



GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY

2024-2029

Developed by Public Health at Gloucestershire County Council on behalf of Gloucestershire Suicide Prevention Partnership



Gloucestershire
Coroner's Service



PLEASE NOTE: This document contains potentially distressing content around methods, means and impact of suicide. Please read with caution, be aware of looking after your own wellbeing and contact sources of support, which are listed at the end of this document, if you feel you need to.

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FOREWORD

We are pleased to share with you the new suicide prevention strategy for Gloucestershire. Anyone who is involved in suicide prevention will know only too well the tragic circumstances which lie behind a death from suicide, and the devastating impact it has on families and individuals affected by the death.

Drawing on Professor Sir Louis Appleby's reflections in his foreword to the recently published national suicide prevention strategy, the question of what more we could have done collectively as organisations, as communities and as a system to prevent a death from suicide is key. Prevention, partnership working and early intervention, are central to our local strategy.

No single organisation can prevent suicide alone, and in developing the strategy we are aware of the range of good work already happening in the county across sectors and settings which contributes to suicide prevention and the support of those affected by suicide. This strategy seeks to complement and build on this work.

Our last Suicide Prevention strategy covered the period 2015-2020, and the pandemic contributed to a delay in the publication of our new strategy. Nevertheless, work on suicide prevention did not stop in the intervening period. The steering group and wider partners continued to take forward our collective action plan, and the strategy provides an update on some of our recent projects and programmes.

We would like to thank everyone who contributed to the development of this updated strategy and shared their views about the actions we need to prioritise locally.

The strategy sets out seven strategic priorities and we hope that it provides our partners and stakeholders with a framework to guide local action.

Suicide prevention matters. It matters because every death from suicide is a life lost. The national call to action is that suicide prevention becomes everyone's business, and we hope this strategy will contribute to achieving that aim in Gloucestershire.

The Gloucestershire Suicide Prevention Steering Group

ACKNOWLEDGEMENTS

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INTRODUCTION

In 2022, there were 5,642 suicides registered in England and Wales¹ including 59 registered in Gloucestershire. Every suicide is a tragedy for the individual and those who knew them. The impact is not just felt by immediate family and friends. Studies suggest that a suicide can affect a wide circle of individuals, including those who witness the death or are involved in the response.

The causes of suicide are complex and often multifaceted, but certain factors may make people more vulnerable, and research shows that some groups are at higher risk of suicide than others.

Preventing suicide remains a national and local priority. In September 2023, the Government published a new national suicide prevention strategy which reaffirmed their commitment to reduce deaths from suicide and set out a framework to guide national and local action.

Gloucestershire has had a suicide prevention strategy in place since 2006, which is overseen by the Gloucestershire Suicide Prevention Partnership Steering Group and Partnership Forum which report to the Gloucestershire Mental Health and Wellbeing Partnership Board.

This document represents the third refresh of the county-wide strategy and takes into account progress made locally since the 2015 strategy. It has been informed by the latest available local and national intelligence and guidance on suicide trends and risk factors, including the most recent suicide audit in the county (covering deaths from suicide registered between 2016 and 2018).

As noted in the new national strategy, suicide prevention is everyone's business which requires action across a range of settings and sectors. No single agency can achieve suicide prevention alone; and partnership working remains at the heart of our local approach. The Gloucestershire strategy and strategic priorities have been developed following discussion with a range of stakeholders from across the system and voluntary and community sector.

5,642

SUICIDES REGISTERED IN ENGLAND
AND WALES 2022

THE PURPOSE OF THE STRATEGY IS THREE-FOLD:



To set out strategic priorities for preventing suicide in Gloucestershire over the next 5 years.



To provide a collective framework for action to guide the work of the suicide prevention steering group and wider system partners.



To outline how the strategy will be delivered and how we will monitor progress.

THE STRATEGY IS IN THREE SECTIONS:

SECTION 1

Outlines the national and local context and explains our approach to suicide prevention in Gloucestershire

SECTION 2

Summarises the latest national and local intelligence on suicide rates and risk factors

SECTION 3

Sets out strategic priorities for the next five years

The strategy will be supported by a comprehensive action plan.



SECTION 1 - STRATEGIC CONTEXT

NATIONAL SUICIDE PREVENTION PRIORITIES

National suicide prevention policies provide an important framework for local action. In developing our local strategy, we have considered the recommendations contained in a range of national publications and guidance documents; including those described in this section.

The national suicide prevention strategy 'Suicide Prevention in England: 5 year cross-sector strategy' published in September 2023, sets out the Government's aims to: reduce the suicide rate over the next 5 years (with initial reductions observed within half this time or sooner); to continue to improve support for people who self-harm; and to continue to improve support for people who have been bereaved by suicide. It identifies eight priorities for action at the national level based on evidence, data, and engagement:

- 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 of suicide.
- 3 ADDRESSING COMMON RISK FACTORS linked to suicide at a population level to provide early intervention and tailored support.

- 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.

Local areas are encouraged to align their local strategies with these priorities, and the national priorities have helped to guide the development of the Gloucestershire suicide prevention strategy, alongside local data and intelligence.

NATIONAL SUICIDE PREVENTION PRIORITIES

The National Institute for Health and Care Excellence (NICE) issued a [Suicide Prevention Quality Standard²](#) in 2019 covering ways to reduce suicide and help people bereaved or affected by suicide. The five quality statements are outlined below and include a focus on the role of multi-agency suicide prevention partnerships in local areas.

- 1 Multi-agency suicide prevention partnerships should have a strategic suicide prevention group and clear governance and accountability structures.
- 2 Multi-agency suicide prevention partnerships should work to reduce access to methods of suicide based on local information.
- 3 Multi-agency suicide prevention partnerships should have a local media plan that identifies how they will encourage journalists and editors to follow best practice when reporting on suicide and suicidal behaviour.
- 4 Commissioners and practitioners should help ensure that adults presenting with suicidal thoughts or plans discuss whether they would like their family, carers or friends to be involved in their care and are made aware of the limits of confidentiality.
- 5 People bereaved or affected by a suspected suicide should be given information and offered tailored support.

In May 2019, the Samaritans published the findings of a joint independent review undertaken with the University of Exeter focusing on the progress made by local authority areas in developing and delivering their suicide prevention plans.

The study highlighted that good progress had been made, but also made recommendations to improve practice. The recommendations recognised the importance of local strategies being guided by the specific local context and learning from best practice from other areas. We will build the recommendations into the development of our local action plan for Gloucestershire.

The evidence base on the prevention of suicides is growing; and as a suicide prevention partnership we are committed to continuing to learn from best practice.





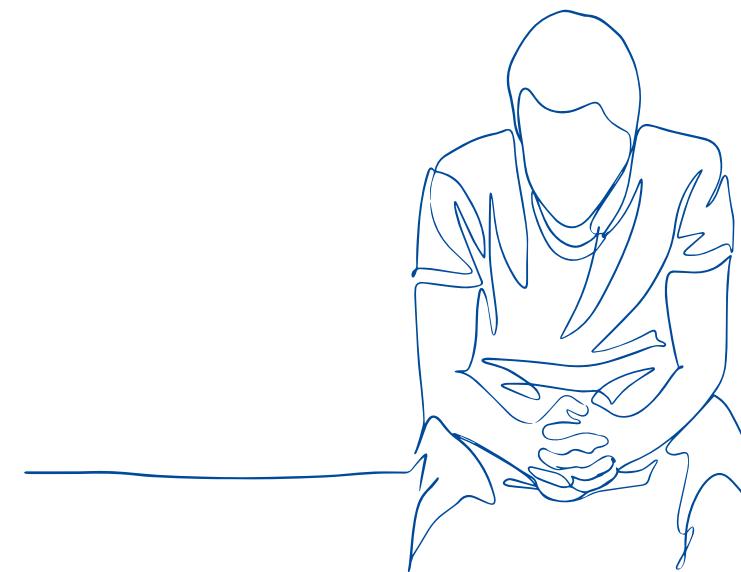
SECTION 1 - STRATEGIC CONTEXT

OUR APPROACH TO SUICIDE PREVENTION IN GLOUCESTERSHIRE

Reducing suicide and self-harm is a key strategic priority in both the Gloucestershire All Age Mental Health strategy 2018 - 2023³ and the Gloucestershire Joint Health and Wellbeing Strategy 2020 - 2030⁴ and sits alongside a wider commitment to promote good mental health for all.

Suicide prevention work in Gloucestershire is overseen by the **Suicide Prevention Steering Group**. The group includes representatives from the Coroner's Office, Gloucestershire Health and Care NHS Foundation Trust, Gloucestershire Constabulary, and the Integrated Care Board. It is Chaired by the Public Health team at Gloucestershire County Council. The steering group reports to the Gloucestershire Mental Health and Wellbeing Partnership Board which in turns reports into the Gloucestershire Health and Wellbeing Board.

The Steering Group works closely with wider partners across the public sector and the Voluntary and Community Sector to support delivery of the strategy and action plan. The wider **Gloucestershire Suicide Prevention Partnership** (GSPP) Forum includes representatives from a wide range of organisations. Sectors represented on the partnership, include local government, education establishments, local employers, housing providers, local charities and community groups, Gloucestershire Fire and Rescue Service, and representatives from the transport sector, including Great Western Railways and Highways.



SECTION 1 - STRATEGIC CONTEXT

OVERVIEW OF THE WORK OF THE GLOUCESTERSHIRE SUICIDE PREVENTION PARTNERSHIP

The Suicide Prevention Steering Group and its partners oversee a range of key workstreams:

THE GLOUCESTERSHIRE SUICIDE AUDIT:

The Audit is carried out every few years and looks at all deaths from suicide by Gloucestershire residents which occurred in the county and were registered in a given time period. It seeks to understand the risk factors for suicide and the findings inform the local strategy. The latest Suicide Audit covering deaths from suicide registered between 2019 and 2022 is currently in progress.

REAL TIME SURVEILLANCE OF SUSPECTED SUICIDES (RTSS):

The Steering Group work closely with the Coroners Service and the police to carry out real time surveillance of suspected suicides in the county to help us identify any emergent issues or signs of clusters or contagion⁵. RTSS is recognised as a best practice approach in the new national Suicide Prevention Strategy.

WORK TO PREVENT SUICIDE DEATHS AND ATTEMPTS IN PUBLIC PLACES:

The Steering Group work with a range of partners to implement national guidance on the prevention of suicides in public places, such as highways, waterways, rail networks, and multi-storey buildings. This might include the installation of Samaritan signs, suicide prevention training for staff, and/or the installation of improved lighting or barriers.

DELIVERY OF SUICIDE AWARENESS TRAINING:

We have provided free training to front line individuals working and volunteering in the public and voluntary sector on the following topics: self-harm awareness, mental wellbeing awareness, suicide prevention awareness and practical skills and postvention and bereavement support.

IMPLEMENTATION OF THE GLOUCESTERSHIRE SUICIDE PREVENTION ACTION PLAN:

The Steering Group oversee the delivery of the Suicide Prevention Action plan which supports the implementation of the Gloucestershire Suicide Prevention Strategy.

PUBLICATION OF THE GLOUCESTERSHIRE SUICIDE PREVENTION PARTNERSHIP (GSPP) NEWSLETTER⁶:

The newsletter includes national updates and updates from GSPP members, details on upcoming training courses, and new tools and resources. The newsletter is part of our commitment to help raise awareness of the importance of suicide prevention and engage a wide range of partners.



PROGRESS SINCE THE LAST STRATEGY

Since the publication of the last strategy in 2015, the Suicide Prevention Steering Group and its partners have delivered a range of initiatives and programmes as part of its implementation.



1,512 people responded to our promotional campaign to encourage people to complete the free online Zero Suicide Alliance Training.



We recruited a GP Suicide Prevention champion who worked on specific projects (2018-2021).



We developed and delivered new training courses for individuals working in adult social care and with people who may be at risk of financial problems, like debt and unemployment.



We organised a service of reflection, remembrance, and celebration at Gloucester Cathedral to mark World Suicide Prevention Day.



362 people attended our training courses on mental health awareness, self-harm and suicide prevention awareness in 2022/23 from across the public and voluntary sector.



We installed Samaritans signs in a number of multi-storey car parks across the county.



SECTION 1 - STRATEGIC CONTEXT

SPOTLIGHT ON THE GLOW COMMUNITY GRANT PROGRAMME

Using funding from the NHS England and NHS Improvement's national Suicide Prevention Transformation Programme, the GSPP launched the GloW (Gloucestershire Wellbeing) grant programme.

£206,000+
WAS AWARDED OVER THREE YEARS
IN GRANTS TO 28 COMMUNITY LED
PROJECTS AND ACTIVITIES ACROSS
GLOUCESTERSHIRE

A total of just over £206,000 over three years was awarded in grants to 28 community led projects and activities across Gloucestershire aimed at improving wellbeing and reducing risk of suicide.

The grants supported a range of projects, including postnatal support for mothers, a counselling project for young people, and a suicide bereavement peer support group.

An evaluation was conducted at the end of the grant programme. Data was collected via questionnaires and follow up phone calls, with 22 grantees providing data. The findings indicated the following five outcomes as a result of the projects: **reduction in loneliness/isolation; improved mental health/overall wellbeing; personal growth; increased confidence and empowering and supporting others.**

Recommendations were also made for any future grant scheme, such as helping projects to reach more rural areas of Gloucestershire and carrying out further signposting work within rural areas.

SECTION 1 - STRATEGIC CONTEXT

SPOTLIGHT ON IT'S SAFE TO TALK ABOUT SUICIDE

Gloucestershire Health & Care NHS Trust, in partnership with the GSPP and Gloucestershire County Council, have developed a leaflet to help support people who are concerned that someone might be considering suicide. [It's Safe to Talk About Suicide](#)⁷ helps support the conversation, highlighting why it's important to ask the question, and pointing to sources of support.



SPOTLIGHT ON LETTER OF HOPE

Gloucestershire Health & Care NHS Trust and Gloucestershire Hospitals NHS Foundation Trust have developed the [Letter of Hope](#)⁸, which is given to those arriving at the county's hospitals after attempting suicide or if they are experiencing suicidal feelings. The letter was written by people who have made attempts to take their own life, or who have supported family members who have made such an attempt. From their unique, personal perspective they offer words of encouragement and sources of support. [A short video](#)⁹ of the letter has also been made available.



SECTION 1 - STRATEGIC CONTEXT

SPOTLIGHT ON THE INPATIENT - ZERO SUICIDE PLAN

The ambition of zero suicides is across all Gloucestershire Health and Care NHS Foundation Trust mental health inpatient services, and sits alongside the delivery of good outcomes in the treatment of mental health crisis, within the least coercive and most therapeutic environment possible.

THERE ARE 6 KEY ELEMENTS TO THIS WORK.

- 1 Delivery of a work plan with a clear focus on suicide prevention, ligature reduction programmes, use of assistive technologies, and proactive and collaborative clinical risk management.
- 2 Implementing a comprehensive and robust training programme focussed on suicide reduction, suicidal thinking, assessment and conversation. This will be provided for all grades and professions of staff.
- 3 To fully integrate where possible, experts by experience, carers and families in this work to improve overall outcomes and service delivery in keeping with trust values, including further development and promotion of existing good practice such as the Letter of Hope, the 'It's safe to talk about suicide leaflet' and the Stay Alive app.
- 4 Development of specialist practitioner roles. The focus of the Advanced Nurse Practitioners will be working with complex patients at risk of harm, supporting ward teams and medical staff in assessing, managing and reducing risk inclusive of serious self-harm.
- 5 For the inpatient teams to continue to assist in the provision of good follow-up and transition across teams to reduce risks and ensure safe discharges.
- 6 To fully engage with the Gloucestershire Suicide Prevention Partnership Forum, neighbouring trusts and those further in the South to work together to share thoughts, ideas and experiences.



SECTION 1 - STRATEGIC CONTEXT

SPOTLIGHT ON THE GLOUCESTERSHIRE SUPPORT AFTER SUICIDE SERVICE

Using funding from the NHS England and NHS Improvement's national Suicide Prevention Transformation funding for postvention bereavement support, the Suicide Prevention Steering Group oversaw the successful commissioning of a formal suicide bereavement support service for Gloucestershire.

The Gloucestershire Support After Suicide Service (GSASS), delivered by Rethink, commenced in January 2022. GSASS provides support through three functions:

- 1 Liaison support for recently bereaved adult next of kin during the coronial process and other practical matters in the weeks soon after death.
- 2 Signposting and information provision provided to anyone affected by a death by suicide.
- 3 Facilitation of peer-led support. GSASS also provides emotional support to those bereaved by suicide.

Following national guidance, GSASS has worked closely with Gloucestershire Constabulary to develop a real time referral process, whereby bereaved individuals are referred into GSASS so that timely support can be offered. This is a major step forward towards addressing suicide bereavement as a risk factor for suicide. An evaluation of the service is currently in progress.



SECTION 2 - LOCAL AND NATIONAL INTELLIGENCE THEMES FROM THE DATA

Over the 10 year period 2013 to 2022, there were an average of 59 deaths a year from suicide registered where the person's usual residence was recorded as Gloucestershire.¹⁰

It is important to look at suicide trends over a relatively long period in order to gain a better understanding of the picture over time. The suicide rate in Gloucestershire for the three-year period 2020-2022 (10.7 per 100,000) is in line with the national and regional suicide rate and while there has been a slight upward trend locally and regionally since 2013-15, overall, the Gloucestershire rate has been relatively steady over this period remaining in line with the national and regional rate throughout.¹¹

Data indicates that suicides in England and Wales fell in 2020, however this is likely to be partly due to delays in completing inquests and registering deaths during the pandemic. Despite some concerns at the time, overall national data indicates that suicides did not increase through the pandemic and lockdown periods.

Nationally, suicides remain most common among men; particularly those who are middle-aged. Of suicides registered in 2022 in England and Wales, three quarters were male and the highest suicide rates were seen in persons aged 50 to 54 years.¹² National data shows that men are 2.9 times more likely to die by suicide than females.

While the suicide rate in under-20s is relatively low compared with older age groups, nationally suicide rates for individuals aged 10-25 have been increasing over the last decade in England.¹³

SECTION 2 - LOCAL AND NATIONAL INTELLIGENCE

WHAT ARE THE KEY RISK FACTORS FOR SUICIDE?

National research indicates that a person's risk of dying by suicide can reflect wider vulnerabilities in their lives, or their personal and environmental circumstances.

THESE RISK FACTORS MIGHT INCLUDE:

- + Their social and economic circumstances, such as their employment status or housing/living conditions.
- + Whether they are socially isolated.
- + Whether they have experienced significant adverse or traumatic life events (such as domestic abuse, marital or relationship break-up, unemployment, becoming homeless or leaving care).
- + Whether they have issues with alcohol and/or drugs; or harmful gambling.
- + If they have long term physical health problems.
- + If they have a history of mental health issues and are known to or in the care of mental health services.
- + If they have previously self-harmed.

As described previously, age and gender are also risk factors for suicide; with suicides remaining most common in middle aged men.

It is important to note that these indicators are predictors of suicide risk at the population level, and do not necessarily equate to risk at an individual level. Protective factors, such as social contacts and individual resources and strengths mean that people respond to life challenges differently.



SECTION 2 - LOCAL AND NATIONAL INTELLIGENCE

LEARNING FROM THE LOCAL SUICIDE AUDIT

The most recent Suicide Audit reviewed deaths from suicide by Gloucestershire residents which took place in the county and were registered over a three-year period 2016-2018¹⁴.

The audit draws on information from the Coroner's Office, Gloucestershire Constabulary, Gloucestershire Health and Care NHS Trust, Social Care, and other partner organisations to help us understand the risk factors which contribute to suicide. The findings have been used to inform the strategic priorities for our new suicide prevention strategy and action plan.

KEY FINDINGS



157 deaths from suicide registered in the county between 2016 and 2018.



Over 76% (three quarters) of the cohort were male. In line with the national picture.



The 2 most deprived quintiles¹⁵ included the highest proportion of the cohort compared to all Gloucestershire residents.



16% had a significant health problem or physical disability.



Over 1 in 4 (27%) of the cohort had a history of self-harm; a known risk factor for suicide.



Spread of deaths from suicide across the county broadly reflects the proportion of residents in each district except Gloucester which is over-represented and Tewkesbury which is under-represented.



Half of the cohort were known to specialist mental health services.



The median age was 45-49.



Two-thirds of the cohort died in their own home (in line with England).



40% were living alone and nearly two-thirds weren't in a relationship at the time of death.



LEARNING FROM THE LOCAL SUICIDE AUDIT

60% of the audit had multiple risk factors for suicide, including, but not limited to bereavement, relationship breakdown and/or significant health problem or physical disability. This highlights how risk factors can overlap and compound the challenges which an individual is facing in life.

While the deaths considered in the audit all took place before the pandemic, the audit also considered how the pandemic may exacerbate some of the known risk factors for suicide, including bereavement, ill-health, isolation, and financial hardship.

The overarching recommendations from the audit are summarised below:

- ⊕ Promote joint risk assessments and the sharing of risk assessments where multiple agencies are engaged with a person who may be at risk of suicide and/or self-harm.
- ⊕ Raise awareness with statutory services on the risk factors for suicide and promote the practice of holistic needs assessment (considering the client's wider social and life circumstances) to identify where multiple risk factors may be present.

- ⊕ Encourage all organisations (whether public or third sector) who support members of the public to be suicide aware and promote access to appropriate suicide awareness training, tools, and resources.
- ⊕ Develop our understanding of what works in engaging higher risk groups, and ensure we are listening and learning from people with direct experience.
- ⊕ Develop and promote the support options available for people who may be struggling with suicidal thoughts, self-harm, or their mental health.
- ⊕ Work with communities, organisations, and individuals to encourage discourse around suicide to help reduce stigma and understand barriers to seeking help.
- ⊕ Ensure that consideration is given to social or community-based support options for individuals receiving mental health support or being discharged from mental health care.

LEARNING FROM THE LOCAL SUICIDE AUDIT

Work has now started on our next suicide audit covering deaths from suicide registered between 2019 and 2022. The suicide prevention action plan will be updated to reflect any new issues identified.



The factors which impact on suicide are complex and it is often not one single factor which may cause someone to take their own life.

Many people experience multiple risk factors at the same time when a combination of stressful life events or circumstances coincide.



Having a risk factor for suicide does not mean you will go onto die by suicide. Everyone is different and everyone experiences stressful life events in different ways.

Getting support early and talking to people when you are finding things hard can help. You can find more advice on looking after your mental health and where to get help at the end of this document.



SECTION 3 - OUR STRATEGIC PRIORITIES

DEVELOPING THE PRIORITIES - LEARNING FROM ENGAGEMENT WITH PARTNERS

Over the course of the last three years, the steering group have carried out a range of informal and structured engagement with stakeholders to help inform where we collectively focus to improve mental health and wellbeing and prevent suicides and self-harm.

To support the development of the new strategy, we have:



Held an online workshop discussion with stakeholders on the prevention of self-harm.



Facilitated discussions groups with members of the Suicide Prevention Partnership Forum on our priorities for suicide prevention, including representatives of people with lived experience of suicide.



Engaged with representatives from a range of key stakeholders, including the mental health and wellbeing partnership board, general practice, social care, the local mental health trust, and voluntary and community groups.

DEVELOPING THE PRIORITIES - LEARNING FROM ENGAGEMENT WITH PARTNERS

A number of key themes have emerged from this engagement. These are reflected in our strategic priorities and will also inform the development of our action plan.

- + The accessibility of support services; and ensuring that people experiencing crisis or issues with their mental health (or individuals or organisations supporting those in need) can easily find out about the support available and access that support when it is needed.
- + The importance of working across different settings to raise awareness and reach people at risk, including the workplace.
- + The need to support the front line 'care givers' to those in crisis or experiencing mental health issues, including professionals, volunteers, and unpaid carers (family/friends).
- + The importance of what comes next when someone is discharged from the care of mental health services. How do we support people to recover and stay well.
- + A focus on early intervention and prevention; and the need to work across the life course from childhood to older age to build resilience.
- + The need for ongoing awareness; raising and training; giving people the confidence to ask the question.
- + The role of targeted work, to reach and engage groups at higher risk of suicide and selfharm, informed by insight and evidence.
- + The importance of communication and collaboration across services, and organisations to ensure a joined-up approach to assessing risk, providing care, and preventing suicide.
- + The importance of considering the various 'touchpoints' that services, individuals, or organisations might have with people who may be at risk of suicide; and using these to create opportunities for brief interventions to provide support.
- + The need to put the person at the centre of our approach to suicide prevention; and also recognise how multiple risk factors and vulnerabilities might overlap.





SECTION 3 - OUR STRATEGIC PRIORITIES

A WHOLE SYSTEM/ PARTNERSHIP APPROACH

The efforts of many programmes and organisations across the county contribute to the aim of reducing suicide. This suicide prevention strategy is only one part of a wider programme of countywide and locality-based work to improve mental wellbeing, reduce mental ill-health and support those who are experiencing issues with their mental health.

Key programmes at the county level include, but are not limited to:



THE COMMUNITY
MENTAL HEALTH
TRANSFORMATION
PROGRAMME¹⁶.



WORK TO REVIEW
THE URGENT AND
EMERGENCY MENTAL
HEALTH CARE
PATHWAY FOR ALL
AGE GROUPS.



THE GLOUCESTERSHIRE
ALL AGE MENTAL
HEALTH STRATEGY³.



GLOUCESTERSHIRE
HEALTH AND CARE
NHS TRUST'S ZERO
SUICIDE PLAN FOR
INPATIENTS.

There is also a range of projects happening at the community level to improve mental wellbeing and address the population risk factors for suicide and poor mental health.

Gloucestershire's Voluntary and Community sector play an important role in suicide prevention, often providing support for those in crisis or those experiencing mental ill-health, as well as suicide prevention or bereavement focussed support.

The Voluntary and Community sector often engage with people who may be at risk of suicide which means they are well placed to provide early intervention support to individuals who may be less likely to seek formal or traditional forms of support.

It is essential that the new suicide prevention strategy for the county works alongside other programmes and initiatives, and that we recognise the contribution that partners make to this agenda at the county, district, and community level.

SECTION 3 - OUR STRATEGIC PRIORITIES

OUR 5 YEAR PRIORITIES

Our priorities for the next 5 years draw on the priorities set out in the new national suicide prevention strategy, alongside local evidence and intelligence.



**REDUCING THE RISK OF
SUICIDE IN HIGH-RISK
GROUPS.**



**REDUCING ACCESS TO THE
MEANS AND METHODS OF
SUICIDE.**



**PROMOTING ONLINE
SAFETY**
and responsible media reporting of
suicide and self-harm.



**SUPPORTING RESEARCH,
DATA COLLECTION AND
MONITORING**
to better understand the
Gloucestershire picture and inform the
local approach to suicide prevention.



**ADDRESSING COMMON
RISK FACTORS**
associated with suicide at a
population level.



**PROVIDING INFORMATION
AND SUPPORT**
to those affected by or bereaved
through suicide.



**PROVIDING EFFECTIVE
CRISIS SUPPORT**
for those who reach crisis point.



OUR 5 YEAR PRIORITIES

REDUCING THE RISK OF SUICIDE IN HIGH-RISK GROUPS.

Research shows that some groups are at higher risk of suicides than others. This includes but is not limited to men, people with a history of self-harm, people in contact with mental health services and those in contact with the criminal justice system. The national strategy also flags children and young people, people with autism, and pregnant women and new mothers. Our priority groups locally will also be guided by local intelligence.

We will seek to ensure that the needs of higher risk groups are taken into account in our local interventions to prevent suicide; that information and support is tailored and targeted, and that organisations likely to come into contact with these groups have access to suicide prevention information and training. It is important that we engage with members of these groups to better understand their needs and experiences.

ADDRESSING COMMON RISK FACTORS ASSOCIATED WITH SUICIDE AT A POPULATION LEVEL.

The national strategy encourages all local suicide prevention strategies to include tangible actions to address common risk factors for suicide at a local level. Our Gloucestershire suicide audit combined with other sources of national and local intelligence, highlights a number of common risk factors for suicide. These include physical ill-health and disability, bereavement, financial difficulties, unemployment, and social isolation. Domestic abuse and substance misuse are also associated with risk of suicide.

We will seek to build on existing work to address these risk factors and raise awareness of the link with suicide. We will engage with organisations who work in relevant services and sectors, and in our local communities, to identify and support people who might be at risk. This includes working with Integrated Locality Partnerships and district councils to adopt a place-based approach.

REDUCING ACCESS TO THE MEANS AND METHODS OF SUICIDE.

It is important that we work with relevant agencies to take steps to reduce access to frequently used means and methods of suicide; and we will continue to build on our existing work in this area. This includes taking steps to understand potential high-risk locations and making sure we are alert to any evidence of new and emerging methods.

PROVIDING INFORMATION AND SUPPORT TO THOSE AFFECTED BY OR BEREAVED THROUGH SUICIDE.

A death from suicide can have a long-lasting impact on family and friends, and others affected by the death. Compassionate and timely support for people bereaved by suicide is essential. We will continue to build on our existing work to support those bereaved through suicide to know that support is available and to access that support. It is also important that we increase the knowledge, skills and confidence of professionals who come into contact with those affected by suicide.

OUR 5 YEAR PRIORITIES

PROMOTING ONLINE SAFETY AND RESPONSIBLE MEDIA REPORTING OF SUICIDE AND SELF-HARM.

The online world has brought many opportunities, but it has also brought challenges. There are concerns about the harmful use of the internet and social media; and the impact this may have on someone who is vulnerable.

There are nationally led initiatives in train to help drive online safety, but we can also take a role locally in raising awareness and supporting the knowledge and skills needed to navigate online platforms safely. Responsible media reporting of suicides and self-harm is also important. The Samaritans¹⁷ produce guidelines for media on sensitive reporting of suicide.

We will continue to promote these in Gloucestershire and help encourage the role of the media in positively educating and informing the public about suicide and the signs to look out for.

PROVIDING EFFECTIVE CRISIS SUPPORT FOR THOSE WHO REACH CRISIS POINT.

Providing timely and effective support for people who are in mental health crisis plays a key role in the prevention of suicide. There is already considerable work underway at the national level to improve crisis care led by NHS England, which is also reflected locally. Progress is being made by the Mental Health Clinical Programme Group to review the delivery of effective crisis support in Gloucestershire, including statutory, voluntary and community services, with the aim of working with people

with lived experience to ensure individuals can access the right care at the right place and at the right time; and provide more choice and control to people using crisis services.

SUPPORTING RESEARCH, DATA COLLECTION AND MONITORING TO BETTER UNDERSTAND THE GLOUCESTERSHIRE PICTURE AND INFORM THE LOCAL APPROACH TO SUICIDE PREVENTION.

High quality data and research leads to more informed and evidence-based suicide prevention. It helps us understand what works to prevent suicides and where we need to focus our efforts.

In Gloucestershire, we carry out regular suicide audits to help us better understand the risk factors for suicides locally. We also work closely with the Coroners Service and the police on realtime surveillance of suspected suicides.

Going forward, we will continue to learn from the latest available evidence and progress our understanding to inform local action. This includes learning from the views and experiences of those affected by suicide.





SECTION 3 - OUR STRATEGIC PRIORITIES

OUR APPROACH

Our approach to suicide prevention will be underpinned by the following core principles:



WORKING IN PARTNERSHIP:

We recognise the role that a range of organisations across the county play in suicide prevention, and the work already happening at the county, district, and community level. No single organisation can prevent suicide alone and we value the impact that partnership working can have.



ENABLING AND INFLUENCING:

We will seek to influence across a range of sectors and settings. We will enable and upskill others through training and information sharing to promote and embed suicide prevention in their own areas of work.



LISTENING AND LEARNING:

We will continue to learn from the latest best practice in suicide prevention; and listen to the voice of those with lived experience and those with national and local insight and intelligence.



BEING EVIDENCE AND INTELLIGENCE BASED:

We will ensure that our approach is evidence based and informed by up-to-date intelligence.



JOINED UP WORKING:

We recognise the need for a joined up approach across organisations and sectors to help ensure a better experience for people seeking support or guidance.



WORKING ACROSS THE PATHWAY:

We will focus on early intervention and prevention through to recovery and staying well.

SECTION 3 - OUR STRATEGIC PRIORITIES

HOW WE WILL DELIVER THE STRATEGY

Over the coming months, we will be developing an action plan which will set out key actions to support delivery of the strategic priorities.



The action plan will consider existing work in the county which contributes to the strategic priorities, as well as nationally led programmes. We don't want to duplicate what is already happening, rather the action plan will look at where we can add value locally, and where we can complement or amplify existing work.

Delivery of the action plan will be owned by multiple partners recognising the need for joint efforts across sectors and settings. The Suicide Prevention Steering Group will oversee delivery and provide regular progress reports to the Mental Health and Wellbeing Partnership Board.



For information about support services relating to mental health and suicide prevention please visit:

Be Well Gloucestershire -
When life gets tough, find the support (bewellglos.org.uk)

For information about suicide prevention resources, skills and training opportunities, please visit:

[Gloucestershire Suicide Prevention Partnership | Gloucestershire County Council](http://glos.suicideprevention.org.uk)



GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY

2024-2029

1 ONS (2023) Suicides in England and Wales: 2022 registrations.

2 <https://www.nice.org.uk/guidance/q189>

3 <https://www.goucestershire.gov.uk/media/2089555/mental-health-strategy.pdf>

4 https://www.goucestershire.gov.uk/media/2106328/gcc_2596-joint-health-and-wellbeing-strategy_dev12.pdf

5 A cluster is where more suicides than expected occur in terms of time, place, method (or events such as the pandemic). There do not have to be clear connections between the deaths. Contagion refers to the spread of suicidal behaviour. Further information is available in Public Health England (2015) Identifying and responding to suicide clusters and contagion: a practice resource.

6 <https://www.goucestershire.gov.uk/health-and-social-care/public-health/our-work-with-partners/goucestershire-suicide-prevention-partnership/>

7 https://www.ghc.nhs.uk/wp-content/uploads/Lets-Talk-about_8pp_DL.roll-fold_210x397mm_V8.pdf

8 <https://www.goucestershire.gov.uk/media/2107876/ghc-letter-of-hope-2021-leaflet.pdf>

9 <https://www.youtube.com/watch?v=Kq2tSzXDQg>

10 ONS (2023) Suicides in England and Wales: 2022 registrations.

11 OHID: Fingertips Public Health data, Suicide Prevention profile.

12 ONS (2023) Suicides in England and Wales: 2022 registrations.

13 OHID (2023) 'Suicide Prevention in England: 5 year cross-sector strategy'

14 Local suicide audits include deaths of individuals who lived and died in Gloucestershire, whereas the ONS county rate is calculated using Gloucestershire residents who died by suicide no matter where the death occurred and the total county residents, so rates will be slightly different.

15 English indices of deprivation 2019 - GOV.UK (www.gov.uk)

16 Community Mental Health Transformation (CMHT) > Glos Health & Care NHS Foundation Trust (ghc.nhs.uk)

17 Samaritans (2020) Media Guidelines for Reporting suicides.