VERSION 1

DRAFT SOUTHAMPTON SUICIDE PREVENTION PLAN

2020 - 2023

OWNER: SOUTHAMPTON SUICIDE PREVENTION PARTNERSHIP
BOARD RESPONSIBILITY: SOUTHAMPTON HEALTH AND WELLBEIGN BOARD
COMPILED BY: PUBLIC HEALTH SOUTHAMPTON

DRAFT SOUTHAMPTON SUICIDE PREVENTION PLAN

Death by suicide is preventable and every one suicide is one too many. It is a deeply personal tragedy, which has a long-standing effect on families, friends and communities. Nationally, there is a call to reduce deaths by suicide. The Five Year Forward View for Mental Health sets out the ambition to reduce the number of suicides in England by 10 per cent by 2020, and the NHS Long-term Plan (2019) reaffirms the commitment to make suicide prevention a priority over the next decade.

AIM

This plan **aims to reduce the number of suicides in Southampton, and ensure provision of support to those bereaved by suicide, focusing on but not limited to groups at high risk of taking their own life.**

PRIOIRTY AREAS

In line with the 2012 (updated in 2017) cross-government strategy on Suicide Prevention, we will focus on the 6 key areas for action to reduce suicide, plus an additional priority in relation to leadership:

1. Achieve city wide leadership for suicide prevention
2. Reduce the risk of suicide in key high-risk groups
3. Tailor approaches to improve mental health in specific groups
4. Reduce access to the means of suicide
5. Provide better information and support to those bereaved or affected by suicide
6. Support the media in delivering sensitive approaches to suicide and suicidal behaviours.
7. Support research, data collection and monitoring.

CONTEXT

Death by suicide refers to a deliberate act that intentionally ends one's life. Suicide is often the end point of a complex history of risk factors and distressing events. Around 26 people take their own life in Southampton each year, which is a significantly higher rate than the England and South East average. Suicide affects people across the life-course, and whilst the highest proportion of deaths are in middle aged men, nationally, suicide is a leading cause of death for young people aged 15–24 years.

NATIONAL PICTURE

According to data from the Office for National Statistics (ONS)[1] in 2018 there were 6,507 deaths by suicide registered[2] in the UK, an age-standardised rate of 11.2 deaths per 100,000 population. The 2018 rate is significantly higher than the rate in 2017 and represents the first increase since 2013.

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[1]https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations

2 In England, Wales and Northern Ireland, when someone dies unexpectedly, a coroner investigates the circumstances to establish the cause of death. The investigation, referred to as an "inquest", is a process that can take months or, in some cases, years. The length of time it takes to hold an inquest creates a gap between the date of death and the date of death registration. For deaths caused by suicide, this generally means that around half of the deaths registered in a given year will have occurred in the previous year or earlier.

However, when looking at suicide rates over the last two decades, there does continue to be a general decrease over time from a rate of 10.3 deaths per 100,000 population in 2001-03 to 9.6 in 2016-18.

Three-quarters of registered deaths in 2018 were among men (4,903 deaths), which has been the case since the mid-1990s. Males aged 45 to 49 years have the highest age-specific suicide rate (27.1 deaths per 100,000 males); for females, the age group with the highest rate is also 45 to 49 years, at 9.2 deaths per 100,000.

As seen in previous years, in 2018 the most common method of suicide in the UK was hanging, accounting for 59.4% of all suicides among males and 45.0% of all suicides among females.

There is a relationship between suicide and deprivation, with suicide rates being statistically significantly higher in the most deprived areas of England.

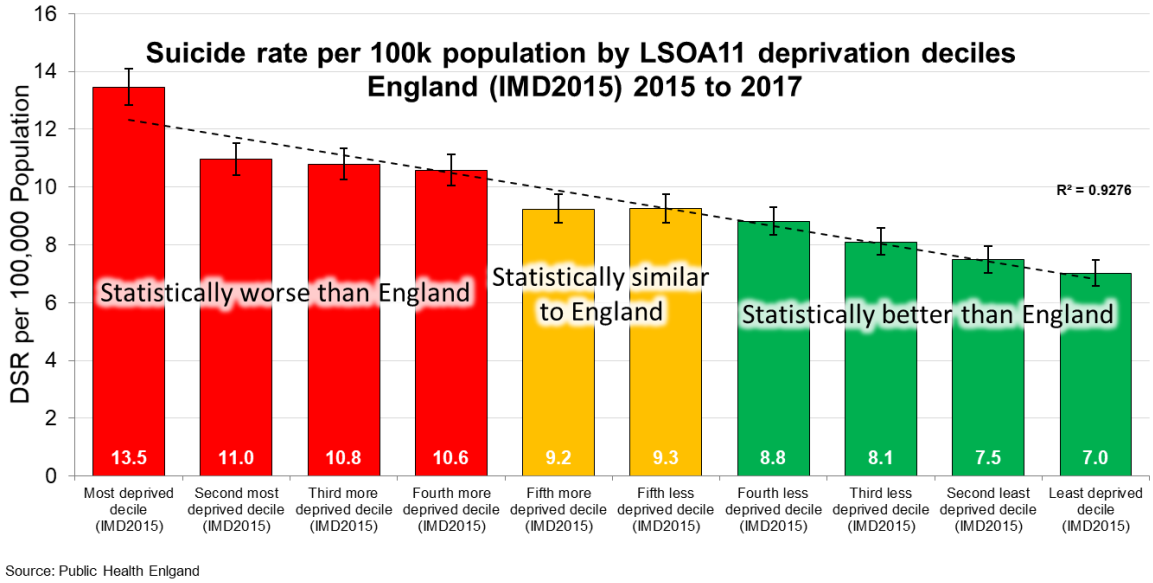

Figure 1. Differences in suicides rate for deprivation deciles in England.

LOCAL PICTURE

In Southampton, the suicide rate has fallen in recent years from 15 deaths per 100,000 in 2012-14 to 12.7 in 2016-18. However, Southampton continues to have a significantly higher rate of suicides than the national (9.6 deaths per 100,000) and South East (9.2 deaths per 100,000) average. Southampton's suicide rate is also the third highest when compared to 15 similar Local Authorities (using the CIPFA nearest neighbour definition)[3]. Translated into numbers of registered deaths by suicide, we know that around 26 residents in Southampton take their own life by suicide each year (based upon 2016-18

[3] Public Health England suicide prevention profile: https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

data). This number is subject to small year on year variability, and in the period 2001 to 2018 was highest in 2012-14 when there was an average of 29 registered deaths by suicide per year.

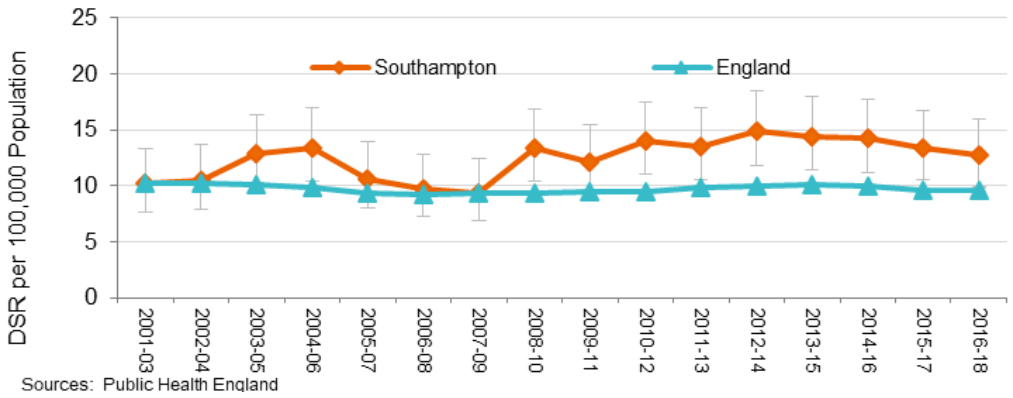

Figure 2. Southampton and England suicide rates per 100,000 from 2001-2003 to 2016-2018

The figure below shows suicide rates for Southampton, compared to the other Sustainability and Transformation Plan (STP) areas (Hampshire, Portsmouth and the Isle of Wight).

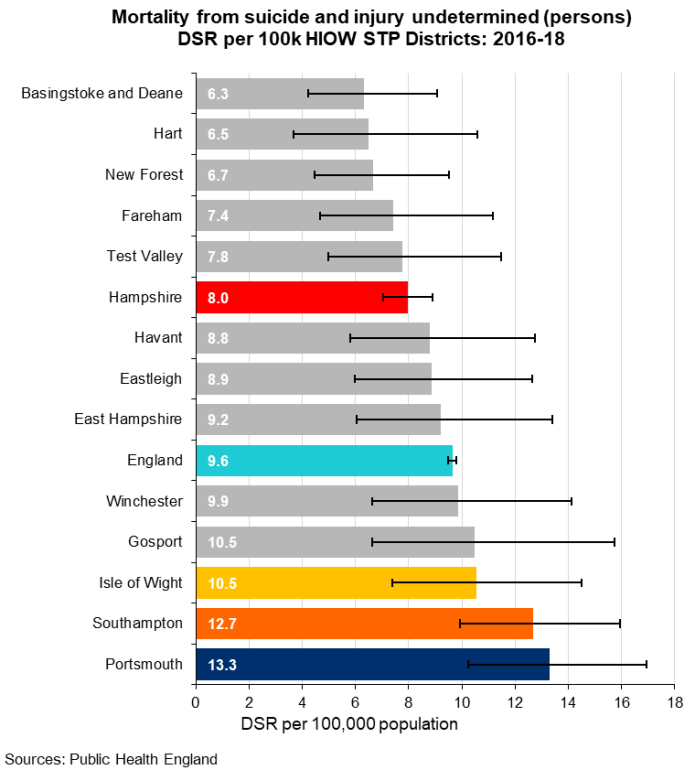

Figure 3. Suicide rate for the South East region.

Public Health works with the coroner's office to undertake suicide audits to gather intelligence on deaths by suicide. For the two year period 2017-2018, 38 deaths by suicide were audited. Of the 38 deaths by suicide:

- 71% (27) were male, and 28% (11) female.
- The highest proportion of deaths took place in men aged 51-60 years.
- 90% were White British (for 5% ethnicity is unknown).
- 52% were known to mental health services (48% were not), and 31% had been in contact with their GP in the 4 weeks prior to taking their life.
- 47% were known to have previously attempted to take their life by suicide, and 23% were known to have a history of self-harm.
- Hanging was the most frequent method of suicide (55%), with most people taking their own life at home. The next most frequent methods are overdose/poisoning (16%), injuries (10%), suffocation (5%), falling from a height (3%) and by being hit by a train/life taken on the tracks (2%).
- 42% of those that died were employed, 29% unemployed, 13% retired, and 13% had a long-term disability which meant they could not work.
- Mental health problems (65%), relationship problems such as separation (52%), physical health problems (52%), job problems (28%), history of contact with the criminal justice system (28%), financial issues (26%), adverse childhood experiences (26%), and being a victim of abuse (21%) were the most common recorded "life event" risk factors.

In relation to risk factors for suicide, according to the Public Health Outcomes Framework (2019), Southampton has a higher than the national average prevalence of recorded depression in those aged 18 years and over, and higher prevalence of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers for all ages. Southampton also has a higher than national average levels of unemployment, and a higher than average percentage of people living alone. In relation to children and young people, Southampton has higher than national average levels of looked after children, care leavers, and children in the youth justice system.

SELF-HARM

Self-harm is a concern in its own right, as well as being a risk factor for completed suicide. Not everyone that self-harms will have suicidal thoughts, whilst not everyone that dies by suicide will have self-harmed. However, we know that previous self-harm is an important predictor for suicide.

As already noted, of those deaths by suicide in 2017 and 2018 that were audited, 47% were known to have previously attempted to take their life by suicide, and 23% were known to have a history of self-harm.[4] In line with national guidance, self-harm has been identified for inclusion in this Plan as a priority for further action.

National and local Southampton data suggest levels of self-harm are increasing, although only the 'tip of the iceberg' presents to healthcare services. Young people and adolescents (especially females) have disproportionately high rates of self-harm, both nationally and in Southampton. Self-harm in adults of

[4] The local audit of Coroner's records will under-estimate the individuals that have self-harmed as it is well documented that many people who self-harm do not seek help from health or other services and so self-harm episodes are not recoded.

all ages, taken together, also represents a significant health (and healthcare) burden. Local hospital admissions for self-harm in 10-24 year olds are significantly higher in Southampton than the national average.[5]

Risk factors for self-harm include the following:

- Women - rates are two to three times higher in women than men;
- Young people - 10-13% of 15-16-year-olds have self-harmed in their lifetime;
- Mental health disorders including depression and anxiety;
- People who have or are recovering from drug and alcohol problems;
- People who are lesbian, gay, bisexual or gender reassigned;
- Socially deprived people living in urban areas;
- Women of black and South-Asian ethnicity;
- Groups including veterans, prisoners, those with learning disabilities, and those in care settings;
- Individual elements including personality traits, family experiences (being single, divorced or living alone), exposure to trauma (including bullying, abuse or adverse childhood experiences), life events, cultural beliefs, social isolation and income.

OUR APPROACH

Partnership: As a large percentage of suicidal individuals are not in contact with health or social care services, action is required beyond the health and social care system. Real partnership is required with community groups, local business and the voluntary and community sector to help identify and support people at risk of suicide and those bereaved by suicide. Key messages learned from practice and research are that suicide is preventable, that it is everyone's business, and that collaborative working is key to successful suicide prevention. This Plan has been developed by a wide range of partners to ensure that is a collaborative effort, and that action to prevent suicide is a shared responsibility across Southampton.

Prevention and early intervention: The Plan supports taking early action to prevent individuals from reaching the point of personal crisis where they feel suicidal. This requires action much earlier and across a range of settings from general practice, to schools, the workplace and community groups.

Life-course: This Plan takes a "life course" approach as advocated by the Marmot Review (2010), and aligned with the national mental health and suicide prevention strategy.

Evidence based: This Plan is informed by the evidence base. It uses national and local evidence to both identify areas of focus and specific need, and to inform the actions that will be taken to address need. This includes national guidance, published literature, and national and local intelligence, including from the local suicide audit of coroner records and real-time surveillance data from Hampshire Constabulary. The Plan has also been informed by stakeholder engagement with partners across the system, including Southampton residents with lived experience of mental health.

[5] See https://fingertips.phe.org.uk.

HOW WE WILL MEASURE SUCCESS

Ultimately, we want to see a reduction in Southampton's suicide rate. However, due to the low numbers of suicides it is difficult to show a statistically significant improvement in suicide rates across a local area and additional (proxy) measures will be used to assess the Plan's success. This includes for example, levels of self-harm and stigma in the population. See **Appendices X** for a breakdown of monitoring measures that will be used. Achieving a reduction in suicides is challenging in times of austerity as we know that higher levels of people are living with financial stress, which is a risk factor for poor mental health and wellbeing and increases suicide risk.

DELIVERY AND GOVERNANCE

Southampton Suicide Prevention Partnership (SPP) has responsibility for delivering on and monitoring progress towards the Suicide Prevention Plan. The Suicide Prevention Partnership will report to the Health and Wellbeing Board, which has overall responsibility for suicide prevention.

ACTION PLAN

ACTIONS ARE DRAFT AND REQUIRE FURTHER DISCUSSION AND AGREEMENT WITH ALL NAMED PARTNERS

AREA 1: ACHIEVE CITY-WIDE LEADERSHIP FOR SUICIDE PREVENTION

This plan has been developed by a wide range or partners to ensure this is a collaborative effort and that action to prevent suicide is a shared responsibility between stakeholders in Southampton. The Suicide Prevention Partnership (SPP) in Southampton has been in place for a number of years and will continue to work together to achieve shared outcomes.

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
1.1	All groups	Continue with regular meetings by the strategic multi-agency group; Southampton Suicide Prevention Partnership (SPP), reporting to Southampton Health and Wellbeing Board.	Public Health, SCC	Clear leadership and governance structure to enable decision-making and coordinate suicide prevention efforts.	Ongoing
1.2	All groups	Members of the SPP advocate suicide and self-harm prevention in their organisations/service areas, disseminate key messages, and take action where they are a "lead partner" in this Plan.	All partners	Co-ordinated advocacy and ownership of suicide prevention across all sectors.	Ongoing
1.3	All groups	SPP maintains and develops strong links with national, South East and Hampshire-wide mental health networks, including: - STP Suicide Prevention programme, including links with the National Collaborating Centre for Mental Health (NCCMH) and the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - STP Mental Health Board - Wessex Clinical Networks (i.e. CYP) - PHE South East Mental Health Network	Public Health, SCC; Suicide Prevention Programme Manager; STP members	Alignment of suicide prevention outcomes, strategic support from other networks, and learning from other areas.	Ongoing

1.4	People with lived experience	Refresh the membership of the SPP to ensure that key stakeholders are represented, including people with lived experience.	Public Health, SCC Solent Mind	Improved representation of stakeholders on SPP, co-production, and engagement in delivery of actions.	2020

AREA 2: REDUCE THE RISK OF SUICIDE IN KEY HIGH-RISK GROUPS

The following groups are at higher risk of suicide in Southampton. These groups are in line with at risk groups identified by national guidance such as the national strategy report Preventing Suicide in England: Two Years On (2018):

- Men, particularly middle-aged men.
- People experiencing mental health problems, particularly depression and personality disorders – both in the care of mental health services and those not currently receiving treatment. For those in treatment, high risk periods include the first 3 months post-discharge from acute mental health services.
- People experiencing:
    - Relationship difficulties, particularly separation for men (most commonly occurring life event identified by the Southampton Suicide Audit)
    - Unemployment and financial difficulties
    - Physical health problems, particularly disability and chronic pain
    - Housing difficulties and/or social isolation
    - Bereavement, especially bereavement by suicide
- People with history of attempts of suicide or self-harm
- People formerly convicted of a crime
- People with a history of substance misuse (especially co-occurring substance misuse and mental health needs)
- People who have experienced abuse (either as victims or witnesses)

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
2.1	All target groups	Map the different services, organisations and support groups (e.g. Citizens Advice, Foodbanks, Gyms, Libraries, Men's Sheds, Relate, Street Pastors, Housing services as well as health services) that each of the at risk groups are likely to have	Public Health to utilise a Southampton Suicide Prevention Partnership meeting to complete mapping	Identification of opportunities to utilise community organisations and support groups as	2020

		frequent contact with – their "touch points" in order to identify gaps, unmet needs, and opportunities i.e. to target suicide prevention interventions.		assets in the prevention of suicide.	
2.2	All target groups	Develop and secure an improved training offer to ensure the provision of mental health, self-harm and suicide prevention training to frontline staff and "touch points" (see above) to enable them to better identify those in need of help, provide support, and signpost/refer. An example would be working with Relate and similar organisations that work with recently separated men. The above will require mapping what is currently being delivered across the city, and exploring opportunities to collaborate locally and regionally where appropriate.	Public Health to coordinate All partners to support	Improved competence and confidence in suicide prevention in front-line staff and key "touch points" in the community.	Developed and secured in 2020-21
2.3	Men, and especially those that are recently separated, socially isolated, have a disability/ pain and/or financial difficulties	Deliver public awareness mental health campaigns (including suicide prevention and self-harm messages) that target at risk groups, reduce stigma, and encourage people to seek support. These should amplify national campaigns as appropriate.	Southampton Anti-Stigma Partnership	Reduce stigma surrounding suicide, and increase help-seeking behaviour with regards to mental and emotional health.	At least one campaign each year
2.4	All groups and especially, men, CYP, LGBT and	Deliver Time to Change events that raise public awareness of mental health, tackle stigma, and encourage people to talk about mental health. Events include Mela, Pride, and sports related events.	Southampton and Portsmouth Time to Change Hub (Solent Mind)	Reduce stigma surrounding suicide, and increase help-seeking behaviour	At least two events each year for 2020-21 and 2021-22

	BME groups		Southampton Anti-Stigma Partnership	with regards to mental and emotional health.	
2.5	All groups	Promote the distribution of Life Card's* to local organisations, services and support groups, including those that are frequent "touch points" for our target and vulnerable groups. *Developed by Southern Health, credit card sized, and with vital information on the back aimed to signpost people to key tools and organisations that can offer support and advice to anyone that needs it.	TBC	TBC	TBC
2.6	Men, and especially recently separated, socially isolated, have a disability/ chronic pain and/or have financial difficulties	Gain the commitment of key employers to promote mental health and wellbeing within their organisations through a combination of: - Mental health (including suicide prevention) training; - Signing up to the Time to Change Employer Pledge; - And/or other workplace health policy and procedures that promote good mental health and wellbeing in the workplace and better identify and respond to those in need of support – aligned with the STP Suicide Prevention Programme. Occupations: Low skilled male labourers (three times more likely to take their own lives than the national average); nursing staff and primary teachers also high.	All SPP partners Southampton and Portsmouth Time to Change Hub (Solent Mind) STP Suicide Prevention Programme	Improved awareness and identification of mental health need, support, and referral amongst targeted high-risk employers and employee groups.	By 2023
2.7	Target groups: As above	Work with key stakeholders (e.g. Citizens Advice Bureau, MIND) to improve access to financial advice for key target groups.	STP Suicide Prevention Programme	Incorporation of financial literacy, access to financial advice and support,	By 2022

				and active sign-posting to support organisations amongst targeted high-risk employers, and other key organisations.	
2.8	Social isolation	Promote social prescribing as a means of improving mental health and wellbeing, including as a way of reducing social isolation. Ensure existing VCSO's/projects that support life events and address risk factors (e.g. financial advice, relationship advice) are involved.	Southampton CCG	Improved early intervention and access to protective factors.	Ongoing
2.9	All target groups	Improve identification of, and care planning with, patients with low mental health and wellbeing amongst the primary care workforce, with a focus on suicide prevention and self-harm training and making good quality resources easily available.	STP Suicide Prevention Programme	Improved identification of suicide risk and care planning for vulnerable patients in primary care.	2022
2.10	People with a history of self-harm People that could self-harm - primary prevention and early intervention	Better understand the data and pathways in relation to self-harm and identify areas for quality and service improvement, with a focus on identifying and delivering interventions that promote prevention and early intervention in the school and family settings, and interventions within the first month post ED admission for self-harm.	STP Suicide Prevention Programme	Improvements in the self-harm pathway and subsequent contribution to reducing self-harm rates	2022
2.11	People in contact with services. High risk periods;	Acute trusts have robust suicide prevention plans in place, which include: • The undertaking of psychosocial assessments for all people who present at emergency departments for self-harm.	Solent NHS Trust Southern Health	Improved clinical intervention to reduce suicide rates.	Ongoing

	first 3 months post-discharge from MH services and first month after ED	• Robust discharge planning processes for vulnerable patients (heeding the House of Common's Health Committee's recommendation that people being discharged from inpatient care should receive follow up support within 3 days of discharge, rather than the current standard of 7 days). • Compliance with NICE guidance.			
2.12	Children and young people	Promote positive mental health and wellbeing in the schools and college setting through the work of the CYPs Social and Emotional Mental Health Partnership.	CYP Social and Emotional Mental Health Partnership (chaired by the ICU)	Improved social and emotional health in CYP	Ongoing
2.13	Physical health problems, particularly disability and chronic pain	Insert CCG/ICU action on the chronic pain pathway (work on chronic pain and MH underway).	Southampton CCG	TBC	TBC
2.14	Housing difficulties	Explore how the mental health needs of those using night shelters could be better met to address unmet need.	Southern Health Society of St James Southampton ICU	TBC	TBC
2.15	Co-occurring substance misuse and MH	Requires discussion with Substance Misuse Group	Substance Misuse Steering Group	TBC	TBC
2.16	People in contact with the criminal justice system	Need to identify if action being taken elsewhere to support suicide prevention in the criminal justice system – and if there is another Plan which includes this then reference that Plan. Expectation that as well as training, there are plans in place around the pre and post release period ("through the gate" services/pathways).	TBC	TBC	TBC

AREA 3: TAILOR APPROACHES TO SUPPORT IMPROVEMENTS IN MENTAL HEALTH IN SPECIFIC GROUPS

As identified by national guidance, the following groups may need tailored approaches to support improvements in resilience and contribute to improved mental health and wellbeing:

- Looked after children and/or care leavers;
- Military veterans;
- People who are lesbian, gay, bisexual or gender reassigned;
- Black and Minority Ethnic groups and asylum seekers (men of Eastern European backgrounds were found especially at risk by the Suicide Audit);
- Those with complex (and often multiple) needs;

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
3.1	Adults Those with complex needs i.e. MH, substance misuse, rough sleeping	Ensure SPP representation at the Vulnerable Adults Group of Better Care Southampton; to ensure suicide prevention is aligned with other work and embedded as appropriate.	Public Health SSJ Confirm who is on both the SCC and Vulnerable Adults Group.	Improved partnership working in relation to vulnerable adults and subsequent work on co-occurring conditions.	2020 and ongoing
3.2	All age groups Target groups: LGBT, BME, Veterans (ex), young offenders, bereavement support services.	Identify individuals/groups/organisations that can help engage with those identified as requiring tailored support (i.e. LGBT, BME groups, those with learning disabilities) and ensure they are aware of the pathways, services and resources in place so that they can best support individuals.	CYP Social and Emotional Mental Health Partnership sub-group (work on pathways, services and resources underway and likely to be promoted through Wessex Healthier Together)	Improved awareness of pathways, services and resources by professionals and in turn residents. Community groups/organisations identified and included in implementing the Suicide Prevention Action Plan.	2020

	Vulnerable CYP	Using the suicide audit, real time surveillance and other available data, complete a "deep dive" on the characteristics (including risk and protective factors) of CYP up to and including 25 year olds that have taken their own life by suicide; to inform the work of the CYP Wessex Clinical Network on vulnerable CYP (including identification of unmet need and interventions).	Public Health	Improved knowledge about the characteristics of CYP to inform Wessex CYP Clinical Network decision-making on unmet needs and interventions; which will seek to improve MH in vulnerable groups.	2020
3.3	All vulnerable groups	Commissioned services recognise and put in place measures to support the specific needs of at risk and/or potentially vulnerable groups in need of additional support. Needs to be more specific. Work with ICU/CCG.	NHS Solent Southern Health Southampton CCG	Improved early intervention for specific vulnerable groups	Ongoing

AREA 4: REDUCE ACCESS TO THE MEANS OF SUICIDE

This refers to reducing or restricting access to lethal means individuals use to attempt suicide is an important part of a comprehensive approach to suicide prevention.

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
4.1	Adults Those experiencing chronic pain	Promote safe prescribing of painkillers and antidepressants, including through promoting NICE guidelines on the appropriate use of drug treatments for depression.	Public Health Southampton CCG	Safer prescribing and reduced fatal suicide attempts	Ongoing
4.3	All age groups	Include suicide risk in building design considerations for: - SCC major refurbishments and upgrading of social housing stock - SCC corporate assets - Acute MH Trust settings	Housing, SCC Southern Health Hampshire Police	Suicide risk embedded in SCC housing stock (where major refurbishments and upgrading)	2019

		- Custody settings			
4.4	All age groups	Work with planning and developers to include suicide risk in new building design considerations, especially in relation to multi-storey car parks, bridges and high rise buildings that may offer suicide opportunities.	Planning, SCC and other partners as required	Suicide risk embedded in building design of major new infrastructure	2019
4.5	All age groups	Review suicide prevention measures at high-frequency locations (for attempted and completed suicides) and make recommendations.	Public Health, Planning and Infrastructure and Transport, SCC Hampshire Police and emergency services	Suicide prevention measures in place at specific high-risk locations	2021
4.6		Discuss with Network Rail – include an action they will own in relation to suicide prevention using the rail network.		Suicide prevention measures in place in relation to the rail infrastructure and network rail staff (i.e. suicide prevention training).	2021 and ongoing

AREA 5: PROVIDE BETTER INFORMATION AND SUPPORT TO THOSE BEREAVED OR AFFECTED BY SUICIDE

The provision of timely information and support to those bereaved or affected by suicide such as families, friends, colleagues and peers, is important in supporting people through the different stages of bereavement and in preventing future mental ill health. We know that death of a family member or friend by suicide is a risk factor for suicide in the bereaved.

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
The following actions are embedded in the STP Suicide Prevention Programme and so will be led by the STP work-stream on bereavement support and postvention, though the SPP will play an active role in informing the programme and supporting the delivery of solutions in the Southampton system:					
5.1	Families bereaved by	Strengthen effective referral to bereavement support/services by emergency services that	Public Health Hampshire Police	Strengthened pathways and referral	2022

	suicide or a death of undetermined intent	attend the death and those in contact with the families soon after bereavement from suicide occurs (i.e. Coroner's Office), so that referrals are appropriate and timely.	NHS South Central Ambulance Service (SCAS) Coroner's Office Bereavement services	to bereavement support services. Standardise approach to supporting those bereaved by suicide	
5.2	Families bereaved by suicide or a death of undetermined intent	Promote the distribution of the "Help is at Hand"* booklet or zcard by local organisations, services and support groups, including the first responders, Coroners, Funeral Directors and education settings. *A national bereavement support resource developed by those with lived experience of bereavement in partnership with Public Health England.	Public Health Hampshire Police Coroner's Office NHS Solent Southern Health Southampton General Southampton CCG (including primary care) British Transport Police Network Rail Voluntary sector partners	Information about bereavement support services more accessible	2021
5.3	Families bereaved by suicide or a death of undetermined intent	Develop and implement a Real-Time Suicide Surveillance System to 1. Enable a timely response by partners to ensure family/carers/friends are appropriately supported after a death by suicide (i.e. within 48 hours), 2. Enable system learning by partners to inform future prevention work and 3. Enable early identification of any 'clustering' to inform prevention work.	Public Health Hampshire Police Southern Health NHS Solent Education settings	Implementation of real-time suicide surveillance	2022
5.4	Families bereaved by suicide or a death of undetermined intent	Review the current bereavement support offer to families in Southampton, determine how best needs can be met, and work with services to strengthen the provision of suicide-specific bereavement support.	Public Health Bereavement support services	Strengthened suicide specific bereavement support	2023

5.5	Families bereaved by suicide or a death of undetermined intent	Build awareness raising on suicide-specific bereavement into core mental health and suicide prevention training for front line staff.	Southampton CCG (primary care)	More informed and competent workforce	2023
Out of scope of the STP programme					
5.6	Families bereaved by suicide or a death of undetermined intent	Develop a prevention and postvention protocol with Southampton schools and colleges; to ensure they know how to respond effectively in the event of a suicide and to reduce further suicides.	Public Health Schools and colleges		2023
5.7	All groups Families affected by a suicide attempt	Ensure those affected by an attempted suicide are signposted to resources, tools and organisations where they can seek further support.	Southampton General Southern Health Solent NHS Trust	Strengthen support, reduce risk of future attempts Learn from attempted suicides	Ongoing

AREA 6: SUPPORT THE MEDIA IN DELIVERING SENSITIVE APPROACHES TO SUICIDE AND SUICIDAL BEHAVIOURS

There is a proven link between certain types of media reporting of suicide and increases in suicide rates. This objective aims to promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media and reduce the risk of additional suicides

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
6.1	All age groups	Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media, including by encouraging use of the Samaritans guidance on responsible reporting, and challenging the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide.	Anti-stigma partnership SCC comms	Reduce stigma around suicide	Ongoing

6.2	All age groups	Work with local media to encourage inclusion of positive stories (i.e. hope and recovery) and signposting of national helplines and local services for people that are affected by local campaigns and coverage of deaths by suicide or undetermined intent.	SCC Comms Samaritans	Establish a direct approach/contact with local media Increase in help-seeking behaviour	Ongoing

AREA 7: SUPPORT RESEARCH, DATA COLLECTION AND MONITORING

It is important to build on the existing research evidence and other relevant sources of data on suicide and suicide prevention.

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
7.1	All age groups	In relation to the Suicide Audit: - Ensure suicide data is recorded consistency across the STP so that it can be better analysed at the STP footprint. - Explore what further risk and protective factors can be included in relation to CYP and families (i.e. parents of children), in discussion with the CYP Wessex Clinical Network. - Continue to include findings of all serious incident reviews.	Public Health Coroner's Office	Audit to inform Suicide Prevention Plan refresh.	2021
7.2	All age groups	Circulate the key findings of the suicide audit to Partners to encourage learning from suicides locally.	Public Health CCG SPP	Learning from suicide audit inform practice.	Ongoing
7.6	Children and young people	Include a section in the Year 7 Survey (with schools) or Youth Forum Survey, which will collect information on the status and views of children and young people in relation to mental health, social and emotional wellbeing – to support identification of need and preventative activities.	Public Health SCC	Identification of need and preventative activities.	2021
7.7	All age groups	Establish links with regional and leading universities on suicide and self-harm	Public Health	Strengthen academic and research links.	Ongoing

		prevention to strengthen research links and academic input to the Partnership.	Academic partners		
7.8	All age groups	Conduct “deep dives” where there is an opportunity to inform strategic and commissioning decision-making (could be in relation to self-harm, attempted suicides and/or completed suicides).	Public Health Academic partners Samaritans	Learning on suicidal thoughts and risk factors can help inform suicide prevention	Ongoing

SOUTHAMPTON SUICIDE PREVENTION PARTNERSHIP MEMBERSHIP

Public Health, SCC
Southern Health
Steps 2 Well-being
CCG/ICU
Southampton Solent University
University of Southampton
Solent Mind
Samaritans
British Transport Police
Hampshire Police
Society of Saint James
Red Lipstick Foundation
Survivors of Bereavement by Suicide (SOBS)
GP clinical lead for Southampton CCG
Community engagement officer, SCC/CCG

The Partnership is working with Solent Mind to ensure that the Plan is informed by Southampton residents with lived experience of mental health.

APPENDICES TO BE DEVELOPED:

- Monitoring measures and outcomes
- Case studies of good practice in Southampton.