

Royal Greenwich Suicide Prevention Strategy

Tackling suicide in Royal Greenwich 2023 to 2028

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Foreword

In England over 5,000 people die by suicide every year. This tragic fact represents not only a huge and avoidable loss of life and potential, but devastating and long-lasting impacts felt across society.

In Royal Greenwich the rate of suicide is lower than for England, with an average of 15 people dying by suicide each year. Behind this number however are the many more people who continue to struggle with thoughts of suicide, and those who are affected by losing a family member, friend or loved one in a particularly difficult and often traumatising way.

Suicide is complex, and every person who dies is unique. While it can be difficult to predict the risk of suicide for any individual, we know that different groups are more likely to die by suicide. Three quarters of people who lose their lives to suicide are men. Disabled people experience much higher rates of suicide than the rest of the population. The most economically disadvantaged lose their lives to suicide at three times the rate of the wealthiest. Victims of intimate partner violence are at a dramatically increased risk of suicide.

People's experience of good quality and accessible mental health and wider support services is crucial to protecting lives. Ensuring that young people get the best start in life is vital to building and maintaining better mental health and wellbeing into their future.

The COVID-19 pandemic and cost of living crisis have worsened and highlighted existing inequalities in society, and alongside international events have put an increased strain on the mental health and resilience of our communities. Now is the time for renewed focus and attention on suicide prevention.

Our new suicide prevention strategy reflects the wide range of work that is needed to reduce the number of people who die by suicide, and sets a framework for action over the next five years. Tackling suicide means working together across our local agencies, services and voluntary sector partners. Most importantly we must continue to engage, listen to and collaborate with residents, communities and organisations who understand how suicide affects us all, and what we need to do to save lives in Royal Greenwich.

Our ambitions for suicide prevention are supported by key related strategies and plans. The Royal Borough of Greenwich has adopted a number of missions through the 'Our Greenwich' vision for the borough to improve mental health, reduce inequalities, give young people the best start in life, support those in financial need, increase access to employment and work more closely with our communities in everything we do. The Healthier Greenwich Partnership's Health and Wellbeing Strategy and delivery plan sets out how we will improve health over the next five years by supporting residents to *start well, be well, feel well, stay well and age well*.

Suicide can often be a difficult issue to think about, but I am always reminded of the words of my colleague Councillor 'Lade Olugbemi, a dedicated advocate for suicide prevention. By taking simple steps like undertaking the 20-minute online Zero Suicide Alliance training, reaching out to each other in hard times, and talking openly about mental health and suicide to break the stigma, each of us can be the 'light bearer' and support one another to get help and stay safe, even in the darkest moments.

Councillor Denise Scott-McDonald, Cabinet Member for Heath and Adults' Social Care

Introduction

The purpose of this strategy is to showcase our plan to prevent avoidable loss of life by suicide, and support those bereaved and affected suicide in Royal Greenwich.

Every death by suicide is an individual tragedy, and can transform the lives of those who knew, loved or supported someone who takes their own life.

We know that suicide is preventable. While there is rarely a simple reason why someone dies by suicide, life experiences, challenges, and personal situation can all increase the risk. We also know that recognising and intervening when a person is in crisis and may be at risk can prevent them going on to complete suicide.

The COVID-19 pandemic, cost of living crisis, and international events including war and accelerating climate change have all increased the pressure on people and mental health services. While rates of suicide in Royal Greenwich have not risen, we are living in challenging and unprecedented times, and it is more important than ever that we do all we can to protect mental health and prevent suicide.

By understanding the factors that drive risk of suicide we can work together to address them and make Royal Greenwich a safer place for all our residents.

Through this strategy we will co-ordinate and support work across a range of vital areas to improve and protect mental health in Royal Greenwich, tackle the issues that affect the risk of suicide, provide better help to those at risk of suicide, improve awareness, reduce stigma, and deliver much needed support to those who are bereaved by suicide.

This strategy will be led by a multi-agency Suicide Prevention Partnership, representing the many stakeholders who need to collaborate to make an impact in Royal Greenwich.

We are committed to engaging with our residents, to draw on the expertise, capacity and passion within our communities for improving mental health and preventing suicide. By facilitating a wider community coalition around suicide, we can better understand where we need to act, when we are getting things wrong, and how we can enable and enhance the incredible work that community activists, volunteers and leaders are already doing.

National and regional Context

The Suicide Prevention Strategy for England: 2023 to 2028 delivers a firm commitment to see the number of suicides in England decrease within 2 and a half years at the very latest.

Alongside national work, local authorities are expected to take action to prevent suicide. The previous national strategy provided suggested areas for attention at a local level:

National Suicide Prevention Strategy Recommendations

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce rates of self-harm as a key indicator of suicide risk

Within London the Mayor's London Health Inequalities Strategy 2018 includes a commitment to make London a Zero Suicide City by 2028. The Mayor leads work through Transport for London to address deaths on the city's transport network, and has invested in promoting Zero Suicide Alliance training to all Londoners, resulting in more than 370,000 people completing the training.

Local context

Preventing Suicide has long been a priority in Royal Greenwich, and a formal Suicide Prevention Strategy has been in place since 2018. Through this strategy Royal Greenwich has taken action to deliver a range of interventions, including suicide prevention and mental health awareness training for residents, staff and volunteers across the borough, implementing a safeguarding alert in Job Centres for vulnerable users, helping to develop a South East London Suicide Bereavement Service, and further enhancing our insight into local patterns of suicide through suicide audits and a new Real Time Suicide Surveillance system.

Important risk and protective factors for suicide are identified as priorities in “Our Greenwich”¹ and the Greenwich Health and Wellbeing Strategy².

Our Greenwich – Vision for 2030	Greenwich Health and Wellbeing Strategy 2023-2028
1. People's health supports them in living their best life	We aim to support children and young people to get the best start in life and reach their full potential.
2. People will not experience discrimination	We aim for fewer people to experience poor health as a result of addiction or dependence.
3. Those in financial need can access the right support, advice and opportunities to improve their situation	We aim that fewer adults are affected by poor mental health.
4. Children and young people can reach their full potential	We aim that fewer children and young people are affected by poor mental health
5. Everyone in Greenwich is safer, and feels safer	We will make sure that everyone can access the services they need on an equal footing.
6. People in Greenwich have access to a safe and secure home that meets their need	There will be effective integrated community teams based in neighbourhoods, which will provide the right support when and where it is needed.
11. Everyone has the opportunity to secure a good job	We aim to reduce unfair and avoidable differences in health and wellbeing.
14. The voluntary, community and socially motivated sectors in Greenwich are strengthened and able to provide more support to the most in need	We will work with health and care services to support people and their carers to live fulfilling and independent lives.
15. Our Council is better at listening to communities, and communities feel they are heard	
16. We develop networks with communities, key partners and businesses to meet need and address challenges together	
17. We design our services around the needs of our residents	

¹ [Our Greenwich Plan | Home | Supported by Royal Borough of Greenwich](#)

² [Royal Greenwich Joint Health and Wellbeing Strategy | Royal Borough of Greenwich](#)

What we know about suicide

Suicide is a complex issue, and each death by suicide is unique. Recent NICE guidance³ underlines that risk of suicide is very difficult to predict at an individual level, however there are a range of sources we can draw on to understand overall patterns and trends in suicide, and the groups within society who experience higher rates of death by suicide.

The Office for Health Improvement and Disparities Fingertips Profiles provide information on rates of suicide at national, regional, and borough level, enabling us to understand how rates of suicide have changed over time, and how they compare between different parts of the country.

The Office for National Statistics Primary Care Mortality Database (ONS PCMD) provides information from death registrations, and allow local teams to examine patterns in the age, gender and method of suicide for people who take their lives in Royal Greenwich.

The ONS have also undertaken experimental work, linking death registration data to information from the 2011 Census, showing how rates of suicide vary for different groups nationally, including by religion, ethnicity, disability status and socio-economic situation.

The National Confidential Inquiry into Suicide and Homicide (NCISH) based at Manchester University provides insight at a national level into patterns of suicide, with a particular focus on those who have been in contact with mental health services.

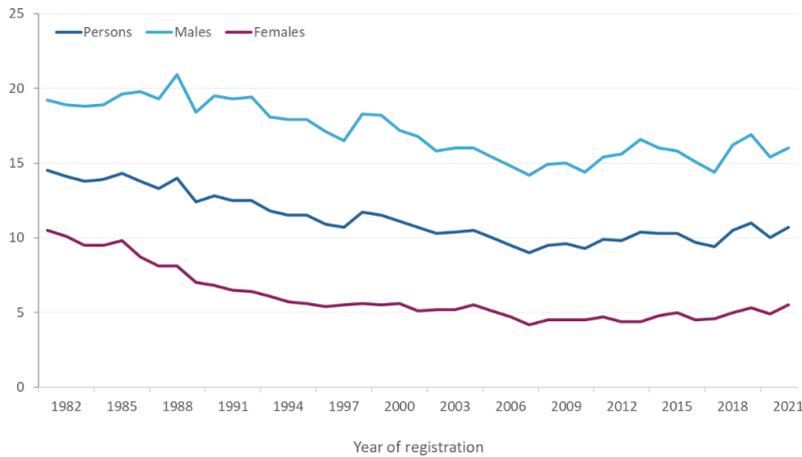
Since 2020 a London-wide Real Time Suicide Surveillance (RTSS) system has been in place. It is co-hosted by the Metropolitan Police Service (MPS) to provide a platform to securely collect and share real-time data on suspected suicides between multiple agencies. As well as supporting interventions such as outreach by local Suicide Bereavement Services to next of kin and witnesses, the RTSS can provide detail on deaths at a borough level that is not available from other sources (such as around ethnicity, location of death and history of contact with the criminal justice system) and help identify any groups of deaths which may be related to each other. As a real time system, the RTSS provides much more timely updates on local deaths, without the delays associated with Coroner processes. It is important to note however that all deaths recorded on this system are suspected suicides, and it will be for a Coroner to determine the cause of death at a later time.

³ <https://www.nice.org.uk/guidance/ng225/chapter/Recommendations>

The national picture

Trends, age and gender

Age-standardised suicide rates by sex, England and Wales, registered



Suicide rates **higher** since lower standard of proof

Fell in early pandemic

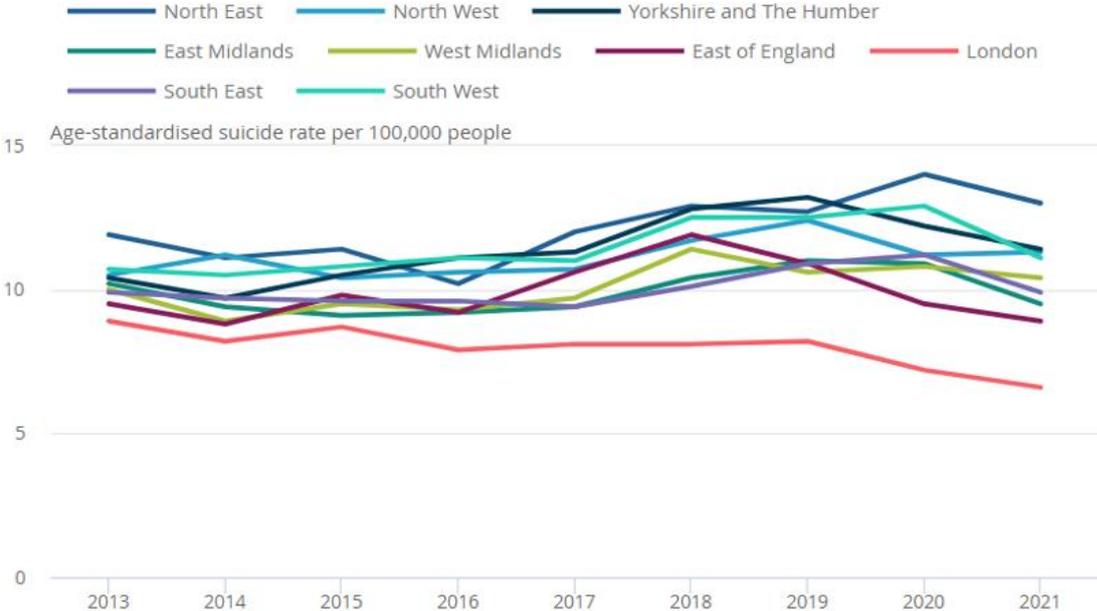
2021 **similar** to pre-pandemic years 2018/2019

Source: ONS

Overall deaths by suicide have been falling over the last 40 years, however this decline levelled out from 2008, which may relate to the impact of the 2007/08 economic crisis.

The sharp increase seen in 2018 happened at the same time as a change in the standard of proof used by coroners when giving a verdict of death by suicide and does not necessarily represent an actual change in the numbers of lives lost to suicide. Before this time coroners used the criminal standard of “beyond all reasonable doubt” in determining whether someone had died by suicide. Since 2018, the civil standard of “on the balance of probabilities” has been used, meaning more deaths are likely to result in a verdict of suicide.

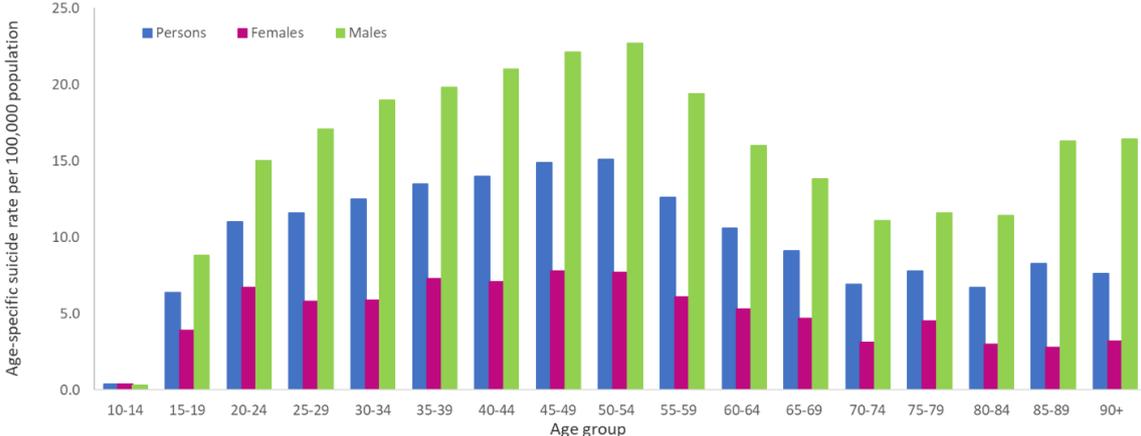
Age-standardised suicide rates by year and region, England, deaths occurring between 2013 and 2021



Source: ONS

In recent years, rates of suicide in London have been lower than other parts of the country.

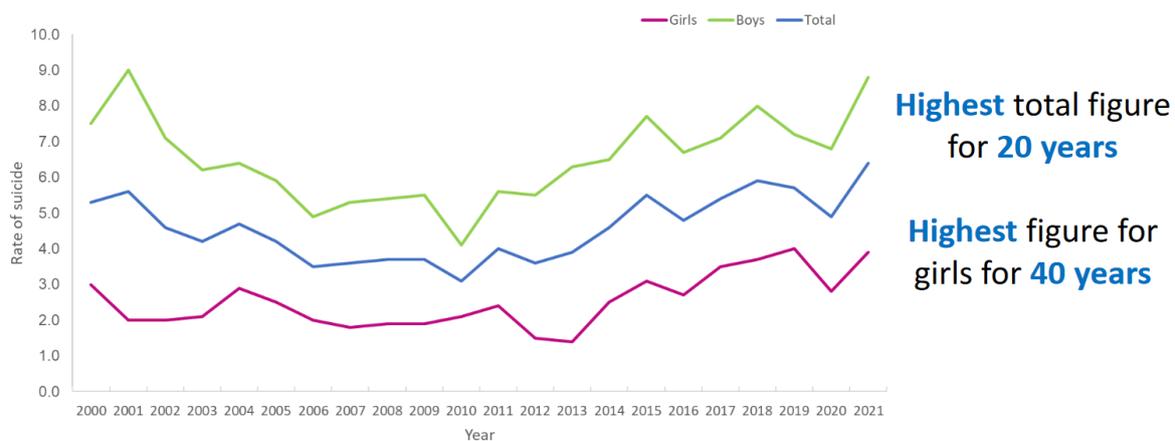
Age-specific suicide rates, 2021, England and Wales



Men aged 40-54 have highest suicide rates

Source: ONS Suicides in England and Wales: 2021 registrations

The highest rates of suicide are generally seen among men in mid-life. Across all ages, suicide is much more common among men than women, with men making up around 75% of deaths by suicide.

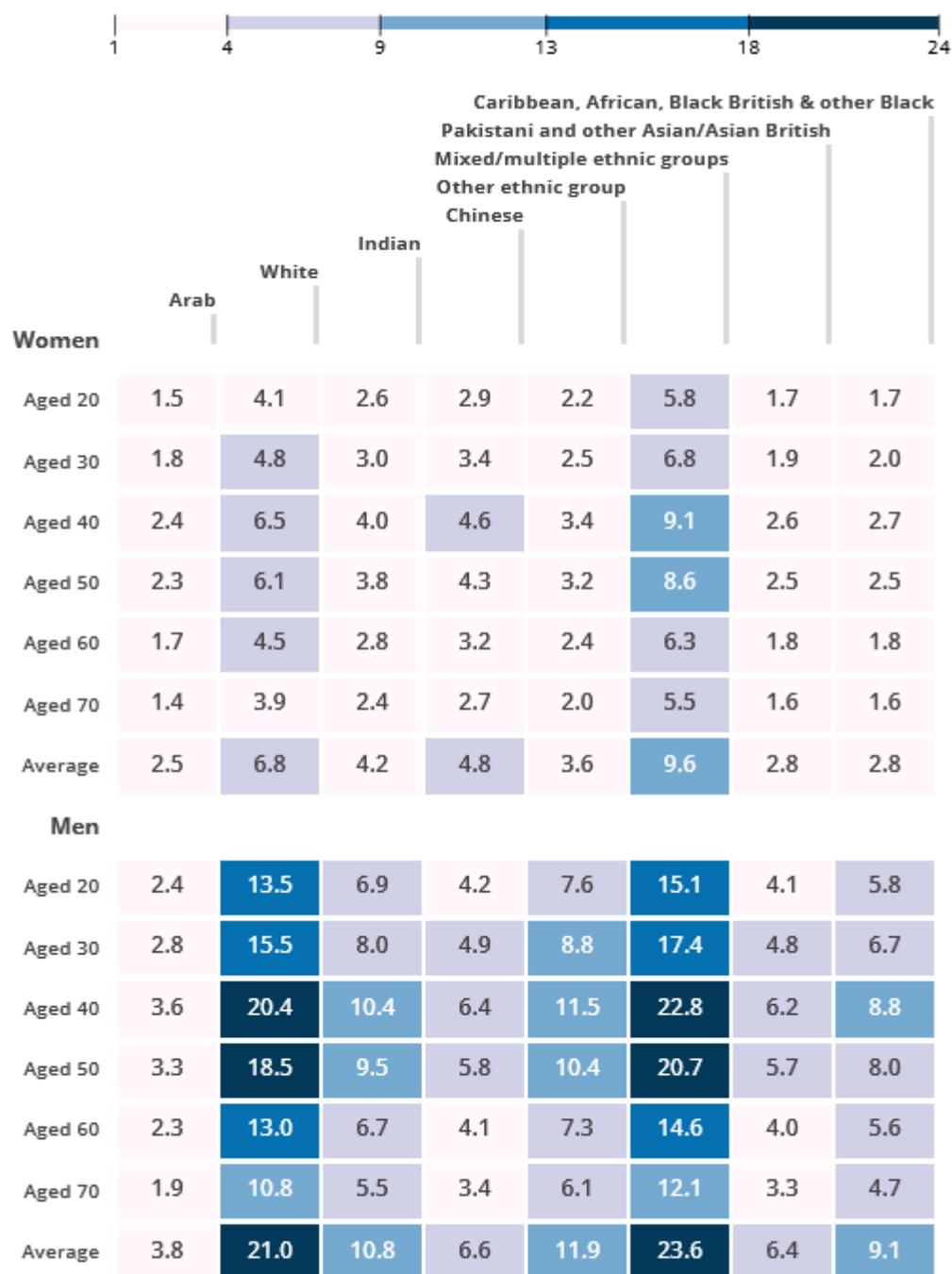


Source: ONS/ National Confidential Enquiry into Suicide and Homicide

Although young people still make up a relatively small proportion of all deaths by suicide, there has been an increase in suicide deaths among 15 to 19 year olds since 2010.

Ethnicity

Rates of suicide per 100,000 people by ethnicity in England and Wales, 2011 to 2021



Source: 2011 Census and death registration data from the Office for National Statistics

Rates of suicide nationally vary for people with different ethnic backgrounds. The highest rates are found among people of White and Mixed/multiple ethnic group backgrounds.

Religious affiliation

Rates of suicide per 100,000 people by religious affiliation in England and Wales, 2011 to 2021

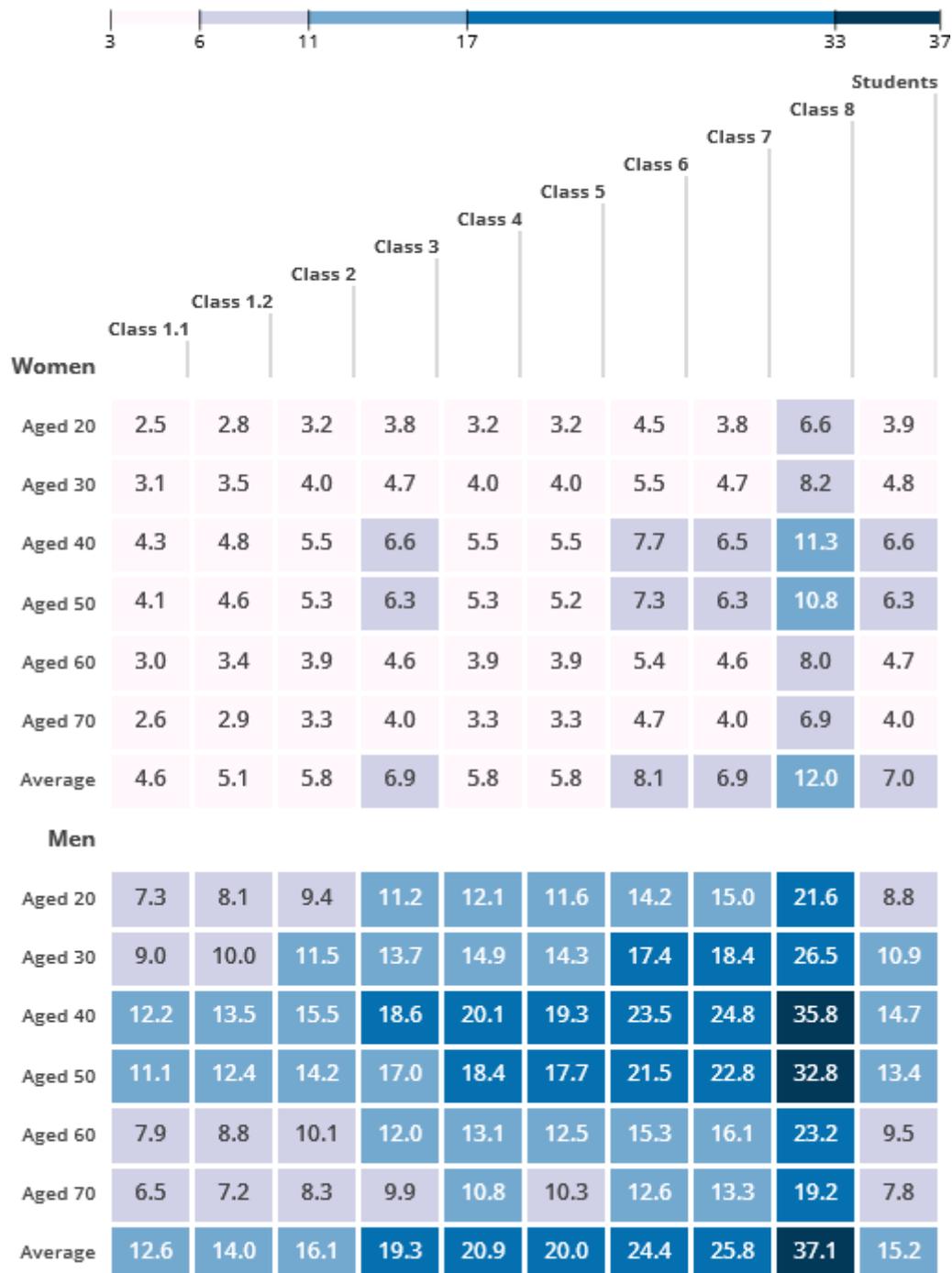


Source: 2011 Census and death registration data from the Office for National Statistics

Generally, people with a religious affiliation experience lower rates of suicide. The highest rates are found among people with no religion, Buddhist faith, and Other faith (which includes Pagan, Spiritualist, Mixed religion, Jain and Ravidassia faith).

Socio-economic status

Rates of suicide per 100,000 people by National Statistics Socio-economic classification (NS-SEC) in England and Wales, 2011 to 2021



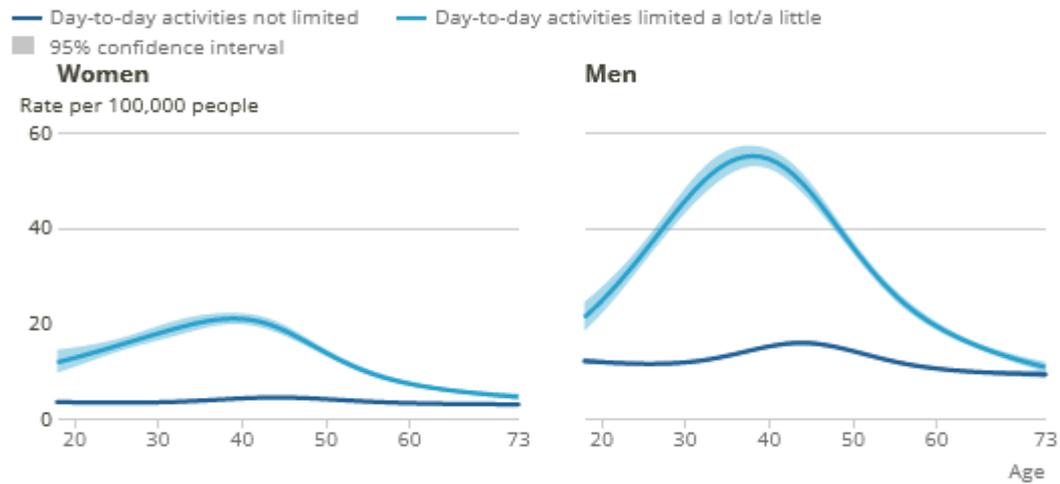
Source: 2011 Census and death registration data from the Office for National Statistics

Rates of suicide vary across socio-economic status, with the highest rates found in people in Class 8 (never worked and long-term unemployed) and lowest rates in Class 1.1 (Large employers and higher managerial and administrative occupations).

Overall students do not experience higher rates of suicide than young people of similar age who are not studying.

Disability

Rates of suicide per 100,000 people by disability status in England and Wales, 2011 to 2021



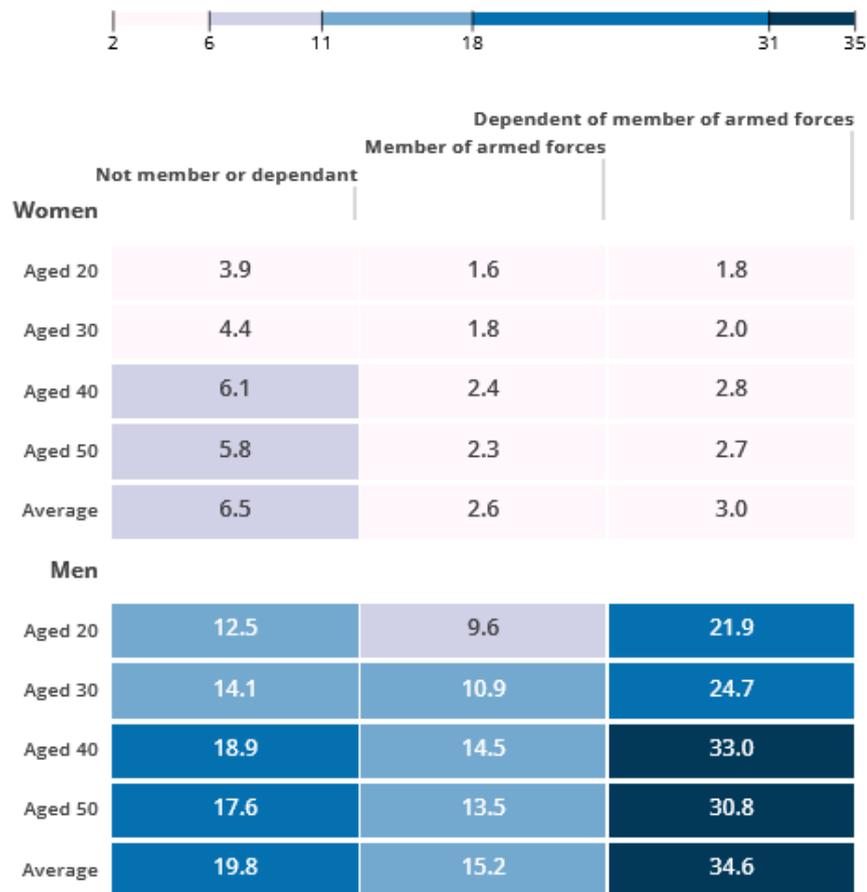
Source: 2011 Census and death registration data from the Office for National Statistics

Disabled people experience much higher rates of suicide than non-disabled people. In mid-life, Disabled people have rates up to 4 or 5 times that in the non-disabled population.

Disability status was assessed by asking "Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?"

Armed forces

Rates of suicide per 100,000 people by armed forces status in England and Wales, 2011 to 2021



Source: 2011 Census and death registration data from the Office for National Statistics

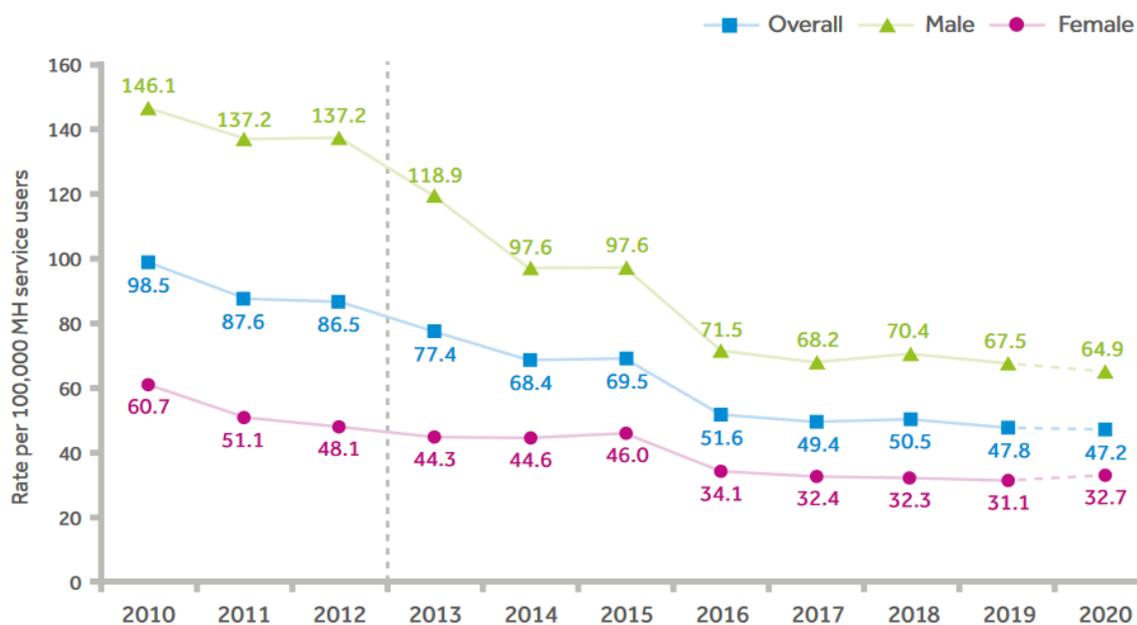
Rates of suicide among serving members of the armed forces are lower than the general population, however male dependents of members of armed forces experience higher rates.

A separate study by the University of Manchester shows that veterans of the armed forces do not experience higher rates of suicide than the general population, although younger veterans, those who have served on operational tours, and those who had short military careers were at higher risk⁴.

⁴ <https://www.gov.uk/government/news/new-figures-provide-latest-data-on-veterans-suicide>

Mental health service users

Rates of suicide per 100,000 mental health service users in England



Source: National Confidential Enquiry into Suicide and Homicide/Mental Health Services Data Set (MHSDS)

In England and Wales, 27% of people who died by suicide from 2010 to 2020 had been in contact with mental health services in the previous 12 months.

Among people who died by suicide who had been in contact with mental health services, most patients had a history of self-harm (64%) and there were high proportions of those with alcohol (48%) and drug (37%) misuse, and comorbidity, i.e. more than one mental health diagnosis (53%). Nearly half (48%) of all patients lived alone. In 5% of cases overall, the patients were recent migrants, i.e. seeking permission to stay in the UK or resident in the UK for less than 5 years.

In 13% of cases, the person had only had a single contact with mental health services in the preceding 12 months. Around a third (32%) of these patients were employed and a fifth (20%) had a diagnosis of alcohol or drug dependence/misuse.

Source: National Confidential Enquiry into Suicide and Homicide/Mental Health Services Data Set (MHSDS) Self-harm is linked to suicide risk. Self-harm resulting in a hospital visit is associated with being 30 to 50 times as likely to die by suicide within the next year⁵ and approximately 50% of people who die by suicide have a history of self-harm⁶. It is worth noting however that suicide remains rare and self-harm is increasingly common. The links between lower-level self-harm not resulting in hospital treatment and suicide risk are not clearly established, and may vary across age and cultural groups where attitudes and patterns around self-harm are different.

⁵ <https://www.nice.org.uk/guidance/ng225/documents/final-scope>

⁶ https://assets.publishing.service.gov.uk/media/5a7ffeaaed915d74e33f7d24/Suicide_report_2016_A.pdf

Bereavement

Deaths by suicide can have a 'ripple effect' extending beyond immediate friends and family to acquaintances, first responders and health and care professionals. Estimates of the average number of people impacted by a death by suicide vary from 7 to 135.

Losing someone close to you by suicide has a profound effect, leading to greater risk of depression and an increased risk of attempting suicide (65% higher than the effect of losing someone to natural causes)⁷.

Evidence suggests family, friends and acquaintances who are bereaved by suicide may have a risk of dying by suicide that is up to 3 times higher than the general population⁸.

Intimate Partner Violence

Experience of Intimate Partner Violence has a significant effect on mental health for both men and women, across all ages and has been shown⁹ to lead to:

- over twice the risk of self-harming without suicidal intent
- almost twice the risk of having suicidal thoughts
- almost three times the risk of attempting suicide

⁷ [Suicide bereavement in the UK: Descriptive findings from a national survey - PMC \(nih.gov\)](#)

⁸ Suicide prevention in England: 5-year cross-sector strategy

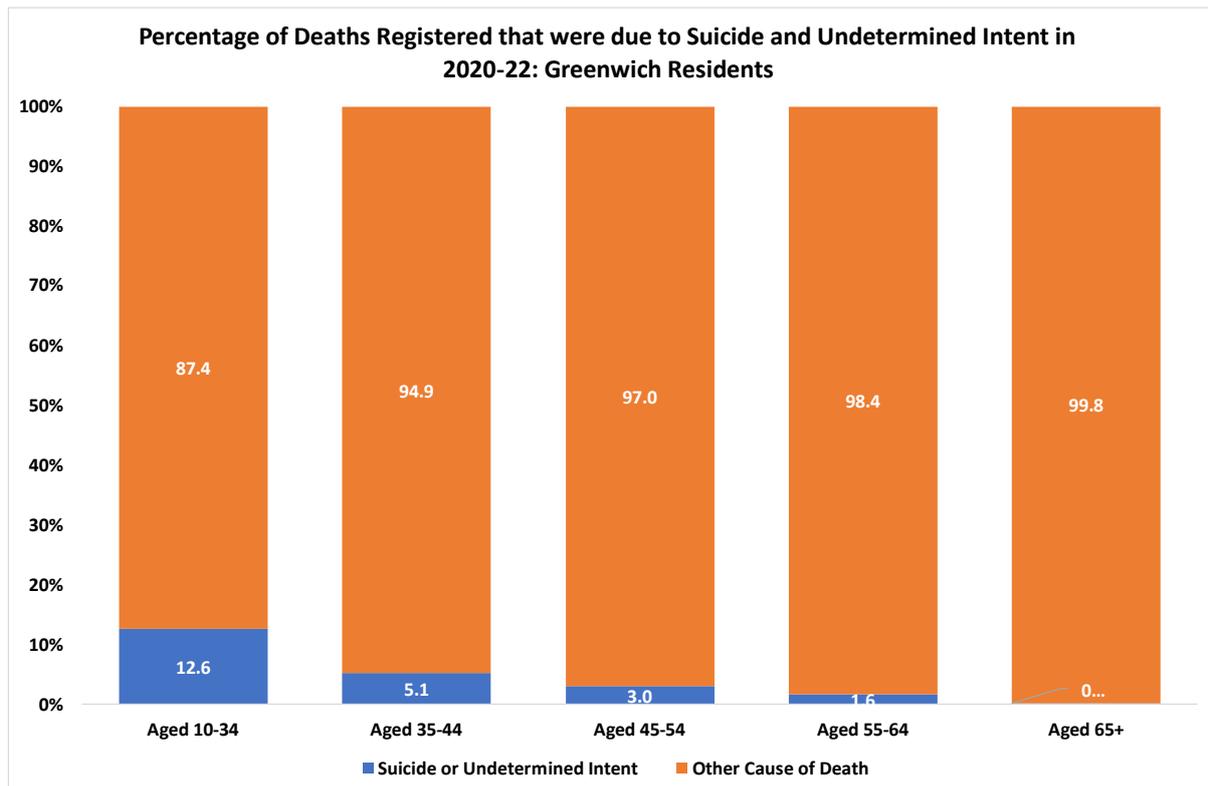
⁹ <https://www.city.ac.uk/news-and-events/news/2022/06/england-wide-study-first-show-link-between-intimate-partner-violence-self-harm-suicidality>

The local picture

In Royal Greenwich on average around 15 people die by suicide every year.

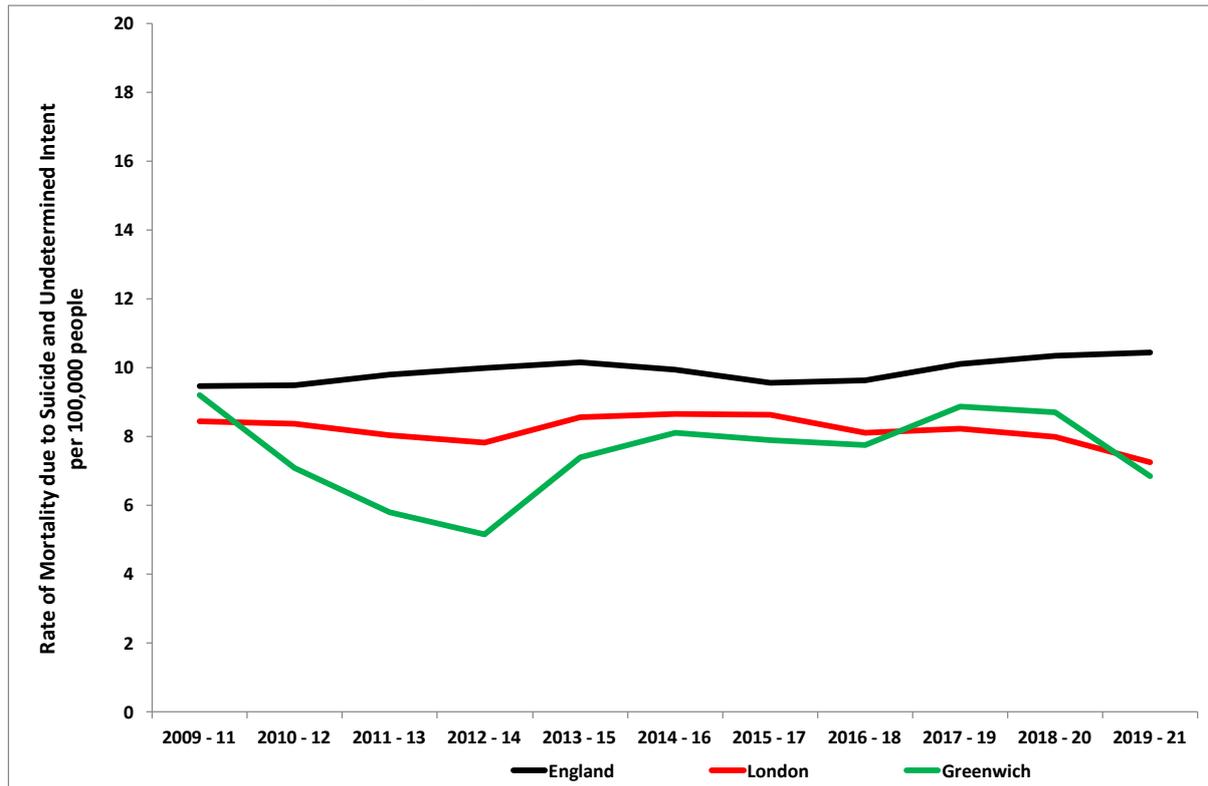
While this is only 1% of the total number of people who die in Royal Greenwich each year, for younger people suicide makes up a higher proportion of deaths. In 2020-22 10% of under 35s who died had taken their own lives.

Around 15% of deaths of men aged 10-34 were due to suicide or undetermined intent in 2020-22, and under 5% of deaths of women aged 10-34 were.



Source: Primary Care Mortality Database

Trends in rates of mortality in England, London and Greenwich



Source: <https://fingertips.phe.org.uk/>

In the years 2019 to 2021 the standardised rate of deaths by suicide in Royal Greenwich was 6.8 per 100,000, which is lower than the rate for England (10.4 per 100,000) and not significantly different to the London average.

Local rates of suicide have remained relatively stable in recent years, with a decrease in the most recent data.

Gender

As is seen nationally, most people who die by suicide in Greenwich are men, making up around three out of four lives lost.

The rate for men was 9.3 per 100,000 which was lower than the England rate of 15.6 per 100,00 and not significantly different to the London average.

The rate for women was 4.3 per 100,000 which due to the low numbers was not significantly different to London or England.

Source: <https://fingertips.phe.org.uk/>

Ethnicity

Data from the Real Time Surveillance System (September 2020 to August 2023) includes information on the ethnicity of people who die by suspected suicide. In Royal Greenwich 76% of suspected suicides are of White people, which is high compared to the percentage of the Royal Greenwich

population who are White (56%). This remains true when looking only at younger people, where White people make up a smaller proportion of the population.

Methods of suicide

Hanging/suspension/asphyxiation has long been the most common method of suicide in Royal Greenwich, used in 54% of suicide deaths in 2003-2022. This method has increased in frequency locally, used in 42% of deaths between 2003 and 2007 and 58% between 2018 and 2022.

For men deaths by hanging/suspension/asphyxiation increased from 47% between 2003 and 2007 to 58% from 2018 to 2022.

For women deaths by hanging/suspension/asphyxiation increased from 24% in 2003 to 2007 to 40% in 2018 to 2022.

The second most common method in Greenwich has been poisoning by drugs or noxious substances, used in 21% of suicide deaths from 2003 to 2022. Poisoning has decreased in frequency as a method locally, used in 28% of deaths from 2003 to 2007 and 17% from 2019 to 2022.

For men deaths by poisoning decreased from 28% from 2003 to 2007 to 9% from 2018 to 2022.

For women deaths by poisoning increased from 28% from 2003 to 2007 to 36% from 2018 from 2022.

The remaining cases were due to a variety of causes including drowning, use of sharp objects, and falls from high places or at stations.

Source: ONS PCMD

RTSS data on suspected suicides from September 2020 to August 2023 show an even higher proportion of deaths by hanging/suspension/asphyxiation, with this method accounting for 66% of deaths.

Other methods were uncommon, and numbers are small so cannot be reported separately. Causes of death included overdose, falls and being struck by a train.

Source: Real Time Suicide Surveillance system

Location of death

ONS PCMD report location of death as the place death was declared, so many deaths are recorded as taking place in hospitals, rather than where the person was found or took their life.

Data from the Real Time Suicide Surveillance system shows the location a person was first found by emergency services, so provides better insight into local patterns.

For Royal Greenwich residents, 72% of suicide deaths took place at the person's home address, and 87% happened within the borough. There is not currently clear evidence of any high frequency locations.

Contact with services

RTSS data may contain indications a person had contact with mental health services (where attending emergency services can establish this). 25% of cases suggest the person had current or previous contact with mental health services.

Work is ongoing in South East London to explore where people who die by suicide have had contact with local mental health services. Initial findings suggest the rate may be higher than the national average of 27%, and this will be further examined at South East London and borough level to help inform opportunities for action.

Notes from attending services mention signs of mental health problems in 48% of all suspected deaths, but not all of these suggest the person was in contact with services. The most common mental health problems mentioned were mood disorders (31% of deaths), followed by psychotic disorders (11% of deaths).

Only small numbers of deaths were of current prisoners, however a significant proportion (27% of deaths) had a record of previous contact with the criminal justice system, either as a victim or perpetrator.

Self-harm

In 2021/22 Emergency Hospital Admissions for Intentional Self-Harm in Royal Greenwich were 116.7 per 100,000 which was significantly lower than England (163.9 per 100,000) but higher than London (80.0 per 100,000).

Source: <https://fingertips.phe.org.uk/>

Work is underway to develop a self-harm surveillance system for London, which will provide more detailed insight into the prevalence and patterns of self-harm.

Our previous Suicide Prevention Strategy

Royal Greenwich's previous Suicide Prevention Strategy was agreed in 2018 and drew on the then current national guidance from Public Health England on local approaches to tackling suicide.

The three key pillars of this strategy were to **improve information and intelligence to tackle suicide**, **support higher risk and vulnerable populations**, and **improve communication and support around suicide**.



This work was supported by a multi-agency Suicide Prevention Partnership, and Task and Finish groups focused on the key delivery areas of the strategy.

Highlights

The establishment of a South East London Suicide Bereavement Service has enabled proactive outreach to people bereaved and impacted by suicide, with a mix of practical and emotional support from Suicide Bereavement Support Workers, Bereavement Counsellors and Community Chaplains, who work with people of all faiths and none. The service works closely with local community organisations and has a focus on specific groups, including children, young people and BAME communities.

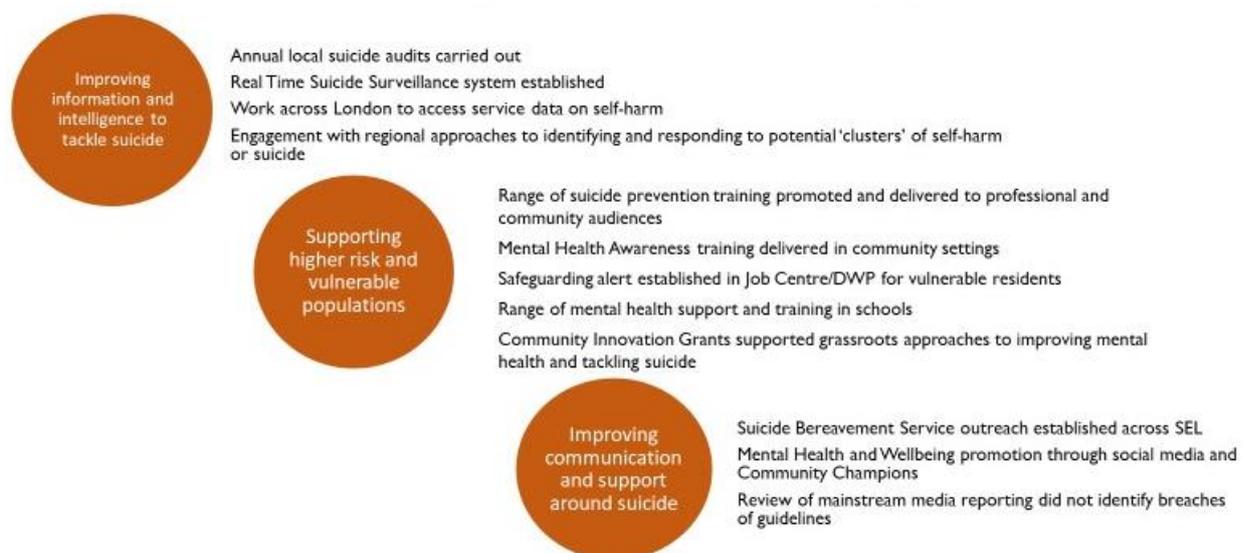
Universal online Suicide Prevention training from Zero Suicide Alliance has been promoted across professionals and communities, and been integrated into Royal Borough of Greenwich's staff training system.

Bespoke interactive suicide prevention training has been commissioned from South East London Mind, and targeted promotion has trained over 250 local staff in key roles, including within the Contact Centre, Advice and Benefits and Employment services, Health and Social Care services, Housing and Tenancy services and Schools Counselling teams.

Mental Health Awareness training has been funded by Royal Borough of Greenwich and delivered by Bridge Support to over 400 community and voluntary sector staff working with residents.

The Real Time Suicide Surveillance system has enabled greater insight into local deaths by suspected suicide and supported work to monitor emerging patterns in deaths.

The Royal Greenwich Community Innovation Grants programme delivered almost half a million (£491,000) of MHCLG, Cabinet Members, Public Health and local NHS combined funding to 75 local projects with a focus on mental health and wellbeing, social isolation and inequalities, including projects with specific focuses on tackling suicide.



Opportunities and challenges

The COVID-19 pandemic radically affected communities and services in Greenwich. While suicide rates have not increased post-pandemic, the scale of the mental health challenge locally has grown, and mental health services are encountering much higher levels of referrals and supporting residents with greater levels of need.

The local pandemic response, with an emphasis on enhanced socio-economic support through the Community Hub and community engagement, has helped highlight the challenges and inequalities that impact the lives of our residents. It has also shown the capacity and expertise of local people and the importance of working collaboratively with communities to tackle complex and difficult issues. Building safe, effective and sustainable ways of working alongside our communities to address suicide will be vital to supporting all residents who may be at risk.

The development of the new Greenwich Mental Health Hub, new mental health roles in Primary Care settings and location of social prescribing staff in Primary Care surgeries provide opportunities to intervene earlier to support people's mental health and reduce risk of suicide.

Work is ongoing to deliver a new Mental Health Vision for mental health services in Royal Greenwich, with a focus on joined up collaboration between service providers, and more person-centred care. With the integration of health and social care services, there are increased opportunities for collaboration around suicide prevention within local services.

The cost of living crisis poses a serious concern given the strong links between economic vulnerability, unemployment, and suicide risk. Supporting local people around financial pressures will continue to be a vital priority in suicide prevention going forwards.

A new National Suicide Prevention Strategy for England¹⁰ was published in September 2023, setting out a wide range of key commitments from national government to tackle suicide, including new funding for community and voluntary sector activity,

¹⁰ <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy>

Developing our new strategy

A Suicide Prevention Strategy development session was held in summer 2023. Stakeholders from communities and local agencies came together to review evidence and data, look at national recommendations for local action to tackle suicide, and explore local priorities for work over the next 5 years.

The two key sets of national recommendations are presented below:

National Suicide Prevention Strategy Recommendations

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce rates of self-harm as a key indicator of suicide risk

Public Health England suggested priorities

1. Reducing risk in men, especially in middle age, with a focus on: economic factors such as debt; social isolation; drugs and alcohol; developing treatment and support settings that men are prepared to use
2. Preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients
3. Mental health of children and young people, with joint working between health and social care, schools and youth justice, and plans to address the drastic increase in suicide risk between 15- to 19-year-olds
4. Acute mental health care, with safer wards and safer hospital discharge, adequate bed numbers and no out of area admissions
5. Treatment of depression in primary care, with safe prescribing of painkillers and antidepressants
6. Tackling high frequency locations, including working with local media to prevent imitative suicides
7. Bereavement support, especially for people bereaved by suicide
8. Reducing isolation, for example through community-based supports, transport links and working with third sector

The discussion at the development session was very rich, and the wide range of challenges, opportunities and questions raised underlined how far the roots of suicide prevention reach.

There was broad endorsement that some of the key national strategy recommendations were clearly local priorities, and we need to continue to pursue and improve our approach to them. These particularly related to:

- supporting timely intervention by delivering training, both specific Suicide Prevention Training and wider mental health and wellbeing training, to front line staff across the statutory and voluntary sector, but also ensuring that residents and communities can access these resources
- continuing to support and enhance signposting towards the suicide bereavement support being offered through the South East London service

- building on the work of community-based champions and grassroots organisations to communicate around mental health and wellbeing, and tackle stigma and discrimination
- identifying and supporting people around self-harm
- tackling isolation and loneliness
- delivering support around substance misuse

The importance of mental health services was emphasised, including around how people who self-harm are supported. More general challenges for mental health service delivery were highlighted, including waiting lists, the co-ordination and consistency of services, transitions between services, the cultural acceptability of services to our population, and good practice around approaches like trauma-informed care. Providing the best possible support to Children and Young People was seen as key to a long-term suicide prevention approach. Participants underlined the need for the borough Suicide Prevention Strategy to understand and support service provider approaches and policies around risk management and suicide prevention. Some attendees mentioned the importance of family involvement in managing risk. Another issue highlighted was supporting staff exposed to suicide deaths.

Good quality and consistent communications around suicide was a clear theme. Participants suggested the importance of wellbeing and suicide prevention messages reaching as widely as possible, and suicide-related communication going beyond promoting uptake of suicide prevention training, and including anti-stigma outcomes. Participants were interested in exploring ways of effectively reaching people who might be at risk of suicide themselves. Making sure that these communications are culturally appropriate for all the audiences we need to reach is key to this, particularly in a diverse borough like Royal Greenwich.

There was recognition that suicide risk does not exist in a vacuum and understanding the experiences of people around issues such as economic vulnerability, cultural/ethnic identity, discrimination, trauma, disability, sexual and gender identity, and neurodiversity are vitally important to protecting and supporting our residents. The wide range of higher risk groups suggested by participants underscored the complexity of suicide prevention and the need to connect with and advocate within many other local strategies and approaches. Some participants stressed the potential benefit of enhanced strategic governance around wider mental health and wellbeing in Royal Greenwich, to work alongside the strategic leadership in place for mental health services and systems.

Finally, two connected themes were around the importance of improving our understanding of what lies behind patterns of suicidality and risk, and genuinely engaging with experts by experience and communities. While securing and analysing better quality data is important to informing suicide prevention activity, the insights and collaboration of local people are crucial to addressing the factors that drive poor mental health and suicide in Royal Greenwich across our communities. At the event, and in subsequent conversations with experts by experience, it was clear that building the trust and relationships needed to create a real coalition around suicide prevention requires an ongoing long-term process, and this should be a key aspect of how we work through the life of the strategy. There are a number of potential avenues and opportunities to support this, as agencies across Royal Greenwich are seeking to work more collaboratively with communities, including through Community Champions, developing neighbourhood work, Oxleas-based lived experience networks, Be Well Hubs, Community Innovation Grants project leaders, as well as the wider local community and voluntary sector.

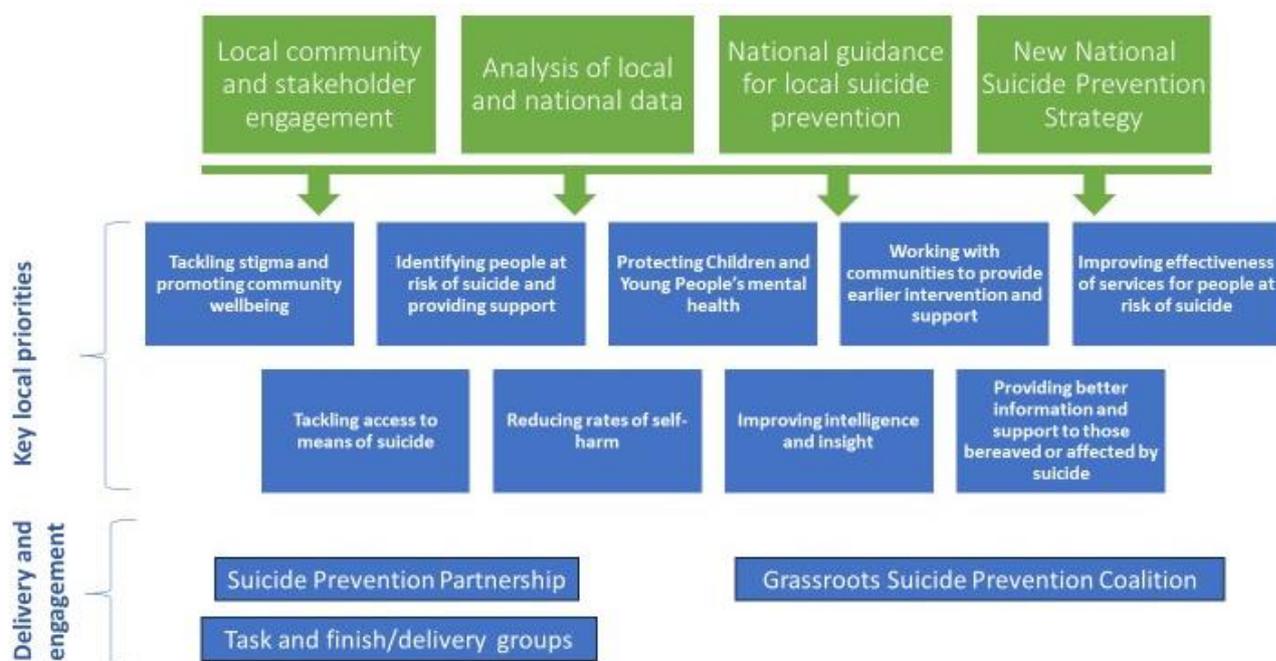
Greenwich Suicide Prevention Strategy 2023 to 2028

Drawing on the inputs from participants at our engagement session, as well as the national guidance on local suicide prevention approaches, and new national strategy for suicide prevention, a set of priorities for local work have been developed.

Nine key areas for action were identified:

1. **Tackling stigma and promoting community wellbeing**
2. **Identifying people at risk of suicide and providing support**
3. **Protecting Children and Young People’s mental health**
4. **Working with communities to provide earlier intervention and support to reduce risk of mental health crisis and suicide**
5. **Improving effectiveness of services for people at risk of suicide and mental health crisis**
6. **Tackling access to means of suicide**
7. **Reducing rates of self-harm**
8. **Improving intelligence and insight**
9. **Providing better information and support to those bereaved or affected by suicide**

This will be led by a refreshed Suicide Prevention Partnership, which will convene task and finish groups to take forward different elements of the strategy, agree annual actions plans, and monitor progress and outcomes. It will also work to bring together a wider grassroots Suicide Prevention Coalition, which supports local communities and grassroots organisations to continue to influence, inform and challenge suicide prevention work in Royal Greenwich.



Within each of our nine priority areas, existing progress and opportunities have been identified, and key actions and ambitions to improve mental health and reduce risk of suicide are set out.

These are presented in the section below.

1. Tackling stigma and promoting community wellbeing

Progress and opportunities



Key actions and ambitions

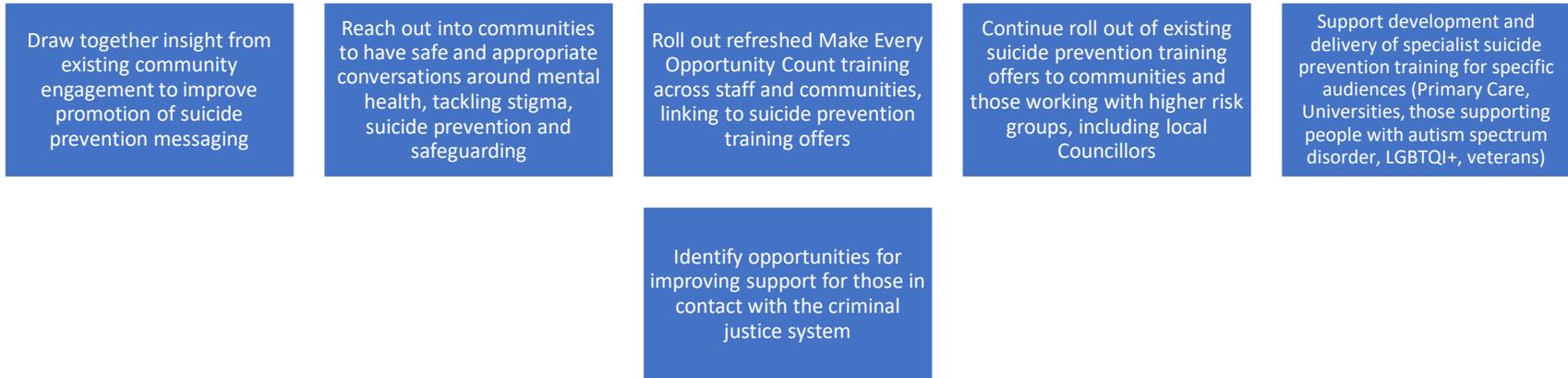


2. Identifying people at risk of suicide and providing support

Progress and opportunities



Key actions and ambitions

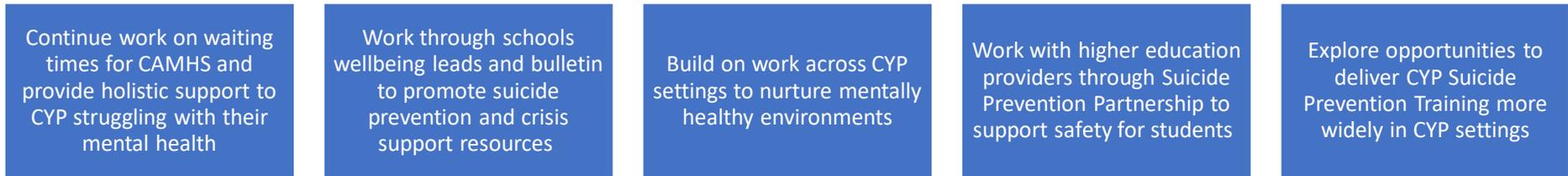


3. Protecting Children and Young People’s mental health

Progress and opportunities



Key actions and ambitions



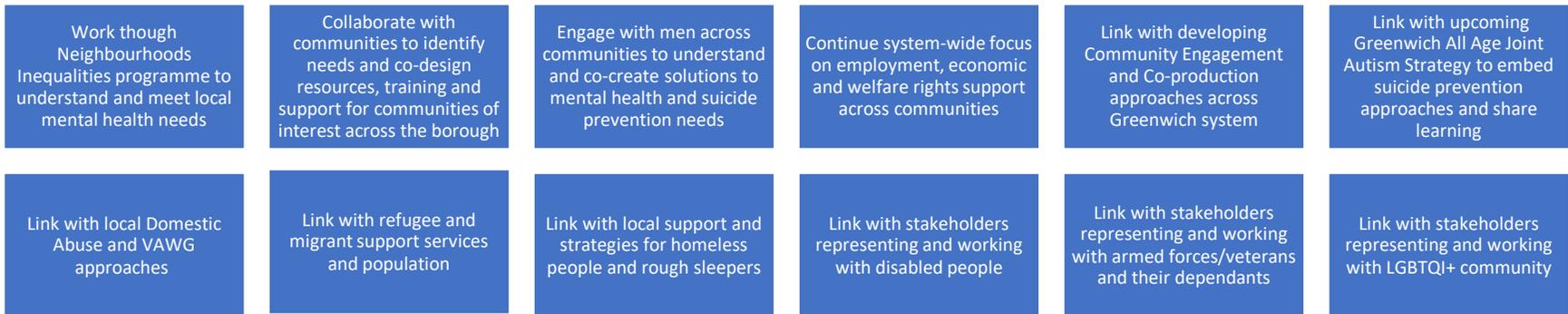
4. Working with communities to provide earlier intervention and support to reduce risk of mental health crisis and suicide

Working with communities to provide earlier intervention and support to reduce risk of mental health crisis and suicide

Progress and opportunities



Key actions and ambitions



5. Improving effectiveness of services for people at risk of suicide and mental health crisis

Progress and opportunities

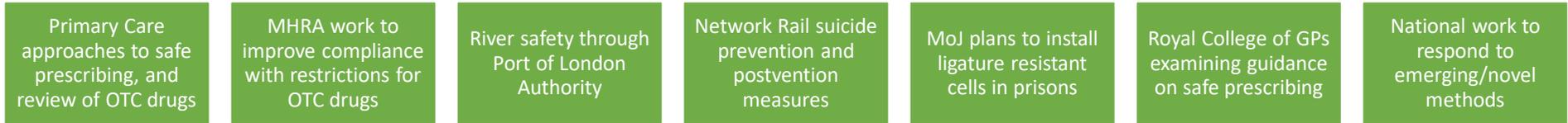
Greenwich Mental Health Vision for better co-ordinated and empathetic care	Pan-London and SEL suicide prevention approaches	NHS England procuring specialised mental health ambulances & investing in alternatives to A&E, places of safety	New NHS England safety-planning workstream developing risk management and safety approaches in MH services	Bridge Back Home provides short term social support to local people in crisis
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Key actions and ambitions

Support intelligence and good practice sharing through Suicide Prevention Partnership	Work through Greenwich MH Vision delivery to support NICE guidelines on personalised assessment of needs, risks and contexts	Support service delivery partners to collaborate on suicide prevention, linking with Mental Health Vision delivery, inpatient discharge	Support SEL ICS work on self-harm and suicide cluster protocols	Forge and maintain links with community and grassroots partners to support inclusive and appropriate services
Promote Oxleas Long Term Conditions psychological therapies service	Promote Greenwich Time to Talk workshops for people with co-occurring physical and mental health issues	Link with upcoming Greenwich Addictions Strategy to support people with substance misuse and gambling addictions	Explore opportunities for supportive spaces around pre-crisis, sanctuaries & safe havens	Explore most effective methods for training and supporting clinical and non-clinical Primary Care workforce

6. Tackling access to means of suicide

Progress and opportunities



Key actions and ambitions



7. Reducing rates of self-harm

Progress and opportunities

Self-harm
Surveillance
System in
development

SHEU survey
insight around self-
harm and CYP
mental health

Experts by
experience input
to MH Vision work

Wide range of CYP
support (see CYP
section)

SEL funding for
self-harm pilot in
QEH

Key actions and ambitions

Work with health services to
improve identification and
support for people
presenting with self-harm in
emergency settings

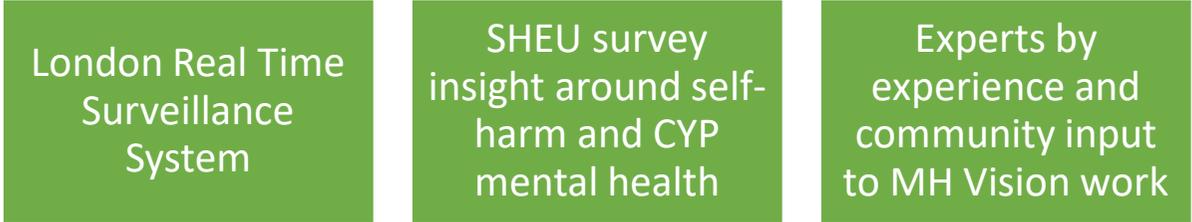
Explore opportunities to
improve community-based
services and care for people
who self-harm

Work across South East
London and more widely to
improve detection and
response to 'clusters' of self-
harm in adults and young
people

Continue focus on effective
support for young people to
manage emotions and
reduce risk of self-harm

8. Improving intelligence and insight

Progress and opportunities

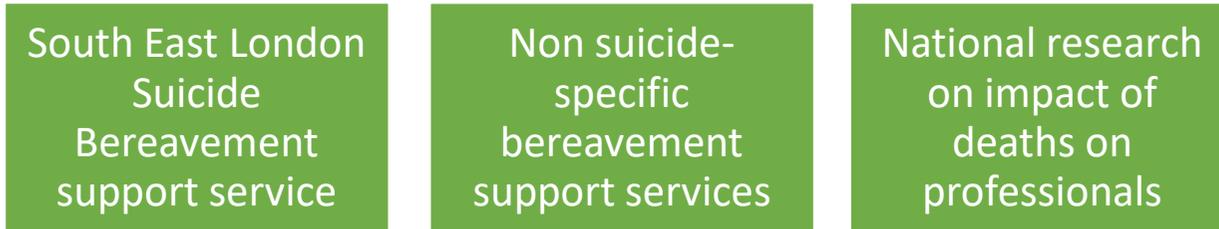


Key actions and ambitions



9. Providing better information and support to those bereaved or affected by suicide

Progress and opportunities



Key actions and ambitions



Taking our Suicide Prevention Strategy Forward

Building on our existing Suicide Prevention Partnership, and stakeholders engaged through the suicide prevention strategy development process, we will convene a refreshed Suicide Prevention Partnership in 2024.

The Partnership will lead on implementing the aims and ambitions of our Suicide Prevention Strategy, agreeing prioritised annual action plans and task and finish groups, establishing monitoring and evaluation frameworks to track and report progress to the Health and Wellbeing Board and key local strategic partnerships, and maintaining oversight of emerging evidence and guidance for local suicide prevention activities.

The Partnership will work through a range of resident and lived experience relationships and engagement mechanisms to enable local people, communities and organisations to contribute to and help lead suicide prevention in Royal Greenwich. We recognise the diversity of our population and community sector means we will need to take a flexible and learning approach to finding the most equitable, effective and sustainable ways to support collaboration around suicide prevention.

Greenwich Suicide Prevention Partnership

Police	NHS (SEL ICS)	Primary Care MH leads	Oxleas (Adults and CAMHS)	BLG Mind
Bridge Support	RBG Children's Services	RBG Health & Adults and Public Health	RBG Welfare Rights	NHS and RBG Communications
Her Centre	Greenwich Domestic Violence & Abuse Services	Charlton Athletic Community Trust	Greenwich Carers Centre	Substance misuse services
Greenwich Inclusion Project	METROGAVS (incl. METRO Charity)	Samaritans	University wellbeing leads	DWP/Jobcentre Plus
Child Death Overview Panel	SEL Suicide Bereavement Service leads	Mental Health Service User representatives	Community and faith representatives	Disabled community representatives

Next steps

- Convene refreshed Suicide Prevention Partnership in early 2024
- Agree priority Action Plan for 2024
- Develop monitoring, evaluation and reporting mechanism for Suicide Prevention Strategy
- Design framework for ongoing community, resident and grassroots involvement in suicide prevention
- Bring update and Action Plan to Health and Wellbeing Board for agreement