

Hold the hope

**Preventing Suicide in
Kingston: A multi-agency
strategy 2024-29**

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1. Foreword

To follow

2. Introduction

Why we need a new strategy

Kingston's Suicide Prevention strategy was published in 2016 and progress has been made in implementing many of the priorities and actions that were set out as described in the report that went to the Health Overview Panel in July 2022¹. However, the Covid-19 pandemic meant that some areas of the strategy were not completed. More details on progress so far and areas for development are provided under the relevant sections in this strategy. There was a commitment for all local authorities to have Multi-agency Suicide Prevention Plans in the Cross-Government Suicide Prevention Workplan 2019².

There have also been many changes since our first strategy including, among other things, the Covid pandemic and impact of lockdown on the mental health of all residents, particularly children, and more recently the cost of living crisis. The strategy is part of wider work to promote mental health and prevent mental illness which was reviewed as part of Kingston's Better Mental Health Joint Strategic Needs Assessment 2022³. It supports the commitment in the Council plan⁴ to work with partners to ensure the borough is fairer and safer and that residents start well, live well and age well. A number of other local strategies that support suicide prevention are referred to in relevant sections of this report.

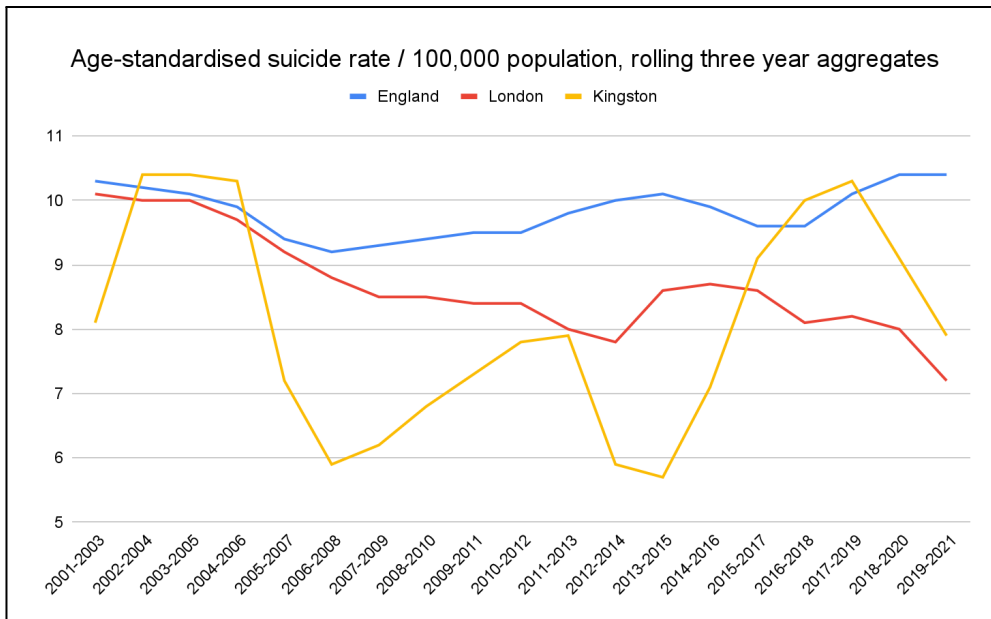
An audit was undertaken of suicides that took place in Kingston since using data from the Primary Care Mortality Data (PCMD), between January 1, 2018 and December 31, 2021 inclusive, and suspected suicides from the Thrive London Suicide Surveillance Database from October 2021 to September 2023. The following graphs show some of the findings from the audit.

¹ <https://moderngov.kingston.gov.uk/ie/ListDocuments.aspx?CId=233&MIId=9536&Ver=4> Health Overview and Scrutiny Panel - Thursday 7 July 2022 7:30 pm

² <https://www.gov.uk/government/publications/suicide-prevention-cross-government-plan> Suicide prevention: cross-government plan 2019 now withdrawn

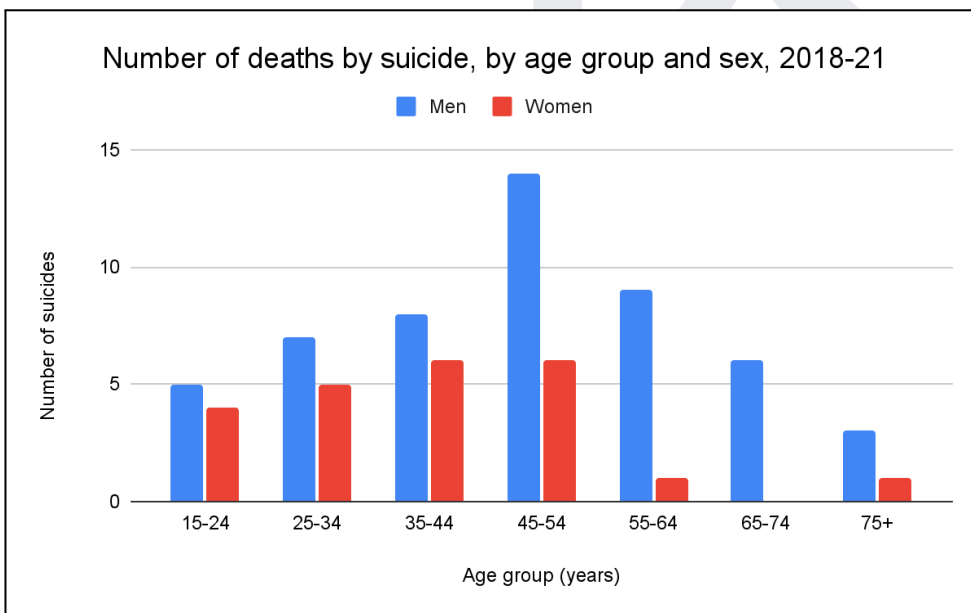
³ <https://data.kingston.gov.uk/wp-content/uploads/2023/09/Kingstons-Better-Mental-Health-Joint-Strategic-Needs-Assessment-2022-Summary-Report.pdf> Kingston's Better Mental Health Joint Strategic Needs Assessment 2022

⁴ <https://www.kingston.gov.uk/policies-statements/council-plan/5> The Council Plan 2023 - 2027



Source: ONS Suicides in England and Wales by local authority September 2022⁵

There are around ten suicides a year in Kingston. Kingston’s suicide rate fluctuates more, as absolute numbers are low. The latest data shows 36 deaths by suicide in the borough across 2019-2021, at a rate of 7.9 / 100,000 residents, which is similar to the London figure of 7.2 / 100,000 and lower than the England figure of 10.4/ 100,000⁶.



Source: the NHS Primary Care Mortality Database⁷

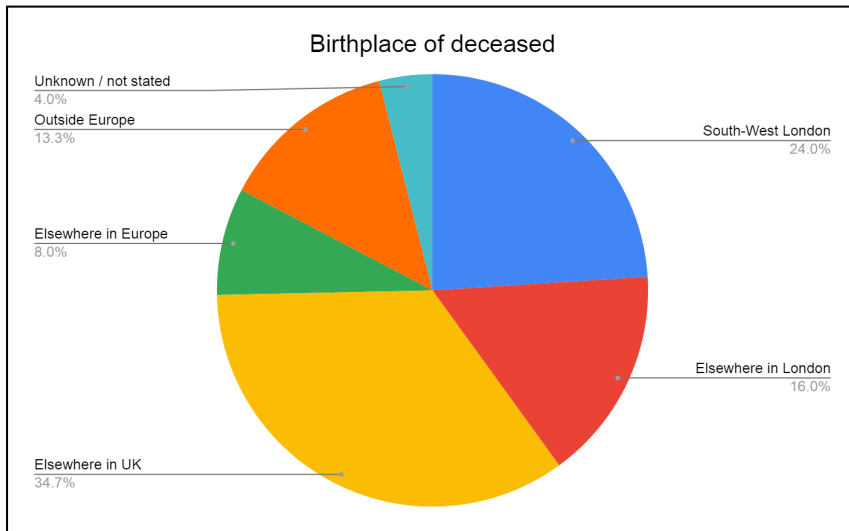
Men make up the majority of suicides in line with national figures. The age profile of male and female deaths by suicide differs markedly, with an older age profile amongst men. In women, 90% of suicides were in people aged under 55. For men, 65% were aged under 55.

⁵

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority/>

⁶ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/1> OHID Suicide Prevention profile

⁷ <https://digital.nhs.uk/services/primary-care-mortality-database>



Source: the NHS Primary Care Mortality Database⁸

As ethnicity is not recorded in the Primary Care Mortality Data (PCMD), place of birth was used as an approximation. National data indicates that estimated rates of suicide were highest in White and Mixed ethnic groups⁹. 68.3% of Kingston residents are White and 5.4% are from Mixed or multiple ethnic groups (Source: ONS, Census 2021)¹⁰.

Comparison with the previous audit

When considering the 75 deaths by suicide identified from the scoping exercise, a summary comparison to the previous audits can be seen below:

Measure	2018-21	2015-17	2010-14 *
Number of deaths by suicide per year	18.8	16.7	12.3
Proportion of deaths by suicide involving Kingston residents	71%	85%	82%
Proportion of male suicides	69%	72%	66%
Median age at time of death	46	45	50

* Adjusted to use the same methodology as in the 2015-17 and 2018-21 audits

The main differences of the 2018-21 audit results compared to those of previous years are that the number of deaths recorded per year has increased, and the proportion of suicides involving Kingston residents has decreased. These two factors are somewhat related - the rise in suicides in the borough is being largely driven by non-residents dying by suicide in Kingston. For example if we count only residents of Kingston, then the number of deaths per year in 2018-21 would be lower than those in 2015-17.

Little change can be seen in the age and sex makeup of people dying by suicide over the years.

⁸ <https://digital.nhs.uk/services/primary-care-mortality-database>

⁹ Sociodemographic inequalities in suicides in England and Wales: 2011 to 2021. ONS March 2023

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/sociodemographicinequalitiesinsuicidesinenglandandwales/2011to2021>

¹⁰ <https://data.kingston.gov.uk/population/#/view-report/63aeddf1d7fc44b8b4dffcd868e84eac/E09000021/G3>

Population Report for Kingston upon Thames Kingston Data

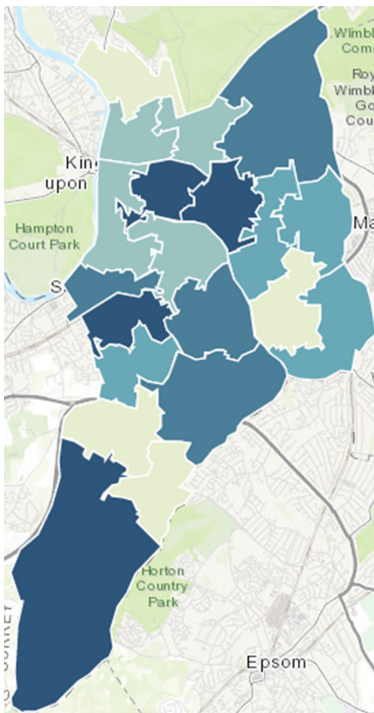
Suicide attempts

It is impossible to obtain true, accurate data on attempted suicides and it is difficult to determine whether an act of deliberate self-harm was truly an attempt at suicide or not. Some attempts will be reported to the police, or ambulance service, with others will result in A&E attendance or in-patient hospitalisation. Even so, it is difficult to determine whether an act of deliberate self-harm was truly an attempt at suicide or not. The police do not collect data on suicide attempts and there is no specific London Ambulance Service data on suicides or attempts. SWL&StG Mental health trust recorded 10 attempts by patients who were Kingston residents from April 2018 to March 2022.

Self harm

Whilst for many people self-harm is a coping mechanism and not a suicide attempt, we know that self-harm is associated with a significant risk of subsequent suicide. The NCISH 2022 report found that the majority of [suicide] patients who died had a history of self harm (67%)¹¹. The rate and number of emergency admissions for self-harm in Kingston in residents over 14 years appear to have increased significantly since 2018-19, however this may be because, Kingston Hospital, unlike other hospitals, recorded attendances from self-harm at the mental health assessment unit (MHAU) as inpatients rather than outpatients. Further analysis found that:

- The majority were women (70%), which is similar to the 65% seen nationally.
- The 19-28 age group had the largest number of admissions overall.
- 93% had an ethnicity recorded, with 76% of people recorded as white



Source - NHS Hospital Episode Statistics¹²

The map above shows MSOA (Middle Layer Super Output Area) rates of self-harm attendees of all ages for 2017-18 to 2020-21, with darker colours having a higher rate of self-harm A&E attendance. The areas with a higher rate of A&E attendance seemed to correlate with areas of higher deprivation in Kingston

¹¹ The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2009-2019, and real time surveillance data. 2022. University of Manchester.

<https://sites.manchester.ac.uk/ncish/reports/annual-report-2022/>

¹² <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics>

(Norbiton, Chessington South and Surbiton South).

More data on self harm are provided under priority area 2.

Risk factors

Whilst suicides did not increase during the Covid 19 pandemic a number of the risk factors for suicide did, in particular financial difficulties and alcohol misuse and self-harm in children and young people. Some of the people most affected by the COVID-19 pandemic – young people, ethnic minorities, people who live alone – have also been a concern in suicide prevention¹³. Other data and findings on risk factors from the audit are provided in the relevant sections of this strategy.

Regional and national context

Since the last strategy there has been an increase in regional work tackling suicide and the South West London (SWL) Suicide Prevention Steering Group, led by SWL ICB, has provided an opportunity for RBK to work with other local authorities to achieve economies of scale and maximise resources.

NHS funding has also enabled work to be developed in some of Kingston's priority areas, in particular providing support for families bereaved by suicide, and suicide prevention targeted at middle aged men.

The SWL Integrated Care Board (ICB) Joint Forward Plan (2023-2028)¹⁴ includes an action to reduce suicide and self-harm rates and plans to work with partners to further develop a co-ordinated approach to suicide prevention. There is also wider work being developed across South West London to prevent mental illness and provide early support for recovery as part of the SWL ICB All Age Mental Health strategy¹⁵.

South West London & St George's Mental Health NHS Trust (SWLSG) Suicide Prevention Strategy 2021 - 2024 is focused on reducing the risk of suicide in those individuals known to SWLSG services¹⁶. Two conferences have been held to support joint work across SWL on suicide prevention, most recently in May 2023.

Thrive London coordinates public mental health activities across the region including suicide prevention. In 2019, the Mayor of London launched a city-wide campaign for Londoners to complete Zero Suicide Alliance free suicide awareness training and launched the Real-Time Surveillance System to provide secure information to local authorities on suspected suicides in addition to monitoring regional trends.

Emerging national evidence has also meant that there is a better understanding of groups at risk

¹³ <https://sites.manchester.ac.uk/ncish/reports/annual-report-2021-england-northern-ireland-scotland-and-wales/> The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: England, Northern Ireland, Scotland and Wales. 2021. University of Manchester

¹⁴ <https://www.southwestlondon.icb.nhs.uk/publications/joint-forward-plan/> Our five-year plan for the NHS in South West London A joint forward plan 2023 – 2028 July 2023

¹⁵ <https://www.southwestlondon.icb.nhs.uk/publications/our-mental-health-strategy/> Our Mental Health Strategy: For everyone who lives, works or studies in South West London June 2023

¹⁶ <https://www.swlstg.nhs.uk/publications/corporate-documents/strategies/1045-2021-2024-suicide-prevention-strategy-final-qsac-ratified-dec-21/file> SWL&StG Mental Health trust Suicide Prevention Strategy 2021 - 2024

of suicide¹⁷ as well as best practice in suicide prevention^{18,19}. Most recently the new National Strategy (2023-2028)²⁰ was launched on 11th September 2023.

Ambition and vision for the next 5 years

This multi-agency strategy sets out our ambitions for suicide prevention over the next 5 years. An annual action will be produced based on these ambitions which will provide more detail about the steps we will collectively take to achieve them. This will include action by the Council, Health and Social Care, Schools, Colleges, Universities, Workplaces, the Community and Voluntary sector and Emergency Services.

However, this strategy and action plan are not the limits of suicide prevention – suicide prevention is everyone’s business. We call on everyone to consider this strategy, the groups identified and the risk factors set out to truly consider and bring forward action to ensure that the preventable is prevented, and that families and communities do not suffer the devastating impact that suicide brings.

Principles

In line with the national strategy we will consider and incorporate the following principles in the design and delivery of interventions, services, resources and activities to prevent suicides in Kingston. We have also added, under principle 5 the importance of the insights of ‘those who have supported people who are suicidal’. These are:

1. Suicide is everybody’s business. Everyone should feel they have the confidence and skills to play their part in preventing suicides – not just those who work in mental health and/or suicide prevention directly – and take action to prevent suicides within and outside of health settings
2. Mental health is as important as physical health. We must reduce stigma surrounding suicide and mental health, so people feel able to seek help – including through the routes that work best for them. This includes raising awareness that no suicide is inevitable
3. Nobody should be left out of suicide prevention efforts. This includes being responsive to the needs of marginalised communities, addressing inequalities in access to effective interventions to prevent suicides. It also requires listening to individuals and being responsive to their needs
4. Early intervention is vital. In addition to providing support to those experiencing crisis and/or suicidal thoughts or feelings, action needs to be taken to stop people reaching this point
5. Voices, perspectives and insights of people with personal experience should inform the planning, design and decisions at all levels of suicide prevention activity. This includes people with experience of feeling suicidal, those who have made previous suicide attempts, those who have supported people who are suicidal, and people who are bereaved by suicide
6. Strong collaboration, with clarity of roles, is essential. Suicide prevention is the responsibility of multiple government departments, as well as wider public, private and VCSE sector organisations
7. Timely, high-quality evidence is fundamental. Practice and policy should be informed by high-quality data and research, and be responsive to trends and emerging evidence. This includes harnessing digital technology and data advancements to provide earlier interventions and wider access to support

¹⁷ <https://sites.manchester.ac.uk/ncish/reports/>

¹⁸ Local suicide prevention planning in England an independent progress report, May 2019, Samaritans <https://www.samaritans.org/about-samaritans/research-policy/national-local-suicide-prevention-strategies/>

¹⁹ Local suicide prevention planning National Suicide Prevention Alliance Supported by PHE A practice resource <https://nspa.org.uk/wp-content/uploads/2021/04/Local-suicide-prevention-planning-a-practice-resource.pdf>

²⁰ <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy#priority-areas-for-action>

Priority areas for action

The eight priorities of this strategy largely reflect the national strategy and align with our findings from the suicide audit and stakeholder engagement. More detail on the process to develop this strategy is provided in appendix 1:

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 harm, 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.

Accountability

It is imperative that we are accountable for the delivery of these actions to ensure progress is made against the ambitions set. This strategy will be overseen by Kingston's Multi Agency Suicide Prevention steering group. This group is led and co-ordinated by the Council's Public Health team and includes representatives from across Health and Social Care, Education, Employment, the Community and Voluntary sector, representing a number of priority groups, and Emergency Services²¹, as well as the Portfolio Holder for Adult Social Care and Public Health and the Councillor mental health champions. It also includes colleagues from SWL ICB to ensure our work is co-ordinated with regional suicide prevention programmes.

The Sector Led Improvement – Suicide Prevention Support recommended that more be done to:

- Ensure an embedded approach to Suicide Prevention within each partner organisation
- Better engage service users and others with lived experience
- Maximise the potential of engagement with VCS providers

These recommendations have informed the development of this strategy and will continue to inform the work of the steering group as they work together to produce an annual action plan to support the implementation of the strategy and monitor its impact. They will also:

1. Identify and source funding to support local work in priority areas
2. Provide leadership and support for suicide prevention in their organisations
3. Ensure suicide prevention is included in all relevant strategies and services

An annual update report will be provided for the Kingston Partnership Board and shared with other local committees to support visibility and interagency working to deliver strategy priorities including:

- Kingston Adult Safeguarding Board
- Kingston and Richmond Safeguarding Children Partnership(KRSCP)

²¹ www.nice.org.uk/guidance/ng105 Preventing suicide in community and custodial settings, published in 2018 National Institute for Health and Clinical Excellence

- Kingston Mental Health and Wellbeing Steering group
- Kingston and Richmond Children and Young People's Mental Health and Wellbeing Group.
- Safer Kingston partnership
- Strategic Partnership for Alcohol and Drugs
- SWL ICB Suicide Prevention steering group
- The Kingston Place Partnership Committee

draft

4. The strategy

PRIORITY AREA 1: Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.

Timely and high-quality data, evidence and intelligence allows for better understanding of the drivers of suicide and self-harm, the development of more effective interventions, and more rapid responses to prevent suicides. It is an essential part of suicide prevention both to understand what has worked in preventing suicides and where to direct future efforts.

The need for more comprehensive research on, and better understanding of, suicide rates in particular groups, has been noted nationally. These include

- occupational groups
- autistic people
- people affected by domestic abuse
- people experiencing harmful gambling
- ethnic minority groups including people who are Gypsy, Roma or Travellers
- refugees and asylum seekers
- people who are Lesbian Gay and Bisexual
- people who are Transgender

The views and experiences of people affected by suicide is also essential for understanding trends, and the potential impacts and suitability of actions and solutions.

Priority context and its importance in Kingston

The Thrive London Real-Time Surveillance System (RTSS) is a multi-agency information sharing hub which provides real-time data on suspected suicides which has been used to inform this strategy and will continue to be used to monitor trends and inform action. We have yet to develop a process for responding to notifications from Thrive London's hub to find out more about the circumstances.

Kingston's public health team is also part of the SW London Suicide Prevention Work Group which has set up a surveillance group to monitor suicides in South West London.

Whilst there has been some monitoring of individual initiatives this is not comprehensive and there is currently not a set of outcomes to monitor the impact of the strategy.

Whilst the audit provided some very useful data on a number of areas there were gaps, these included:

- Ethnicity is not recorded in the PCMD
- Thrive LDN Real Time Surveillance System data for Kingston on specific ethnicity, religion, sexual orientation, marital status, children and occupation was incomplete
- There is a lack of data on diagnoses of mental illness of those people who were SWL&StG Mental health trust patients.

Kingston's Suicide prevention steering group were recruited on the basis of their professional capacity

roles rather than personal experience.

Our aims:

1. Improve the collection and co-ordination of data on suicides, attempted suicides and self harm and the monitoring of trends and patterns.
2. Improve the collection of data on outcomes to help monitor the impact of the strategy and individual initiatives
3. Improve the intelligence gathering from local partners to better understand the circumstance around suspected suicides and suicide attempts to ensure all lessons are learnt.
4. Further develop the involvement of people with lived experience in the implementation and review of the strategy.
5. Monitor national research to ensure our local plan is informed by best practice for different groups.

Resources/supporting partners/linked strategies

- RBK Public Health
- RBK Data and Insight
- West London Coroner department
- SW London ICB
- KRSCB Local Learning Review Subgroup
- Forthcoming SWL & StG MH trust Suicide prevention strategy
- SWL&StG NHS Mental health trust Lived Experience Network

Priority Area 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.

Based on evidence and data (including numbers, rates and trends), stakeholder engagement and expert views, the national strategy has identified the following groups for consideration for tailored or targeted action. Some of these groups have higher suicide rates than the general population e.g. people in contact with mental health services. Others are of concern because rates have increased in recent years despite being low overall, such as children and young people:

- children and young people
- middle-aged men
- people who have self-harmed
- people in contact with mental health services
- people in contact with the justice system
- autistic people
- pregnant women and new mothers

Priority context and its importance in Kingston

Kingston's data and stakeholder engagement supports prioritising all of these groups. In addition the local data supports broadening the priority of pregnant women and new mothers to include women at times of identified risk.

Children and young people

While the suicide rate in under-20s is relatively low compared with older age groups, rates across all age groups under 25 have been increasing over the last decade in England and this increase is particularly apparent among females under 25²². The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 2017 report on the factors related to suicide by children and young people aged 10-19 years²³ found ten common themes:

- family factors such as mental illness
- abuse and neglect
- bereavement and experience of suicide
- bullying
- suicide-related internet use
- academic pressures, especially related to exams
- social isolation or withdrawal (Tackling loneliness in young people is covered in Priority 3)
- physical health conditions that may have social impact
- alcohol and illicit drugs
- mental ill health, self-harm and suicidal ideas

²²<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations> Suicides in England and Wales: 2021 registrations Office for National Statistics

²³ 2017 Mental Health of Children and Young People Survey, NHS Digital, published Nov 2018
<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

The Samaritans 2019 report on 'Loneliness, suicide and young people'²⁴ recommends:

- Take a public health approach when commissioning services for young people, that includes social prescribing.
- Funding should be distributed across services that benefit young people's wellbeing, increase their social connections and build on existing voluntary services and community capacity.

In its 2021 report NCISH recommends that suicide prevention in young people should focus on access to services, with services ensuring they have the skills to address multiple co-existing difficulties, preventing and responding to self-harm, and specific diagnoses such as autism and eating disorders²⁵.

Priority context and its importance in Kingston

It is estimated that 11.2% of 5 to 17 year olds have mental health disorders (2017)²⁶. Based on these estimates, Kingston has 3,257 children aged 5-17 with mental health difficulties. Kingston's Better Mental Health Joint Strategic Needs Assessment 2022²⁷ makes a number of recommendations related to young people at higher risk of suicide. A number of these are being taken forward as part of the Joint Forward plan 2023 – 2028 including:

- Co-produce and promote peer-led services that support their mental health and reduce involvement in self-harm and risk-taking behaviours, such as substance misuse.
- Implement preventative programmes that increase safety and emotional wellbeing and reduce serious youth violence and exploitation.
- Provide advice and support to parents and carers at all developmental stages to build their confidence in caring for their child and supporting their mental health and emotional wellbeing.
- Provide additional support for those supporting looked after children, to build their confidence in supporting the children and young people's mental health and emotional wellbeing
- Strengthen the early identification and assessment of young carers to ensure their mental health and wellbeing needs are met and supported²⁸.

In Kingston's audit, of those where occupation is listed, the most common occupation recorded was 'student' which is 11% of the overall suicides.

Kingston iCope worked with Kingston University in 2018 to create a 'Students Pathway' to help students to access iCope services. Local stakeholders have noticed an increase in the complexity of mental health issues as well as levels of self harm and suicidal ideation in schools, the college and the University. Concern has been raised both about long waiting lists for services and a lack of coordination of support.

²⁴ media.samaritans.org/documents/loneliness-suicide-young-people-jan-2019.pdf Loneliness, suicide and young people Samaritans 2019

²⁵ The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2009-2019, and real time surveillance data. 2022. University of Manchester.

<https://sites.manchester.ac.uk/ncish/reports/annual-report-2022/>

²⁶ <https://fingertips.phe.org.uk/search/Estimated%20number%20of%20children%20and%20young%20people%20with%20mental%20disorders%20%20aged%205%20to%2017#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000021/iid/93587/age/221/sex/4> OHID data on Estimated number of children and young people with mental disorders – aged 5 to 17

²⁷ <https://data.kingston.gov.uk/wp-content/uploads/2023/09/Kingstons-Better-Mental-Health-Joint-Strategic-Needs-Assessment-2022-Summary-Report.pdf> Kingston's Better Mental Health Joint Strategic Needs Assessment 2022

²⁸ Our five-year plan for the NHS in South West London A joint forward plan 2023 – 2028

https://www.southwestlondon.icb.nhs.uk/wp-content/uploads/2023/07/SWLICBJFP_June2023Final.pdf

Our aims:

1. Improve access to mental health support and advice, including peer support, by children and young people, and their parents and carers, in particular those experiencing risk factors for suicide including those transitioning from children to adult services.
2. Further develop services that benefit young people's wellbeing, including social prescribing and peer support, in particular those experiencing risk factors for suicide including those transitioning from children to adult services.
3. Build on progress to improve mental health support and suicide prevention activity within schools, colleges and universities.
4. Further develop a collaborative approach between local services, including the voluntary and community sector to better support the needs of children and young people, and their parents and families.
5. Improve information and advice available to parents/carers, primary care and community services about signs to be concerned about and support for children and young people, including those who disengage with mental health services. This should include access to local crisis helplines and national resources.

Middle-aged men

National research shows that socioeconomic disadvantage is strongly associated with suicide among this demographic²⁹. Family or relationship problems, and social isolation and loneliness are also factors that are common in men who died by suicide.

Given the fact that two thirds of men had been in contact with frontline agencies or services in the 3 months before their death, in particular primary care services (43%) the national strategy has highlighted the importance of ensuring that there is appropriate support and signposting for suicide prevention from services men commonly interact with, especially primary care, as well as places where people may seek support for risk factors that have been linked to male suicide. The Samaritans 2020 report 'Out of Sight out of Mind' identifies various points in men's lives where support could have been offered rather than waiting until they reached crisis point and the lack of holistic support so that opportunities to identify mental health issues were missed³⁰. This report also outlines best practice in engaging with men.

Priority context and its importance in Kingston

69% of suicides in Kingston were by men. Those aged 45 - 54 had the highest rate and 55-64 the second highest which overlaps with the national priority group of middle aged men (aged 40-54).

Local stakeholders were also keen to improve awareness of support for men by those working in frontline services they used. They also highlighted the need to improve support for younger men to prevent problems in the future.

Kingston has a number of initiatives in place for men including a Kingston College project for young men, the KCN men's group and training local barbers to create spaces where men can open up and be signposted to support³¹. Some of the risk factors with strong links to male suicide are covered in priority 3.

Our aims:

²⁹ The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), (2021). Suicide by middle-aged men. <https://sites.manchester.ac.uk/ncish/reports/suicide-by-middle-aged-men/>

³⁰ https://media.samaritans.org/documents/Samaritans_-_out_of_sight_out_of_mind_2020.pdf Out of sight, out of mind: Why less-well off, middle-aged men don't get the support they need The Samaritans, April 2020

³¹ <https://www.thelionsbarbercollective.com/> The Lions Barber Collective

- Further develop initiatives to support men based on best practice including opportunities for men to support other men going through similar experiences
- Ensure there is appropriate support and signposting for suicide prevention in places where men go
- Ensure opportunities to identify mental health issues are in place in all services supporting men and boys, and support is provided, as soon as possible
- Review the effectiveness of the approaches we use to engage with men and adapt as necessary.

People who have self-harmed

We know that self-harm is associated with a significant risk of subsequent suicide and risk of suicide is particularly increased in those repeating self-harm and in those who have used violent/dangerous methods of self-harm. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) developed the 'Toolkit for Self harm' from the NICE Quality Standard for Self-Harm³². They recommend that local providers review their services against this toolkit annually.

The Samaritans 2020 report on self-harm 'Pushed from pillar to post' recommends group activities which foster connection, peer support, self-care apps and engaging people with lived experience in the development of services to ensure their effectiveness³³.

Priority context and its importance in Kingston

The rate and number of emergency admissions for self-harm in Kingston in residents over 14 years appear to have increased significantly since 2018-19, however this may be because, Kingston Hospital, unlike other hospitals, recorded attendances from self-harm at the mental health assessment unit (MHAU) as inpatients rather than outpatients. Further analysis found that:

- The majority were women (70%), which is similar to the 65% seen nationally.
- The 19-28 age group had the largest number of admissions overall.
- The areas with a higher rate of A&E attendance seemed to correlate with areas of higher deprivation in Kingston (Norbiton, Chessington South and Surbiton South).
- The vast majority only had a single admission for self harm over the four years, however 20% people had more than one admission.
- 76% of all those who had three or more self harm inpatient episodes were women
- 93% had an ethnicity recorded, with 76% of people recorded as white
- In Black and Mixed ethnicities, over 80% of inpatients were female.
- Seems to peak in the springtime so could be related to exam stress.

Kingston and Richmond public health teams have created a joint Self-harm and Suicide Prevention pathway to help schools, families and others to support children and young people who self harm. This is currently being piloted.

Our aims:

- Review and improve self harm services in line with best practice.
- Build awareness and understanding among schools, families and others on how to support children and young people who self harm
- Support the creation of safe spaces where Children and Young People, and their parents, feel safe and comfortable to talk about self-harm including peer support.

³² <https://sites.manchester.ac.uk/ncish/resources/> The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) developed the 'Toolkit for Self harm' from the NICE Quality Standard for Self-Harm

³³ media.samaritans.org/documents/Samaritans_-_Pushed_from_pillar_to_post_web.pdf Pushed from pillar to post Improving the availability and quality of support after self-harm in England The Samaritans October 2020

People with mental health problems

Priority context and its importance in Kingston

When individuals are in contact with mental health services, it is crucial that they are offered safe, compassionate and patient-centred care each and every time. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) developed the 'Safer Services Toolkit' based on the 10 key elements for safer care for patients which have been shown to reduce suicide rates³⁴. This includes best practice for safer care in mental health services, primary care and hospitals.

In their study of the assessment of clinical risk in mental health services³⁵, NCISH notes that working more closely with families could improve suicide prevention.

Among the recommendations in the Samaritans 2019 report on 'Strengthening the front line'³⁶ was that "GP practices should support continuity of care, monitoring and follow-up of people identified as being at risk of suicide."

National data on patient suicides in England between 2010 and 2020 found that patients diagnosed with the following conditions have higher rates of suicide:

- Affective disorders, including depression and bipolar, (42%)
- Personality disorders, (11% and this figure is increasing)
- Schizophrenia and other delusional disorders, (16%)
- Eating disorders, (one-quarter to one-third of people diagnosed with anorexia nervosa and bulimia nervosa have attempted suicide)

The NCISH Annual report 2021: England, Northern Ireland, Scotland and Wales³⁷ noted some differences between ethnic groups in social and clinical characteristics that could be important to suicide prevention and recommended that clinical services are aware of these differences and take different suicide prevention approaches as appropriate. The 2023 NCISH National report notes that patients in LGB and trans groups had often experienced other factors that may add to suicide risk and that these should be reflected in engagement, assessments and care plans³⁸.

Priority context and its importance in Kingston

We have broadened this national priority to include those with mental health problems as well as those in contact with services given issues raised about access to mental health services by some groups, e.g. BME groups, and concern raised about waiting times for support and the potential risk this may pose.

³⁴ <https://sites.manchester.ac.uk/ncish/resources/> The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) developed the 'Safer Services Toolkit'

³⁵ The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: The University of Manchester, 2018.

³⁶ https://media.samaritans.org/documents/Strengthening_the_frontline.pdf Centre for Mental Health Strengthening the frontline Investing in primary care for effective suicide prevention Published April 2019

³⁷ <https://sites.manchester.ac.uk/ncish/reports/annual-report-2021-england-northern-ireland-scotland-and-wales/> The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: England, Northern Ireland, Scotland and Wales. 2021. University of Manchester

³⁸ The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2010-2020. 2023. University of Manchester

<https://sites.manchester.ac.uk/ncish/reports/annual-report-2023/>

Data from SWL&St G Mental Health Trust between 2018 and 2021 shows nine deaths by suicide in Kingston residents known to their services. Unfortunately there is no information on the diagnosis of these patients. Data on suspected suicides on the Thrive London hub shows that of the 22 cases 14 (64%) had been diagnosed/ admitted with mental health conditions.

14.4% of Kingston residents aged 16 or over were estimated to have a common mental health disorder, such as anxiety or depression in 2017³⁹. The latest 2021 Health Index for England⁴⁰ shows that Kingston's anxiety levels are higher than the national average. The JSNA 2023 found that Berrylands ward had the highest levels of mental health disorders⁴¹.

Stakeholders highlighted the need for a more joined up approach to managing risk, particular in those with complex needs with sometimes fluctuating risk. The Community Mental Health Transformation plan is being implemented in Kingston to improve the coordination of services. Suicide response training was provided to GPs across Kingston to improve their management of suicide risk in patients. Local concerns have been raised about the lack of support for patients with personality disorder.

Our aims:

- Continue to work, in partnership with patients and their carers, to ensure there is safer care in mental health services, primary care and hospitals in line with best practice.
- Improve access to mental health support, in particular by those with conditions that have higher or increasing rates of suicide and those who have lower levels of uptake of services.
- Build on work to improve the coordination of services to better support the needs of people in contact with mental health services, and their carers, families and friends and monitor the impact of this work
- Ensure local services are aware of the different needs of patients and approaches needed based on their ethnicity, age, sexuality etc.

People in contact with the justice system

People in contact with the justice system have higher rates of suicide and self-harm behaviour than the general population. Stakeholders in Kingston raised the lack of joined up pathways to support people of all ages in the criminal justice system and the importance of improving connection with the Criminal Justice system.

Our aims:

Increase access to mental health support by people in contact with the criminal justice system

Autistic people

Evidence suggests that autistic people, including autistic children and young people⁴², may be at

³⁹<https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/1/gid/8000026/pat/46/ati/165/are/E38000090/iid/848/age/168/sex/4/cat/-1/ctp/-1/cid/4/tbm/1>

⁴⁰<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/howhealthhaschangedinyourarea2015to2021/2023-06-16> How health has changed in your area: 2015 to 2021 ONS

⁴¹ <https://data.kingston.gov.uk/wp-content/uploads/2023/10/Online-Published-JSNA-23-SUMMARY-.pdf> Kingston Joint Strategic Needs Assessment (JSNA) 2023

⁴² <https://sites.manchester.ac.uk/ncish/reports/annual-report-2022/> The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2009-2019, and real time surveillance data. 2022. University of Manchester.

a higher risk of dying by suicide⁴³ compared with those who are not autistic. Undiagnosed or late-diagnosed autism may be a preventable risk factor for suicide⁴⁴ and, therefore, earlier identification and timely access to autism assessment services is vital.

A needs-led rather than diagnosis led approach has been adopted in some areas, which means that families without diagnosis are also supported. This support potentially reduces the risk of suicide as interventions can be put in place as soon as needs are apparent and can reduce isolation experienced.

Priority context and its importance in Kingston

The need to improve support for autistic people of all ages, in particular the need to improve access to mental health support, was a very strong theme from Kingston's stakeholders. The needs of other neurodiverse groups were also raised but there was no local data to support this, nevertheless we will monitor data for any changes in the future. Healthwatch Kingston's Neurodiversity and health and care services report published in March 2022⁴⁵ made a number of recommendations including the need to:

- Make health and carer services including mental health properly accessible to neurodiverse residents
- Commission a specialist pathway for neurodiverse people with functional mental health needs

Our aims:

1. Ensure local crisis support meets the needs of autistic people of all ages⁴⁶.
2. Improve training and support for practitioners, carers and families for young people with autism on suicide prevention
3. Improve access to mental health support for all people with, or waiting for, a diagnosis of autism depending on their needs
4. Improve training support for mental health practitioners, on the particular needs of people with autism.

Pregnant women, new mothers and women in at risk groups

The September 2022 ONS release reported that comparison between 2015 and 2021 showed a statistically significant increase for females aged 10 to 24 and 25 to 44 years⁴⁷. Nationally suicide is the leading cause of direct deaths 6 weeks to a year after the end of pregnancy⁴⁸. Complex problems remain extremely common in women who die by suicide and there are several overlapping risk factors that services need to consider including current and past mental ill health, domestic abuse, substance misuse, baby loss, teenage parenthood and experience of the

⁴³<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/premature-mortality-in-autism-spectrum-disorder/4C9260DB64DFC29AF945D32D1C15E8F2> Premature mortality in autism spectrum disorder Published online by Cambridge University Press: January 2018 Hirvikoski T, Mittendorfer-Rut E, Boman M, Larsson H, Lichtenstein P, and Bölte S

⁴⁴<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/autism-and-autistic-traits-in-those-who-died-by-suicide-in-england/04367C4DD9D8B4B3375A0D25C4764A54> Autism and autistic traits in those who died by suicide in England Published online by Cambridge University Press: 15 February 2022 Cassidy S, Au-Yeung S, Robertson A, Cogger-Ward H, Richards G, Allison C, Bradley L, Kenny R, O'Connor R and Mosse D

⁴⁵<https://www.healthwatchkingston.org.uk/report/2022-03-24/healthwatch-kingston-pulse-check-report-neurodiversity-and-health-and-care> Healthwatch Kingston Pulse Check report: Neurodiversity and health and care services report Report – 24 March 2022

⁴⁶ https://nspa.org.uk/wp-content/uploads/2023/03/Autistica_Crisis-resource-2020.pdf Supporting autistic children and young people through crisis October 2020

⁴⁷<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations> Suicides in England and Wales: 2021 ONS

⁴⁸ Knight M et al., (2022). Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. Oxford: National Perinatal Epidemiology Unit.

care system⁴⁹.

Kingston's data showed that in women, 90% of suicides were in those aged under 55. Data from the Thrive hub indicates that many of the women had children. Local stakeholders have raised concerns regarding support for women during the menopause and mothers supporting children with particular needs including autism.

Our aims:

- Increase awareness of and access to mental health support for new mothers.
- Increase awareness and access to perinatal mental health support, particularly by young women at higher risk of suicide.
- Increase awareness of and access to mental health support for women during times of identified risk.

Resources/ supporting partners/ linked strategies

- Mind Recovery Cafe
- SW London & St G MH Trust Suicide Prevention strategy
- Community Mental health Transformation Programme
- SWL ICB Transformation programme
- SWL ICB All Age Mental Health strategy
- Safer Kingston partnership - Serious violence strategy, Community safety strategy, Reducing Reoffending Strategy, Violence against Women and girls
- Hillcroft (RHACC) women's college
- Suicide prevention in autistic people across London working group
- Kingston All-Age Autism Strategy
- School Mental Health Support Team (MHST)
- Kingston and Richmond CAMHS transformation plan
- Safer Kingston Strategy
- Kingston Mental Health Community transformation plan
- Kingston and Richmond Safeguarding Children Partnership (KRSCP)
- KRSCP Case Review Subgroup

⁴⁹ <https://www.npeu.ox.ac.uk/mbrance-uk/reports> MBRRACE-UK Saving Lives Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21

Priority Area 3: Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.

Addressing risk factors linked to suicide is a central part of effective suicide prevention. This provides an opportunity for effective early intervention, as well as providing appropriate, tailored support for those experiencing suicidal thoughts or feelings. The importance of considering the cumulative impact of different risk factors should also not be missed as well as the importance of intervention and signposting as soon as possible.

Links have been evidenced between suicide and social determinants of health such as housing, poverty, employment and education. There are some specific factors (many of which are linked to these wider determinants) that have been identified as priority areas to address within the national strategy:

- physical illness
- financial difficulty and economic adversity
- harmful gambling
- substance misuse
- domestic abuse
- social isolation and loneliness

Priority context and its importance in Kingston

In addition to these areas Kingston stakeholders and data also identified the following:

- As well as domestic abuse being raised by local stakeholders, data and feedback has also raised recent and historical sexual abuse as an area where more support is needed.
- Family breakdown is another area identified by local stakeholders and supported by local data.

Physical illness

Evidence suggests that a diagnosis of a severe physical health condition may be linked to higher suicide rates. Evidence from NCISH suggests that over half of men aged 40 to 54 who died by suicide had a physical health condition⁵⁰. Many (49 to 92%) make contact with primary healthcare services at this time. Whilst Kingston data is limited, physical health conditions were mentioned in a number of the suicides on the Thrive hub. Kingston's JSNA 2023 notes that there are a number of areas with high proportions of people claiming benefits for support with a limiting long-term physical or mental health condition or disability, including Chessington/south of the borough⁵¹.

Our aims:

1. Ensure mental health needs are integrated into programmes supporting people with severe physical health conditions.
2. Improve awareness of and access to NHS Talking Therapies by people with severe physical health conditions, particular in areas of higher need.

⁵⁰ The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), (2021). Suicide by middle-aged men. <https://sites.manchester.ac.uk/ncish/reports/suicide-by-middle-aged-men/>

⁵¹ <https://data.kingston.gov.uk/wp-content/uploads/2023/10/Online-Published-JSNA-23-SUMMARY-.pdf> Kingston Joint Strategic Needs Assessment (JSNA) 2023

3. Ensure those caring for people with severe physical health condition are trained in suicide prevention.

Financial difficulty and economic adversity

Financial difficulty and adversity can result in suicidal thoughts or action. The national confidential inquiry into suicide and safety in mental health (NCISH) 2023 relating to people who have died by suicide in the UK between 2010 and 2020⁵² notes the increase in patients who had experienced recent economic adversity and recommends that frontline staff should be aware of the risks of new problems concerning the loss of jobs, benefits and housing, among other issues, and should have the information to signpost patients to sources of financial support and advice. A 2021 Samaritans report on 'The impact of economic disruption on young adults'⁵³ noted that "during the pandemic economic disruption in young adults, including job loss, meant that they: "were more likely to report suicidal thoughts afterwards, compared to those who have not experienced any economic disruption". It concluded that: "focusing on short-term financial relief, alongside longer-term solutions to change someone's financial and emotional situation is vital". A recent report by the ONS noted that job-related features such as low pay and low job security increase risk⁵⁴.

Priority context and its importance in Kingston

The local audit found:

- No clear correlation between deprivation and suicide rate can be seen from these data.
- 9% of suicides in Kingston do not have an occupation listed, but it is impossible to say if this means 'unemployed' or is just missing data.
- Financial difficulties were mentioned in one of the cases on the Thrive London hub.

A map of residence postcodes was created to check for any clusters amongst people living in the borough. No clear clustering could be seen, with home locations spread throughout the borough.

The cost of living crisis network run by Kingston Information and Advice Alliance (KIAA) raised concerns about an increase in people who use their services feeling unable to cope, with some feeling suicidal. Stakeholders noted the value of working together to support people e.g. the one stop shop on the Cambridge Road Estate where mental health support is provided alongside a food bank, financial support and health care.

Our aims:

1. Ensure those providing support to people with financial problems, of all ages, are offered suicide prevention training
2. Improve signposting for finance and debt support by primary care and mental health services⁵⁵

⁵² <https://sites.manchester.ac.uk/ncish/reports/annual-report-2023/> National Confidential Inquiry into Suicide and Safety in Mental Health. Annual report: 2023 The University of Manchester (2021).

⁵³ <https://www.samaritans.org/about-samaritans/research-policy/coronavirus-and-suicide/economic-disruption-and-young-adults/> The impact of economic disruption on young adults The Samaritans December 2021

⁵⁴ [Suicide by occupation, England - Office for National Statistics](#) Suicide by occupation, England: 2011 to 2015 Analysis of deaths from suicide in different occupational groups for people aged 20 to 64 years, based on deaths registered in England between 2011 and 2015.

⁵⁵ [How to include money guidance or social welfare legal advice within your social prescribing offer – a guide for Primary Care](#) How to include money guidance or social welfare legal advice within your social prescribing offer – a guide for Primary Care Networks Money and Pensions Service

3. Further develop and coordinate mental health support for people who are homeless, particularly those in other boroughs, and ensure those working with homeless people are able to manage the risk and impact of suicide for people experiencing homelessness.⁵⁶
4. Improve access to welfare benefits and financial advice for all those with mental health conditions.

Harmful gambling

There is increasing national evidence of the relationship between harmful gambling and suicide, including in younger people. This is not an area that was identified specifically in local data however it will be important to continue to monitor given the identification of it nationally.

Our aims:

- Improve awareness of and access to support with gambling, particularly in high risk areas and groups.
- Develop a whole Council approach to tackling gambling-related harm⁵⁷

Substance misuse

Among people in contact with mental health services in England who died by suicide between 2010 and 2020, there were [high proportions of both alcohol misuse \(45%\) and drug misuse \(35%\)](#). In a study of middle-aged men that died by suicide in 2017, [49% had experienced alcohol misuse, drug misuse or both](#), particularly where individuals were unemployed, bereaved or had a history of self-harm or violence. A recent study showed that mental health trusts that implemented a policy on co-occurring drug and alcohol use observed a 25% fall in patient suicides⁵⁸.

Priority context and its importance in Kingston

Data from the Kingston substance misuse team on deaths in treatment between 20/02/2018 - 01/12/2021 found that three of the deaths were classified as 'suspected suicide' across the four years, which is 10% of the total. The rate of deaths of people who died whilst in treatment for alcohol use in Kingston has been higher than the national rate dating back to 2016/17 (bar 2019/20)⁵⁹. Gaps and issues identified in the RBK Substance Misuse Needs Assessment 2022 include the need for better support/ signposting in hospital for patients with co-occurring alcohol and drug misuse and mental health issues.

Our aims:

- Embed suicide prevention in drug and alcohol policy and services
- Improve mental health treatment for people with mental health conditions who also misuse alcohol and drugs

Domestic Abuse and sexual abuse

The national strategy notes the increase in evidence on a link between domestic abuse and suicide⁶⁰. The 2022 NCISH report notes that the majority of patients with a history of domestic

⁵⁶ <https://homeless.org.uk/knowledge-hub/suicide-prevention-and-postvention/> Managing the risk and impact of suicide within the homelessness sector

⁵⁷ Tackling gambling related harm: A whole council approach LGA October 2023

<https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach>

⁵⁸ The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Suicide by middle-aged men. 2021. The University of Manchester <https://sites.manchester.ac.uk/ncish/reports/suicide-by-middle-aged-men/>

⁵⁹ Royal Borough of Kingston Upon Thames Substance Misuse Needs Assessment 2022

⁶⁰ <https://www.vkpp.org.uk/vkpp-work/domestic-homicide-project/> Domestic Homicides and Suspected Victim Suicides 2021-2022

violence were female and that self-harm, previous alcohol or drug misuse and personality disorder diagnosis were more common in this group, potentially reflecting previous trauma or abuse. The Women's Mental Health Taskforce report (2018)⁶¹ suggests that women's experiences of physical and sexual violence are likely to be factors in recent increases in suicide in women.

Priority context and its importance in Kingston

Previous sexual abuse was noted in some of the Kingston cases on the London Thrive hub. Domestic abuse increased in Kingston during the pandemic and a recent sexual harassment survey by Youth Council shows evidence of increase in sexual assault in Kingston.

Concern was raised by local stakeholders about the lack of coordination between sexual assault pathways and mental health services and a lack of mental health support for those who have experienced recent or historical sexual abuse.

Our aims:

- Increase access to mental health support by survivors of domestic abuse and sexual abuse
- Increase the consideration of domestic violence by clinicians when assessing suicide risk

Trauma

Research consistently finds a strong link between traumatic experiences and suicidal thoughts and behaviours⁶². The 2023 national report from NCISH noted the importance of offering psychological therapies to address previous trauma⁶³.

Trauma can sometimes lead to PTSD (post traumatic stress disorder) and national research into the mental health of UK Armed Forces personnel found that there has been a moderate increase in PTSD in recent years⁶⁴. The Charity Help for Heroes has made a number of recommendations to improve support for veterans⁶⁵.

Many asylum seekers and refugees will experience traumatic events. Children seeking asylum experience a range of mental health difficulties, including post-traumatic stress disorder (PTSD)⁶⁶.

Priority context and its importance in Kingston

The Royal Borough of Kingston has signed the Armed forces covenant and is committed to supporting veterans in Kingston⁶⁷. The 2021 Census showed that in Kingston we have over 2,600 veterans, which is 2% of our adult population, the sixth-equal highest level in London.

Kingston Refugees Asylum Seekers Migrants Strategy 2016-2019 notes that Refugees and asylum seekers report levels of anxiety, depression, phobias and post-traumatic stress disorder (PTSD)

⁶¹ The Women's Mental Health Taskforce report From: Department of Health and Social Care 19 December 2018
<https://www.gov.uk/government/publications/the-womens-mental-health-taskforce-report>

⁶² <https://www.papyrus-uk.org/trauma-and-suicide/> Papyrus

⁶³ <https://sites.manchester.ac.uk/ncish/reports/annual-report-2023/> The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2010-2020. 2023. University of Manchester.

⁶⁴ King's Centre for Military Health Research and Academic Department of Military Mental Health, March 2023
<https://kcmhr.org/key-facts/>

⁶⁵ Help for Heroes Reducing Veteran Suicides: Guidance For Local Authorities In England
<https://www.helpforheroes.org.uk/our-impact/our-campaigns/between-the-lines/suicide-prevention-policy/>

⁶⁶ Flood, C., & Coyne, I. (2019). A literature review of the psychological status of asylum-seeking children: implications for nursing practice. *British Journal of Nursing*, 28(7), 461-466. <https://doi.org/10.12968/bjon.2019.28.7.461>

⁶⁷ <https://www.kingston.gov.uk/neighbourhood-community-safety/supporting-armed-forces-community>

which are higher than in the rest of the population or other migrant groups⁶⁸.

SWL&StG mental health trust has seen an increase in demand for patients presenting with complex PTSD across the secondary services for Kingston and Richmond, in particular survivors of childhood abuse with PTSD.

Our aims:

- Continue to work on embedding trauma informed principles across all services and improve coordination of this work.
- Increase access to evidence based psychological treatments for those who have experienced trauma.
- Implement best practice to reduce suicide risk in veterans

Social isolation, loneliness and relationship breakdown

Social isolation (having few people to interact with regularly) and loneliness (not having the quality or quantity of social relationships we want, regardless of social contacts) have been closely linked to suicidal ideation and behaviour⁶⁹. National evidence shows that:

- social isolation was experienced by 15% of under-20 year olds and 11% of 20 to 24 year olds who died by suicide⁷⁰,
- Of men aged 40 to 54 who died by suicide, 11% reported recent social isolation⁷¹.

The Samaritans 2019 report on 'Loneliness, suicide and young people' made a number of recommendation including 'Ensure loneliness is included in local health and social care plans and policies for at risk young people. For instance, local suicide prevention plans'⁷².

Priority context and its importance in Kingston

The most prevalent search on 'Connected Kingston'⁷³, our local social prescribing platform, was for 'friends'. Kingston's Better Mental Health JSNA 2022⁷⁴ includes recommendations to:

- tackle social isolation amongst older carers
- Increase the ways of identifying people who are lonely and supporting them to access local services, and work with older people, particularly those who are not accessing existing services, to develop ways for them to build social connections.

Personal / family circumstances were noted in some of the Kingston cases on the London Thrive hub, both men and women. Family or relationship problems, is one of the factors that are common in men who died by suicide, it may include issues relating to access to children. Increasing awareness of, and access to, relationship support providers, especially for those on low incomes was one of the objectives in the last strategy where there was less progress so this is an area needing more work.

⁶⁸ https://data.kingston.gov.uk/jsna/jsna_page_refugees-and-asylum-seekers/ Kingston Refugees Asylum Seekers Migrants Strategy 2016-2019

⁶⁹ Loneliness as a predictor of suicidal ideation and behaviour: a systematic review and meta-analysis of prospective studies <https://pubmed.ncbi.nlm.nih.gov/32664029/>

⁷⁰ <https://sites.manchester.ac.uk/ncish/reports/suicide-by-children-and-young-people/> Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017.

⁷¹ The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Suicide by middle-aged men. 2021. The University of Manchester. <https://documents.manchester.ac.uk/display.aspx?DocID=55305>

⁷² <https://media.samaritans.org/documents/loneliness-suicide-young-people-jan-2019.pdf> Samaritans 2019 report on 'Loneliness, suicide and young people'

⁷³ <https://connectedkingston.uk/> Connected Kingston

⁷⁴ <https://data.kingston.gov.uk/wp-content/uploads/2023/09/Kingstons-Better-Mental-Health-Joint-Strategic-Needs-Assessment-2022-Summary-Report.pdf> Kingston's Better Mental Health Joint Strategic Needs Assessment 2022 Summary Report

Kingston is part of the South London Listens programme and one of the priorities in this is tackling loneliness through, among other things, developing Be Well hubs⁷⁵. These hubs are spaces for local people to turn to when they feel their mental health is low or simply to feel more connected with their local community. In Kingston a number of local organisations have already signed up to be 'Be Well hubs', including a number of churches, the Islamic Resource Centre and Kingston Carers Network.

Our aims:

1. Further develop and promote opportunities for people to connect with each other, particularly young people, men, carers and those experiencing other risk factors for suicide.
2. Identify opportunities to increase access to relationship support

Resources/supporting partners/linked strategies

- Connected Kingston
- South London Listens Programme
- The mental health advice and information service including advice line, drop in cafe, mental health awareness training and outreach and engagement.
- SWL ICB Mental Health strategy
- Enhanced Mental health pathfinders programme for London for adult victims and survivors of sexual assault and abuse with complex MH needs
- SWL Child sexual abuse pathway
- Haven's Wellbeing in SW London service
- DHSC major conditions strategy.
- Violence against Women & Girls Strategy
- Strategic Partnership for Alcohol and Drug Co-occurring Task & Finish group
- RBK Substance Misuse Needs Assessment 2022
- Kingston's Drug & Alcohol Delivery Plan 2023/24
- SWL Rough Sleeping & Mental Health Programme (RAMPH)
- KRSCP Case Review Subgroup
- Kingston Carers' Strategy

⁷⁵ <https://www.southlondonlistens.org/priority-1> South London Listens was launched at a summit in November 2020, by the three mental health trusts in south London as an urgent mental ill-health prevention response.

Priority AREA 4: - Promoting online safety to reduce harm, improve support and signposting, and provide helpful messages about suicide and self-harm.

There has been emerging evidence of the link between the online environment and suicide across different age groups. Online platforms, however, also provide an invaluable way to raise awareness and improve access to support for suicide and self-harm. The Samaritans' have provided useful advice on 'Controlling the suicide and self-harm content you see online'⁷⁶.

Priority context and its importance in Kingston

In recent years, good progress has been made in Kingston to tackle the stigma surrounding mental health, in particular through the work of the Champions for Change programme now provided by Mind in Kingston⁷⁷. Local stakeholders felt, however, that there was still considerable stigma surrounding suicide and that local work on busting mental health stigma through Champions for Change should also involve suicide prevention approaches. Communication that effectively reaches different cultures, communities needs to be part of awareness raising programmes.

A group of volunteers across SWL, including Kingston residents, with direct experience of the impact of suicide, created a film where they speak about their experiences. This film is called 'Hold the Hope' and it is about learning how to support others who may be in crisis and encouraging people to talk openly about suicide without judgement, shame or discrimination.

Local stakeholders raised concerns about the lack of co-ordination of sites providing information about mental health support for both children and adults. The need for more support for parents to manage access to media and keep their children safe was also raised.

Our aims:

1. Ensure it is easy for people of all ages who need support for suicidal ideation and self-harm to access support on all local websites, including specialist support for specific groups, such as veterans.
2. Improve the coordination of mental health information on local websites
3. Further develop support for residents, in particular children and young people and their parents, for healthy and safe usage of online platforms
4. Continue to tackle stigma around suicide and promote help seeking for those who need it, in partnership with community groups, so that campaigns meet the needs of different groups, so that no one suffers in silence.
5. Ensure suicide prevention and crisis support is included in all relevant care pathways for mental health services for children and young people.

⁷⁶ 'Controlling the suicide and self-harm content you see online

[samaritans.org/about-samaritans/research-policy/internet-suicide/online-safety-resources/controlling-what-you-see-online/](https://www.samaritans.org/about-samaritans/research-policy/internet-suicide/online-safety-resources/controlling-what-you-see-online/)

⁷⁷ <https://www.mindinkingston.org.uk/services-projects/champions-for-change-kingston/> Champions for Change

Resources/supporting partners/linked strategies

- Local social prescribing programmes, e.g. Connected Kingston Champions Programme; linked into the Connected Kingston Prevention and Personalisation Board - workstreams on paid and volunteer social social prescribers;
- Champions for Change
- SWL Lived experience group

draft

Priority AREA 5: - Providing effective crisis support across sectors for those who reach crisis point.

It is essential that timely and effective crisis support is available to those who need it. Research by NCISH suggests that, of all deaths by suicide by people in contact with mental health services in England between 2010 and 2020, 13% were under the care of Crisis Resolution and Home Treatment teams⁷⁸. In their study of the assessment of clinical risk in mental health services⁷⁹ NCISH noted that both patients and carers emphasised the need for clarity about what to do and who to contact in a crisis.

The Right Care, Right Person (RCRP) model is soon to be introduced across London. It changes the way the emergency services respond to calls involving concerns about mental health. It is aimed at making sure the right agency deals with health related calls. More detail is provided in the link below⁸⁰.

Priority context and its importance in Kingston

Records on suspected suicides on the Thrive London hub note that some of the cases who had been diagnosed/ admitted with mental health conditions, had known suicidal ideation and/ or previous attempts. SWL&StG Mental health trust recorded 10 attempts by patients who were Kingston residents from April 2018 to March 2022.

Stakeholders raised concerns about awareness and access to crisis support and a lack of a joined up crisis pathway in Kingston, particularly for children and young people. They also raised the need for more support for those who had made attempts.

Our aims:

1. Anyone, whatever age, experiencing suicidal crisis, and their families and carers, are easily able to access timely and effective support and information when and where they need it.
2. Pathways between services and sectors are improved so that there is a more joined-up approach to crisis prevention and response, including through timely follow-up and aftercare.
3. Information about crisis support is provided in a wide range of places, particularly where high risk groups or those experiencing risk factors are likely to see it.

Resources/supporting partners/linked strategies

- SWL&StG MH trust Suicide prevention strategy
- The Right Care, Right Person (RCRP) model
- Mind in Kingston Recovery Cafe
- SW London & St G MH Trust Suicide Prevention strategy
- Community Mental health Transformation Programme
- SWL ICB Transformation programme
- SWL ICB All Age Mental Health strategy

⁷⁸<https://sites.manchester.ac.uk/ncish/reports/annual-report-2023/> The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2010-2020. 2023. University of Manchester

⁷⁹<https://sites.manchester.ac.uk/ncish/resources/> The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: The University of Manchester, 2018.

⁸⁰ <https://www.met.police.uk/notices/met/introduction-right-care-right-person-model/> Right Care Right Person

Trigger warning

This section contains potentially distressing content around methods and means of suicide. Please take care if you do choose to read.

Priority AREA 6: - Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.

The most effective suicide prevention measure remains restricting access to the means of suicide⁸¹. This involves action to prevent suicides in public spaces and reducing accessibility to other means such as prescribed medicine.

It is important that trends in locations and means are monitored to allow locations and clusters to be identified. The 2015 Public Health England guidance on preventing suicides in public places⁸² identifies four broad areas of action to help eliminate suicides:

1. Restricting access and barriers
2. Increasing opportunity and capacity for human intervention
3. Increasing opportunities for help seeking by the suicidal individual
4. Changing the public image of sites (to dispel its reputation as a 'suicide site')

Priority context and its importance in Kingston

Kingston data shows that whilst the most frequent method (42%) is suicides by hanging, 18% died by overdose and 16% from multiple injuries (from fall or impact). This is in line with national data which also shows that there has been a rise in deaths by self-poisoning recently following a decrease prior to 2015, whilst deaths by jumping/ multiple injuries has decreased⁸³.

Twenty-one (36% of those with a known location) of the suicides took place outdoors; locations include in or around railway stations, tracks or tunnels (ten people), parks (four), car parks (two) and the River Thames (two). Stakeholders were keen to further develop work around the riverside to better understand and manage suicides there. They also raised the importance of work in car parks and learning from best practice in other areas.

Our aims:

- Regularly monitor suicide locations and the impact of preventative action in these locations.
- Increase awareness of support in potential high risk locations in particular the riverside
- Ensure there is an agreed process in place to identify and respond to a possible suicide cluster, i.e. where there may be more suicides than expected in a particular area, or a suspected link between suicides.

Resources/supporting partners/linked strategies

- RBK communications team
- SW London Suicide Prevention Working Group
- Primary Care partners
- Thrive London research and network
- Kingston multi-agency River Safety Forum

⁸¹ NHS Fifth Progress Report, (2019). Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives <https://www.gov.uk/government/publications/suicide-prevention-in-england-fifth-progress-report>

⁸² Public Health England, (2015). Preventing suicides in public places: A practice resource https://assets.publishing.service.gov.uk/media/5c2f6f8b40f0b66cf8298a70/Preventing_suicides_in_public_places.pdf

⁸³ <https://sites.manchester.ac.uk/ncish/reports/annual-report-2023/> The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2010-2020. 2023. University of Manchester

- SWL&StG MH trust Suicide prevention strategy
- PCN Structured medication reviews

draft

PRIORITY AREA 7: Providing effective bereavement support to those affected by suicide.

Evidence suggests family, friends, carers and acquaintances who are bereaved by suicide may have a risk of dying by suicide that is up to a 3 times higher than the general population. Deaths by suicide in public places can be traumatising for first respondents and other witness, and further increases the impact of the death⁸⁴. Compassionate, effective and timely support for people bereaved by suicide is essential. Bereavement can also be a risk factor for suicide, particularly among men and young people.

Priority context and its importance in Kingston

The 'Help is at hand' resource produced by the Support After Suicide Partnership is an important guide for people affected by suicide and provides emotional and practical support⁸⁵ and has been promoted in Kingston. The South West London suicide bereavement service was set up in 2019 and provides support individuals, families and others affected by death by suicide including Kingston residents, as well as signposting to bereavement support organisations, peer support groups and/ or mental health services for counselling. Funding is uncertain beyond June 2024.

A joint Healthwatch Kingston (HWK) and Kingston Voluntary Action (KVA) published in 2022 considered how access to support and services for our under-served communities could be improved. It makes a number of recommendations to improve access to bereavement support in Kingston, including by BME groups and children and young people⁸⁶. Stakeholders have raised concerns about access to bereavement support, particularly for children and young people who are bereaved by suicide.

There has been some promotion of support for schools to put suicide prevention and postvention plans in place but limited work with employers in this area.

Our aims:

- All individuals bereaved by suicide, including friends and family as well as first responders, are offered timely, compassionate and tailored support
- We will maximise opportunities to improve awareness of local⁸⁷, regional and national⁸⁸ bereavement support, including suicide bereavement, across all ages
- Workplace and education settings are provided with support so that they are able to prepare for and recover from a suspected or attempted suicide and provide appropriate support to those who are bereaved by suicide.
- We will build on work to ensure bereavement support, including suicide bereavement support, meets the needs of all groups, including children and young people, people with learning disabilities and people from different ethnic minority groups.

⁸⁴ Public Health England, (2015). Preventing suicides in public places: A practice resource

https://assets.publishing.service.gov.uk/media/5c2f6f8b40f0b66cf8298a70/Preventing_suicides_in_public_places.pdf

⁸⁵ Support After Suicide Partnership, (2021). Help is at Hand: Support after someone may have died by suicide.

<https://supportaftersuicide.org.uk/resource/help-is-at-hand/>

⁸⁶ Bereavement Services and Support in Kingston - Community Engagement Report 13 July 2022

<https://www.healthwatchkingston.org.uk/report/2022-07-13/bereavement-services-and-support-kingston-community-engagement-report>

⁸⁷ <https://www.good-thinking.uk/bereavement/cope-bereavement-and-grief> Good Thinking

⁸⁸ <https://www.nhs.uk/every-mind-matters/lifes-challenges/bereavement-and-traumatic-events/> Every Mind Matters

Resources/supporting partners/linked strategies

- SWL End of Life Care (EOLC) & Bereavement Steering Group
- SWL bereavement service

draft

Priority AREA 8: Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

Suicide prevention is everyone's business. Every person, organisation and service up and down the country has a role to play. Whilst the most common risk factors are described under priority 3 there are other less predictable reasons why people might take their own lives e.g. noise⁸⁹, racism⁹⁰, abuse⁹¹. For this reason it is essential that as many organisations as possible sign up to support this strategy so that they are trained to identify and support people and to consider suicide prevention in their services.

Employers have an essential role to play in supporting practices and conversations that help prevent suicides.

Priority context and its importance in Kingston

There has been a long rolling programme of suicide prevention training in Kingston and we will build on this to ensure everyone is equipped with the skills necessary to potentially save lives. Over 300 frontline staff attended Suicide Awareness Training since 2015. This includes people working with both adults and children such as school nurses, housing staff and people working in voluntary sector organisations. A review is needed of which groups have attended and where there are gaps. Over 60 staff, including GPs and staff in substance misuse services attended Suicide Response Training to help them in risk assessment and safety planning since 2019.

A leaflet for frontline staff was created for anyone working with someone in mental distress. It has been used by RBK staff as well as Kingston Police, University, voluntary sector organisations and Kingston First for local businesses.

The 'Hold the Hope' film mentioned in Priority 4 will be used to aid learning and training for local schools, the police and those who work in health and social care. It is about learning how to support others who may be in crisis and encouraging people to talk openly about suicide without judgement, shame or discrimination.

Data from Kingston's audit found that those working in 'Lower Supervisory and Technical occupations, as defined by the Office for National Statistics (ONS)⁹²' had the largest rate of suicide, however there was no specific occupational group with higher suicide rates. Healthwatch Kingston was commissioned by RBK to undertake an engagement exercise with Care Workers about their wellbeing and produced a report (October 2023) which made a number of recommendations to improve the mental health of care workers in Kingston⁹³. The Royal Borough of Kingston, Kingston and Richmond CCG and Kingston Hospital signed the Time to Change Employer Pledge focused on improving mental health and reducing stigma in the workplace. Whilst Time to Change no longer exists nationally Kingston continues to tackle stigma through

⁸⁹ <https://www.theguardian.com/society/2023/nov/02/tenant-killed-himself-after-landlord-failed-to-resolve-repeated-noise-complaints>

⁹⁰ <https://www.samaritans.org/about-samaritans/research-policy/ethnicity-and-suicide/> Ethnicity and suicide The Samaritans

⁹¹ <https://www.theguardian.com/uk/2009/sep/28/fiona-pilkington-suicide-mother-police>

⁹² The current Standard Occupational Classification for the UK

<https://www.ons.gov.uk/methodology/classificationsandstandards/standardoccupationalclassificationsoc/soc2020>

⁹³ <https://www.healthwatchkingston.org.uk/report/2023-05-11/care-workforce-wellbeing-engagement-report-2023> Care

Workforce Wellbeing: Engagement Report 2023 Report – 11 May 2023

Champions for Change Kingston⁹⁴.

The Sector Led Improvement – Suicide Prevention Support recommended that more be done to:

- Ensure an embedded approach to Suicide Prevention within each partner organisation
- Stimulate interest and curiosity in this policy area in other strategic forums
- Maximise the potential of engagement with VCS providers

We will encourage everyone to support this strategy, and take action to help prevent suicide in Kingston. We will also work with voluntary and community groups working with the wide range of groups living in Kingston to ensure that the training meets the needs of different communities.

Our aims:

1. Every individual across Kingston has access to training and support, appropriate to their needs, that gives them the confidence and skills to save lives.
2. Continue to provide and monitor Suicide Prevention training to ensure that when people experiencing suicidal thoughts or feelings reach out, they receive timely, appropriate support, no matter what service the individual initially accesses.
3. Employers (especially those in high-risk occupations) have appropriate mental health and wellbeing support in place for their staff.
4. An increasing number of local organisations adopt this strategy and commit to supporting it

⁹⁴ <https://www.mindinkingston.org.uk/services-projects/champions-for-change-kingston/> Champions for Change

Appendix 1 Kingston strategy development

1. Suicide Audit and Analysis of 2018-2021

The audit was informed by best practice⁹⁵ in order to present the most up to date picture on suicide and risk factors in Kingston. A decision was taken not to undertake a retrospective review of coroners' files, given time constraints. Instead the review focused on nationally available Primary Care Mortality data and the more detailed information provided by Thrive LDN's Real Time Surveillance System (RTSS). The audit also considered data on known risk factors for suicide. There was also an analysis of self harm data given the large proportion of people who take their own life who have previously self harmed. Any differences in Kingston's population compared to national data are noted in relevant sections.

2. Evidence base

The strategy has been informed by some of the national evidence on population risks, based on a much larger population sample than a local audit. Relevant national and local evidence is referred to in relevant sections.

3. Health overview panel progress report

In July 2022 a report was presented to Kingston's Health overview panel which provided an update on progress on Kingston's Suicide Prevention Strategy (2016 - 2021) as well as recommending areas for development based on an analysis of Kingston's work in the areas recommended in the 'Local Suicide Prevention Planning in England an Independent Progress Report', May 2019, by the Samaritans, and a review of current activity under the priority areas.

4. Sector Led Improvement by the Department of Health and Social Care (DHSC)/Local Government Association (LGA) December 2022

RBK successfully accessed Sector Led Improvement support for suicide prevention activity from a national programme funded by the Department of Health and Social Care, delivered by FD Associates on behalf of the Local Government Association. They identified strengths and weaknesses which have informed this strategy.

5. Stakeholder engagement

A wide range of stakeholders were consulted as part of the development of the draft strategy between March and June 2023, through attendance at relevant committees, individual meetings and workshops (see Appendix 2). Stakeholders were asked for their views on suicide prevention work to date and to identify which areas need to be built on and any additional themes/ areas of action.

6. Local steering group

Interviews were undertaken with members of Kingston's multi agency Suicide Prevention Strategy steering group and the group was consulted throughout the process for their feedback.

7. Lived Experience

A monthly Coproduction group was held with three Kingston residents who are members of the SWL&STG Mental health trust Lived Experience Network.

8. Consultation on draft

A draft strategy was put on the Council's Let's Talk portal from November 13th 2023 to January 15th 2024 and local stakeholders and residents were invited to comment. The consultation was promoted widely to local stakeholders, in particular those working with priority groups and in high

⁹⁵ PHE 2020 'local suicide prevention planning practice resource

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939479/PHE_LA_Guidance_25_Nov.pdf

risk areas.

An easy read version of the draft was also produced.

9. An EQIA is being carried out and has informed the strategy
10. The Suicide Prevention Steering Group will approve the strategy in February 2024.
11. The Kingston Partnership Board will then endorse it before publication in April 2024 including an easy read version

draft

Appendix 2 - Stakeholder engagement January - April 2023

Theme	Groups attended
Senior leaders in Kingston	Safeguarding adults board Kingston partnership board
Men	Workshop
Individuals with mental health problems	Various mental health teams in RBK, SWL&StG, Kingston iCope. Kingston Mental Health and Wellbeing Group Meeting Kingston champions for change group SWL &StG MH trust family and friends carers' reference group
GPs	Kingston Council of members meeting (GPs) Primary Mental Health Care Learning Set
Individuals with substance (drug or alcohol) misuse problems	Substance misuse service key stakeholders
People living with long-term physical health conditions	Kingston Place based Partnership Committee, K&R Transformation Delivery Board RBK Adult social care Access, locality and Hospital discharge teams
People with learning difficulties and people on the autistic spectrum	Kingston Health Watch people with learning disability group, ICB Neurodiversity lead
People in contact with the criminal justice system	Safer Kingston Partnership VAWG and Vulnerabilities Lead - Safer Kingston Partnership
Children and young people including self harm especially children looked after, care leavers and those in the Youth Justice System	Kingston and Richmond Safeguarding Children Partnership(KRSCP) Achieving for Children's teams and managers, All 3 Mental health in school cluster meetings. Suicide Prevention steering group on children, young people and students
People in difficult economic circumstances or experiencing mental health problems at work, gambling	Combating poverty network, chamber of commerce, RBK Employment, Skills and Enterprise team, Licensing and Environmental Compliance Team Leader
Other vulnerable groups	BAME Mental Health partnership, No Straight Answer youth group Kingston Carers' board SWL bereavement group
Reduce access to the means of suicide	River Safety Committee

Glossary

Connected Kingston

Connected Kingston is a site dedicated to helping Kingston residents find local activities and navigate local services. It is run by the Royal Borough of Kingston Council and Kingston Voluntary Action in conjunction with local charities and statutory organisations. Special training is available to anyone who regularly comes into contact with people that may be struggling to navigate or find local activities or services.

CLUSTER

A cluster is usually three or more deaths that occur unexpectedly closely in terms of time, place, or both. Public Health England has published a practice resource on Identifying and responding to suicide clusters and contagion (Public Health England, 2015a).

Coroner

A government official who conducts or orders an inquest into the manner or cause of death where there is reason to think the death may not be due to natural causes or which need an inquiry for some reason.

ICS

Integrated Care Systems are an even closer collaboration than STP's, with NHS organisations and local councils. In an ICS, they take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

MENTAL HEALTH

Mental health is a state of wellbeing: we all have health and we all have mental health. Mental health is a continuum, demonstrating fluidity and the possibility of change over time. This can range from poor mental health to good mental health, from having a diagnosed mental health condition, to no diagnosis.

MENTAL ILLNESS

Mental illness may be 'characterised by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others' which affect mood, and the ability to function effectively and appropriately. The term is often used interchangeably with 'mental health issues/ problems/ difficulties', or mental 'ill health', 'distress' or 'condition'. However, these terms are broad and can mean something that everyone experiences as part of everyday life, for instance stress, worry or grief. Mental illness can also mean an acute, diagnosed condition, mental health crisis or suicidal depression. Examples of mental illness include: eating disorders, depression, anxiety, bipolar affective disorder, psychoses, intellectual disabilities and developmental disorders including autistic spectrum disorder.

NHS

The National Health Service is the Government-funded medical and health care service in the UK that is free to access for all residents.

NHS Long Term Plan

A plan proposed by NHSE which outlined its intentions for services in the next 10 years. It includes a significant commitment to suicide bereavement support, including; post-crisis support for families and staff who are bereaved by suicide, Suicide bereavement support for [bereaved] families, and staff working in mental health crisis services in every area of the country.

NHS trusts – Organisations who may act as Health Care Providers and provide hospital services, community services and/or other aspects of patient care generally serving either a geographical area or a specialised function (such as an ambulance service). In any particular location there may be several trusts involved in the different aspects of healthcare for residents.

OHID (Office for Health Improvement and Disparities)

The Office for Health Improvement and Disparities is a government unit within the British Department of Health and Social Care that leads national efforts to improve public health policy across England.

PREVENTION, INTERVENTION AND POSTVENTION

Prevention is preventing conditions of illness from arising.

Intervention is the action of providing support or services to produce a different outcome or change a situation. In the case of mental illness and suicide, it is to work with a person experiencing suicidal thoughts to help them identify reasons why they might want to keep safe, to agree a plan for doing so and to engage further support as required.

Postvention is a response to a suicide by providing support and assistance for those affected.

Primary Care Mortality Data (PCMD)

The PCMD contains monthly and annual extracts of individual record level data on deaths supplied directly by the ONS and includes: a single linked dataset, including registered GP practice, patient details and NHS number. Data that can be extracted by residence or GP practice registration.

Real Time Surveillance

When data of who has died by suicide is made available to analysts immediately after the event occurs so the appropriate organisations can be notified and respond appropriately in a timely manner.

STIGMA

Mental health is associated with stigma. The negative attitudes and behaviours can lead to people feeling judged and ashamed, which discourages individuals from seeking help and accessing support services.

SUICIDAL BEHAVIOUR

Suicidal behaviour covers a range of behaviours related to suicide and self-harm in vulnerable individuals, including suicidal thoughts, deliberate recklessness and risk taking, self-harming not aimed at causing death, and suicide attempts.

SUICIDE

Suicide is the deliberate act of taking one's own life. **Why we don't say "commit" suicide**

Up until 1961 suicide was seen as a crime and the term "commit" implies a sin or crime and pathologises those affected. The negative connotations can add to the stigma and shame that the bereaved may face.

Appropriate alternatives:

Took their life,
died by/from suicide
ended their own life

SUICIDE ATTEMPT

A suicide attempt is a deliberate action undertaken with at least some wish to die as a result of the act. The degree of suicidal 'intent' varies and may not be related to the lethality of the attempt.

TRANSITION

Transition points in life are particularly challenging and often expose people to emotional vulnerability and mental distress.

Trauma

Trauma refers to an overwhelming experience that exceeds a person's ability to cope, causing them to feel helpless, threatened, or endangered. Traumatic events can vary widely, ranging from physical or sexual abuse to natural disasters, accidents, a loss in our lives, a sudden change to our routines, or witnessing violence. Trauma can have severe psychological effects, such as post-traumatic stress disorder (PTSD), depression, anxiety disorders, and substance abuse.

WELLBEING

Wellbeing is understood, in the broad sense, to mean a time when a person is feeling good and functioning positively, meaning that a person would be engaged, feel socially connected, and have positive perspectives and autonomy.

draft