

# Berkshire Suicide Prevention Action Plan

## 2023/24

(To be reviewed October 2024)



## 1. Introduction

Death by suicide can affect anyone and remains a key public health issue. Sadly, 1 in 20 people will attempt suicide at some point in their life. However, deaths by suicide are not always inevitable, and with the right support, we can help individuals recover from crisis, or better still, prevent them from reaching a crisis in the first place. Living through the COVID-19 pandemic has left few people unscathed; the health, social, and economic impacts, as well as loss and bereavement, have been experienced by many individuals and communities. While we emerge from the pandemic, hardships persist for many Berkshire residents as the cost of living rises, and people struggle in these times of financial crisis and uncertainty.

Suicide prevention is a national responsibility, and local authorities have a statutory duty of implementing and acting upon a comprehensive suicide prevention strategy and action plan. The Berkshire Suicide Prevention Strategy 2021 – 2026 encompasses core actions to reduce suicide and self-harm at a local level, based on local intelligence, data and strategic priorities. This action plan refresh outlines specific, targeted actions aligned with the goals of the Berkshire Suicide Prevention Strategy 2021 – 2026 and the National Strategy of 2023. The priority actions outlined in the action plan will support the refresh of existing plans in the six Berkshire local authorities.

## 2. Background and Context

### National context

On 11<sup>th</sup> September 2023 the Government published the new [Suicide prevention in England: 5-year cross-sector strategy](#) and [action plan](#). The aim of the strategy is *to bring everybody together around common priorities and set out actions that can be taken to:*

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner;
- improve support for people who have self-harmed; and
- improve support for people bereaved by suicide.

The strategy outlines eight priority actions areas which include:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.

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4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

The latest national strategy sets out over [100 actions](#) led by various government departments, the NHS, the voluntary sector and other national partners to support their aim of securing progress in these areas, particularly within the next two years. National actions will broadly impact on local work and will be monitored by the Berkshire Suicide Prevention Action Group but they key actions which Local authorities are leads/co leads on are below.

| <b>Priority Action Area</b>  | <b>Action</b>   | <b>Lead</b>                       | <b>Timeframe</b> |
|--|---|-----------------------------------|------------------|
| <i>Tackling means and methods of Suicide: High frequency locations</i> | Work together to improve data collection and data sharing in all areas, including identifying where an individual resides as well as the location in question, to improve understanding and provide appropriate support and guidance for future lessons learned | NPCC<br>OHID<br>Local Authorities | Ongoing          |
| <i>Providing timely and effective bereavement support</i>              | Make use of local near real-time suicide surveillance systems in connecting families, friends, carers and loves to bereavement support  | Local Authorities                 | Ongoing          |
| <i>Making suicide prevention everyone's business</i>                   | DHSC (lead) to work with VCSE and local authorities to create a short resource outlining appropriate language to use when talking about suicide. This resource will be disseminated widely to both online and in-person conversations                           | DSHC                              | 2024             |

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| <i>Financial difficulty and economic adversity:<br/>Gambling</i> | Update guidance for local authorities on gambling-related harms, and encourage public health teams to consider the potential links between their work on suicide prevention and harmful gambling | Local Government Association | 2023 |

## Local Context

The Berkshire Suicide Prevention Strategy 2021-2026 was developed in 2020 and distributed across six Berkshire Local Authorities and Health and Wellbeing Boards. This period coincided with significant changes induced by the COVID-19 pandemic and marked a transitional phase for the local public health and healthcare system, including the establishment of the East and West public health teams, as well as the formation of Integrate Care Boards and Integrated Care Systems. With England emerging from restrictions, sectors were deeply focused on addressing the aftermath of COVID-19, understanding its impact on communities, as well as local health and social care services.

Due to these challenging circumstances, the Berkshire Suicide Prevention Strategy was not universally adopted by all six local authorities. Consequently, the coordination, production, and oversight of the Berkshire Suicide Prevention Action Plan, along with the local action plan, were adversely affected. Upon revisiting the Berkshire Strategy for 2021-2026 to ensure our approaches aligned to the new National Strategy, it was decided to refresh the suicide prevention action plan at an operational level. This refresh aims to facilitate local implementation across the six Berkshire Local Authorities. Moreover, given the absence of significant recommendations or actions in the recently launched new national strategy that directly impact the local Strategy, this operational update is seen as necessary for effective local suicide prevention efforts.

The vision for the Berkshire Suicide Prevention Strategy 2021–2026 is: *“To reduce deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm.”*

The guiding principles used to develop the Berkshire Strategy were as follows:

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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.

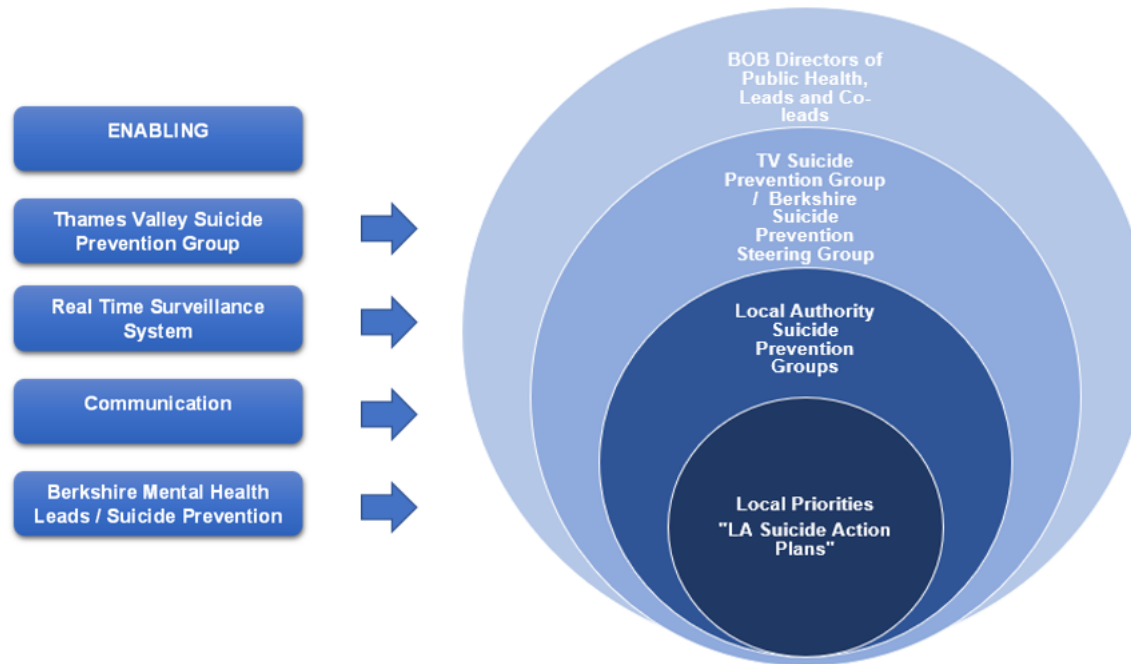
Five core priority areas were identified using local intelligence in the Berkshire Suicide Prevention Strategy 2021 – 2026 which align to the new national strategy for 2023–2028, specifically our approach to improve mental health in specific groups and reducing suicide rates across all Berkshire population groups. The five core areas of focus are:

1. Children and young people.
2. Self-harm.
3. Female suicide deaths.
4. Economic factors.
5. Supporting those who are affected or bereaved by suicide.

### **3. Governance**

Suicide prevention is a national responsibility, and local authorities have a statutory duty to develop and implement a comprehensive suicide prevention strategy and action plan. To date, Berkshire has established a multi-agency Berkshire Suicide Prevention Group, chaired by one of the Berkshire Directors of Public Health who actively drives this agenda forward. The group convenes quarterly to provide a joint approach to achieve real change in the prevention of suicides in Berkshire through actions taken by member organisations. Figure 1 below visually represents the collaboration between Thames Valley, Berkshire, Local Authorities and enablers to ensure effective implementation of the Berkshire strategy and local action plans.

#### **Berkshire Level Governance Figure 1**



### Local Authority Level

Each local authority should maintain a local multi-agency suicide prevention group that reports to the respective Health and Wellbeing Board, being accountable to local residents. Recognising the intricate factors contributing to suicidal tendencies, no single agency can prevent suicide in isolation. Both the Berkshire Suicide Prevention Group and the local multi-agency groups can facilitate and promote collaborative efforts at both strategic and operational levels, aiming to prevent self-harm and suicides among Berkshire residents.

The successful implementation of the actions outlined in this action plan necessitates engagement from a diverse array of partners at both the local and Berkshire levels. These partners include:

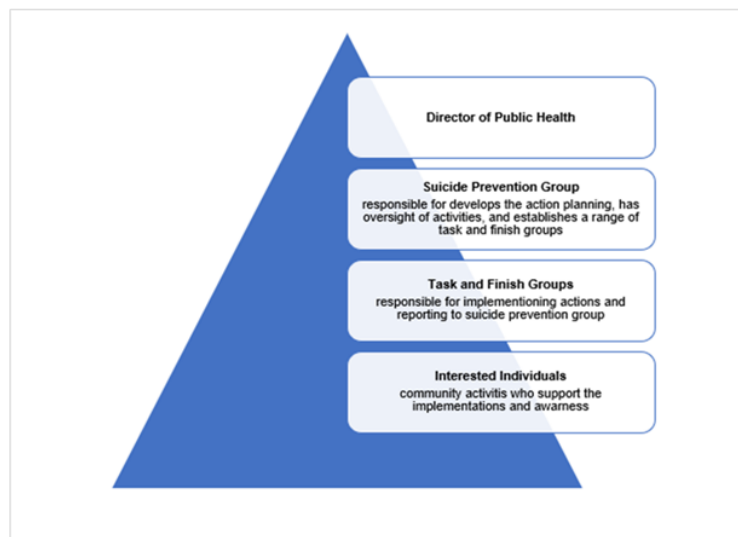
- Service users, carers, and survivors of suicide.
- Communities and their leaders.
- Third Sector organisations.
- Health Services: Integrated Care Board (BOB), general practitioners, primary care staff, and pharmacies.

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- Specialist Mental Health Services, Children and Adults
- Learning Disability
- Criminal Justice: Probation, Police, and Courts.
- Education: Schools, colleges, and universities.
- Fire Service.
- Local Authority: Housing, Leisure, Safeguarding, Planning, Transport and Welfare / Benefit.

The oversight of the local suicide prevention action plan should rest with the Director of Public Health (or the named portfolio lead) and the Health and Wellbeing Board. It is recommended that local suicide prevention groups (multi-agency) be established with delegated responsibility to develop and implement the action plan based on local needs. Regular reports should be submitted to monitor progress. Considering this as a tiered system at a local level, the local suicide prevention group would be responsible for developing the action plan, overseeing activities, and establishing various task and finish groups for implementing actions. Additionally, local suicide prevention groups may want to explore ways to engage a broader range of individuals in suicide prevention activities—individuals who can serve as champions for prevention. This approach will vary depending on local structures; one example of a structure is presented in figure 2.

**Figure 2.**



There will be different approaches to implementing the Berkshire Strategy. To support local areas, an audit tool has been developed for leads and suicide prevention groups. This tool serves as a comprehensive mechanism to evaluate strengths, pinpoint areas for improvement, and establish connections with pre-existing local strategies, thereby ensuring the efficient delivery of actions. It is strongly recommended that the prevention

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group familiarises themselves with the Berkshire Suicide Prevention Strategy 2021–2026. The insights gained from the audit tool will play a pivotal role in developing the local implementation plan, prioritising key areas, and outlining specific actions. This includes considerations related to resources and capacity. Suicide is a complex issue, and prevention should be integrated into other local strategies and programs, including the commissioning of other public health and wellbeing services across the life course.



**High Level Berkshire Actions**

| High Level Priority Actions | System level actions across BOB, Thames Valley, Berkshire   |
|-----------------------------|---|
| Berkshire                   | <ul style="list-style-type: none"> <li>a. Continue supporting local data and intelligence analysis, focusing on:                             <ul style="list-style-type: none"> <li>• Analysing Current TV/BOB RTS System: Identifying successful practices within the current TV/BOB system.</li> <li>• Exploring Future RTS System Options: Evaluating potential models for a future Real-Time Surveillance System.</li> </ul> </li> <li>b. To explore improving data capture on sexual orientation for all ages in RTSS data and promote this across the suicide prevention system.</li> <li>c. To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.</li> <li>d. Improve data collection of domestic abuse data in RTSS.</li> <li>e. To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.</li> <li>f. Ensure the local bereavement offer continues and is culturally and ethnically appropriate</li> <li>g. Link with the BOB and Frimley local maternity systems on suicide risks in the perinatal period.</li> <li>h. 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.</li> <li>i. Refresh local action plans aligned to the Berkshire Prevention Strategy (2021-2026) and National Strategy (2023)</li> <li>j. Explore means to improve local intelligence and data on self-harm to be regularly reviewed at the Berkshire Suicide Prevention Steering Group.</li> <li>k. Review Berkshire Suicide Prevention Group</li> <li>l. Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide.</li> </ul> |

## Local Authority Actions

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| <b>Priority Area 1: Children and Young People</b> | <b>Children and Young People: including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQIA+ and transitions.</b>   |
| Berkshire Strategy Recommendations                | <ul style="list-style-type: none"> <li>a. To raise awareness of the link between trauma and adversity, and suicide across the life course.</li> <li>b. 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.</li> <li>c. To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.</li> <li>d. 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.</li> </ul> |
| <b>Priority Area 2: Self-harm</b>                 | <b>Self-harm; as a risk factor, groups vulnerable to self-harm, hospital admission, mental health, young people and self-harm</b>   |
| Berkshire Strategy Recommendations                | <ul style="list-style-type: none"> <li>m. 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.</li> <li>n. Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care.</li> <li>o. Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support.</li> </ul>  |

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|  | <p>p. Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.</p> |
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| <p><b>Priority Area 3: Females</b></p>    | <p><b>Female suicide deaths; including perinatal mental health, domestic abuse, parental or carer stress</b></p>   |
| <p>Berkshire Strategy Recommendations</p> | <p>a. Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.<br/> b. 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)</p> |

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| <p><b>Priority Area 4: Economic stresses</b></p> | <p><b>Economic factors; including the impact of COVID-19, debt, mental health, benefits, socio-economics disadvantage and gambling</b></p>  |
| <p>Berkshire Strategy Recommendations</p>        | <p>a. 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;</p> <ul style="list-style-type: none"> <li>i. 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</li> <li>ii. encourage people in debt to reach out for help to reduce impact on mental health</li> <li>iii. encourage people with poor mental health to reach out for debt advice</li> </ul> <p>b. Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available.</p> <p>c. Support Berkshire local authorities with a single point of access information site around money matters.</p> <p>d. 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.</p> |

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|  | <ul style="list-style-type: none"> <li>e. Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people’s incomes.</li> <li>f. Make sure that all parts of the health service where patients showing suicidal intent first make contact, are sign posted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.</li> <li>g. 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.</li> <li>i. Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.</li> </ul> |
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| <p><b>Priority Area 5: People bereaved by suicide</b></p> | <p><b>Supporting those who are bereaved or affected by suicide; including local suicide bereavement support, specialist suicide bereavement support, and those impacted by suicide in the workplace.</b></p>  |
| <p>Berkshire Strategy Recommendations</p>                 | <ul style="list-style-type: none"> <li>a. Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services.</li> <li>b. Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer to-peer support service.</li> <li>c. Building in bereavement support to extend to wider family members, friends and communities.</li> <li>d. Continue to commission suicide bereavement support services and monitor its impact.</li> <li>e. Explore training opportunities for staff impacted by suicide.</li> <li>f. Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers</li> </ul> |