

Camden and Islington Suicide Prevention Strategy and Action Plan 2022 – 2027

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Acknowledgements

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Foreword

Every suicide is an individual tragedy, with ripple effects which can go far beyond the devastating impact on immediate family and friends. Preventing suicide is a responsibility for all of us. We should all have the confidence and skills to talk to people who may be thinking about suicide and to direct them towards a place of support, but this strategy is rooted in preventing people from ever reaching such a place of despair. It sets out the build-up of adversity and circumstances that can lead people to suicide and urges us all to recognise the important role of local services in preventing suicide.

Mental health provision is changing in Camden. The Mental Health Crisis Assessment Service offers a calm and therapeutic setting able to see most emergency mental health presentations away from busy A&E departments. The advent of the Resilience Network, the Camden Crisis Sanctuary, and Core Mental Health Teams sees a move away from traditional clinic and hospital-based NHS services, with easier access to a wide range of resources and an emphasis on prevention.

Reducing inequalities and providing good homes, access to work, and safe, strong communities are central to Our Camden Plan. We Make Camden describes the collective action needed to make Camden inclusive, providing hope for young people and building on the strengths of our local communities to support each other and to connect people to each other and to their local neighbourhood.

The Health and Wellbeing Strategy furthers these ambitions with a focus on good health and wellbeing for all, but prioritising prevention, tackling inequalities, empowering communities, and sharing responsibilities.

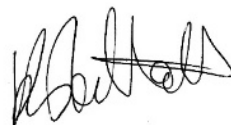
It is through these approaches that we will prevent suicide, as well as by providing key services that address more immediate risk. Safeguarding children and adults will continue to be an absolute priority within the Council and the current consultation to inform the new adult

safeguarding strategy emphasises the value of partnership and community in achieving these aims.

Whilst protecting our population we must also protect our staff, giving them the support and skills they need to be able to work with people who are struggling, as well as the capacity to enhance their own wellbeing and to manage their own adversity. The internal Camden Council suicide prevention action plan recognises the leadership required to create a safe and healthy workplace, with easy access to support and psychological health services as well as education and training on mental health and employee wellbeing.

This is a multi-agency strategy, developed through a broad partnership of local statutory and voluntary sector services led by the Council. It is a joint strategy for Camden and Islington, as there are many shared services and support for residents across the two boroughs, including, importantly the mental health trust. The way this strategy is operationalised will look different in the two boroughs as we address different populations, geographies and risks.

Suicide prevention is everyone's business. We should not be afraid to talk about it and we must bring people and agencies together to help prevent future suicides in Camden.



Kirsten Watters
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1. Our Challenge

Each suicide is a tragedy with devastating and wide-ranging consequences. Over the last decade suicide rates have fallen in Camden and Islington. Nevertheless, there are still on average 40 deaths from suicide across the two boroughs each year, and suicide rates have risen slightly in the last two years. We believe that these deaths can be preventable and that preventing suicide is everyone's business.

Our key messages

- Suicide is preventable
- It's safe to talk about suicide
- Suicide prevention is everyone's business

This strategy and action plan have been developed by the Public Health Team in Camden and Islington Local Authority, with the support of the Camden and Islington Suicide Prevention Partnership which has a broad membership across local statutory and non-statutory services, including experts by experience. This joint approach across Camden and Islington boroughs reflects the joint nature of many relevant service providers, including the Camden and Islington NHS Foundation Trust, joint voluntary and community services, and the police. A joint approach also allows broader analysis usually restricted by statistical issues inherent to a relatively low number of suicides in a single borough, as well as shared learning across both boroughs.

Suicide can have a devastating impact on families, friends, neighbours, colleagues and others. For every person who dies, around 135 people

will have known them and be affected in some way^{1,2}. The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million, reflecting costs of care, loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering³.

The risk of suicide is not equal. Men are three times more likely to die by suicide than women; the highest suicide rate in England is among men aged 45-49⁴. People in the lowest socio-economic group and living in the most deprived geographical areas are ten times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas⁵. These inequalities in suicide are addressed throughout this strategy and action plan by a focus on those most at risk.








The risk factors for suicide are relatively well-understood (Figure 1), and include age, gender, sexuality, long-term physical and mental illness, poverty, debt, unemployment, social isolation, experience of abuse, trauma or discrimination, and bereavement by suicide. The strongest identified predictor is a previous episode of self-harm; mental ill-health and substance misuse also contribute towards many suicides.

- 1 PHE (2016). Local suicide prevention planning. A practical resource. Public Health England. October 2016.
- 2 Cerel J, Brown M, Maple M et al (2019). How Many People Are Exposed to Suicide? Not Six. *Suicide and Life-Threatening Behaviour*. 49 (2): 529-534.
- 3 McDaid D, Park A, Bonin EM (2011). Population level suicide awareness training and intervention. In Knapp D, McDaid D, Parsonage M: *Mental health promotion and prevention; the economic case*. London: Department of Health 2011. p.26-28
- 4 Office for National Statistics (2019). *Suicides in England and Wales 2020 registrations*. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/latest
- 5 Platt S (2011). Inequalities and suicidal behaviour. In O'Connor R, Gordon J, editors. *International handbook of suicide prevention: research, policy and practice*. Chichester: John Wiley & Sons Ltd; 2011. Chapter 13

However, using risk factors to predict which individuals are most likely to attempt suicide is difficult. Suicide is a comparatively rare event: the vast majority of people, even with multiple risk factors and low levels of support do not take their own lives. The act of suicide is often the end in a complex interplay of different psychological, social, economic and cultural risk factors and events; the prevention of suicide has to address this complexity.

Many people who die by suicide are not in contact with mental health services, and may not be in contact with a GP, so opportunities for clinical interventions can be limited. This is why action to prevent suicide must be understood within a much wider model of prevention and resilience building, whilst also reducing the immediate risk where we know it can make a difference. Suicide prevention must be viewed as everybody's business.

Figure 1: Protective and risk factors for suicide

Risk factors			
Demographic	Physical and mental illness	Adverse life events	Community & Societal
 <ul style="list-style-type: none"> • Male gender • Middle age • LGBT+ 	 <ul style="list-style-type: none"> • Long-term poor physical health • Psychiatric illness • Prior attempts of suicide or self-harm 	 <ul style="list-style-type: none"> • Debt and financial problems • Unemployment and economic inactivity • Substance misuse • Violence, trauma, abuse, bullying • Experience as a looked-after child in care • Bereavement by suicide 	 <ul style="list-style-type: none"> • Socio-economic disadvantage • Experience of the justice system • Social isolation • Asylum seekers and refugees
Protective factors			
Individual	Community	Accessible Services	
 <ul style="list-style-type: none"> • Coping skills and resilience • Reasons for living • Physical activity • Health and treatment 	 <ul style="list-style-type: none"> • Social support • Family connectedness • Supportive schools and colleges • Religious participation 	 <ul style="list-style-type: none"> • Housing support • Employment support • Income maximisation • Substance misuse services • Mental Health Services • Bereavement support • +++ 	

Derived from reviews for the [Scottish Government](#), [Public Health England](#), and the [National Confidential Inquiry into Suicide and Homicide](#)

The strategy and action plan build on an external review⁶ of our approach to suicide prevention, and reflect the priorities and quality standards outlined in national guidance and best practice. They are designed to provide a pathway for implementation and clear accountability across relevant agencies, with the aim of reducing the number of suicides in Camden and Islington and supporting those who are affected by suicide

We focus on four priority areas for suicide prevention



⁶ Review of suicide prevention pathways in Camden and Islington, 2016, Mental Health Foundation & Wilson Sherriff, available from CIPHadmin@islington.gov.uk

2. The National Context

In 2020, there were 5224 suicides registered in England and Wales; an age-standardised suicide rate of 10.0 per 100,000 population⁷. This was a decrease compared to 2019, when the rate was 11.0 per 100,000. This decrease may be related to a reduction in male suicides at the start of the coronavirus (COVID-19) pandemic and delays in death registrations⁷.

Previous to this, suicide rates had been falling in England and Wales since a high in 2013 (of 10.4 per 100,000) to a low in 2017 (of 9.4 per 100,000). 2018 and 2019 saw significant increases in recorded suicide rates, generally viewed as a post-recession rise. These figures indicate that we are not on track to achieve the national ambition set out in 2016 in the Five-Year Forward View for Mental Health, to reduce suicides by 10% by 2020/21 (from the baseline of 10.3 per 100,000 in 2015)⁸.

The risk of suicide is much higher in men than women, with men accounting for three quarters of suicide deaths in England and Wales (a rate of 15.4 per 100,000 in men compared to 4.9 per 100,000 in women in 2020)⁷. Nationally, the highest rates of suicide in both sexes are amongst those aged 45 to 54, followed by decreases until the age of 80 when the rate starts to rise again. Suicide is the leading cause of

death in young people aged 20 to 34 nationally. However this reflects the relatively few deaths from other causes in this age group, and the rate of suicide in young people aged 20 to 29 is lower than all age groups between 30 and 64⁷.

The COVID-19 pandemic has had profound physical and mental health, and economic consequences for many people. There was concern that, at their most extreme, these could lead to increased suicide rates. In fact, national and international evidence shows no evidence of a significant increase in risk of suicide in 2021, and in some areas rates had fallen⁹. However, the longer-term mental health and economic effects of the pandemic may yet present a risk, and we need to remain alert to emerging risks such as domestic violence, child abuse, unemployment, and other financial insecurity. Suicide rates can rise during times of economic recession, but economic safety nets can help to reduce risk.

2.1 National policies and guidelines on suicide prevention

The government's 2012 national strategy, [Preventing suicide in England: a cross-government outcomes strategy to save lives](#), marked a new emphasis on local responsibility for suicide prevention and set out six key areas for action. It was expanded to include a seventh key area in [2017](#):

- Reducing the risk of suicide in high risk groups
- Tailoring approaches to improve mental health in specific groups

⁷ Office for National Statistics. Suicides in England and Wales: 2020 registrations. Available at www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/latest

⁸ PHE (2016). Local suicide prevention planning. A practical resource. Public Health England. October 2016.

⁹ Pirkis J et al (2021). Suicide trends in the early months of the COVID-19 pandemic: an interrupted time-series analysis of preliminary data from 21 countries. The Lancet Psychiatry, Volume 8, Issue 7, July 2021, Pages 579-588

- Reducing access to the means of suicide
- Providing better information and support to those bereaved or affected by suicide
- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- Supporting research, data collection and monitoring
- Reducing rates of self-harm as a key indicator of suicide risk.

The latest progress report 'Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives' (published in 2019) summarises progress against the key areas of action outlined above. It also laid-out the following priority areas:

- Working in partnership with local government to embed their local suicide prevention plans in every community.
- Delivering our ambition for zero suicide in mental health inpatients and improving safety across mental health wards and extending this to whole community approaches
- **Addressing the highest risk groups including middle-aged men and other vulnerable groups such as people with autism and learning disabilities, and people who have experienced trauma by sexual assault and abuse**
- **Tackling the societal drivers of suicide such as debt, gambling addiction and substance misuse and the impact of harmful suicide and self-harm content online**
- **Addressing increasing suicides and self-harming in young people; and**
- **Improving support for those bereaved by suicide**

Camden and Islington's Suicide Prevention Strategy and Action Plan respond to all of the key areas in the national strategy, as well as the priority areas from the progress report which are most relevant to our local system (highlighted above in bold). The action plan is designed to complement, but not replicate, the prevention activities outlined in Camden and Islington NHS Foundation Trust, which are directly related to the patients under their care. The Trust's priorities are briefly summarized in Section 4.3.

The focus of the strategy was also guided by the following additional national documents, adapted to respond to local risks and priorities.

- House of Commons Briefing paper: Suicide Prevention: Policy and Strategy, October 2019. Suicide Prevention in Different Policy Areas
- PHE: Local Suicide Prevention Planning: A local resource 2016.
- NICE Quality standard 189 on Suicide Prevention: [nice.org.uk/guidance/qs189](https://www.nice.org.uk/guidance/qs189)

This strategy complements our broader work to raise awareness of mental health issues, tackle stigma relating to mental illness, and improve the mental health and wellbeing of all residents.

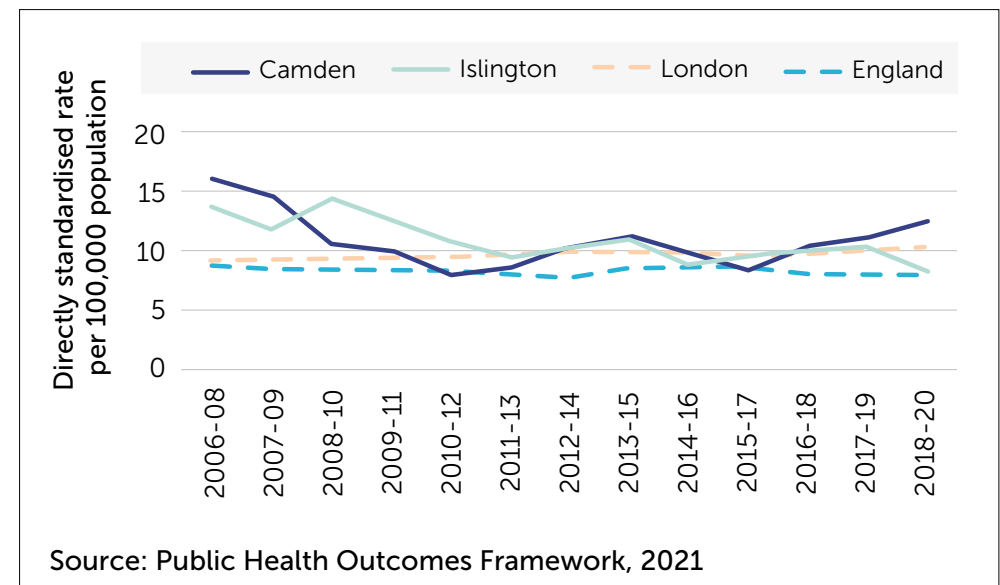
3. The Local Context in Camden & Islington

We have seen improvements in suicide rates in Camden and Islington over the last ten years. However, more recently overall suicide rates have started to rise in Camden.

There are limitations to the availability of up-to-date local data on suicides. National reporting gives us only limited demographic and no contextual information about local suicides (for example the means of suicide, where the suicide took place, or the person's occupation). This can make it difficult to identify factors which may increase risk of suicide locally. There is also a significant delay in national reporting due to the requirement to confirm a death as a suicide through the coronial process, followed by the annual reporting cycle. For deaths registered in 2020, the median registration delay for suicide in England was 165 days. The 2020 registration data was published in late 2021, but around half of the deaths reported will have occurred in the previous year (2019).

As data on suicides are based on very small numbers at borough level, rates can fluctuate markedly from year to year. We address this in part by looking at three-year averages, but interpretation of trends should still be approached with caution.

Figure 2: Age standardised death rates from suicide or injury of undetermined intent per 100,000 population aged ≥ 10 years: in Camden, Islington, London and England, from 2006-8 to 2018-20.



Since 2006-8 suicide rates have decreased in both boroughs and are now statistically similar to London and England. In Camden, the rate has dropped from 16.1 deaths per 100,000 population in 2006-8 to 12.7 per 100,000 in 2018-20; in Islington it has decreased from 13.7 to 8.0 per 100,000 over the same time period.

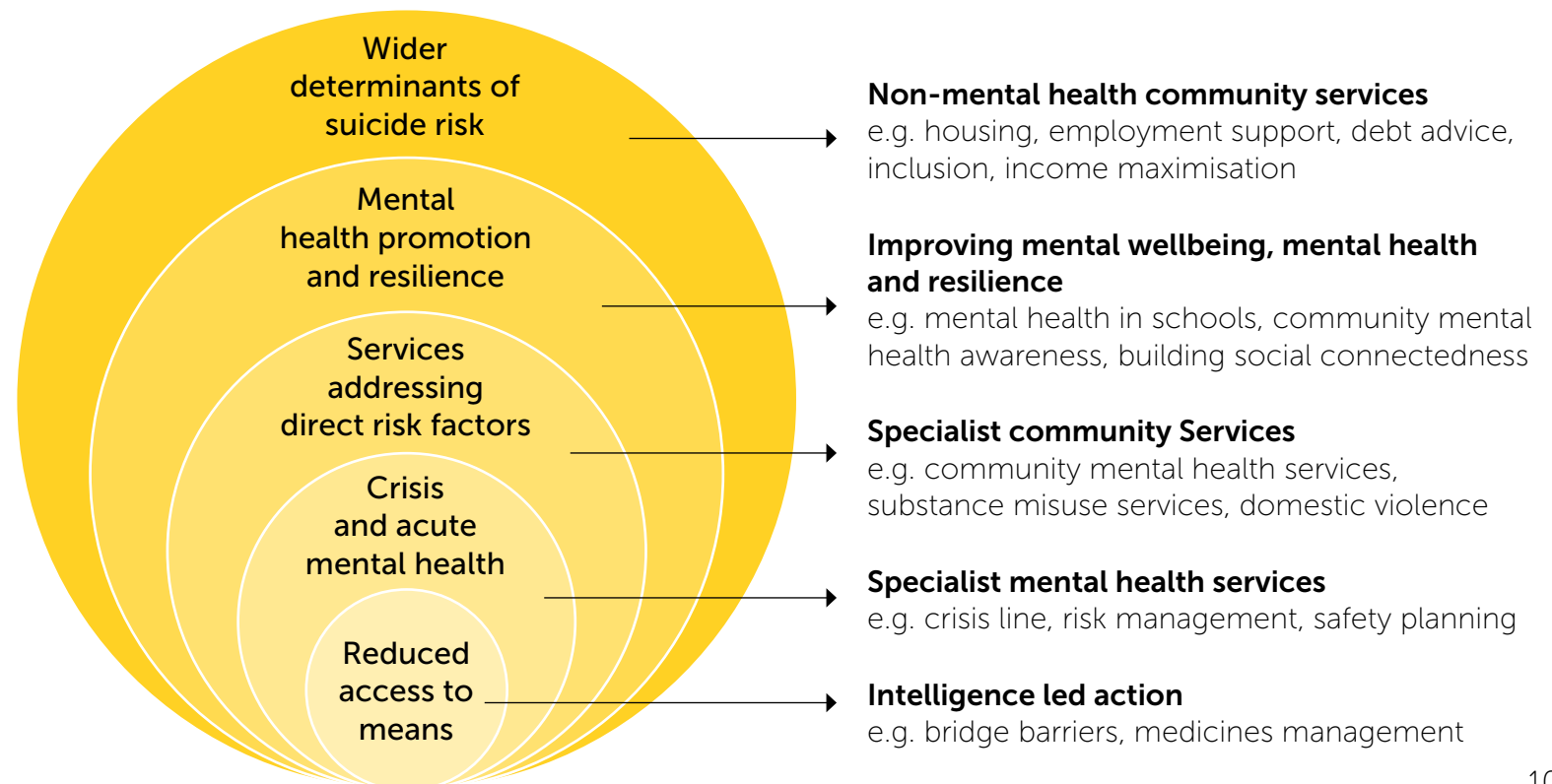
In the most recent complete 3-year period of data (2018-20) there were 76 suicides in Camden and 45 in Islington. Rates have risen recently in Camden, mostly attributable to a rise in suicide by men. 71% of suicides in Camden and Islington were by men (compared to 75% nationally).

4. Existing work to prevent suicide in Camden and Islington

This suicide prevention strategy is complemented by our broader work to raise awareness of mental health issues, tackle stigma relating to mental illness, and improve the mental health and wellbeing of all residents in Camden and Islington. It is also supported by the work of many Council, NHS and voluntary sector services to improve the socio-economic circumstances of our residents. We recognise that suicide prevention is a challenge for us all; we all have a role to play, from the public and our community leaders, to frontline staff and carers.

The information below outlines existing work in Camden and Islington which supports suicide prevention, under the following sections (outlined in Figure 3): Addressing the wider determinants which contribute to risk of suicide; improving the mental health, wellbeing and resilience of the general population; services addressing direct risk factors; crisis mental health care and reduced access to means.

Figure 3: The spheres of influence which impact suicide prevention



4.1 Services addressing wider determinants that increase risk of suicide

Tackling the societal drivers of suicide is a critical component of reducing suicide risk. People living in the most disadvantaged communities face the highest risk of dying by suicide¹⁰. Factors such as debt, gambling addiction, substance misuse, loneliness, homelessness and unemployment all increase the risk of suicide. Thus the core work undertaken by non-mental-health services, such as housing, employment, debt support, inclusion, and bereavement support all contribute to suicide prevention.

In Camden and Islington, the staff within these services are included in our suicide prevention partnership; this aims to increase staff awareness of how their organisation and the services they provide can help to prevent suicide. Many have also had training to improve their understanding of mental health, be more aware of suicide risk, and better able to talk about wellbeing or sign-post clients to appropriate mental health and support services. For example, in Camden a clinical psychologist is embedded in the Housing Service; they work to improve staff understanding of how resident's experiences impact their behaviour, with the aim of minimising evictions and improving links between mental health and landlord services. In Islington, staff at the We Are Islington helpline, which provides practical and emotional support to people who call, have been trained to speak to callers about their mental health and be alert to the risk factors for suicide.

As part of our strategy and action plan, we want to build on this partnership by extending the provision of both mental health awareness and suicide prevention training to frontline services, including the workforce of wider determinants. This will ensure their staff better understand suicide risk and are equipped to recognise, support and signpost those at risk to appropriate services.

¹⁰ [Samaritans, 2017](#). Dying from inequality: Socioeconomic disadvantage and suicidal behaviour

4.2 Improving mental health, wellbeing and resilience of the general population

Activities to improve mental health, wellbeing and resilience of all members of the general population are also a critical part of suicide prevention. This includes increasing community resilience, and building community mental health awareness to reduce stigma, improve mental health and foster early access to services when needed. There is a comprehensive range of work in both boroughs to support this aim, including a resilience network in Camden, a Wellbeing Service in Islington, and a suite of trainings in mental health awareness available to staff in all sectors, and the public. Public Health, working with corporate communications and wider stakeholders including residents in both Councils, have a programme of communications for the public to increase awareness and understanding of mental health and signpost to services.

Recognising the impact of trauma, particularly in childhood, such as abuse, neglect or violence, on people's mental health and behaviour is also an important part of understanding mental health and building community resilience. Trauma informed approaches are increasingly being used in both boroughs in areas of adult social care, children's services and community services.

Reducing social isolation and increasing community connectedness are important protective factors; adult social care in both Camden and Islington have introduced a strength-based approach, which supports people to connect to their communities and make use of community resources, and provides a referral pathway into services aimed to reduce social isolation (for example via social prescribing in primary care).

The COVID-19 pandemic has had a significant negative impact on mental health, including through bereavement, social isolation, loss of income or unemployment, and fear and anxiety. Since March 2020, Thrive LDN ¹¹has coordinated the public mental health response

¹¹ Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners. It is supported by the Mayor of London and led by the London Health Board partners. See thrivelndn.co.uk

to COVID-19 in London on behalf of the Strategic Coordination Group, Public Health England London and wider partners. This included developing and implementing a COVID-19 Suicide Prevention Response Strategy, which addresses myth-busting, enhanced bereavement support and financial resilience. Islington is one of 40 boroughs of high deprivation in receipt of a national Better Mental Health grant to respond to the immediate impacts of COVID-19; this has been used to fund a number of local projects to improve mental health and wellbeing across the ages.

Since the COVID-19 pandemic began, both boroughs have increased resources to strengthen our support for the bereaved. This included an expansion of bereavement counselling services, and work to improve the confidence of all front line staff to respond with empathy and understanding to those who are bereaved, and signpost to practical and emotional support. The training has reached over 1200 people, including the many who have volunteered in different ways throughout COVID-19.

4.3 Services supporting people at increased risk of suicide

Primary, Secondary and Community Care

A range of service providers in community, primary and secondary care come into contact with individuals at increased risk of suicide, such as mental health services, GPs, emergency services and substance misuse services. It is both the *core* work undertaken by these services addressing risk factors such as mental health, addiction, social isolation or self-harm, *and* the awareness and skills of staff in these services when interacting with people at increased risk of suicide, which contributes to suicide prevention. Work to deliver training on suicide prevention and raise awareness for these front-line services is outlined in our action plan.

The Camden and Islington NHS Foundation Trust's suicide prevention strategy also recognises the need to strengthen the front-line, including primary care, through education, training and emotional support to GPs on suicide awareness, and more effective referral and care pathways between primary care and clinical and social support.

Mental health services

A key focus of suicide prevention is the people who use mental health services; nationally, a third of people who die by suicide are in contact with mental health services¹². Camden and Islington NHS Foundation Trust's 2021 Suicide Prevention Strategy¹³ outlines their approach to suicide prevention and support for those bereaved by suicide. It has a key focus on strengthening their workforce's engagement, skills and confidence, strengthening their partnerships with service users, carers and partner agencies, and developing effective systemic learning. It is informed by the ten key elements of safer care identified during the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)¹⁴.

The Trust's Joint Suicide Prevention Strategy, focuses on the following areas:

- Provision of compassionate care
- A just and learning culture
- Working in partnership with patients, carers, community and health partners
- Provision of safer services

Links between Mental Health Liaison and Crisis Resolution and Home Treatment teams, and the Police and other Trust Community Services will be strengthened. Other initiatives include working with the Support after Suicide Service (Rethink Mental Illness) to offer support to those impacted by suicide, the formal adoption of a Trust wide Trauma Informed Approach, and a review of risk assessment, support planning and safety planning that is based on co-production. The governance of serious incidents will be strengthened by joint working with Barnet, Enfield and Haringey Mental Health NHS Trust and key stakeholders to inform lessons learnt and training for professionals.

¹² Suicide prevention for mental health patients | Royal College of Psychiatrists. [Suicide prevention for mental health patients | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/pressandpublicaffairs/pressreleasesandnews/2020/04/suicide-prevention-for-mental-health-patients)

¹³ The strategy is joint with Barnet, Enfield and Haringey Mental Health NHS Trust, reflecting new partnership working arrangements. This ensures that work is aligned across the North Central London region.

¹⁴ [Safer-services: a-toolkit-for-specialist-mental-health-services.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/pressandpublicaffairs/pressreleasesandnews/2020/04/suicide-prevention-for-mental-health-patients)

Support to other specific high-risk groups

- **Individuals bereaved or affected by suicide:** Bereavement of any kind, but particularly bereavement by suicide can increase suicide risk. A death by suicide can have a profound effect on families, but also on professionals and communities exposed to suicide. Supporting individuals and communities bereaved or affected by suicide is a key priority within the national plan. A North-Central London Support after Suicide service commenced in October 2020, and provides practical and emotional support to those bereaved by suicide. The service has also worked with communities impacted by suicide including schools and workplaces.
- **Care leavers:** In Camden, there is a referral pathway for children leaving care, between the Leaving Care Service and CAMHS Looked-After Children Team and psychotherapy services at the Brandon Centre. There is a similar pathway between Islington's Leaving Care Service (Independent Futures) and the psychotherapy service at the Brandon Centre. The Brandon Centre service has the capacity to see 12-15 young people per year for therapy in each borough, providing 16-20 therapy sessions for each young person.

4.4 Crisis mental health care and reduced access to means

Crisis mental health care

Ensuring that people with serious mental illness have rapid access to effective crisis care is an important element of suicide prevention. In Camden and Islington, a Crisis Mental Health Team provides support via a free-phone number 24 hours a day, 7 days a week.

Camden and Islington's Crisis Resolution and Home Treatment Teams (CRHTTs) provide safe and effective home-based assessment and treatment service as an alternative to in-patient care. There is also a 24-hour Mental Health Crisis Assessment Service at St Pancras Hospital; the service sees people in need of urgent mental health care so they don't have to go to an acute general hospital accident and emergency department.

There are also support services for those in suicidal crisis. The Listening Place in Camden provides free, sustained, face to face support, by appointment, to those who feel life is no longer worth living. They opened their centre in Camden in early 2021, supported by NCL suicide prevention funding. James' Place also opened in Islington in 2021; the centre provides support to men aged 18 or over from the surrounding area who are experiencing a suicidal crisis by providing active, intense and quick-access therapeutic support.

Reduced access to means

There is clear evidence that restricting access to the immediate means for suicide can also prevent suicides from occurring. An example of relevant national legislation is the restriction on the quantity of medication that can be bought over-the-counter, so that stockpiling before an overdose is more difficult.

The Camden and Islington NHS Foundation Trust's suicide prevention strategy includes measures to reduce access to means of suicide for its services users, including a Ligature Risk Management policy and risk assessment training, measures to prevent medicines stockpiling and staff training on the risk of helium use to end life. GPs also play a role in reducing access to pharmacological means of suicide, by following safe prescribing practices for pain killers and antidepressants.

Identifying features of the built environment in Camden and Islington that might facilitate suicide by jumping, such as bridges or multi-storey car parks, is also an important part of preventing access to means of suicide. In Camden and Islington, collaborative working with local partners and other agencies, such as Transport for London, British Transport Police, the North Central London Suicide Prevention Partnership and the Thrive London Suicide Prevention Group has enabled early identification and action to address new means of suicide, locations of concern and joint action to address these issues. As an example, safety barriers were erected on Archway Bridge in June 2019; since then there have been no incidents, compared to six suicides at this bridge between 2008 and 2019.

5. Camden and Islington's Suicide Prevention Strategy

Our mission is to bring together and support services across different sectors to prevent suicide and build both individual and community resilience.

Our key messages

- Suicide is preventable
- It's safe to talk about suicide
- Suicide prevention is everyone's business

We will take a holistic approach to prevention and early intervention, working to improve the mental health and wellbeing of our residents more broadly. We will build a community partnership with greater suicide awareness, a shared understanding of risk and prevention and the skills and confidence to talk about suicide and intervene to prevent it. We will focus initiatives to prevent suicide amongst high-risk groups and to reduce access to the means of suicide.

We have identified four priority areas to deliver our vision, based on national guidelines and the local context.

- Build a partnership for suicide prevention
- Enable a skilled workforce, confident to address suicide risk
- Increase support to key high risk groups, including those who self-harm, people bereaved by suicide, middle-aged men, and people in suicidal crisis
- Improve data collection, monitoring, and insight

5.1 Build a partnership for suicide prevention

In order to facilitate a wider understanding and ownership of suicide prevention, we will work to develop a shared understanding of suicide risk, resilience and protection, and to engage the workforce of wider determinants to develop a shared narrative around suicide prevention and our role within it. This will include developing a single online information hub, allowing partners to access data, evidence, training and best practice on suicide prevention. A Camden and Islington Suicide Prevention Partnership was formed in 2021, and has supported the development of this strategy and action plan. The partnership has a membership of over 100, and will grow.

5.2 Enable a skilled workforce, confident to address suicide risk

Front-line service providers in certain community, primary and secondary care services and the workforce of wider determinants, are more likely come into contact with individuals at increased risk of suicide. This can include staff working in services as diverse as housing, employment, debt support, social isolation, winter wellness, bereavement services, emergency services and substance misuse services.

We will work to develop a shared understanding of what it means to be suicide aware within a service, and develop a toolkit of policy and resource materials for services to build suicide awareness within their organisation.

Training and supporting these staff is an important part of suicide prevention, to improve organisational safety planning, increase staff knowledge and confidence to identify and talk to someone feeling

suicidal, reduce the stigma surrounding suicide, and enable staff to look after themselves and others. We will provide a package of training for relevant council, voluntary sector and other frontline services, on general mental health awareness, suicide awareness, managing suicidal conversations, and sign-posting to appropriate services.

Whilst the local media in Camden and Islington have taken a sensitive approach to suicide and suicidal behaviour, we will continue to monitor local and national reporting of suicides, to ensure they follow the Samaritan's guidelines on responsible reporting, and provide further support to improve if required.

5.3 Reducing the risk of suicide in key high-risk groups

We recognise that certain groups of individuals are at higher risk of suicide. Those at higher risk may not be known to statutory or healthcare services, making their identification more challenging. To address this we will use local data to develop our understanding of local risk and protective factors and improve targeting of our work.

People who access mental health services are known to be at increased risk of suicide; the Camden and Islington Mental Health NHS Foundation Suicide prevention strategy outlined above is designed to address the increased risk in this group. We will work closely with statutory and voluntary sector local mental health providers to improve early access to these services and support their ongoing suicide prevention and risk management work.

We will build on existing work outlined above, to further reduce the risk of suicide in the following groups:

- **Individuals who self-harm:** We will work to improve the recognition of and support for people who self-harm, including improved referral pathways after A&E attendances for self-harm. We hope to extend a model piloted at North Middlesex University Hospital to local acute hospitals; they worked to enhance the existing Mental Health Liaison Service by offering brief psychological interventions to individuals who presented to the acute hospital with suicidal

thoughts or behaviours, and who were not receiving support from another mental health service.

- **People bereaved or affected by suicide:** We will review the impact of the Support after Suicide service, and work with GPs, faith groups, coroners and undertakers to ensure that this service is widely promoted. We will also work with frontline staff to ensure they are aware of the support available to those bereaved by suicide. We will support schools, colleges, and workplaces, to make them aware of pathways into local and national bereavement support and help them develop tailored support to individuals and communities after a traumatic or unexpected death.
- **Young people:** We will support and continue to feed into mental health promotion and early intervention work in schools and colleges; we will work with local schools to develop a programme of awareness raising, early intervention and signposting after self-harm.
- **Middle-aged men:** We will target mental health promotion materials and service signposting toward those known to be at highest risk, including middle-aged men. We will work with services most likely to support or interact with at risk men (such as debt and unemployment services), providing training in suicide awareness and effective signposting. We will review existing suicide prevention services to consider the extent to which they reach and are appropriate for middle-aged men who may be experiencing suicidal thoughts.
- **People in financial hardship or those accessing statutory services:** Develop mental health communication materials targeted at high-risk groups accessing statutory services, to raise awareness of symptoms and support available. For example for benefit claimants, those seeking debt advice, or the unemployed.
- **Loneliness and social isolation:** We will continue our programmes of social prescribing, alongside other approaches to tackle loneliness and social isolation. This will include suicide prevention training for services which address loneliness and social isolation in older people.

- **People in suicidal crisis by reducing access to mean of suicide:** National legislation has reduced the quantity of medication that can be bought over-the-counter. At a local level, we will review the role of prescribed medicines in local suicides and work with pharmacies and primary care services to support responsible prescribing. We will support the needs of partners including the British Transport Police and Transport for London, to tackle the risk of suicide at transport hubs and bridges and provide support to people in distress identified at those locations.
- **Use our increasing understanding of local risk to identify other high risk groups:** Our local understanding of suicide is improving as we start to see more immediate data from the Thrive London hub (see below). As we build a more granular understanding of local risk, this will help us to better target our suicide prevention work.

5.4 Improve data collection, monitoring and insight

High-quality, timely information about local deaths by suicide supports our prevention work by allowing us to recognise potential risks, trends or clusters more quickly, and allowing us to mobilise pro-active support to those bereaved or affected by a death.

Thrive LDN have developed a London-wide suicide surveillance hub that works with the Metropolitan police to identify suspected suicides at an early stage and report these to local partners so that prompt action can be taken. This is beginning to give us timely local information about means of suicide, and places or types of risk, allowing us to take a community safety approach to prevention. It also provides more contextual details of the circumstances of individual suicides, allowing us to build a qualitative local picture of those who die by suicide, their circumstances, the touch points with services, and any proximate incidents which may have precipitated their actions.

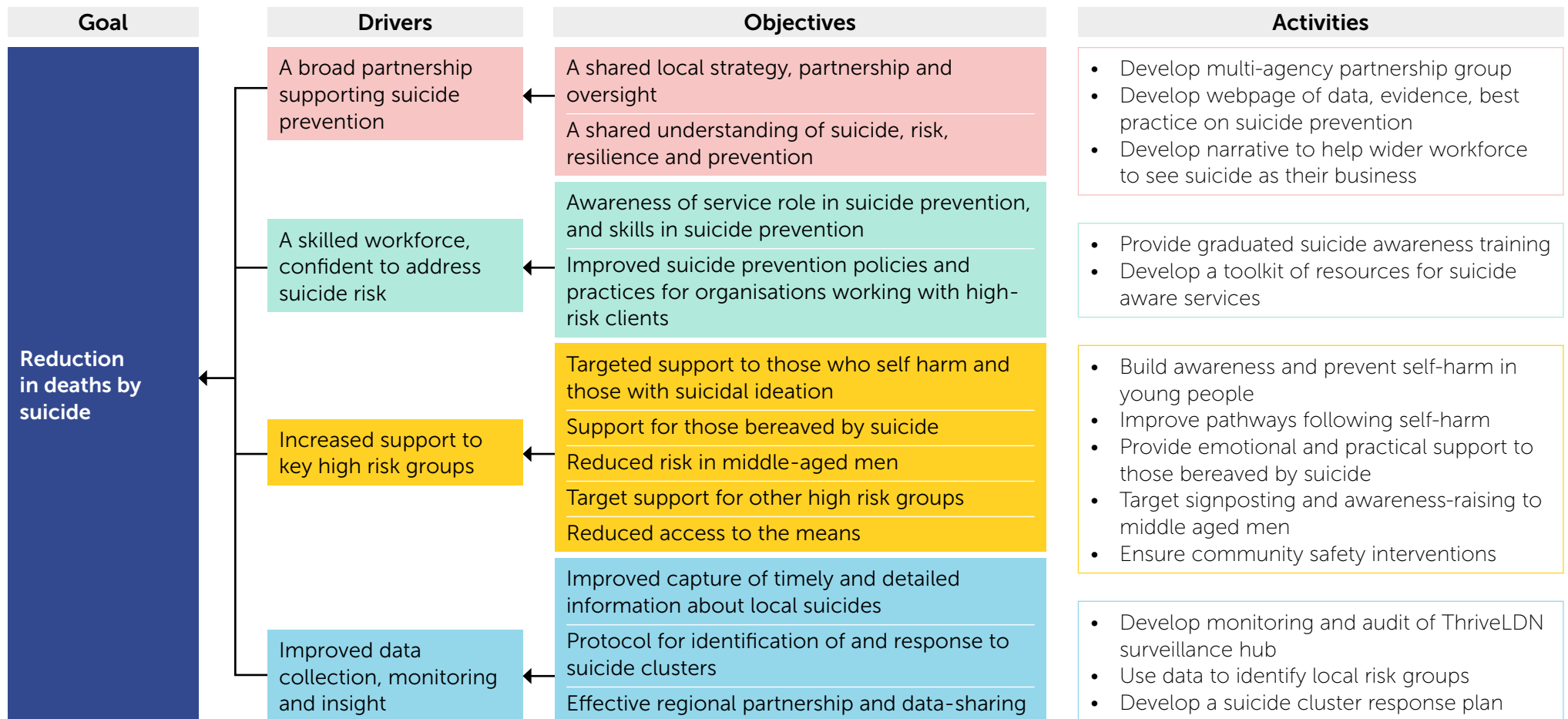
As use of the hub is consolidated, it will enable us to develop and test new protocols for cluster recognition and systematic response to all suicides notified through the hub. Real time audit data will be available, and the narrative gives us a better understanding of local risk factors and trigger events. We will develop our use of insights from the hub, and continue to annually update our audit of suicides within the two boroughs to inform our understanding of local risk, and develop our action plan.

We will use local data to develop our understanding of local risk and protective factors and improve targeting of our work. We will continue to work closely with statutory and voluntary sector local mental health providers to improve early access to these services and support their ongoing suicide prevention and risk management work.

6. Governance and Monitoring of the strategy and action plan

The Camden and Islington suicide prevention partnership are responsible for the development and implementation of this suicide prevention strategy. A summary of the action plan accompanying the strategy is available below.

Camden and Islington Suicide Prevention Action Plan



Existing work supporting objectives: Building mental health awareness, reducing isolation, trauma informed practice, social prescribing, effective mental health care, inclusion of marginalised communities



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