

Oldham Suicide Prevention Strategy

September 2023



Oldham
Council

Foreword

A death by suicide can affect anyone. Sadly, 1 in 20 people will attempt suicide at some point in their life. But deaths by suicide are not always inevitable, and with the right support we can help people to recover from crisis, or better still, prevent people from reaching a crisis in the first place.

Living through the COVID-19 pandemic has left few people unscathed, the health, social and economic impacts, as well as loss and bereavement, have been experienced by many individuals and communities. Whilst we emerge from the pandemic, hardships continue for many Oldham residents as the cost of living rises, and people struggle in these times of financial crisis and uncertainty. Although fortunately, there is currently no evidence to suggest a rise in the rate of suicide, these significant stresses will undoubtedly take their toll on individuals mental health and wellbeing, causing a significant amount of distress, that can leave some people feeling unable to cope. It is essential that we do everything that we can to support Oldham residents through these difficult times, protect against the risk of suicide, and prevent as many deaths as possible.

Suicide prevention is a national responsibility, and local authorities have a statutory duty to deliver and act on a suicide prevention strategy and action plan. To date, Oldham has an established Suicide Prevention Partnership, made up of a multidisciplinary team, who drive this agenda forward. The partnership reports to the health and wellbeing board and the integrated care board, and is accountable to Oldham residents.

This Suicide Prevention Plan has been written collaboratively by the Suicide Prevention Partnership, and with the help of people who live and work across the borough, including insight from young people. We must be mindful that this is not a service improvement plan, but rather an approach that strives for Oldham to become a suicide prevention town. It is about taking a collective responsibility to create an environment that supports positive mental health and wellbeing, and breaking down the stigma around mental health, suicide and self harm to enable residents to feel confident to talk openly with each other. After all, suicide prevention does not lie with one service or team, but is everyone's responsibility.

Each life lost to suicide is one too many. By using the data and evidence to inform our actions we seek to have the biggest impact on the greatest amount of people across our neighbourhoods and communities.

Cllr Barbara Brownridge
Cabinet Member for Health and Social Care

Suicide affects all
(SPS Consultation)

“My ideal would be that nobody reached the point where they felt like this was their only option”
(SPS Consultation)

Everyone matters
(SPS Consultation)

Throughout the document we have included quotes from the Suicide Prevention Strategy Consultation 2022, (SPS Consultation)

In England in 2020:

- The overall suicide rate in England is 10.0 per 100,000, This is a 7.4% decrease in rate compared to 2019
- 4912 people died by suicide, this is 404 less than in 2019. Part of this reduction may be due to delays in deaths being registered as a consequence of the pandemic.
- More than 1 in 20 people will attempt suicide at some point in their life
- 75% of deaths by suicide occurred in males, a rate of 15.3 per 100,000. 3682 deaths.
- 25% of deaths by suicide occurred in females, a rate of 4.9 per 100,000, 1230 deaths.
- The age groups with highest suicide rate are:
 - Males aged 45-49 years, 23.8 deaths per 100,000.
 - Females aged 45 – 54 years, 7.1 deaths per 100,000.
- Males are 3.1 times more likely to die by suicide in England than females.
- The suicide rate in the North West is similar to the national rate at 10.1 per 100,000.
- In Greater Manchester, more than 200 people die by suicide each year.
- The overall suicide rate in Oldham (2018-2020) is 7.1 per 100,000.
- For every death by suicide there are many more people who have attempted to end their life, or who are struggling with suicidal thoughts.
- Every death by suicide is a tragedy which has a profound and devastating effect on many.

Introduction

The World Health Organisation states that globally, over 700,000 people die by suicide each year. In England in 2020, 4912 people tragically took their own lives. Behind each number there is an individual who has lost their life too soon. Yet these figures only represent the tip of the iceberg, and for every recorded death by suicide, there will be many more people who have made attempts on their life, or who are struggling with harmful thoughts. Many deaths by suicide can be prevented and we believe that no one should ever be left to feel that suicide is their only option.

A suicide prevention plan would be incomplete without the inclusion of self-harm, which can cause significant harm in its own right. Self-harm is often used as a way of coping with distress, but in some cases can precede suicide attempts. Whether self-harm is with or without suicidal intent, there is a considerable risk of harm and even death, therefore preventing self-harm and supporting those who do, is a key part of this suicide prevention plan.

The COVID-19 pandemic has had a profound and ongoing impact on people's lives, and existing risk factors for suicide, such as loneliness and poverty have been exacerbated for many. Whilst there is no evidence for an increase in suicide risk, or self-harm, it is too early to know the full extent of the long-term health, social and economic effects. Whilst COVID-19 has brought hardship upon all of our community, we must be mindful of the disproportionate effects on the most vulnerable, those who may already be struggling. Suicide and self-harm can affect anyone, at any age, but there are avoidable and unfair health inequalities, meaning that certain groups are more vulnerable than others. Community mental health and wellbeing and strengthening community resilience, will be crucial going forward.

To prevent deaths by suicide, communities must come together to make suicide prevention everyone's responsibility. Only a third of deaths by suicide occur in people who have access to mental health services, highlighting the need for a system wide, public health approach. Local authority public health teams are uniquely positioned to bring together services for a blend of approaches, to combine expertise and resources and facilitate collaborative working.

We believe that every death by suicide is one too many, and we strive to ensure that the support and protection is in place to prevent further deaths by suicide in Oldham. This Suicide Prevention Plan sets out an ambitious 10 year plan, building on existing work across the borough, to create a suicide safer community.

The Nine Pillars of Suicide Prevention

Oldham's Suicide Prevention Plan is modelled around the Nine Pillars of Suicide Prevention for Suicide-Safer Communities. This is an international, evidence-based approach to suicide prevention, that recognises the importance of taking a multi-agency and community approach. By achieving the Nine Pillars of suicide prevention a town can become an accredited suicide safer community. The Nine Pillars form the strategic base of our strategy with supports our primary aims and enables our vision.

The Nine Pillars are:

Leadership	Capacity Building
Evidence and Data	Mental Health and Wellness Promotion
Suicide Prevention Awareness	Training
Suicide Intervention and Clinical Support	Evaluation
Bereavement Support	

Our Vision

Oldham as a Suicide Safer Town

- We will strengthen community resilience and wellbeing, to enable Oldham residents to cope with life stresses and adversities
- Our plan is people powered and designed for the people of Oldham, by the people of Oldham
- By structuring our suicide prevention plan and actions around the Nine Pillars of Suicide Prevention we strive towards achieving Suicide Safer Communities Accreditation
- A place-based approach will enable an individual community focus to tailor suicide prevention to local needs

Suicide is Everyone's Business

- We want to shift the focus to recognise that suicide is not just related to poor mental health, it can affect anyone, and should be tackled across our services and community
- We want to empower Oldham's workforce and residents to contribute to preventing suicide through increased awareness and training
- We seek to reduce stigma to ensure that our residents feel that it is ok to talk about suicide and self-harm, to be able to offer, or ask for help

Help is always on hand for people who are struggling

- No one should feel that suicide is the solution to their problems. We want to help people before they reach crisis point through prevention and early intervention
- We seek to support people who self-harm to access help and support and to keep people safe from harm in times of distress
- We will continue to ensure that when people are in crisis and struggling to cope, there is help and support available in a variety of forms, that recognises varying needs and is accessible and inclusive to all Oldham residents
- Raising awareness of the support that is on offer will support people to know where to access help

Suicide affects everyone
(SPS Consultation)

Every public health/suicide prevention team or those working to prevent suicide should work to the Nine Pillars of suicide prevention.

(SPS Consultation)

Building and Sustainability

Making Suicide Everybody's Business

Our plan is powered by the people, for the people of Oldham and makes suicide prevention everybody's business.

All Oldham residents have the ability to save a life, by helping someone that is struggling with self-harm or suicidal thoughts. Knowledge is power, and knowing what help is available and how to talk about self-harm and suicide, is crucial to empower residents to play a suicide prevention role. Through training and awareness raising we seek to start and maintain conversations to break down the stigma and taboo, which sadly so often enshrouds suicide and self-harm.

A People Powered Suicide Prevention Plan

We delivered a concise and time limited piece of engagement work to contribute the choices of Oldham's residents and experts by experience to the suicide prevention plan. We consulted as widely as possible, to ensure that the suicide prevention strategy, and accompanying action plan, reflect local needs to make a meaningful difference. We engaged with people who live and work across the borough, including people who use our services, who have lived experience of suicide and self-harm, or have been bereaved or affected by suicide.

The Nine Pillars of Suicide Prevention form a stable foundation to help us to achieve our strategic vision.

Each pillar has an important role to play both independently and in supporting and linking to one another. This overlap between each strand of work strengthens the strategic base, recognising that for meaningful and sustainable change, we must work together in our approach.

Whilst the pillars form the foundations of the strategy, capacity building runs through all of the pillars and everything we do. We understand capacity building to mean that Oldham residents' are at the heart of the plan, and we strive to build on existing strengths to help communities to help themselves.

Suicide affects all ages, our approach must consider different age groups who will have different needs

(SPS Consultation)

Family and friends of the vulnerable is the most important aspect in suicide prevention. They are the ones in need of support to identify and report

(SPS Consultation)

Consulting with Oldham residents and employees (Suicide Prevention Strategy Consultation 2022)

We delivered a concise and time limited piece of engagement work to contribute the voices of Oldham's residents and experts by experience to Oldham's suicide prevention plan. It was important that information was collected in a sensitive and empathetic manner to avoid being triggering or upsetting. We developed a questionnaire, which took into account a range of views including mental health and social care colleagues, research engagement and consultation team and Greater Manchester colleagues. TOG Mind staff sense checked the questionnaire before it was made available on Oldham Council's website site and social media platforms as well as in the staff newsletter. All the suicide prevention partnership members were encouraged to share the questionnaire with their staff.

The information gathered has been used to inform the suicide prevention work across Oldham

The results are based on the responses of over 80 participants

- 47% of respondents used at least one mental health or wellbeing service including: Healthy Minds, Positive Steps, TOG Mind, Healthy Young Minds (now CAMHS)
- 72% of respondents worked, some or all of the time, with people who at risk of or affected by suicide or self harm
- 54% work with adults
- 35% work with all ages
- 11% work with children and young people
- 89% of participants agree that the Nine Pillars of Suicide Prevention are a suitable framework for our plan

Percentage of participants who agree with the six priorities

Self-harm	83%
Legal, illegal and prescribed drugs and alcohol misuse	83%
Loneliness	90%
Age targeted approach	84%
Males	81%
Preventing access to means of suicide and high frequency locations	64%

Participants employment

Oldham Council	39%
Health and Social care	25%
None	15%
Voluntary sector	14%
Student	3%
Other	3%
Education	1%

A sample of quotes from the survey have been shared throughout the plan.

Insight gathering with children and young people (Young People Insight Gathering 2022)

Suicide and self-harm can affect all ages, but the challenges and experiences of individuals and the help that is required will differ with age. There are unique factors that are often present in the deaths of children and young people including problems at school, bullying, social media and internet use and neurodevelopmental conditions. In the UK suicide rates in children and young people are rising, particularly in girls and young women. Whilst fortunately rates of child suicide are low, one death is one too many, and more could be done to prevent future tragedies.

In writing our strategy it was therefore critical to capture the voices and needs of children and young people in Oldham.

Gathering Insight

The public health team and youth service worked together to develop a series of conversation prompts to capture information around young peoples experiences, and their thoughts on how things can be improved around suicide and self harm support and prevention. When it was safe to do so, young people who were well known were invited to take part by youth workers who have the training and expertise to facilitate difficult conversations and were known and trusted by the participants. The exercise was entirely voluntary and each conversation was tailored to the needs of the individual to ensure that each young person was safe and comfortable. This insight gathering was intentionally small scale and focused, recognising the complexity around the subject matter and the intensive approach and support that was required. A number of young people shared rich, powerful and invaluable insight with the team, which have helped shape our plan to cater to young peoples' needs, and for which we are very grateful.

Themes:

- Information and support should be available from any 'trusted adult'
- Suicide Prevention and Self-harm training is needed for all trusted adults
- Young people wish to be able to access help and support in a range of ways
- A safe space is discreet, comfortable, colourful, but not overstimulating, clean, and most importantly has friendly and welcoming staff
- 'make sure that reliable websites to find out more information are widely known to young people and adults'
- 'It should be a comfortable place to talk to someone that is accessible and personalised but not over stimulating but not too bare or stark. If it's a space in school, it should be discreet'
- 'It's the people that counts.'
- Schools focus more on mental health and less on suicide and self-harm
- The young people felt confident in accessing help and support

YP Insight Gathering 2022 continued

Toxic Positivity should be avoided

'Tik Tok especially spreads misinformation. It should be called Tik-toxic'

'You hear things like you're not depressed it's just a bad day – feels like they don't take it seriously.'

'A barrier is also it being too obvious that you are going to a specific place to get help like having to knock on the door or wait outside'

'I think young people are more at ease talking about mental health, but a barrier is the adults aren't – when you speak to some adults they are obviously uncomfortable.'

Social media can have both positive and negative content, but Tik-Tok can be particularly harmful. Barriers to accessing help include a lack of discretion, adults who struggle to talk about suicide and self-harm, not knowing where to access support, stigma and stereotypes.

When someone is in distress, saying the right thing can be difficult. Toxic positive comments can be overly positive towards a difficult situation and make the recipient feel that their difficulties have been rejected.

These things are often said when people don't know what to say, and can be unintentionally harmful. This theme came up on several occasions during the young persons consultation, explicitly and implicitly, but this can occur in all ages particularly older generations.

Training is essential to support trusted adults, friends and family to know what to say to when someone is struggling and intergenerational work and learning may support all ages to think and talk differently about suicide and self harm prevention.

HOW to AVOID TOXIC POSITIVITY

INSTEAD OF: JUST STAY POSITIVE

SAY: THAT MUST BE REALLY HARD

INSTEAD OF: EVERYTHING HAPPENS FOR A REASON

SAY: I'M SORRY YOU'RE GOING THROUGH THIS

INSTEAD OF: THINGS WILL WORK OUT/ LOOK ON THE BRIGHT SIDE

SAY: THIS JUST REALLY SUCKS RIGHT NOW. IS THERE ANYTHING I CAN DO TO SUPPORT YOU?

@avamariedoodles

What does an adult trained in suicide prevention look like?

What young people said

- They stay calm
- Good eye contact
- They treat you how you prefer to be treated. They keep you safe.
- They are comforting and they listen, they are knowledgeable and provide advice.
- It's about them listening and working through the situation with us not for us.
- Knowledgeable but doesn't have to know everything.
- They are confident

The Nine Pillars of Suicide Prevention in Oldham

Leadership

Oldham's Suicide Prevention Partnership

In view of the complex factors that lead to a person ending their life, there is no single agency that can prevent suicide alone. In Oldham, the suicide prevention partnership facilitates and promotes collaborative working at a strategic and operational level, to prevent self-harm and deaths by suicide in Oldham residents. The partnership was established in 2016 and is chaired by Oldham's Director of Public Health, with the local authority public health team driving the agenda. This strategic group meets bimonthly to share knowledge and identify and agree improvements for the prevention of suicides in all ages and lead on the suicide prevention agenda.

Leadership The Oldham Suicide Prevention Partnership lead on the suicide prevention agenda in Oldham

Governance The Suicide Prevention Partnership reports to the Health and Wellbeing Board and the Integrated Care Board who hold the partnership accountable on behalf of Oldham residents.

Accountability Ultimately, the Suicide Prevention Partnership is accountable to Oldham's residents.

Oldham's Suicide Prevention Partnership members:

Action Together	Adult mental health services
Child and adolescent mental health services	First Choice Homes
Greater Manchester Police	Jigsaw Housing Support
NHS Oldham Integrated Care Board	North West Ambulance Service
Oldham Council	Onward Support Services
OPAL Advocacy Service	Papyrus
Positive Steps	Primary Care
Probation Service	Samaritans
SWAN bereavement	Tameside Oldham and Glossop (TOG) Mind
Your Health Oldham	Turning Point Drugs and Alcohol Service

Evidence and Data

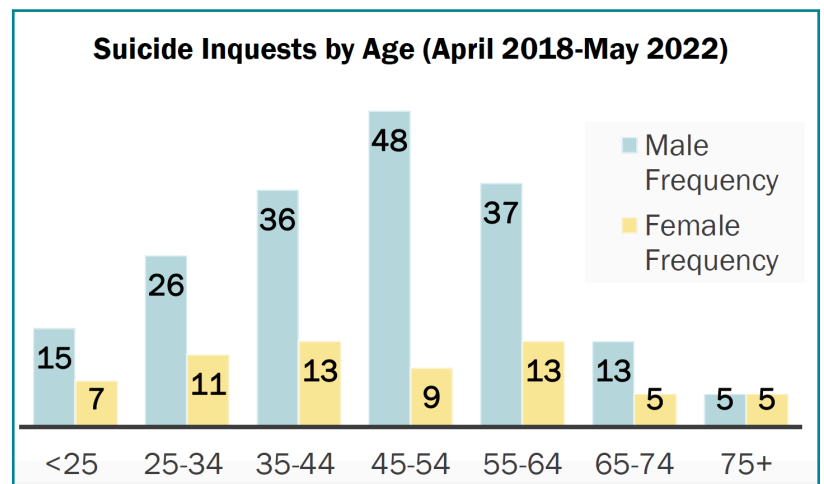
(Oldham, Rochdale and Bury (ORB) Suicide Audit April 2018-May 2022)

A range of challenges were experienced by the 243 people who died by suicide or misadventure between April 2018 and May 2022:

Relationship concerns	44%
Mental Health input	39%
Challenges around drugs	36%
Physical health problems	31%
Challenges around alcohol	27%
Financial concerns	25%
Employment concerns	25%
Affected by grief	23%
Made a previous suicide attempt	21%
Experienced known physical/mental abuse	10%
Under police investigation	10%
Non UK National	6%
Ex Service people	5%
Faced challenges around social media	3%
Carers	3%

Coronial data is collected from across the coronial footprint of Oldham, Rochdale and Bury and shared with the suicide prevention partnership monthly.

The local authority is notified of deaths by suicide or misadventure by the coroner following the inquest. Whilst there is something to be learnt from every individual story, exploring themes over a larger footprint can provide estimates of patterns and themes, to help identify where action is required to reduce deaths by suicide at a population level. This information helps us to understand local need and tailor our suicide plan and interventions accordingly.



There have been 243 coroner ruled deaths by suicide or misadventure in Oldham, Rochdale and Bury between April 2018 and May 2022.

60 of these deaths were Oldham residents.

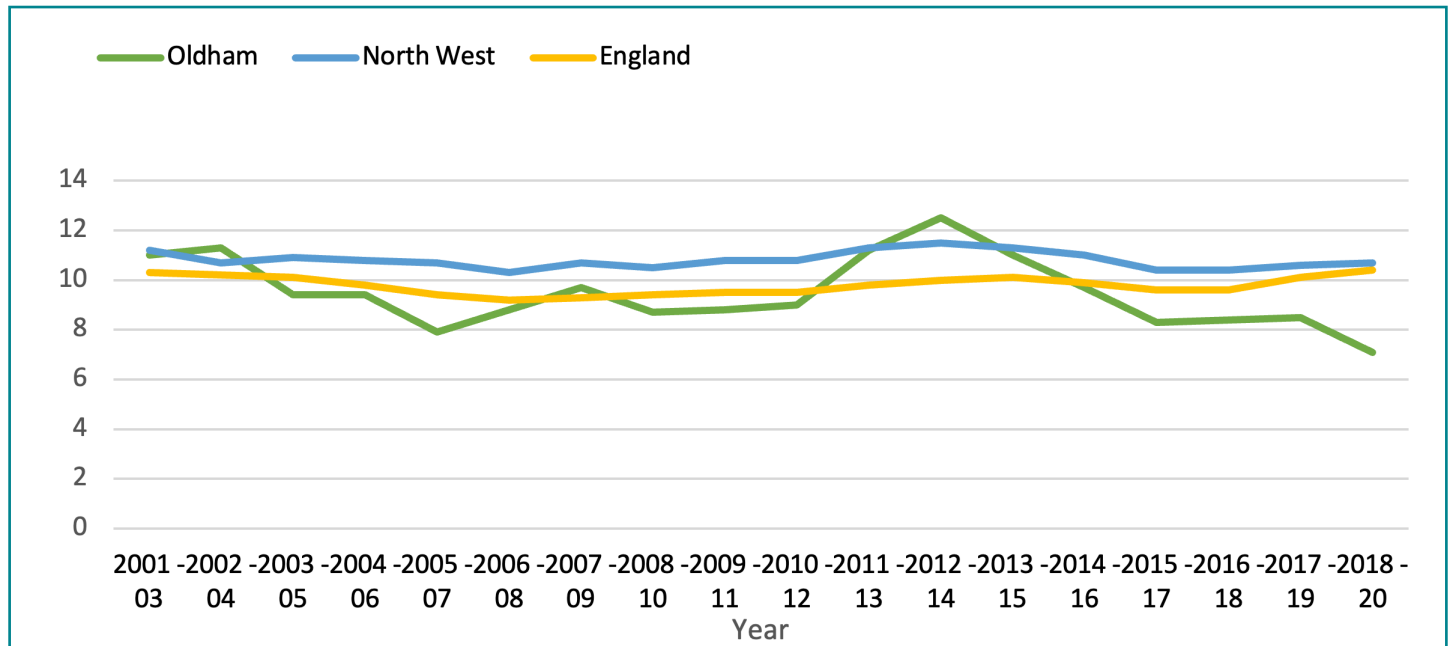
In 2021, there were 83 coronial inquests with a conclusion of suicide or misadventure across ORB. The corresponding deaths may have occurred in the same year or the year proceeding.

Numbers can only tell part of the story. There will be some individuals whose deaths were not recorded as suicide, who actively or intentionally contributed to their deaths. There are many others who continue to struggle. And behind each number there is an individual life lost and family and loved ones who are bereaved.

The average age of death between April 2018-May 2022 was **46 years** in males and females.

Females 26% Males 74%

Despite the fluctuations seen in the graph, the suicide rate in Oldham has been statistically similar to the national average from 2001 until 2018-2020 when it has dropped to significantly lower.



Mental Health and Wellbeing Promotion

Individual Wellbeing

The reasons for suicide are complex, sometimes suicide is seen as a solution to a crisis and often there are a many of factors that contribute to someone ending their life. But these factors do not automatically put an individual at an increased risk, and it will depend on a number of things including the support available to enable individuals to cope with adverse life events. Similarly, the absence of risk factors does not mean the absence of risk.

Five Ways to Wellbeing

Wellbeing, feeling good and functioning well, are important factors when we consider suicide prevention. If people are well, they are less likely to become mentally and physically ill. The [Five Ways to Wellbeing](#) suggests five simple ways in which individuals and communities can boost their wellbeing. They are things that anyone can do in some shape or form, it is not necessarily about achieving all five, or finding a new hobby, but about carving out space in our lives to do the things that bring joy, and allow us to enjoy a moment of pleasure.

An Environment for Wellbeing

If communities are healthy and well, they are less likely to turn to suicide and self-harm as a way of coping with adversity. We strive to provide the conditions required for resilient communities with positive mental health and wellbeing, recognising that this will look different for different people. To enable all individuals to have the opportunity to incorporate ways of wellbeing into their lives, the conducive environment must be created in schools, workplaces, homes and neighbourhoods. To achieve this our strategy links with other strands of work across Oldham to recognise the role of health inequalities and the social determinants of health in societal wellbeing, to facilitate the living conditions that will enable Oldham residents to adopt healthy lifestyles.

Protective Factors can help to increase peoples' resilience, mental health and wellbeing and reduce the population suicide risk. Some of these are:

- Effective coping and problem-solving skills
- Presence of reasons for living, hopefulness and optimism
- Being in control of behaviour, thoughts and emotions
- High self-efficacy
- Physical activity and sports
- Family connectiveness
- Supportive schools
- Religious belief and traditions

A variety of vehicles to support people to connect with themselves, the world and each other.

(SPS Consultation)

What would an environment that supports children and young peoples' mental health look like? (YP Insight Gathering 2022)

- A place where you have positive relationships with adults you can trust
- A place where you are respected and treated as an equal
- Discreet
- A rest space
- It's the people that counts

Any trusted adult. It might be a parent or youth worker or teacher or even sports coach. These are the people we go to so they need to have some training even if it's just to support to go to MH service.

(YP Insight Gathering 2022)

Suicide Prevention Awareness

Through campaigns and media engagement, we hope to raise awareness, change attitudes, and encourage conversation around suicide and self-harm. We hope to empower individuals to recognise and respond to suicide risk, by engaging local communities in a way that is culturally sensitive and aware.

Suicide Prevention Awareness can:

- Start and sustain conversations so that our communities feel that it is ok to talk about suicide and self-harm, and to ask for help.
- Break down the stigma and taboo associated with suicide and self-harm
- Raise awareness for the help and support, signposting people to the appropriate services or someone to talk to (eg. School setting). [Click here for mental health support.](#)
- Empower individuals who are in a trusted positions, to have conversations with people at risk, to listen, support, signpost and escalate as appropriate.

Our Key Messages:

- It is ok to talk about suicide and self-harm
- Compassion is essential
- Asking someone about suicide does not increase their risk
- Help is available to anyone that needs it
- Suicide is not inevitable and can be prevented
- Anyone has the power to recognise and respond to suicide risk

More business to be involved in helping staff with mental health too many people choose to ignore it.
(SPS Consultation)

Everyone needs an awareness to have the power to help others, a key part of raising awareness is through appropriate training.

Training

We believe that with the right training anyone can be empowered to help reduce the risk of suicide. With the appropriate support, families, carers, friends, colleagues and employees can be equipped with skills that can help to keep people safe. In Oldham, we plan to develop the skills and knowledge of community members and professionals.

We recognise that there is a critical need for training across the borough, and advocate for training to be embedded within workplaces and made routinely available across Oldham. This is important for all organisations, not just within mental health spheres, and a key component of making suicide prevention everybody's business.

Whilst we respond to training needs directly, by providing training whenever we can, our primary role is to advocate that all organisations take responsibility for training their workforce. Recognising that this can be challenging, and in many settings will have never been done before, the Suicide Prevention Partnership are available to offer guidance and assistance for any organisation in Oldham who would like to develop their training approach.

Who should be trained to help support young people around suicide and self-harm? (YP Insight Gathering 2022)

Friends	Teachers
All school staff	All adults in roles of responsibility with young people
Doctors and nurses	The government
Specialist mental health people	Parents
Youth workers	

Training is available on a spectrum

- Suicide First Aid offers more detailed training to teach applied skills in suicide prevention and is aimed at professionals who manage and support people who are actively suicidal
- Self Harm Awareness training raise awareness and teach to have conversations
- Suicide Awareness Training offers approaches for raising awareness having conversations
- Free online training by [Zero Suicide Alliance](#) - From brief advice to support with applied skills, with something suitable for everyone's skills.

Shinning a Light on Suicide

Greater Manchester's campaign to bring suicide out of the dark offers further reading, free training and free resources such as training plans.

The screenshot shows the homepage of the 'Shining a Light on Suicide' website. The header features a yellow navigation bar with the following elements: a logo on the left that says 'SHINING A LIGHT ON SUICIDE', a menu with 'Useful Links', 'News', 'Events', and 'Stories of hope' (the latter being underlined), and a search bar on the right. Below the navigation bar, there are three links: 'Feeling suicidal?', 'Concerned about someone?', and 'Bereaved by suicide?'. A secondary yellow bar contains 'Learn to save a life', 'Help and support' (with a dropdown arrow), and 'Safety plan'. The main content area has a large heading 'Stories of hope' with a yellow underline. Below this is a paragraph: 'Thank you to those who have shared their personal story of overcoming thoughts of suicide or their experience of a losing a loved one to suicide. By telling these stories, we want to encourage others to talk about suicide, remain hopeful during difficult times and save lives.' To the right of this text is a circular image of a man in a grey polo shirt, with a yellow call-to-action button overlaid that says 'GET HELP TODAY' and has a plus sign icon. At the bottom left, there is a breadcrumb trail: 'Homepage > Stories of hope'.

Suicide Intervention... is everyone's responsibility

Two thirds of people who die by suicide are not in contact with mental health services. Whilst some people may seek help from their GP, or other settings such as A&E, many others who are struggling are unknown to services. Some may look for help from someone they trust, such a teacher in a school setting, or show signs of distress perhaps when seeking financial advice or visiting their hairdresser. There are others who are struggling in silence who risk slipping under the radar.

When thinking about who may need help and support, we can split the population into three groups: general population, children and adults receiving safeguarding support and those under the care of mental health services. Instinctively, when we think about how we can prevent suicides we presume that the responsibility lies with mental health services. In reality, they are a crucial piece of the jigsaw. People under the care of safeguarding and mental health service teams are just some of the people who are vulnerable, and in fact there are many more people who we may not know about. Intervening to prevent a suicide is therefore everyone's responsibility. A suicide intervention can range from signposting someone who is struggling to services, providing a listening ear, a helpline poster or strategic responses to reduce access to means or increase training. No matter how big or small we all have a role to play.

Suicide Prevention and Mental Health

Mental health problems are common, with one in four adults experiencing at least one diagnosable mental health illness in any year . Throughout the pandemic, existing mental health problems have been exacerbated and new ones have developed. One third of deaths by suicide occur in people who have access to mental health services, meaning that adult's and children's mental health services have a critical role to play in suicide prevention.

Suicide Prevention and Safeguarding

The Oldham Safeguarding Adults Board and Oldham Safeguarding Children Partnership ensure that adults and children who are vulnerable to, at risk of or experiencing abuse and neglect, receive care and protection. Some children and adults who receive safeguarding support will be under the care of mental health services, but many others will not. However, all will have a level of vulnerability that means they may require additional help and support.

Suicide Prevention Partnership

The suicide prevention board sits in the middle and leads and champions the role of suicide prevention across all organisations in Oldham. We work closely with mental health and safeguarding partners to share learning and advocate suicide safety across the borough.

'Not all those who complete suicide have mental health issues. Better sign posting to other services would help'

(SPS Consultation)

...and Ongoing Clinical and Support Services

With a range of voluntary and clinical support services available, no one should be left to struggle alone. Anyone who is in need of help, should be able to access a service that meet their needs, regardless of their social, cultural and religious norms, physical and mental illness and disability. Clinical and other support services must be connected, and work seamlessly to provide various access routes to help. Services and teams working within all three circles must work together to keep people safe, the suicide prevention partnership can support this.

We take an advocacy and coordination role to bang the drum for suicide prevention in all strategies and work strands.

This plan compliments and supports the priorities of other strategies to give a clear and consistent message. By ensuring that different strategies fit together, we broaden our scope, strengthen our response and avoid duplication, to make the most impact.

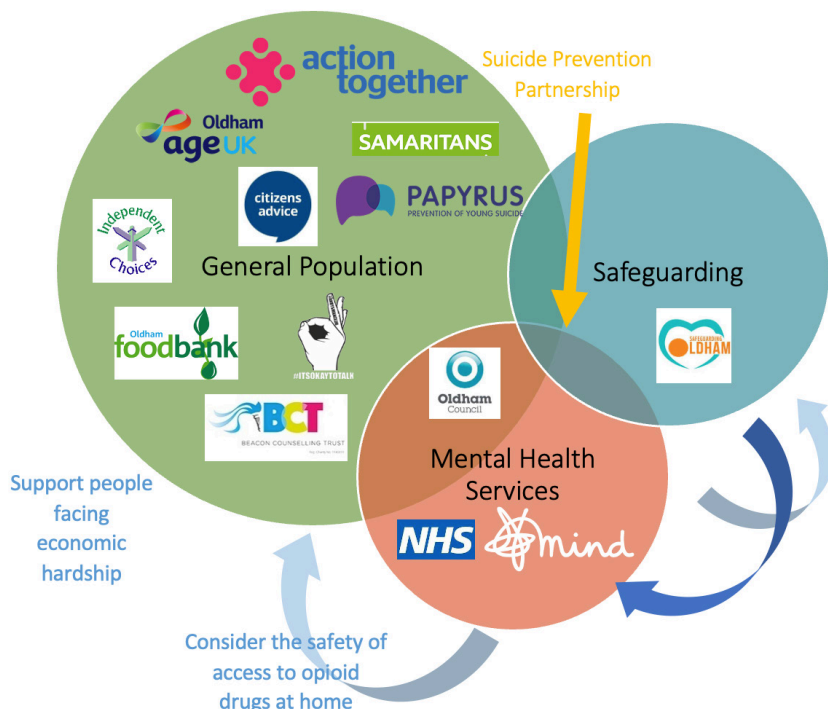
Whilst the suicide prevention partnership is not responsible for service provision, we act as a link between different teams to facilitate the sharing of information and learning in both directions.

Some of the other strategies, services and teams we link into are:

Domestic violence	Autism
Learning disabilities	Drugs and Alcohol
Community Mental Health Transformation	Mental Health Strategy
Domestic Violence	Safeguarding
Health Inequalities Plan	Thriving Communities
Public Health Annual Report Strategy	Asylum Seekers and Refugees strategy
Carers	

We will work towards:

- Supporting people facing economic hardship
- Working with Oldham residents to improve services (Living well collaborative)
- Considering domestic violence and suicide risk
- Considering the safety of access to opioid drugs at home
- Considering ways to work together to support people with dual diagnoses and complex needs



A joined up approach with seamless transition between services that is easy to navigate by service users and other agencies.

(SPS Consultation)

That in someone's greatest hour of need - they can access good quality, compassionate support

(SPS Consultation)

Bereavement Support

The death of a family member, friend, colleague or neighbour will touch the lives of many and cause pain, sadness and suffering. Whilst grief is a normal reaction, sometimes help and support is required to manage these emotions. People who are bereaved, especially by suicide, will often experience acute distress and difficulty, and are at higher risk of suicide themselves.

A death by suicide can leave the bereaved feeling isolated and with lots of unanswered questions, stigma can make it particularly hard for people to talk and prevent people from seeking help and others from offering support. Whilst any loss has the potential to cause distress, evidence shows that bereavement by suicide can be particularly difficult. It is essential that people know where to turn to access help and that immediate information is available, including signposting to services. Everyone's experience of grief is unique and we must recognise this, by providing a personalised approach that meets individual's needs, whether that be now or later, face to face, online or via social media. If people have access to tailored bereavement support, their personal risk of suicide can be reduced.

The Ripple Effect

The grief caused by suicide can act like ripples in a pond extending much further than close family and friends. People can be affected by the death of someone less well known, however the effect this may have on someone cannot be underestimated.

Support and advice

The following links have support and advice from trusted sources.

[NHS Bereavement Helpline](#)

[Survivors of Bereavement By Suicide](#)

[SWAN Bereavement](#)

[Greater Manchester Bereavement Service](#)

[Oldham Community Crisis Support Line – Ghazali Trust](#)

[Breathe Parent and Carer Support Group](#)

[Child Bereavement UK](#)

[Healthwatch Online Support](#)

[Good Grief Trust](#)

What would good support for children and young people bereaved and affected by suicide look like?

YP Insight Gathering 2022

It should be very specialist support because it's more than just being bereaved – its even harder to comprehend and the person may need help with guilt or blame feelings they are having...

It should be trauma support not just bereavement support – losing someone to suicide must be so traumatic

Evaluation

The most important part of this strategy is the action it evokes across all nine suicide prevention pillars.

The action plan that supports this strategy is iterative, live and responsive to changing needs.

Evaluation is vital to track our progress and ensure that our approach is under continual review.

Evaluation will be embedded throughout all nine pillars, to continually scrutinise our approach through regular review of our progress against the action plan, to which we are held accountable.

Local data will also form an important part of evaluation, and there will be a commitment to regularly review and share coronial data with the Suicide Prevention Partnership and other stakeholders. This will enable us to observe for a change in trends.

We will also listen to our Suicide Prevention partners who can share information of emerging trends observed by the services and organisations across the borough.

We will make a commitment to work with multidisciplinary team members such as North West Ambulance Service and Greater Manchester Police, to strengthen our use of their rich data sources and information, to further understand their insights and observed patterns.

When evaluating and reviewing changes in trends, it is important to be mindful that an increase in demand on services, or people presenting in distress, may not reflect an increase in need, but rather an increase in willingness to seek help. A combination of data and information sources will therefore be used to obtain a complete picture.

The Suicide Prevention Partnership's Role across the Nine Pillars

1. **A leadership group:** Oldham's Suicide Prevention Partnership **leads and** coordinate suicide prevention activity across the borough.
2. **Evidence and Data:** We utilise a range of local and national data sources and work closely with the coroner to help us to understand the scope of the problem within Oldham. **This information helps us to understand local need and tailor our suicide plan and interventions accordingly.**
3. **Mental Health and Wellbeing Promotion:** We want to create an environment that supports mental health and wellbeing and enables people to lead healthy lifestyles by advocating for healthy environments and the Five Ways to Wellbeing and Connect 5 across the borough.
4. **Suicide prevention awareness:** We raise awareness, to educate and reduce stigma, to help Oldham residents to feel safe to talk about suicide and self-harm.
5. **Training:** We want to develop the skills and confidence of community members and professionals in preventing deaths by suicide **by advocating that all organisations take responsibility for training their workforce and offering guidance and assistance for any organisation in Oldham who would like to develop their training approach.**
6. **Suicide intervention and clinical support services:** **We take an advocacy and coordination role to bang the drum for suicide prevention in all strategies and work strands. By ensuring that different strategies fit together, we broaden our scope, strengthen our response and avoid duplication, to make the most impact.**
7. **Suicide bereavement support:** **We want to ensure that all Oldham residents who have been bereaved have access to a support service that suits their needs.**
8. **Evaluation and data collection:** We will continue to gather data and information to ensure that **we follow trends and understand changes to local needs. Our activity and impact is under regular through the review of our progress against the action plan.**
9. **Capacity building within communities:** **Intertwined across all of the eight other pillars, we seek to make suicide prevention everyone's business to involve the people that this plan will impact, make the biggest impact and increase the sustainability of our plan and actions.**

Initial Areas of Focus

Oldham's Suicide Prevention Plan is designed to prevent as many deaths as possible in the population of Oldham. When it comes to the risk of suicide, we know that there is not a level playing field and some individual characteristics or social factors can make certain groups of people more vulnerable than others. To have the greatest impact, for the first year of the plan, we will direct a greater proportion of resources to the groups in our society who are disproportionately affected by suicide. Six initial areas of focus will be prioritised simultaneously to enable us to develop a focused action plan that recognises and works within our capabilities.

The initial areas of focus have been identified using local data and consultation with Oldham residents to reflect some of the key issues locally. Although we recognise these areas as potential vulnerabilities, this does not mean to say that all people who relate to these groups are vulnerable. Every death by suicide marks the devastating loss of an individual, with their own unique story and factors that contributed to their death.

Whilst this approach offers a starting point for more targeted action, we will continue to ensure that our actions have universal benefits across the borough, excluding no one, and the focus areas will be under regular review.

Our focus areas for years 1 and 2 will be:

- Self-harm
- Legal, illegal and prescribed drugs and alcohol misuse
- Loneliness
- Age targeted approach
- Males
- Preventing access to means of suicide and high frequency locations

A population based approach will hit the groups that are at higher risk, however there is a risk that resources may be stretched too thin.

(SPS Consultation)

I'm sure making services available to all would help, people don't have to fit into a category to have suicidal thoughts but having a focus on the most at risk groups helps.

(SPS Consultation)

Self-harm

Self-harm is complex and can occur with or without suicidal intent. It can be associated with a mental health condition or adopted as a coping mechanism in response to serious emotional distress. Whilst most people who self-harm will not go on to take their own lives, self-harm is a known risk factor for suicide and certain groups are at greater risk of fatal consequences. Self-harm presentations can provide an opportunity for intervention, and the detection and treatment of self-harm is paramount. Oldham has a foundation of existing work, particularly in schools, that we can build on.

Why is self harm important?

- Self harm is damaging and is an important issue in its own right.
- It is a known risk factor for suicide. Approximately 50% of people who die by suicide have previously self harmed.
- Self harm can lead to accidental harm and death.

We recognise that a preventative approach is needed to avoid a reliance on self harm and stop people resorting to self harm in the first place.

Support for people who self harm is needed to find alternative coping mechanisms and reduce harm.

Where concerning trends in behaviour are identified services must come together to understand what is driving it and what can be done to reduce the risks.

The suicide prevention partnership raise awareness of self harm across the life course and provides support for staff to know what do through each of the nine pillars.

Self-harm in all ages

Whilst self-harm is the most prevalent in young adults, with the highest rates in young girls and women, levels continue to rise in men and women of all ages.

Certain behaviours or demographics may mean that self-harm is less easily identified in some groups. For example, harmful behaviours in older adults such as self-neglect, may not be recognised as self-harm. It is important to make a distinction between self-harm in different groups to determine how it is managed. Whilst less common in older adults, suicide completion rates following self-harm are significantly higher in older adults. Self harm must therefore be recognised and managed effectively across all ages.

The true scale of the problem is not known as many people who self harm do not seek help from services.

In 2021/22 there were 320 referrals to Child and Adolescent Mental Health Service (CAMHS) for concerns of self harm.

Whilst there is no national evidence to suggest that self-harm rates have increased due to the pandemic, it is important to note that the picture is unclear due to limited data, and the effects will not be the same across different groups.

A lot of damage is done through self harm - mentally and physically
(SPS Consultation)

if we get this right it will drastically reduce the pressures on other services such as ambulance, A&E, CAMHS, Police
(SPS Consultation)

Self harm is an indicator of potential suicide and needs to be responded to in a positive way
(SPS Consultation)

Legal, illegal and prescribing drugs and alcohol misuse

In June 2021, 1441 people were receiving treatment within the Oldham branch of Turning Point

4% of the people in treatment had recently attempted suicide

17% have attempted suicide in the past

10% have current suicidal ideation

23% have experienced suicidal ideation in the past

15% have high levels of distress

21% have experienced high levels of distress in the past

6% reported self harm behaviour

13% report past self harm behaviour

The use, escalating use and misuse of alcohol and legal, illegal and prescribed medications is commonly seen in people who die by suicide in the UK. Drug related challenges is one of the most common related challenges noted by the local coroner in relation to deaths by suicide in Oldham, Rochdale and Bury. A large number of serious adult reviews by Oldham Adults Safeguarding Board indicated that many vulnerable adults who have died by suicide had a dual diagnosis and used substances to manage mental health conditions.

Oldham's integrated Drugs and Alcohol service, Turning Point, have seen an increase in their clients presenting with crisis, self-harm and suicidal ideation and attempts. Other services have seen a rise in people experiencing challenges around alcohol and drug use, particularly since the pandemic.

Turning Points are seeing strong links between suicidal ideation and alcohol misuse, with alcohol a factor in two thirds of incidents. Staff observed that factors impacting clients mental state included isolation, traumatic events, unhealthy or abusive relationships, all of which had been exacerbated by the pandemic.

Trauma

Trauma can occur at any age, past or present, and affects everyone differently. The effects of a traumatic event or ongoing stress, can be long term and cause difficulties in daily life. Trauma in childhood is often termed Adverse Childhood Experiences (ACEs) and can be associated with physical and mental illness in later life. Some people misuse drugs and alcohol, or self harm, as a means to cope with difficult memories or emotions. A trauma informed approach can help support people who have experienced trauma.

Dual Diagnosis

When people have co-occurring drug and/or alcohol conditions alongside a mental health illness it is known as dual diagnosis and is associated with an increased risk of suicide ideation and suicide.

Criminal Justice System

People who are struggling with drug and alcohol conditions are more likely to be involved in crime, therefore links with the criminal Justice system, including the police and probation services are required. People in contact with prisons, probation and court can be more vulnerable to suicide, particularly at transition points, into, within and out of the system.

Lockdown caused many new drug and alcohol problems.

(SPS Consultation)

When people are struggling with drugs/alcohol there is usually underlying trauma in their life, which may then lead them to suicide

(SPS Consultation)

Loneliness

Anyone can feel lonely. People typically feel lonely when their need for social contacts and relationships are not met, this is not necessarily the same as being alone. Whilst some people can feel content without much social contact, others will experience loneliness. We can all feel lonely at some point in our lives, but when feelings of loneliness become persistent, it can be associated with a range of physical and mental health conditions, and people who are lonely may be less able to cope with adversity and life stressors.

Loneliness is also a risk factor for suicide. Whilst loneliness is a risk factor for suicide in all ages, a recent review found that loneliness affects young people and older adults the most significantly, perhaps due to significant life events, transitions, and changes in social status. Loneliness is also a significant risk factor for middle-aged men who need opportunities to strengthen their social relationships. People who were already feeling lonely, or were vulnerable to loneliness due to health, income, ethnicity or sexuality, were more likely to be affected by covid-19 restrictions. And although now restrictions have eased, and many people have returned to normality, people who face barriers, such as mental and physical health problems, or unemployment, continue to be affected.

Feeling lonely can be hard to talk about, and sometimes difficult to recognise in ourselves. Those who work with people vulnerable to loneliness, must feel comfortable asking the question, and inviting people to talk about how they are feeling. Our role is to ensure that the people who work with those who are vulnerable to feeling lonely, feel comfortable recognising the signs of someone who may be having thoughts of suicide or self-harm and be able to have conversations to support those individuals to access help.

Before the pandemic one in five people living in the UK felt lonely often or always, and numbers are likely to have increased since then due to reduced social contact.

Loneliness is one of the worst things and covers all ages.

(SPS Consultation)

Isolation can be a strong influencing factor on people having suicidal thoughts.

(SPS Consultation)

Misconceptions of what loneliness actually is requires addressing. People can be lonely whilst surrounded by others, for instance, work colleagues, family and friends. However, these relationships can be superficial or abusive, resulting in an experience of loneliness.

(SPS Consultation)

Loneliness is not just someone being 'alone'. Anyone can feel lonely.

(SPS Consultation)

Know that loneliness heightens all the other anxieties and self doubts.

(SPS Consultation)

This has a big impact and most people can experience this at some point, especially people who are vulnerable due to disability issues.

(SPS Consultation)

Age Targeted Approach

Suicide affects all ages. Many vulnerabilities are established in childhood and adolescents particularly through the impact of poverty, chaotic family lives, family break-ups and problems with education. Changing things in early life can have an impact through to adulthood.

We have prioritised an age targeted approach that recognises that whilst suicide affects people of all ages, there is no one size fits all, and the risks and needs of individuals will vary depending on age and stage in life.

We recognise that age groups are not discrete, and transition periods can cause difficulties. This aligns with GM Strategy's all ages approach.

We also wish to take an intergenerational approach to understand how different ages groups can help, support and learn from one another, for example how young people can take what they learn in schools to support older generations within their family and community.

Suicide risk is often cumulative, and rather than being caused by one thing, it is secondary to a build-up of trauma in early life, adversity and stressful events. These early experiences shape individual's futures, so reducing trauma and adversity in childhood, can mitigate the risk for today's children and young people, and tomorrow's adults. Different stressors are experienced at different ages, for example academic pressures and bullying in young people under 20 years whilst housing, finance and workplace problems more likely later in life.

Adults, over 65 years, who died by suicide were more likely to be a carer, have physical health problems, have experienced physical or mental abuse. (ORB Suicide Audit April 2018-May 2022)

Top five mental health challenges facing young people in Oldham **[\(Young People 2017 MH:2K Report\)](#)**

Families and relationships	The environment and culture of schools
Stigma	Professional practise
Self-harm	

The following factors were recorded as having been presented in child deaths by suicide. These are taken from coroner's inquest reports April 2019 - March 2020:

Household functioning	Loss of key relationships
Mental health needs of the child	Risk-taking behaviour
Conflict within key relationships	Problems with service provision
Abuse and neglect	Problems at school
Bullying	Medical condition in the child
Drug and alcohol misuse by the child	Social media and internet use
Neurodevelopmental conditions	Sexual orientation/identify and gender identity
Problems with the law	

I think you miss a lot of the older generations as they won't ask for help and have the stiff upper lip of the older generation yet behind closed doors they are in a mess.

(SPS Consultation)

All ages can experience loneliness, all ages can have problems with alcohol dependency, all ages can use various ways to self harm. But all this will only differ in the ways it shows according to their age.

(SPS Consultation)

Males

On average, one man takes his own life every two hours in the UK. Middle-aged men are more likely to die by suicide than any other age group. Men in the lowest social class, or living in the most deprived areas are at the greatest risk of all, highlighting the health inequalities associated with suicide.

Typically, men are less likely to speak up, talk openly about their feelings or ask for help compared to women. Stigma can contribute to a sense of shame and weakness, and some men can feel that confiding their struggles does not align with the masculine ideal and societal expectations. The research shows that financial crisis, unemployment and relationship breakdowns, can also contribute to the distress that men feel.

Factors which play a role in Suicide Risk for middle aged men:

- Loneliness
- Unemployment and job loss
- Recessions
- Relationship breakdown
- Socio-economic factors
- Masculinity
- Challenges of midlife
- Emotional illiteracy

Building services that support men to engage without it being focused on mental health may be the answer
(SPS Consultation)

'You don't Need to Man Up, Just Speak Up' –Andy's Man Club

Andy's Man Club is a talking group for men, which provides a safe space for men to open up and talk about their experiences. They spread the message that #ItsOkayToTalk and challenge the stigma around male mental health. With weekly meets across the country, including in Oldham, Andy's Man Club provides a confidential, free, peer support group for men aged over 18.

The 2021 National Confidential Inquiry into Suicide and Safety in Mental Health, based on suicide deaths in middle aged men in 2017, identified that 91% of the men who died by suicide had actually been in contact with at least one front line services, most often primary care, 82%.

GPs need support to improve the recognition of distress in men and suicide risk, to ensure that men's needs are being met. It is vital that these opportunities to help a man in crisis

Building services that support men to engage without it being focused on mental health may be the answer
(SPS Consultation)

Men are less likely to seek support when struggling with mental health and more likely to resort to unhelpful coping mechanisms such as substance misuse, which then increases risk of domestic violence.
(SPS Consultation)

Males generally do not speak out due to stigma.
(SPS Consultation)

Statistics show that men are greatly effected however the focus needs to show involvement for females.
(SPS Consultation)

Preventing access to means of suicide and high frequency locations

“these are among the most practical things that local suicide prevention groups can do”

[Preventing Suicide in Public Places, 2015](#)

Putting measures in place that make it more difficult for people to put themselves in danger, can help people to pause, think through their actions and discourage suicide. The person will not necessarily go elsewhere or try again.

Around a third of all suicides take place in a public location. They can attract harmful media attention as well as having significant psychological consequences for those, including children, who witness them or discover a body. Suicides outside the home may also directly involve another person, such as a train driver.

Sometimes, individual locations become known locally because they are frequently used. It is important that we make these high-risk locations safer to prevent further deaths through restricting access, increasing opportunity for last minute intervention and by changing perceptions.

The Evidence

Since 2005, the evidence for restricting access to means in the prevention of suicide has strengthened. This is especially with regard to:

1. the control of analgesics
2. the implementation of structural interventions at high-risk locations for suicide by jumping.

Nationally, this approach has seen an overall reduction in deaths of 86% with little evidence of major substitution to other potential sites.

Making Places Safer

We work closely with the Greater Manchester Suicide Prevention team towards the GM approach, which supports the work of regional colleagues to take action at high frequency locations. The Greater Manchester Strategy follow the approach suggested by the evidence-based resource, Preventing Suicide in Public Places to take several effective steps:

- Step 1.** Identify locations used for suicide and prioritise on the basis of frequency through systematic collection and analysis of local data.
- Step 2.** Plan and take action at priority locations. This involves engaging stakeholders, assessing the site and drawing up and implementing an action plan.
- Step 3.** Apply the same thinking to similar locations. This pre-emptive approach should enable local authorities to prevent the emergence of frequently used locations.
- Step 4.** Evaluate and reflect.

Many suicidal crises are fleeting, by reducing the lethality of the chosen method or access to it lives can be saved.

The higher fences over motorway bridges and other prevention measures help as if someone is deterred from acting on instinct they have time to reflect and it gives time for them to reach out or others to intervene.

The less opportunity there is, hopefully the less deaths by suicide will occur.

Developing our Plan

Shared Goals	Oldham's suicide prevention plan aligns with the National and Greater Manchester Suicide Prevention Strategies. Working congruously with Greater Manchester acknowledges the fluidity of place and that Oldham residents move across the region for work and pleasure.
Guided by evidence	We have taken account of local, national and international approaches that have a proven track record in reducing the number of suicides in locations and/or populations. Our strategy has been guided and our action plan will be further developed following these principles and approaches.
Informed by data	Local data has been analysed to understand the needs locally
Local voices	Listening and responding to local voices
Synergising	This plan compliments and supports the priorities of other strategies to give a clear and consistent message, strengthen our response and avoid duplication.
Collaboration	Written collaboratively with suicide prevention board members
A dynamic action plan	Meaningful actions are under continual review to reflect changing needs across the borough
Accountability	The suicide prevention board members are responsible for overseeing the progress of actions

Shared Goals

- National Suicide Prevention Strategy 2012
- The National Strategy 5th Progress Report of the cross-government outcomes strategy to save lives
- The Five Year Forward View For Mental Health
- NHS Long Term Plan
- Greater Manchester Suicide Prevention Strategy
- Evidence and Guidance
- Nine Pillars of Suicide Prevention evidence based framework
- NICE Quality Standards: Suicide Prevention
- NICE Guidance (Get name)
- Samaritans – Local Suicide Prevention Planning in England
- Public Health England- Guidance for Developing a local suicide prevention action plan
- National Suicide Prevention Alliance Strategic Framework
- PHE literature review (get the name of this)
- Local government association suicide prevention guide for local authorities

Data

- Public Health Outcomes Framework
- Coronial Department's Suicide Audit April 2018 -March 2021
- Themes observed by the Coronial Bereavement Nurse Referrals

Turning Points Data on suicide and self-harm in people receiving treatment within the Oldham's Drug and Alcohol Services

- NWAS
- Adult and Children Serious Incident Reports
- TOG Mind Service Data

Local Voices

- Expert led workshop with key stakeholder in Feb 2020 with Bury, Oldham and Rochdale exploring what a good future strategy would look like
- 2019 workshop
- MH: 2K Oldham -A youth-led approach to exploring mental health
- Our Minds, Our Voices Survey Oldham -Youth-led research to explore what emotional health and wellbeing currently looks like in schools
- Engagement piece of work

Please find below a reading list, for further information and support if required

https://media.samaritans.org/documents/Suicide Stats England 2020 FINAL_eONhYYF.pdf

<https://www.who.int/news-room/fact-sheets/detail/suicide>

<https://www.samaritans.org/about-samaritans/media-guidelines/suicide-facts-journalists/>

<https://www.who.int/news-room/fact-sheets/detail/suicide>

<https://www.bmj.com/content/371/bmj.m4352>

<https://documents.manchester.ac.uk/display.aspx?DocID=51861>

https://media.samaritans.org/documents/Samaritans Covid 1YearOn Report 2021_BJCM8rl.pdf

https://media.samaritans.org/documents/Samaritans Covid 1YearOn Report 2021_BJCM8rl.pdf

<https://www.samaritans.org/about-samaritans/research-policy/understanding-our-callers-during-covid-19-pandemic/what-do-we-know-about-coronavirus-and-suicide-risk/>

<https://www.nice.org.uk/guidance/qs189/chapter/Quality-statement-1-Multi-agency-suicide-prevention-partnerships>

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/3/gid/1938132828/pat/6/par/E12000002/ati/102/are/E08000004/iid/41001/age/285/sex/4/cid/4/tbm/1>

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/3/gid/1938132828/pat/6/par/E12000002/ati/102/are/E08000004/iid/41001/age/285/sex/4/cid/4/tbm/1>

<https://media.samaritans.org/documents/Samaritans - Pushed from pillar to post web.pdf>

https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr229-self-harm-and-suicide.pdf?sfvrsn=b6fdf395_10

[The Five Year Forward View for Mental Health \(england.nhs.uk\)](https://www.england.nhs.uk/mentalhealth/5-year-forward-view/)