

**Appendix A Appendix A - The Pan  
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and Contributors to the Draft Strategy**

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## **Appendix B: Recommendations from the 2021 Draft Strategy**

The following are recommendations for this strategy, which will inform the Berkshire wide action plan for 2022 to 2027.

### **Overarching recommendations:**

1a) To continue to monitor the impact of COVID-19 on suicide across the lifecourse through RTSS data and respond to any identified trends.

1b) To continue to monitor the wider trends emerging from the impact of COVID-19 on people's mental health and suicide risk across the lifecourse, and to support the system to take action where required.

1c) To undertake a Berkshire suicide audit.

1d) Undertake regular reviews of information, resources and channels for people affected by suicide.

1e) Hold an annual multi-agency conference on a range of topics to share information and best practice and raise awareness to the risks for suicide.

1f) Invite additional partners across the System within Berkshire, including the voluntary and community sector to join the Suicide Prevention Group for improved cross-topic working.

1g) Set up sub-groups of the Suicide Prevention Group, informed by local intelligence and data, where there is a need to focus upon a risk factor or group within the population.

### **Priority area 1: Children and Young People**

2a) To raise awareness of the link between trauma and adversity, and suicide across the life-course.

2b) Continued investment into the Be Well campaign to encourage the importance of looking after emotional wellbeing, in addition to signposting to local mental

health services and support in order to prevent self-harm and suicide in children, young people, and women.

2c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community.

2d) To explore improving data capture on sexual orientation for all ages in RTSS data and promote this across the suicide prevention system.

2e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.

2f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.

2g) To link with the work across the BOB and Frimley ICS on the ease of access to shared care records across system partners for transition population (children moving into adulthood).

2h) To support higher education establishments within Berkshire, including universities to adopt a needs-led approach to neurodiversity.

### **Priority area 2: Self-harm**

3a) Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care.

3b) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support.

3c) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.

3d) Regularly review local intelligence and data on self-harm at the Berkshire Suicide Prevention Steering Group, ensuring additional relevant data from a wide range of sources are included (e.g. development

of RTSS to include self-harm, ambulance service data, primary care and schools).

3e) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.

### **Priority area 3: Female Suicide**

4a) Link with the BOB and Frimley local maternity systems on suicide risks in the perinatal period.

4b) To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.

4c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.

4d) Improve data collection of domestic abuse data in RTSS.

4e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide.

4f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person).

4g) Raise awareness of the information, resources and services available for parents and carers who are experiencing stress, through inputting into local campaigns.

### **Priority area 4: Economic Factors**

5a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to;

- reduce the stigma of 'being in debt' and signpost to access debt and

benefit advice and support. this information also needs to be shared with frontline professionals

- encourage people in debt to reach out for help to reduce impact on mental health
- encourage people with poor mental health to reach out for debt advice

5b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide risk and what support is available.

5c) Support Berkshire local authorities with a single point of access information site around money matters.

5d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities.

5e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.

5f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.

5g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.

5h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.

### **Priority area 5: Bereaved by suicide**

6a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services.

6b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer-to-peer support service.

6c) Building in bereavement support to extend to wider family members, friends and communities.

6d) Continue to commission suicide bereavement support services and monitor its impact.

6e) Explore training opportunities for colleagues and workplaces impacted by suicide.

6f) Work with Thames Valley Police and other first responders to a suicide, to share appropriate resources with employers.

## Appendix C Vulnerable Groups

National, Regional and Local works point towards several key groups who will be priorities for both County wide and Local works. Suicide Prevention **works must meet the needs of the whole community** but there are groups or cohorts that require additional or specialised focus. The Pan Berkshire Workplan will - alongside the development actions set out above seek to raise awareness of and support the needs of the people from these Vulnerable Groups. These according to the ONS<sup>1</sup> and other national and local data sources include:

Cohort	Outline of the Issues
<p><b>Children and Young People</b></p>	<p>The Royal College of Paediatricians and Child Health’s 2020 report into the State of Child Health notes that suicide in children and young people may be associated with many factors, including poor mental health; self-harm; academic pressures or worries; bullying; social isolation; family environment and bereavement; relationship problems; substance misuse; or neglect<sup>2</sup>. Adverse childhood experiences, stressors in early life and recent events also contribute to the risk<sup>3</sup>.</p> <p>Good mental health and emotional wellbeing in children and young people can help build resilience, and in turn become a protective factor against suicide. The NHS five-year forward view recognises that children and young people are a priority group for mental health promotion and prevention. Early intervention and quick access to good quality care is vital – especially for children and young people. Waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care<sup>4</sup>.</p> <p>The NCISH 2017 report on suicide by children and young people highlighted themes that should be specifically targeted for prevention<sup>5</sup>;</p> <ul style="list-style-type: none"> <li>• Support and management of family factors like mental illness or substance misuse</li> <li>• Childhood abuse</li> <li>• Bullying</li> <li>• Physical health</li> <li>• Mental ill health</li> <li>• Alcohol or drug misuse</li> </ul> <p>Groups highlighted to be at increased risk of death from suicide included young people who are bereaved, students, looked after children, young people who identify as LGBT. Previous self-</p>

<sup>1</sup> [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

<sup>2</sup> Royal College of Paediatrics and Child Health (2020) *State of Child Health*. London: RCPCH. Available at: [stateofchildhealth.rcpch.ac.uk](http://stateofchildhealth.rcpch.ac.uk) Last accessed 10/08/21

<sup>3</sup> Samaritans (2019) *Suicide Statistics Report – Latest statistics from the UK and Northern Ireland*. Surrey: Samaritans. Available at [SamaritansSuicideStatsReport 2019 Full report.pdf](https://www.samaritans.org/~/media/Samaritans/Reports/Suicide-Statistics-Report-2019-Full-report.pdf) Last accessed 10/08/21

<sup>4</sup> NHS Five Year Forward View. NHS (2014). Available [Five Year Forward View \(england.nhs.uk\)](https://www.nhs.uk/5-year-forward-view/) Last accessed 02/09/21

<sup>5</sup> NCISH Suicide in Children and Young People. NCISH (2017) Available [NCISH | Suicide by children and young people in England - NCISH \(manchester.ac.uk\)](https://www.ncish.org.uk/~/media/NCISH/Suicide%20by%20children%20and%20young%20people%20in%20England%20-%20NCISH.pdf) Last accessed 12/08/21

	<p>harm was a crucial indicator of risk with around half of young people who had died by suicide having previously self-harmed.</p> <p>Transition across all stages of life but especially that from childhood to adulthood (aged 16-25) is often characterised by changes and adjustments and challenges, particularly around increasing independence and responsibility, and developing self-esteem. During this period, young people may also transition with regards to their physical and mental health services including transition from children’s mental health services to adult mental health services. It is crucial that transition is managed carefully and effectively so that early and effective support is accessed.</p>
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<b>Men</b>	<p>Men are by far the largest group in terms of suicides and account for some 70% of the national total</p> <p>Around three-quarters of suicides were males (4,129 deaths; 74.0%), consistent with long-term trends, and equivalent to 16.0 deaths per 100,000, while among males it was highest in those aged 50 to 54 years (22.7 deaths per 100,000).</p> <p>Looking at trends over time in broad age groups, males aged 10 to 24 years have had the lowest rates since 1981. In 2021, the rate in this group was 8.0 deaths per 100,000.</p> <p>Since 2010, men aged 45 to 64 years have had the highest age-specific suicide rates. In 2021, the rate in this group was 20.1 deaths per 100,000. Males aged 25 to 44 years had the highest suicide rates between 1995 and 2009, whereas males aged 75 years and above had the highest rates at the beginning of our series between 1981 and 1991.</p> <p>Male rates for all age groups were higher in 2021 than in 2020, except for those aged 75 years and over where the rate remained unchanged.</p>
<b>Women</b>	<p>Within England and Wales, there has been a growing increase in female deaths by suicide. In 2019, the suicide rate among females and girls was 5.3 deaths per 100,000, up from 5.0 in 2018 and the highest since 2004<sup>6</sup> Risk and protective factors for suicide can affect men and women differently, therefore understanding the relationship between gender and these risk factors is of importance for effective suicide prevention. For example, risk factors such as domestic abuse disproportionately affect women<sup>7</sup></p> <p>The perinatal period refers to pregnancy and the first year following the birth of a child. Perinatal mental health problems are mental health problems that occur during this period. They affect up to 20% of new and expectant mothers and include a wide</p>

<sup>6</sup> Suicide rates continue to rise in England and Wales. *BMJ* 2020; Available: <https://doi.org/10.1136/bmj.m3431> Last accessed 08/08/21

<sup>7</sup> <sup>[2]</sup> Samaritans research briefing: Gender and Suicide (2021). Available ResearchBriefingGenderSuicide\_2021\_v7.pdf (samaritans.org) [Last accessed 08/08/21](#)

range of conditions including depression, anxiety, and psychosis. If left untreated, perinatal mental health issues can have significant and long-lasting impacts on the woman, the child, and the wider family. The latest confidential enquiry into maternal deaths in the UK and Ireland (2019) found that suicide is the second largest cause of direct deaths in mothers occurring during or within the 42 days at the end of pregnancy<sup>8</sup>.

Research has shown that in some mental disorders, such as postnatal depression, bipolar disorder and postnatal psychosis, there is an increased risk of suicidal ideation, suicidal attempt, or suicide<sup>9</sup>Prevalence of mental illness varies by maternal age, with many studies finding a significant correlation between young age and depression or anxiety during pregnancy. Some studies have also found high rates of mental illness amongst older mothers<sup>10</sup>. Agencies across the maternity system involved in the care of expectant and new mothers must carefully monitor and early identify suicide risk and potential risk factors, to reduce suicide risk within this group.

Among females, the age-specific suicide rate was highest in those aged 45 to 49 years (7.8 deaths per 100,000). The rate for females was 5.5 deaths per 100,000. Females aged 24 years or under have seen the largest increase in the suicide rate since ONS began to look at suicide rates in 1981.

RTSS data from 2020 had highlighted an increase in the proportion of all suicides which are female suicides from 21% in 2017 to 39% in 2020. Female suicides have shown a small but steady increase from 13 in 2017 to 24 in 2020.

In 2021 The Berkshire Suicide Prevention Group formed a sub-group to carry out a deep-dive review based on RTSS (GEN-19) data supplied by the TVP and further supplemented by further enquiries of GP practices, secondary mental health care (particularly Serious Incident Review findings), and of bereaved families and a specialist postvention service. Across the period January 2020 to May 2021, female deaths were highest in Slough and Reading of the six Berkshire unitary areas, accounting for 26% and 37% of all female deaths respectively.

<sup>8</sup> Saving lives, improving mothers' care 2019 report (2019) Available [MBRRACE-UK Maternal Report 2019 - WEB VERSION.pdf \(ox.ac.uk\)](#). Last accessed 02/09/21

<sup>9</sup> Orsolini, Laura et al. "Suicide during Perinatal Period: Epidemiology, Risk Factors, and Clinical Correlates." *Frontiers in psychiatry* vol. 7 138. 12 Aug. 2016, doi:10.3389/fpsy.2016.00138

<sup>10</sup> Biaggi A, Conroy S, Pawlby S, Pariante CM. Identifying the women at risk of antenatal anxiety and depression: A systematic review. *J Affect Disord.* 2016 Feb;191:62-77. doi: 10.1016/j.jad.2015.11.014. Epub 2015 Nov 18. PMID: 26650969; PMCID: PMC4879174.



	<p>Children witness to or living in a household where domestic abuse is present is a highly traumatic experience and can lead to lasting harms and risk-taking behaviours throughout the lifecourse.</p> <p>Perpetrators are also at risk of suicide, where the perpetrator is currently under investigation, or is being convicted of the abuse. It is clear therefore, that domestic abuse has a profound impact for those experiencing, witnessing and perpetrating, increasing risk immediately, and throughout the life course.</p> <p>Up until the age of 60, there is an increasing trend in the number of suicides by age. When considering 10-year age bands, deaths are highest in the 40-49- and 50–59-year-old age groups, with these two groups accounting for 49% of deaths by suicide in females. Issues identified in the deep dive included:  <i>A mental ill-health diagnosis and /or history of contact with mental health services), Adverse Childhood Experiences - most often related to sexual abuse, but also loss of or separation from parents, History of self-harm, History of alcohol or substance abuse, Parenting / carer stress, Financial stress, Domestic abuse Workplace stresses and adjustment challenges, particularly for those in a health, care or other frontline role (including childcare and police), Neurodiversity, Bereavement and grief, History of disordered eating, Denial of suicidal intent at the time of last contact with services.</i></p> <p>As discussed above the trend appears to have returned to pre-2020 levels, but remain of obvious importance and concern.</p>
<p>Neurodiverse People</p>	<p>Neurodiversity refers to the different ways the brain works and interprets information. It is often used as an umbrella term for a spectrum of conditions such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, tourette syndrome and complex tic disorders. Neurodiversity was identified as a risk factor for suicide in the 0-25 suicide audit (2020), with further qualitative analysis recommended of the impact of waiting for an autism assessment on children and young people’s mental health and suicide risk. It is estimated that 1 in 7 people (approximately 15% of the UK population) are neurodiverse<sup>11</sup>.</p> <p>It is well documented throughout literature that neurodiverse conditions can increase the risk of suicide, for both adults and children and young people. NICE guidance recognises that people with autism are at higher risk of suicide<sup>12</sup> . Research also shows that late diagnosed adults appear to be at the highest risk of suicidal thoughts and behaviours, demonstrating the importance of identification and addressing needs at the earliest opportunity<sup>13</sup>.Data on the number of children and young people with a statement of special educational needs (SEN) or education, health and care (EHC) plan for 2020/21 by primary need for</p>

<sup>11</sup> Autism and.. Oxford Health (2021). Available Autism and.. - Oxford Health NHS Foundation Trust. [Last accessed 26/08/21](#)

<sup>12</sup> NICE (2018). NICE guidance on preventing suicide in community and custodial settings [NG105]. National Institute for Health and Care Excellence. Available: <https://www.nice.org.uk/guidance/ng105>. Last accessed 04/08/21

<sup>13</sup> Supporting autistic children and young people through crises: Autistica. Available: <https://www.autistica.org.uk/downloads/files/Crisis-resource-2020.pdf> Last accessed 17/08/21

	<p>pupils enrolled in schools and nurseries in Berkshire<sup>14</sup> gives an indication of the number of children that are neurodiverse.</p> <p>A needs-led rather than diagnosis led approach has been adopted throughout Berkshire, which allows for pre-diagnostic support to be put in place for children and young people once needs become apparent. This support potentially reduces the risk of suicide for neurodiverse children and young people as interventions can be put in place as soon as needs are apparent and can reduce isolation experienced.</p>
<p>Routine and manual employed people</p>	<p>In Berkshire, between 2015 and 2019, a quarter of people dying from suicide had an occupation group of 'Skilled Trades Occupations' (26%).</p>
<p>Gambling</p>	<p>Gambling related harm is a risk factor for suicide and is a growing area of public health concern. In 2019/20, 11% of gamblers contacting the National Gambling Helpline said they had experienced suicidal thoughts, either currently or in the past <sup>15</sup>.</p> <p>Additional funding is being made available to support treatment services for problem gambling and to monitor the impact of COVID-19 on gambling behaviour. Gambling operators are putting in place additional measures to increase protections for those who might be at risk of gambling harm.</p>
<p>Economic Context and Deprivation</p>	<p>It is well recognised that the reasons why people die by suicide are complex, arising from a wide range of psychological, social, economic and cultural risk factors. People who are socioeconomically disadvantaged or who live in areas of socioeconomic deprivation have an increased risk of suicidal behaviour. Features of socioeconomic disadvantage include; low income, unmanageable debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area<sup>16</sup>. What is more, poor mental health makes it harder to deal with money problems and vice versa<sup>17</sup>.</p> <p>The NCISH 2021 report on suicide by middle-age men<sup>18</sup> found a number of findings associating suicide with economic precursors. Overall, 57% of men were experiencing economic problems including unemployment, financial problems, or problems finding stable accommodation. Almost a third of men included in the study were unemployed at the time of death, with almost half of these unemployed for over 12 months. Twice the proportion of men were living in the most deprived areas of England (27%) compared to those living in the least deprived areas (14%). Alcohol and drug misuse were particularly common amongst men who were unemployed, as it was amongst those who were bereaved, or had a history of violence or self-harm.</p> <p>Some people are more economically or financially vulnerable than others, and this number is on the rise. Individuals who are young, low-</p>

<sup>14</sup> Figures are for state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. They do not include independent schools

<sup>15</sup> Suicide awareness and prevention training. Gamcare (2020)<https://www.gamcare.org.uk/news-and-blog/news/gambling-charity-and-samaritans-launch-bespoke-suicide-awareness-and-prevention-training/>

<sup>16</sup> Dying from inequality. Samaritans (2017).

Available:[https://media.samaritans.org/documents/Samaritans\\_Dying\\_from\\_inequality\\_report\\_-\\_summary.pdf](https://media.samaritans.org/documents/Samaritans_Dying_from_inequality_report_-_summary.pdf). Last accessed 09/09/21

<sup>17</sup> Money and mental health, the facts. Money and mental health (2019). Available: <https://www.moneyandmentalhealth.org/wp-content/uploads/2017/06/Money-and-mental-health-the-facts-1.pdf>. Last accessed 09/09/21

<sup>18</sup> Suicide by middle aged men. NCISH (2021). Available [NCISH | Suicide by middle-aged men - NCISH \(manchester.ac.uk\)](https://www.ncish.org.uk/reports/suicide-by-middle-aged-men). Last accessed 02/09/21

	<p>paid, Black, in self-employment and those with low education levels or live in large families have been disproportionately affected by the current COVID-19 pandemic. These groups are more likely to have lost their jobs, not be working any hours or had their pay cut<sup>19</sup>.</p> <p>Across England, more than 1.5 million people are experiencing both problem debt and mental health problems. An estimated 46% of people in problem debt also have a mental health problem. Almost one in five (18%) people with a mental health problem are in problem debt. Financial problems are a common cause of stress and anxiety with people in this position not asking for help due to stigma around being in debt. Suicide can be seen as a way out of debt for some people who are struggling and more than 100,000 people in England attempt suicide while in problem debt each year (MMHPI) (2018)<sup>20</sup></p> <p>Long-term factors such as persistent poverty and financial insecurity can put people at an risk of becoming suicidal, as can sudden triggers like the intimidating and threatening letters people receive from lenders. Providing debt management advice and support to people in debt will help to reduce an individual’s risk of death by suicide, especially if they are experiencing poor mental health. There is a lot of support and help available for people, but awareness can be low.</p> <p>Neighbourhoods in Berkshire are not evenly distributed in terms of affluence with Reading and Slough having higher concentrations of people living in deprivation, alongside others with relative wealth.</p>
LGBTQ people	<p>Data on the LGBTQ+ community at a local level is very limited and there is a reliance on national survey data to understand the needs of this group. Facts and figures presented by <a href="#">Stonewall</a> charity include the following findings which are particularly relevant to the topic of suicide in young LGBTQ people:</p> <ul style="list-style-type: none"> <li>• Half of LGBTQ people said that they’ve experience depression in the last year</li> <li>• 2/3 bisexual women and just over half of bisexual men having experienced anxiety</li> <li>• Nearly half of LGBTQ pupils are bullied for being LGBTQ in Britain’s schools</li> <li>• More than 4/5 transexual young people have self-harmed</li> <li>• 3/5 lesbian, bisexual, and gay young people who are not transexual have self-harmed</li> <li>• More than 2/5 transexual young people have attempted to take their own life</li> <li>• 1/5 gay, lesbian and bisexual young people who are not transexual have attempted to take their own life.</li> </ul>
The Bereaved	<p>Those who are bereaved by suicide face a higher risk of mental ill-health, suicide attempts death by suicide.<sup>1 2 3</sup> The Support After Suicide Partnership summarises the particular challenges which mean that those bereaved by suicide are less likely to receive support from family and friends than others going through a bereavement.<sup>4</sup></p>

<sup>19</sup> COVID-19 recession is having a disproportionate impact on most vulnerable. LSA (2020) Available: <https://www.lse.ac.uk/News/Latest-news-from-LSE/2020/h-August-20/COVID-19-recession-is-having-a-disproportionate-impact-on-the-most-vulnerable> Last accessed: 09/09/21

<sup>20</sup> A silent killer. Money and mental health (2018) <https://www.moneyandmentalhealth.org/wp-content/uploads/2018/12/A-Silent-Killer-Report.pdf> Last accessed 09/09/21

Sudden deaths can lead to a complex bereavement, with those bereaved by suicide often experiencing particularly intense shock, as well as challenges linked to the stigma of suicide.<sup>5</sup> These stigmatising factors can mean the bereaved person is avoided or feels judged, and connections with social and support networks are weakened. People's awkwardness in discussing death is often magnified when the death is by suicide, and this can leave the person who is bereaved feeling especially isolated. Conversely, high interest in the suicide – from communities and from the media – can make it difficult for people to grieve in private.

Bereavement is highlighted in the Berkshire Suicide Audit, the Berkshire deep-dive into female suicides, and The National Confidential Inquiry into Suicide and Safety in Mental Health's reports into suicide amongst both children and young people and middle-age men.

Bereavement by suicide can be particularly devastating to the lives of those around the person who has died. People bereaved by suicide are at a greater risk of suicide themselves. Bereavement by suicide was highlight in 6% of subsequent suicides in the Berkshire Suicide Audit (2018).

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Survivors of Bereavement by Suicide (SoBS) is a national charity set up to offer support to adults bereaved by suicide. It is the only organisation offering peer-to-peer support to all those over the age of 18, impacted by suicide loss in the UK. It helps those bereaved by suicide to support each other, at the time of their loss and in the months and years that follow. SoBS offers peer led support groups, online virtual support groups, a national telephone helpline, online community forum and email support.

Amparo a specialist suicide post-vention support service, part of the Listening Ear group of counselling services has been commissioned to deliver services from 1<sup>st</sup> July 2022, covering Berkshire West, East, Oxfordshire and Buckinghamshire as the commissioned bereavement support provider for the patch. The initial contract is for two years to 2024.

There is recognition that staff may feel responsible for a suicide event, or not having done more to prevent it. Although these feelings are always misplaced, they can prolong the trauma if not managed effectively. Staff members may also experience anger, flashbacks and post-traumatic stress.

