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# Improving mental health and preventing suicide in **Worcestershire**

## All-age System-wide Approach 2024-2028

An approach as part of the Joint Local Health and Wellbeing Board Strategy 2022-2032



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## Foreword

We are pleased to present the new Worcestershire all-age system response to improving mental health and wellbeing and preventing suicide. This outlines the Worcestershire response to help reduce deaths by suicide in our communities across all ages as part of our work on the [Worcestershire Joint Local Health and Wellbeing Board Strategy \(2022-2032\)](#).

Every life lost to suicide is a tragedy, and has a devastating impact on families, friends, workplaces, and communities. Research shows that with appropriate early intervention and support suicide can be prevented.

Suicide is everybody's business and remains a priority both nationally and locally. This document reflects the Health and Wellbeing Board's commitment and response to the new five-year cross-sector [suicide prevention strategy for England](#) launched in 2023. We aim to work alongside those national ambitions while incorporating the combined local knowledge, expertise and resources of communities and organisations across the public, private and voluntary sectors.

We thank everyone who has contributed to this important approach, particularly those who have experience of suicide. We hope that together as a community we can create a positive environment that reduces the stigma around suicide and gives support to those who are struggling.

This is our call to action: together we can champion hope, break down barriers and create communities where we feel able to tell each other how we really feel and ask for help. A conversation really does have the power to change lives.

A handwritten signature in black ink that reads "D. Q. R. Ross". The letters are written in a cursive, slightly stylized font.

**CLlr David Ross**

A handwritten signature in black ink that reads "Lisa McNally". The signature is written in a fluid, cursive style.

**Dr Lisa McNally**

## VISION

Our collective goal is to foster good mental health and wellbeing across all communities to prevent suicide.

We aim to deepen our understanding of suicide, enhance data surveillance, and apply insights to prevent suicide while also supporting postvention efforts.

## WE WILL

- ✓ Champion hope
- ✓ Raise awareness
- ✓ Encourage help seeking
- ✓ Provide appropriate help
- ✓ Tackle barriers to accessing help
- ✓ Tackle stigma
- ✓ Hear lived experience
- ✓ Reduce risk
- ✓ Reduce access to means
- ✓ Use intelligence & real time data surveillance
- ✓ Deliver the national strategy

## PRIORITY GROUPS

- children and young people
- middle-aged men
- pregnant women and new mothers
- people affected by suicide
- people who have self-harmed
- people in contact with mental health services
- people in contact with the justice system
- neurodivergent people, particularly those with autism
- People aged 65 and older

## COLLABORATION

## PRIORITIES

1. Create a whole-system collaborative approach to improving mental health and wellbeing to prevent suicides across Worcestershire.
2. Strengthen provision and accessibility of support for priority groups around mental wellbeing, suicide, and self-harm.
3. Target prevention approaches to address different **risk factors**.
4. Work across Worcestershire to deliver targeted prevention and health promotion work tailored to key local **priority groups**.

## RISK FACTORS

- Physical illness, deteriorating health or disability.
- Poor mental health
- Self-harm
- Survivors of suicide
- Financial difficulty and/or economic adversity
- Unemployment
- Harmful gambling
- Substance misuse
- Domestic abuse
- Bereaved by suicide.
- Social isolation and/or loneliness
- Caring responsibilities

## Introduction

Suicide can occur at any age throughout the life course and is rarely due to a single cause. Social, psychological, cultural and many other factors often interact to increase the risk of suicidal behaviour, but the stigma and feelings of hopelessness attached to suicide means that many people who need help feel unable to seek it.

Although some people are more vulnerable to suicidal thoughts due to their environment and adverse life events, we know that suicides are preventable. The link between mental health and suicide is well-established however other stressors such as loneliness and isolation, financial pressures and poor physical health can impact wellbeing and affect thoughts of suicide.

Our mental health and physical health are interconnected. Having good mental and physical health and wellbeing is the key to enable people to live happy, prosperous, and independent lives. The [Joint Local Health and Wellbeing strategy \(JLHWS\) for Worcestershire](#) demonstrates the important role mental health and wellbeing plays in all aspects of our health. The strategy outlines how by working together we will take a whole population approach to improving mental health and wellbeing and preventing mental ill health across Worcestershire.

Considerable progress has been made in Worcestershire to prevent suicides with the implementation of the previous 'Suicide Prevention Plan' supported by the Suicide Prevention Partnership. Since 2020 work has also been enhanced by a small, dedicated suicide prevention team working across Herefordshire and Worcestershire. However, we know there is more to do to improve mental health and wellbeing and prevent suicides through effective prevention and timely support in crisis.

Prevention requires work across a range of settings targeting a wide variety of audiences such as: public health, primary care, mental health

services and other public services such as housing and education. It also involves dedicated work on the variety of factors which can contribute to self-harm and suicidal thoughts.

*Supporting the Baton of Hope is just one way Worcestershire is promoting hope.*

*In June 2023 the Baton of Hope began its inaugural tour of the UK. Carried through the 12 cities by people from all walks of life including our own Worcestershire residents.*



*By supporting the event, we hope to raise awareness and bring people together from across the County. It's also a way of acknowledging and marking our respects to the lives lost each year through suicide. The Baton of Hope mission says:*

***“THERE IS HOPE. IF MORE PEOPLE TALK OPENLY ABOUT MENTAL HEALTH AND SUICIDE, SPOT THE SIGNS, ASK THE RIGHT QUESTIONS, AND LISTEN WITHOUT JUDGEMENT, WE CAN MAKE A DIFFERENCE.”***

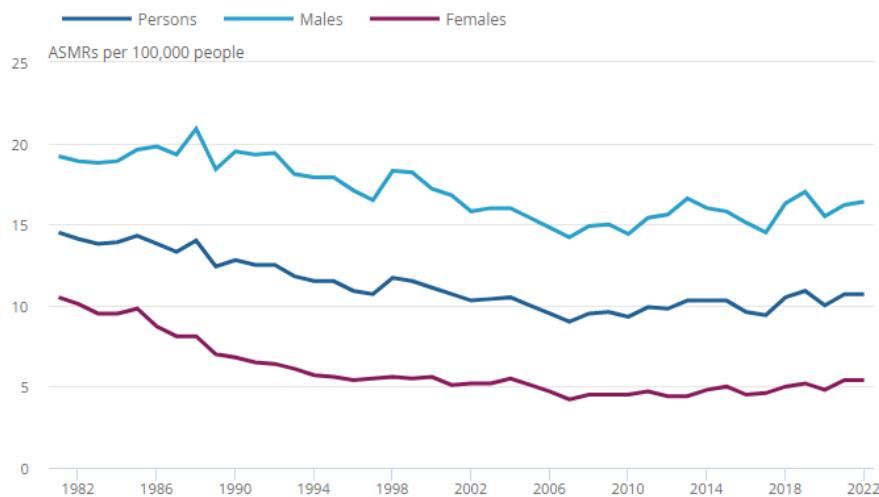
[Baton of Hope | It's Time to Start the Conversation \(batonofhopeuk.org\)](https://batonofhopeuk.org)

## Suicide in England and Wales

Suicide rates in the UK are generally decreasing, but understanding variations across time and demographic group is key to help prevent people from dying by suicide.

The suicide rate in England declined between 1981 and 2022 however, most of this fall occurred before 2000. There has been no statistically significant change in the rate of suicides in England since 2015.

**Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2022**



Source: [Suicides in England and Wales by local authority – Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

The [2023 annual report from the National Confidential Inquiry into Suicide and Safety in Mental Health \(NCISH\)](#) provides findings relating to people aged 10 and above who died by suicide between 2010 and 2020 across all UK countries. It shows:

- Between 2010 and 2020 there were an average of 6,124 deaths in the UK per year
- There were 18,403 suicide deaths between 2010-2020 of patients who have been in contact with mental health services in the previous 12 months, an average of 1,673 deaths per year, equating to approximately 27% of deaths.
- The majority of patients who died had a history of self-harm (64%) and there were high proportions of those with alcohol (48%) and drug (37%) misuse, and comorbidity, i.e., more than one mental health diagnosis (53%) nearly half (48%) of all patients lived alone.

National statistics released by the Office of National Statistics (ONS) in 2023 show that in England and Wales the rate of suicide registered in 2022 remained consistent with rates in 2021, 2019 and 2018 at 10.7 deaths per 100,000 people.

**What we know about Suicide nationally:**

Suicide is the biggest killer of under 35s in the UK, in 2021 1,905 young people (under 35) took their own lives.

Males continue to account for three-quarters of suicide deaths registered in 2022 (4,179 male deaths; 1,463 female deaths), a trend seen since the mid-1990s.

The most common method of suicide in England and Wales continued to be hanging, strangulation and suffocation, which accounted for 59.7% of all suicides in 2022.

Men are **3x** more likely to die by suicide in England than females.

In 2022, rates among younger people have levelled off, except for females aged 20 to 24 years.

Men aged 45 to 64 years have the highest rates of suicide for broad age groups since 2010.

Living in a deprived area increases suicide risk for nearly all working ages but those aged between their late 30s and late 40s were affected most.

Around half of young people aged under 25 who died by suicide had previously self-harmed and self-harm in young people was often accompanied with excessive alcohol and illicit drug use.

Sources:  
[Suicides in England and Wales: 2022](#), 2021, 2019  
[NCISH Suicide by Children and young people \(2017\)](#)

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## National Learning and Insight

Reasons why a person takes their own life are complex, but we understand that suicide is often the result of a combination of health and social factors, including access to mental health services for support and treatment. By learning about some of these factors we can become more informed about the challenges that these individuals may face, helping us be in a better position to support someone struggling with their mental health and improve the wider health and social care environment within communities.

***A person may still be at risk of suicide even though they are not in a high-risk group. People from high-risk groups are also not all equally at risk of dying by suicide.***

Through our real time surveillance data, consultation with partners within the Worcestershire Suicide Audit Group and Worcestershire Suicide Prevention Group, as well as learning from regional and national colleagues - we have identified the following learning from deaths which has informed the development of the approach, priorities, and principles.

### **Children & Young People**

In 2021 it was reported that suicide is the main cause of death in young people under the age of 35 in the UK. Over 200 teenagers are lost to suicide every year however, research shows that with appropriate early intervention and support suicide by young people can be prevented. Evidence suggests that self-harm incidence in children and adolescents in the UK has increased over the past two decades. Nationally suicide rates have generally been rising since 2013 for the under 20s.

### **Men**

In 2012 the Samaritans reported that in terms of age, gender, and socio-economic status the group most at risk of suicide are middle aged men from disadvantaged backgrounds. The latest data from the Office for

National Statistics shows this risk continues today: nationally males aged 45 to 64 years have had the highest rate since 2010.

A study by the [University of Manchester of suicide by middle-aged men](#) found high rates of key risk factors in men in mid-life compared to their incidence in the general population, including unemployment, divorce, deprivation, substance misuse and physical and mental ill-health.


Susceptibility for these risk factors often starts earlier in the life course and may accumulate over time. The study also highlighted that 44% of men in mid-life who died by suicide had previously self-harmed, 7% in the week prior to death and 34% of men in the study also appear to have been affected by bereavement.

### **Neurodiverse**

Neurodiversity has become more widely acknowledged in recent years. It recognises that peoples' brains process information in different ways, and that these differences should be respected and valued, rather than stigmatised. Neurodiversity covers a wide range of conditions such as autism, ADHD, dyslexia, dyspraxia, Tourette's syndrome, and many more. Many people with neurodivergent conditions report facing discrimination, bullying, and marginalisation in society, which can lead to feelings of isolation, hopelessness, and despair. These negative experiences can significantly impact mental health and increase the risk of suicide.

### **Autism**

In the UK, suicide is the second leading cause of early death in adults with autism and no learning disability. A recent Swedish study found that adults with autism and no additional learning disability are over 9 times



*"There is nothing braver than speaking up. Opening up is not a weakness, it's a strength"*  
– Instagram comment on Worcestershire's Now We're Talking campaign

more likely (relative to a general population) to die by suicide. One study found that 15% of autistic children experience suicidal thoughts compared to 0.5% of typically developing children (Autistica, 2021). General awareness and training regarding mental health and autism would help to tackle stigma and may help to prevent escalation to self-harm/suicide.

### ***Those in contact with mental health services***

UK mental health patients accounted for 26% of deaths by suicide between 2011 and 2021. There were 2,389 suicides within three months of discharge from in-patient care between 2011 and 2021. 29% of these post-discharge suicides occurred within the first two weeks of leaving hospital, with the highest proportion (18%) occurring on day 3 after leaving hospital (day 1 = day of discharge).

### ***Those in contact with drug and alcohol services***

Findings from a study examining the factors related to suicide by people under the care of drug and alcohol services (in 2021-2022) found that 428 people in England and Wales died by suicide within 12 months of contact with drug and alcohol services. This represented 8% of all suicide deaths, of which the majority were men (80%); half (50%) were men aged 35-54 years. A quarter (25%) of people who died by suicide had completed treatment with drug and alcohol services prior to death and were reported as being substance free or an occasional user. It was also found that just under a third (30%) of people who died by suicide within recent contact with drug and alcohol services also had contact with mental health services in the previous 12 months. These individuals had high rates of self-harm (76%) and suggests that greater collaboration may be required in mental health care for people who are using drugs and alcohol. ([NCISH, 2024](#)).

In addition, the [Samaritans reported](#) that during 2022-23, 20 per cent of people starting substance treatment had no home of their own and a

further nine per cent said that they had a risk of homelessness in the coming eight weeks.

### ***People aged 65 and over***

Older people might be particularly vulnerable as they are exposed to multiple risk factors such as bereavement, isolation and physical as well as mental illness. Other risk factors for suicide include depression, alcohol misuse, social isolation, and poverty. Research published in *The Lancet* in 2018 (Morgan et al) found that there is an elevated risk of suicide in older people who self-harm, however, self-harm in these groups is often overlooked.

### ***Workplaces & Unemployment***

Poor mental health costs UK employers up to £45 billion each year (Deloitte, 2020), meaning that mental health problems cost £1,300 for every employee in the UK economy (Centre for Mental Health). For every £1 spent by employers on mental health interventions they get £5 back in reduced absence, presenteeism and staff turnover (Deloitte, 2020). Suicide is the leading cause of death in England in adults below the age of 50, and past research shows that some occupations are at particularly high risk.

[Research](#) also shows that unemployment is a key risk factor for suicidal behaviour in men along with economic uncertainty and unmanageable debt. While [Samaritans research](#) found that a lack of both social connection and purposeful employment has a particular effect on less well-off, middle-aged men's wellbeing. The least skilled occupations (e.g., unskilled construction workers) have higher rates of suicide.

### ***Deprived Communities***

Socioeconomic disadvantage or living in an area of socioeconomic deprivation increases the risk of suicidal behaviour. When specifically looking at rates in England over the past decade, overall, men and women living in the most deprived areas tend to have higher suicide rates than



those living in the least deprived areas ([ONS,2020](#)). Rates of hospitalised self-harm are also twice as high in the most deprived neighbourhoods compared to the most affluent. ([Samaritans, 2017](#)).

However, the gap between the most and least deprived areas is only seen among those of working age. Living in a deprived area increases suicide risk for nearly all working ages but those aged between their late 30s and late 40s were affected most. For this age group, suicide rates tended to be more than double in the most deprived areas compared to the least deprived. By deprivation, middle-aged men living in the most deprived areas, face even higher risk with suicide rates.

Homelessness, housing insecurity and poor housing can also increase suicide risk, especially when they are economically disadvantaged and that in 2021 13.4 per cent of the estimated deaths of homeless people (in England and Wales) were registered as suicide.

### ***Caring responsibilities***

Recent research has suggested that the overwhelming and unrelenting pressures of caring also lead some unpaid carers to contemplate, attempt, and die from suicide and homicide-suicide. There is currently no systematically collected evidence to indicate how many carers have died by suicide or homicide-suicide.

Research undertaken by the University of Exeter found that among those who have contemplated suicide, research suggests that 1 in 6 carers are likely to attempt suicide in the future and 1 in 10 have already attempted suicide. Consistent with the general population, depression, anxiety, dysfunctional coping strategies, and limited social support are risk factors for suicidal ideation in carers.

There are also risk factors for suicidal ideation that are unique to carers. These include: dissatisfaction with the caring role; wanting a respite from caring; experiencing conflict with family or health and social care

professionals over the care provision; and, not having an identity or role beyond caring ([University of Exeter, 2021](#)).

### ***Other vulnerable Groups***

According to new analysis by the ONS suicides in England and Wales among veterans made up almost 5% of all deaths by suicide in 2021. This was predominately made up of males and included reservists. Researchers concluded that overall veterans are not at an increased risk of suicide, there was an increased risk among those aged 25 to 44 when compared to the general population.

ONS analysis also reported in a review of deaths between 2011-2021 that disabled people had higher rates of dying by suicide than non-disabled people. Disability has long-term practical and social consequences, and often affects mental health and wellbeing.

Many people can be affected by suicide having been exposed to or know someone who has died by or attempted suicide which can affect mental health and wellbeing. Those bereaved by suicide are widely reported to be [at higher risk of harm](#), have increased risk of depression, anxiety, post-traumatic stress and physical health conditions. In a UK-wide cross-sectional survey, Pitman et al. ([2016](#)) found adults bereaved by suicide were 65% more likely to attempt suicide than those bereaved by sudden natural causes. Whilst much research on suicide bereavement relates to family members, exposure to suicide in occupational settings has also been described, particularly among emergency services including the police and ambulance staff (Cerel, Jones et al., [2019](#); Nelson et al., [2020](#)) but also among mental health, educational and social care personnel (Awenat et al., [2017](#); Causer et al., [2019](#)).

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## Suicide Prevention Strategy for England

### The [England all age cross-sector suicide prevention strategy 2023-2028](#)

sets out the national ambitions for suicide prevention and the steps required to achieve a reduction in suicide. It also aims to continue to improve support for people who self-harm and those who have been bereaved by suicide. Alongside several principles for delivery, the strategy outlines eight priorities for action, these are:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

The strategy identifies action across many organisations, in national and local government, the health service, and the VCSE sectors, to address risk in specific groups and to bring action to where potential harm exists.

Further supporting implementation plans are expected as well as guidance on risk management and safety planning in mental health services.

The strategy identifies the following risk factors and priority groups for tailored and targeted support and action:

Priority groups	Common risk factors
<ul style="list-style-type: none"><li>• children and young people</li><li>• middle-aged men</li><li>• people who have self-harmed</li><li>• people in contact with mental health services</li><li>• people in contact with the justice system</li><li>• neurodivergent people, particularly autistic people</li><li>• pregnant women and new mothers</li><li>• people aged 65 and older</li></ul>	<ul style="list-style-type: none"><li>• physical illness</li><li>• poor mental health</li><li>• financial difficulty and economic adversity</li><li>• harmful gambling</li><li>• substance misuse</li><li>• domestic abuse</li><li>• social isolation and loneliness</li></ul>

The strategy also identifies several children and young people priorities for greater emphasis:

- Mental health
- Covid impact
- Support in schools' colleges and universities
- Online safety
- Improving data and evidence
- LGBT community

***“Suicide prevention is everyone’s business. Every person, organisation and service up and down the country has a role to play. In recent years, good progress has been made to tackle the stigma surrounding suicide and mental health. However, there is more we can all do to ensure we are all equipped with the skills necessary to potentially save lives.” – Suicide Prevention in England: 5-year cross-sector strategy***

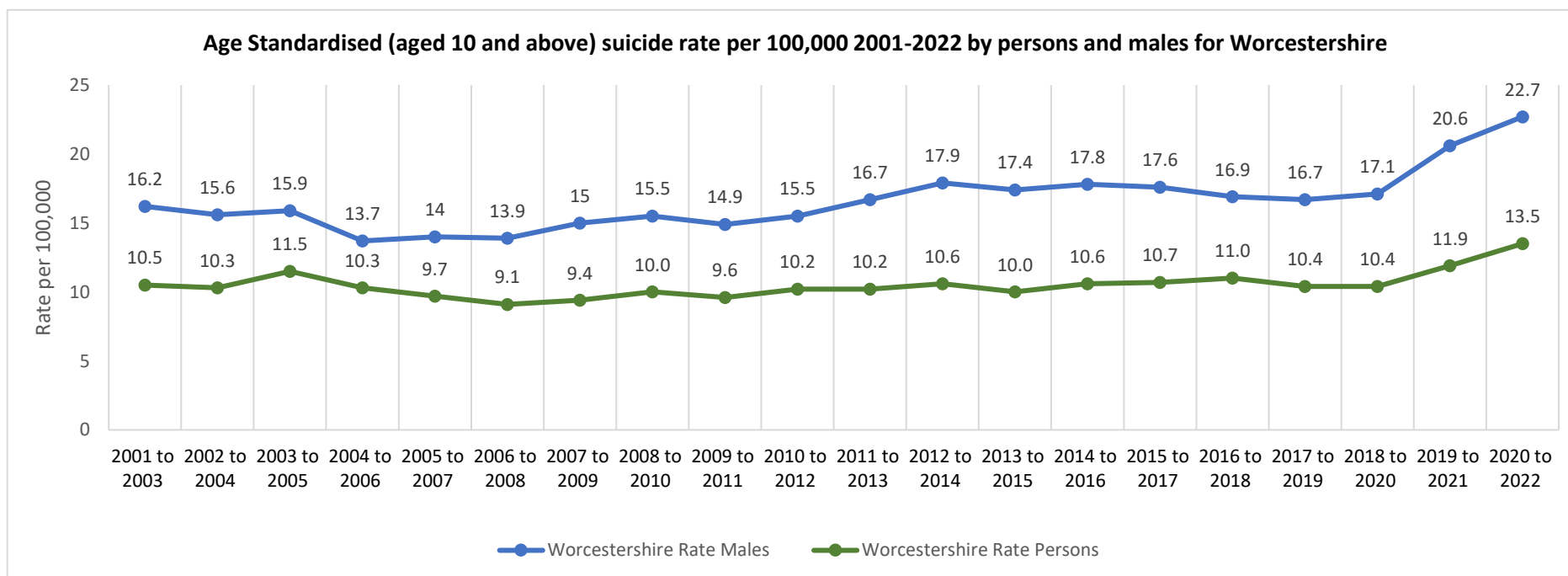
### Current Picture for Worcestershire

The trend in the graph below shows the three-year average age-standardised rate of suicides for Worcestershire. It shows a changing and varied rate since 2001 (green/bottom line), with an average of 60 deaths per year over the last ten years.

In Worcestershire men are more likely to die by suicide than women as is the case nationally. The graph shows the changeable rates for suicide by males in Worcestershire over time (blue/top line). In the latest 3-year period, all six Districts in Worcestershire had increased rates above the England average. However, data is based on small numbers and can vary greatly year to year.

The suicide rate in Worcestershire for males is statistically higher than the England average at 22.7 per 100,000 compared to 15.8 per 100,000. For females in Worcestershire the rate is similar to the England average at 5 per 100,000 compared to 5.2 per 100,000.

Currently only Wychavon statistically sits above the national average for persons and Malvern Hills for rate of death in males, with the remaining districts at a similar level compared to England. However, Redditch residents consistently have a higher suicide rate than the England average, although this is not always statistically significant. It is not possible to calculate annual directly standardised rates by council district of residence due to the small numbers involved.



## Worcestershire's JSNA Briefing for Suicide shows that:

Residents aged 25-44 years had the highest suicide mortality rate in Worcestershire over the last 10 years

Men are 3x more likely to die by suicide in Worcestershire than females.

56% of deaths from suicide and undetermined intent in Worcestershire occur at their usual place of residence.

Over the last ten years on average one person dies each week by suicide in Worcestershire

Residents living in least affluent areas of Worcestershire are twice as likely to die by suicide than those living in the most affluent areas.

The location of two prisons in Worcestershire contributes to a higher overall suicide rate.

57.7% of deaths are by hanging with 21.1% by poisoning (2014-2023)

In a ten-year audit, the highest numbers of deaths occurred in the skilled trades occupations which accounted for nearly a quarter of all working age residents who died by suicide. This percentage is higher than expected when it is noted that the skilled trades occupations account for only 11% of our workforce.

Further information and data about suicide in Worcestershire can be found in the County Council website: [Joint Strategic Needs Assessment Briefing](#)

## System-Wide Approach

This approach combines commitments by our local authorities, mental health and health care services, general practice, community-based organisations and voluntary agencies, employers, schools, colleges and universities, the police, transport services, prisons, and others.

We will champion a coordinated whole-system community and partnership approach informed by national evidence, best practice, and local data. It's also important to ensure we hear the voices and stories of those who have lived experience and have been affected by suicide. We will do this through representatives at our Suicide Prevention Partnership as well as continued engagement working with our voluntary and community sector colleagues and through the delivery of the JLHWS.

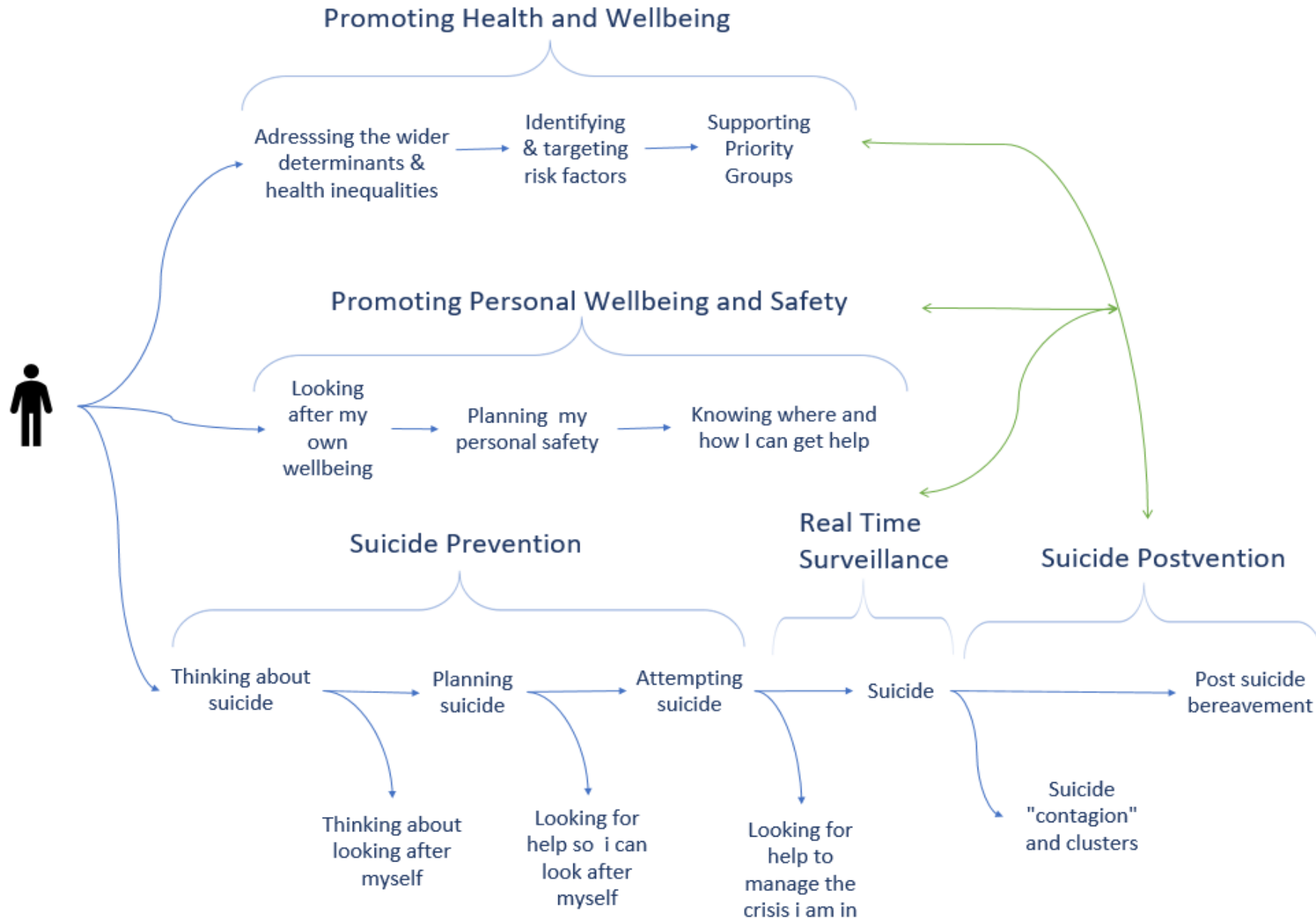
Prevention and early intervention are key; however, we must also ensure that timely and effective action is taken to support someone who may be contemplating taking their own life. Activity will be coordinated by clear cross-system strategic leadership and will align with other relevant strategies and work programmes.

Throughout the 'pathway' of suicide, we can support self-care, prevention, monitoring activity (through real time surveillance) and postvention activity. Our approach aims to encompass a whole-system approach to suicide targeting the social and wider determinants of health which can impact on mental health and wellbeing. This is demonstrated in the map below.

This map of a 'well-being in suicide prevention' pathway was developed in conjunction with the Regional Suicide Prevention Partnership and NHS England. It aims to visually display the steps taken on individual and community wellbeing to prevent, manage and support postvention in suicide, showing the links and connections required for a system wide response.

# Wellbeing & Prevention in Suicide Prevention Map

Developed by NHS England & Regional Suicide Prevention Partnership, and adapted for Worcestershire Approach February 2024



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## Stakeholders, Partnerships & Commitments

Worcestershire also recognises that suicide is everybody's business. Stakeholder plans and commitments reflect the importance of system-wide ownership in effective prevention. Councils and voluntary and community organisations and groups can be well placed to prevent suicide because their work addresses many of the risk factors associated with suicide, and spans efforts to address wider determinants of health such as employment and housing.

There are also important opportunities to reach local people who are not in contact with health services through online initiatives or working with the voluntary and community sector. This sits alongside efforts by healthcare services to support those with mental health and wellbeing concerns to manage and thrive.

### Worcestershire County Council

The County Council has several roles and responsibilities including statutory duties which creates opportunities to work directly with the community, particularly those who may be in greatest need and those experiencing significant life events.

The council provides a range of services for children and adults across the life course, supporting health and wellbeing as well as providing care and meeting health needs. The multi-agency Health and Wellbeing Board supported by the council, helps coordinate the system wide response to improving mental health and wellbeing and preventing suicide.

Public Health help to oversee the delivery of the Joint Local Health and Wellbeing Strategy (JLHWS 2022-2032) on behalf of the Health and

[what's working well]  
*"Recognising the work which is happening across the system into a strategy/plan to help coordination moving forward".* Partnership Member

Wellbeing Board. The strategy has a focus on mental health and wellbeing. To support the delivery of this strategy Public Health have dedicated officers to improving all health and wellbeing including mental health and suicide prevention.

Communities are at the heart of taking a strength and asset-based approach. A strengths or asset approach challenges the traditional view and ensures that local assets (people, physical assets etc.) and individual strengths are key to sustainable community development. This way of working enables an exploration of and response to local need, combining service delivery and community-led activities together. By taking this approach we can ensure reaching our most at risk groups and tackle some of the factors affecting suicide in the County. This takes place across all ages through interventions and services including Family Hubs, Community Grants, and workplace health programmes such as 'Work Well Live Better'. In addition, the Healthy Worcestershire programme aims to deliver an integrated range of health improvement services working with the community to co-produce activities and build local capacity to improve health and wellbeing.

Health intelligence and data surveillance will also continue to support our understanding of suicide and how to support action across the life-course. The Public Health team supports the commissioning of many services which will help to improve mental health and wellbeing for at risk groups. This includes children, young people and family services, drug and alcohol services, and domestic abuse services, together with supporting wider programmes alongside partners and the VCSE sector to work towards tackling loneliness and isolation, housing and health, homeless prevention support and family and adult safeguarding.

The Council also supports services and provision for people with a learning disability or autism and has just launched a new joint All-Age Autism Strategy for Herefordshire and Worcestershire

2024-2029. This new strategy identifies a need for improved access to mental health support for autistic children and adults and acknowledges the higher risk of suicide in autistic people. It aims to explore opportunities for autistic people to feel connected to their local community, working to reduce isolation and loneliness. By providing opportunities to socialise and promote a sense of belonging and safety through a wide range of opportunities, we can work together with our partners to improve autistic people's wellbeing and prevent suicide.

The Learning Disabilities Strategy 2023-2028 for Worcestershire also highlights and stresses the importance of mental health and wellbeing and identifies several actions to support this working with partners from across the health and social care system in Worcestershire.

Across WCC services several opportunities exist to encourage and promote health and wellbeing within all our communities. This includes green spaces, libraries, Adult Learning, museums and art galleries.

Opportunities to strengthen and enhance the council's support for mental health and wellbeing comes in the new [Community Service Directory](#), Adult Front Door and information and advice services. Ensuring that opportunities for help and support are available to those accessing council services and promoting and referring to local opportunities for further support and engagement.

The [adult front door \(AFD\)](#) is the first point of contact for Worcestershire residents needing social care support. It includes a targeted adult support team which provides support to individuals working closely with community services to connect to local offers. The mental health social work team support people over 18 years who have social care needs arising from a mental disorder. They provide support and advice and take a strengths-based approach through a three conversations model.

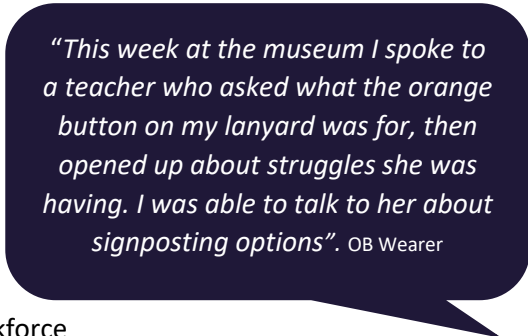
Public Health support the delivery of the 'Suicide Prevention Partnership Group' which involves numerous partners from across the system, including representatives from our voluntary and community sector as well as representatives from the University of Worcester. The partnership oversees and promotes collaboration and shared learning around activities in Worcestershire to improve mental health and wellbeing and prevent suicide.

A robust Real Time Suspected Suicide Surveillance (RTSS) system has recently been established by Public Health in conjunction with the Police, Acute Trust, Health and Care NHS Trust, General Practice, WCC and local Suicide Bereavement Service for Worcestershire. This allows Public Health to work with partners to create real time monitoring of all suspected suicides, timely bereavement support and targeted prevention activity.

The council's mental health support through Adults and Childrens Social Care also works closely with mental health NHS services to create a coordinated response to suicide ideation in those receiving support.

WCC aims to enable all educational settings, including schools and colleges across the county to promote positive wellbeing in all children and young people in their community and to coordinate support across intervention levels. It supports a frontline workforce that can identify and respond to mental health needs in children and young people, either directly or through engagement with services.

To support activity on priority groups and common risk factors, WCC works collaboratively through the Children and Young Peoples Strategic Partnership and the Worcestershire Emotional Health and Wellbeing



*"This week at the museum I spoke to a teacher who asked what the orange button on my lanyard was for, then opened up about struggles she was having. I was able to talk to her about signposting options".* OB Wearer

Subgroup to develop robust processes to respond to children and young people who show signs of poor wellbeing, self-harm, experience suicide ideation or suicidal intention. They provide support to families, either directly or indirectly to promote positive wellbeing outcomes for children and young people. Safeguarding processes and support to staff is in place when overseeing support to schools in the event of a suicide postvention and suicide attempts.

Priority groups identified by children's services and its partners are listed below. In conjunction with the yearly action plan coproduced by the Mental Health and Wellbeing in Educational Settings Board, these groups will be targeted through the service offer for young people and families including the development of family hubs, safeguarding procedures, and other resources.

- CYP with a diagnosis or identifying as neurodivergent.
- CYP with special educational needs and disability
- CYP at risk of educational exclusion
- CYP not attending education (including not in education or training)
- Adolescent females
- Children looked after or previously looked after.
- Children known to social care.

### **Bromsgrove & Redditch**

Bromsgrove and Redditch have a well-established programme of work focusing on many of the risk factors which can impact mental health and wellbeing. Both councils aim to focus on:

- Awareness raising
- Early intervention
- Prevention

Work locally utilises social prescribers, housing teams, financial inclusion teams, voluntary and community organisations alongside grant schemes and council funded support to support communities to overcome challenges which are impacting communities. This includes focus on the cost of living, tackling loneliness and isolation, housing, benefits, creating safer communities as well as using asset-based approaches to increase resilience and build stronger communities.

Both councils offer support in physical and mental health through leisure, heritage, culture and art opportunities for engagement. Specific support and intervention are available for those who may be more at risk with both councils reflecting the priority groups noted in the new National Strategy. This includes a 'Lifeline' service making referrals and daily calls to those lonely or isolated and without other contact and the '360 Support' jointly funded by Bromsgrove District Council and Bromsgrove District Housing Trust aimed at supporting the most vulnerable and complex housing customers. With both councils supporting Mental Health and Housing Groups to bring partners together to work collaboratively, Redditch Housing Tenancy Team directly support residents with aspects including mental health.

Both councils also focus on employees through an employee assistance programme and by raising awareness amongst the workforce to encourage help-seeking. This work includes the promotion of the Orange Button scheme and other training opportunities.

"After COVID I felt very isolated with the family, I didn't really have many places to go and the kids struggled a lot with anxiety.

I was going through depression and the meetup groups down the Woodrow pub and in the library really helped. It got me out, it got my daughter out"

Community Story: Woodrow - participant REDDITCH



Both councils continue to work closely with the Suicide Prevention Partnership Group to continue to monitor deaths locally and identify interventions, this has included the installation of preventative signage at locations of concern working alongside the Samaritans.

### Malvern Hills

Malvern Hills District Council's new five-year plan has a focus on health and wellbeing to support and enable communities to become healthier, safer and stronger. The [Connected Communities Strategy](#) (2021-2041) is a key part of this and shapes the District's asset based community development approach and ensures continued investment in community facilities, open spaces, services which support mental health, reduce social isolation and loneliness. This is supported by a focus on health inequalities and collaboration, ensuring health and social care is connected to local communities.

The council has also committed to establishing a Poverty Truth Commission as part of its ongoing partnership work to alleviate poverty and improve mental, physical, and financial wellbeing.

The Council has several elected member champions including Children & Young People; Rural; Armed Forces and Poverty Alleviation. Plus, Officer champions for health and wellbeing; domestic abuse; PREVENT; safeguarding and a programme of mental health first aid training for staff. Several staff have completed Orange Button training.

Following the 2023 'Let's Talk Mental Health Summit' delivered by Malvern Hills District Council, several priority groups and risk factors were identified. These are:

#### Priority Groups

- Children and young people
- Middle aged males

- Unpaid carers, including young carers.
- Homeless or rough sleepers
- Special or additional needs

#### Risk factors

- Financial difficulty and economic adversity
- Social isolation and loneliness
- Domestic abuse
- Open waters/ivers (discouraging method or means)

"Improved my confidence. Made me more independent. Helped me meet others in same place".

Community Story: Mental Health Mates – participant MALVERN

Work to tackle the priority groups and risk factors includes funding to support youth groups, provision of leisure opportunities, the use of social prescribing for children and young people, Being Well Coordinators, Mental Health link workers (including a link worker working across Housing and Mental Health in both Malvern Hills and Wychavon) and the work of district's network of Community Builders, based in organisations across the district. The District Collaborative brings partners together and oversees the delivery of the Connected Communities Strategy healthier communities workstreams.

### Worcester

Worcester City Council provides essential services for over 95,000 residents with a vision of a city that is prosperous, accessible, diverse, and inclusive; with great opportunities for work, leisure, sport, and tourism alongside a quality of life that is attractive to all. Delivery is focused around five key themes, A prosperous city, A healthy and active city, A heritage city and enhancing and sustaining the city for future generations.

The Council takes an asset-based approach to community engagement and imbedding asset approaches across council services. It helps to provide a

range of services and opportunities for individuals or families to improve their health and wellbeing and be more active in line with the council's ambitions. The Worcester City District Collaborative, brings together several partners working in collaboration across the city to improve health and wellbeing and has three key priority areas:

- Tackling loneliness and isolation
- Best Start in Life
- Health inequality

Focus on these themes seeks to address the risk factors and priority groups identified in the national suicide prevention strategy. Action on these factors include: a project aimed at mental health support for rough sleepers, delivery of the rough sleeper drug and alcohol treatment grant, dedicated Domestic Abuse Housing Officers and youth outreach work including mentoring and school programmes. Staff are also able to access training in a range of topics including mental health first aid and safeguarding.

### **Wychavon**

Wychavon District Health Collaborative has three priorities which focus on mental health and wellbeing, these are: tackling loneliness and isolation, improving mental health and wellbeing and providing the best start in life during maternity and childhood with an emphasis on mental health. These priorities sit within a wider set of five and are supported by a range of partners to share action and work collaboratively.

A dedicated Health and Wellbeing Officer supports the work of this group and links to the county-wide Suicide Prevention Partnership to share local learning and insight as well as share good practice and feedback from the county group.

Risk factors for Wychavon have been identified through the area demographics. This reflects the fact that Wychavon has an older

population and is a large rural district with a high proportion of agricultural and horticultural jobs, as well as a prominent migrant population. This rurality can have a direct impact on loneliness and isolation as well as the opportunity to access support and services.

Wychavon has funded the establishment of three wellbeing hubs in Evesham, Pershore and Droitwich enabling low level mental health support, advice, and referrals to appropriate services on a drop-in basis. Three place-based working groups have been developed to identify need in local areas and develop tangible actions and outcomes. Support for volunteers has been identified as a key action with the development of a counselling and support package. The Council's new Corporate Strategy prioritises the ongoing development of the hubs and commits to introducing tailored health and wellbeing support in at least ten villages and to train people in communities and workplaces to champion health and wellbeing and signpost to appropriate support.

A youth support programme also supported the development of a two-year project which sees youth workers and coaches in a local high school, aiming to support young people most in need.

The following groups have been identified as being key priorities in the Wychavon area with a particular focus on the impact of rurality on health and wellbeing and suicide prevention.

- Middle and older aged males
- Rural population including those with high-risk occupations.
- Young people
- People with chronic conditions
- Pregnant and new mothers
- Autistic People

"I feel normal again. I know it's now ok to feel how I feel!" Community Story: Droitwich Bereavement Support - The Bereavement Journey – participant WYCHAVON

## Wyre Forest

The Wyre Forest Suicide Prevention Group (WFSPG) aims to reduce the number of suicides in Wyre Forest. The dedicated group brings several partners together to develop and deliver local plans and contribute insight and local feedback to the county Suicide Prevention Partnership. The WFSPG regularly reviews its progress towards targets alongside coordinating delivery of local activity and resources, as well as, gathering local feedback to draw attention to the new challenges faced by the community particularly children and young people in health and wellbeing.

The priority groups were identified by the WFSPG using local and countywide data as well as relevant strategies, these groups are:

- Children and young people
- Middle aged men
- Pregnant women and new mothers

Risk factors identified are:

- Autism
- Debt
- Breakdown of relationships
- Unemployment
- Social isolation and loneliness
- Rise in suicide ideation
- Self-harm
- Ongoing impact of loneliness in children in young people from lockdown

“We recently moved to the area and my wife passed away a year ago. The people at Holy Innocents have made me feel very welcome and its opened-up doors to other activities, at the neighbouring churches”.

Community Story: Holy Innocents' Church – A Community Space for Everyone – participant WYRE FOREST

The WFSPG meets quarterly to discuss the data, priorities and actions to intervene and will continue to be informed by and contribute to the

Worcestershire Approach. It also links with wider work on health and wellbeing through the Wyre Forest District Collaborative.

Actions undertaken by the partnership to prevent suicide includes showcase events in local schools, local promotion of awareness campaigns including 'Time to Talk' day, the development of resources including a local emotional wellbeing leaflet, local training, support for individuals and communities on finances and cost of living.

## Integrated Care Board

The Integrated Care Board (ICB) for Herefordshire and Worcestershire is responsible for improving health outcomes for our local population, reducing health inequalities, and supporting broader social and economic development.

The ICB does this through ensuring more effective joined up working with local partners across health, social care, voluntary and community sectors. The ICB supports the strategic planning of the system in line with NHS England targets and priorities. The ICB has a focus on all populations at risk across Worcestershire for suicide prevention with a particular focus on health inequalities. It is responsible for ensuring a 100% coverage and delivery of mental health crisis services for children and young people as well as adults in Herefordshire and Worcestershire. The ICB jointly supports the Mental Health Collaborative alongside the NHS Health and Care Trust to support and manage mental health and wellbeing services and needs in the county.

This includes planning and oversight of the whole mental health system. It ensures:

- Funding for suicide prevention and bereaved by suicide services.
- LeDeR focused reviews take place (learning disability and autism mortality reviews) which may be linked to suicide and that learning is put into action.

- Delivery of the health needs identified in the local Autism Strategy and ensuring the higher risk of suicide amongst autistic people is reflected and actioned.
- Implementation of the new NHS111 mental health phoneline
- Ensuring targets for women accessing specialist community perinatal mental health services are met.

The ICB also supports specific action for NHS staff, promoting awareness of support, and increasing staff skills and knowledge of suicide prevention to help other members of staff as well as the wider community.

In addition to securing effective and high-quality delivery of mental health services, the ICB aims to review mental health services against NHSE guidance to meet the needs of autistic people and develop an accompanying action plan.

### **Health and Care NHS Trust**

The Health and Care NHS Trust provides Children's Services and Community Services in Worcestershire, including running local community hospitals. They also provide Mental Health Services across Herefordshire and Worcestershire supporting a range of needs through a variety of services including crisis support.

The Trust are developing a strategic action plan for suicide prevention through the Mortality Oversight Group, this aims to understand the current risk profile; review risk assessment and safety planning tools and arrangements; update practice using national guidance and NCISH recommendations and ensure patients receive appropriate care and support from discharge. The plan will focus on the provision for mental ill health, as well as opportunities for awareness raising and education of suicide prevention.

The Trust recognises and reflects the priority groups and risk factors identified in the national strategy and uses these to work alongside the

wider system on suicide prevention activities. The trust attends and supports several forms to review needs and identify opportunities for action. This includes contribution of data and reviews to share learning and best practice as appropriate with key partners.

The Trust also delivers services for people requiring mental health support. This includes the provision of 'Now were Talking', crisis support, children's specialist mental health services, Talking Therapies, enhanced primary care mental health services and neighbourhood mental health teams. In addition, to support those experiencing acute mental health crisis, a crisis resolution team and assessment suite work alongside home treatment teams and mental health liaison teams. The Trust also supports a host of additional specialist services following diagnosis including a complex needs service, eating disorder service, perinatal psychiatry, psychiatric intensive care unit and mental health wards.

An older adult community mental health team provides multidisciplinary assessments, care planning, interventions, and treatments for older adults with complex needs. An older adult mental health hospital at home team helps facilitate timely discharge and enables patients to stay at home.

A professional's portal on the Now We're Talking website has been launched to support anyone working in Herefordshire and Worcestershire access basic information and tools around supporting those struggling with mental health or suicide. The portal provides access to free online training around mental health and wellbeing, aims to raise awareness of self-care and highlights useful resources for a range of issues, such as for those experiencing homelessness.

The Trust jointly supports the Mental Health Collaborative alongside the ICB to support and manage mental health and wellbeing services and needs in the county.

## **Worcestershire Acute NHS Trust**

Worcestershire Acute Hospitals NHS Trust provide comprehensive mental health and wellbeing support to staff through a range of services, which are accessible to all staff. This includes a Counselling Service, which is available 24 hours a day, 365 days a year, a dedicated Staff Psychological Wellbeing Service, Wellbeing Conversations and trained Mental Health First Aiders in the workplace across all hospital sites. An essential component of the Trust's psychological wellbeing support is providing staff support and a coordinated approach to suicide prevention and postvention. The Staff Psychological Wellbeing Service offers dedicated support to staff through individual and team sessions and debriefings to help manage the impact of suicide. The Trust has signed up to the Orange Button Community Scheme and our trained Mental Health First Aiders in the workplace provide emotional support for colleagues in times of distress or despair. They will wear an orange button to highlight their willingness to engage with others in supportive talk about mental health and to support and/or help with signposting.

The Trust also aims to raise awareness of mental health and suicide risk through recognising important wellbeing events, such as World Suicide Prevention Day, Samaritans 'Brew Monday' and World Mental Health Day. These events encourage staff to reach out for help and aim to start the conversation about suicide and share key steps to help speak with colleagues, friends and family who may be at risk. As part of the Trust's psychological wellbeing support, crisis cards have been developed and are available across all hospital sites, which direct staff to urgent mental health and crisis support locally and nationally.

As a large employer, the Trust is committed to protecting the health, safety and wellbeing of staff and recognises the importance of identifying and tackling the causes of poor psychological wellbeing and having procedures in place around suicide prevention and postvention. The Trust

is currently developing a suicide prevention plan for staff with particular attention to the at-risk groups including the development of a male peer support wellbeing walk group. In addition, a suicide prevention policy/guidance toolkit will be developed which will ensure staff can access everything they need in one place, promotion of training offers and that this is coordinated with the wider psychological wellbeing support offered.

The Trust provides a specialist Mental Health Liaison Service for patients experiencing mental health crisis and those in need of mental health support, this includes assessment and signposting, 24 hours a day in the Emergency Departments (ED), and parallel assessment, care and treatment for patients admitted to wards with both physical and mental health needs. The service is available to adults and children, dedicated Child and Adolescent Mental Health Service support and assessments are available to the paediatric ward, 7 days per week. The MHLS are able to sign-post and refer on to a variety of services based on individual needs including Specialist Physical Health Psychology service (if available for that clinical speciality), community mental health teams, Home Treatment and Hospital at Home (alternatives to inpatient mental health services), inpatient services, drug and alcohol services, social care and a variety of voluntary agencies.

In addition to clinical assessment and support, the MHLS, alongside the Specialist Psychology service, provides a rolling programme of training to health care professionals in identification, assessment, and support of patients with mental health needs and those in distress. This psychological and mental health awareness, and the psychological skills that accompany it, are key to creating a 'well' community at work that is equipped to deal with the challenges facing patients, families, and staff members.

Following the release of 2022 NICE guidelines on Self Harm, covering the assessment, management and preventing recurrence for children, young people and adults the Specialist Psychology service is updating its processes and approaches to re-prioritise effective risk formulation and safety planning, creating opportunities for coproduction and collaboration in innovating care delivery.

### **General Practice**

The role of a GP is multidimensional and includes frontline assessment and treatment, referral to specialist care and the provision of ongoing support. It is through opportunistic discussions with patients, supported by safe prescribing, continuity of care, following up with and completing actions alongside learning from serious incidents and self-harm that general practice finds a unique position to intervene and target risk factors.

Through the continued provision of training, raising awareness of suicide prevention and information through the general practice update (GPU) and increased multi-agency working via Neighbourhood Mental Health Teams (NMHT) practices across the county can target preventative opportunities.

Primary Care Network Clinical Directors and District Collaboratives are already sharing local intelligence to target intervention approaches to address and support different risk factors in Worcestershire, reflecting those identified locally and nationally. Representatives from general practice have agreed that the highlighted priority groups in the national strategy are recognised within the Worcestershire population. In addition to those identified nationally, GP representatives suggest a focus on healthcare staff, older adults particularly those affected by long term health conditions and/or loneliness.

Directors have identified additional opportunities to share learning at a county level from Significant Event Analysis (SEA) to increase opportunities

to share learning across practices and propose a revision to the 'A Guide to Suicide Risk Assessment and Management in Primary Care' to aid this.

It is important to also consider the mental health and wellbeing of practice members of staff, including GPs and nurses and those who have been affected by suicide.

GPs continue to represent practices and primary care networks in several forums supporting work and activity on suicide prevention and improving mental health and wellbeing and will strengthen and continue these collaborative platforms.

### **West Mercia Police**

The primary function of the police service is to protect life. The ambition of policing is to support the development and implementation of suicide prevention strategies by working with partners to reduce the overall level of suicide in both the population and within the force itself.

To achieve this there are several interventions in place to support internal staff wellbeing and mental health including the provision of peer support, mental health first aiders, debriefs, organisational policy, welfare plans and an employee assistance programme.

Police may see members of the public impacted by common risk factors including mental health, self-harm, trauma, adverse childhood experiences, financial difficulty, substance misuse, domestic abuse, exploitation, social isolation or victims/witnesses and suspects within the criminal justice system.

Risks as outlined above in the population may become apparent to police officers or staff through a variety of contact points, for example, responding to an incident, during an investigation, during witness care and liaison and while a suspect is in police custody. This is managed through

Careful risk assessment, regular monitoring, reviews on risk levels and referral to specialist services where applicable.

Police in Worcestershire are part of national and local information sharing agreements which supports the delivery of national and local real-time suspected suicide surveillance systems. The platforms allow the real-time input of suspected suicide data at a regional/national and local level for information sharing and shared learning. Local officers are key contributors and members of the Worcestershire Suicide Audit Group. The Worcestershire Local policing areas commit to support of the local real-time surveillance system, training on suicide prevention and trauma informed care.

### **Voluntary and Community Sector**

Worcestershire has a thriving voluntary and community sector with over 1,300 registered organisations providing a variety of support to the community. Of those 52% are more than 20 years old with lots of experience, however, the sector is constantly evolving with 17% less than five years old. Provision includes youth work, arts, heritage, business support, crisis support, advocacy, sport or physical activity, community assets, fundraising or grant giving and many more.

The Worcestershire VCSE Alliance aims to build a strong VCSE sector working together effectively to deliver excellent services aligned to need.

They work with statutory agencies to influence and give insight to help bridge the gap between voluntary and public sectors, helping to improve public services to better meet the needs of the local population.

As part of its work, the Alliance in collaboration with the Health and Care Trust are undertaking investigations into the variety of organisations across Worcestershire who provided services which support people living with a mental health condition or at risk of poor mental health. Research found over 200 organisations from across the county providing non-clinical

support to people living with poor wellbeing or mental health with an aim of improving health and wellbeing.

Within these organisations it found strong evidence of quality assurance frameworks and activity reporting, with delivery of a range of wellbeing interventions both face to face and online. Services provided include, peer support, therapeutic intervention, wellbeing, counselling, care co-ordination and crisis intervention. Despite this extensive provision, several gaps and challenges to services were highlighted including waiting lists, support for transition from children to adult based support, specialist service provision and funding. Understanding this investigative work will help to develop ways of integrating VCSE and NHS mental health pathways to reduce demand on primary mental health care, improve waiting time experience and optimise treatment.

In addition to research into mental health and wellbeing support, a community health research engagement project aims to better understand and reduce health inequalities, through widening engagement in health and care research across the region.

The [Orange Button Community Scheme](#) is freely available across Herefordshire and Worcestershire.



*People who are having thoughts of suicide or who are worried about a friend or family member can ask Orange Button wearers in their community for information and support.*

*Wearing an Orange Button is a way of showing others in your community who are having thoughts of suicide, or are worried about somebody else, that you have received suicide prevention training, can listen without judgement and can inform people of where to find help and support.*

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### ***Collective System-wide Principles and Priorities***

With thanks to and considering all the local priorities and the national strategy outlined above, the following priorities and principles for Worcestershire have been developed. The priorities and principles will be delivered through collaborative action across the county, the Suicide Prevention Partnership and the many other groups and boards which support direct and indirect activity on suicide prevention.

Our vision:

**Our collective goal is to foster good mental health and wellbeing across all communities to prevent suicide.**

**We aim to deepen our understanding of suicide, enhance data surveillance, and apply insights to prevent suicide while also supporting postvention efforts.**

To support our vision for suicide prevention, we will:

- ✓ Be champions of hope
- ✓ Work collaboratively across the Worcestershire system to tackle the barriers in access to support and improve mental health and wellbeing to prevent suicide.
- ✓ Reduce the risk of suicide and self-harm, particularly for high-risk groups.
- ✓ Reduce access to the means of suicide including monitoring and embedding prevention where suitable including communities and settings across the County.
- ✓ Raise awareness of suicide, self-harm, and ideation to encourage preventative action and tackle stigma.

- ✓ Support the media in safe reporting of suicide and suicidal behaviour.
- ✓ Work together to deliver the ambitions of the national suicide prevention strategy where relevant including action on safety plans.
- ✓ Streamline information to facilitate accessible and joined-up help-seeking, particularly for priority groups.
- ✓ Provide and signpost to appropriate help and support alongside existing mental health services.
- ✓ Improve information and support for those impacted by and bereaved by suicide.
- ✓ Use research, real-time surveillance data and data intelligence to inform local priorities and understanding of risk factors including deprivation.
- ✓ Hear the voices of those with lived experience to help inform the action plan and delivery of our priorities and ambitions.

Four **priorities** for action have been identified from system partners, local evidence, and best practice, these are:

- 1. Create a whole-system collaborative approach to improving mental health and wellbeing to prevent suicides across Worcestershire.**
- 2. Strengthen provision and accessibility of support for priority groups around mental wellbeing, suicide, and self-harm.**
- 3. Target prevention approaches to address different risk factors.**
- 4. Work across Worcestershire to deliver targeted prevention and health promotion work tailored to key local priority**



Targeting **risk factors** (priority 3) and **priority groups** (priority 4) including (but is not limited to):

Priority Groups	Risk Factors
<ul style="list-style-type: none"> <li>• children and young people</li> <li>• middle-aged men</li> <li>• people who have self-harmed</li> <li>• people in contact with mental health services</li> <li>• people in contact with the justice system</li> <li>• people with autism or neurodiversity</li> <li>• pregnant women and new mothers</li> <li>• people aged 65 and older</li> </ul>	<ul style="list-style-type: none"> <li>• physical illness</li> <li>• poor mental health</li> <li>• financial difficulty and economic adversity</li> <li>• harmful gambling</li> <li>• substance misuse</li> <li>• domestic abuse</li> <li>• social isolation and loneliness</li> <li>• Unemployment</li> <li>• Self-harm</li> <li>• deteriorating physical health conditions or disability</li> <li>• caring responsibilities</li> <li>• bereaved by suicide</li> <li>• survivors of suicide</li> </ul>

It is important to recognise that individuals may belong to one or several risk factor groups or priority categories therefore, collaborative efforts across the health and care systems, as well as within community sectors, are essential to address all aspects of care and support. Possessing any of these factors or being considered a priority does not necessarily mean an individual is at risk of suicide.

### Delivering System Priorities

These priorities will be delivered through a detailed yearly action plan outlining specific actions, outcomes and outputs required to fulfil the national and local priorities. This includes a reflection of local and specific organisation plans and progress against these. A yearly update will be reported to the Health and Wellbeing Board.

Additional methods of provision and action will be utilised to support suicide prevention in Worcestershire including: the Herefordshire and Worcestershire joint suicide prevention programme; Worcestershire real time suspected suicide surveillance system, Suicide Audit Group, Suicide Prevention Partnership and other local partnerships and relevant strategies.

Most importantly the work will be informed by experts by experience and community voices through the Prevention Partnership and other forums as well as continued engagement activities.

Tailored engagement activity will take place to support the development of the annual action plans with people with lived experience of suicide to ensure plans are coproduced and reflective of need.

### Herefordshire & Worcestershire Joint Programme

These new priorities will take advantage of the considerable progress made in Worcestershire following the implementation of the Herefordshire and Worcestershire NHSE Wave 3 national funding. This funding and resource supported the development of a real-time suspected suicide surveillance system as well as several preventative activities involving the agricultural community, workplaces and small resident groups.

To date the programme's objectives are to contribute to a reduction in suicides across Herefordshire and Worcestershire particularly in middle aged (30-65 years) men. Work on this programme has focused on:

- Removing stigma
- Improving identification of those at risk
- Creating opportunities before crisis point
- Building resilience, capacity, and wellbeing (asset approach).

A joint plan utilising continued commitment from Herefordshire and Worcestershire’s Integrated Care Board will allow the range of existing work in place across both counties to continue.

The work will continue to be informed by residents with their own experiences of suicide and by the voices of community volunteers and workers supporting people who are struggling. It will capitalise on momentum built through work so far, for example, by inviting the 49% of Orange Button wearers who identify as having some kind of lived experience around suicide to shape the future of the scheme.

The planned activities outlined in the table below will be supported by a range of partners including Herefordshire and Worcestershire Health and Care Trust, Worcestershire Acute Hospitals NHS Trust, District Councils and members of the Suicide Prevention Partnership Group alongside other voluntary and community sector organisations. Progress against these activities will be reported through the Adult Mental Health Programme Board, a sub-group of the Mental Health Collaborative.

Workstream	Activities
<a href="#">Orange Button Community Scheme</a>	Expand the scheme to maximise the number of Orange Button wearers across both counties and ensure the scheme reaches into residents experiencing key risk factors. Support Orange Button wearers to develop and access peer support and onward learning.
<a href="#">Online Suicide Prevention Resource Hub</a>	Promote the online resource hub for workplaces across both counties and seek opportunities to embed it as a resource in existing and new infrastructures. Create case studies and share feedback from workplaces to enable continual development and improvement of the site’s content.

<a href="#">Training and awareness raising</a>	Promote suicide prevention, self-harm and mental wellbeing training and upskilling opportunities widely across both counties. Facilitate funded training to be tailored and directed towards supporting key priority groups for Worcestershire.
<b>Micro-grants programme</b>	Promote the microgrants scheme to resident-led groups across both counties, support residents to access the funding and create sustainable projects to support better mental wellbeing. Ensure equitable reach across communities.
<b>Suicide prevention campaigning and community engagement</b>	Promote and tailor the <a href="#">Now We’re Talking Acting Together to Prevent Suicide campaign</a> resources online and within communities to challenge stigma and raise awareness of available support. Promote and participate in relevant national campaign work and support messages of hope and safe reporting in local media. Create bespoke campaigns informed by local real time surveillance to support prevention initiatives as needed.
<b>Bereavement support</b>	Raise awareness of available support around bereavement and bereavement by suicide. Ensure clear pathways are available within communities to access help and support.

### Worcestershire real time suspected suicide surveillance (RTSSS) system

A police-lead RTSSS system has been collecting data since September 2022 on all suspected suicide deaths in Worcestershire (18+). Learning was taken from existing systems around England to best implement the system locally and uses information sharing agreements with its members to maintain confidentiality and build narrative understanding from multiple agencies. The system records all suspected suicides and works alongside the existing statutory processes of the Child Death Overview Panel (CDOP), Drug and Alcohol Related Deaths (DARD) and Domestic Abuse Related Deaths (DARD). As well as working alongside the ICB in the LeDeR

review process and serious incident reviews. The RTSS does not replace these existing and statutory death reviews and processes.

The aim of the RTSSS is to seek to reduce deaths by suicide in Worcestershire and collaborate to identify patterns and opportunities to intervene. Having Real Time Surveillance allows for:

- sharing information in a timely manner (postvention)
- implementing an early alert system around any emerging patterns and concerns
- responses to potential suicides or contagion
- enabling those affected and bereaved by suspected suicide to receive support in a timely manner.
- collating and identifying thematic trends and sharing them with system partners.

A Suicide Audit Group (SAG) has been set up to monitor and oversee the RTSSS system. This group meets bi-monthly to review and where possible, make recommendations in collaboration with a range of partners aimed at reducing the number of deaths due to suicides in Worcestershire. This group reports and shares applicable findings to the Mental Health Collaborative, ICB Mortality Group and Suicide Prevention Partnership for further action or discussion.

The feedback and intelligence gathered through the RTSSS system and SAG will be collated and used to inform the delivery of the action plan and the future development of subsequent plans.

### **Suicide Prevention Partnership**

The Worcestershire Suicide Prevention Partnership is the multi-agency group working to prevent and reduce suicide and self-harm across the county. It has representatives from across the Worcestershire Health and Care system including voluntary and community sector organisations, NHS colleagues, District Council representatives, University of Worcester

representatives and more. It enables collaboration amongst all members of the wider network of agencies and individuals, including those with lived experience or who have been bereaved by suicide to contribute to the aims and objectives of the Worcestershire Suicide Prevention Approach.

The action plan will sit within the Prevention Partnership and will be regularly reviewed, delivered, and monitored by the group. To support delivery against the actions deep dive sessions and reviews will take place to increase knowledge, skills, and awareness in the sector.

The aim of the partnership is to:

- To review and update the Priorities and Action Plan as appropriate.
- To lead and champion the efforts of the Worcestershire Suicide Prevention Partnership and provide members with up-to-date information, tools, and skills to do so.
- To share local insights, learning and ongoing work from across the county and local opportunities of support
- To review and consider local feedback and learning to identify opportunities to improve mental wellbeing and reduce suicide.

The partnership will work with several organisations, boards, and groups to deliver the priorities and action plans. This will involve other relevant strategies and groups where risk of self-harm or suicide are discussed, including (but not limited to):

- Joint Local Health and Wellbeing Strategy
- Mental Health Collaborative
- Mental Health Adult Programme Board
- Mental Health Partnership Board
- Learning Disability and Autism Partnership Board

- Integrated Care System Developing Services for Autistic People Programme Board
- Learning into action group (LeDeR)
- Worcestershire Substance Misuse Oversight Group
- Mortality Group at Worcestershire Health and Care NHS Trust
- Worcestershire Armed Forces Covenant Partnership
- Worcestershire Domestic Abuse Partnership Board
- Social Isolation and Loneliness Partnership Group
- West Mercia Suicide Prevention in Probation Group
- District-based Partnerships e.g., Safer Redditch, Wyre Forest Suicide Prevention Group
- District Collaboratives and Partnerships
- Children and Young People’s Strategic Partnership
- Worcestershire Emotional health and wellbeing sub-group
- Best Start in Life sub-group
- All Age Carers Strategy
- Worcestershire Homeless and Rough Sleeping Strategy 2022-2025
- County Homeless and Rough Sleeping Group
- All-age Autism Strategy Herefordshire & Worcestershire
- Adults Prevention and Early Intervention Strategy 2023-2028

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### Future Recommendations

To continue to enhance the knowledge and understanding of suicide in Worcestershire and in line with the national strategy we propose several areas for further investigation and incorporation into annual action plans where appropriate. These include but are not limited to:

- Improve data recording and identification of risk factors particularly at local level.

- Further research and investigation into attempt activity particularly in priority groups (e.g. men and homeless community)
- Identify options for monitoring and improving understanding of self-harm activity within the county.
- Encourage safety planning in communities and clinical settings to help residents stay well and prevent and support crisis activity.
- Further research into the impact of flooding and climate change on mental health and suicide ideation and suicide.
- Increase local understanding and implementation of national research on high-risk groups identified in the national strategy e.g. pregnant women and new mothers, LGBTQ groups, children, and young people and those in contact with mental health services.

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### Evaluation, Monitoring and Engagement

This approach sets out our overall aims and objectives in relation to suicide prevention over the next 4 years. It will be underpinned by a multi-agency yearly action plan detailing how these are going to be achieved.

The action plan(s) will incorporate the local and stakeholder commitments shared in this approach and will be developed with the Suicide Prevention Partnership Group and other relevant groups, boards, and organisations. It will be renewed yearly and will be monitored quarterly. Yearly updates on the suicide prevention programme of work will be reported to the Health and Wellbeing Board on an annual basis.

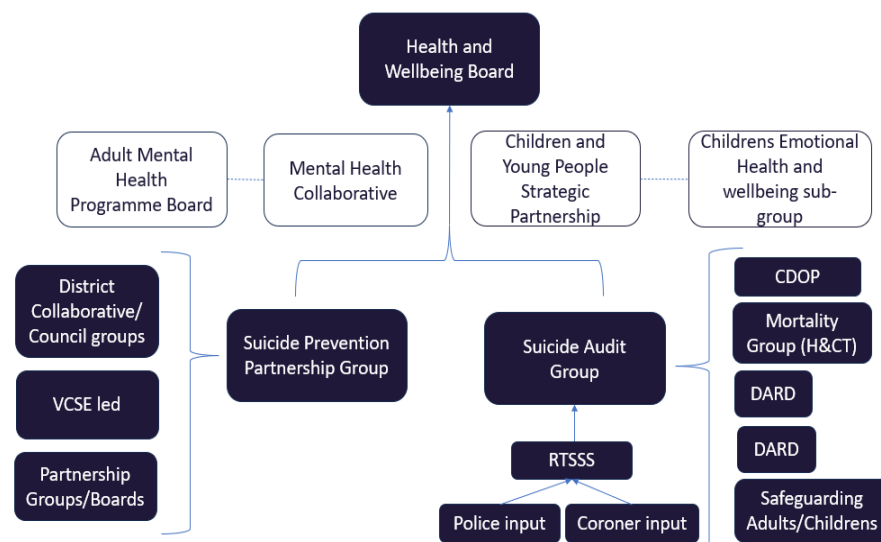
Data and intelligence will be gathered to monitor rates of suicide in Worcestershire through the RTSSS and Office of National Statistics working alongside the local Coroner.

Insight and community intelligence will be sourced in collaboration with local partnerships, experts by experience and the voluntary and community sector.

## Reporting & Governance

The Suicide Prevention Partnership and Audit Group will jointly report progress against the action plan and opportunities for collaborative action. This will take place throughout the year to the Mental Health Collaborative and other relevant boards groups. An annual summary will be reported to the Health and Wellbeing Board on suicide data and progress against the action plan within Worcestershire. This reporting is outlined below:

Figure: Governance & Reporting Structure, Suicide Prevention Action Plan



## Abbreviation Key:

CDOP – Child Death Overview Panel

DARD – Drug and Alcohol Related Death review

DARD – Domestic Abuse Related Death review

RTSS – Real Time Suspected Suicide Surveillance

VCSE – Voluntary and Community Social Enterprise

H&CT- Health and Care NHS Trust

## Words Matter

The topic of suicide should be approached with care and compassion. Whether we are engaging in a dialogue, talking to someone with lived experience or writing about the issue in a professional setting, being mindful of our language is not just about being politically correct. It's about saving lives. As our knowledge and understanding of suicide evolves, the way we talk about it must evolve as well.

## Avoid:

- Anything that reinforces stereotypes, prejudice, or discrimination against people with mental illness or suicidal ideation.
- Anything that refers to or defines people by their diagnosis.

## Do:

- We know that talking to someone about suicide won't cause or increase suicidal thoughts or cause the person to act on them. It can help them feel less isolated and scared.
- Be hopeful.
- People can and do get better. Encourage people to seek help.

We encourage the use of the following terms when discussing suicide or mental health:

- died by suicide / death by suicide.
- lost their life to suicide.
- survived a suicide attempt.
- has experienced suicidal thoughts.
- is facing suicide / is thinking of suicide.
- they have [*mental illness*] / are living with [*mental illness*]

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## Glossary of Terms

**Contagion** -A phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person’s suicidal acts.

**Domestic Abuse** - any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members

regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional.

**Herefordshire & Worcestershire Health and Care Trust** - Provide a range of physical and mental health services to patients across Herefordshire and Worcestershire, from community hospitals, mental health recovery units and within patient’s homes. The lead provider of mental health and learning disability services across Herefordshire and Worcestershire supporting children, adults, and older people.

**Herefordshire & Worcestershire Integrated Care Board** - NHS Herefordshire and Worcestershire Integrated Care Board (ICB) took over from NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG) on 1 July 2022. It is part of the [Herefordshire and Worcestershire Integrated Care System](#) (ICS) and is responsible for improving health outcomes for our local population, reducing health inequalities, and supporting broader social and economic development.

**Joint Strategic Needs Assessment (JSNA)** - An annual statutory report that provides a summary of the latest public health data and information for Worcestershire, it also identifies emerging issues for the county.

**LeDeR** – Learning Disability Mortality Review is a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities. It looks at key episodes of health and social care the person received that may have been relevant to their overall health outcomes.

**Mental disorder/illness** - A diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with

an individual's cognitive, emotional or social abilities; often used interchangeably with mental illness.

**Mental Health** - is a state of wellbeing in which the individual realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community. (World Health Organisation)

**Methods** - Actions or techniques which result in an individual inflicting self-harm.

**Prevention** - A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviours.

**Postvention** - is an intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals, and peers).

**Protective Factors**- Factors that make it less likely that individuals will develop a disorder. Protective factors may encompass biological, psychological or social factors in the individual, family and environment.

**Real Time Suspected Suicide Surveillance (RTSS)** - Real Time Surveillance is the umbrella term for a system of Real Time Data. Real Time Surveillance can refer to either the collection of anonymous data from those who have died by suicide across a locality, and real time referral – the collection of (usually) a single person or family's data for referral into a suicide liaison service, with the consent of the family. Both of these forms of RTD are vital to effective proactive suicide bereavement services.

**Suicide** - the act of intentionally causing one's own death.

**Suicide Attempt/Suicidal Act** - A potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself. A suicide attempt may or may not result in injuries.

**Self-Harm** - is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences.

**Suicidal Ideation** - Suicidal ideation, or suicidal thoughts, is the thought process of having ideas or thoughts about the possibility of taking one's own life. Suicidal ideation is when you think about killing yourself. The thoughts might or might not include a plan to die by suicide.

[Worcestershire Acute Hospitals NHS Trust](#) - provides hospital-based services from three main sites – the Alexandra Hospital in Redditch, Kidderminster Hospital and Treatment Centre, and Worcestershire Royal Hospital in Worcester – as well as some community-based services.

[Worcestershire Voluntary, Community and Social Enterprise \(VCSE\) Alliance](#) – Representatives of the voluntary and community sector organisations which works with statutory agencies using their influence and insights to bridge the gap that exists between voluntary and public sectors, helping to improve public services to better meet the needs of the local population.



### ***Help & Support***

Call NHS 111 and choose 'option 2' for urgent mental health support, or visit [NHS 111](#)

Worcestershire has specific support for people bereaved by or affected by suicide. Phone: Monday to Friday 9:00am to 9:00pm: 01905 947933 email: [worcs.bbs@victimsupport.org.uk](mailto:worcs.bbs@victimsupport.org.uk)

Suicide Prevention Alliance have produced [Help is at Hand](#) for people bereaved by suicide or other sudden, traumatic death.

[Firsthand](#) is a new resource to support and advise people who are impacted by the suicide of someone they don't know.

Make a [safety plan](#) to keep yourself or others safe.

*With thanks and appreciation to the kindness and dedication of many stakeholders, partners, front line staff, community organisations, volunteers and individuals who have contributed to the creation of this approach and the delivery of suicide prevention across Worcestershire.*