



Adult Social Care and Health Scrutiny Committee

Suicide Prevention

Report

January 2025 – May 2025

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1. Introduction and Terms of Reference

- 1.1 This Task and Finish Review was commissioned by the Adult Social Care and Health Scrutiny Committee as part of its work programme for the 2024/25 Municipal Year, following a meeting held on 25 June 2024.
- 1.2 In 2015-17 (three-year rolling average), St Helens recorded the highest suicide rates in the country. Since then, significant efforts have been made by our communities, schools, workplaces, and services to raise awareness, provide support, and reduce suicide. However, in the post-pandemic period, suicide rates in the Borough have begun to rise again. St Helens is experiencing a particularly steep increase, likely influenced by the cost-of-living crisis and high levels of inequality within the Borough.
- 1.3 At the outset of the review, the Task and Finish Group agreed on the following aims and objectives:
- Aims:**
- To review the current position regarding the increase in suicide rates.
 - To provide an overview of the current situation.
 - To offer suggestions to help reduce suicide rates.
- Objectives:**
- To review the latest quantitative data on suicide, both locally and nationally, to understand the reported increases.
 - To examine the current Suicide Prevention Strategy and its implementation.
 - To explore the underlying causes contributing to the rise in suicide rates.
 - To assess the measures currently in place in response to the data and identify any additional actions being taken.
 - To provide informed commentary on the current situation.
 - To make evidence-based suggestions aimed at reducing suicide rates.
- 1.4 This review supports the delivery of Council Priority 1. “Ensure children and young people have a positive start in life”, priority 2. “Promote good health, independence, and care across our communities. And priority 6. “Be a responsible Council”.
- 1.5 The following Members of the Adult Social Care and Health Scrutiny Committee formed the Task and Finish Review Group:
- Councillor John Hodkinson (Chair)
 - Councillor Tracy Dickinson
 - Councillor Bisi Osundeko
 - Councillor Geoff Pearl
- 1.6 The following officers contributed to the Task and Finish Review:
- Ruth du Plessis, Director of Public Health
 - Rachel Brown, Public Health Intelligence and Performance Manager
 - Matt Thompson, Public Health Practitioner
 - Karl Allender, Scrutiny Support Officer
 - James Morley, Senior Scrutiny Officer

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- 1.7 Councillor Sue Murphy MBE, former Portfolio Holder for Public Health, also attended a meeting of the Task and Finish Group to contribute to the review.
- 1.8 The following representatives attended the meeting on behalf of their respective agencies:
- Diane Warburton – Assistant Director of Nursing, Mental Health Urgent Care, Mersey Care NHS Foundation Trust
 - Claire Glover – City Health Care Partnership
 - Robert Alcock – City Health Care Partnership
 - Lynn Saunders – Operational Lead for Mental Health and Wellbeing Service, Suicide Prevention, City Health Care Partnership
 - Jayne Parkinson-Loftus – Manager, Healthwatch St Helens

2. Method of Investigation

- 2.1 The review commenced with its initial meeting on 31 January 2025. Officers from the Public Health Team attended the meeting to provide an overview of the statistics regarding suicide rates over recent years and explained some of the initiatives that the Council was already involved in. Members of the Task Group asked questions and provided comment regarding the suicide statistics and initiatives to tackle the issue and its impact on families. The Task and Finish Group examined the steps currently being taken by the Council to address mental health and suicide prevention.
- 2.2 Following the initial meeting, Members recommended convening a second session to hear from officers and partners who provided information on mental health services in relation to training provision commissioned by the Council, as well as the Crisis Support model administered by Merseycare. Both presentations offered valuable insight into the current provision and highlighted potential areas where the Task Group could contribute to enhancing the training offer and supporting improvements in crisis support.
- 2.3 It was identified that St Helens has a high prevalence of poor mental health, and the Council was already actively promoting good mental health—both for its own staff and within the wider community—through a variety of existing initiatives. Mental health is a key priority for both the Council who endorse the St Helens Mental Health and Suicide Prevention Communities of Practice partnership also the Place Based Mental Wellbeing Group Partnership.

3. Background and Impact of Suicide

- 3.1 For every life lost to suicide, it is estimated that over one hundred people may be affected or impacted. This was highlighted as a significant concern due to the resulting trauma, complex bereavement, and the potential for suicidal thoughts among those left behind.

Statistics and Strategic Response

- 3.2 Suicide rates have been increasing across England over time, with a more noticeable rise since 2021. Data showed that these increases were particularly prominent in the Northeast and Northwest of England.
- 3.3 Regions like the North West, and specifically St Helens, are especially vulnerable to economic turbulence due to existing health and economic inequalities. During the initial phase of the Covid-19 pandemic, suicide rates in Cheshire and Merseyside declined. However, following the pandemic, rates began to rise again—coinciding with the cost-of-living crisis, changes in personal circumstances, altered working arrangements, and business closures.
- 3.4 It was highlighted that when councils are given the autonomy and funding to address suicide prevention locally, they are better positioned to target specific areas of concern and implement effective interventions. However, there is not currently government funding specifically for suicide prevention.

Regional Comparison

- 3.5 In 2023, the suicide rate in the North West was 14.7 per 100,000 people, compared to the England average of 11.2. Members questioned whether national policymakers, particularly those based in London, fully recognised the regional disparities. For comparison, London's suicide rate was significantly lower at 7.3 per 100,000. The North of England contained three of the most affected regions in terms of suicide rates.

Related Mortality Trends

- 3.6 In addition to suicide, mortality rates from drug poisoning also increased for both males and females in 2023. Officers referenced the work of Professor Michael Marmot, who has raised concerns about rising “deaths of despair”—including suicide, drug misuse, and alcohol-related deaths. In his article “*A Health Crisis is a Social Crisis*,” Professor Marmot highlighted the strong correlation between deprivation and higher suicide rates.

National and Local Mental Health Prevalence Data

- 3.7 Members were presented with statistical data on the prevalence of mental health conditions and suicide rates. It was estimated that nationally, 1 in 6 adults had experienced a *common mental disorder*—such as depression or anxiety—in the previous week.
- 3.8 Among children, the mental health figures nationally were also concerning. In 2023, around 20% of children aged 7 to 16 were identified as having a probable mental health condition, a significant increase from 12% in 2017. Officers noted that while this rise is

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substantial, it may partly reflect improved awareness, greater support, and more opportunities for young people to openly discuss mental health issues.

- 3.9 Nationally, the NHS in England spent £16 billion on mental health services in 2022/23, representing 14% of local NHS funding allocations.

Suicide Rates: National and Local Trends

- 3.10 Locally, between 2021 and 2023, there were 861 suicides registered across Cheshire and Merseyside. St Helens recorded the highest suicide rate in the region, with 15.9 deaths per 100,000 people during that period.
- 3.11 Members were informed that St Helens, Knowsley, and Liverpool all had statistically significantly higher suicide rates than the national average. Among 24 North West regional areas, St Helens ranked third highest and had the highest rate in Cheshire and Merseyside.

Review of the Suicide Prevention Strategy

- 3.12 As part of the investigation, Members reviewed the St Helens Borough Suicide Prevention Strategy 2023-27, which had been approved by the People Board June 2023. The strategy outlines the work undertaken in recent years to support residents and sets out further measures to continue making a positive impact.
- 3.13 The strategy is structured around five key themes:
- Leadership and Governance
 - Prevention
 - Intervention
 - Postintervention
 - Data, Intelligence, Evidence, and Research

Ongoing and Planned Work

- 3.14 These strategic areas encompass a wide range of initiatives, including:
- Continued collaboration with partners across the Borough and with individuals affected by suicide and self-harm
 - Ongoing training opportunities, such as the free Zero Suicide Alliance course available to all residents
 - Enhanced support for individuals in need of mental health assistance
 - Improved bereavement support services
 - Regular review and analysis of incident patterns to inform future action

4. Findings

- 4.1 At the outset of the investigation, the Task Group examined prevalence data and the steps currently being taken by the Council in this increasingly critical area. It was immediately evident that the Council is actively supporting mental health among its staff—through improved awareness, training, and the promotion of the Mental Health First Aider programme across the organisation (discussed at 4.8).
- 4.2 In addition, the Task Group noted the extensive collaborative work being carried out across the wider community and the city region through various partnership channels.
- 4.3 The Northwest had the highest rate of suicide for 30 years in 2023 and the England rate was the highest for over 20 years. Data presented to the Task Group indicated that increases in rates often correlate with periods of national economic instability—such as recessions—when health and economic inequalities tend to widen. A particularly notable rise in suicide rates was observed from 2020 onwards during economic turbulence caused by the covid-19 pandemic.
- 4.4 Mental health remains a key priority for the Council. The Council is an active member of the Cheshire and Merseyside Suicide Prevention Partnership Board, which includes a wide range of stakeholders such as the local Clinical Commissioning Group, voluntary sector partners, and other key organisations.
- 4.5 The Council is also an active member of the St Helens Mental Health and Suicide Prevention Communities of Practice Forum—a partnership comprising a diverse range of stakeholders, including commissioned services and the voluntary sector. This group functions as a collaborative forum, enabling members to share information, align their efforts around shared priorities, and coordinate the effective deployment of resources.
- 4.6 This partnership provides a valuable forum for members to share information, collaborate on shared priorities, and coordinate the deployment of resources. It also facilitates the exchange of information about services provided by both statutory bodies and voluntary organisations, enhancing the overall response to mental health needs.
- 4.7 Public Health is also represented on the St Helens Growth Board and has given a number of talks at growth board meetings to promote increasing mental health awareness and mental health support for employees across the Borough largest employers.

Internal Support and Training

- 4.8 From an internal perspective, the Council encourages participation in Time to Talk meetings, which provide staff with opportunities to engage in open conversations about mental health.
- 4.9 In 2019, the Council introduced Mental Health First Aid Training for staff. This programme includes comprehensive training on mental health awareness and strategies for providing support, including specific modules on suicide prevention. The Task Group was informed that approximately 50 Council staff members had completed the training, with feedback described as overwhelmingly positive.

What's in Place

Suicide Audit

- 4.10 Public Health is currently conducting a Suicide Audit aimed at gathering detailed information on risk and contributory factors. The goal is to identify common triggers, strategic gaps, and opportunities to improve communication and shape future recommendations.

Data Collection

- 4.11 The Public Health Team have used a regional Real Time Surveillance System to enable them to respond quickly to suspected suicides and to collect statistical data. The Suicide audit was in its final stages of data collection, which included reviewing Coroner files, witness statements, and medical summaries. This comprehensive approach is intended to provide a well-rounded understanding of the circumstances surrounding each death.

Suicide Prevention Strategy

- 4.12 The Council relaunched its Suicide Prevention Strategy in 2023, structured around five key pillars:
1. Leadership and Governance - Establishing effective partnerships and incorporating input from individuals affected by suicide and self-harm.
 2. Prevention - Raising awareness, providing training, improving communication, reducing stigma, and increasing access to support.
 3. Intervention - Training for GPs and frontline services, safety planning for individuals in crisis, enhancing self-harm support pathways, and implementing safer care standards.
 4. Postvention - Providing bereavement support, developing community response plans, and promoting responsible media reporting.
 5. Data and Intelligence - Implementing real-time surveillance to enable rapid response, analysing trends and risks, and reviewing evidence-based interventions and research.

Leadership and Governance

- 4.13 Officers shared several examples of local work and collaborative efforts that have strengthened leadership and governance in suicide prevention:
- St Helens Suicide Prevention Strategy Launch Event in September 2023
 - Suicide Prevention Action Plan Implementation and Progress
 - Establishment of the St Helens Mental Health and Suicide Communities of Practice Forum
 - Re-establishment of the People of St Helens Community-Led Suicide Prevention Group
 - St Helens Director of Public Health, is the Director of Public Health lead for Suicide Prevention across Cheshire and Merseyside
 - The Council will be taking part on the regional sector led improvement event (LGA) Strengthened networks – ICS, Primary Care, Communities of Practice, Stakeholders, Community Members, Cheshire, and Merseyside Public Health Collaborative
 - St Helens Self-Harm Task Group Establishment
 - The Mend the Gap workshop on World Suicide Prevention Day 2024

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- 4.14 These initiatives reflect ongoing collaboration with partners across the Borough and with individuals affected by suicide and self-harm. The partnership has supported:
- Continued delivery of training, including the free Zero Suicide Alliance course available to all residents
 - Improved support for individuals in need of mental health and bereavement services
 - Ongoing review of incident patterns to inform strategic planning
- 4.15 The partnership has also established Communities of Practice and stakeholder groups to oversee and support the implementation of the Suicide Prevention Strategy. Given the significance of suicide, the Local Government Association (LGA) is supporting all Local Authorities in Cheshire and Merseyside in leading a sector-led improvement initiative, which will provide feedback and recommendations to enhance ongoing efforts.
- 4.16 In response to Member inquiries about changes in the re-launched strategy, officers explained that the updated approach places a stronger emphasis on awareness and prevention. A key feature of the new strategy is the 'OK to Ask' campaign, developed with input from individuals with lived experience.
- 4.17 Officers noted that the previous strategy, developed before the Covid-19 pandemic, did not address emerging issues such as gambling. The updated strategy reflects the evolving landscape of mental health challenges and incorporates new themes and risk factors.
- 4.18 Members were encouraged to learn that most of the recommendations from the original strategy have now been implemented and are functioning effectively. Officers reported that the partnership is now in its strongest position to date, with robust links established and improved collaboration across sectors.
- 4.19 It was acknowledged that the level of training and intervention required to confidently engage in potentially life-saving conversations should be re-evaluated. It is expected that the ongoing Suicide Audit may identify this as an area for improvement.
- 4.20 However, officers also highlighted that the Council previously had greater national funding and strategic capacity for suicide prevention. The loss of this national funding has limited the ability to expand training beyond current offerings. Members and officers discussed how existing training could be better targeted to maximise its impact.

Prevention

- 4.21 Officers noted that the previous strategy focused on implementing a real-time surveillance system, which is now in place. The current strategy aims to strengthen and expand this system.
- 4.22 Additional objectives have since been implemented, including:
- The development of a Self-Harm Group
 - Hosting a Time to Talk Day
 - Strengthening network links with: Integrated Care System (ICS)
 - Primary Care

- 4.23 Officers reassured the Task Group that leadership and governance among partners and stakeholders was stronger than ever, placing the Council in a strong position to lead on prevention.
- 4.24 Officers provided examples of the local work including:
- Re-launch of the Ok to Ask – Real Words, Real Hope campaign
<https://www.oktoaskcampaign.co.uk>
 - World Mental Health Day – Men's Mental Health stigma breaking video campaign with local role models and men who work in St Helens.
 - Four Point Suicide Prevention Pledge. ZSA training, The Stay Alive app, changing stigmatising language and checking in on three people in who you know.
<https://sthelens.gov.uk/stopsuicidepledge>.
 - Mental Health Awareness Week - Market Engagement Event.
 - Applied Suicide Invention Skills (ASIST) – Delivered to 30 organisations.
 - Mental Health First Aiders (MHFA) – 50 per year.
 - Zero Suicide Alliance (ZSA) to community, businesses and the voluntary sector.
 - Recommission of Saints Building Foundations promoting physical activity and mental strength.
 - OHID Prevention Concordat for Better Mental Health.
 - Live Well Directory now live. <https://www.thelivewelldirectory.com/Information/sthelens>
 - Arts On Prescription focused on creative arts for wellbeing.
 - Youth Social Prescribing Project with 144 young people engaged.
 - Men's Mental Health Projects – St Helens Wellbeing Service.
 - Review of training plan.
 - Safety planning with frontline services – SPEAK training by Papyrus.
 - Domestic abuse and suicide risk – screening and risk identification with local partners.
- 4.25 The St Helens Wellbeing Service provided an overview of its mental health and suicide prevention training offer. Training has been delivered to a wide range of groups, including:
- School staff
 - Edge of Care Team
 - TESSA Team
 - Mersey Care
 - Private sector organisations
 - Community groups
 - Social workers
 - Integrated Care Board (ICB)
 - Publicans
 - Faith groups
 - Volunteers
 - LGBTQ+ groups
 - Willowbrook Hospice
 - GP surgeries
 - Colleges
 - Police and emergency services

4.26 Members questioned whether training was tailored appropriately for frontline services and first responders. Officers acknowledged a gap in engagement with police services, although efforts to improve this were ongoing. Members agreed that we should explore targeted training for first responders and review the impact and outcomes of this before committing new funds. The training offer includes:

- Five Ways to Wellbeing
- Stress and Anxiety
- Basic Suicide Awareness
- Basic Mental Health
- Self-Harm Awareness
- Mental Health First Aid (MHFA) and refresher training
- Zero Suicide Alliance Training – Including student, veteran, and autism-specific editions.

4.27 Wellbeing sessions are embedded within training to ensure that volunteers and staff are also supported in managing their own mental health. Officers meet regularly with partners and deliver sessions in community groups, particularly in identified suicide hotspots. These sessions have been well received and have helped build a shared vision for reducing suicide rates.

Mental Health in Schools

4.28 Members were reassured that mental health education was being delivered in secondary schools, including through PSHE classes and support from trained clinicians. However, the approach varies across the Borough, as schools have autonomy in shaping their programmes.

4.29 Schools are working closely with Children services and AD for Education to continue to develop wellbeing support within all schools, as well as appropriate pastoral care.

Intervention

4.30 Officers provided an overview of the intervention practices currently supported by the Council and its partners. Key initiatives include:

- Mersey Care Self-Harm A&E Pathway
- NHS 111 Mental Health Option 2 – A dedicated referral route for mental health support
- R;pple Suicide Prevention Tool – An innovative online interceptive tool that provides immediate support to individuals searching for content related to self-harm or suicide. This tool is being rolled out across Council buildings and family hubs, with plans for wider implementation.

4.31 R;pple is a free web extension tool used to prevent self-harm and suicide. Alice Hendy, the founder of R;pple, created the tool after losing her brother, Josh, to suicide in November 2020. Before taking his life, Josh had searched online for suicide techniques. The search results provided a single helpline but nothing else. R;pple offers mental health support to users who search for harmful content by providing them with different resources and a message of hope.

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- 4.32 Public Health has also established working groups such as Safe to Speak and partnerships with the Chrysalis Centre, focusing on screening and supporting individuals affected by domestic abuse and suicidal ideation.
- 4.33 During discussions, Members also explored factors beyond individual mental health that may contribute to suicide. These included:
- Social isolation
 - Lack of community connection
 - Disconnection from self and society
 - Feeling trapped by economic circumstances
 - Substance misuse
- 4.34 These broader social and economic issues were recognised as significant triggers that must be addressed alongside mental health interventions.

Crisis Support and Follow Pathways

- 4.35 Members raised concerns about crisis support and the robustness of follow-up pathways. Officers acknowledged that GPs, hospitals, and other services are operating at full capacity, and emphasised the importance of supervision pathways and follow-up conversations for individuals in crisis.
- 4.36 It was suggested that A&E is not the most appropriate setting for mental health crises, and that alternative, more suitable options should be explored. As part of the review, Mersey Care was invited to present its crisis support model, the challenges it faces, and areas for improvement.
- 4.37 Mersey Care reaffirmed its commitment to prioritising suicide prevention and shared that its Crisis Support Strategy was under review to ensure it remains responsive to evolving national, regional, and local needs. Officers highlighted the importance of real-time surveillance (RTS) data in understanding the circumstances surrounding suicide and improving prevention efforts.
- 4.38 Since 2020, Mersey Care has introduced a Crisis Line and implemented baseline governance standards across the region to streamline services and processes.
- 4.39 Current access routes for individuals in urgent mental health crisis include:
- Primary Care – Routine pathways via GP surgeries
 - First Response Services – Including NHS 111 and Core 24-hour crisis access
 - Crisis Beds and Crisis Cafés
 - Secondary Care – Crisis Resolution and Home Treatment Teams
 - Ongoing Care and Recovery – Including early intervention and recovery teams
- 4.40 Mersey Care emphasised that the Crisis Line provides access to services typically available in A&E, such as medication reviews and psychological support. They advocate for this to be the preferred pathway for individuals in crisis, rather than A&E.

4.41 Mersey Care reported a significant increase in demand for urgent mental health care services. Key figures include:

- 20,830 referrals to Core 24-hour teams (A&E and wards)
- 43,342 contacts completed by Core 24 teams
- 107,549 calls received by the Crisis Help Line
- 7,527 referrals to Crisis Resolution Home Treatment (CRHT)
- 6,498 calls to the Mersey Care Professionals Line
- 25,309 CRHT contacts attended
- 246 Section 136 cases managed (Sept 2024 – March 2025)
- 2,225 street triage assessments
- 236,191 total contacts across urgent care services
- 2,668 First Response Service (FRS) assessments

4.42 Calls to the Crisis Line are increasing month-on-month. This trend reflects the national rise in mental health crises, particularly in areas of high deprivation. Officers reaffirmed that suicide is closely linked to deprivation. Nationally, 63% of suicide deaths occurred among individuals living in the 30% most deprived areas, and 32% in the 10% most deprived areas.

Optimising Crisis Services

4.43 It is vital that the Crisis Line is used appropriately—for individuals in immediate need, not for general signposting. Officers and Members discussed the importance of clear public messaging to ensure people understand when and how to use the service, helping to reduce unnecessary demand and ensure timely support for those in crisis.

First Responders and Trauma Informed Practice

4.44 Officers highlighted the need for trauma-informed training for first responders, particularly the police. Improved communication and training are essential, as police often play a key role in signposting individuals to appropriate services.

4.45 Suicide is a complex issue, often linked to multiple risk factors including:

- Adverse childhood experiences
- Stressful life events
- Abuse and trauma
- Financial hardship
- Mental or physical ill-health
- Social isolation
- Previous suicide attempts

4.46 These challenges can lead to behavioural issues and, in some cases, criminal activity. With the right support at the right time, many of these outcomes could be prevented.

Postvention

Bereavement Support Services

- 4.47 The Task Group received information on the vital role of postvention—support provided after a suicide—to aid recovery and prevent further mental health issues or suicidal ideation.
- 4.48 Bereavement services, including Amparo and Survivors of Bereavement by Suicide (SOBS) are available to support St Helens residents affected by suicide. Officers emphasised the importance of suicide bereavement support groups, which offer a safe space for individuals to share their experiences with others who have faced similar losses. These groups help address the unique nature of grief following suicide, which is often characterised by:
- Guilt
 - The suddenness of the loss, making it difficult to process
 - Unanswered questions
 - Potential family division
- 4.49 Health studies have shown that individuals bereaved by suicide are at a higher risk of dying by suicide themselves. Therefore, timely and compassionate support is considered essential in the recovery process. Members of the Task Group stressed the importance of open conversations about suicide, reducing stigma, and ensuring that those affected receive the support they need.
- 4.50 Officers reassured the committee that support is currently available for those affected by suicide, including guidance on:
- Registering a death
 - Arranging a funeral
 - Managing Financial Matters
 - Accessing bereavement counselling
 - Finding Local and national support services

Data intelligence, Evidence and Research

Suicide Audit and Broader Impact

- 4.51 The Task Group was informed about the ongoing Suicide Audit, led by the Public Health Intelligence and Performance Manager. This audit goes beyond headline figures to explore the underlying causes of suicide and identify lessons that can shape future actions.
- 4.52 Officers emphasised that every life lost to suicide represents a partner, child, friend, or colleague. The ripple effects of such a loss can deeply impact families, workplaces, social groups, and communities. These effects may impair individuals' ability to work, care for others, or maintain relationships—factors that can, in turn, increase their own risk of mental ill-health or suicide.
- 4.53 St Helens Council Public Health is notified of each suspected suicide. In 2024, a weekly suspected suicide huddle was established with partners including the police and

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commissioned services. This group ensures a coordinated response to local incidents and initiates community response plans to address potential clusters

- 4.54 The Council works closely with Highways, Police, and Public Health Intelligence to identify public locations with high levels of safety-related callouts. A monthly data-sharing agreement provides access to:
- Cause of death data
 - National suicide statistics from the Office for National Statistics (ONS)
 - Real-time alerts, including:
 - Local notifications of suspected suicides
 - Opportunities for postvention support
 - Preliminary trend analysis (prior to coronial confirmation)
 - Suicide attempt flags from North West Ambulance Service (NWAS)
 - Cluster identification through flagged callouts
- 4.55 Suicide and injuries of undetermined intent remain the leading cause of death among 20–34-year-olds in the UK. A significant gender disparity persists, with men being three times more likely to die by suicide than women. The highest risk group is middle-aged men, who continue to experience elevated rates of suicide.
- 4.56 Given the persistence of the issue, it was acknowledged that a formal recommendation should be made to review the support currently available to men, with a particular emphasis on peer support models. These models can play a crucial role in reaching men who may be reluctant to engage with traditional mental health services.
- 4.57 Furthermore, the group agreed that it is essential to assess whether existing support is:
- Adequate in terms of accessibility, effectiveness, and reach.
 - Gender-focused, considering the unique challenges men face, including stigma, societal expectations, and communication preferences.
- 4.58 A gender-informed approach to suicide prevention is not only necessary but urgent, to ensure that interventions are both inclusive and effective in addressing the needs of those most at risk.
- 4.59 In relation to Suicide trends. St Helens now ranks:
- 3rd highest in the North West
 - 11th highest in England
 - 2nd highest for males in the North West
 - 5th highest for males in England
- 4.60 A concerning trend has also emerged in retirement-age individuals taking their own lives.
- 4.61 Officers reported that 41% of individuals who died by suicide were known to health services, and half of those had been seen by mental health services or a GP. Additionally, 16% were in contact with drug and alcohol services.

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- 4.62 To address this, the Task Group invited partners from City Health Partnership and St Helens Wellbeing Service to:
- Review current training provision
 - Identify gaps, including the need for trauma-informed training
 - Evaluate whether training is reaching the right people (e.g., police, teachers)
 - Assess the level and effectiveness of training
 - Explore opportunities for follow-up and refresher training
- 4.63 As a result of this work, there has been a positive increase in community engagement, particularly through social media and grassroots training. Staff and services are increasingly seeking ways to improve wellbeing and workforce resilience, with a growing visible presence both online and in local communities.
- 4.64 Officers noted that the Council operates the Tell Us Once service to ensure that, when residents register a death, information about bereavement support services—such as Amparo—is made available to families.
- 4.65 In addition to Amparo, the Wellbeing Service, in collaboration with the Council and individuals with lived experience, is working to establish a peer-led support group. Once established, this group will provide a local, open forum where participants can set the agenda based on their needs.
- 4.66 Additionally, the Wellbeing Service has attempted to engage funeral directors to promote support services and offer training. However, uptake has been limited, with only one funeral director participating to date.

5. Conclusions

- 5.1 Officers noted a growing trend linking domestic abuse with suicidal thoughts, which will be a focus area in the refreshed strategy. Members expressed interest in monitoring progress in this area over the coming year.

Bereavement Support

- 5.2 The Task Group gained a deeper understanding of the profound impact suicide has on the friends, families, and communities of those who have died. Members learned that individuals bereaved by suicide are at a significantly higher risk of experiencing trauma-related mental health issues or dying by suicide themselves. Many people affected by suicide are unaware of where to seek help.
- 5.3 It was also noted that friends and local communities can be negatively affected, and many people are unsure where or how to access support. The Task Group emphasised the importance of accessible, user-friendly bereavement support systems, particularly for those experiencing difficult life events such as bereavement, relationship breakdown, trauma, or financial hardship. Members questioned whether individuals can self-refer to bereavement services and whether follow-up support is consistently offered.

- 5.4 Officers noted that discussions had begun with Registrars and Public Health, and opportunities were emerging to support suicide bereavement services. However, Members emphasised the importance of strengthening links with both Registrars and Amparo. They highlighted the need for improved signposting and promotion of available services. Additionally, Members stressed the value of identifying relevant training needs and sharing best practices, particularly in relation to the promotion of bereavement support services.
- 5.5 St Helens Wellbeing and Public Health teams have worked in partnership with Amparo, a commissioned service supporting those bereaved by suicide across Cheshire and Merseyside (Amparo on Live Well Directory). However, it was noted that greater promotion and awareness of this service was needed.

Crisis Care Support

- 5.6 The Task Group discussed the need to streamline activity within the Crisis Line to ensure that calls are appropriate and not redirected from other service areas. Members Supported the Mersey Care strategies to promote the Crisis Line reset and improvement to the Crisis Line, and that the Council should provide support to aid this development including:
- Promoting the Implementation of effective signposting to:
 - ensure individuals are directed to the most appropriate service at first contact,
 - Enhancing the efficiency and effectiveness of the Crisis Line
 - Reducing delays and improving outcomes for those in crisis
- 5.7 The Task Group agreed to monitor developments in this area. It was also noted that, following the Task Group meetings, the NHS 111 service—specifically the mental health support option—had now replaced the Mersey Care Crisis Line.
- 5.8 Officers noted that St Helens had a higher rate of A&E presentations for mental health crisis compared to other areas, suggesting a potential gap in face-to-face crisis support. It was acknowledged that St Helens required a face-to-face alternative to A&E for individuals experiencing a mental health crisis. Members suggested exploring the development of an alternative provision, such as a Crisis Hub, in collaboration with key partners and stakeholders.
- 5.9 While the Crisis Line remains a vital service, Members acknowledged that future planning should consider the potential need for in-person support options.

Training / Education.

- 5.10 Stigma continues to be a barrier, with some staff finding it difficult to talk about suicide or deliver related content. Members agreed that a whole-school approach is essential and that a nationally regulated programme would help ensure consistency in the delivery of Suicide Prevention Safeguarding Training for school staff. Members noted that Suicide is a nationwide concern, with the issue appearing to be more pronounced in the North of England. This is particularly important in areas like St Helens, where levels of neglect and inequality are significant. Members recommended that further investigation be undertaken into the Government's suicide prevention programme, and that consideration be given to lobbying the

Appendix 1

government to ensure consistent regulation of suicide prevention training in schools if it is deemed necessary.

- 5.11 The Council is currently working with John Moores University on a pilot programme to talk to young people about Suicide. One of the first in the country to roll out this programme which has highlighted the stigma around talking about suicide, the result of this programme will be available in 2026. Members requested that a report is brought to the committee to understand the outcome of this programme.
- 5.12 Members also agreed that the R;pple tool should be extended and promoted as widely as possible, particularly in schools and public spaces. It was suggested that opportunities to expand its use in schools, public buildings, bars, and restaurants should be actively explored. Furthermore, consideration should be given to incorporating and enhancing the reach of the R;pple tool as part of the town centre's regeneration plans.
- 5.13 Members acknowledged the breadth of the Wellbeing Service's training offer. However, concerns were raised regarding the lack of follow up/ refresher training. Officers agreed that this is an area for improvement but noted that limited resources may impact the ability to deliver follow-up sessions consistently. Nevertheless, this issue should be considered a priority for future action and planning to ensure that individuals retain the knowledge gained from mental health and suicide prevention training.
- 5.14 Members stressed the importance of engaging with police and first responders. Further strengthening collaboration with these key stakeholders would:
- Improve communication networks
 - Ensure training is relevant and robust
 - Support the development of trauma-informed practices
 - Enhance the overall effectiveness of crisis response
- 5.15 The Task Group strongly supported the need to educate the public about suicide prevention and the support available for those bereaved by suicide. Members agreed that training must be tailored to the right audiences, particularly police officers and first responders, who often encounter individuals in crisis.
- 5.16 Furthermore, officer and Members discussed the potential to re-engage with Undertakers to both offer training in trauma and to support the promotion of partner services such as Amparo.

Men's Mental Health Support

- 5.18 It was acknowledged that men are disproportionately affected by suicide, a consistent and troubling trend that appears to be worsening. Members agreed that there is a pressing need to review the support currently available to men, with a particular focus on peer support mechanisms. There was consensus on the importance of adopting a gender-based approach to mental health support. This includes ensuring that services are tailored to the specific needs and experiences of men, recognizing the unique barriers they may face in seeking help, such as stigma, cultural expectations, and communication styles.

6. Recommendations

6.1 The Task and Finish Group makes the following recommendations:

a) **Bereavement support - Postvention Support**

- Public Health to liaise with Bereavement Services to support increasing awareness of available bereavement support and relevant services following a suicide
- Public Health to explore opportunities to improve collaboration with Registrars and Amparo to support and signpost grieving families where relevant.

b) **John Moore Pilot Programme**

- A pilot programme in partnership with Liverpool John Moores University (LJMU) to engage young people in conversations about suicide is being undertaken. Members requested that the Council continue to support this programme and present the findings to committee once available.

c) **Training and Refresher Programme**

- Public Health to collaborate with the Mental Health and Wellbeing Service to explore training opportunities for first responders, such as the police, ensuring that the training provided is both relevant and robust.
- The Mental Health and Wellbeing Service seek to explore opportunities of a follow-up/refresher training or information sharing to reinforce learning and ensure skill retention to existing learners is maintained, and
- Mental Health and Wellbeing Service to explore advancing the training offer for undertakers to support and signpost grieving families.

d) **Crisis Care, Comms & Signposting**

- The Council and partners, via Public Health to explore opportunities to support a face-to-face alternative to A&E for individuals experiencing a mental health crisis.
- Through the St Helens Place/NHS Board, Public Health should lead discussions on improvements to the Crisis Line (NHS111) with the main focus on reducing the numbers of calls that can be dealt elsewhere.
- Public Health to support the Implementation of effective signposting to ensure individuals in crisis are directed to the most appropriate service at first contact.

e) **Ripple intervention**

- Public Health to work with the Director of Children's and Assistant Director of Education to assess the potential to extend the Ripple Suicide Prevention Tool into schools to provide early digital intervention and support for young people.
- Public Health to consider engaging with the Growth Board to explore opportunities for rolling out the Ripple tool across local businesses and integrating it into the regeneration strategy for the town centre.

f) **Men's Mental Health Support**

- Public Health to review the support currently available to men, with a particular focus on peer support mechanisms and adopting a gender-based approach to mental health support

g) **Healthwatch**

- Healthwatch had commenced a review on suicide, identifying it as one of its key priorities. A significant aspect of this review involved engaging with individuals, families, and carers who had been affected by suicide or suicide attempts. In parallel, Healthwatch is also evaluating services such as those mentioned above, along with other community-led support initiatives. The recommendations outlined above will be shared with Healthwatch to inform their gap analysis work. A further Healthwatch report will be presented to the Committee in March aligning the findings of both reports for the committee to consider any potential further action.

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	Recommendation	Responsible Officer	Agreed Action and Date of Implementation
A	<p>Bereavement support - Postvention Support</p> <ul style="list-style-type: none"> •Public Health to liaise with Bereavement Services to support increasing awareness of available bereavement support and relevant services following a suicide •Public Health to explore opportunities to improve collaboration with Registrars and Amparo to support and signpost grieving families where relevant. 	Rec No	
B	<p>Teacher Training/School</p> <ul style="list-style-type: none"> •A pilot programme in partnership with Liverpool John Moores University (LJMU) to engage young people in conversations about suicide is being undertaken. Members requested that the Council continue to support this programme and present the findings to committee once available 		
C	<p>Training and Refresher Programme</p> <ul style="list-style-type: none"> •Public Health to collaborate with the Mental Health and Wellbeing Service to explore training opportunities for first responders, such as the police, ensuring that the training provided is both relevant and robust. 		

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	<ul style="list-style-type: none"> •The Mental Health and Wellbeing Service seek to explore opportunities of a follow-up/refresher training or information sharing to reinforce learning and ensure skill retention to existing learners is maintained. •Mental Health and Wellbeing Service to explore advancing the training offer for undertakers to support and signpost grieving families. 		
D	<p>Crisis Care, Comms & Signposting</p> <ul style="list-style-type: none"> •The Council and partners, via Public Health to explore opportunities to support a face-to-face alternative to A&E for individuals experiencing a mental health crisis. •Through the St Helens Place/NHS Board, Public Health should lead discussions on improvements to the Crisis Line (NHS111) with the main focus on reducing the numbers of calls that can be dealt elsewhere. •Public Health to support the Implementation of effective signposting to ensure individuals in crisis are directed to the most appropriate service at first contact. 		
E	R;pple Intervention		

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	<ul style="list-style-type: none"> •Public Health to work with the Director of Children’s and Assistant Director of Education to assess the potential to extend the R;pple Suicide Prevention Tool into schools to provide early digital intervention and support for young people. •Public Health to consider engaging with the Growth Board to explore opportunities for rolling out the R;pple tool across local businesses and integrating it into the regeneration strategy for the town centre 		
F	<p>Men’s Mental Health Support</p> <ul style="list-style-type: none"> •Public Health to review the support currently available to men, with a particular focus on peer support mechanisms and adopting a gender-based approach to mental health support. 		
G	<p>Healthwatch</p> <ul style="list-style-type: none"> •Healthwatch had commenced a review on suicide, identifying it as one of its key priorities. A significant aspect of this review involved engaging with individuals, families, and carers who had been affected by suicide or suicide attempts. In parallel, Healthwatch is also evaluating services such as those mentioned above, along with other community-led support initiatives. The recommendations outlined above will be shared 		

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	<p>with Healthwatch to inform their gap analysis work. A further Healthwatch report will be presented to the Committee in March aligning the findings of both reports for the committee to consider any potential further action.</p>		
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