Walsall Multi-Agency Suicide Prevention Strategy

2024 - 2029

PROOF

Walsall Council

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Table of Contents

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Definitions and abbreviations

BCHFT: Black Country Mental Health Foundation Trust

Child and Adolescent Mental Health Services (CAMHS): a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing

Dual Diagnosis: the occurrence of a mental illness alongside substance misuse

In-Patient Suicide: death by suicide of a person who was registered as being an in-patient within a ward/unit/hospital at the time of their death, irrespective of the exact location of their death

ICB: Integrated Care Board: A statutory NHS organisation responsible for making a health plan for meeting the health needs of a population, linking with social care

LGBTQ+: lesbian, gay, bisexual, transgender, queer, questioning and Asexual, which are terms used to describe sexual and gender identity

Mental Health Literacy: knowledge and understanding of mental health

NEET: young people Not in Education, Employment or Training

NHS Talking Therapies for Anxiety and Depression programme: (formerly known as Improving Access to Psychological Therapies, IAPT) was developed to improve the delivery of and access to evidence-based, NICE recommended psychological therapies for depression and anxiety disorders within the NHS

NICE: The National Institute for Health and Care Excellence. They provide national guidance and advice to improve health and social care

Patient Suicide: death by suicide of a person who had been in contact with mental health services in the 12 months before their death, but excluding the NHS Talking Therapies programme and other primary care-based mental health services

PSHE: Personal, Social, Health and Economic Education. Delivered in both primary and secondary schools

Self-Harm: Causing intentional harm to ones' body - usually a way of coping with or expressing overwhelming emotional distress

Suicide: The act of deliberately taking one's own life

Suicide Rate: the number of suicides per 100,000 population, adjusted to take into account epidemiological variations in populations (groups of people) such as age, gender, number of people receiving a service, etc

WHT: Walsall Healthcare NHS Trust

WPH: Walsall Psychological Help - counselling service

Foreword

Suicide is a major issue for society and is a major cause of life years lost. More lives are lost to suicide each year in England than to road traffic accidents. We need to recognise that suicide is not inevitable; many deaths through suicide are preventable as suicide is often the endpoint of a complex pattern of risk factors and distressing events.

The effects of these suicides are often felt in the wider community and, in particular, by those who have had their lives shattered by the loss of a loved one. Each suicide is a tragedy and one that has a devastating effect on friends and families. Many organisations across Walsall are working hard to support people who are struggling to cope and experiencing feelings which may lead to suicide.

Suicide prevention is a complex public health challenge that requires close working between the different NHS and partner organisations. This strategy builds on the priorities set out in the 2018 – 2023 Walsall Multi-agency Suicide Prevention Strategy, the Suicide Prevention in England: 5-year cross-sector strategy (2023) and existing and emerging evidence around suicide, such as from the National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report (2023).

According to research evidence, the risk of suicide in the whole population increases in times of financial difficulty, so activity to support suicide prevention must be maintained as a priority over the next few years. The risk factors that contribute to suicide are wide-ranging and complex. Hence, the task of preventing suicide requires action from all parts of society and across organisations from the public, private and voluntary sectors. It is a task we all have a duty to address. Multi-agency stakeholders are at the centre of the action to reduce suicide.

As a partnership, we will build relationships and develop new initiatives across organisational and professional boundaries to recognise and showcase good practice. This is an adult focused strategy which draws attention to the challenges addressing suicide and seeks to influence stakeholders to take action.

The strategy recognises the risk of suicide in children and young people and interfaces with the Children and Young People's emotional wellbeing agenda. The key interface of this strategy is the Walsall Children and Young People's Emotional Wellbeing partnership, responsible for developing and improving pathways, services, and interventions to improve and prevent the decline of emotional and mental wellbeing in children and young people.

Introduction

The Walsall Multi-Agency Suicide Prevention Strategy (2024-2029) takes a broad approach to improving the mental health and wellbeing of people living in the borough. It seeks to raise awareness of suicide and self-harm, encourage help-seeking behaviour amongst high-risk groups and tackle the social, health and economic factors that increase suicide risk in young people and adults.

Why do we need a strategy?

Suicide is often the culmination of a complex array of risk factors, mental ill-health, and distressing life events; however, it is not inevitable. By working together, we can lower the rate of suicide in the borough.

Each life lost to suicide impacts negatively on many others that they are connected to, such as family, friends, work and education colleagues and carers.

The current suicide prevention work requires further development, and mechanisms need to be formalised into a strategy to ensure people in distress have increased options for support and are given information clearly and consistently. We want a society where people in distress receive appropriate and timely early intervention, prevention and crisis support services.

Our ambition

We individually and collectively aspire to reduce self-harm and prevent all deaths by suicide in Walsall, offering hope, support and recovery to those experiencing mental distress.

The ambition will have been achieved when:

- we see a continuing decrease in the number of suicides and incidence of self-harm in Walsall
- every person in Walsall understands how to protect their own mental health and knows how to access adequate support and we know there is not adequate support available
- all partners see suicide prevention as their business and is skilled in responding appropriately
- information and data are timely and sufficiently detailed to inform prevention
- those affected by suicide have access to timely and appropriate local information and support
- the means of suicide are dramatically reduced
- those supporting the bereaved are equipped to provide preventative suicide support a
- the local media delivers messages sensitively

Background

National Policy Drivers

The strategy is aligned with the Department of Health and Social Care's national strategy:

- Suicide prevention in England: 5-year cross-sector strategy, Department of Health and Social Care, (2023)

Other drivers for suicide and self-harm prevention include:

- Consensus statement for information sharing and suicide prevention, Department of Health and Social Care (2021)
- Health and Care Act, UK Parliament (2022)
- The National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report. The University of Manchester (2023)
- The National Confidential Inquiry into Suicide and Safety in Mental Health: Suicide by children and young people. The University of Manchester (2017)
- The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Suicide by middle-aged men. The University of Manchester (2021)
- The NHS Long Term Plan. NHS (2019)
- Self-harm: assessment, management and preventing recurrence. National Institute for Health and Care Excellence (2022)
- University Mental Health Charter Framework, Hughes, G. and Spanner, L. (2019)

In addition, the national strategy acknowledges several other drivers and strategies relating to specific high-risk groups and topic areas, of which this strategy is cognisant. These include:

- Domestic Abuse Act, UK Parliament (2021)
- From harm to hope: A 10-year drugs plan to cut crime and save lives, Home Office, Department of Health and Social Care, Ministry of Justice, Department for Work and Pensions, Department for Education, and Department for Levelling Up, Housing and Communities (2021)
- Gambling-related harms: evidence review, Office for Health Improvement and Disparities and Public Health England (2019)
- High stakes: gambling reform for the digital age, Department for Culture, Media and Sport, (2023)
- Loneliness annual report: the fourth year, Department for Culture, Media and Sport (2023)
- Loneliness, suicide and young people, Samaritans (2019)
- National strategy for autistic children, young people and adults: 2021 to 2026, Department of Health and Social Care and Department for Education (2021)
- NHS employee suicide: a postvention toolkit to help manage the impact and provide support, NHS Confederation (2023)
- Online Safety Act 2023, UK Parliament (2023)
- Relationships and sex education (RSE) and health education, Department for Education (2019)

- 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, MBRRACE-UK (2023)
- Tackling Domestic Abuse Plan, Home Office (2022)

Local drivers

The key local strategies influencing the direction of travel include:

- Domestic Abuse Strategic Needs Assessment for Walsall (2024)
- Walsall Alcohol and Drug Strategy (2023 - 2028)
- Walsall Joint Local Health and Wellbeing Strategy (2022 – 2025)
- Walsall Multi-agency Mental Wellbeing Placed Based Strategy "Together We Can" (2022 – 2032)
- Walsall Suicide Audit (2022)
- We are Walsall 2040 Borough Plan

How have we written the strategy?

This strategy is a refresh of the 2018-2024 Walsall Multi-agency Suicide Prevention Strategy which integrates national aims, guidelines, and evidence, including those set out in the 'Suicide prevention in England: 5-year cross-sector strategy'. A suicide prevention consultation event was held in January 2024, where strategic partners came together to inform the development of this strategy.

This strategy also draws on information gathered from Walsall Suicide Audit (2022) and utilised expertise within the Walsall Multi-agency Suicide Prevention Strategic Partnership.

The partnership will continually learn from local experience, using individual and service-user lived experience and local data, alongside regional input and national policy, to deliver and support the best possible actions to reduce suicide, and also care for those affected by suicide.

The Walsall Multi-Agency Suicide Prevention Strategic Partnership

The Walsall Multi Agency Suicide Prevention Strategic Partnership is led by Public Health Walsall Council and reports to the Health and Wellbeing Board. The group also shares information with the Walsall Mental Wellbeing Stakeholder Partnership. Members of the partnership are from a range of diverse statutory, non-profit, and private bodies, including:

- Birmingham MIND
- Black Country ICB
- Black Country Mental Health Foundation Trust
- British Transport Police
- Carer organisations
- Citizen's Advice Bureau
- Coroner's office
- Drug and Alcohol Services
- Employment support services
- Faith leaders
- Housing associations and providers, i.e. WHG, Accord and WATMO
- Network Rail
- Older people's services
- Organisations and Community Interest Companies representing diverse groups at an increased risk
- at-risk groups Inc. ethnic group, LGBTQ+, men, young people and employers
- People with lived experience and their families
- Probation Service
- Rethink Mental Illness
- Samaritans
- Schools and colleges
- University of Wolverhampton
- Voluntary sector, including One Walsall
- Walsall Bereavement Support Services
- Walsall Council Public Health
- Walsall Council Social Care
- Walsall Healthcare NHS Trust
- Walsall Psychological Help
- West Midlands Clinical Network
- West Midlands Fire Service
- West Midlands Police
- West Midlands Ambulance service

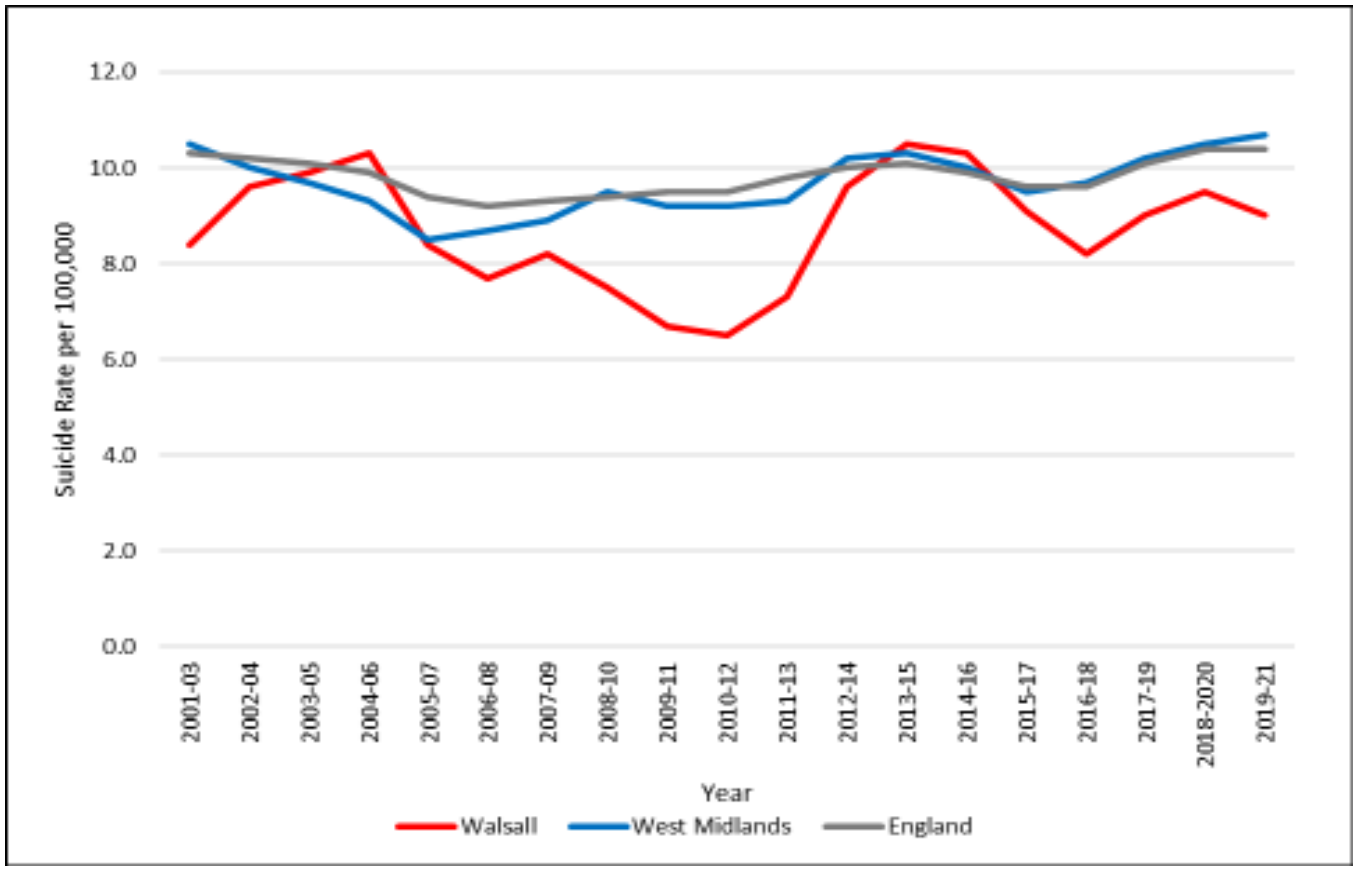
National and local suicide data

Data informing this strategy is from the Office of National Statistics, the Black Country Mental Health Trust the Birmingham and the Black County Coroner Service. The review occurred between October and December 2023 within the Walsall Health Care Trust and the Black Country Healthcare Foundation Trust.

Suicide Trends

Walsall generally has had a lower suicide rate than the West Midlands and National average since 2001.

Figure 1. The suicide rate in Walsall, compared to the West Midlands regional average and the overall rate for England between 2001 – 2021.



Source: Public Health Profiles (OHID)

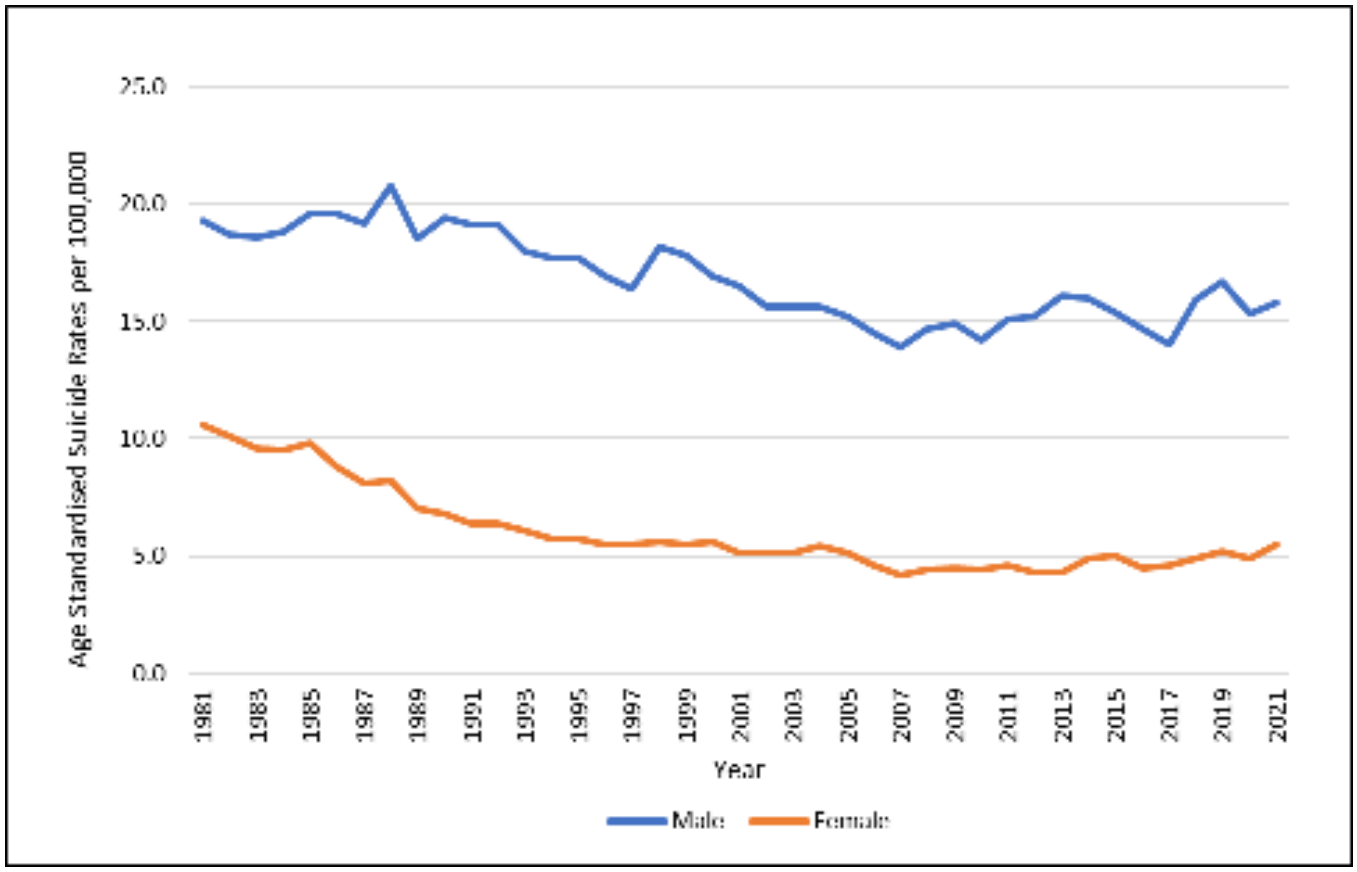
In recent years, there was a continually increasing rate in Walsall, which, as of 2016, was higher than both the regional and national average rates. However, the rate has been decreasing more recently, and Walsall now has a lower rate than England and the West Midlands. In England, there were 198 (1.3%) more suicides registered in 2021 than in 2020. The age-standardised rate has also seen an increase nationally, with 10.74 persons per 100,000 dying from suicide in 2022, compared with 10 per 100,000 in 2020.

Suicide Trend by Sex

In England and Wales, age-standardised suicide rates generally decreased between 1981 and 2022. Following the economic recession in 2008, suicide rates in males in subsequent years increased to reach a peak of 10.3 deaths per 100,000 in 2013.

Of the 5,642 suicides registered in England and Wales in 2022, a total of 4,179 were male, and 1,463 were female. The current age-standardised suicide rate for England and Wales is 16.4 per 100,000 for males and 5.4 per 100,000 for females.

Figure 2. The trend in suicide rates in men and women in England and Wales between 1981 and 2022

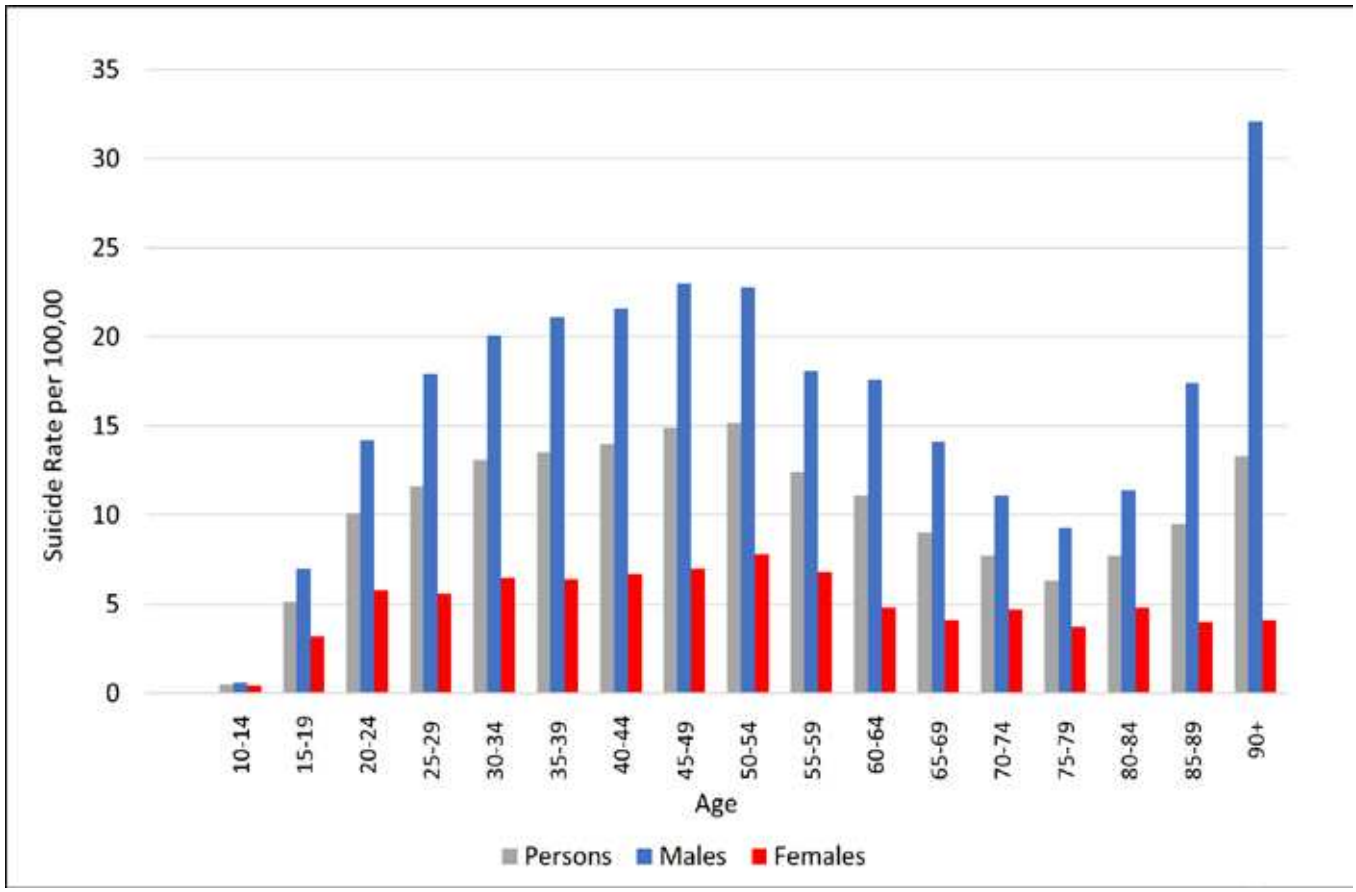


Source: Office for National Statistics

From 2007 onwards, there was an increase in the age-specific rate for men aged 45 to 64 years, from 15.9 per 100,000 in 2007 to 20.4 per 100,000 in 2022. Men are currently almost three times as vulnerable to death from suicide as women.

Gender and Age of Those Dying by Suicide

Figure 3. The age specific rates of people dying by suicide in the UK in 2022



Source: Office for National Statistics

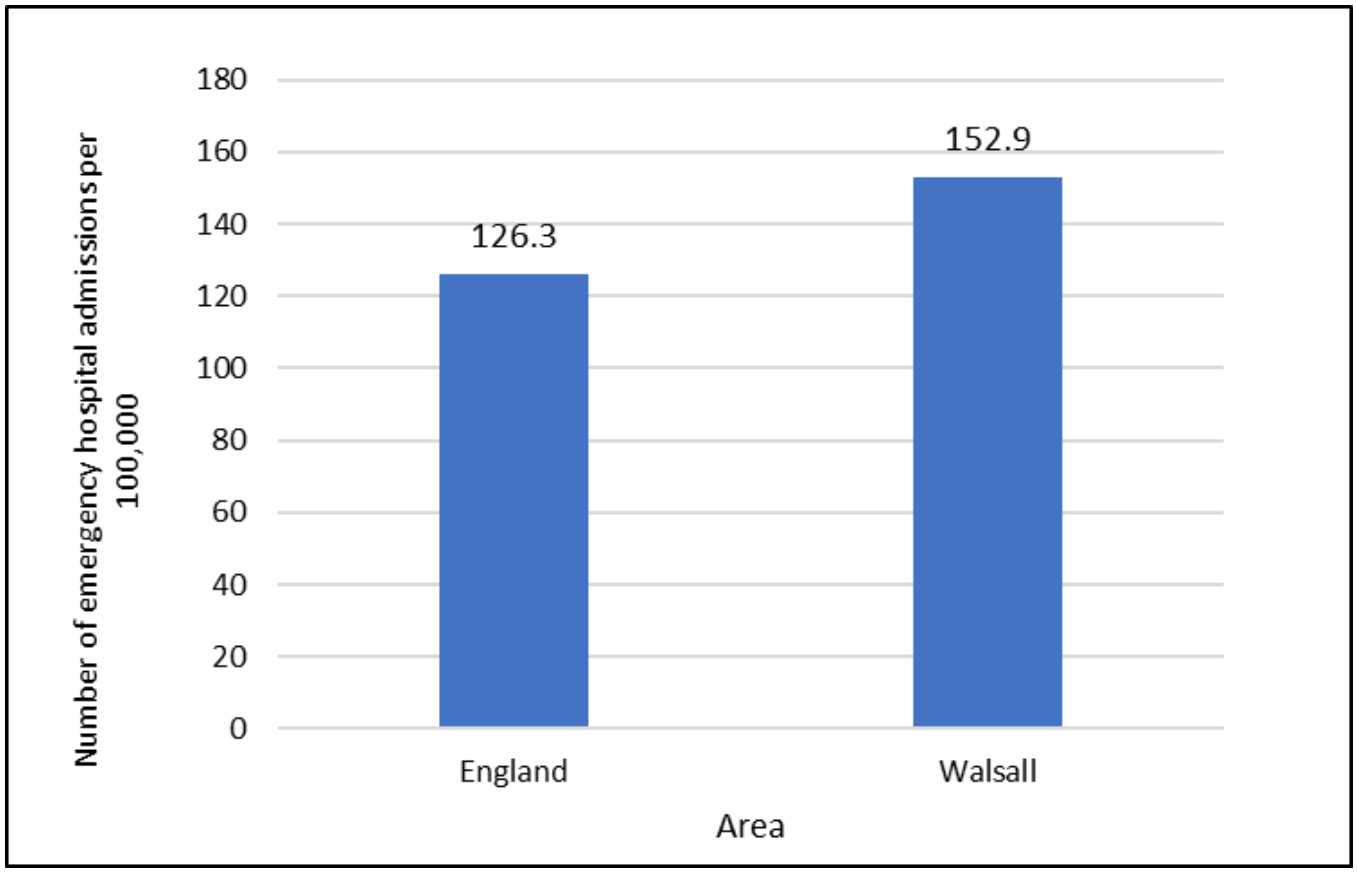
In 2022, in England and Wales, age-specific suicide rates increased with age to a peak for those between 30 to 54, was lower in people aged 55 to 79 and then increased from 75 years to 90+ year-olds. The rate is significantly lower than average between the 55-59 age groups and 15-19-year-old age group and higher than average for those in the over 85-year age group. Persons aged 50-54 years had the highest age-specific suicide rate at 15.2 per 100,000. The 90+ age group had the highest rate among males at 30.4 per 100,000, while females aged 50-54 had the highest rate amongst females at 7.7 per 100,000.

Overall, the England and Wales age-specific male suicide rate is approximately three times higher than the female rate. The greatest suicide rate increases were seen in age groups 80 years and over in both males and females. Males in this age group are more than five times more likely to die by suicide than females and are most likely to complete suicide. Many factors contribute to this, such as the deterioration of mental and physical health, bereavement, social loneliness and poverty (Mushtaq et al., 2014).

Accident and Emergency (A&E) Attendances for Self-harm

Rates of emergency hospital admissions for intentional self-harm are statistically similar in both Walsall and England. For the period 2021-22, in Walsall, there were 170.9 emergency hospital admissions for intentional self-harm per 100,000, whilst for England overall, it is only slightly lower with 163.9 per 100,000.

Figure 4. Emergency Hospital Admissions for Intentional Self-Harm, 2021-22



Source: Public Health Profiles (OHID - Fingertips)

Suicide in Mental Health Patients

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness found that between 2010 -20, 27% of all suicides in the UK were by people who had had contact with mental health services in the last 12 months. Overall, rates of suicides amongst those under mental health care have fallen since 2010, although it has stabilised since 2016 (Nuffield Trust 2023). National data suggests that 63% of those who die by suicide have a mental health diagnosis (University of Manchester, 2014).

Young People and Suicide

Suicide is the leading cause of death among young people aged 20-34 years in the UK. In 2021, 1,905 young people took their own lives. Every year many thousands more attempt or contemplate suicide, harm themselves or suffer alone, afraid to speak openly about how they are feeling (Papyrus, 2023).

Perinatal Mothers

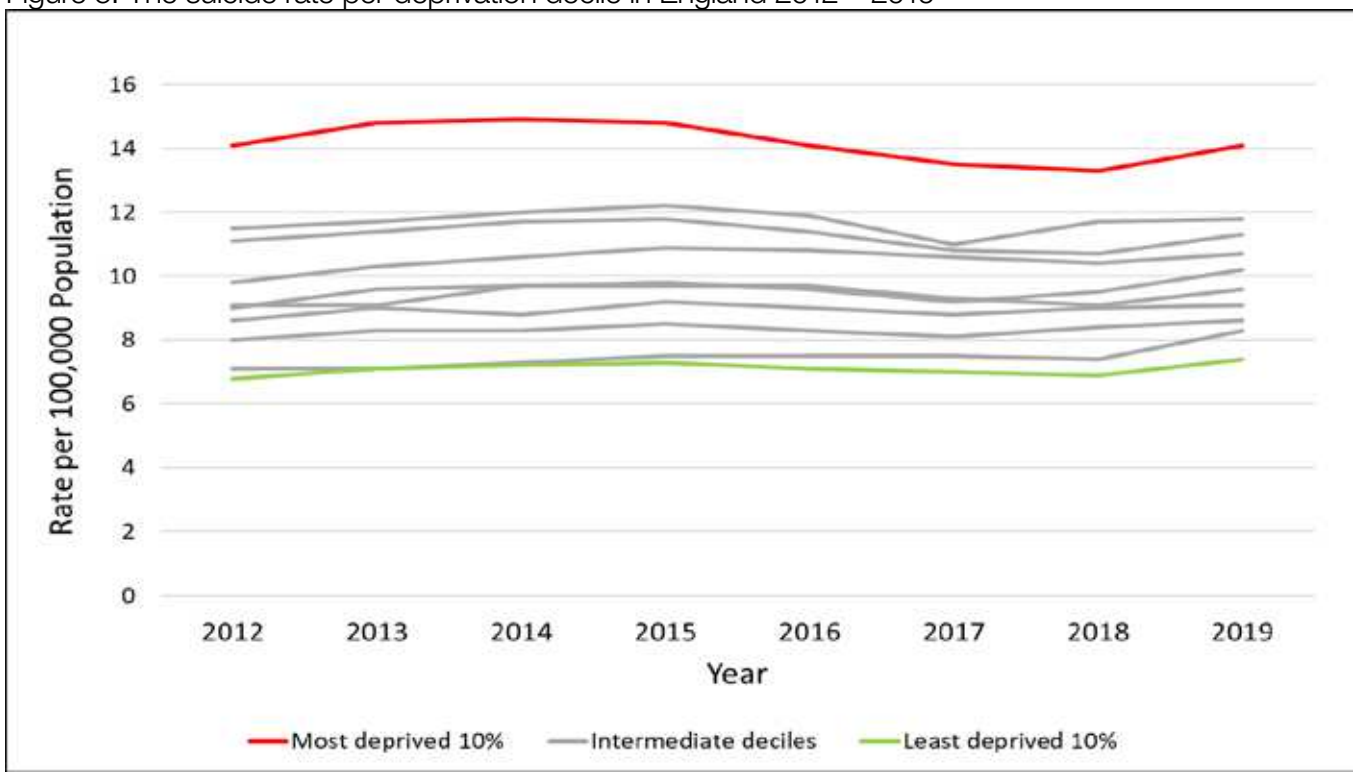
Up to one in five women are affected by mental illness during pregnancy or within the first year after birth (Royal College of General Practitioners, 2018). The Confidential Enquiry into Maternal Deaths in the UK in 2018-20 showed that nationally, 40% of deaths occurring within a year after the end of pregnancy were from mental-health related causes (suicide and substance misuse), with suicide being the leading cause (MBRRACE-UK, 2022). More local data is required to understand the incidence of self-harm and maternal deaths by suicide in Walsall.

Risk of Suicide in LGBTQ+ People

Our LGBTQ+ communities are at an increased risk of death by suicide. Although being LGBTQ+ in itself is not a risk factor for suicide, there are higher risk indicators for suicide and self-harm among people identifying as LGBTQ+. Among LGBT youth in the UK, one in two reported self-harming at some point in their life, and 44% reported having thought about suicide (PHE, 2015). More local data is required to understand the incidence of self-harm and deaths by suicide amongst people identifying as LGBTQ+ in Walsall to ensure that suicide prevention interventions are targeted appropriately.

Deprivation

Figure 5. The suicide rate per deprivation decile in England 2012 – 2019



Source: Suicide Prevention Data (OHID)

People among the most deprived 10% of society are almost twice as likely to die from suicide than the least deprived 10% of society (14.1 per 100,000 compared to 7.4 per 100,000, respectively).

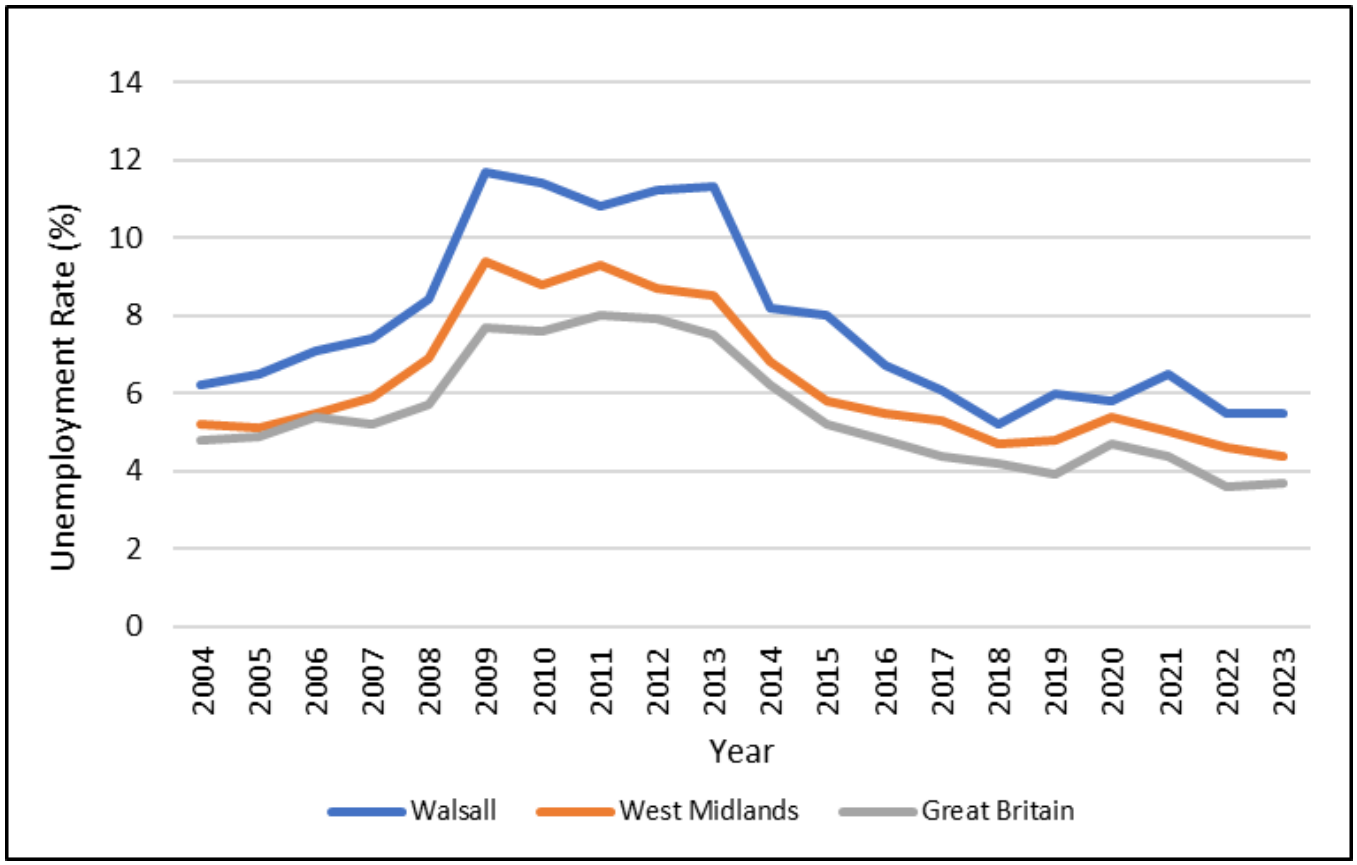
According to the Index of Multiple Deprivation (2019), almost half (48.3%) of the population of Walsall live in ten electoral wards in the most deprived decile across England. This equates to 139,710 people. This is a significant issue that needs to be addressed in the future.

The Association of Unemployment with Suicide

A study conducted across various regions of England between 2000 and 2010 showed that levels of unemployment correlate strongly with suicides. Each year during this period saw a 1.4% increase in the number of male suicides in correlation with increasing unemployment. According to the National Confidential Inquiry into Suicide and Safety in Mental Health (2023), 30% of men aged 45-54 who died by suicide were unemployed. The association between unemployment and suicide among women was not significant.

In Walsall, the unemployment rate has been consistently higher than the average in the West Midlands region or Great Britain. Walsall has followed the regional and national unemployment trends, with the levels increasing following the 2008 financial crash and reducing from April 2013 to March 2014. Walsall has higher unemployment rates than the West Midlands.

Figure 6. Unemployment rate, Jan 2004-Jun 2023

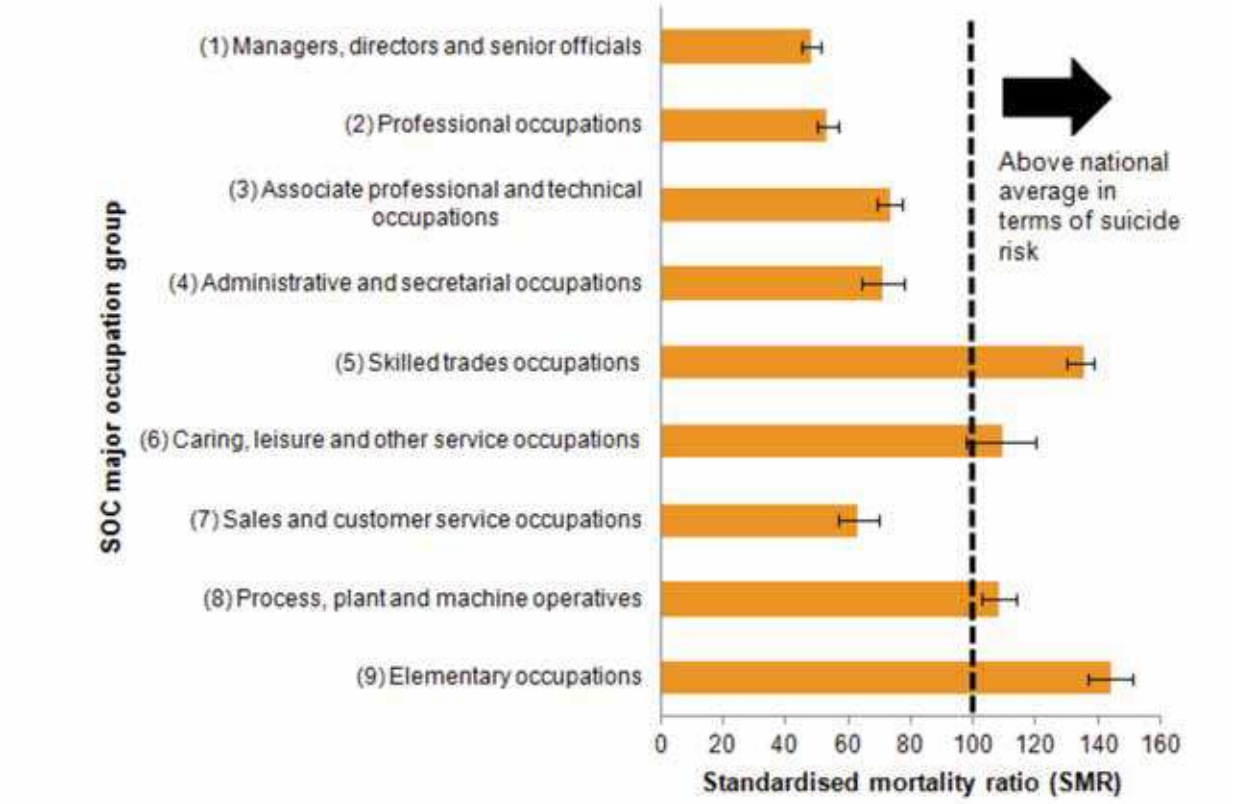


Source: Labour Market Profile, Walsall

The Association of Occupation with Suicide

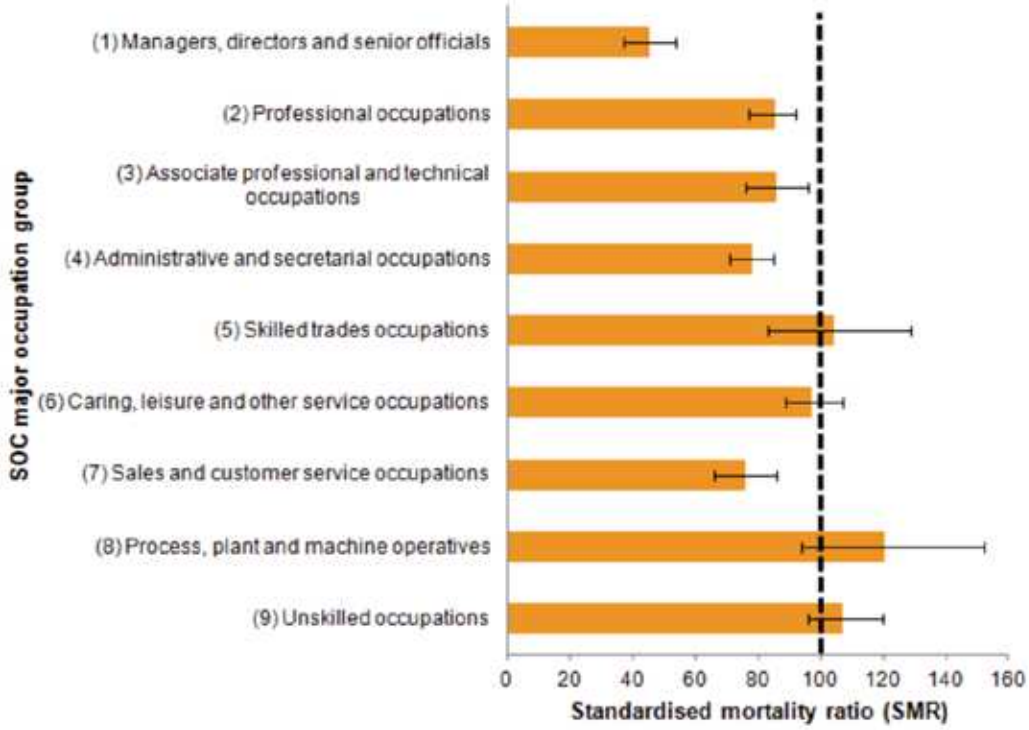
Figure 7. Incidence of suicide in each of the major occupational groups, as classified by the Standard Occupational Classification (Version 2010), in males and females, during2011 – 2015 in England.

Males



Females

Figure 7: Female suicides in each major occupational group, deaths registered in England, 2011 to 2015



Source: Suicide by Occupation, England – Office for National Statistics

Amongst the 9 major occupation groups (Figure 7), elementary occupations (that is, low-skilled workers) had the highest risk of suicide, which was 44% higher than the national average. Suicides in this group accounted for 17% (1,784 out of 10,688) of all male suicides with an occupation recorded. Elementary occupations can be subdivided into “elementary trades and related occupations” and “elementary administration and service occupations”.

The risk of suicide varies widely between these 2 groups; for elementary trades, the risk was almost 3 times above the national average, but for elementary administration and service occupations, the risk was no different to the national average (ONS, 2017).

Males working in skilled trades, for example, plasterers and decorators, also had more than double the risk of suicide. Other high-risk groups include female culture, media and sports professionals (69% higher) and female health professionals (24% higher), particularly female nurses. (ONS, 2017).

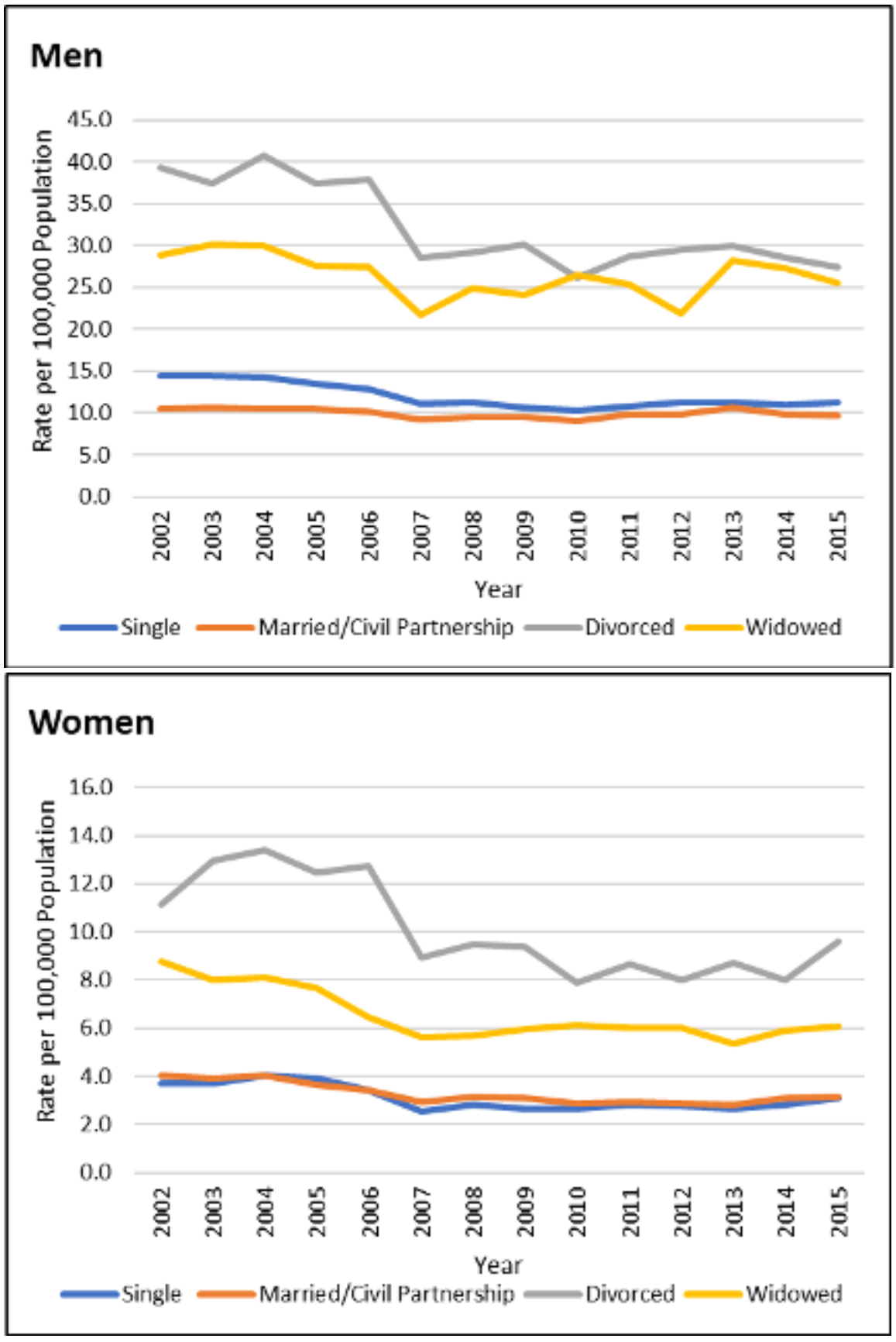
Occupation was not analysed in the suicide audit due to low numbers with occupation recorded. National data shows that certain occupations are associated with a higher risk of suicide. Individuals working in roles as managers, directors and senior officials had the lowest risk of suicide. In fact, in corporate managers and directors, risk factors for suicide were more than 70% lower for both sexes.

Job-related features such as low pay, low job security and having access to, or knowledge of, a method of suicide increase risk, i.e. doctors, dentists, nurses, vets and agricultural workers such as farmers were at increased risk of suicide.

In 2021 in England and Wales, out of 5,175 suicides in those aged 16 years and over, 253 suicides occurred in UK armed forces veterans. Overall, after accounting for age, there was no evidence of a difference in the rate of suicide between male UK armed forces veterans and the male general population. However, male UK armed forces veterans aged 25 to 44 years had a higher rate of suicide compared with males aged 25 to 44 years in the general population. (ONS, 2021).

Relationships

Figure 8. Rates of suicide in men and women by marital status in England and Wales between 2006 and 2015



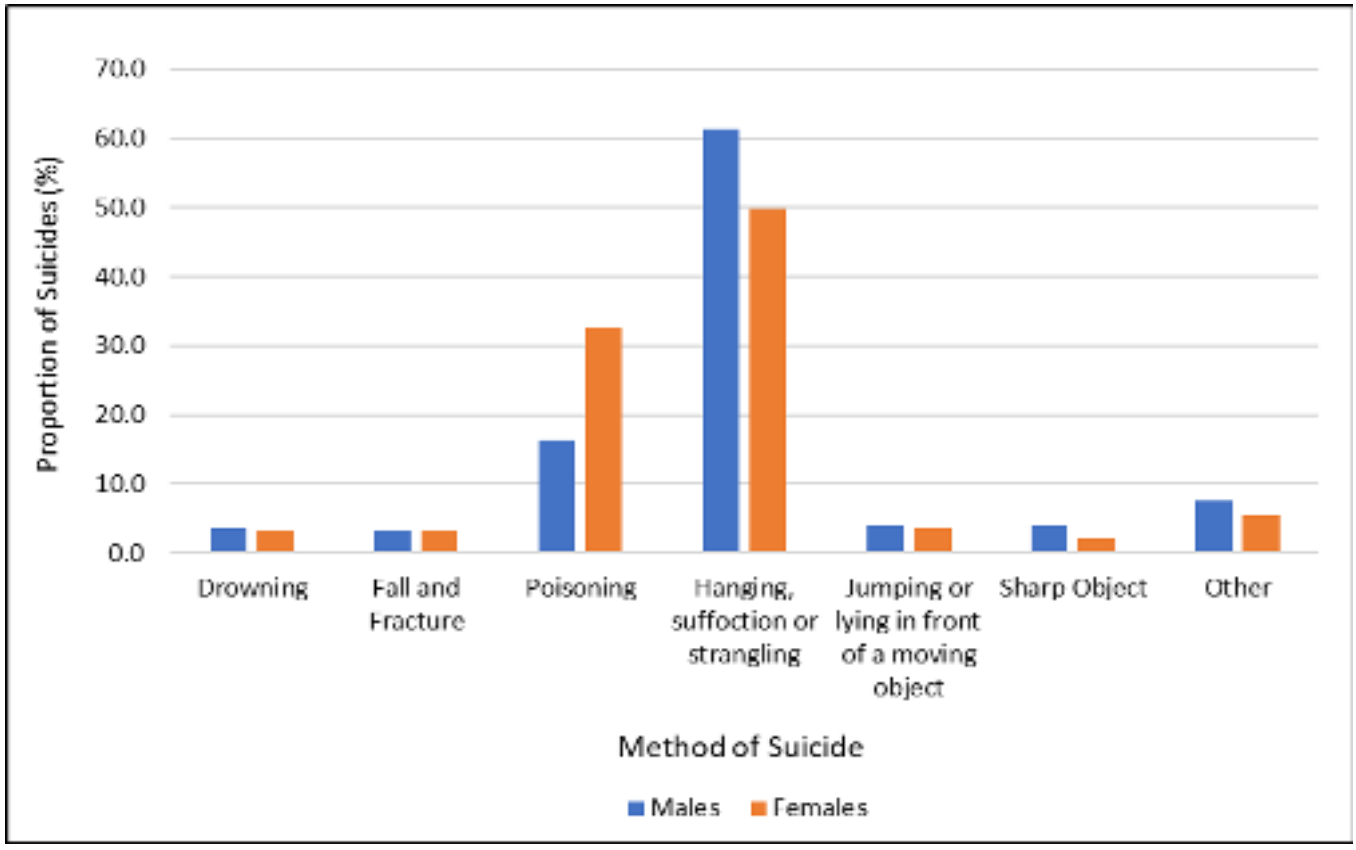
Source: Sociodemographic inequalities in suicides in England and Wales - Office for National Statistics (ons.gov.uk)

Relationship breakdown can also contribute to suicide risk. The greatest risk exists among divorced men, followed by widowed men who in 2015 were over two and a half times more likely to end their lives than men who were married or in a civil partnership.

Method of Suicide

In 2021, in the UK, the most common method of suicide for both males and females was hanging, suffocation and strangulation. Although this has been the case for many years, the proportion of deaths from hanging has steadily been increasing.

Figure 9. Proportion of suicides by method, from deaths registered in 2021 in the UK.



Source: Suicides in England and Wales (Office for National Statistics – ONS)

Of all suicides occurring during this period, 61.3% of males and 49.9% of females were either hanged, suffocated or strangulated, followed by poisoning, which was the second most common method of suicide for both males (16.3%) and females (32.7%). The proportion of deaths from drowning falls, and other methods have generally remained consistent for both males and females.

This is broadly comparable with the situation in Walsall. From September 2019 to December 2023, the majority of suicides were from Hanging (74%). 13% were from “Overdoses”, which is slightly lower than the national average.

Figure10. The number of suicides by method, from deaths registered September 2019-December 2023 in Walsall

Method of Suicide	Number of Death	Method of Suicide	Number of Death
Hanging	52	Fall from Height	<5
Multi drug overdose	5	Fatal Drowning	<5
Bilateral Wrist Lacerations	<5	Fatal Polytrauma	<5
Carbon Monoxide Poisoning	<5	High Speed Rail Injury	<5
Codeine Overdose	<5	Self-inflicted Stab Wound	<5
Drowning	<5		

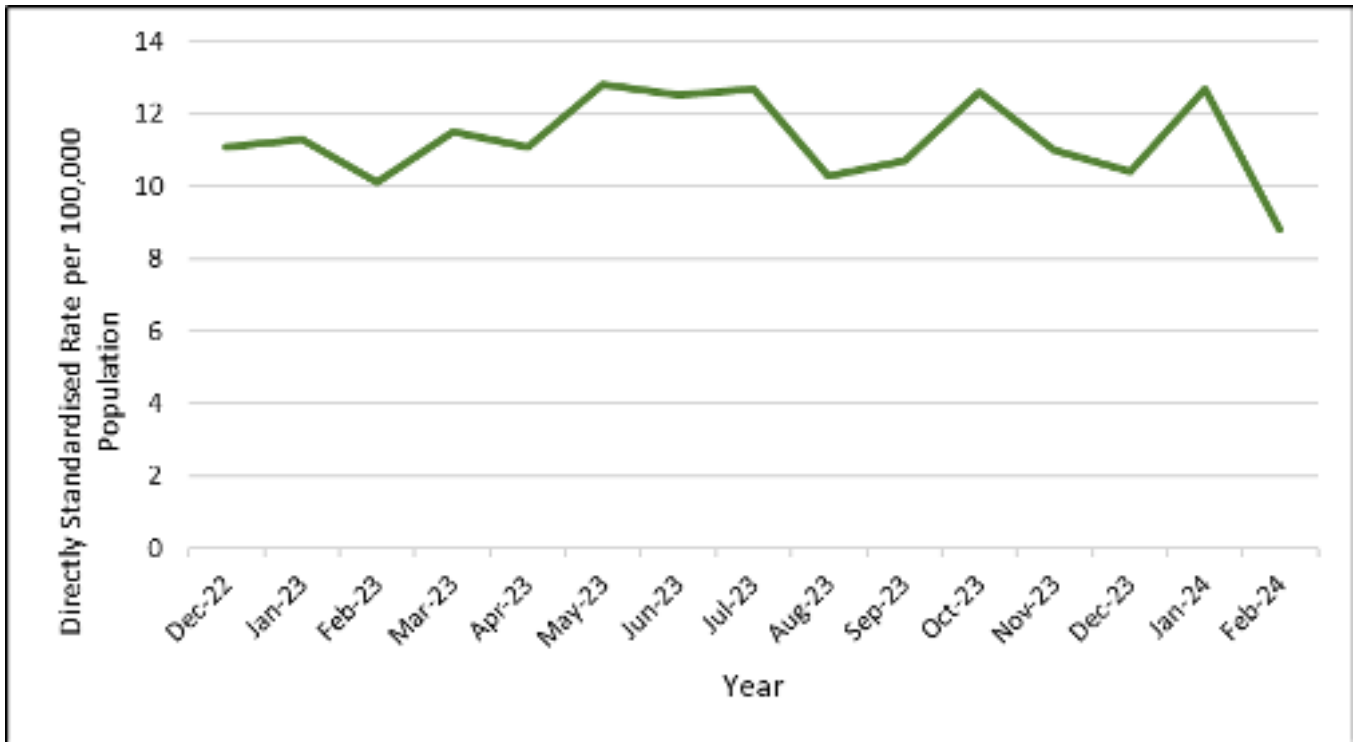
Source: Coroners Data Dashboard – Power BI

Real-Time Suicide Surveillance

The Office for Health Improvement and Disparities produces data from different Police Force Areas (PFAs) and is supplied to the National Police Chief's Council (NPCC) monthly. The data is not used for specific areas and is aggregated for England. It includes data from 27-31 of the 38 PFAs across England. Between August 2022 and October 2023, out of 4,813 deaths:

- 3,596 (74.7%) were in males and 1,217 (25.3%) in females
- 429 (8.9%) were in people aged 10 to 24, 1,805 (37.5%) in people aged 25 to 44, 1,887 (39.2%) in people aged 45 to 64, and 692 (14.4%) in people aged 65 and over

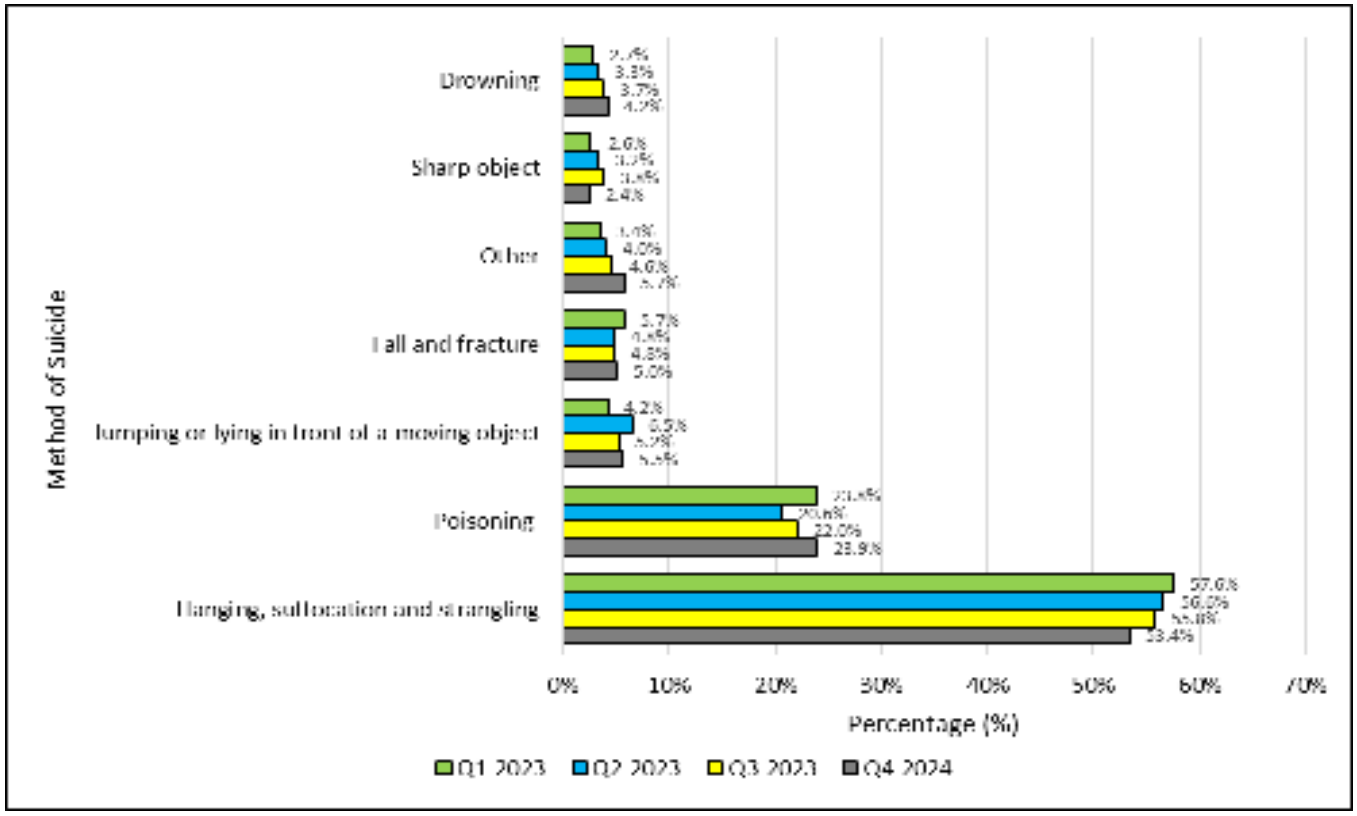
Figure 11. monthly trends in deaths by suspected suicide (directly standardised rate) per 100,000 population in England, persons, August 2022 to October 2023



Source: Statistical report: near to real-time suspected suicide surveillance (nRTSSS) for England for the 15 months to February 2024 (GOV.UK)

Methods

Figure 12. Proportion of deaths by suspected suicide method type, in England, persons, quarter 1-3, 2023



Source - Statistical report: near to real-time suspected suicide surveillance (nRTSSS) for England for the 15 months to February 2024 (GOV.UK)

In all reported quarters, hanging, suffocation, and strangulation were the most common methods type. It accounted for more than half of all deaths. However, this proportion appears to be decreasing over time.

Poisoning is the second highest method type across all quarters, accounting for over 20% of all deaths.

Drowning shows a continual increase across the quarters reported, with the latest quarter (Q3, 2023) highest at 3.7% of all cases, an increase from 2.3% in the same period of the previous year - as the number of deaths is small, this trend will be monitored.

Other methods are also increasing, and we will also be monitored.

Understanding Suicide Risk

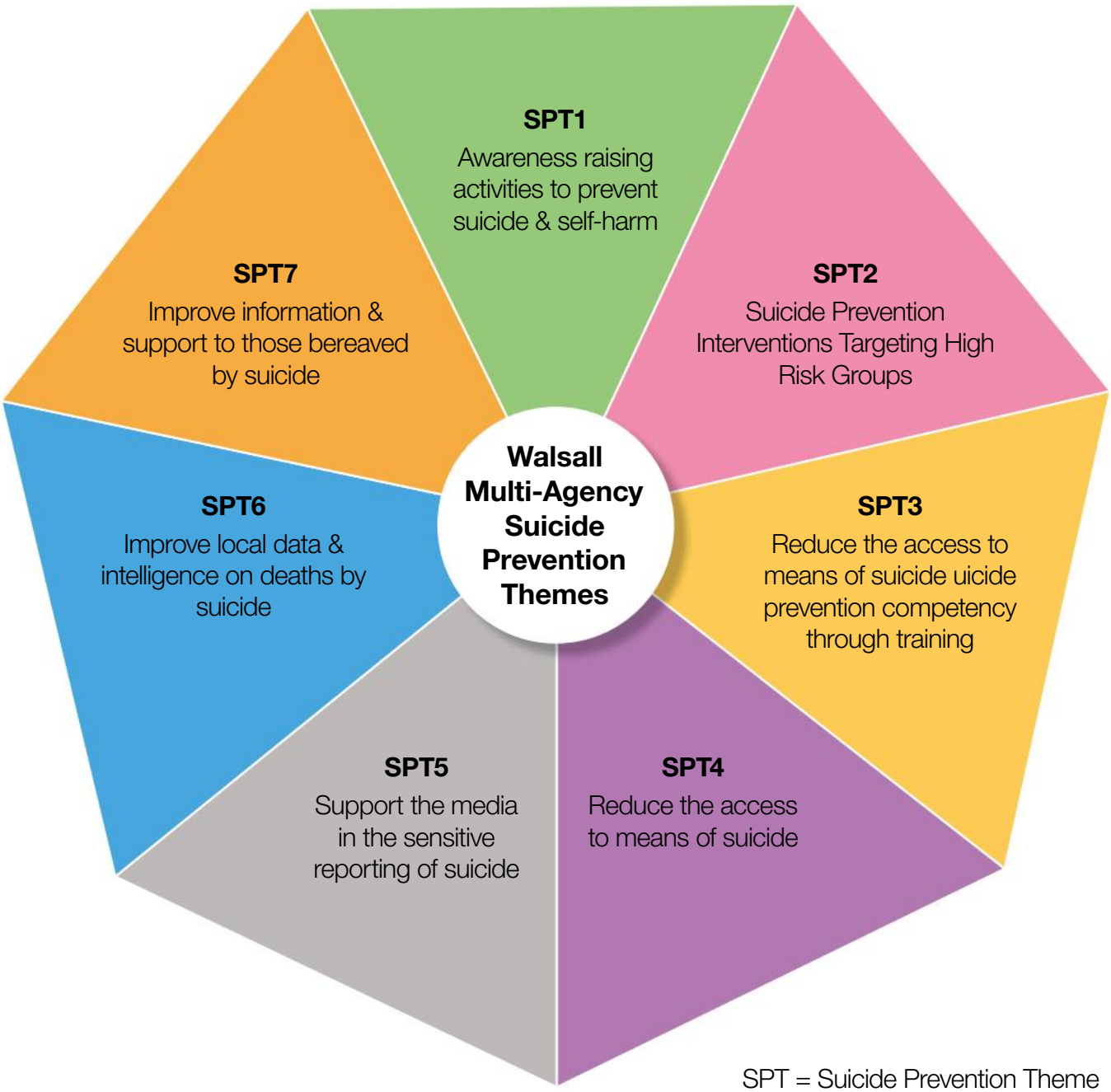
The national and local data demonstrate that suicide risks are often multi-faceted and complex. Factors that can increase suicide risk include the following (University of Wolverhampton, 2023; Walsall, 2022; WHO, 2023):

Anyone can be at risk of suicide but the following identifies some of the groups at highter risk of suicide

Although these are significant predictive suicide risk indicators, this does not inevitably mean that individuals with these risk factors cause personal increased risk or that suicide is inevitable. This strategy seeks to prevent suicide across the population and in high-risk groups.

Walsall Strategic Suicide Prevention Model

Seven strategic themes were identified in the previous suicide prevention strategy as key points for suicide prevention. Following the consultation event with key stakeholders, these themes have been amended to reflect new evidence and local circumstances. The strategy is set out in the following themes.



SPT = Suicide Prevention Theme

SPT1 Improve Mental Health Literacy and Wellbeing and Increase Resilience in All

In line with the national mental health and suicide prevention agenda, we in Walsall believe that everyone, irrespective of where they live, should have the opportunity to achieve good mental health and wellbeing. This strategy supports enhancing individual wellbeing, reducing mental ill-health, and building community resilience.

Our Current Local Position	Our Current Local Challenges
• Walsall continues to develop its local approach to improving mental health literacy and tackle mental health stigma and discrimination. • Walsall's NHS Talking Therapies for anxiety and depression programme is established, and Mustard Seed and WPH deliver community counselling services. • Mental health and suicide prevention training and mental health first aid training are offered to people across Walsall communities. • The Walsall Mental Health Enablement service undertakes road shows to raise mental health awareness. • Walsall has Community Hubs and Walsall Family Hubs. • Walsall Thrive mobile unit delivers wellbeing interaction in the most deprived neighbourhoods across Walsall. • Wellbeing grant-funded projects are improving mental wellbeing literacy. • Suicide prevention training is provided to GPs across multi-agency partners and communities. • The Samaritans and Network Rail's prevention campaign focuses on priority locations across Walsall. • Self-help, crisis advice and support are accessible through No Wrong Door partnership organisations. • The children's emotional wellbeing signpost toolkit was updated in 2023, and the 'My Wellbeing' tool for children in schools is well established. School nurses offer wellbeing support for young people and families; PSHE school curriculums address social media's positives and negatives. • A new application, Wysa, supports mental health in targeted and focused ways. • Increased focus on the mental health needs of looked-after children.	• Stigma remains a considerable barrier to recognising and addressing mental ill-health for the public and for those dealing with mental health conditions and symptoms. • There is difficulty reaching people who are not in mental health services. • There is a need to ensure accurate data is available locally. • Some Walsall schools do not have wellbeing leads among school staff. • There are long waiting lists for mental health services. • Children who have never been to school may not be on any one's radar • There may be seasonality in need, such as that created by greater financial pressures approaching Christmas. • There is low digital literacy in the community. • Too few health, care and educational professionals have appropriate training; more training is required so that they do not feel under pressure or lacking in skill when someone seeks support. • Limited availability of funding

Where we want to be

- All people in Walsall know how to access information and support when in crisis and have mechanisms to do so.
- Prioritise the promotion of rollout of safety plans across the Walsall population.
- Improved partnership delivery on suicide prevention
- Intervention services are responsive to all those in mental health need.
- To have a range of services available in Walsall to improve the population's mental health in general, and in particular for groups at high risk of poor mental ill-health.
- With stigma eliminated, people are empowered to access support.
- Achieve Walsall-wide wellbeing resilience and mental health literacy.
- Create an environment where mental health stigma is openly challenged.
- Provide appropriate, locally accessible early intervention and prevention services.
- Everyone in Walsall knows the '8 steps to wellbeing' and how to implement them.
- All staff in schools support mental wellbeing and have a mental health lead.
- Businesses are provided with information to support mental wellbeing of their workforce
- Preventative and early intervention is provided in schools and is directed towards looking after children, care leavers, and NEETs.
- All women and their families understand the signs of perinatal depression and can easily access support when in need.
- The transition from CAMHS services to adult services is improved.
- All professionals have the confidence and skills to be able to talk openly and supportively to anyone who states they are in distress and considering suicide.

SPT2 Activities Raising Awareness and Preventing Suicide and Self-harm and Increasing Resilience in Specific Groups

Having a number of protective factors in combination can significantly reduce a person's risk for mental ill-health, self-harm and suicide. These factors include being in the presence of reasons for living, hopefulness and optimism, being in control of behaviour, high self-efficacy, physical activity, family connectedness, a good job, having aspiration supportive school and work environments, and religious beliefs and traditions.

The partnership feel that statutory, private, community and voluntary sector organisations all have an important role to play in reducing suicide and self-harm and the stigma surrounding these. Activities seeking to prevent suicide and self-harm must also consider the social and economic factors affecting the individual, such as domestic abuse, family breakdown, income, employment, debt and housing.

Suicide prevention involves taking an appropriate and timely approach to those in need. Suicide occurs in all population groups, and self-harm is a risk indicator affecting all groups. High-risk groups are diverse and include men, people who misuse substances, people under the care of mental health services, socially excluded groups, and people experiencing social and economic stressors. Reducing suicide risk in these high-risk groups, therefore, requires appropriate targeting.

This theme focuses on high-risk groups in Walsall such as men, linked to the men's development programme.

Our Current Local Position	Our Current Local Challenges
• We have developed a mental health Concordat which coordinates system action to improve mental wellbeing. • A crisis café is available in Walsall. • We promote and facilitate financial counselling and access to employment and benefits advisors for those in financial distress. This is available through a mobile unit and signposting via 24-hour helpline. • Health visitors, midwives and other partners are trained to identify perinatal mental health needs and to provide support for pregnant women and new mothers. • A mental health recovery service for people experiencing mental ill health is available. • The Making Connections Walsall service is available to reduce isolation and loneliness in older people. • Walsall MBC has developed an '8 steps to wellbeing' resource, which they promote at events and through various media outlets. • Beacon (our alcohol and drug misuse provider) and BCHFT are now piloting the new dual diagnosis pathway. • Bereavement and palliative services exist to support people.	• We need to build on the services available to appropriately meet the needs of high-risk and socially excluded groups such as men, ethnic minorities, LGBTQ+, young people, and carers. • A long-term recurrent budget is required to ensure services are sustainable and joined-up. • Those at the most risk are less likely to seek help (unemployed, men and ethnic minority groups). • There are significant gaps in wellbeing services for people who are neurodiverse. • The diversity of language and culture in Walsall can create barriers to engagement. • Men can be more challenging to engage in prevention services • Channels through which people can seek support can be a barrier. Much provision is through phone lines, which are a barrier to people who are hard of hearing • There can be variability in available services, some only during office hours. • The current cost of living pressure puts additional stress on people in Walsall.

Where we want to be

- All professionals across services are competent and confident in having a conversation about suicide and providing appropriate support.
- Walsall communities understand suicide risk and how to intervene appropriately.
- More organisations are signed up to the Walsall No Wrong Door network.
- In keeping with the recommendation of the Suicide Prevention in England: 5-year cross-sector strategy, we aim to drive forward the multi-agency borough-wide suicide prevention strategies and plans.
- Each agency within the wider partnership identifies its own suicide prevention objectives and priorities and commits to taking forward joint action to prevent suicide.
- More consistent recording of ethnicity data to inform and enhance our suicide prevention approach.
- Local organisations implement NICE guidelines on self-harm.
- Every young person and adult experiencing domestic abuse is supported for their mental health needs.

SPT3 Improve Suicide Prevention Competence in the Workforce, Community and Within Families

Raising suicide awareness beyond the health and social care workforce professional boundaries is key to preventing suicide amongst identified vulnerable groups.

Our Current Local Position	Our Current Local Challenges
• Walsall Council currently has a workplace health service in place. • A number of partners, including Walsall Council and BCHFT, offer mental health first aid training to Walsall stakeholders. • BCHFT Mental Health Suicide Prevention Group prioritised training and supporting the workforce • GPs across the Black Country have been trained in Suicide prevention.	• Lack of information on where to signpost people with suicidal thoughts. • A clear Black Country suicide prevention pathway is not available • Limited capacity of organisations available to respond to and engage proactively with individuals in distress and those at risk. • Lack of confidence in practitioners in asking questions about issues contributing to self harm andsuicide prevention, such as domestic violence, etc. • There are concerns from professionals that they might attract blame. • Not all the partner organisations are known, and no one agency manages all the partners.

Where we want to be

- To support the development of a clear Black Country suicide prevention pathway.
- To have a coordinated whole-system suicide prevention workforce across strategic partners, including service users, the voluntary sector, and statutory and private organisations.
- For everyone to have an awareness of suicide, and to be skilled in suicide prevention and intervention.
- One-to-one peer support to be delivered: “A Compassionate Cuppa” is available in all workplaces.
- BCHFT ICB to continue to make available Suicide prevention training for GPs across the Black Country have been trained in Suicide prevention.
- Suicide prevention is integrated into workforce policy and standard professional practice.
- Suicide prevention is addressed through dual diagnosis and multi-agency working.
- Frontline staff have the confidence and capability to engage with distress and appropriately support those in need.
- All workplaces actively promote, protect and improve workforce wellbeing and are equipped to address underlying mental health sickness absence effectively.
- Staff across all organisations including job centres are informed of organisations available to help with poor mental health.
- Staff receive visits from outside organisations with whom they can talk without affecting work relationships.
- Training is extended to voluntary groups, religious bodies and other agencies, including service industries such as hairdressers and barbers.
- More support available in the workforce to be able to identify risks of suicide and self harm, what to do over the longer term and what sources are available.

SPT4 Reduce Access to the Means of Suicide

Reducing access to the means of suicide is one of the most evidenced areas of suicide prevention. It can include physical interventions (e.g., barriers on bridges) and opportunities for positive interventions.

Our Current Local Position	Our Current Local Challenges
• Advertisements for help from The Samaritans are placed at locations of priority. • Prescribers follow appropriate guidelines on prescription medicines, e.g. paracetamol, through medicines management and trust policies. • BCHFT work to identify and mitigate potential ligature risks in in-patient settings.	• Walsall has a number of locations of priority for suicide, including the Black Country Junction 10 bridge. • Access to medication, availability of medicines online and stockpiling present risks in people's homes. • Potential ligature risks in in-patient settings are also of local concern.
Where we want to be	
• We want it to be more challenging in Walsall for people experiencing emotional distress to have access to the means to take their own life. • Individuals approaching a high-risk location receive a message of hope and are signposted to easily accessible support. • We want to learn from people who have attempted to take their lives by suicide. • Retail staff feel comfortable questioning people buying lengths of rope or cord, knives or other potential means for self-harm.	

SPT5 Supporting the Media in the Sensitive Reporting of Suicide

According to the Samaritans. "Research shows that inappropriate reporting of suicide may lead to 'imitative' behaviour. For example, if vulnerable groups such as people with mental health problems and young people are provided with details about the method of suicide used, it can lead to more deaths using the same method."

Our Current Local Position	Our Current Local Challenges
• The suicide prevention strategic partnership has communication leads across organisations, which are being harnessed to support the media in raising awareness and sensitively reporting incidents of suicide. • We have access to the Samaritans' Media Guidelines for Reporting Suicide. • These guidelines have been shared internally with Walsall Council's Communications team, alongside a 'notes to editor' page for reporting suicide, to facilitate appropriate communication amongst other comms departments.	The partnership raised concerns about the following: • The role of the media in publicising high-profile cases and celebrity suicides • The media's representation of suicide and mental illness potentially results in stigmatisation or "copycat" deaths • The potential to cause distress to bereaved families and individuals who have attempted suicide (e.g. use of terms such as 'commit' or 'failed attempt') • The use of social media in cascading information about suicidal incidents

Where we want to be
• We want to adopt the Samaritans' Media Guidelines for Reporting Suicide, which is aimed at those reporting suicide in any media, guiding towards factual description rather than dramatic portrayal. • We want to have a policy in place which guides the local media to take a sensitive approach to suicide and mental illness reporting to reduce stigmatisation and copycat deaths. • We want to use the media appropriately to promote messages of mental health resilience. • Any media reporting of suicide should be linked to contact details for appropriate support.

SPT6 Improving Local Data and Intelligence on Deaths by Suicide

Accurate and timely suicide statistics are vital to measure the success of any strategy. Analysis of circumstances surrounding suicide can identify risk factors, highlight trends and patterns and inform interventions to prevent further suicides.

Our Current Local Position	Our Current Local Challenges
• BCHFT publish a 3-yearly suicide prevention strategy and an annual suicide prevention plan. • Population-level surveillance of suicide and self-harm data continues. • We continue working with the Black Country Coroner service to analyse data on completed suicides. • BCHFT is implementing a real-time suicide and self-harm surveillance system across the Black Country • A dashboard is now available from the Office for Health Improvement and Disparities (OHID) to support local near-to-real-time suicide surveillance. • A suicide prevention audit of coroner data has been completed.	• Limited suicide data is available on some risk groups, e.g. homeless service users, ethnic minority groups, LGBTQ+ and transient populations. A concerted effort is required to achieve improvement. • Sharing suicide data between partners requires improvement, i.e. GPs, hospitals, community services, etc. • Suicide data by Domestic violence is consistently captured. • Suicide data is not consistently systematically collected across all services for communities of all ethnicities. • Until 2024, in the UK, data on veteran suicide have not systematically been recorded, and Walsall Suicide Data on veterans is not available. Currently it is difficult to identify veterans

Where we want to be

- Effectively utilising near-to-real-time surveillance data to inform prevention approaches.
- Assuring alignment of the local surveillance process with the objectives of the national strategy.
- Ensuring consistent, coherent and high-quality reporting of self-harm and suicide within different services to support systematic population surveillance including high risk groups e.g. veterans
- Learning lessons following every attempted or completed suicide in Walsall.
- We share and receive knowledge across the Black Country with other suicide prevention partners.

SPT7 Improve Information and Support to Those Bereaved by Suicide

It is well recognised that people affected by suicide also have an increased risk of suicide themselves and that the closer the relationship with the deceased, the greater the risk. Addressing the impact of suicide and ensuring appropriate information and messages are given to the bereaved is key to reducing the adverse effects on others (Pitman et al., 2016). The bereavement support required varies according to the individual and their relationship with the deceased.

Our Current Local Position	Our Current Local Challenges
• WPH provides general counselling support services, including for those affected by suicide. • Walsall Bereavement Support Services provides support for children and adults. • School nurses will go into schools and work with affected staff and students. • Black-Country wide 'postvention' support is available for anyone affected by suicide.	• There is a time lapse between an incident and support to those bereaved. • Services struggle to meet the needs of diverse populations. different people need different support at different time • People do not know about available local services. • Widespread awareness of the Black-Country wide 'postvention' support available is limited. • Domestic arrangements post-suicide, e.g. funerals and pensions, are of concern.

Where we want to be

- Widespread awareness of the Black Country wide 'postvention support available so that people know how to access bereavement support in a timely fashion.
- Commissioners, providers and users in the Black Country collaborate to ensure appropriate suicide bereavement support is available.
- Long-term support is available for staff and school pupils when a child in the school dies by suicide.
- Gain better understanding from those affected about what support is required

Where to go for help in Walsall

There are a range of mental wellbeing and suicide-prevention resources, services and support available either nationally or locally.

Someone to talk to in time of need

- Black Country 24/7 Urgent Mental Health Helpline: This service offers a free 24/7 helpline for those who require support on urgent mental health concerns. Tel: 111 (option 2) or Text message: 07860 025 281 Visit: Black Country 24/7 Urgent Mental Health Helpline (www.rethink.org)
- Samaritans 116 123 (free to call) Samaritans offer emotional support 24 hours daily.
- Walsall Sanctuary Hub (rethink.org)
- CALM: is a national helpline for men to talk about any issues they are feeling, which exists to prevent male suicide in the UK - 0800 58 58 58 – an online web chat service is also available at www.thecalmzone.net
- Papyrus www.papyrus-uk.org is a dedicated service for young people up to age 35 who are worried about how they are feeling or anyone concerned about a young person. 0800 068 41 41 - www.papyrus-uk.org text 07786 209697 or email pat@papyrus-uk.org.
- Rethink national advice service - 0845 456 0455.
- SANEline provides mental health information and support between 4.30 pm – 10.30 pm daily 0300 304 7000 www.sane.org.uk
- Childline | Childline (0800 1111) provides information, support and activities on a range of different issues that children and young people face

If you are concerned about an immediate risk of harm to yourself or someone else, call:

- 999 or go to your nearest A&E department.
- Black Country Mental Health Foundation Trust Crisis service

Advice and guidance

- NHS Choices: 24-hour national helpline providing health advice and information - 111.
- Citizen's Advice Sandwell and Walsall - 0808 278 7812
- Walsall Council Welfare Rights and Debt - 01922 652250
- Walsall Council Early Help – 0300 555 2866 (Option 1)
- Walsall MASH - 0300 555 2866 (Option 2)

Bereavement

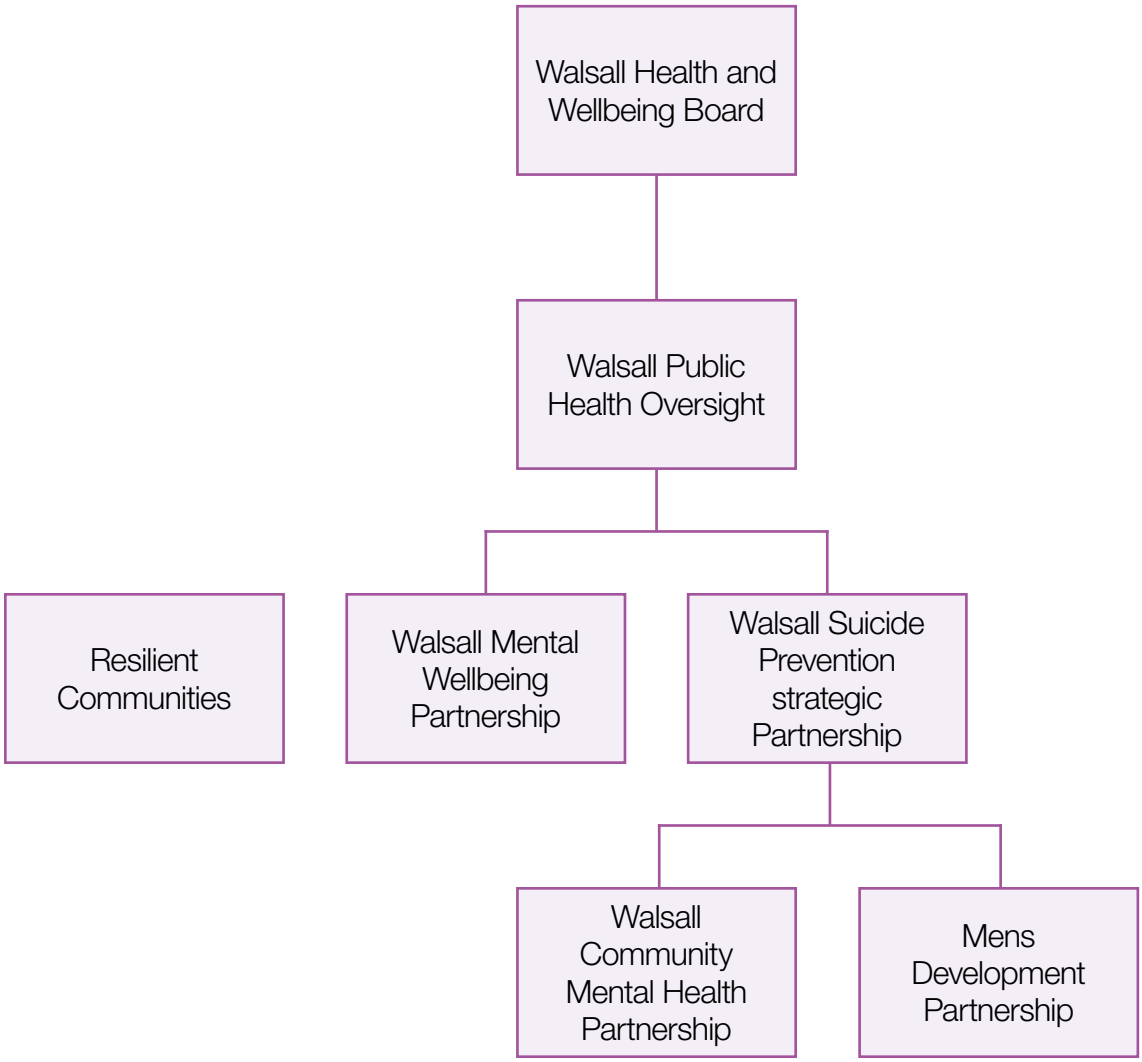
- Survivors of bereavement by suicide 0844 561 6855
- The road ahead: a guide to dealing with the impact of suicide from 'if u care share' foundation. I have lost someone to suicide | If U Care Share
- Help-is-at-hand after the suicide: booklet providing practical support and guidance for those bereaved by suicide. It also contains a more extensive listing of other relevant resources. www.supportaftersuicide.org.uk

How we will Monitor, Evaluate and Review Strategy Impact

No local evaluation has been undertaken to understand the impact of the economic downturn on mental health. We will evaluate the impact of the strategy through the following means:

- Inviting and monitoring the views and experiences of stakeholders, including professional staff, service users and their carers, people who have been affected by suicide, community groups and individuals;
- Monitoring local suicide rates;
- Exploring opportunities to gather information on suicide attempts and incidents of self-harm;
- Continuing to promote the Black Country 24/7 urgent mental health helpline;
- Continue to use 'Fingertips' and the lifestyle survey to monitor depression, anxiety and wellbeing.

Governance Diagram



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8 Steps to Wellbeing

Be Active

Learn Something New

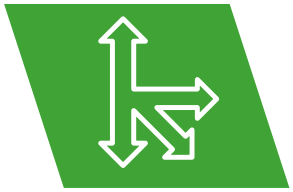
Take Notice

Hydration and Nutrition

Connect

Sleep for Wellbeing

Give Something to others



Hope for the Future

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