



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Preventing the preventable

Telford & Wrekin
Suicide Prevention Strategy
2023-2028

Alcoholics Anonymous
0845 769 755

CALM
Campaign Against Living
Miserably
www.thecalmzone.net

Carers UK
0808 808 7777 Provides help
and advice
Citizens Advice Bureau
www.citizensadvice.org.uk

Combat Stress
0800 138 1619
For service personnel,
serving & former

Cruse Bereavement care
www.cruse.org.uk
0844 477 9400

Gamblers Anonymous
www.gamblersanonymous.org.uk

Gingerbread
0808 802 0925 Help &
advice for single parents

HOPElineUK
www.papyrus-uk.org
Help & advice for children
& young people

Lesbian & Gay switchboard
0300 330 0630

Narcotics Anonymous
0300 999 121

National Debtline
0808 808 4000
Charity offering independent
debt advice

Refugee Action
0808 8000 630
Provides advice &
Information

Relate
0300 100 1234
Counselling for couples
and individuals

Shelter
0300 330 1234
Advice and information
for the homeless

SAMARITANS
Freephone
116 123

The Big White Wall
www.bigwhitewall.com
Network for emotional health

The Silver Line
0800 4 70 80 90
Info, friendship,
advice for older people

Y.A.N.A You Are Not Alone
0300 323 0400
Info & support for farmers

Letter of Hope

This Letter of Hope was written by people from Telford, who wish to offer help and hope to those who are thinking about suicide.

Feeling Suicidal?

The 3 Step Plan

1. Ring the SAMARITANS on Freephone 116 123 for immediate help and support
2. Make an urgent same day appointment with your GP or go to A&E
3. Tell a trusted person or friend who can help and support you

Dear Friend,

We are a group of people from Telford who are writing this Letter of Hope to you because we care about you and what happens in your life. We do not know you, you do not know us, but we care.

We care because, like you, we were struggling to stay alive. We attempted suicide. We went to A&E, were referred to the Crisis Team, or admitted to hospital after attempting suicide and we have survived. We have done more than survive; we have found the courage to live again. So please, if you are ever in such a dark and desolate place that you feel like taking your own life, this letter has been written to ask you to hold on. Give yourself time.

We understand pain, especially emotional pain, which often others don't.

Emotional pain hurts so much. It is that pain, along with loss, that brought us to suicide and to hospital. Later we learnt that it was not death we wanted, but to end the terrible thoughts, feelings and pain we were experiencing. Because of the experiences we have been through, we came together to write to you offering Hope.

We survived. We want you to get through this too.

We won't pretend to know exactly what you are feeling, because your feelings are uniquely your own. It is okay to feel the way you do. You are not weak, selfish, or crazy

You are not beyond help.

Please believe in yourself, in what tomorrow might bring. Believe that you can get through this moment. Allow hope into your life. None of us claims that it is easy. It can be challenging. But however hard things get, life offers possibilities that you may have forgotten exist or have never even dreamed of.

There can be a time in the future when something makes you smile, sunshine brings you comfort, when the day ahead is so much better than today.

Please give yourself time.

We ask you to remember to seek help before life gets too painful. Ask for the help you need. You are not alone. Talk to a trusted friend, see your GP, contact a support group, talk to the Samaritans on Freephone 116 123 or another National Helpline, many of which are listed on the back of this letter.

By talking things over a great sense of pressure is released; it becomes possible to feel better and for your problems to seem smaller and more manageable.

Please remember, if you ever feel suicidal, ask for help. Be clear to the person you speak with. Use words like: I can't cope, I feel bad, I feel out of control, or I feel crazy. Tell people it's so painful I want to die, or simply, please help me.

We could write so much more to you, a long, long letter; in fact we did; we all did from our different perspectives and from our hearts, and it was those letters that led us to what is important, to the message in this letter to you.

Please keep this letter, though we hope that you will never need it again. We also hope that you can find someone or something to believe in. That can make all the difference.

We have lived and we have loved again. We believe you can too.

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Partners



Listening to voices of people with live experience

Foreword

Every life lost to suicide is an enormous tragedy, which leaves devastating impacts on family, friends and communities.

Given the wide range of influences on suicide we need to take an approach that builds prevention across all parts of our society.

This strategy sets out to do that with and action plan co-produced by stakeholders, partners, the suicide prevention action group/network and people personally affected by suicide to drive change by increasing suicide risk awareness and skills for intervention.

By enhancing research ,data collection and monitoring and continuing to develop an offer bereavement services and postvention support, always working to keep people mentally well and aware of support available.



Cllr Kelly Middleton

Healthy, Safer and Stronger Communities and Partnerships, Lead Public Health, Mental Health and Domestic Violence

Executive summary

Suicide prevention is a priority for Telford and Wrekin and is included in the Health & Wellbeing Strategy 2023-2027. There is close partnership working on this agenda between Shropshire Council and local NHS partners. Suicide Prevention is a priority for the Shropshire Telford and Wrekin Integrated Care System (the partnership responsible for transforming health and care). The Shropshire Telford and Wrekin Suicide Prevention Network is the partnership which oversees progress on the suicide prevention agenda and this includes representation from both local authorities, the local NHS and health partners, emergency and blue light services (including the police and fire service), a wide range of community and voluntary sector organisation and crucially and experts by experience.

With around 5,200 lives lost to suicide every year in England (ONS 2020), suicide prevention should be a priority locally and nationally. Every one of these deaths leaves behind family, friends and communities shattered by the loss. It is unthinkable that on average 12 people a day get to the point where they feel they have no other choice but to take their own life.

Whilst there is much activity happening nationally to help prevent suicide, local action is critical to save lives and this requires strong multiagency groups, partnership working and excellent local leadership to develop and deliver robust suicide

prevention plans specific and tailored for the local population.

This strategy, which has been led by the multi-agency network of people with lived experience, carers, volunteers and professionals, builds upon the foundations laid by the first Suicide Prevention Strategy launched in 2017.

Our core principles from the 2017 Strategy continue to focus on:

- addressing the myths and stigma of suicide as well as raising awareness of suicide risk across our communities;
- improving access to timely and appropriate support for anyone affected or bereaved by suicide;
- ensuring those most likely to connect with higher risk and vulnerable groups of suicide, have the right skills and confidence to appropriately intervene or signpost to early support in a compassionate manner.

Although much has been achieved since 2017, including the launch of a real time suspected suicide surveillance system, suicide bereavement service and a new survivors of bereavement by suicide peer led support group, there is still much to be done. This includes evolution of our existing offers and universal resources, as well as ensuring greater focus on targeted prevention

approaches for people at higher risk and those bereaved by suicide.

We recognise that people are now facing a wide range of challenges and pressures, including the impact of COVID, economic and social uncertainty related to World events and the war in Ukraine and rising costs of living. All of these factors impact our population and increase the risk of suicide.

Shropshire Council share the same objectives and principles and working through the local NHS, this Strategy is part of the Shropshire Telford & Wrekin Integrated Care System, working with wider community partners. The Strategy identifies activities and approaches which aim to proactively prevent suicide and ensure that the most vulnerable are connected to the right support, at the right time.

We will do this by;

- reviewing the local and national evidence base;
- listening and learning from those who support others or who have been impacted by suicide themselves;
- making evidence based recommendations on the activities needed to reduce suicide and self-harm across Shropshire Telford & Wrekin;
- utilising the skills, knowledge and influence of our two multi-agency Suicide Prevention Action Groups to deliver this Strategy and ensure suicide prevention is everyone's business.

Telford & Wrekin Suicide Prevention Strategy

It is our vision as the Shropshire, Telford & Wrekin Suicide Prevention Network that within our area we will significantly reduce the number of people who take their own life.

Our priorities will be

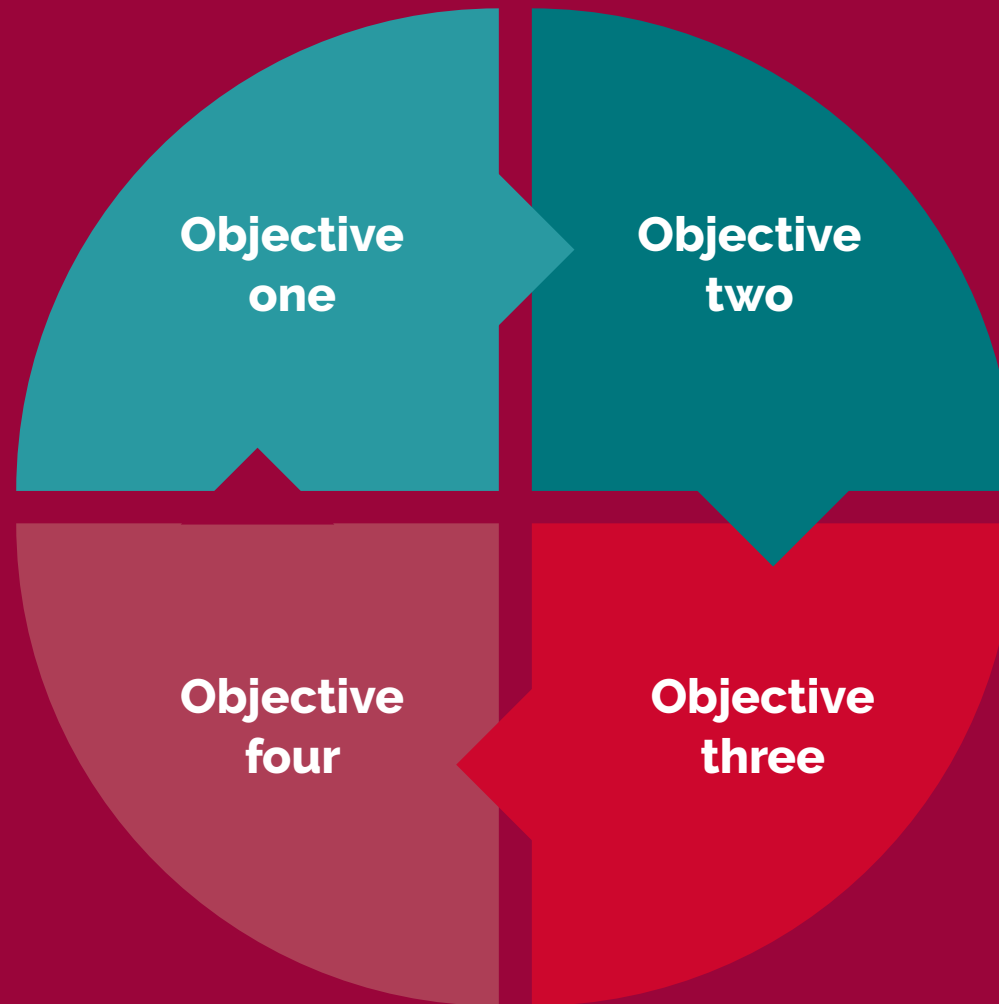
- 1** Targeted offers for higher risk groups (as identified by local and national evidence).
- 2** Improve opportunities and accessibility to address wellbeing concerns and avoidable health inequalities across the whole population.
- 3** Enhance research, data collection and monitoring.
- 4** Continue to develop the suicide bereavement service and postvention offers for anyone impacted by a suicide or possible suicide death.
- 5** Increase reach of suicide risk awareness and appropriate skills for intervention.
- 6** Systematically improve messaging and communication.

Objectives

This strategy intends to reduce the number and rates of suicides across Telford and Wrekin through the following commitments;

Improve the quality of data and intelligence on suicide and suicide risk, utilising tools such as Real Time Suspected Suicide Surveillance to better understand and respond to demographic need and emerging trends. Implement learning reviews and audits with partners to ensure recommendations are implemented.

Enhance the universal offers to mitigate suicide and self-harm risk to raise awareness of suicide. This builds upon the previous Strategy and involves close partnership with representatives from high risk cohorts to co-produce targeted offers and messages for suicide risk mitigation.



Improve the mental wellbeing and social outcomes for people bereaved by suicide through timely connection and support. This includes bereavement and practical support as well as ongoing opportunities to access postvention services as required. This will include review of the sustainability and evolution of existing models for long-term investment.

Ensure that all professionals, partners and volunteers across Shropshire Telford and Wrekin are suicide risk aware, and have the knowledge, skills and confidence appropriate to their role.

Network vision

It is our vision as the Shropshire, Telford & Wrekin Suicide Prevention Network that within our area we will significantly reduce the number of people who take their own life.

Mission statement

We feel that suicide is preventable and that every life should be saved. We have a zero suicide mind set. We are a strong local multi-agency partnership, which has agreed a number of focused suicide prevention and postvention activities. We have drawn upon the expertise of partners from the voluntary, community and third sector. We are committed to working together to prevent deaths at all ages as a result of suicide and ensure those at risk of, affected or bereaved by suicide will be able to access the right support at the right time.

Our vision and mission statement reflect national guidance and data along with our local needs assessment, which engaged those with experience of attempting suicide and the insights of those working with mental health and suicide across the public and third sector.

Purpose and delivery

This Strategy reflects the aspirations of the Shropshire Telford & Wrekin Suicide Prevention Network to prevent suicides of adults and children in our borough and improve the outcomes of anyone impacted by suicide. The local authority areas of Shropshire and Telford & Wrekin are within the same Integrated Care System (ICS). It is important that the Strategy does not duplicate work already being undertaken by other programme areas but is seen to compliment and strengthen the shared ambitions and outcomes for the people we wish to connect with.

To ensure this can be achieved, the action plan of this Strategy is shaped to each locality by the two dedicated Suicide Prevention Action Groups. Each Action Group is in a position to respond flexibly and proactively to local issues.

The demographics of the people that live within each locality along with the geographical context varies greatly despite being served by many of the same shared services.

The wider Network Steering Group provides support and scrutiny for the work being carried out by the Action Groups.

The Action Groups report progress and escalate recommendations where appropriate to the Shropshire Telford & Wrekin ICS Mental Health Board, the Health and Wellbeing Boards and local Mental Health Partnership Boards.



Research and engagement

This strategy has been informed by and drawn from a wide range of national and regional data, resources and literature on best and innovative practice and information from discussion and workshops with local, regional and national stakeholders.

Evaluation of the previous Action Plans has also helped identify new activities and opportunities to improve existing approaches, address gaps and promote connectivity with wider (but related) health and social care policies, guidelines and projects to maximise opportunity for suicide and self-harm mitigation inclusion.

Why suicide is a concern

Suicide is now the leading cause of premature mortality in men younger than 50, followed by heart disease.

Suicide is the leading cause of death among young people aged 20 to 34 years in the UK (ONS, 2015).

Autistic adults are nine times more likely to die by suicide than the general population and suicide is the second leading cause of death for autistic people.

1 in 8 LGBTQ+ people aged 18 to 24 years have attempted to take their own life and almost half of all trans people have thought about taking their life.

Those who are bereaved by suicide are at three times the risk of making a suicide attempt themselves.

Suicide is preventable with timely, evidence based interventions.

Families, friends, colleagues and communities will be affected as a result of each suicide. It is estimated that for every person who dies as a result of suicide **at least 115 people are affected**.

We must ensure that individuals who may be considering taking their own lives are supported so that all suicides that could be prevented are prevented.



A national and local commitment

Suicide prevention has been a national priority for a number of years. Since the publication of the National Suicide Prevention Strategy in 2012, a number of national bodies have pledged to work towards preventing suicide.

Suicide prevention features as a priority in the NHS Five Years Forward View for Mental Health (2016) and the NHS Long Term Plan (2019). At time of writing a new National Suicide Prevention Strategy for England is currently being prepared along with recognition of suicide and suicide risk in the upcoming Department of Health and Social Care 10-Year Mental Health & Wellbeing Plan.

This Strategy builds upon the 2017 Suicide Prevention Strategy, between 2017 and 2022 two local Action Groups aligned to each Local Authority footprint were set up to deliver and oversee the delivery of the Strategy.

During this period there have been a number of shared projects and achievements focusing on reducing the number of people taking their own lives and to support those who have been affected by suicide. These include:

- launch of the new Shropshire Telford & Wrekin Suicide and Unexpected Death Bereavement Service launched in January 2021 and delivered with support by voluntary sector colleagues;

- investment and roll out of dedicated training on suicide risk and interventions to increase the confidence, knowledge and skills for the workforce and community in Shropshire Telford and Wrekin who are most likely to connect with higher risk groups as part of their usual job or role. This training has been funded by our Suicide Prevention network and targeted at those who are with agencies with no dedicated training budget for suicide training;
- the promotion of the Zero Suicide Alliance free online training offer that has been built into mandatory training for many health and social care staff;
- investment in a Real Time Suspected Suicide surveillance system to identify suspected suicides, promote a quicker response, assist in learning for planning interventions;
- awareness events and campaigns to promote support available for suicide risk and to tackle stigma including the successful events held in Southwater for World Suicide Prevention day;
- prior to the pandemic delivery and strong engagement for the annual Suicide Prevention Conference, which included thematic workshops around risk with children and young people, connecting with high risk groups and service mapping offers that can support mitigation of suicide risk;

- creation of the Pick Up the Phone You Are Not Alone Z-card resource of primary contacts for anyone worried about suicide to identify immediate help.



Understanding suicide – a national context

Statistics

The information in this section is predominantly synthesised from national level statistics published by the Office for Health Improvement & Disparities¹ and from intelligence captured by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). This information can be used to identify high-risk communities and it is hoped will provide a powerful tool for Real Time Suspected Suicide Surveillance.

Suicide in England

Adults

- **15,249 suicide deaths between 2018 and 2020 in England** (a suicide rate of 10.4 per 100,000 population).
- This rate is significantly higher than the rate of 2016-18, and is actually the highest it has been in the available data back to 2001-03.
- This increase in suicide deaths was not reflected in the rate of suicide among clients of mental health care where there has been little change².
- **Men are at a significantly higher risk with 3 out of 4 suicides being completed by men.**
- Since around 2010, males aged 45 to 64 years have had the highest suicide rate³.

- The 5-year average crude rate per 100,000 population shows that between 2013-17, the highest rate of suicide was in males aged 35 to 64 years (20.1 per 100,000), followed by males 65+ (12.4 per 100,000) and males aged 10-34 (10.5 per 100,000).
- The suicide rate in females is significantly lower than the male counterparts with those aged 35 to 64 years with the highest female suicide rate (6.0 per 100,000), females aged 65+ (4.4 per 100,000) and females aged 10-34 (3.1 per 100,000).
- There is increasing national evidence of the impact of domestic abuse associated with suicide, with 11% of male and 7% of female victims of partner abuse attempted suicide in the previous year⁴. Almost a quarter (24%) of the specialist domestic violence support charity Refuge's clients had felt suicidal⁵.
- **Suicide remains the leading cause of direct maternal death in first postnatal year.** Almost a quarter of all deaths of women during pregnancy or up to a year after the end of pregnancy were from mental health-related causes. Assessors felt that improvements in care might have made a difference in outcome for 67% of women who died by suicide.

Children and young people

- For young people aged under 17 years, there were 108 deaths assessed as highly or

moderately likely to be due to suicide between 2019 and 2020, equating to approximately two deaths of children and young people every week in England⁶.

- The rate of suicide in England between 2019 and 2020 was 1.8 per 100,000 in 9 to 17 year olds, with similar rates across all regions in England, including urban and rural environments and across deprived and affluent neighbourhoods.
- Suicides were more common in older groups, with 78% (n=84) of deaths in those aged between 15 and 17 years and 22% in those aged 14 and below.
- Suicides were more common in boys than girls.
- The most common method of suicide was hanging or strangulation, accounting for 69% of deaths. The second most common method was jumping or lying in front of a fast moving object, accounting for 12% of deaths.
- 61% of deaths occurred within the home and 29% occurred in a public place.
- 19% of all under 18 year old suicide deaths in the UK are recorded as having had mental health service contact within the 12 months prior to death, which is a lower proportion compared to adults over 18 years (which represent 27% of all adult deaths in the UK).

Mental health clients

The 2022 NCISH Report⁷ focused on people who had been in contact with Mental Health services in the 12 months prior to the recorded death by suicide. Key learning identified:

- 27% of all recorded suicide deaths in the UK between 2009 and 2019 were linked to people who had contact with mental health services within 12 months of the death;
- a significant rise in deaths by hanging or strangulation in 2018/19, particularly for females and people aged under 25 years;
- the majority of those who died by suicide had a record of self-harm (64%).

The report identified the following associated risk themes linked to suicide deaths of those who had contact with mental health services:

- people who died in an acute care setting (including inpatients, post-discharge care and crisis resolution/home treatment) had been in contact with mental health services in the week before death, with the majority (84%) being viewed by clinicians as low or no short term risk;
- alcohol and drug use were common traits;
- 25% had physical health co-morbidity with this rate rising to 47% for people aged 65 and above. Cardiovascular disease and musculoskeletal disorders were the most reported;
- 48% of people were recorded as living alone.

The wider determinant risk characteristics associated with mental health client suicide deaths included:

- 18% of all suicides for people in contact with mental health services also had recent economic adversity including serious financial problems, workplace problems or homelessness;
- 74% of this group were male, 45% classified as middle-class, 55% as unemployed and 29% as divorced or separated;
- 26% had loss of contact with services;
- 15% had recorded non-adherence with prescribed medication;
- 9% had experienced domestic abuse with the majority being female (73%) and were more likely to be younger, be single or divorced, be living alone and unemployed;
- males who had experienced domestic abuse had high proportions of personality disorder diagnosis, previous self-harm and alcohol or drug misuse;
- for those under 18 years, 13% were diagnosed with autism, 5% were diagnosed with eating disorders and there is more likely to have a history of self-harm;
- between 2011 and 2019, 25% of people under 18 years were known to have suicide related online experiences, which is more than older age groups.

Suicide risk and occupation

Analysis by the ONS⁸ identified the following themes indicating higher risk from deaths by suicide in different occupational groups for working age people:

- doctors, dentists, nurses, vets and agricultural workers such as farmers;
- males in lowest skilled occupations;
- low skilled male labourers, particularly those in construction roles;
- males in skilled trades including building finishing trades, particularly plasterers, painters and decorators;
- people working in culture, media and sport occupations, particularly in artistic, literary and media occupations;
- females working in a health professional role, particularly female nurses;
- carers;
- females teachers in primary and nursery schools;
- leading cause of death for autistic people.

In addition, Kapur et al (2009) identify young male veterans are at greatest risk of suicide within the first 2 years of leaving service, with risk increased from the following factors – younger age at discharge, male, unmarried, army, lower rank, untrained status and less than 4 years length of service.

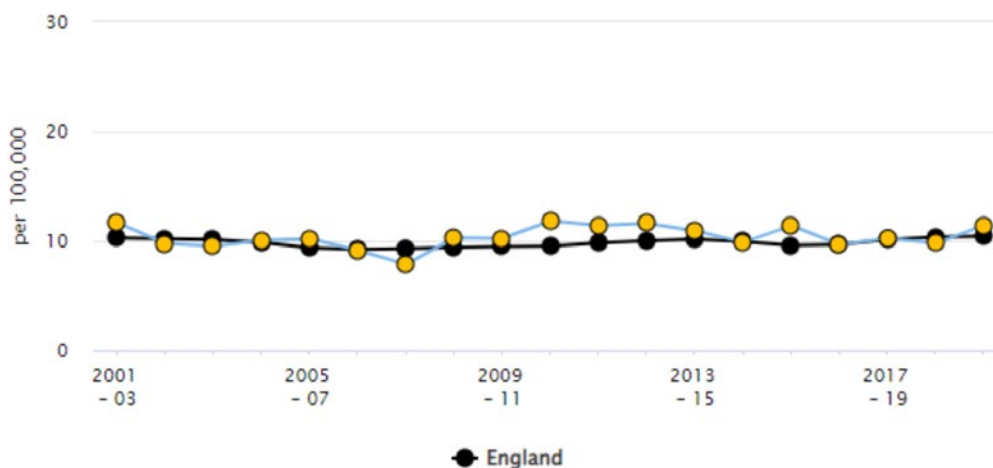
Understanding suicide in Telford and Wrekin

Telford and Wrekin

Between 2019 and 2021 there were 53 deaths recorded as suicide in Telford and Wrekin of whom 37 were men and 16 were women.

Telford and Wrekin's age standardised rate of 11.4 per 100,000, is statistically similar to the England average rate of 10.4 per 100,000. The trend of the local suicide rate for all persons in Telford and Wrekin since the 2001/03 period to 2019/21 is displayed in the chart below. It can be seen that the local rate has a greater degree of variability than the England average which is likely due to the smaller numbers locally, however the rate has remained statistically similar throughout the period.

Suicide rate (persons, per 100,000)



The figure on the next page indicates in Telford and Wrekin;

- males have an age standardised suicide rate of 16.2 per 100,000 between 2019 and 2021 which is statistically similar to the England average rate of 15.9 per 100,000;
- females have an age standardised suicide rate of 6.9 per 100,000 between 2019 and 2021 which is statistically similar to the England average rate of 5.2 per 100,000.

In data from the Shrewsbury and Telford Hospital NHS Trust (SATH) for 2019/20 there were 399 admissions from Telford and Wrekin CCG that were recorded as self-harm, of these 359 were poisoning and 40 were self harm by other than poisoning.



Years of life lost due to Suicide

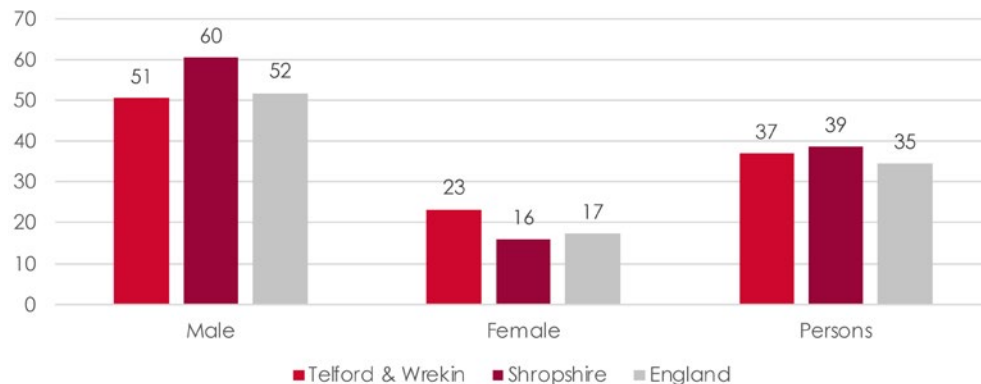
Years of life lost estimates the years of potential life lost due to premature deaths taking into account age at which the death occurs with greater statistical weight given to deaths at younger age. On average during this period, men lost 33 years of expected life by suicide.

Telford & Wrekin years of life lost to suicide, age standardised rate per 100,000 (2019-21)

Indicator	Period	Tel & Wrek		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Suicide rate (Persons)	2019 - 21	-	53	11.4	10.7	10.4	19.8		4.8
Suicide rate (Male)	2019 - 21	-	37	16.2	16.5	15.9	32.4		6.6
Suicide rate (Female)	2019 - 21	-	16	6.9	5.2	5.2	10.9		2.2
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2019 - 21	-	48	37.0	-	34.6	80.1		14.9
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2019 - 21	-	33	50.5	-	51.8	130.3		18.4
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2019 - 21	-	15	23.3	-	17.3	37.8		7.8
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2013 - 17	-	4	6.2	12.7*	12.4	0.0		34.9

The following graph highlights gender differences for number of years of life lost across our populations due to suicide between 2019 and 2021.

Years of Life lost due to suicide, Age-standardised rate 15-74 years per 10,000 population (3 year average) in Shropshire, Telford & Wrekin and England by Gender in 2019-21



Estimated economic cost of suicide

Each suicide is estimated to cost £1.7million (Department of Health and Social Care, 2017) with much of this cost relating to the emotional impact on families and on society. Nationally the cost of suicide is almost £10 billion a year. Locally this equates to:

- **£90.1million cost of suicide for Telford and Wrekin** local authority area during 2019 to 2021 (an average of £30.0 million per year).

Suicide Bereavement support service

The loss of a loved one through sudden unexpected death and suicide is a uniquely distressing circumstance. It can create a particularly complex set of feelings in those left behind and leave us with unanswered questions which are hard to resolve. We can help you find the path to the right support, understanding and recovery.

Our service is available to families and anyone living in Shropshire, Telford & Wrekin by a suicide:

- offer a confidential space to discuss what has happened and how you are coping
- provide a safe space to talk about your feelings and how you are coping
- offer a confidential space to discuss what has happened and how you are coping
- provide a safe space to talk about your feelings and how you are coping

For more information or to book a free initial consultation, please contact us on 0785797616 or visit our website at www.telford-mind.co.uk

talk2@telford-mind.co.uk
0785797616
www.telford-mind.co.uk

Key priority actions

The overall suicide rate per 100,000 population will continue to be the key outcome measure for this strategy (see page 12).

Six overarching priority areas have been identified for this strategy.

These priorities will be led by the two action groups associated with each local authority area, who will be responsible for defining an action plan and achieving the activities needed for implementing the ambition of this Strategy.

The priorities are:

1 Targeted offers for high priority cohorts

We recognise that although universal messages are useful for suicide and self-harm mitigation, there is a need to target specific messages and interventions to specific groups to have best impact and reach. High priority cohorts include but are not limited to:

- men;
- people who self-harm;
- children, young people and young adults (up to 25 years);

- people already known to mental health or related services;
- those living in rural areas and farming communities;
- military veterans;
- people with protected characteristics;
- people with a neurodiverse condition (including autism);
- Gypsy, Roma and Traveller communities;
- people struggling from wider social risks such as financial insecurity, problem gambling, substance misuse, housing issues or homelessness, those in contact with criminal justice system and people impacted by domestic abuse;
- people affected by domestic abuse;
- people who have post natal mental health issues.

We will ensure appropriate stakeholders who closely or regularly work with groups where national evidence has identified there are greater associated risks of suicide, are involved in planning and decision making for suicide and self-harm mitigation interventions. This will include representation from these cohorts and those with lived experience.

2 Improve opportunities to address wellbeing concerns and avoidable health inequalities across the whole population

We will continue to ensure an integrated approach with partners to identify and respond to the wellbeing and mental health needs of our local populations in the context of the wider determinants of health inequalities that disproportionately impact certain groups of people and communities.

We will connect with partners across services and communities to progress a community ambassador model to improve reach for raising awareness of suicide, self-harm and mental health risk to address stigma, promote early help seeking behaviour along with the range of support available.

We will explore opportunities for single point of contact support and other appropriate mechanisms for those struggling with suicide ideation or who have been impacted by suicide. This will help connect the individual to the right support at the right time and reduce need for people to repeat their story multiple times.

We will ensure recommendations, risks and considerations of factors that could impact local mental health and wellbeing (including mental health crisis) are escalated to the Shropshire Telford & Wrekin Integrated Care Board, local authority health and wellbeing boards and local mental health partnerships to promote an integrated approach.

3 Enhance research, data collection and monitoring

We will continue to build and develop our local Real Time Suspected Suicide Surveillance systems to ensure an evidence-based approach is used to target interventions and monitor new or emerging community risks.

We will work with our local partners and stakeholders to agree sharing of information to help inform local risk and identify appropriate intervention.

We will ensure learning reviews related to suicide and unexpected deaths are connected across the system to maximise opportunities to ensure that lessons are learned and improvements to service delivery are made.

We will continue to review latest available research and evidence about suicide and self-harm to support a local approach for managing risk.

4 Continue to develop the suicide bereavement service and postvention offers

We will ensure continued investment and enhancement of the suicide bereavement service to respond to the needs of our population.

We will work closely with and support the charity Survivors of Bereavement by Suicide to grow the new offer established across Shropshire, Telford and Wrekin.

5 Increasing suicide risk awareness and skills for intervention

We will continue to work with the local system to support, influence and connect appropriate suicide training professionals, agencies and communities working with higher risk groups, to ensure the right skills are matched to the right people.

We will connect nationally and locally recommended offers of training related to suicide and self-harm risk awareness, signposting, risk mitigation and intervention to the above groups.

We will continue to influence our local system to ensure all health and social care staff in Shropshire, Telford & Wrekin complete the Zero Suicide Alliance online course and embed this as mandatory training.

6 Systematically improve messaging and communication

We will agree consistency in messaging on suicide, self-harm and mental health between local stakeholders to inform a bespoke communications plan to be used for sharing information about keeping mentally well, recognising suicide risk and how to access support.

We will continue to develop and promote our Pick up the Phone You Are Not Alone suicide prevention Z-Card ensuring physical copies are available in high foot fall locations and environments where higher risk cohorts access.

We will continue to enhance the Shropshire Telford and Wrekin ICB suicide prevention webpage and local authority pages to ensure our residents and the people that support them can quickly access information.

We will ensure printed materials containing risk mitigation information is available for those who are digitally excluded.

Local strategy context and governance

Telford & Wrekin

Health & Wellbeing Strategy 2023-2027

Our vision - happier, healthier, fulfilled lives



Governance and accountability



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- ¹ Suicide Prevention Profile – OHID phe.org.uk
 - ² NCISH | Annual report 2022: UK patient and general population data 2009-2019, and real-time surveillance data – NCISH manchester.ac.uk
 - ³ Suicides in England and Wales – Office for National Statistics ons.gov.uk
 - ⁴ Domestic Homicide Project – VKPP Work
 - ⁵ New-Suicide-Report2c-Refuge-and-University-of-Warwick.pdf nspa.org.uk
 - ⁶ NCMD-Suicide-in-Children-and-Young-People-Report.pdf (nspa.org.uk)
 - ⁷ National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2022 – NSPA
 - ⁸ Suicide by occupation, England – Office for National Statistics (ons.gov.uk)
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