

DRAFT: Preventing Suicides in Southwark Strategy 2023- 2028

Content warning

This strategy contains sensitive content relating to suicide, self-harm and mental health, including local data on numbers and means of suicide. If you are affected by any of the issues raised, there are services that can help:

- [Samaritans](https://www.samaritans.org/)¹ are open every day of the year, you can phone them for free on 116 123 or email jo@samaritans.org (response time: 24 hours).
- [Mind](https://www.mind.org.uk/information-support/helplines/)², the mental health charity, offers support by phone at 0300 123 3393 or online.
- [NHS mental health](https://www.nhs.uk/mental-health/)³ information and support.
- [The Listening Place](https://listeningplace.org.uk/)⁴ offer free face-to-face support for people who feel life is no longer worth living.

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¹ <https://www.samaritans.org/>

² <https://www.mind.org.uk/information-support/helplines/>

³ <https://www.nhs.uk/mental-health/>

⁴ <https://listeningplace.org.uk/>

Executive summary

A partnership approach

No single organisation has the ability to deliver effective suicide prevention in isolation. The combined knowledge, expertise and resource of organisations across the public, private and voluntary sectors are essential to reducing the number of suicides in Southwark. Following the development of the Southwark Suicide Prevention Strategy for 2017-2022, a suicide prevention stakeholder group was established, consisting of the partners outlined below:



The 2017-2022 Southwark Suicide Prevention Stakeholder Group

The stakeholder group was responsible for overseeing the implementation of the action plan and monitoring progress against the actions identified.

This strategy builds on the work of the previous five-year strategy, and was developed by Southwark Council in partnership with the suicide prevention stakeholder group, to:

- Better understand our local population and their needs.
- Identify key priority areas to focus on over the next five years.
- Develop an action plan outlining how this vision will be achieved.

The stakeholder group will meet on a six-monthly basis to monitor progress against the strategy and review the actions identified.

Our vision and areas for action

Our ambition is to prevent suicide, attempted suicide and self-harm and ensure residents receive access to good quality and timely support.

In order to achieve this vision, we have set out actions around five priority areas for action:

- 1 Reducing the risk of suicide, attempted suicide and self-harm in high risk groups
- 2 Preventing suicide in high-risk locations and reducing access to the means of suicide
- 3 Reducing the risk of suicide, attempted suicide and self-harm among children and young people, and providing support to educational settings
- 4 Monitoring and collecting data on suicide, attempted suicide and self-harm
- 5 Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

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Appendices 1-4 (listed below) are available as separate downloads.

- *Appendix 1: Our Action Plan*
- *Appendix 2: Data and Supporting Evidence*

Introduction

With nearly 15 people taking their life every day in England (1), suicide and self-harm are major public health concerns. Following several years of declining suicide rates, the number of suicides registered in England increased in 2018 and 2019. In 2021, London had the lowest suicide rate out of all the regions in England, but there is some variation across the capital. Over the last two decades, suicide rates in Southwark have been similar to the London average (2).

There is no single cause of suicide, and it is not usually caused by a single circumstance or event. Instead, there are a wide range of psychological, social, economic and cultural risk factors that can increase the risk of suicidal behaviour. Risk factors can include:

- Difficult life events such as a traumatic childhood experience or experiences of physical or emotional abuse
- Problems with money, work or housing
- Misusing drugs or alcohol
- Having a long term condition or a mental health condition such as depression
- Social disconnectedness, such as social isolation or poor social support

These factors are rarely separate single issues. Issues are often connected, creating distinct experiences for each individual. When issues overlap, this can increase an individual's risk. These risk factors are unequally distributed across the population, meaning there are particular groups of people who are more likely to die by suicide. Prevention strategies should take this into account and target those who are most in need (3).

Self-harm is defined as an intentional act of self-poisoning or self-injury, excluding attempted suicide. There are many reasons why someone will self-harm. Self-harm can present in many forms, some of which are not always obvious, such as over-exercising, disordered eating or misusing drugs or alcohol. Not all incidences of self-harm have suicidal intent, but there is a strong link between self-harm and subsequent death by suicide, making it an important risk factor to consider (4).

This strategy builds on the foundations provided by Southwark's Suicide Prevention Strategy for 2017-2022, which resulted in the formation of a multi-agency suicide prevention stakeholder group. The current stakeholder membership is provided below:



The current Southwark Suicide Prevention Stakeholder Group (2023)

In Southwark, all members of the stakeholder group are committed to taking a many-sided approach to reduce the incidence of self-harm and suicide across the borough, ranging from promoting mental wellbeing to providing treatment and care for those with mental health conditions and a history of self-harm.

The stakeholder group met twice in 2023 to develop and approve the strategy. The stakeholder group will meet on a six-monthly basis to monitor progress against the strategy and review the actions identified.

Our vision

Every suicide is a tragic event with devastating effects on families, friends and communities. In Southwark, we know that many suicides are preventable with timely, evidence-based support.

Our ambition is to prevent suicide, attempted suicide and self-harm and ensure residents receive access to good quality and timely support.

In order to realise our vision, Southwark Council has developed this strategy and action plan in partnership with the Suicide Prevention Steering Group, in order to:

- Better understand our local population and their needs
- Identify the key priority areas to focus on over the next five years
- Develop an action plan outlining how this vision will be achieved

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Six myths about suicide

There are a number of common misconceptions around suicide. It is important that the facts around suicide are widely understood to reduce stigma and allow appropriate support to be provided when someone is in need. These myths and facts have been sourced from the World Health Organization (5).

Myths	Facts
People who talk about suicide do not intend to do it.	People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel there are no other options.
Most suicides happen suddenly without warning.	There are often warning signs prior to someone taking their own life. It is important to understand what the warning signs are and how to look out for them.
Someone who is experiencing suicidal thoughts or feelings is determined to die.	On the contrary, people experiencing suicidal thoughts or feelings often have mixed feelings about living or dying. Someone may act impulsively, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.
Once someone is suicidal, they will remain suicidal.	Heightened suicide risk is often short-term and situation specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.
Only people with mental health disorders experience suicidal thoughts and feelings.	Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental health disorders are not affected by suicidal thoughts, and not all people who take their own lives have a mental health disorder.
Talking about suicide can encourage people to think about suicide.	Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink their decision, thereby preventing suicide.

Policy context

National policy context

In September 2023, HM Government published a new **5-year cross-sector Suicide Prevention Strategy for England** (6). The strategy was informed by the mental health call for evidence launched in 2022 (7). Over the next 5 years, priority areas for action 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.
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.

In September 2012, HM Government published a **national Suicide Prevention Strategy**, focusing on six key actions areas (8). In January 2017, the scope was extended to include self-harm (1):

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

The 2012 national strategy was used to inform the Preventing Suicides in Southwark Strategy 2023-2028 over the two years it was in development.

In the **Five Year Forward View for Mental Health** published in 2016, the independent Mental Health Taskforce set a national ambition to reduce the suicide rate in England by 10% by 2020/21 (9). Recommendations were made for local government to contribute to the above ambition by putting in place a multi-agency suicide prevention plan by 2017.

In October 2016, Public Health England and the National Suicide Prevention Alliance published a **guidance and support manual for local suicide prevention planning**, with an updated version published in 2020 (10). The guidance focuses on three main recommendations:

1. Establishing a multi-agency suicide prevention group
2. Completing a suicide audit
3. Developing a suicide prevention strategy and/or action plan that is based on the national strategy and local data

In 2019, NHS England's **Mental Health Implementation Plan** set out plans to invest £57 million in suicide prevention, through supporting all local authorities to develop suicide prevention plans and establish suicide bereavement support services (11).

A **Cross-Government Suicide Prevention Workplan** was also developed, which commits every area of Government to take action on suicide and sets out clear deliverables and timescales against which the commitments of the Suicide Prevention Strategy are monitored (12).

The **fifth progress report on the national Suicide Prevention Strategy** was published in March 2021 (1). This report highlighted an increase in the number of suicides registered in England in 2018 and 2019. It also emphasised the challenges that local and national stakeholders have faced in supporting suicide prevention strategies alongside managing COVID-19 and its consequences.

Regional policy context

South East London (SEL) Integrated Care System (ICS) is the area-based agency bringing together all of the organisations responsible for delivering health and care for our communities. SEL ICS covers six regional London boroughs: Lambeth, Southwark, Lewisham, Greenwich, Bexley and Bromley. Partners from across the ICS, including commissioners, local authority public health teams and mental health specialists from the area's NHS trusts have come together to develop a broader **SEL Suicide Prevention Programme**. This programme supports collaborative working and the allocation of funding from the Suicide Prevention National Transformation Programme. This includes

Launched in December 2016, **Thrive LDN** is a city-wide public mental health partnership to ensure all Londoners have an equal opportunity for good mental health and wellbeing. Suicide prevention is one of six specific areas of focus for the initiative (13), and their work in this area includes:

- #ZeroSuicideLDN – a campaign to encourage all Londoners to take free training to help them develop skills and confidence to identify warning signs and feel comfortable having conversations about suicide.

- An Information Sharing Hub – to enable effective bereavement support and the improvement of suicide prevention work throughout London.
- Suicide Prevention Education programme – to provide education to schools, colleges and London Universities.
- Reducing Access to Medication as a Means - to help community clinicians and primary care staff to design and implement a resource that reduces access to medication as a means of suicide for those people identified as at risk.
- Real-time suicide surveillance system – co-hosted by the Metropolitan Police to record individual suspected suicides.

Good Thinking is an online mental wellbeing platform, launched in 2017, that helps Londoners look after their mental health and wellbeing in a way that works for them. The range of resources include NHS-approved apps, articles, blogs, podcasts, self-assessments, videos and printable workbooks.

Local policy context

In 2021, the SEL ICS and Southwark Council launched a **Joint Mental Health and Wellbeing strategy for 2021-2024**. The strategy aims to improve the mental health and wellbeing of the whole population across Southwark, reduce inequalities and ensure mental health is given equal priority to physical health (14). The strategy highlights the major impact of the pandemic on people's mental health and the importance of responding to emerging local needs and priorities, setting out these ambitions within the context of the new ICS. Action planning has been informed by significant engagement with local communities via the Southwark Stands Together programme and the South London Listens campaign. The fifth workstream of the plan focuses on Averting Crisis and Reducing Suicide, and contains five priorities:

- Recovery of services to pre-pandemic levels of activity
- Build on lessons learned during the pandemic
- Review the Public Health COVID-19 Impact Assessment to ensure it takes account of all population groups impacted by the pandemic (including new groups presenting in crisis)
- Address the issue of older people presenting in crisis at A&E
- Address the increase in alcohol-related attendance at A&E due to injuries, suicidal ideation, liver/alcohol related illness or losing access to mental health services because of substance misuse

In 2022, Southwark's Health and Wellbeing Board launched a **Joint Health and Wellbeing Strategy 2022-2027**. The strategy sets out Southwark's commitment to improving the health and wellbeing of all residents in Southwark, with a focus on reducing inequalities that we have seen exacerbated by the COVID-19 pandemic,

and more recently by the rising Cost of Living Crisis. The strategy sets out 5 drive areas which are the focus of the delivery and monitoring of the strategy (15):

- Drive 1: A whole-family approach to giving children the best start in life
- Drive 2: Healthy employment across the health and wellbeing economy and good health for working age adults
- Drive 3: Early identification and support to stay well
- Drive 4: Strong and connected communities
- Drive 5: Integration of Health and Social Care

To develop and implement an evidence-based suicide prevention strategy and action plan to reduce risk of self-harm and prevent incidences of suicide was listed as an action in the Strategy's Action Plan.

Other relevant, recent pieces of local work include:

- The Southwark **Community Mental Health Transformation Programme**, led by South London and Maudsley NHS Foundation Trust (SLaM), which includes plans to develop new models of integrated primary and community care for adults and to improve mental health service provision for children and young people (CYP).
- The SEL ICS **Children and Young People Mental Health and Emotional Wellbeing Plan** (16)
- A health needs assessment of **Children and Young People's Mental Health**, to be published later in 2023

Suicide Prevention Strategy and action plan 2017-2022

Southwark's previous Suicide Prevention Strategy and action plan was published in March 2018 and focused on the seven key priority areas set out in the national Suicide Prevention Strategy.

During the first two years of the strategy, the stakeholder group met on a 6-monthly basis to review progress and discuss key areas for action. Meetings were paused during the height of the COVID-19 pandemic. Key actions taken since this strategy was published include:

- 50 Community Health Ambassadors were provided with either Mental Health First Aid (MHFA) and/or suicide prevention training.
- Southwark GPs were provided with annual training focusing on mental health.
- The Improving Mental Health and Resilience in Schools (IMHARS) programme was launched, investing £2 million in preventative mental health and wellbeing resources for Southwark schools. 100% of schools in Southwark are accessing the offer, and more than 485 people have been trained in MHFA through the programme.

- The Southwark Mental Health Support Team (MHST) supports 12 schools in Southwark, and has delivered training covering how to talk to students about suicide and self-harm to 270 staff.
- A new Bereavement Support Service for those affected by suicide was rolled out across South East London, led by SEL ICS and delivered by SLaM and Mind.
- SLaM and Southwark Council Public Health reviewed the case notes of patients aged 12-26 who presented to King's College hospital due to self-harm to identify risk factors and triggers for suicide (see Appendix 2).
- Data monitoring was enhanced with access to the London-wide Suicide Surveillance hub (RTSS data) managed by Thrive LDN and hosted by the Metropolitan Police (see Appendix 2).
- A crisis pathway mapping exercise was led by the SEL Clinical Commissioning Group and SLaM in 2019 with the aim of identifying gaps in the current crisis services available in Southwark.
- A borough-wide rapid response service for people presenting in crisis at primary care, and a community sanctuary providing peer and crisis support, were established as part of the Community Mental Health Transformation Programme.
- More than 55 people attended MHFA training for voluntary and community sector (VCS) organisations and frontline workers supporting refugees and asylum seekers.

This Suicide Prevention Strategy and action plan for 2023-2028 builds on these existing national, regional and local strategies and aims to provide a holistic approach to improving suicide prevention and reducing its impact on our communities.

Understanding suicide and self-harm in Southwark

Local data on the number of suicides, the context in which they occur, the groups most at risk and how this changes over time is critical for effective suicide prevention work.

Appendix 2: *Data and supporting evidence. Preventing Suicides in Southwark 2023-2028*, contains a full analysis of the local data, including data on deaths registered as suicides and suspected suicides.

Interpreting suicide patterns

Definitions

Suicide: Suicide is defined by the Office for National Statistics (ONS) as a death with an underlying cause of intentional self-harm (ages 10 years and over) or with an underlying cause of event of undetermined intent (ages 15 years and over).

Attempted suicide: Act of self-poisoning or self-injury with suicidal intent that is not fatal.

Suicidal ideation: Recurring thoughts or preoccupation with suicide.

Self-harm: Self-harm is defined as an intentional act of self-poisoning or self-injury, excluding attempted suicide.

In England and Wales, all suspected suicides are subject to a coroner inquest, which seeks to identify the cause of death, prior to registration of the death. Given the time lag between the occurrence of a suicide and its registration as a death, figures from the ONS and Primary Care Mortality Dataset present deaths registered within a particular year, rather than the deaths which occurred in that year (17).

It is also commonly acknowledged that official statistics under-report the actual number of suicides. Misclassification of deaths, for example where a death is coded as 'accidental' or 'undetermined intent' rather than 'suicide', is a key reason for this.

The picture in Southwark

The key statistics from Appendix 2 are summarised here and in the following section:

- Over the five-year period 2017-2021, on average, 21 suicides were registered amongst Southwark residents each year (2).
- Since 2001–3, there has been no statistically significant difference between three-year suicide rates for Southwark, London and England, and Southwark levels have generally remained statistically similar over this time period (Figure 1).

- In 2019-21, although Southwark had the 5th highest suicide rate of the London boroughs, this difference was not statistically significant compared to almost all other Boroughs (2).
- Between 2010/11 and 2019/20, the rate of admission of Southwark residents to an acute hospital due to self-harm increased from 59 per 100,000 people to 123 per 100,000 (Figure 2). In 2020/21, the rate decreased to 88 per 100,000.

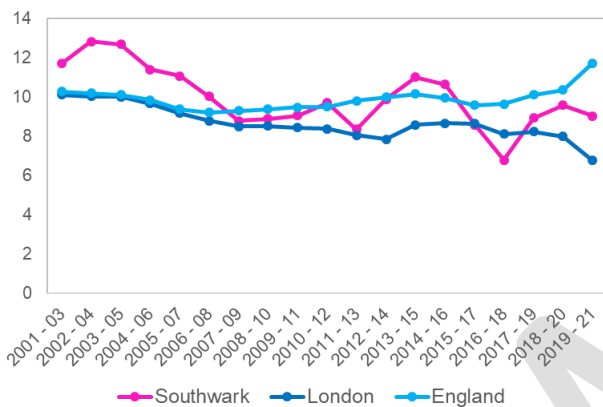


Figure 1. Three-year, age-standardised mortality rate per 100,000 from suicide and undetermined injury, for 10+ year old persons in Southwark, London and England, for deaths registered between 2001–3 and 2019–21 (2).

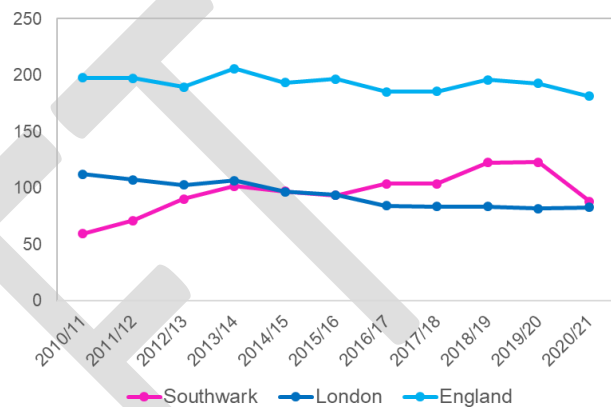


Figure 2. Directly age-standardised emergency hospital admission rate for intentional self-harm per 100,000 in Southwark, London and England, 2010/11 – 2020/21 (23).

Risk factors for suicide

The reasons why people take their own lives can be complex. There are a wide range of psychological, social, economic and cultural risk factors that can increase an individual’s level of risk (Figure 3).

Often no single cause explains why someone has taken their own life. Usually several risk factors add together to increase an individual’s risk. At the same time, the presence of risk factors does not necessarily lead to suicidal behaviour (5). For example, it is estimated that 80-90% of people who die by suicide are experiencing a mental health condition (18). However, only a small proportion of those with depression will attempt suicide.

The national Suicide Prevention Strategy outlines a number of population groups that are at a higher risk of suicide and/or require a tailored approach to their mental health so as to reduce their suicide risk. For many of these groups, the higher risk of suicide is reflected in Southwark’s local data. The below groups will be prioritised in our work to prevent suicides in Southwark.

Groups at high risk of suicide

Middle-aged men

Over the last 10 years (2012 to 2021), Southwark suicide rates were three times higher in males than females (19), mirroring the national picture (20). Nationally since 2010, men aged 45 to 64 years have had the highest age-specific suicide rate (20). In Southwark, men aged 30 and over experienced a significantly higher rate of suicide than men aged 10 to 29 (19) (Appendix 2). Factors associated with suicide among men include economic issues such as debt, social isolation, drug and alcohol misuse, family and relationship problems, and depression, particularly if it remains untreated (21).

People in the care of mental health services, including inpatients, or people with untreated depression

Of the individuals who died by suspected suicide in Southwark in 2020-21, 30% were known to mental health services, 21% were reported to have disclosed suicidal ideation prior to death and 12% had a documented history of previous attempted suicide (22).

People with a history of self-harm

In 2021/22, the rate of hospital admission due to intentional self-harm was 93 per 100,000 people, giving Southwark the 9th highest rate out of the 33 London boroughs (23). Although not all incidences of self-harm have suicidal intent, there is a strong link between self-harm and subsequent death by suicide. At least half of people who take their own life have a history of self-harm (1). The risk of suicide is particularly high in the first year after self-harm, especially in the first month (1). Risk factors and triggers for self-harm identified in 10-24 year olds reporting to A&E in Southwark due to self-harm are detailed in *Appendix 2: Data and supporting evidence*.

People in contact with the criminal justice system

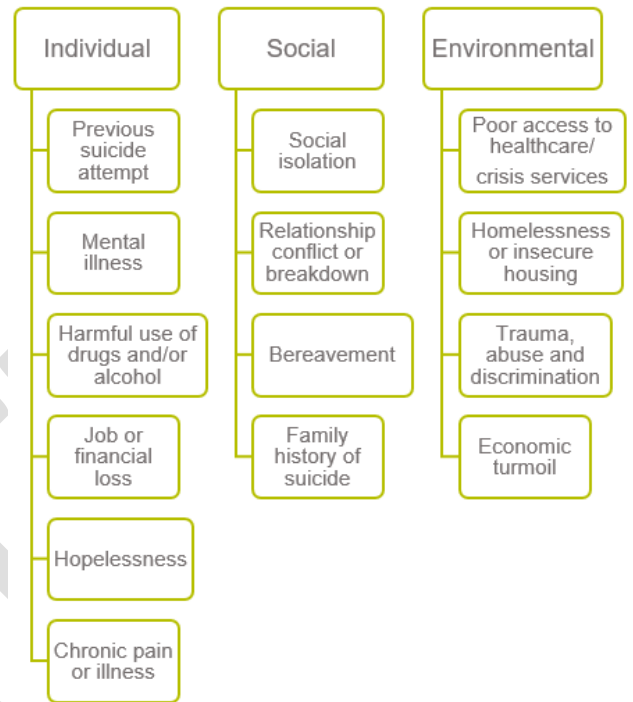


Figure 3. Key risk factors for suicidal behaviour. Adapted from World Health Organization, Preventing suicide: a global imperative (5).

People in contact with the justice system have higher rates of suicide and self-harm behaviour than the general population. In 2020-21, 23% of individuals who died by suspected suicide in Southwark had previous recorded contact with the police (22).

Specific occupational groups

Some occupational groups are at a particularly high suicide risk, which is thought to be in part due to ease of access to the means of suicide. These include construction and building finishing trades, medicine, nursing and social care, veterinary medicine and agriculture.

Unemployment is also associated with increased risk of suicidal behaviour. In Southwark in 2020/21, 7.9% of working-age economically active adults were unemployed, in comparison to 5.2% for England (24).

Groups that required a tailored approach to improve mental health and reduce suicide

Children and young people (CYP)

Although CYP do not have as high a rate of suicide as other age-groups, the rate of suicide in under 25s across England is increasing (1). For young people, risk factors include adverse childhood experiences, stressors such as academic pressures and relationship difficulties, and recent events such as bereavement. Due to a high prevalence of adverse childhood experiences amongst children in care and care leavers, this group are more at risk of self-harm and completing suicide (25).

In 2021/22, the rate of admission for self-harm amongst 10 to 24 year old Southwark residents was more than double the overall all-ages admission rates (26) (Appendix 2). Within this group, 15-19 year olds had over double the rate of admissions for self-harm than the 10-14 or 20-24 age groups.

Survivors of abuse or violence, including sexual abuse

Violence and abuse can lead to social isolation and exclusion, poor educational achievement, conduct, behavioural and emotional problems in children, and antisocial and risk-taking behaviour, all of which are associated with a heightened suicide risk.

Veterans

In the 2021 census, around 1.1% of the Southwark population reported that they had previously served in the armed forces (27). One recent study shared by the Office for Veterans' Affairs suggests that in general, veterans are at no greater risk of suicide than the general population, but the risk is higher in younger veterans and those leaving after a short career (28).

People living with long-term physical health conditions

Around a quarter of mental health patients who die by suicide have a major physical illness (29), and between 2011 and 2021, disabled people had much higher rates of suicide compared to non-disabled people (30). In 2019, 16,000 people registered with a Southwark GP were included in the care co-ordination cohort for those with multiple long-term conditions (approximately 5% of the population) (31).

People in difficult social and/or economic circumstances

Southwark is the 72nd most deprived out of 326 England local authorities and ninth most income deprived out of 33 London local authorities (31). Approximately 21% of Southwark's population live in communities ranked within the most deprived nationally.

A research study focussing on adults in Lambeth and Southwark found that nearly all indicators of low socio-economic status (for example, household income, education and employment status) were significantly associated with a greater frequency of suicidal ideation and suicide attempts (32). Benefits status was the socio-economic indicator most strongly associated to both suicidal outcomes.

People who misuse drugs or alcohol

It is estimated that approximately 3,500 people in Southwark regularly used drugs in 2020-21 (33). In 2018-2019, there were an estimated 4,052 adults in Southwark with an 'alcohol dependency', equivalent to 2% of the adult population (33).

The link between alcohol and drug misuse and suicide is well established. Between 2007 and 2017, around 54% of all people who died by suicide and were in contact with mental health services in the 12 months prior to death had a history of either alcohol or drug misuse (34). In Southwark in 2020-21, 17% of individuals who died by suspected suicide had a reported history of drug use (22).

LGBTQIA+ people

As of March 2021, more than 1 in 12 Southwark residents aged 16+ identified as having a non-heterosexual (LGB+) identity and 1 in 80 residents aged 16+ had a gender identity different from their sex registered at birth (27). According to a study of 5,375 people across Great Britain by Stonewall in 2018, 12% of trans people and 2% of LGB+ people who aren't trans had made an attempt to take their own life in the past year (35).

Black, Asian and minority ethnic groups and asylum seekers

Southwark has an ethnically diverse population, with 49% of residents having a Black, Asian or minority ethnic background, compared with 16% across the whole of England (31). According to ONS data, higher rates of suicide are seen amongst people of Mixed/Multiple or White ethnic groups (36; 30). However, it is widely considered that evidence about suicide rates across ethnic groups is hampered by issues with data collection and presentation, and that the data can show a more complex picture when considering other characteristics

alongside ethnicity (such as age or gender). In Southwark in 2020-21, 75% of people who died by suspected suicide were white, 16% were Black, and 18% were Asian (22).

Approximately 0.6% of the total population of Southwark recorded their ethnicity as “Gypsy or Irish Traveller” or “White Roma” in the 2021 Census (27). Although data is lacking, this group is thought to experience disproportionately high levels of suicide. One study involving 88 participants from the Gypsy, Roma and Traveller community across England, Scotland and Wales found that 28% of respondents had lost at least one relative to suicide (37).

There is a high prevalence of mental health conditions amongst asylum seekers and refugees. In September 2022, there were five initial accommodation centres for asylum seekers in Southwark, hosting just under 1,000 residents (38). Local attention was drawn to the mental health needs of unaccompanied asylum seeking children after a cluster of suicides in this group between 2017 and 2019 in London (38).

Mothers in the perinatal period

Between 2017 and 2019, maternal suicide was the leading cause of direct (pregnancy-related) death in the year after pregnancy (39). Although the scale of perinatal mental health problems in Southwark is unknown, national estimates predict that perinatal mental health problems (which increase the risk of suicide) affect between 10-20% of women during pregnancy and the first year after having a baby (40).

Autism

Evidence suggests autistic people, including autistic children and young people, may be at a higher risk of dying by suicide compared with those who are not autistic. Undiagnosed or late-diagnosed autism may be a preventable risk factor for suicide and, therefore, earlier identification and timely access to autism assessment services is vital (6).

Key groups requiring special consideration in the strategy that were identified during our public consultation

People experiencing loneliness and/ or social isolation

There is a range of quality in evidence, but The Loneliness and Social Isolation in Mental Health Network has found association between loneliness and (41):

- a range of mental illnesses including dementia, paranoia, psychosis, anxiety, depression and becoming depressed (people reporting loneliness are more at risk of becoming depressed and depressed people are more at risk of becoming lonely)
- suicidal thoughts, behaviours, and attempts
- all health outcomes

Older Adults

Over recent years, the national suicide rate for those aged 65-74 and 75 and over have been lower than in those aged 25 to 44 and 45 to 64 (20). In Southwark, suicide rates are statistically similar for 10-29 year olds, 30-59 year olds or 60+ year olds (*Appendix 2: Data and Supporting Evidence*). However, older people are especially vulnerable to loneliness and social isolation. Older adults are also at greater risk of being digitally excluded from mental health and wellbeing support services.

People experiencing homelessness or insecure housing

The daily lives of people experiencing homelessness are stressful, dangerous, traumatic, and often take a toll on their mental health. In 2021, there were an estimated 99 suicide deaths amongst homeless people in England and Wales, accounting for 13.4% of all homeless deaths (42).

People experiencing domestic violence

Research on intimate partner violence, suicidality and self-harm showed that past-year suicide attempts were 2 to 3 times more common in victims of intimate partner violence than non-victims. It highlighted deaths in male and female victims, children and young people in households impacted by domestic abuse, and among perpetrators. It highlighted deaths in male and female victims, children and young people in households impacted by domestic abuse, and among perpetrators (43).

Impact of the COVID-19 pandemic on suicide rates

Data based on the date of death instead of the registration date shows no evidence that the number of suicides in England and Wales increased during the first year of the COVID-19 pandemic (17; 44). In fact, between April and December 2020, the age-standardised suicide rate was significantly lower than the same period in 2018 and 2019 (44). This trend was primarily driven by a decrease in male suicides. However, the effects of the pandemic are still being disproportionately felt by the most vulnerable in society, exacerbating factors known to be related to suicide (45).

What the community told us

Engagement and consultation with a wide range of residents has played an important part in the development of our strategy. An online consultation survey was open between 23 June 2023 and 20 August 2023 in which 44 people responded. In addition, we organised community focus groups and visited community events to hear people's views. How, why and who we consulted, along with our full findings of our public consultation are reported in *Preventing Suicides in Southwark Strategy: 2023-2028. Public Consultation Report*, which is available on the Southwark council website. A brief summary of what the community told us they wanted to see is provided below:

- Add people experiencing loneliness and or social isolation, older adults, people experiencing homelessness or insecure housing and people experiencing domestic violence to our list of priority groups
- Offer Suicide prevention and mental health training being to key community groups
- More being done to promote mental health services and community support to residents
- More being done to raise awareness of mental health issues and support in a culturally appropriate way
- Involving the community to tackle the stigma and shame in different community groups around mental health and suicide
- More support to connect people who may be experiencing social isolation and loneliness
- Work to tackle the root causes of mental health issues and suicide, for example substance misuse, poor quality housing, financial issues and insecure immigration status

These findings have been used to develop our key priorities and five year action plan.

What can be done to prevent suicides and self-harm?

Spectrum of prevention

Actions to prevent suicide can include promoting resilience and mental wellbeing, limiting exposure to the risk factors described in the previous section, supporting those with mental and physical health conditions, limiting access to means of suicide or high-risk locations, or acting after someone has self-harmed, attempted suicide or died by suicide to prevent future risk (Figure 4). Actions covering this spectrum of intervention can be found in our suicide prevention action plan.

Importance of protective factors

In addition to the risk factors described in the previous section, there are also a number of protective factors that support the development of resilience and positive mental wellbeing and reduce the risk of suicide. These include:

- A healthy prenatal and childhood environment
- Social relationships
- Feelings of belonging and being connected to others
- Healthy lifestyles
- Employment prospects
- Healthy workplaces

The development of such resilience should begin in pregnancy and span the life course. Therefore, in order to reduce the risk of suicide, we need to focus on improving population health and wellbeing. In building protective environments, we can also enable our residents to better contribute to their community, develop meaningful social networks and relationships, and reach their full potential.

This premise underpins many other Southwark borough plans and strategies, including the Joint Health and Wellbeing Strategy 2022-2027 and Joint Mental Health and Wellbeing Strategy 2021-2024. We believe that a holistic approach to supporting good health and wellbeing and reducing health inequalities will have a positive impact on reducing suicides in Southwark. This Suicide Prevention Strategy aims to build upon and complement these other strategies.

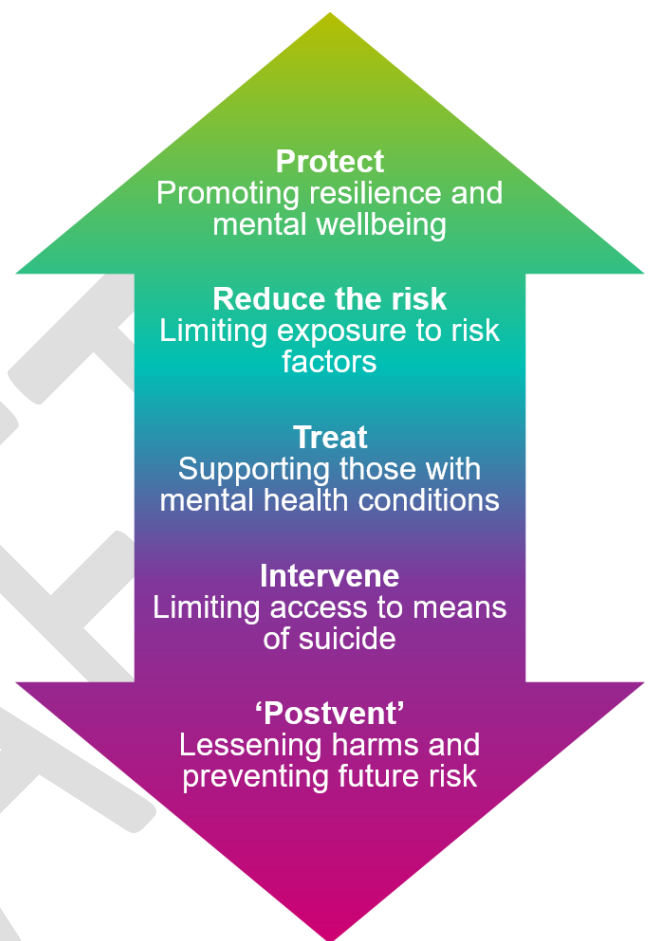


Figure 4. Ways to prevent suicide at different intervention points.

A preventative approach focussing on building mental resilience and wellbeing will be reliant on effective collaboration that engages partners outside of traditional health and social care. Hence, the suicide prevention stakeholder group brings together a wide range of partners, including the NHS, voluntary and community sector organisations, education and children and adult social care teams.

Another core asset that is essential for delivery of preventative solutions for people at risk of suicide is Southwark's strong and vibrant voluntary and community sector. The stakeholder group is committed to ensure its work serves all communities in Southwark, especially those with the greatest needs, and that strategies, services and activities are designed accordingly. To this end, over the next five-years, a suicide prevention community network will be established (see Appendix 1 - Action 1.14). The network will bring together organisations who work with those at greatest risk of suicide as well as people with lived experience of self-harm and suicide, to embed individual and population-specific insights into Southwark's suicide prevention work.

National guidance

There are a number of national guidance documents and frameworks to support multi-agency suicide prevention partnerships to develop action plans based on evidence-based interventions:

- Public Health England (PHE) guide to local suicide prevention planning (10).
- Samaritans and University of Exeter independent progress report on Local Suicide Prevention Planning in England (46).
- PHE guide to preventing suicides in public spaces (47).
- The Health Education England (HEE) and National Collaborating Centre for Mental Health (NCCMH) self-harm and suicide prevention frameworks (48).
- National Institute for Health and Care Excellence (NICE) suicide prevention guidance (49).

What we plan to do

Strategy development

The development of this strategy, which took place over the course of two years, involved:

- Reviewing progress against the previous strategy to identify the priority areas where there are opportunities to build on previous successes or make improvements.
- Meetings of the suicide prevention stakeholder group to better understand local needs and opportunities for service provision, and co-produce the action plan.
- Collating and analysing data from a range of sources (Appendix 2) to better understand local needs, including who is at highest risk of suicide and what are the most common means and locations, in order to target our actions accordingly.
- Identification of examples of best practice and evidence-based interventions from national guidelines.
- Individual consultation with stakeholders to refine actions and agree Key Performance Indicators
- A public consultation exercise, which took place over June, July and August 2023. This included an online consultation survey and focused engagement activity with specific groups.

Priority areas

Our action plan (Appendix 1) brings together key activities to reduce self-harm and suicide in Southwark and sets out committed actions across five key priority areas. The priority areas were built around recommendations outlined in the national Suicide Prevention Strategy and tailored to local needs, as identified through stakeholder engagement, community engagement and data analysis.



1. Reducing the risk of suicide, attempted suicide and self-harm in high risk groups

In order to ensure our actions target those at greatest need, the suicide prevention stakeholder group have identified five high-risk groups, informed by the national Suicide Prevention Strategy and local data, to focus on:

- a. People who have presented to healthcare or other settings following self-harm or attempted suicide, or disclosed self-harm or attempted suicide to relatives, friends, professionals or others
- b. Those with mental health conditions, including those known to mental health services
- c. People with drug and alcohol problems
- d. People in contact with the criminal justice system
- e. People belonging to particular demographic groups that are known to experience higher rates of suicide and/or require a tailored approach to suicide prevention.

2. Preventing suicide in high-risk locations and reducing access to the means of suicide

The data included in Appendix 2 give information about the location and means of suicides that have taken place in Southwark. More than half of incidents involving suicide and self-harm in those known to mental health services between 2019 and 2021 took place in the home (50). However, understanding where the high-risk locations are for incidents that take place outside of the home offers an opportunity to develop targeted intervention approaches. Actions under this priority area focus on reducing suicides and self-harm associated with bridges, riverside areas and tall buildings.

3. Reducing the risk of suicide, attempted suicide and self-harm among children and young people (CYP), and providing support to educational settings

This priority area is a new addition to the areas identified in the previous five-year strategy. Rates of self-harm in 10-24 year olds have increased in Southwark over the last decade (23). Given CYP have access to different mental health and other public services to adults, a tailored approach to suicide prevention in this group is required.

The Southwark Joint Mental Health and Wellbeing Strategy 2021-2024 sets out priorities for improving CYP mental health services. However, there are also opportunities for suicide prevention outside of formal mental health services, for example, within schools. This is especially important as young people who die by suicide are less likely to have been in contact with mental health services in the year prior to their death than adults (51).

The actions relating to this priority area aim to complement those in progress as part of the SEL CYP Transformation Plan and CYP Mental Health and Emotional Wellbeing Plan and the 2023 Mental Wellbeing of Children & Young People in Southwark health needs assessment.

4. Monitoring and collecting data on suicide, attempted suicide and self-harm

In order to best target and allocate resources efficiently, a comprehensive local understanding of the risk factors for suicide and high-risk groups is required. Actions under this priority area focus on sharing intelligence between stakeholders to enable services and initiatives to be designed with population needs in mind. In the future, increasing national, regional and local interest around sharing and linking data from different sources may offer opportunities for improved surveillance and research in relation to suicide and self-harm.

5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

A number of research studies have provided evidence that irresponsible media reporting relating to suicide can provoke further suicidal behaviour (52). Samaritans' 10 top tips for media reporting are (53):

1. Avoid reporting methods of suicide
2. Include references to suicide being preventable and signpost sources of support
3. Steer clear of language that sensationalises or glorifies suicide
4. Don't refer to a specific site or location as popular or known for suicides
5. Avoid dramatic, emotive or sensational pictures or video footage.
6. Avoid excessive amounts of coverage and overly prominent placement of stories
7. Treat social media with particular caution
8. Including content from suicide notes or similar messages left by a person who has died should be avoided
9. Speculation about the 'trigger' or cause of a suicide can oversimplify the issue and should be avoided
10. Young people are more susceptible to suicide contagion

The Southwark Suicide Prevention stakeholder group are committed to working with Samaritans' Media Advisory Team to ensure appropriate media reporting of suicidal behaviour in Southwark.

Our multi-stakeholder action plan sets out the actions we have developed against each of these priority areas. See *Appendix 1: Our Action plan. Preventing Suicides in Southwark 2023-2028*.

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