



Barnsley Suicide Prevention Action Plan

Suicide is one of the leading preventable causes of death under 65 years of age and a major public health concern with 4,820 people taking their own lives in England in 2015¹. Suicide has a devastating impact on society. Economic costs are also high, estimated at £1.7 million for each life lost for those of working age². Over the last 30 years there has been a generally downward trend in suicide rates in the United Kingdom from 15.6 deaths per 100,000 people in 1981 to 10.6 deaths per 100,000 in 2007. However, since then the suicide rate has begun to gradually increase with 11.8 deaths per 100,000 people recorded in 2013². There are however, variations in the risk factors, which mean men, are almost three times as likely to take their own lives as women; with men aged 40-44 representing the most at risk group³.

Suicide is often the end point of a complex pattern of biological and psychological factors⁴, the impact of which is far reaching, affecting the close friends and family members of the deceased who are left vulnerable to long term psychological ill health⁵, and increased risk of suicide⁶. It is estimated that between six and ten 'survivors' are directly affected by any one suicide meaning that in the UK between 36,000 and 61,000 people per year become suicide survivors, and are at risk of psychological harm⁷.

¹ Office for National Statistics (2017). Suicides in the United Kingdom 2015 Registrations

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables>
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² Mental Health Promotion & Prevention: The Economic Case (p26) Martin Knapp, David McDaid and Michael Parsonage (editors). Personal Social Services Research Unit, London School of Economics and Political Science. January 2011. <http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf>

³ Sowcroft, E (2015) Suicide Statistics Report 2015: Samaritans 2015 http://www.samaritans.org/sites/default/files/kcfinder/branches/branch-96/files/Suicide_statistics_report_2015.pdf

⁴ Department of Health (2002) National Suicide Prevention Strategy for England <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

⁵ Omerov, P et al. The ethics of doing nothing. Suicide Bereavement and research: ethical and methodological considerations. Psychological medicine, 2013: p1-112

⁶ Pitman, A, Osborn, D and King M. Suicide bereavement and risk for suicide attempt: a national cross-sectional survey of young adults. The Lancet, 2014. 383(S) p82.

⁷ Jordan, JR and McIntosh JL (2011). Suicide bereavement: Why study survivors of suicide loss? Grief after suicide: Understanding the consequences and caring for survivors. Routledge. New York.

The Barnsley Suicide Prevention Group has been examining a range of national guidance and local information, including the local suicide audit, key findings illustrated below, to understand more about the profile of individuals who have taken their own life in the borough.

There is good evidence about actions that can be taken at a local level to reduce the likelihood or opportunity for suicide, which the group has translated into this action plan for delivery by the multiagency prevention group. We want to adopt a "Zero Suicide" approach.

Preventing Suicide in Barnsley: An Audit of Suicides 2010-2015 - Key Findings	
Demographics: <ul style="list-style-type: none"> • 85% male • The majority, 64% aged between 30 and 59 years (31% aged 30-44 and 33% aged 45-59) • 46% born in Barnsley • 43% lived alone 	Circumstances: <ul style="list-style-type: none"> • 69% died in their own home • 65% died by hanging • 24% of suicides occurred on a Monday • 42% had no drugs or alcohol in their system • 45% left a suicide note
Risk factors: <ul style="list-style-type: none"> • Almost half, 48% were single, divorced or separated • 37% were unemployed • 52% were known to have had relationship problems • 57% were known to have had a drug or alcohol problem or both • 46% had previously attempted suicide or self-harmed • 54% were known to have had a mental health condition (most commonly depression) • 49% had problems with money and/or their job • 23% had been affected by bereavement • 31% had a physical health condition 	Contact with services: <ul style="list-style-type: none"> • At least 33% had contact with primary care in the month before their death, mainly for a mental health condition • 45% were known to be in contact or had previously had contact with mental health services

Recommendation 1: Reduce risk of suicide in high risk groups

1.1 Men of working age, with a focus on economic factors such as debt; social isolation; unemployment; family and relationship problems, drugs and alcohol; developing treatment and settings that men are prepared to use.				
Intervention	Description	Lead	Progress update	RAG rating
a. Promote multi-agency suicide prevention work	Establish and maintain strong links between health and non-health services identified as being key to promoting working aged men's mental health. Use peer communicators so that men receive information and support from trusted sources.	LA / Public Health Core/	Workplace health Charter has now finished and there will be a new South Yorkshire Workplace Health Award to replace this which includes MH. Chilypep now have staff qualified in ASIST training. Conversations to be had of how this will be rolled out	
b. Suicide awareness training	Training to be provided to front line staff that support working aged men.	LA HR / Public Health Core	Plan for 2018 Suicide awareness to be included in mandatory training for all midwives and support staff in the maternity unit. (Partners of pregnant mums will be of working age)	
c. Community outreach programmes	Suicide awareness messages to be promoted at traditional male settings e.g. football, rugby public houses and music venues.	LA – PH Communities/ LA/ 3rd and voluntary sector	<ul style="list-style-type: none"> • Planning underway for Awareness raising Days • Working with local community group Project 14 to raise money for crisis cards • Linking in the Local Author Jonathan Lee around new webpage for MH. 	
1.2 People in the care of mental health services				
Intervention	Description	Lead	Progress update	RAG rating
a. Promote multi-agency suicide prevention work	Training to be provided to front-line staff working with high risk groups	CCG / SWYPT	2017 All women are screened for mental illness at the first midwife appointment as per NICE guideline.	
b. Risk management training	Training to be provided to front-line staff working with	CCG / SWYPT	Mums story of suicide attempt used in maternity training 2016	

	high risk groups		Plan for 2018 Suicide and self-harm awareness to be included in mandatory training for all Midwives and support staff in the maternity unit.	
c. Safe clinical areas	Ensure regular assessment of ward areas to identify and remove potential risks e.g. ligature ligatures and ligature points, access to medications, access to windows and high risk areas	CCG / SWYPT	Update???	
d. Mental health services comply with best practice on suicide prevention	Review suicide prevention practices using an appropriate tool e.g. The National Patient Safety Agency's (NSPA's) Preventing Suicide: A Toolkit for mental health services	CCG / SWYPT	Update???	
e. Improve care pathways between emergency departments, primary and secondary care	Review care pathways using an appropriate tool e.g. The National Patient Safety Agency's (NSPA's) Preventing Suicide: A Toolkit for community mental health – 2009 out of date NHS Improvement.	CCG / SWYPT / BHNFT / South Yorkshire Police	Demand on primary care? CCG commissioning mental health advisers in primary care. Reduction in secondary care numbers, but not types of mental health. Does this potentially increase numbers attending A&E. Federation delivering iHeart in hospital September, and physical ED department is changing in October/November. Opportunity could be there to joint address issues. Police seen increase over last few weeks of people absconding from ED and Police involved. Add to BHNFT list of public health work. Could we join the discussion with Federation and BHNFT – Mark Railton to advise on appropriate time. YAS attendance doesn't change, and crisis people enter via YAS. Understanding of how many people attending ED are young people/children? Update??	
1.3 People with a history of self-harm				
Intervention	Description	Lead	Progress update	RAG rating

a. Compliance with NICE guidance. Is this included in current service specs?	Implement NICE guidelines on self-harm (NICE CG16 & NICE CG133)	CCG / SWYPT / BHNFT		
b. Suicide and self-harm awareness training for frontline staff	Training to be provide for staff working in emergency departments, ambulance staff and primary care	CCG / SWYPT / BHNFT / YAS / South Yorkshire Police	Bid submitted as ICS to NHS England around suicide prevention which includes Training for primary care. Bid successful and conversations started with GP federation.	
c. Suicide and self-harm awareness training for community staff	Training to be provided for staff working in schools and colleges, care environments and criminal and youth justice systems	CCG / PH People / PH Communities	Chilypep scoping ASIST training in schools. Chilypep providing for teacher and schools and CYP. BMBC Member of staff now trained to deliver MHFA-	

Recommendation 2: Tailor approaches to improve mental health in specific groups

2.1 Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system.				
Intervention	Description	Lead	Progress update	RAG rating
a. PSHE – personal, social and health education	Help children and young people recognise, understand, discuss and seek help for emotional problems.	PH People	<ul style="list-style-type: none"> Amy Booth looking at quality and content standards. Framework Y&H. 	
b. Effective school-based suicide prevention	Promote awareness among staff and pupils and parents to help identify high risk signs or behaviours (depression, drugs, self-harm) and develop protocols on how to respond, ensure clear referral routes into specialist support	CCG & PH People	<ul style="list-style-type: none"> Community response plans. Springwell to be contacted to establish how this MINDSPACE supports postvention and protocols on school as well as deliver of training and interventions. Samaritans – delivering support in schools. Phil to check with Christine/Moira which schools has had interventions. Look at Wakefield's model of delivery. Chilypep now have staff qualified in ASIST training. Conversations to be had of how this will be rolled out 	
c. Bullying prevention programmes	Develop and implement bullying prevention initiatives	PH People	<p>PHE have launched “Rise Above” for Schools with the objective of preventing and delaying risk-taking behaviour in 11-17 year olds.</p> <p>https://campaignresources.phe.gov.uk/schools/topics/rise-above/resources</p>	
d. 0-19s service	Identify children at high risk of emotional problems and ensure that they and their families received appropriate support	PH Core	PH linking in with 0-19 and maternal mental health network	
e. Safeguarding Children Board	Ensure close link between suicide prevention and safe guarding boards in order to	CCG		

	ensure local provision of early help and support			
f. You're welcome criteria	Self-assessment toolkit to ensure services are acceptable and accessible to young people	CCG		
g. Compliance with NICE guidelines	Ensure provision of stepped-care approaches to treatment for children and young people with mental health problems	CCG		
h. Completion of CID 70 (Adult) & Gen 117 (Child) forms on identification of suspected/attempted suicides.	Referring onto to relevant support on identification.	SYP	Mark James Replacing Jakki Hardy's Role	
2.2 Survivors of abuse or violence, including sexual abuse				
Intervention	Description	Lead	Progress update	RAG rating
a. Ensure the timely and effective assessment of all vulnerable children	Ensure early identification and referral to appropriate support services. Promote the use of screening tools such as the Strengths and Difficulties questionnaire (SDQ)	PH People, SYP	Update?	
b. Domestic violence training	Training and support to be provided for primary care and other front line professional staff to improve identification and appropriate referral to support services of those experiencing domestic violence	PH Communities	Speak to Sam Goulding around "Speak to me" campaign around DA and primary care.	

2.3 Veterans				
Intervention	Description	Lead	Progress update	RAG rating
a. Improve veterans' access to support services	Create more posts for veterans therapists in NHS trusts	CCG / PH Communities	<ul style="list-style-type: none"> NHS Veterans' Mental Health Complex Treatment Service has been launched 	
b. Suicide awareness training	Training to be provided for GPs and other NHS staff who may come into contact with veterans with mental health needs	CCG / SWYPT	<ul style="list-style-type: none"> ASISIT Training currently being scoped as part of paper to workforce development. Chilypep now have trainers and looking to discuss options. Sheffield has done GP prevention training through BEST. Linking in with James Barker at Barnsley CCG to explore options for this training locally. 	
2.4. People living with long-term physical health conditions				
Intervention	Description	Lead	Progress update	RAG rating
Support self- management	Ensure patients feel more confident in managing their condition and take an active part in their care	CCG / BHNFT	<p>Peer advisers for a safety plan outside of the medical setting with someone who has a shared experience – funding implication. Individual has more sense of ownership.</p> <p>Links made Cath Bedford around Self Care and this agenda and how we can enhance this offer with libraries around shelf help. Help is at hand booklet. Also updated BMBC website on pushing self-help to be more accessible/user friendly</p> <p>Members asked to upload services to Live Well Barnsley</p>	
Assessment for depression	Ensure the routine assessment for depression as part of personalised care planning	CCG	GP's QOF? Contained within the PHE outcomes Framework. Data available of PHE Fingertips.	

2.5. People with untreated depression				
Intervention	Description	Lead	Progress update	RAG rating
Compliance with NICE guidance	Ensure the early identification and treatment of depression – through compliance with NICE guidance	CCG	2017 All women are screened for depression and anxiety at the first midwife appointment as per NICE guideline.	
2.6. People who are especially vulnerable due to social and economic circumstances				
Intervention	Description	Lead	Progress update	RAG rating
Join up support services	Ensure front-line agencies (primary and secondary health and social services, local authorities, the police, job centre plus) join up to maximise the effectiveness of services and support	PH/ Police	Review co-occurring substances misuse and Mental health guidance from PHE. Phil & Jo	
Support financial capability	Commission interventions that improve financial capability e.g. Citizens advice	PH	BPOS Bid Submitted – Successful £238K Suicide ICS bid submitted – Successful £555k across SY&B	
Suicide awareness training for staff	Training to be provided for front-line staff who are in regular contact with people who may be vulnerable due to social/ economic circumstances	PH	Bids looking to address training capacity issues.	
Suicide awareness raising for public	Inform people how to recognise and respond to warning signs in themselves and others	PH	Successful #AlrightPal? Campaign for world suicide prevention day Mike Cotton at Barnsley Chronicle offered to support us in future campaigns. And signposting to supporting in MH related articles where appropriate. Working with Author Jonathan Lee and Project 14 to raise	

			profile of mental health and suicide	
2.7. People who misuse drugs and alcohol				
Intervention	Description	Lead	Progress update	RAG rating
Recovery based services	Outcome based interventions to tackle substance misuse and integrate assessment, care and support for people with co-morbid substance misuse and mental health problems	PH communities.	<ul style="list-style-type: none"> Pregnant women are managed under the 'vulnerability team' which includes substance misuse midwife and mental health midwife. Plan for 2018 Suicide awareness to be included in mandatory training for all Midwives and support staff in the maternity unit. <p>We have local data from our local service which is collected mandatory. Mental health now included in this.</p> <ul style="list-style-type: none"> 68.7% in Barnsley are identified to have mental health treatment need. (373 out of 543 - 1st April - 31st December) Out of that 18.8 are engaged in some mental health treatment (jo to find out) 0.5 are engaged in IAPT (3 people) 52% are seen for MH by their GP (Sleep, depression etc) 	
2.8. Pregnant women and those who have given birth in the last year				
Intervention	Description	Lead	Progress update	RAG rating
Suicide awareness training for staff	Increase the awareness of healthcare staff to support women's mental health during the pregnancy and post-natal period including assistance in bonding with their babies	PH Core / BHNFT, SWYPT	<ul style="list-style-type: none"> Perinatal Mental health Basic awareness training Delivered to 23 family centre staff. Yasmeen, Mental Health Midwife at BHFNT trained to deliver the Institute of health visiting's perinatal mental health trainings. Training planned to be rolled out to more staff. Phil involved in Perinatal Mental Health Call to action regionally. This has been agreed and signed off by Y&H Directors of PH and has been taken to Maternal 	

			<p>MH meeting</p> <ul style="list-style-type: none"> 2018 Perinatal Mental Health Awareness training sessions x 5 co-delivered with Midwifery and the Perinatal Mental Health Service as part of the Multiagency BMBC training programme across Barnsley. This training is based on the Institute of health visiting training programme for Perinatal Mental Health. Sessions booked for 2019 All maternity staff will receive perinatal mental health awareness training in 2019 Year 2 student midwives at Sheffield Hallam received a 2 hour perinatal mental health training session delivered by midwifery staff 	
Parenting programmes – prenatal	Parenting programmes to improve maternal psychological health	PH Core	<ul style="list-style-type: none"> Rolling programme: Having a Baby programme (antenatal classes) include maternal mental health awareness for mums and partners. Perinatal mental health training planned to be delivered for women facilitated x 4 per year Stress management sessions during pregnancy are available led by IAPT. New low level mental health service to be live July 2019. Provider to established group for pre-post-natal women. 	
Parenting programmes – postnatal	Group based parenting programmes to improve the emotional adjustment of very young children	PH Core	<ul style="list-style-type: none"> Public health nursing workforce (0-19) Now I Am Programme and Talking teens looking to incorporate MH as part of evaluation Early help? How can this link in? 	
2.9. Lesbian, gay, bisexual and transgender people				
Intervention	Description	Lead	Progress update	RAG rating
Suicide awareness training for healthcare staff	Increase awareness of staff in secondary and primary care of higher rates of mental distress, substance misuse, suicidal behaviour	CCG / PH Communities	Equality impact assessment of audit and action plan taking place to identify gaps.	

	or ideation and increased risk of self-harm in those who are lesbian, gay, bisexual and transgender			
Suicide awareness training for community staff	Increase awareness of staff in social services, education and the voluntary sector of higher rates of mental distress, substance misuse, suicidal behaviour or ideation and increased risk of self-harm in those who are lesbian, gay, bisexual and transgender	PH Communities	Some staff have been identified but no current resources to do this.	
2.10. Black, Asian and minority ethnic groups and asylum seekers				
Intervention	Description	Lead	Progress update	RAG rating
Suicide awareness training for healthcare staff	Increase awareness of healthcare staff to the prevalence of mental health conditions and suicide among Black, Asian and minority ethnic groups and asylum seekers	PH Core / LA Equality & Inclusion	Equality impact assessment of audit and action plan taking place to identify gaps.	
Suicide awareness training for community staff	Increase awareness of staff in social services, education and the voluntary sector of higher rates of mental distress, substance misuse, suicidal behaviour or ideation and increased risk of self-harm among Black, Asian and minority ethnic groups and asylum seekers	PH Communities	Possible resource available if ICS bid successful	

Recommendation 3: Reduce access to means of suicide

3.1. Reducing access to the means of Suicide

Intervention	Description	Lead	Progress update	RAG rating
Safer Prescribing	Reducing access to prescribed drugs	CCG, Pharmacy, Drug & alcohol services		
Removing and reducing access to means.	Removing firearms and licences for those at risk.	SYP		

3.2. Reducing the numbers of suicides as a result of hanging and strangulation

Intervention	Description	Lead	Progress update	RAG rating
Mental health services comply with best practice on suicide prevention	See section 1.2	CCG		
Safe clinical areas	See section 1.2	CCG		
Suicide prevention in custody/ prison	Ensure safer environment for at risk prisoners e.g. safer cells	SYP/ Probation services / SWYPT	<ul style="list-style-type: none"> Communities to pick up Safer Neighbourhood Service. 	

3.3. Reducing the numbers of high risk locations

Intervention	Description	Lead	Progress update	RAG rating
Preventative measures	Implement evidence based interventions outlined in Guidance on Action to be taken at suicide hotspots (2006) e.g. reduce risk at high risk locations through barriers, nets on bridges	PH Core / Suicide Prevention Group	<ul style="list-style-type: none"> Conversation had with Anne Untiz – Town Centre Manager. Safety around suicide has been considered for new development. Linking in with Alhambra around training staff and providing a “safe places” scheme. 	

Consider safety when designing new buildings/ structure	Include suicide risk in health and safety considerations by Local Authority Planning departments, Environmental Health Officers, Parks & Countryside and developers when designing high structures that may offer suicide opportunities.	PH Place	<ul style="list-style-type: none"> Julie to have discussion with highways and further discussion around rail. Bereavement Service BMC – will disseminate campaign material to families at cemeteries Julie T has discussed with planning –housing design and safety of buildings - to agree next steps. To meet with risk management and Berneslai Homes 	
Target high risk locations, respond to clusters, and identify emerging methods.	Conduct intelligence led proactive patrol or neighbourhood police techniques.	SYP		

Recommendation 4: Provide better information and support to those bereaved or affected by suicide

4.1. Provide effective and timely support for families bereaved or affected by suicide				
Intervention	Description	Lead	Progress update	RAG rating
Emotional and practical support	Ensure the provision of emotional and practical support to those bereaved by suicide e.g. through the use of Help is at Hand: A resource for people bereaved by suicide and other, sudden traumatic death	CCG/ LA-PH/ 3 rd sector / voluntary sector/ PH Core	<ul style="list-style-type: none"> Help is at hand booklets received as well as support cards. Project 14 are working with BMBC to raise funds for crisis cards. AMPARO now commissioned to deliver postvention support. Explore overarching support for families bereaved by a sudden death including suicide? 	
Map existing bereavement services, support and pathways	Ensure the provision of local bereavement support/ groups e.g. bereavement support councillor and/ or online support	PH Core	http://www.barnsleybereavementsupportservice.org/ <ul style="list-style-type: none"> Children Older people Young / Teenage People 	

			Barnsley Bereavement service is no longer receiving funding from BMBC	
Increase knowledge and promotion of bereavement support	Increase awareness among staff and public of available bereavement support services/ groups	PH Communities	PHE postvention paper was discussed by DPH's across Y&H and found it unfeasible to commission collaboratively with the variety services provided across the patch	
4.2. Provide information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide				
Intervention	Description	Lead	Progress update	RAG rating
Ensure clear contact details are provided by mental health, primary care and social services	Ensure family, carers and friends of individuals being cared for by mental health, primary care or social services know how to contact services if they become concerned about risk of suicide and are appropriately involved in care planning.	PH Core / LA Communications	Get all contacts on the Live Well Barnsley site. #Alright Pal Campaign Samaritans.	
Help to navigate care system	Everyone with a care plan should be allocated a named professional who has an overview of their case and is responsible for answering any questions they or their family may have	CCG		

Recommendation 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

5.1. Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media				
Intervention	Description	Lead	Progress update	RAG rating
Responsible reporting	Work with local media to encourage responsible reporting on suicide methods and locations	PH Core / LA Communications	Phil Met with Mike Cotton From the Chronicle and discussed the SP groups ambitions. Whilst he understood he expressed some difficulties on the back of inquests in relation to specific cases. Suggested attending a meeting	

			and have this on the agenda on how we can work together as a group.	
Sign posting to sources of support	Work with local media to encourage them to provide information about sources of support and help lines when reporting suicide and suicidal behaviour	PH Core / LA Communications	Working with comms to produce a timetable of dates throughout the year. As well as adding resources to regional MECC website, live well Barnsley and BMBC website. MECC website now live for suicide Prevention http://www.mecclink.co.uk/suicide-prevention/	

Recommendation 6: Support research, data collection and monitoring

6.1. Build on the existing research evidence and other relevant sources if data in suicide and suicide prevention				
Intervention	Description	Lead	Progress update	RAG rating
Data collection	Ensure that local data on suicide is collected from key information sources	Business Improvement & Intelligence	<ul style="list-style-type: none"> Conversations currently underway with Business intelligence and also Healthwatch & VAB 	
Real-time data collection and information sharing with PH and coroners.	Manage risk and record data accurately so that potential for suicide can be managed, monitored and analysed.	SYP	Designated inbox has been created and we are now receiving notifications from the police as well as collecting witness statements from the Coroners officers.	
6.2. Expand and improve the systematic collection of and access to data on suicides				
Intervention	Description	Lead	Progress update	RAG rating
Ensure the routine analysis of data and development of data sources	Work in partnership to analyse data to identify emerging patterns, before data is compiled by ONS	Business Improvement & Intelligence	<ul style="list-style-type: none"> Conversations have started with Sheffield City council and south Yorkshire police to have a joint approach to receiving data from joint coroner. 	
6.3. Monitor progress against the objectives of the national suicide prevention strategy				
Intervention	Description	Lead	Progress update	RAG rating
Monitor progress towards relevant public health outcome framework indicators	Monitor local suicide rate, self-harm rates and excess under-75 mortality	Business Improvement & Intelligence		
Consider monitoring additional	Consider monitoring other	Business		

outcome measures	potential outcomes and indicators e.g. rates of suicides among inpatients, the suicide rate for those in contact with specialist mental health services, the use of suicide audits by providers and commissioners	Improvement & Intelligence		
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Recommendation 7. Wellbeing Promotion				
Intervention	Description	Lead	Progress update	RAG Rating
Promotion of mental wellbeing across the life course	Commission multi-agency interventions to promote mental wellbeing across the life course	PH Communities, CCG	<ul style="list-style-type: none"> • My Best Life • BPL offer for LTC (including MH) • Alcohol use? 	
Training in wellbeing promotion	Provide training to ensure that front line community staff are able to talk about mental health and wellbeing alongside other lifestyle issues, identify needs and sign post as appropriate	PH Communities	<ul style="list-style-type: none"> • Consider workplace health - Place • Regulatory service. • Housing • Transportation • Our own staff • Social care front door - People • Customer services - Communities 	