and other peers, including other peers of fellow students 	<p>Please respond to each comment</p> <p>exhaustive or list all potential staff. Education staff would be relevant and included. To address your comment, the final scope identifies primary, secondary and higher education staff on page 1, under 'who the guideline is for'.</p> <p>To address your second comment, the scope has been revised in the final version to include peers.</p>
10	SH	British Association for Counselling and Psychotherapy	5	12	This should include setting specific rates of suicide and suicidal behaviours, alongside local rates of suicide. Suicide attempts or self-harm.	Thank you for raising this point. When considering outcomes from interventions to prevent suicide, we will draw on the best available evidence. We anticipate that settings of suicide, in addition to general rates of suicide, are likely to be reported in the literature and used as relevant outcome data. We will seek relevant outcome data and take advice from the independent advisory committee on which outcomes to prioritise.
11	SH	Charlie Waller Memorial Trust	2	4	Education institutions <i>or their providers</i>	Thank you for taking the time to respond to the scope consultation. The final version of the scope refers to Primary, secondary and higher institutions as they will be a key audience for the guideline.
12	SH	Charlie Waller Memorial Trust	3	13-17	Include Education and other staff in touch with students including other peers of fellow students	Thank you for your comment. The list of staff provided is not intended to be exhaustive and list all potential staff. Education staff would be relevant and included. To address your comment, the final scope identifies primary, secondary and higher education staff on page 1, under 'who the guideline is for'. To address your second point around 'peers', the scope has been revised in the final version to include peers.

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13	SH	Charlie Waller Memorial Trust	5	12	Local <i>and setting-specific</i> rates of suicide and suicidal behaviours	Thank you for raising this point. When considering outcomes from interventions to prevent suicide, we will draw on the best available evidence. We anticipate that settings of suicide, in addition to general rates of suicide, are likely to be reported in the literature and used as relevant outcome data. We will seek relevant outcome data and take advice from the independent advisory committee on which outcomes to prioritise.
14	SH	Childhood Bereavement Network	3	11	The draft scope here refers to 'interventions to recognise and respond to signs of distress and crisis that may indicate someone is contemplating suicide, for example awareness raising among staff in direct contact with the public'. It would be helpful if a further example of awareness raising could be given, aimed at the general public (or, more specifically, at family members, friends, colleagues etc).	Thank you for taking the time to respond to the scope consultation. The final scope has been revised to include reference to 'interventions providing information, advice or to develop skills' - for families, friends, colleagues and peers, under section 1.3, key areas that will be covered.
15	SH	Childhood Bereavement Network	3	24-29	Again, it would be helpful if a further example of local media and social media interventions could be included here, that is aimed family members, friends and colleagues giving them advice about how to reach out to someone in distress.	The final scope has been revised to include reference to all types of contact, which would encompass social media.
16	SH	Childhood Bereavement Network	2	19	The literature suggests that those bereaved by suicide are themselves at increased risk of attempting suicide (eg Pitman et al, 2016, Qin et al 2003), and that those bereaved through other causes may also be at increased risk (Eg Guohua 1995). When determining the high-risk groups to be given specific consideration in the development of this guidance, we would welcome particular attention being paid to bereaved people, including those bereaved by suicide.	Thank you. The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide, under section 1.3, key areas that will be covered.
17	SH	Cruse Bereavement Care	3	18	The Multi Agency approach might want to also Include more facilities that enable people to contact crisis lines (such as Samaritans) in places where there are high level of risk around suicides taking place. This might involve a free phone with a prompt for people to think twice and call a given support agency. With intervention in mind we would suggest that the Multi Agency Approach would need to ensure all services supporting people thinking of suicide or those bereaved by suicide are joined up in their approach so that they are aware of the services offered by each organisation this should also include Third Sector organisations in touch with the community. This will also help in terms of further intelligence with development work	Thank you for taking the time to respond to the scope consultation. The final scope includes planning and implementing multi-agency teams and other interventions to prevent suicide. We will endeavour to seek evidence on the most effective and cost effective approaches when developing the guideline.

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					around specific client groups.	
18	SH	Cruse Bereavement Care	4	9	Economic factors, such as low income and job uncertainty may trigger thoughts of suicide and in terms of service models, there needs to be an apportioning of cost effective measures including prevention in order to identify high risk groups, early intervention with a risk assessment to enable support of the most vulnerable and then crisis management so that agencies can work together to stop people from getting to a point of taking their own lives, which would include people experiencing feelings of suicide following a bereavement and particularly those bereaved by suicide. Signposting to an appropriate bereavement support agency or their GP would be needed, as people affected by bereavement can present feelings of suicide making them a high risk group.	Thank you for your comment. When reviewing the economic evidence we will carry out analyses using an individual perspective, where appropriate. The final scope includes reference to postvention and support to those bereaved or affected by suicide. We cannot pre-empt the decisions of the committee that will develop the guidance, but they will base their recommendations on the available evidence of effectiveness and cost effectiveness for signposting to bereavement support.
19	SH	Cruse Bereavement Care	4	24	Within a local authority or CCG, it is important to have staff/practitioners/volunteers trained in a similar model. That way there can be a common language spoken and understood between providers. This is more of a 'whole system approach', and reduces risk.	Thank you for your comment. We will raise this issue with the committee developing the guideline.
20	SH	Cruse Bereavement Care	4	28	This is effective, if there are prompts in place for people to seek support as an alternative to causing themselves harm.	Thank you for your comment. We cannot pre-empt the decisions of the committee that will develop the guidance, but they will base their recommendations on the available evidence of effectiveness and cost effectiveness.
21	SH	Cruse Bereavement Care	5	10	In terms of early intervention the targeted approach to enable men between the age of 45 -59 to talk about their thoughts of suicide. This could take place in community based settings so that men can talk about economic challenges, major life transitions such as facing retirement or a life limiting illness which could affect their income and increase social isolation. A group setting could be led by someone they can relate to such as someone who has experienced thoughts of suicide and engaged with interventions that has helped them.	Thank you for your comment. Under section 1.3 'key areas that will be covered', the scope covers interventions to reduce the stigma around expressing suicidal thoughts and emotional distress, this may involve talk about experience or thoughts of suicide. Individual or group-based therapeutic approaches to suicide prevention, or interventions that aim to promote or protect mental wellbeing are outside of the scope for this guideline. Individual or group-based based community, peer interventions would be within the scope of the guideline where there is a clear focus on suicide prevention.

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22	SH	Cruse Bereavement Care	8	21	Future guidance might be made applicable for the general public and large institutions (such as the armed forces, schools, banks, and so many more), around helping people recognise when someone might be becoming increasingly hopeless. This is not to pathologise such a reaction or to professionalise the general public, but to increase awareness, and publicise what to do if you do feel you are concerned about a neighbour or work colleague. This wider approach could include practical tools to enable practitioners/general public to recognise risk of suicide. We would agree that the Suicide Prevention campaign would need to reduce stigma along with being compassionate around these thoughts and feelings as the acknowledgement of the reasons behind feelings of suicide would enable people to talk about suicide freely and address how they could go about obtaining support	Thank you for your comments. The final scope will consider interventions providing information, advice and skills to recognise and respond to signs of distress and crisis that may indicate someone is contemplating suicide - both among staff/practitioners and the general public.
23	SH	Cruse Bereavement Care	9	17	We agree with this but it is important to see how stigma can be dealt with on a wider scale, and how health care services can be part of this as a wider local initiative. This may need to be tailored to particular demographics.	Thank you for your comment, which we have noted.
24	SH	Cruse Bereavement Care	12	3	We wholeheartedly agree – pre-planning is definitely effective. For even more effect, we would recommend this being the case implemented by local authorities as well as the NHS (for instance, with care leavers).	Thank you for your comment, which we have noted.
25	SH	Department of Health	5	general	A general comment in the 'Key Areas that will be Covered' would be to make more of a focus on local area developing data on suicide to inform audits. I think without direct mention of improving local data and intelligence and work across sectors local for different agencies to share that data, it will get lost in the guideline	Thank you for taking the time to respond to the scope consultation. Based on the independent advisory bodies' careful consideration of available evidence, they will endeavour to identify what data and components should be included in local audits and plans. The final scope includes local suicide prevention plans (based on local audit and suicide data), under section 1.3 'key areas that will be covered'.
26	SH	Grassroots Suicide Prevention	3	29	To provide suicide prevention information and resources to people at risk or those concerned about them: Add digital or online support e.g. Grassroots Suicide Prevention's Stay Alive App, online chat services should be included here – choice is paramount. Promotion of these can be potentially effective at any high risk locations and e.g. along sea front in coastal areas	Thank you for taking the time to respond to the scope consultation. The final scope includes social media interventions. Awareness raising campaigns to encourage people to seek help - whether on-line, print or face-to-face - are included in the final scope.
27	SH	Grassroots	3	31	Include – working with local and national media around positive messaging re help	Thank you for your comment, Guidance for

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		Suicide Prevention			Please insert each new comment in a new row seeking and support agencies / helplines / online and digital support in all suicide related reporting. Additionally media can have a role in promoting help seeking etc. without relating to a specific suicide incident(s)	Please respond to each comment national media outlets is beyond the remit of NICE. The guideline will focus on local media reporting of suicide. Local media awareness campaigns to promote help seeking is included in the scope. This information can be found in section 1.3 'key areas that will be covered'.
28	SH	Grassroots Suicide Prevention	3	31	Add - we think that communities of interest should be included in here i.e. not just organisational or geographic approaches but e.g. approaches with LGBT / BME / faith communities	Thank you for your comment. The Equality Impact Assessment has been updated to include reference to at-risk groups such as LGBT, for consideration when developing the guideline.
29	SH	Grassroots Suicide Prevention	5	5	Add in 'What interventions are effective in encouraging/supporting people to reach out and intervene with people they may be worried about or may come across in public places'? The emphasis should not all be on people to seek help – also on people to take the first step in asking about suicide, making safety plans co-operatively and signposting or referring to help.	Thank you for your comment. The final scope includes interventions to increase the ability of staff or families, friends, colleagues and peers to recognise and respond to someone experiencing a crisis and in distress who may be contemplating suicide. This information can be found in section 1.3 'key areas that will be covered'.
30	SH	Grassroots Suicide Prevention	5	7	An additional question here could be 'What can the media do to highlight protective factors and signpost people to useful resources e.g. following soap opera and other portrayals involving suicide? So it's not just about reporting suicide related incident see point 2 above (page 3, line 31 comment).	Thank you for your comment. Local media awareness campaigns to promote help seeking is included in the scope. This information can be found in section 1.3 'key areas that will be covered'.
31	SH	Grassroots Suicide Prevention	5	16	This should perhaps include people using non-statutory services such as groups, drop-ins, counselling etc. provided by charities and social enterprises where they are receiving suicide interventions from the workforce trained in for example ASIST.	Thank you for your comment, which is noted. The final scope includes in its outcomes: 'help-seeking behaviour'. This could include using non-statutory services as a source of help. On page 1 of the final scope it is acknowledged that third sector organisations are an audience for the guideline.
32	SH	Grassroots Suicide	5	22	It is not clear what this point means; does it mean that the people affected by suicide have less stigma towards the subject, or that others in their lives have less stigma	Thank you for your comment, This is a general point about views around stigma

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		Prevention			towards them? Should this point also include self-reported outcomes of people avoiding suicide or supporting loved ones to do so?	attached to suicide. It could relate to people who have made a suicide attempt or their families and friends. It may also refer to professionals who work in suicide prevention. Following your suggestion, suicide avoidance has been added to the outcomes that will be considered.
33	SH	Grassroots Suicide Prevention			It is really not clear to us how learning disability/challenging behaviour relates to suicide; the word suicide does not occur at all in the linked guidance?	Thank you for your comment. There is reference in the NICE guideline (Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges NG11) to risk assessment for suicidal ideation, under recommendation 1.5.7.
34	SH	Grassroots Suicide Prevention	8	23	It's not clear whether 'this disproportionately affects men' refers to suicide itself, or to people not in contact with mental health services	Thank you for your comment. This part of the sentence is describing people not in contact with psychiatric services - and this is particularly the case for men. The text has been changed to make this clearer.
35	SH	Grassroots Suicide Prevention	9	19	The Suicide Safer Approach to suicide prevention as adopted in Brighton & Hove can help facilitate community based interventions which intervene with people before they present at primary care and encourage people at risk to present to their GP or refer them directly into primary care	Thank you for this suggestion. During the development of the guideline we will seek the best available evidence of interventions within the scope of the guideline. This could include consideration of service provision through, for example, service evaluations. In the future we may issue a Call for Evidence to stakeholders. Stakeholders will be informed if this happens
36	SH	Grassroots Suicide Prevention	General	General	1. Which interventions or forms of practice might result in cost saving recommendations if included in the guideline? Roll out national take up of Grassroots Suicide Prevention's Stay Alive app as it is evidenced as helpful for people at risks and people providing suicide interventions More access to people at risk receiving effective interventions e.g. ASIST to prevent the need for secondary care services	Thank you for your comment. NICE develop recommendations on effective interventions, based on its independent advisory bodies' careful consideration of available evidence. If available for the interventions you mention, this information will be retrieved as

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					<p>Campaigns such as Grassroots #Alright Mate (and others) can decrease stigma, encourage help seeking and help giving thus facilitating early or timely help and decreasing stress on primary and secondary care services</p> <p>Free downloadable resources for people at risk and those concerned about them such as provided by Grassroots</p> <p>Whole population approaches to suicide prevention such as the Suicide Safer Community approach</p>	part of the evidence reviews within the framework of questions already outlined. NICE may issue a call for evidence which will outline the type of evidence we are seeking from stakeholders.
37	SH	Grassroots Suicide Prevention	General	General	The Scope needs to address how to reduce access to harmful online content by increasing the availability of positive suicide prevention content; cross-sector partnership is needed, including social media and internet service providers. E.G Information from Grant Shapps MP & online suicide prevention summit will be useful to all suicide prevention providers.	Thank you for your comment. Managing access to on-line content is beyond the remit of this scope.
38	SH	Harmless CIC	3	9	Intervention to recognise and respond to signs of distress and crisis. The third sector does a large proportion of this work and deserves clear recognition.	<p>Thank you for taking the time to respond to the scope consultation.</p> <p>Thank you for your comment about the role of the third sector, which has been noted. On page 1, under 'who the guideline is for', voluntary and community organisations are mentioned. There is also reference to people who provide a voluntary service to the public as an example of people engaged in interventions to recognise and respond to signs of distress and crisis.</p>
39	SH	Harmless CIC	3	9-17	Will there be a mentioned about aftercare for those who are 'exposed' to suicide! Equally important.	<p>The scope focus is suicide prevention for the whole population. Specific consideration will be given to the needs of high-risk groups.</p> <p>People exposed to suicide, such as families or support staff, will be included within the scope of the guideline. The areas that will be covered are listed in section 1.3 of the scope. However, 'aftercare', such as support services or counselling, is outside of the scope of this guideline.</p>
40	SH	Harmless CIC	3	9-17	Considerations for emotional distress of staff/managing the distress after a suicide/attempt – secondary victims are at high risk and we know healthcare providers are an at risk group	The scope focus is suicide prevention for the whole population. Specific consideration will be given to the needs of high-risk groups.

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41	SH	Harmless CIC	3	9-17	There is talk of 'at risk groups' but as we know - these can change with circumstances, geography, time... it is important to ensure that suicide prevention across all people is covered and not just the 'at risk' groups – unfortunately, recourse to current service usually constrains itself to these at risk groups and we therefore see growing problems with other groups. This needs to be tightened.	The scope focus is suicide prevention for the whole population. Specific consideration will be given to the needs of high-risk groups.
42	SH	Harmless CIC	3	18-21	What is deemed as a high risk location and how will this information be established? For instance – we know that signage works, in promoting help seeking but this doesn't have a mention, however, whose responsibility is this? Local authority? And surveillance of high risk areas will depend on not just -how many suicides occur at a location, but also - how many attempts there are there - how many successful interventions there are there	Thank you for your comment. Identification of high-risk locations will depend on the availability of suitable local data. Based on the independent advisory bodies' careful consideration of available evidence, they will endeavour to identify what data and components should be included in local audits and plans.
43	SH	Harmless CIC	3	18-21	This will need a multidisciplinary response to suicide prevention, and coordination of data sharing between coroners, police, ambulance and other services.	Thank you for your comment, which has been noted.
44	SH	Harmless CIC	3	18-21	Local intelligence should not be overlooked.	Thank you for your comment, which has been noted.
45	SH	Harmless CIC	3	24-29	4 - Social media interventions - Can more be done around monitoring social media (e.g. suicide memorial sites) for risk. Training around cues e.g. language, who posts what etc. Link to support sites? Especially for schools and police. We have some thoughts on this as an organisation and have undertaken a specific piece of work that is able to demonstrate how social media surveillance can evidence clinical risk factors and presentations that warrant and can enable interventions.	Monitoring social media sites is beyond the scope of the guideline. However, it may be a feature of a suicide prevention plan, which is included in section 1.3 'key areas that will be covered'.
46	SH	Harmless CIC	3	24-29	The different needs of different groups would very clearly need to be addressed.	Thank you for your comment, which has been noted. We will endeavour to seek evidence on the needs of different groups to help inform the guideline.
47	SH	Harmless CIC	3	30-31	5 - Media! Newspapers etc. should stop talking about suicide (indirectly) in a negative manner and increasing stigma. For example, headline: train line is down for several hours after someone dies on the tracks. Suicide is not mentioned, but implied e.g. not treating as suspicious. Media interview commuters about how it has affected their journey - it is insensitive, portrays suicide as 'inconvenient' and should be stopped.	Thank you for your comment which has been noted. Based on the independent advisory bodies' careful consideration of available evidence, they will endeavour to identify sensitive approaches to reporting suicide and suicidal behaviour.
48	SH	Harmless CIC	3	30-31	The media guidance recognises that certain material is inappropriate for publication – however, media conduct – how victims and survivors are also treated, should form part of the overhaul of recommendations to the media.	Thank you for your comment, which has been noted.
49	SH	Harmless CIC	general	General	Also, there is not much consideration to postvention = prevention. There is a focus on how to prevent an initial suicide, but nothing on how to prevent further suicides should a death occur.	Thank you. Following feedback during the stakeholder consultation, we have included 'postvention' (support to those bereaved or

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						affected by suicide) in the final scope, under section 1.3 'key areas that will be covered'.
50	SH	Harmless CIC	general	General	It might be worth referencing the suicide clusters PHE (Public Health England) guidance or embedding some of the points made there to ensure that the further risk of suicide/suicide attempts is responded to.	Thank you. Following feedback during the stakeholder consultation, we have included 'planning to respond to suicide clusters' in the final scope, under section 1.3 'key areas that will be covered'.
51	SH	Harmless CIC	general	General	ALSO, whilst clinical interventions are not covered, what about lower level support and signposting community interventions?	Thank you. Sign-posting may form part of a low-level intervention provided by staff or families, friends, colleagues and peers, subject to available evidence to support recommendations in the guideline.
52	SH	Harmless CIC	general	General	Will there be any mention on training relating to suicide prevention, either at a health or a community level?	When developing the guideline the advisory committee will aim to identify which information, advice or education interventions are effective and cost effective in increasing the ability of staff in direct contact with the public to recognise and respond to someone experiencing a crisis and in distress who may be contemplating suicide.
53	SH	Harmless CIC	general	General	The scope will exclude prison settings, but there may be other 'confined' environments that have a very specific set of factors to consider – for instance, school based suicide prevention. What will the approach be to these settings?	The scope has been revised to include prisons within settings that will be covered, following stakeholder recommendations. Community settings, such as schools and workplaces will also be covered. Based on the independent advisory bodies' careful consideration of available evidence, they will endeavour to make recommendations specific to settings - if the available evidence allows.
54	SH	Harmless CIC	general	General	Seems to be a focus on individuals with mental health conditions overall, however, it also states 'not putting too much focus on one group at the expense of the others and this appears to be the case. There are many high risk groups mentioned within this, not all of these individuals will have mental health conditions, but are still at risk of suicide	The scope focus is suicide prevention for the whole population. Specific consideration will be given to the needs of high-risk groups. The scope acknowledges that three-quarters of people who die by suicide have not had recent contact with secondary mental health services. However, the scope

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						also acknowledges that mental illness has often gone unrecognised in those who die by suicide.
55	SH	Harmless CIC	general	General	These comments also feed in to the key questions in section 1.5.	Thank you for your comment
56	SH	London Borough of Waltham Forest	4	20	Effective organisational approaches to suicide prevention include: <ul style="list-style-type: none"> • buy-in from key decision makers in local authority, • multiagency working e.g. joint steering group including police community safety teams, neighbourhood groups, NHS, Coroner voluntary and third sector • clear accountability structures e.g. reports to health and wellbeing board • having a budget to implement local action plans 	Thank you for taking the time to respond to the scope consultation. We cannot pre-empt the deliberations of the advisory committee that will develop the guidance, but these may be areas for which specific recommendations could be developed.
57	SH	London Borough of Waltham Forest	4	22	Local audits are useful in Identification of: <ul style="list-style-type: none"> • local trends • at risk groups • methods used and hot spots • system failures and service gaps • the scope of prevention work and service planning 	Thank you for your comment, which has been noted.
58	SH	London Borough of Waltham Forest	4	24	Training or education interventions effective in increasing the ability of staff in direct contact with the public to recognise and respond to someone experiencing a crisis and in distress who may be contemplating suicide is Mental Health First Aid Training (MHFA)	Thank you for your comment. Based on the independent advisory bodies' careful consideration of available evidence, they will endeavour to identify what information, advice or education interventions are effective.
59	SH	London Borough of Waltham Forest	4	28	These intervention are effective, some work better in some circumstances than others. It's a balance of effectiveness, labour intensity and cost. Whatever intervention is used it is important to include crisis support free helpline number that people can use to call for help or talk to someone.	Thank you for your comment. The review questions listed in the scope will inform the research questions for the reviews of the evidence of effectiveness and cost effectiveness. All of this evidence will inform the development of the guidance.
60	SH	London Borough of Waltham Forest	5	6	Include crisis support free number that people can use to call for help or talk to someone when reporting suicide	Thank you for your comment. This is will be included under section 1.3, item 6 of the scope.
61	SH	London Borough of Waltham Forest	general	general	Include bereavement support in the community – they are key in bringing healing to family and friends affected by suicide so should be promoted and provided more widely.	Thank you. Following feedback during the stakeholder consultation, we have included 'postvention' (support to those bereaved or

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						affected by suicide) in the final scope, under section 1.3 'key areas that will be covered'.
62	SH	National Suicide Prevention Alliance	1	16	Effective suicide prevention should not be limited to public and third sector. The private sector can play an important role in supporting work in this area. There are many examples of private sector working in partnership with the public and third sector to reduce suicide and therefore should be reflected in who the guideline is for.	Thank you for taking the time to respond to the scope consultation. The final scope has been revised to include reference to 'private sector organisations', under 'who is this guideline for'. It also includes examples of private sector organisations.
63	SH	National Suicide Prevention Alliance	1	16	Postvention activity (i.e. an activity, intervention or support following a suicide) is a recognised part of effective suicide prevention activity and should also be referenced as well as prevention activity providers.	Thank you. The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide, under section 1.3, key areas that will be covered.
64	SH	National Suicide Prevention Alliance	1	26	In the section setting out additional groups the guideline will be relevant to, it should include the workplace and wider community groups, both of whom may be doing important work around campaigning and awareness-raising.	The final scope has been revised to include reference to 'employers', under 'who is this guideline for'. The scope was also revised to include 'workplaces'. Under section 1.2 'settings that will be covered'. 'Community groups' has also been added under 'who is this guideline for'.
65	SH	National Suicide Prevention Alliance	3	6-8	Organisational approaches should explicitly reference postvention work (e.g. organisations responding after a suicide) as this is an important aspect of prevention work. For example Samaritans' Step-by-Step programme.	Thank you. The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide, under section 1.3, key areas that will be covered.
66	SH	National Suicide Prevention Alliance	3	9-17	Interventions to recognise and respond to signs of distress and crises should include work responding to and supporting people <i>online</i> as well as offline.	The final scope has been revised to any types of contact with staff, which would include online.
67	SH	National Suicide Prevention Alliance	3	9-17	Education and training is missing, although arguably you could say this is indirectly covered by point two about recognising and responding to signs of distress.	Thank you. The final scope includes: 'Interventions to help practitioners and members of the public recognise and respond to signs of distress and crisis that may indicate someone is contemplating suicide'.
68	SH	National Suicide	3	18-23	The point the references reducing access to high-risk locations was previously a	Thank you for your comment. Section 1.3 of

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		Prevention Alliance			broader point about access to means and therefore, this section has lost explicit reference to the aspect of reducing access to means not related to locations (e.g. medication restrictions, restricting access to other means). This should be reintroduced to this section.	the scope (key areas that will be covered) has been amended to include interventions to change or reduce access to the means of suicide.
69	SH	National Suicide Prevention Alliance	4	2	As above organisational approaches should reference postvention as well as prevention work.	Thank you. Page 2, line 4, refers to areas that will not be covered. The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide, under section 1.3, key areas that will be covered.
70	SH	National Suicide Prevention Alliance	4	24	Training and education interventions should recognise online as well as offline direct contact.	Thank you. We agree, contact with the public could be online or in person. When searching for evidence of interventions we will aim to identify evidence covering all types of contact.
71	SH	National Suicide Prevention Alliance	General	General	The scope should more explicitly reference those affected by suicide and the important role that postvention work plays in preventing further suicides. We believe this is especially important given that one of the key updates to the Suicide Prevention Strategy for England published in 2012 was the inclusion of suicide bereavement as one of the six areas for action.	Thank you. The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide, under section 1.3, key areas that will be covered.
72	SH	National Suicide Prevention Alliance	General	General	The scope should better recognise the role that wider community groups (outside of health and third sector) can play in reducing suicides.	The final scope has been revised to include reference to 'Community groups', under 'who is this guideline for'.
73	SH	National Suicide Prevention Alliance	General	General	Reference to work around the internet should not be limited to campaigning and awareness-raising and should also include interventions and activities around recognising and responding to distress online and supporting people via online services.	Thank you. We agree, contact with the public could be online or in person. When searching for evidence of interventions we will aim to identify evidence covering all types of contact.
74	SH	Network Rail	1	15	Should include postvention interventions	Thank you for taking the time to respond to the scope consultation. The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide, under section 1.3, key areas that will be covered.
75	SH	Network Rail	1	16	Need to include private organisations	The final scope has been revised to include reference to 'private sector organisations', under 'who is this guideline for'. It also

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						includes examples of private sector organisations.
76	SH	Network Rail	1	23	Organisations for example such as the Rail Industry	The final scope identifies 'Rail companies' as an example of organisations with responsibility for settings where suicide could occur.
77	SH	Network Rail	1	25	Railway crossing should be replace with Level Crossings	We have retained railway crossings as we believe this will be understood by a wider audience.
78	SH	Network Rail	3	6	Should include post vention interventions	Thank you. The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide, under section 1.3, key areas that will be covered.
79	SH	Network Rail	3	17	Should read rail industry staff	Thank you. We have changed the example to railway and underground staff.
80	SH	Network Rail	3	18	Need to add to provide suicide awareness/intervention training for staff	The final scope includes reference to 'interventions providing information, advice or skills to recognise and respond to signs of distress and crisis that may indicate someone is contemplating suicide' - for staff under section 1.3, key areas that will be covered.
81	SH	Network Rail	3	22	Add train stations	Thank you. The final scope has been revised to include reference to railway stations.
82	SH	Network Rail	3	30	Samaritans Media Guidance could be used as a tool	Thank you for your comment, which has been noted.
83	SH	NHS England	general	general	Thank you for the opportunity to comment on the above Clinical Guideline. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you for taking the time to respond to the scope consultation.
84	SH	Otsuka Pharmaceuticals (UK) Ltd	General	general	Otsuka Pharmaceuticals welcome the guideline scope for preventing suicide in the community.	Thank you for taking the time to respond to the scope consultation.
85	SH	Otsuka Pharmaceuticals (UK) Ltd	4	1-7	The areas that will not be covered in the guideline scope substantially limit the possible responses to question 1 above "Which interventions or forms of practice might result in cost saving recommendations if included in the guideline?"	Thank you for your comment.
86	SH	Otsuka Pharmaceuticals	9	11-14	We support the acknowledgment by NICE that a large proportion of people who die by suicide have not had recent contact with secondary mental health services and	Thank you for your comment.

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		(UK) Ltd			Please insert each new comment in a new row there is a potential role for primary care in preventing suicide through appropriate referral.	Please respond to each comment
87	SH	Otsuka Pharmaceuticals (UK) Ltd	9	17-19	We agree that it is important to understand and remove barriers to people at risk using primary care services.	Thank you for your comment.
88	SH	Otsuka Pharmaceuticals (UK) Ltd	9	20-24	Suicide prevention plans should be available in all local authorities.	Thank you for your comment, which has been noted.
89	SH	Otsuka Pharmaceuticals (UK) Ltd	10	10	We support the focus on high risk groups such as 'self-harm'.	Thank you for your comment.
90	SH	Otsuka Pharmaceuticals (UK) Ltd	11	2	We support the focus on high risk groups such as 'people in the care of mental health services'. Any package of care for these patients must focus on improving long-term quality of life and wellbeing.	Thank you for your comment, which has been noted.
91	SH	Public Health England	2	25	PHE appreciates that this guideline will be community focused and that suicide prevention in criminal justice settings is out of scope because a new clinical guideline on mental health of adults in the criminal justice system is under development. But we would suggest there needs to be some focus in this guideline on the need to support smoother transitions to and from prisons, and for a joined-up approach to preventing suicide on entry to and discharge from prisons. This should include probation, community rehabilitation companies, youth offending team staff and drug and alcohol treatment providers because not all people at risk will be known to mental health services in the local area.	Thank you for taking the time to respond to the scope consultation. Following stakeholder comments, the final scope has been revised to include prison and custodial settings. The guideline will also consider interventions to support people when transferring between a prison or custodial setting and the community.
92	SH	Public Health England	10	28	<p>Offenders are very relevant as they are mainly in the community - research indicating that 1 in 8 suicides is in contact with community justice agencies.</p> <p>Reference and support National Suicide Prevention strategy, on which PHE is a crucial delivery partner. But some of the most important areas of the strategy aren't mentioned. NICE could highlight:</p> <ul style="list-style-type: none"> • men's mental health including overcoming stigma, help-seeking, population risk factors • alcohol, requiring both public health & clinical approaches • isolation, one of the most important community risk factors • economic pressures, including support for people with problems of debt, housing, low income - the reason suicide has risen since 2008 • young people, in whom suicide & self-harm appear to be rising, with 	Thank you for your comment, which has been noted. The scope covers interventions to reduce stigma and encourage help seeking. The other topics you mention are beyond the scope of the current guideline, but are covered by other NICE guidelines. Examples of these guidelines are listed in section 2.1 of the scope document.

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					<p>Please insert each new comment in a new row</p> <p>implications for prevention by schools and others</p> <ul style="list-style-type: none"> high-risk occupations <p>NICE should be wary of placing too much importance on "raising awareness" as the evidence on this is inevitably slight.</p>	Please respond to each comment
93	SH	Public Health England	10	28	<p>Reference section 12 of the National Suicide Prevention strategy and explicitly consider prevention key high risk groups in the community, identified by the evidence:</p> <ul style="list-style-type: none"> Survivors of abuse or violence, including sexual abuse veterans people with untreated depression people living with long term physical health conditions People who misuse drugs or alcohol Lesbian, gay, bisexual and transgender people/community Black, Asian and minority ethnic groups and asylum seekers 	Thank you. We have added these key high risk groups to the equality impact assessment that runs alongside this guideline and they will be considered by the committee as they review the evidence for the guideline and make recommendations.
94	SH	Public Health England	8	18	<p>Reference cost savings in http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf</p> <p>Public Health England (PHE) has commissioned the Personal Social Services Research Unit (PSSRU) at the London School of Economics (LSE) to conduct a study to estimate the economic return on investment to different sectors of selected interventions for mental health promotion and mental disorder prevention. The study will be available later this year.</p>	Thank you for this reference. We would be interested in the return-on-investment work PHE commissioned for publication later this year. In the future we may issue a Call for Evidence to stakeholders, we will inform you when this happens.
95	SH	Public Health England	1	26	Include community alcohol and drug services	Under the section 'who is the guideline for' we acknowledge 'health and social care practitioners. Alcohol and drugs services would be captured under this heading.

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96	SH	Public Health England	2	19	<p>Will people with co-existing alcohol and drug problems be considered as a priority group as per suicide strategy and national confidential enquiry? Note following:</p> <p>SMR 4.3 for suicide among the opioid addicted in Pierce et al - National record linkage study of mortality for a large cohort of opioid users ascertained by drug treatment or criminal justice sources in England, 2005–2009</p> <p>The National confidential enquiry into suicide and homicide by people with mental illness found that suicides among patients with a history of alcohol or drug misuse accounted for 54% of the total sample, an average of 671 deaths per year(NCI Report, 2015).</p> <p>Evidence indicates that there is a strong association between alcohol use disorder and suicidal ideation, attempted suicide and completed suicide. A review of the relationship between addiction and suicide reported that between 10-69% of completed suicides tested positive for alcohol and 10-73% of attempted suicides tested positive for alcohol use. <i>Darvishi N, et al J. Alcohol-Related Risk of Suicidal Ideation, Suicide Attempt, and Completed Suicide: A Meta-Analysis. PLoS ONE. 2015 May 20;10(5)</i></p> <p>This association is also noted in the 2015 DH report <i>Preventing Suicide in England – two years on</i> which indicates that alcohol-related death was more frequent than expected among both males and females presenting at emergency departments with self-harm. Hospital-presenting patients should receive assessment following self-harm in line with NICE guidelines, to enable early identification and treatment of alcohol problems. <i>Bergen H, et al. Alcohol-related mortality following self-harm: a multicentre cohort study. JRSM Open 2014 5</i></p> <p>It would also be good to note the extension of the scope to include children, adolescents and young people, especially as a recent publication by Nottingham University indicated that there has been a sharp rise in the number of teenage poisonings in the UK, particularly among girls. Poisoning is one of the most common causes of death among teens worldwide, with much of it related to self-harm, which in turn is often closely linked to mental health problems. The largest increases between 1992 and 2012 were seen for intentional poisonings among 16-17 year old girls and for alcohol related poisonings among 15-16 year old girls, both of which roughly doubled. Intentional poisonings in boys/young men were 80% lower and alcohol related poisonings were 10% lower in boys/young men. <i>This research is published online in the BMJ's Injury Prevention.</i></p>	<p>Following stakeholder comments, the final scope has been revised and includes examples of high-risk groups under section 1.1 'Who is the focus?' This will include reference to people who misuse drugs or alcohol.</p> <p>The Equality Impact Assessment has been updated to include reference to at-risk groups for consideration when developing the guideline; this includes people who misuse alcohol and drugs.</p> <p>Please note, all age groups are included in the scope of the guideline: adults, young people and children.</p>
97	SH	Public Health	2	19	We also know that this group are frequently excluded from services despite these	Thank you for your comment, which has

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		England			Please insert each new comment in a new row risks, with intoxication often preventing access for people experiencing mental health crisis.	Please respond to each comment been noted.
98	SH	Public Health England	2	25	<p>Prisons and other places of detention</p> <p>The draft scope currently excludes prisons and young offender institutions.</p> <p>While this group has been excluded, suicide rates in prisons are higher than in the general population.</p> <p>There were 95 suicides in prison from September 2014- September 2015. Howard League for Penal reform</p> <p>A report on young people in youth offending centres have indicated a higher rate of suicides in detention centres (Chair of the Harris Review, Lord Toby Harris - July 2015)</p> <p>In terms of the direction of policy - Prison Reform Agenda highlights policy alliance is being reformed, and this will be mentioned in the Queens speech 18 May 2015. This is a priority for MOJ and Govt suicide prevention and inclusion.</p> <p>Experts have indicated that people are more vulnerable upon release from prison and emphasis on contact with people in contact with justice services living in the community as well.</p> <p>The ROI for the cost of suicide ranges from £160 M - £300M for the 95 suicides in prison (mentioned above), this includes families' affected, impact of suicide on prison staff and other costs outside the MOJ such as on the resources of local authorities, police and health services. To put these figures into perspective the cost of keeping someone in prison is approximately £40K per person; the cost of suicide in the general population has been estimated as £1.67M per completed suicide. Howard League for Penal reform</p> <p>PHE would argue that:</p> <ul style="list-style-type: none"> • Prisons must be the in scope for the NICE suicide prevention work. • Community justice should also be in scope for the suicide prevention scope. • Liaison and diversion services. 	Thank you. Following stakeholder comments, the final scope has been revised to include prison and custodial settings. The guideline will also consider interventions to support people when transferring between a prison or custodial setting and the community.
99	SH	Public Health	3	14	Include community alcohol and drug services	Thank you. The short list of staff is

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		England				presented as examples and not intended to be exhaustive. Alcohol and drugs services would be captured under 'health and social care practitioners within the scope.
100	SH	Public Health England	4	20	Alignment of commissioning of care for co-existing substance misuse/mental health issues with clear and effective pathways between respective services.	Thank you for your comment, which has been noted.
101	SH	Public Health England	6	7	Need to include drug misuse guidance in this list.	Thank you. The final scope has been revised to include the following within the list of relevant guidance: <ul style="list-style-type: none"> • Drug misuse: psychosocial interventions (2007) NICE guideline CG51 • Drug misuse: opioid detoxification (2007) NICE guideline CG52
102	SH	Public Health England	8	4 - 24	May be useful to include something specific about the strong association between alcohol use disorder and suicide here to emphasise the importance of this being recognised as a risk factor at the local level. (evidence cited above)	Thank you for your comment, which has been noted. This section is intended as a brief overview so we have not gone into further detail within this section of the scope. The scope does, however, acknowledge people who misuse alcohol as an example of a high-risk group under section 1.1 'Who is the focus?' and this will be discussed further with the guideline committee
103	SH	Public Health England	10	23	Reference 5 year forward view for mental health Reference forthcoming NHSE/PHE guidance on co-existing mental health issues with substance misuse Reference forthcoming revised UK clinical guidelines for drug misuse, which will include reference to suicide prevention.	Thank you for your comment. As part of the NICE process, within related guidance sections we avoid cross referring to non-NICE produced guidance. However, we do recognise these are important publications and in particular, we would be interested in any forthcoming publications that you are able to share with us when they are available.
104	SH	Public Health England	2	17	Regarding specific groups, 'transition group' such as, those transitioning to civilian life from prisons or military and migrants, particularly refugees	Thank you. The Equality Impact Assessment has been updated to include reference to high-risk groups for consideration when developing the

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						guideline; this includes transition groups.
105	SH	Public Health England	2	18	In terms of children, the following review could be useful: Chair of the Harris Review, Lord Toby Harris - July 2015 examined in detail the lives of the 87 young people (four children and 83 young adults aged from 18 to 24) who died between April 2007 and December 2013.	Thank you for this information.
106	SH	Royal Collage of General Practitioners	General	General	Given that self harm and suicide is a significant issue in young people, more emphasis should be placed on the role of the local adult and children's safeguarding board. There should also be direct reference to the role of schools and school staff and how they can be incorporated into an integrated suicide prevention strategy. (LE)	Thank you for taking the time to respond to the scope consultation. The final scope has been revised to include reference to 'local safeguarding boards' under the section 'who is the guideline for'. It also includes reference to primary, secondary and higher education staff.
107	SH	Royal Collage of General Practitioners	General	General	The guidance is for all ages but does not specifically mention community mental health services for children and young people, older adult mental health services or mental health services for people with learning disability. Of critical importance are the provision of services to support looked after children and young people. (LE)	Thank you. The final scope includes reference 'health and social care practitioners' under the section 'who is the guideline for' This includes all staff working within community mental health services.
108	SH	Royal Collage of General Practitioners	General	General	A helpful outline. The use of simple technology like packaging and sale of Paracetamol and car exhausts which cannot easily have a rubber tube sealed to its end are effective. (PS)	Thank you for your comment. It is outside of the scope of this guideline to include interventions that could not be actioned by local authorities and other local partners.
109	SH	Royal Collage of General Practitioners	General	General	The LA has a role in encouraging healthy workplaces and the NHS can lead by example. No reference is made to suicide prevention strategies that could be implemented in workplace settings. (LE)	Thank you. The final scope has been revised to include reference to 'employers' under the section 'who is the guideline for'.
110	SH	Royal Collage of General Practitioners	General	General	Specific mention should be given to veterans and armed forces personnel. (LE)	The scope focus is suicide prevention for the whole population. Specific consideration will be given to the needs of high-risk groups. The Equality Impact Assessment has been updated to include reference to high-risk groups for consideration when developing the guideline and now includes veterans and armed forces personnel.
111	SH	Royal Collage of General Practitioners	General	General	Reference could be made to people who are released on probation and managed by the probation service. (LE)	Thank you. Following stakeholder comments, the final scope has been revised to include prison and custodial settings.

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						The guideline will also consider interventions to support people when transferring between a prison or custodial setting and the community.
112	SH	Royal Collage of General Practitioners	General	General	How will people who are not in long term accommodation, settled accommodation or homeless be included and their needs addressed? (LE)	Thank you. These groups have been included within the equality impact assessment. The committee will also take into consideration the evidence reviews and knowledge of high-risk groups when developing the recommendations
113	SH	Royal Collage of General Practitioners	4	17	The Coroner is a key person in identifying "Open verdicts" where suicide was suspected in giving a more detailed picture. (PS)	Thank you for your comment, which has been noted.
114	SH	Royal Collage of General Practitioners	4	28	Unsuccessful suicide attempts "parasuicides" are an important source/indicator of a community not at ease with itself. (PS)	Thank you for your comment, which has been noted. The independent advisory committee will consider available evidence, and endeavour to identify what data and components should be included in local audits and plans. The final scope includes local suicide prevention plans (based on local audit and suicide data), under section 1.3 'key areas that will be covered'.
115	SH	Royal Collage of General Practitioners	9	17	Primary care "can only intervene in people that it sees" The RCGP does not agree as the majority of the population are registered with a GP and zero suicide initiatives in the United States have shown that targeted screening and using QOF registers etc can identify a cohort of people that may benefit from a more pro-active approach. The key is that primary care needs to be pro-active not passive here. (LE)	Thank you for your comment which has been noted. The committee will take into consideration the evidence reviews of interventions and approaches that are effective when developing the recommendations.
116	SH	Royal Collage of General Practitioners	10	General	High risk sites for suicide are important to identify but even so taking effective action may be over-ruled on aesthetic grounds e.g Clifton Suspension Bridge which gets 1 suicide per month. (PS)	Thank you for your comment. While it is outside the remit of the NICE guideline to provide specific recommendations on implementation issues, the committee will consider such factors while developing recommendations.
117	SH	Royal Collage of General Practitioners	3	1.3	There needs to be a wider consideration of effective community interventions with the incorporation of best practice across the world a. Scott A Guo B. For which strategies of suicide prevention is there evidence of	Thank you. There will be a call for evidence during the guidance development process when we will ask stakeholders for details of any research that they are aware of that may be

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					<p>effectiveness? WHO HEN (2012)</p> <p>Evidence from seven systematic reviews (rated as “average” or “good” in relation to their methodological quality) indicated that some interventions may be promising.</p> <p>1. School-based suicide prevention programmes that focused on behavioural change and coping strategies in the general school population and skill training and social support for at-risk students had beneficial effects on intermediate outcomes, such as suicidal tendencies and risk factors for suicide; however, the effect of these interventions on suicide rates is not known.</p> <p>2. There was limited evidence that multifaceted suicide prevention programmes based on risk factor identification and educational and organizational changes reduced the rates of suicide and attempted suicide among military personnel.</p> <p>3. Restriction of access to lethal means (e.g. firearms and pharmacological agents) may reduce the rate of cause-specific suicide in the general population, but its effect on the overall suicide rate was unclear.</p> <p>4. The administration of lithium reduced the risk of suicide and deliberate self-harm in patients with mood disorders.</p> <p>5. Psychosocial and pharmacological treatments, such as problem-solving therapy, provision of a card for emergency contact, cognitive behavioural therapy and administration of flupenthixol, were promising in reducing rates of repeated self-harm among suicide attempters.</p> <p>http://www.euro.who.int/_data/assets/pdf_file/0003/168843/HEN-Suicide-Prevention-synthesis-report.pdf</p> <p>b. Other strategies employed in areas with high levels of suicides includes community level gatekeeping http://dhss.alaska.gov/dbh/Documents/Alaska_Gatekeeper_%20Eval_V6_Final.pdf (MH)</p>	<p>relevant to this programme of work. Call for Evidence we will inform you if this happens. Item 4 and 5 that you list would be out of scope for the guideline.</p>
118	SH	Royal College of Nursing	general	general	Nursing professionals were invited to review the draft quality standard.	Thank you for taking the time to respond to the scope consultation.

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					Please insert each new comment in a new row	Please respond to each comment
					There are no further comments to make on this document on behalf of the Royal College of Nursing.	
119	SH	Samaritans	General	General	Samaritans welcomes the development of new public health guidelines on preventing suicide in the community by NICE. Since the publication of the revised Suicide Prevention Strategy for England by the Department of Health in 2012, Samaritans has been keen to ensure that local statutory agencies and voluntary sector organisations are supported to drive local implementation of the national strategy across the country. However, as noted within the draft scope document, the All Party Parliamentary Group (APPG) for Suicide and Self-harm Prevention has found that as many as 30% of local authorities in England do not have a local suicide prevention action plan and that the type of local interventions used and the funding available for them is highly variable across different areas. A key element of implementation is the guidance and evidence base available to local multi-agency suicide prevention groups.	Thank you for taking the time to respond to the scope consultation.
120	SH	Samaritans	3	5-31	<p>We broadly agree with the activities that have been selected for a review of evidence and the development of guidelines as described in sections 1.3 & 1.5 of the draft scope. However, there are two areas of local community-based suicide prevention activities not currently covered by the draft scope that we feel should be highlighted.</p> <p>Firstly, we are aware of examples of community-based initiatives that aim to reduce stigma and encourage help-seeking in order to prevent suicide. We note that paragraph 4 of section 1.3 of the draft scope refers to local media awareness campaigns and social media interventions with very similar objectives, but not all of the activities within the initiatives that we are referring to would necessarily be covered by this definition.</p> <p>One example of this is the football-based initiative developed by North Lanarkshire Council as part of their contribution to Scotland's national suicide prevention strategy, <i>Choose Life</i>. This has included the organisation of 5-a-side football tournaments involving representatives of leading football clubs and amateur players from the demographic group known to be at the highest risk of suicide – men in their 30s-50s. Further information about this initiative is available at: http://www.northlanarkshire.gov.uk/index.aspx?articleid=31893</p> <p>Similarly, the State of Mind Sport charity programme, which is primarily targeted at men involved with rugby league clubs in the north of England, aims to “<i>promote positive mental health among our sportsmen and women, fans and wider communities and ultimately to prevent suicide</i>”. This initiative includes partnership</p>	Thank you. The final scope has been revised to include reference to 'face-to-face', in addition to local media, interventions, under section 1.3, key areas that will be covered.

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					<p>Please insert each new comment in a new row</p> <p>work with Super League clubs and local health organisations to utilise sport to convey positive messages and provide education and information on mental well-being. At a meeting of the APPG for Suicide and Self-harm Prevention in 2012, co-founder of State of Mind, Ernie Benbow, told the group that since the establishment of the charity the previous year, player education programmes had been delivered to 372 attendees (337 players, 16 coaches, 12 match officials, 4 physiotherapists, 1 sports rehabilitation instructor, 1 intern, 1 player welfare officer). The education programmes focused on wellbeing, the impact of drink, drugs and sleeplessness and how to help friends who may be struggling to cope. Further information about this initiative is available at: http://www.stateofmindsport.org/</p> <p>While both of these initiatives do include local media awareness and social media elements, they also include direct engagement with individuals through sports clubs which would not necessarily be included within the activities set out in the draft scope. We would therefore suggest that the definition of awareness raising/stigma-reducing interventions should be widened to include activities comprised of direct community engagement as well as media/social media engagement.</p>	<p>Please respond to each comment</p>
121	SH	Samaritans	3	5-31	<p>The second area that is currently not covered by the draft scope document is the community-based support provided in the aftermath of a suicide, sometimes referred to as “postvention” initiatives. Area for Action 4 in the national suicide prevention strategy for England aims to “provide better information and support to those bereaved by suicide” and acknowledges that “<i>family and friends bereaved by a suicide are at increased risk of mental health and emotional problems and may be at higher risk of suicide themselves</i>”¹.</p> <p>Samaritans provides a service known as <i>Step by Step</i> which aims to support school communities in the aftermath of a suicide. As part of this service, specialist volunteers offer practical support, guidance and information on addressing the impact of suicide on the school community and work proactively to prevent the formation of suicide clusters. Further information on the Step by Step programme is available at: http://www.samaritans.org/your-community/supporting-schools/step-step</p> <p>Other initiatives involve the use of community based liaison workers to support individuals affected by a suicide through bereavement counselling and also practical support such as information and advice about the coroner’s inquest. Examples of</p>	<p>Thank you. Following feedback during the stakeholder consultation, we have included ‘postvention’ (support to those bereaved or affected by suicide) in the final scope, under section 1.3 ‘key areas that will be covered’.</p> <p>Please note, in the future we will issue a Call for Evidence to stakeholders, we will inform you when this happens.</p> <p>Thank you for providing this information.</p>

¹ p.39 Preventing suicide in England: A cross-government outcomes strategy to save lives, DH (2012) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

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					Please insert each new comment in a new row these include the Listening Ear agency in Liverpool (further details: http://www.nspa.org.uk/members/listening-ear/) and the If U Care Share Foundation in the north-east of England (further details: http://www.ifucareshare.co.uk/our-work/support/i-have-lost-someone-to-suicide-and-need-support)	Please respond to each comment
122	SH	Sheffield City Council	2	22	This should explicitly include primary care settings, also workplace settings as important for men in mid life	Thank you for taking the time to respond to the scope consultation. The final scope has been revised to include reference to 'employers', under 'who is this guideline for'. The scope was also revised to include 'primary care' and 'workplaces', under section 1.2 'settings that will be covered'. The final scope also states 'health and social care practitioners, particularly those working in primary care', under 'who is the guideline for'.
123	SH	Sheffield City Council	2	25	Should exclude psychiatric hospital settings – there exist safety guidance already.	Thank you for your comment. Psychiatric hospital settings are outside of the scope for this guideline.
124	SH	Sheffield City Council	3	16	Include community development organisations- they may not be directly providing a service.	Thank you. The list of staff provided is not intended to be exhaustive. Community development groups are relevant to this guideline. The final scope identifies third sector organisations on page 1, under 'who the guideline is for'.
125	SH	Sheffield City Council	3	7	Clarity needed on what local audit can add to ONS data detailed surveillance- could be a lot of work for little added benefit. Research tells us high risk groups. Real time surveillance May deliver on hot spots information. Still need report from the pilots.	Thank you for your comment, which has been noted. The independent advisory committee will consider available evidence, and endeavour to identify what data and components should be included in local audits and plans. The final scope includes local suicide prevention plans (based on local audit and suicide data), under section 1.3 'key areas that will be covered'.
126	SH	Sheffield City Council	3	9-11	Scope needs to include family and friends- these are the people most likely to be in a position to recognise problems and need to know how to respond.	The final scope has been revised to include reference to 'interventions providing

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						information, advice or to develop skills' - for families, friends, colleagues and peers, under section 1.3, key areas that will be covered.
127	SH	Sheffield City Council	3	24	Local media and campaigns to consider how to inform family and friends about how to respond to concerns.	Thank you. The final scope has been revised to include reference to 'interventions providing information, advice or to develop skills' to respond to concerns about someone - this will have a focus on families, friends, colleagues and peers, under section 1.3, key areas that will be covered. This may include information via local media campaigns, subject to available evidence to support a recommendation.
128	SH	Sheffield City Council	3	general	Ensure inclusion of cluster behaviour in suicides and effective responses e.g schools	Following feedback during the stakeholder consultation, we have included 'planning to respond to suicide clusters' in the final scope, under section 1.3 'key areas that will be covered'.
129	SH	Sheffield City Council	4	25	Add focus on voluntary and community roles- not just staff in services.	Examples of staff are provided in section 1.3 of the final scope. This would include people who provide a paid or voluntary service to the public.
130	SH	Sheffield City Council	5	12	Care to be taken to differentiate between self harm and suicide attempts	Thank you for your comment, which has been noted.
131	SH	Southwest Yorkshire Partnership NHS Foundation Trust	1	18	We would very much support a greater focus on suicide prevention in primary care, in addition to mental health services.	Thank you for taking the time to respond to the scope consultation. The final scope has been revised to include reference to 'primary care', under 'who is this guideline for'. The final scope also states 'health and social care practitioners, particularly those working in primary care', under 'who is the guideline for'.
132	SH	Southwest Yorkshire Partnership NHS Foundation Trust	2	25	Prisoners are at high risk of suicide on leaving prison in addition to the period in custody, particularly in the first week after release. We think it would help to consider this group of prisoners who are pre-release as a high risk community population.	Thank you. Following stakeholder comments, the final scope has been revised to include prison and custodial settings. The guideline will also consider interventions to support people when

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						transferring between a prison or custodial setting and the community.
133	SH	Southwest Yorkshire Partnership NHS Foundation Trust	3	6	It would help to consider the implications of local authorities/trusts/emergency services having direct interfaces with more than one other agency e.g. a mental health trust having a catchment covering 4 local authorities. This would help avoid duplication and trying to link in with 4 different LA strategies.	Thank you. The scope has been revised to refer to 'the local level', to acknowledge variability in local service configurations.
134	SH	Southwest Yorkshire Partnership NHS Foundation Trust	3	16	In our experience, problems with the criminal justice system, family services and employment are common issues which might be addressed to reduce their contribution as stressors increasing the risk of suicide.	Thank you for your comment Assessment and management of individual risk factors is beyond the scope of the current guideline. However, there is currently guidance in development on the Mental health of adults in contact with the criminal justice system which will assess mental health and suicide risk when an adult is in custody. Following stakeholder comments, the final scope has been revised to include prison and custodial settings. The guideline will also consider interventions to support people when transferring between a prison or custodial setting and the community.
135	SH	Southwest Yorkshire Partnership NHS Foundation Trust	3	22	We would support provision of telephone access at particularly high risk locations.	Thank you for your comment, which has been noted.
136	SH	Southwest Yorkshire Partnership NHS Foundation Trust	3	31	In addition to news media, it would help to avoid portrayal of suicide elsewhere in the media in a positive light e.g. in a recent episode of EastEnders with the death of "Peggy Mitchell" as a brave or noble way to die.	Guidance for national news and television is beyond the remit of NICE. The focus for this guideline will be local media and sensitive approaches to reporting suicide and suicidal behaviour.
137	SH	Southwest Yorkshire Partnership NHS Foundation Trust	4	23	Mental health trusts conduct audits of undetermined deaths. This is a rich source of information that would complement that collected by local authorities. A unified style/format (omitting areas not relevant to that service) would lend itself to interpretation of the data together. We think that stipulating cooperation from local coroners would be advantageous.	Thank you for this information. The independent advisory committee will consider available evidence, and endeavour to identify what data and components should be included in local audits and plans. The final scope includes local suicide prevention plans (based on local audit and suicide data), under section 1.3 'key areas

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						that will be covered'.
138	SH	Southwest Yorkshire Partnership NHS Foundation Trust	4	12	A basic common formulation-based safety plan, usable by staff in a variety of agencies to communicate risk and an immediate way of keeping somebody safe.	Thank you for your comment.
139	SH	Southwest Yorkshire Partnership NHS Foundation Trust	5	1	In addition to awareness campaigns to reduce stigma related to expressing suicidal thoughts, there could be a concerted effort to identify and reduce/eliminate those websites or social media platforms hosting information/forums encouraging self-harm and/or suicide.	Thank you. Eliminating websites is beyond the scope of the guideline.
140	SH	Southwest Yorkshire Partnership NHS Foundation Trust	5	7	"Died by suicide, took his own life". Giving context, e.g. "after a long depressive illness", linking it to distress, illness or other disorder.	Thank you for your comment which has been noted.
141	SH	Southwest Yorkshire Partnership NHS Foundation Trust	5	14	Use of toxic antidepressants, still very prevalent in primary care, contributing to people dying by suicide. Quantities of prescribing opiates for those in chronic physical pain.	Thank you. Prescribing is beyond the scope of this guideline; this has been clarified in the scope. Please see NICE guideline (NG5) on Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. However, we will consider access to medicines to reduce suicide.
142	SH	Southwest Yorkshire Partnership NHS Foundation Trust	5	22	Utility of non-hospital residential (or respite) facilities to support people experiencing suicidal thoughts in a particular context, where removal from that situation might be the definitive intervention at that time.	Thank you for your comment. Respite accommodation would be beyond the scope of the current guideline.
143	SH	The Matthew Elvidge Trust	1	15	We should include here providers of postvention interventions as well as the private sector.	Thank you for taking the time to respond to the scope consultation. The guideline would be relevant to 'private sector organisations', and this is acknowledged under 'who is this guideline for'.
144	SH	The Matthew Elvidge Trust	2	1-4	We should add here all workplaces, including Jobcentres	The final scope has been revised to include reference to 'employers', under 'who is this guideline for'. The scope was also revised to include 'workplaces'. Under section 1.2

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145	SH	The Matthew Elvidge Trust	2	23	Please add postvention interventions here	'settings that will be covered'. Thank you for your comment. The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide people, under section 1.3, key areas that will be covered.
146	SH	The Matthew Elvidge Trust	3	6	Please include postvention	Thank you for your comment, The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide people, under section 1.3, key areas that will be covered.
147	SH	The Matthew Elvidge Trust	3	9-17	Please include the online environment is its widest context	The final scope has been revised to include reference to all types of contact, which would encompass on-line.
148	SH	The Matthew Elvidge Trust	3	13-17	Please include here all places of work and educational settings, as this must be a whole community based approach, which, for example would include taxi drivers, hair dressers, physios, schools nurses etc etc, who often have the opportunity to chat to people and potentially spots signs of distress	The final scope has been revised to include 'schools and workplaces' as an example under section 1.2 'settings that will be covered'.
149	SH	The Matthew Elvidge Trust	3	General	Maybe include the need for community based education and training	The final scope has been revised to include reference to 'interventions providing information, advice or to develop skills' - for families, friends, colleagues and peers, under section 1.3, key areas that will be covered.
150	SH	The Matthew Elvidge Trust	4	20	Add postvention	Thank you for your comment, The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide people, under section 1.3, key areas that will be covered.
151	SH	The Matthew Elvidge Trust	4	20-30	Add the online environment	The final scope has been revised to include reference to all types of contact, which would encompass on-line.
152	SH	The Matthew Elvidge Trust	General	General	It may be appropriate to look at the 'zero suicide' work being carried out in three regions and bring this explicitly into scope	The final scope includes 'approaches to preventing suicide at local level', under section 1.3, key areas that will be covered. We will endeavour to seek evidence on the

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						most effective and cost effective approaches when developing the guideline; this may include evidence from evaluations of relevant approaches and programmes such as 'zero suicide' where they are within the scope of the guideline.
153	SH	The Matthew Elvidge Trust	General	General	<p>One of the main reasons that people don't seek help is related to stigma and this is born out of lack of understanding.</p> <p>The only way to remove stigma is to build understanding through education.</p> <p>I feel that a long-term suicide prevention guideline needs to include embedding wellbeing and mental health understanding into all education settings.</p> <p>This should include suicide awareness and prevention. If we don't do this we will continue to have children coming out of education with little awareness and understanding of the importance of wellbeing and good mental health with the resulting stigma..... and a tendency not to seek help.</p> <p>The education should ensure that all staff and children/students are given the opportunity to:</p> <ul style="list-style-type: none"> • understand the importance of wellbeing and good mental health • have the skills to keep well and flourish • know the signs of being unwell in themselves and others and how to cope with and recover from difficult periods • have good support available within the school, college or university for people experiencing difficulties • have strong links with external support through the NHS, private professionals and third sector <p>The same principles apply to all workplaces and all organisations engaging with the unemployed (especially Jobcentres).</p>	<p>The final scope includes awareness campaigns to reduce the stigma around expressing suicidal thoughts and emotional distress. The settings that you describe would be within the scope of the guideline.</p> <p>Please note, there are existing NICE guidelines for promoting social and emotional wellbeing. The pathway is here which links the three pieces of guidelines on early years, primary and secondary education (PH12, PH20 and PH40).</p>
154	SH	The Matthew Elvidge Trust	General	General	<p>I think that more should be included on support after suicide (postvention). This is a service that, if available in all areas of the country and automatically offered to everyone bereaved or affected by suicide will save lives. A new framework and pathway is currently being developed by the NSPA, Meadows Communications and Public Health England in conjunction with the Support after Suicide Partnership.</p>	<p>Thank you. The final scope has been revised to include reference to 'postvention' - support to those bereaved or affected by suicide, under section 1.3, key areas that will be covered.</p>

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155	SH	National Offender Management Service, Public Health England, NHS England	General	General	<p>We are writing to welcome the development of this new Guideline, and to request inclusion of prisoners in the scope of this work.</p> <p>As you may know, the rate of self-inflicted deaths amongst the prisoner population in England and Wales (which currently stands at 1.2 per 1000 prisoners) is higher than that for suicide in the general population, and self-inflicted deaths have increased in prisons in recent years. Statistical information about deaths in prison custody is publicly available at www.gov.uk/government/collections/safety-in-custody-statistics</p> <p>The National Offender Management Service, Public Health England, NHS England, counterparts in Wales, and a range of providers including third sector partners such as the Samaritans are all engaged in work to address this increase. The Justice Select Committee, the Chief Inspector of Prisons and the Prison and Probation Ombudsman have endorsed the need for this increased focus, as did the review of self-inflicted deaths in custody led by Lord Harris of Haringey. The Secretary of State for Justice has made clear his intention to address levels of safety in prisons.</p> <p>Though prisons are clearly settings which present issues particular to that environment, many of the issues facing those who live and work in prisons (such as understanding and identifying risk, assessing and providing the right intervention and support for the right individual, putting in place wider preventative measures, learning and sharing evidence and best practice) are common across settings in the wider community. Prisoners are recognised as a population with a higher concentration of risk factors, which serves to emphasise the need to include consideration of this demographic in NICE's work.</p> <p>The principle of parity of care and treatment of prisoners and non-prisoners is well established. Prisons and prisoners form part of their communities, and NOMS is looking to increase partnership working with local authorities in a number of areas, including suicide prevention. And of course the overwhelming majority of serving prisoners will be released; their needs must be integrated into considerations for supporting vulnerable individuals post-release.</p> <p>Addressing suicide in prisons requires the expertise of suicide prevention experts, and we already work with the Independent Advisory Panel on Deaths in Custody and with national fora such as the National Suicide Prevention Strategy Advisory Group. We wish to strengthen this collaboration and further integrate the expertise of prison professionals with the expertise of suicide prevention experts.</p>	<p>Thank you for your letter dated 27th May 2016 and your interest in the development of NICE guidance on <i>Preventing suicide in the community</i>.</p> <p>Taking into consideration your feedback received at consultation on the draft scope of the guideline on <i>Preventing suicide in the community</i>, we have now broadened the scope of the guideline to include custodial settings and will cover adults, young people and children.</p> <p>You may also be interested to know that in addition to the NICE guideline in development mentioned in your letter – <i>Physical health of people in prison</i>, there is currently a guideline titled <i>Mental health of adults in contact with the criminal justice system</i> being developed by the National Collaborating Centre for Mental Health on behalf on NICE, which is expected to publish in February 2017. The scope for this guideline includes adults (aged 18 and over) with, or at risk of developing, a mental health problem and who are in contact with the criminal justice system.</p> <p>For further information on how self-harm and suicide is touched on in other existing and in-development NICE guidance, please see Paper 1 which accompanies this letter. All NICE guidance that mentions prisons can also be accessed via pathways on the NICE website. If 'prisons' is looked for within the search function on the pathways web page, the search returns a list of all guidelines and recommendations within that guideline that mention prisons.</p>

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					<p>We recognise that the work currently underway in NICE on standards of physical healthcare in prisons contains reference to suicide prevention. We consider that the proposed guideline on preventing suicide also needs to encompass prisons and prisoners. We hope you will be able to include this population, and look forward to taking forward this important work with you.</p>	<p>NICE also present guidelines as pathways on the NICE website. These enable practitioners to more quickly engage with recommendations in a guideline and follow linked recommendations from different pieces of NICE guidance. We will carefully consider the presentation of the guideline on preventing suicide and how we can clearly link this to other related NICE guidance.</p> <p>It will be important for us to ensure representation of staff with expertise in prison health on the public health advisory committee at appropriate points within the development of the guideline. Your advice on suitable professions at which we can target our adverts in order to fulfil the role of a co-opted expert on the committee would be appreciated.</p> <p>Finally, I agreed to go away and look at a forum to enable further discussions about prisons and health and wellbeing. I am currently in the process of discussing this with PHE and hope to come back to you with more information soon.</p> <p>Once again, thank you for your comments on the draft scope of the guideline and we hope for your continued support with this work.</p>

No stakeholders who submitted comments disclosed any links to, or funding from, the tobacco industry.

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