

## **Berkshire suicide prevention ten-point plan**

### **Background**

Suicide prevention should be at the top of public health priorities, and that the strategy needs to reflect that no person or section of community risk is ignored. It should have an approach that is proactive rather than reactive with a focus on actions and preventative measures towards an ultimate ambition of zero deaths by suicide.

Developing a ten-point plan will see a framework that can construct and feed into an overarching and agile suicide prevention strategy that meets the needs of a needs assessment.

The ten-point plan will feed into this main strategy, meaning that the Berkshire Suicide Prevention Action and subgroups can press on with implementing priorities in some of the urgent areas that need addressing sooner rather than later. These priorities should reflect the populations who are most at risk and who are disproportionately affected by suicide.

Attention should also be placed on securing funds for proactive actions, work and collaboration with the voluntary sector to implement actions and policies

Each point of the ten-point plan will be formulated on the basis of prevention, awareness and training, collaboration and evidence.

### **The ten-points to suicide prevention in Berkshire**

1. Introduce suicide prevention across all policy
2. Improve methods to tackle root cause vulnerability
3. Establish a trauma informed approach
4. Assess and strengthen ways of tackling inequalities
5. Establish focus on debt and cost of living
6. Improve focus on children and young people
7. Establish means to address female suicide rates
8. Strengthen focus on links between mental health, self-harm and suicide
9. Continue to develop and establish support for people bereaved by suicide
10. Develop means for family support to ensure individual wellbeing

### **The next steps in achieving suicide prevention goals in Berkshire (timelines to be established).**

- Instigate a full suicide audit for Berkshire that covers the 2018/19 – 2021/22 periods
- Use key findings from suicide audit to help inform an up-to-date Berkshire suicide needs assessment that will in turn inform review of existing suicide prevention strategy
- Develop a winter suicide summit for Berkshire to provide consultation on existing prevention strategy
- Review the setup of current Berkshire prevention structure to ensure there is relevant and appropriate representation and subgroups that enable facilitation of activities that contribute to ten-point plan priorities

- All the above actions to lead to development of full Berkshire Suicide Prevention strategy in 2023.

### **Introduce suicide prevention across all policy**

In preparation for establishing the next Berkshire suicide prevention strategy local and national strategies will be reviewed to ensure there is continuity and that priorities across all six local authorities in Berkshire.

Alongside the strategy review a full review of suicide prevention related training needs and opportunities will be done in Berkshire. Linking with the WAVE4 SPIN group a database of training and skills development opportunities will be developed across the Thames Valley and national footprint.

The suicide prevention group will continue to bring together relevant partners to ensure an advanced public health approach to suicide prevention, ensuring appropriate organisations are brought together in response to suicide related priorities and emergencies in Berkshire,

### **Improve methods to tackle root cause vulnerability**

There are a number of vulnerabilities and triggers that can lead to suicide. Full understanding of these will be obtained so that the key indicators of risk to potential suicide can be understood by frontline services, and that all relevant third and voluntary sector services are engaged with.

Potential vulnerabilities and triggers include, but are not exclusive to:

- Relationship status
- Job status and insecurities
- Financial issues and insecurities
- Addictions (gambling, alcohol, drugs)
- COVID impact
- Mental health
- General physical health
- Learning disabilities
- Domestic abuse (victim, perpetrator, witness to)
- Exposure to other traumas (e.g. sexual abuse)
- Bereavement

Improve understanding of the risk and protective factors of vulnerable populations will help ensure there that all organisations who provide information and services in the areas of key vulnerabilities are included in all parts of the reviewed Berkshire suicide prevention structure.

### **Establish a trauma informed approach**

Understanding possible vulnerabilities helps establish reasons why people may be more at risk of death by suicide, but in order to achieve a deeper understanding a trauma informed approach

should be used. This includes exploring the life of a person, not just presenting behaviours and situation at the point of taking their own life.

Understanding the role of past traumas and how they might be linked to suicide, including how childhood trauma links to adult suicide. This can be achieved by collaborating with and incorporating expertise from appropriate health care professionals and experts in areas that are identified as potential causes of past trauma. Including but not exclusive to:

- Domestic abuse
- Sexual abuse
- Children's charities
- Bereavement support charities

### **Assess and strengthen ways of tackling inequalities**

Current evidence suggests that some groups are disproportionately affected by suicide. Understanding the full picture of inequalities that can lead to a higher risk of suicide is essential so that policy and strategy can be implemented to help combat these. Innovation of culturally relevant prevention strategies at a community level to prevent suicide

Inequalities that can lead to a higher risk of suicide include, but are not exclusive to:

- Political, social and economical factors
- Stigmatised attitudes
- Economic and employment change
- Cultural and physical environment
- Geographic location
- Service availability and accessibility
- Housing
- Gender
- Age
- Social and economic position
- Mental health
- Health related behaviours (smoking, alcohol)

Ensure appropriate representation from all groups identified in inequality groups at greater risk of death by suicide in the Berkshire suicide prevention structure, including organisations providing services and information, community representatives and those with lived experience or bereaved by suicide.

### **Establish focus on debt and cost of living**

Linked to root cause vulnerability and inequalities, understanding the key difficulties facing people in Berkshire in relation to debt and the current cost of living crisis is essential in creating a longer term approach to suicide prevention.

As we enter what looks to be one of the most challenging cost of living crisis in recent history, with a very difficult winter predicted in relation to increasing energy bills, it is vital that we establish a

means to make organisations, information and services available and accessible to those suffering with debt and cost of living difficulties.

Working with organisations within the Berkshire Suicide Prevention Structure to ensure wider dissemination of free money advice on benefits and debts in each of the six Berkshire local authorities. This could include identifying and training appropriate local community groups and champions to be able to give advice on money. Also developing relationships with services and organisations that are likely to be in contact with people who are struggling with debt and cost of living (e.g. Foodbanks, Age UK) and ensure they figure in the Berkshire suicide prevention structure.

### **Improve focus on children and young people**

Increasing the focus on a section of the Berkshire population that might potentially be more at risk by obtain information and data that identifies where and what children and young people are most at risk of self-harm, mental health problems and death by suicide.

Work closely with 0-19 services and ensure they're part of the Berkshire SP structure where appropriate to help identify training needs in schools, local clubs and other services that regularly interact with children and young people to enable them to help identify when someone is presenting a risk.

Focussing on gathering recent local and national data around mental illness, self-harm and suicide in children and young people.

### **Establish means to address female suicide rates**

Based on current knowledge and intelligence that has identified an unusually high death by suicide rate in Berkshire compared to the national average, continuing to work on identifying the trends and patterns that might be contributing to this. Areas of focus may include:

- Age
- Location
- Relationship status
- Recent trauma
- Occupation
- Mental health
- COVID impacts

Continuing to work closely with Thames Valley Police to receive and evaluate real time surveillance data around deaths by suicide in females and gathering information from where females were already known to mental health services. Also continuing to retrieve further information from female's general practitioner to piece together other factors that might have been contributed.

Activities may include carrying out focus work with females who fit with the identified trends and patterns to those who have died by suicide to establish impacts and triggers and engaging with local services and organisations to equip them with means to have conversations about mental health and how to sign post females who could potentially be at risk to support. This can be achieved by collaborate with mental health and female charities to create targeted intervention and campaigns aimed at females identified as most at risk of suicide.

## **Strengthen focus on links between mental health, self-harm and suicide**

Using established data and through exploring further the risks associated with mental health, self-harm and suicide, work closely with local mental health services to ensure self-harm and suicidal ideation is closely monitored in those passing through the system, particularly on discharge.

Understand incidents, patterns and experiences of suicide in those known to or recently discharged from mental health service and start to understand the factors that protect people experiencing suicidal ideation.

Strengthen relationships with local mental health services, ensuring they play a key role throughout the Berkshire suicide prevention structure, and ensure all mental health charities and organisations are consulted throughout development of public health interventions, including being part of Berkshire suicide prevention structure.

There are a number of resources and activities already available in this area both locally and nationally therefore focus needs to be on collating and communicating what is already in place, and ensuring the availability of resources and services to both services and the general public.

## **Continue to develop and establish support for people bereaved by suicide**

Working with and supporting those bereaved by suicide is already an important part of the work done in Berkshire around suicide prevention. A new bereavement support service (Amparo by Listening Ear) has recently been launched in the area that also covers Oxfordshire and Buckinghamshire and allows for smooth transition and communication of information across the local borders.

It will be a priority to ensure that the new bereavement support service in Thames Valley is fully integrated in the Berkshire suicide prevention structure by regular attendance at meetings and feeding back of progress. The new service will also work closely with existing SOBS groups in Berkshire and seek to develop more in collaboration with bereavement support service.

Moving forward the collation of anonymous feedback evaluation data of existing bereavement support services to understand the benefits of interventions on those bereaved by suicide and identify gaps in knowledge, information and training around grief and bereavement locally.

Attempt to normalise conversations around grief and bereavement and promote services that encourage talking about experiences.

Understand via local and national data the impact of bereavement by suicide in terms of those who go on to have mental health struggles, self-harm and suicide themselves.

## **Develop means for family support to ensure individual wellbeing**

Begin work that aims to establish the benefits, limits and boundaries of families and close friends becoming an informal support to ensuring wellbeing to at risk people, including the inclusion of family and close friends in the mental health pathway of the at-risk person, particularly at discharge

with the ultimate aim of potentially using family as 24-hour surveillance system to triangulate the wellbeing of the person at risk.

Develop resources and training for front line and emergency workers that enable them to obtain information from families/friends quickly and effectively in emergency episodes and situations and recognise the role that they're playing for the person.

Ensure all organisations and services providing information and support that could be of benefit to families taking up this model are included in appropriate places in the Berkshire SP structure so they are consulted and utilised effectively.

## **Berkshire suicide prevention structure**

