

Suicide Prevention Strategy

2023-2028



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Foreword

In Redbridge, 356 lives were lost to suicide between 2001 and 2021. This will have had a profound and distressing impact on their family, friends and communities. Suicide Prevention is a key priority for Redbridge with an established partnership approach across the borough. We have built on the successes over the last five years to ensure that our plans reflect the changing landscape we are working in.

This strategy was written during the cost-of-living crisis, which is affecting individuals and families across the UK, including in Redbridge. It is important to ensure there are robust systems which can support our communities during difficulty and uncertainty. One of the key ambitions in this strategy is working to address the wider determinants affecting mental health and suicidality, including poverty. This is not something that Public Health can tackle alone and requires a shared commitment from across the council and external partners.

Other key priorities for the next five years include increasing the mental health training available to professionals, community organisations and the general public and ensuring there are key pathways for referring people identified as at risk. We hope that increased accessibility and visibility of support as well as improving communication around mental health will reduce the stigma around seeking help for suicidal ideation and mental health problems, which is another important ambition in this strategy.

Overall, this strategy has an ambitious vision for a zero suicide Redbridge, which cannot be achieved without a system-wide approach. This is exemplified by the sustained input of the Mental Health and Wellbeing Group in developing this strategy and their commitment to improving the health and wellbeing of Redbridge residents.

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Summary

In Redbridge, 356 lives were lost to suicide between 2001 and 2021. This will have had a profound and distressing impact on their family, friends and communities. The suicide rate is increasing in England while it has remained stable in Redbridge at approximately 7 suicide deaths per 100,000 people. While it is encouraging that Redbridge's rate is not following the national trend, each suicide death is a preventable tragedy.

There were 5,203 suicides in England in 2021. It is estimated that 10 people will be profoundly affected, and up to 135 people would have known the person that took their life, highlighting the wide-spread impacts that suicide has on local communities.

Importantly, there have been various events over the past few years which may have affected the public's mental health and increased distress, potentially leading to suicidal ideation. Notably, the COVID-19 pandemic may have increased anxiety and disrupted care for people with existing mental health problems. The current cost of living crisis is also a risk to our residents mental health. This is especially important as communities aren't affected equally by suicide with people in poorer communities being at higher risk.

Our vision for this strategy is for a zero suicide Redbridge where no one living, working, or attending school in the borough considers, or attempts, ending their own life. We know that suicide is a complex issue that requires input from everyone across the health and social care system and beyond. The development of this strategy has been guided by various local and national policies and strategies (including the Redbridge Plan and Preventing suicide in England: a cross-government outcomes strategy to save lives) as well as local intelligence and input from partners from various sectors in the Redbridge Mental Health and Wellbeing Group.

Redbridge is a diverse borough and our recommendations needed to be sensitive and relevant to our local communities. Specific areas of concern included working with individuals and communities at risk, prevention and early intervention, and reducing stigma. The seven ambitions that make up this strategy are:

- 1. Addressing the wider determinants of health to reduce inequalities in outcomes*
- 2. Supporting parents, children and young people's mental health*
- 3. Responding to self-harm and attempted suicide*
- 4. Supporting people bereaved by suicide*
- 5. Reducing suicide in high-risk groups*
- 6. Reducing environmental opportunities for suicide*
- 7. Reducing mental health stigma and increasing awareness of mental health*

Implementing these ambitions requires a system-wide approach. We know that suicide prevention should be everyone's business and we will work with a variety of internal and external partners to complete the actions in each ambition. This will involve working with the newly created integrated care system in North East London, other local and national organisations and companies and our local residents. We will continue to meet with the Mental Health and Wellbeing group which will ensure accountability and monitoring of our actions and be a forum sharing updates and good practice across the system.

Introduction

Suicide is death by injuries that are self-inflicted with the intent to die as a result (1). In England, there were 5,203 suicides in 2021 (2). It is estimated that 10 people will be profoundly affected, and up to 135 people would have known the person that took their life. Suicides have a wide-spread and distressing impact on families, friends, schools, community groups and workplaces. Importantly, bereavement as a result of suicide is itself a risk factor for attempting suicide (4; 5) showing the profound consequences for social networks and communities. Tragically, the rates of suicide in England are increasing (6) and suicide (or injury/poisoning of undetermined intent) was the leading cause of death for men and women aged 20-34 years in the UK from 2001 to 2018 (7). As well as having devastating impacts for a person's wider social circle, suicide deaths also have economic effects on wider society. A suicide death of a working age adult in England was estimated to cost £1.67 million in 2009 costs (8) (approximately £2.09 million adjusted for 2021 costs (9)).

The past few years have been a difficult and trying time for people in all walks of life. The impact of COVID-19 on public mental health cannot be understated. There are a variety of reasons why the COVID-19 pandemic may have worsened residents' health and wellbeing, for example uncertainty, health anxiety and disruptions to daily life and accessibility of care (10). Initial data suggests that there hasn't been a significant increase in the number of suicide deaths compared to before the pandemic (11; 12). However, the long-term impacts of COVID-19 and resultant economic uncertainty cannot be ruled out, especially as people are not equally affected by suicide. The rates of suicidal behaviour across different communities reflect known health disparities, for example, being unemployed or living in poverty are risk factors for suicide (13). This is highly relevant during the current cost of living crisis.

Therefore, there is a need to be vigilant and continue to monitor trends while investing in robust public mental health measures and tackling health inequalities. Unfortunately, there is still stigma around mental health and suicide, which is more prevalent in some groups and communities which may prevent people from coming forward for support. Mental health stigma is thought to especially impact help-seeking in ethnic minority individuals, men, young people, military veterans and healthcare professionals (14) but could affect anyone. It is also important that we address and discuss suicide sensitively and compassionately in media, education and daily life.

Importantly, suicide is not inevitable and can be prevented (15), but this requires commitment across the system. We need to ensure that suicide prevention and mental health are everyone's business.

National and local context

Between 2001 and 2021, 356 people died by suicide in Redbridge (16). The suicide rate in England has been increasing - from 9.6 per 100,000 in 2016/18 to 10.1 per 100,000 in 2017-2019 and 10.4 per 100,000 people in 2018-2020. The rate in Redbridge has remained stable at approximately 7 per 100,000 people (7.1 per 100,000 people in 2016-2018 and 2017-2019, and 7 per 100,000 people in 2018-2020). The rate in Redbridge is down from 9.3 per 100,000 people in 2015-2017.

The 2018-2020 Redbridge figure of 7 per 100,000 people remains lower than the rates for both London (8 per 100,000) and England (10.4 per 100,000 (17)). The highest suicide rate among Redbridge's neighbours, is in Essex while the lowest rate is in Newham (18) (figure 1). The mean suicide rate in neighbouring boroughs is 7.82 per 100,000 and the median is 7 per 100,000, making the rate in Redbridge comparable.

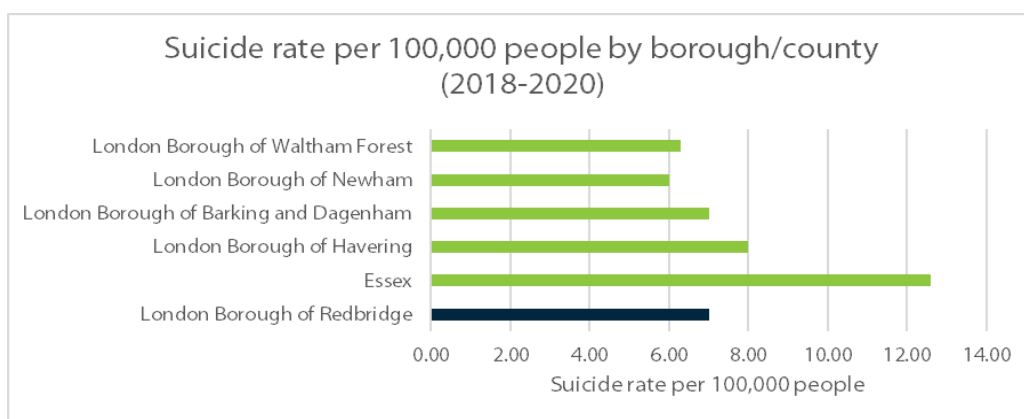


Figure 1: 2018-2020 suicide rate in Redbridge compared to nearby areas (Waltham Forest, Newham, Barking and Dagenham, Having and Essex). Source: Zero Suicide Alliance (18)

Depression (19) and self-harm (20) are known to be associated with suicide. The proportion of the population of Redbridge with depression is lower than the London and England averages but has increased from 6.3% in 2019-2020 to 7% in 2020-2021 (21). These figures may underestimate the true nature of depression in the borough where some communities are less likely to seek support due to mental health stigma. Redbridge also has lower incidence of emergency admission to hospital for intentional self-harm than the London and England averages (22). Emergency admissions data represents only the most serious cases of self-harm requiring a hospital admission rather than all self-harm events so do not provide a full picture of self-harm episodes.

Other important risk factors for suicide that have shaped of this strategy include:

Gender

Men have consistently higher suicide rates across England, London and Redbridge. The suicide rate in Redbridge for men is almost three times higher than the rate in women (10.6/100,000 compared to 3.7/100,000) (17).

Age

Over the past 40 years, the age group in which the suicide rates are the highest has changed. The highest suicide rate was in older people in the 1980s but is now in people who are middle aged, with the highest rate being in people who are aged 45-49 (23). Notably, Redbridge has a high proportion

of people in this age group with 35-54 year olds making up the largest percentage of the population of any age group (28% of the population) (24).

Sexuality and gender identity

Trans people have higher rates of suicidal behaviour with one study finding that 47% of trans people had had suicidal ideation and 27% had attempted suicide (32) compared to 21% and 7% of general adult population in England respectively (19). In addition, people who identify as gay, lesbian and bisexual have higher likelihood of dying by suicide than heterosexual peers (33). Redbridge data on sexuality and gender identity is not available however in London, 89% of people were estimated to be heterosexual, with approximately 5% identifying as lesbian, gay or bisexual (34).

Ethnicity

Suicidal thoughts have been found to be highest among men of White Other ethnicity however, suicide attempts were highest in Black and Black British men (26). Conversely, among women, suicidal thoughts and suicide attempts were both highest in those of mixed, multiple and other ethnicities. Notably, while completed suicides are higher in men, women were found to have higher rates of attempted suicides than men in White British, White Other, Asian/Asian British and Mixed, multiple and other populations (26). The most up-to-date statistics (2017-2019) found that suicide mortality rate for men was highest in White (14.9 per 100,000 men) and Mixed/Multiple Ethnic group (14.7 per 100,000 men) individuals. For women, it was highest in Mixed/Multiple Ethnic group individuals (7.1 per 100,000 women) (29). This is especially important when considering suicide prevention locally as Redbridge is highly diverse and multicultural (24).

Employment

Suicidal thoughts, attempts and self-harm are highest in economically inactive people. The second highest level is in those who are unemployed, while the lowest proportion are in those who are employed (26). This is relevant to Redbridge, as 66% of working age residents are in employment compared to 75% in London. In addition, 27% of working age Redbridge residents are economically inactive, compared to 21% in London (30). There is also a gap of 66% between the employment rate of people who are in contact with secondary mental health services in Redbridge, and those who are not (18).

Poverty

The rate of suicide in the lowest social class in the most deprived areas has been found to be approximately 10 times higher than those in the highest social class in the least deprived areas (31). Although we do not have data about the effect of deprivation on suicide in Redbridge, we do know that Redbridge is the 11th most deprived borough in London with diversity of deprivation across the borough (24). There has also been an increase in homelessness in the borough (32) and suicide is the third highest cause of death among homeless people in England and Wales, causing 10.8% of deaths (33).

This suicide prevention strategy sits within both a local and national policy context. A key resource guiding this strategy is **Preventing suicide in England: a cross-government outcomes strategy to save lives** (34) which was first published in 2012 with the following objectives:

1. A reduction in the suicide rate in the general population in England
2. Better support for those bereaved or affected by suicide.

This provides a framework for suicide prevention acknowledging the responsibility given to councils to develop their local suicide action plans and Public Health England's (now the Office for Health Improvement and Disparities) role in supporting them. The most up-to-date priority areas for action of this strategy are (35):

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

Other resources that informed this strategy include:

- **The NHS Long Term Plan** (36) which details the commitment to reduce suicides over the next 10 years. This plan notes importance of multi-disciplinary action on suicide prevention across the system. This is especially relevant with the development of Integrated Care Systems (ICS) meaning that the North East London (NEL) ICS will have a key role in suicide prevention in Redbridge going forward.
- **The five year forward view for mental health** (37), which identified key ambitions to reduce suicide rates by 10% by 2020/21, the delivery of which is everybody's business. It also focused on achieving parity of esteem between mental and physical health for children, young people, adults and older people, and ensuring that individuals are at the heart of every decision.
- **National Institute for Health and Care Excellence (NICE) Guidelines** (38) whose recommendations included convening a local suicide prevention partnership and which provides guidance on the development of suicide prevention strategies. It also provides guidance on gathering data, reducing access to means of suicide and raising awareness.
- **Local suicide prevention planning** (15), which is a practical guide to support Local Authorities in successfully implementing their own suicide prevention action plans. It highlights three recommendations for successful local implementation of the national strategy including:
 1. Establishing a multi-agency suicide prevention group
 2. Completing a suicide audit
 3. Developing a local strategy and action plan based of the national strategy and local data.

At the local level, this strategy builds on the previous **Redbridge Suicide Prevention Strategy (2018-2021)** (39), which had the ambitions below:

1. Reducing the risk of suicide in key high-risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to the 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. Local intelligence.

Our new strategy replaces the previous version, updating its ambitions and actions in line with national strategic objectives and local data.

The **Redbridge Plan 2022-2026** (43) describes the priorities of the Council. The aim is to effectively tackle the unique issues of the borough while also ensuring it maximises its potential. The priorities of the plan are "Safe and Healthy", "Homes and Neighbourhoods", "Jobs and Skills" and "Clean and

Green”. The Suicide Prevention Strategy is especially relevant for the “Safe and Healthy” priority as the overall aim of the strategy is to reduce the number of people attempting suicide and improve public mental health. The corporate strategy is described in more detail below.

Our Approach

Our vision is for a zero suicide Redbridge where no one living, working, or attending school in the borough considers, or attempts, ending their own life.

This vision and this strategy were developed with sustained input from the Redbridge Mental Health and Wellbeing group. The group meets quarterly with representation across Redbridge who have a role or interest in suicide prevention action, including:

- London Borough of Redbridge staff including:
 - Public Health
 - Youth and Substance misuse Services
 - Redbridge Educational Wellbeing Team
 - Early years and Children's Centres
 - Redbridge Safeguarding Children's Partnership & Redbridge Safeguarding Adults Board
- Mass Transit Railway (MTR) Elizabeth line
- Department of Work and Pensions
- Vision Redbridge Culture & Leisure
- New City College
- Voluntary and community sector including:
 - Mind in Tower Hamlets and Newham
 - Kooth
 - Papyrus
 - CLASP
- Mental Health services including:
 - North East London Clinical Commissioning Group (now Integrated Care System)
 - Redbridge Talking Therapies
 - North East London Foundation Trust (NELFT)
 - CAMHS
 - Adults Mental Health

This group's input through stakeholder engagement aided in the development of our strategic ambitions, and their feedback on the direction of the strategy and proposed actions were invaluable.

When considering the priorities for this updated strategy, we have been guided by national strategic objectives. We also note that Redbridge is a diverse borough with variations in the needs between our different communities. Although the suicide rate in Redbridge is below the London and England averages, we feel that there are specific communities at risk that require concerted active support. In addition, we recognise the need to improve public wellbeing and facilitate sensitive discussions of mental health to ensure people feel able to come forward for help. We especially note the importance of early intervention and prevention when considering these ambitions to reduce future impact of ill mental health.

Therefore, our seven strategic ambitions are outlined below:

1. *Addressing the wider determinants of health to reduce inequalities in outcomes*
2. *Supporting parents, children and young people's mental health*
3. *Responding to self-harm and attempted suicide*
4. *Supporting people bereaved by suicide*
5. *Reducing suicide in high-risk groups*
6. *Reducing environmental opportunities for suicide*

7. Reducing mental health stigma and increasing awareness of mental health

Implementing this strategy will require a system-wide approach. As part of the NHS Long Term Plan, we will work with NHS colleagues at the NEL ICS as required to meet our aims. We will also work with a variety of community and voluntary sector organisations, relying on their local knowledge and contacts, as well as Government and regional bodies. The Mental Health and Wellbeing Group will ensure accountability and monitoring of our actions, as well as provide an opportunity to share data and good practice.



Safe & Healthy

Increased average life expectancy

Increased average healthy life expectancy

Increased percentage of residents who feel safe during the day

Increased percentage of residents who feel safe at night

Increased usage of leisure facilities



Clean & Green

Increased employment and reduced unemployment levels

Increased percentage of working age residents with a level 3 qualification

Increased percentage of working adults earning the London Living Wage

Reduced percentage and number of young people who are not in employment, education, or training

Increased number of businesses established in the borough and paying business rates



Jobs & Skills

Increased residents' satisfaction with the cleanliness of their neighbourhood as a place to live

Reduced total annual amount of waste

Reduced carbon footprint

Improved air quality in the borough

Increased shift to more sustainable forms of transport



Homes & Neighbourhoods

Increased residents' satisfaction as a place to live

Reduced number of households in temporary accommodation

Increased percentage of residents who get on well in their neighbourhood

Increased amount of voluntary sector

Increased numbers of new affordable homes and high-quality private sector accommodation

The Corporate Strategy provides the vision and priorities for Redbridge. They are the top of the golden thread that links the work of individual employees to the vision **Ambitious for Redbridge**.

The Suicide Prevention Strategy will link to the Corporate Priorities in the following ways:

Corporate Priorities	How will the Suicide Prevention Strategy contribute?
<p>Safe and Healthy</p>	<p>Redbridge approach to suicide prevention will have an impact on the following outcome measures:</p> <ul style="list-style-type: none"> - Increased average life expectancy - Increased average healthy life expectancy <p>Links to ambition 2, ambition 3, ambition 4, ambition 5, and ambition 6</p>
<p>Jobs and Skills</p>	<p>Redbridge approach to suicide prevention will have an indirect impact on the outcome measure through working with the wider council to address determinants of health:</p> <ul style="list-style-type: none"> – Increased employment and reduced unemployment rates <p>Links to ambition 1</p>
<p>Homes & Neighbourhoods</p>	<p>Redbridge approach to suicide prevention may have an impact on the below outcome measure through working with stakeholders to improve communication about mental health and reduce stigma:</p> <ul style="list-style-type: none"> – Increased percentage of residents who say that people from different backgrounds get on well in their neighbourhood. <p>Links to ambition 7</p>

Our Ambitions

Ambition 1- Influencing the wider determinants of health to reduce inequalities in outcomes

What do we know?

- Areas of higher socioeconomic deprivation tend to have higher rates of suicide.
- People who are unemployed are two to three times more likely to die by suicide than those in employment.
- Increases in suicide rates are linked to economic recessions.
- Partnership approaches to protect those who are most vulnerable, e.g., people and families in debt, those living in poverty, people who are homeless, unemployed and those experiencing loneliness and isolation - are vital to reducing risk.

Priorities for action

<i>Priority</i>	<i>Responsibility</i>
<i>1. Work with the council's Community Hubs programme to promote mentally healthy communities, increase access to support and deliver other related ambitions</i>	<i>Redbridge Community Hubs and public health</i>
<i>2. Deliver mental health training for services accessed by our most vulnerable residents (e.g., housing, employment, debt, food banks)</i>	<i>Voluntary and community sector Job Centre Commissioned services Council services</i>
<i>3. Contribute to the wider work in the council to address poverty and disadvantage as part of the planned anti-poverty strategy</i>	<i>London Borough of Redbridge</i>

What are the potential benefits?

- Early support.
- Reduced stigma.
- Improved awareness of mental health and access to support among services that work with those at increased risk.
- Reduction in health inequalities.

Ambition 2 – Supporting parents, children and young people’s mental health

What do we know?

- During pregnancy and the postnatal first year, women are at a greater risk of developing perinatal mental health problems.
- Perinatal suicide remains the second biggest killer of women in the first year after child birth.
- Half of all mental disorder first emerge before the age of 14 years and three quarters by age 25 years.
- Up to 25% of children show signs of mental health problems more than half of which track through into adulthood.
- Nationally, young people aged 10-24 continue to have the lowest rates of suicide when compared to other age groups, but in recent years they have seen some of the largest increases in their rates.
- By tackling mental health issues early, children and young people are more likely to grow into adults with better mental health.
- Early intervention support for children and young people can improve resilience, wellbeing and self-help techniques.
- School based-awareness programmes have shown promise in reducing suicide attempts.

Priorities for action

<i>Priority</i>	<i>Responsibility</i>
<i>1. The planned Redbridge Early Years Strategy should include a focus on parental mental health during and after pregnancy</i>	<i>London Borough of Redbridge (Early Years and public health) 0-19 universal services (NELFT) Maternity Services</i>
<i>2. Continue to build on current work on mental health programmes in schools and colleges. This should include training and support for parents.</i>	<i>Redbridge educational wellbeing team (REWT) Schools and Colleges</i>
<i>3. Ensure children and young people’s mental health is a core part of the planned Family Hubs Programme to improve awareness, reduces stigma, create support networks for families and improves access to training.</i>	<i>London Borough of Redbridge</i>
<i>4. Continue to work with the UNICEF child friendly borough programme – to promote wellbeing and reduce inequalities</i>	<i>London Borough of Redbridge</i>

What are the potential benefits?

- Increased focus on early years and parents – prevention and early intervention.

- Improved access to early intervention and support for families.

Ambition 3- Responding to self-harm and attempted suicide

What do we know?

- Self-harm is the most important risk factor for subsequent death by suicide, even though many who self-harm do not intend to take their own life
- People who frequently present to hospital following self-harm are a particularly vulnerable group.
- The prevalence of non-suicidal self-harm (NSSH) has increased in England over the last 10 years, but most young people with self-harm do not access services.
- 50% of people who die by suicide had a history of self-harm, in many cases with an episode shortly before their death.
- Rates of self-harm may be lower in areas with higher non-White British populations.
- There is evidence of higher rates of self-harm in deprived communities
- In 2019-20 Redbridge has a lower rate of hospital admissions linked to self-harm compared to England.
- Less than 50% of NHS Trusts use national guidance around self-harming in their day to day intervention.
- Primary care also plays an increasingly important role for early intervention.

Priorities for action

<i>Priority</i>	<i>Responsibility</i>
1. Improve our understanding of the local picture of self-harm using the Real Time Surveillance System, working with partners and local engagement.	<i>Public Health</i>
2. Further develop the programme of suicide and self-harm awareness training for communities	<i>NEL ICS</i>
3. Work with NEL to achieve consistent implementation of NICE guidelines on self-harm	<i>Public Health NEL ICS</i>

What are the potential benefits?

- Reduced stigma in seeking support for mental health.
- Improved awareness of mental health and access to support among services. that work with those at increased risk.
- Robust pathways into support.
- Consistency of approach across Redbridge.

Ambition 4- Supporting people bereaved by suicide

What do we know?

- It is estimated that 10 people will be profoundly affected, and of the wider community up to 135 people would have known the person that died by suicide.
- Suicide can be distressing to families, friends, colleagues, teachers, bystanders, and the wider community.
- The number of deaths is a poor measure of the long lasting and devastating impact of suicide in economical, psychological, and spiritual terms on all those affected.
- Suicide bereavement can itself increase suicide risk. 1 in 10 of friends and relatives of people who die suicide risk making a suicide attempt after their loss.
- One suicide can trigger a cluster of suicides within the family or community especially among young people.

Priorities for action

<i>Priority</i>	<i>Responsibility</i>
<i>1. Early identification of people bereaved by suicide through the real time surveillance system (RTSS) has been enabled recently. Create pathways for people bereaved by suicide and identify roles and responsibilities of stakeholders.</i>	<i>Thrive London, Metropolitan Police, Public Health</i>
<i>2. Increase uptake and access to existing services available in Redbridge for those who are bereaved by suicide</i>	<i>Safe connection/Mind, NHS, Public Health, Samaritans, primary and secondary care</i>
<i>3. Improve understanding and skills of staff supporting people bereaved by suicide by promoting NEL Health & Care Partnership training as well as Safe Connection Suicide Awareness Training</i>	<i>Public Health, Voluntary organisations, NHS, Thrive London, Metropolitan police, GPs, health care professionals, and Samaritans.</i>

What are the potential benefits?

- Reduction in the number of suicides.
- Increase number of people seeking support after bereavement.

Ambition 5- Reducing suicide in high-risk groups

What do we know?

- There is statistically significant higher risk of suicide in the following groups:
 - men.
 - People with a history of self-harm.
 - People with substance misuse problems (increased risk of suicide especially in men, those who self-harm and those with a mental illness).
 - People under the care of mental health services including inpatients in mental health services, those recently discharged and those who refuse treatment.
 - People in contact with the criminal justice system (the highest risk is during a transition, moving into or out of the system).
 - People bereaved or affected by suicide.

Priorities for action

<i>Priority</i>	<i>Responsibility</i>
<i>1. Review workforce training for people in contact with those at high risk of suicide including what is available training and impact</i>	<i>Public Health in collaboration with NEL ICS, commissioned services and community and voluntary organisations</i>
<i>2. Ensure that there are clear pathways into services across the system</i>	<i>NEL ICS, voluntary organisations, Public Health</i>
<i>3. Produce communications and resources that are adapted for, and sensitive, to high-risk groups to increase community knowledge and to highlight local self-harm and suicide prevention service</i>	<i>Public Health, Samaritans, NEL training Hub, Safe Connection/Mind, Housing Police, voluntary organisations, social care, NEL ICS.</i>

What are the potential benefits?

- Reduction in the number of suicides amongst high-risk groups.
- Reduction in inequalities caused by mental health, education, financial state.
- Improved competence and confidence in suicide prevention in staff.
- Improve opportunities for suicide support.

Ambition 6- Reducing environmental opportunities for suicide

What do we know?

- One third of suicides take place outside of the home (41).
- Suicides in public places can have traumatic impacts on bystanders, as well as the person’s family and friends (41).
- There may be opportunities for people to intervene when a suicide attempt occurs in a public place (41).
- Suicides outside of the home may occur in rural or urban environments and the place may provide the method for the suicide attempt (41).
- Reducing access to means of suicide is one of the most effective ways to reduce suicide (41).

Priorities for action

<i>Priority</i>	<i>Responsibility</i>
<i>1. Monitor data from the real-time surveillance system and from other stakeholders (including rail) to identify trends in local suicides and any emerging frequently used locations</i>	<i>Public Health in coordination with MTR Elizabeth Line and Transport for London (TFL)</i>
<i>2. Respond to frequently used locations through Samaritans signage, site-specific interventions to reduce public access and reviewing locations that may be similar.</i>	<i>Public Health with relevant colleagues depending on the frequently used location</i>
<i>3. Ensure suicide prevention is included in local plans for development of high-rise buildings, bridges, and railways with actions to reduce public access.</i>	<i>Public Health</i>
<i>4. Upskill the public and staff to intervene in suicide attempts in public places.</i>	<i>Public Health, MTR Elizabeth Line, TFL</i>
<i>5. Work with the ICS and NELFT to advocate for suicide prevention initiatives within local and regional NHS structures.</i>	<i>Public Health with NELFT and the NEL ICS</i>

What are the potential benefits?

- More understanding of frequently used locations to allow for intervention.
- More focus on suicide prevention in the planning of local facilities and buildings.
- Increase in the confidence of the general population to intervene in a suicide attempt in a public place.

Ambition 7- Reducing mental health stigma and increasing awareness of mental health

What do we know?

- Redbridge is diverse community with 65% BME residents. 50% of all residents are from a South Asian background.
- One in five Redbridge residents over the age of 16 have a common mental health disorder which equates to 42, 000 people.
- In 2020-2021, the recorded prevalence of depression on GP practice registers in Redbridge was half the level seen nationally (7% compared to 12.3%) although its incidence has been steadily increasing since 2019. *This could be due to stigma around mental ill-health deterring people from seeking treatment.*
- Most people who die by suicide in England had no contact with mental health services in the 12 months prior to death; only 27% of suicides were under mental health care between 2008 and 2018.
- Evidence suggests that mental illness stigma is higher among ethnic minorities, younger people, and those with less social support.

Priorities for action

Priority	Responsibility
1. <i>Improve understanding of how stigma is experienced in Redbridge by engaging partners and the community</i>	<i>Public Health (expertise from Local Government Association¹ (LGA))</i>
2. <i>Develop a shared programme based on the findings of this engagement</i>	<i>Public Health</i>
3. <i>Implement actions to address local opportunities and challenges in suicide prevention around stigma</i>	<i>Public Health with key partners including faith groups, voluntary organisations, higher education, maternity, residents</i>

What are the potential benefits?

- Reduction in the number of suicides.
- Increase referrals in mental health services.
- Increase in the number of people seeking support in different settings.
- Staff and residents comfortable talking about mental health and suicides.

¹ As part of the ADPH/LGA Suicide Prevention SLI Programme. <https://www.adph.org.uk/2019/10/lga-adph-suicide-prevention-sli-programme/>

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