



ST HELENS
BOROUGH COUNCIL

ST HELENS BOROUGH

SUICIDE PREVENTION STRATEGY

2023-2027



CONTENTS

Foreword	5
Introduction	8
Our Vision, Mission and Values	12
Local Governance	13
Suicides in St Helens	14
Suicides and Gender	16
Suicides and Deprivation	18
Self-Harm: Emergency Hospital Admissions (All Ages)	20
Self-Harm Admissions (Aged 10-24 Years)	21
Self-Harm Admissions by Age and Gender	22
Suicide Risk Factors	24
What We Will Do	26
Our Local Framework For Action	28
Where to Get Help	36



FOREWORD

EVERY LIFE LOST TO SUICIDE IS A TRAGEDY.

The devastating loss is felt widely by family, friends and colleagues and communities who may feel that impact in their daily lives for many years.

Suicide is preventable. In 2015-2017, St Helens Borough experienced some of the highest rates of suicide in the country, and suicide prevention became one of our top priorities. Since then, there has been a sustained whole system effort to reduce the number of suicides.

Effective action to reduce suicide needs a strong partnership approach. This means local people, communities, schools, workplaces and services all working together to raise awareness and provide the right support to people who may be struggling.

Although there has been some really good progress on reducing suicide in the borough, we need to continue this work. There are still many challenges faced by our communities, such as the cost of fuel and daily living that mean we are seeing more and more people struggling to make ends meet.

This Suicide Prevention Strategy and its action plan build upon the good partnership work that we have developed both in this borough and across the whole of Cheshire and Merseyside. We all want St Helens Borough to be a place where all suicides are prevented, where everyone knows how to have a conversation with someone they think is struggling, and that anyone who needs help can get the support they need.



Councillor Anthony Burns
Cabinet Member - Wellbeing,
Culture and Heritage

SUICIDE IS PREVENTABLE

“

EVERY PERSON LOST TO SUICIDE IS ONE TOO MANY.

EACH SUICIDE IS A TRAGEDY; THE LOSS TO FAMILY AND FRIENDS IS PERSONAL TO THEM.

WE RECOGNISE THAT BEHIND THE DATA AND DESCRIPTIONS IN THIS STRATEGY ARE PEOPLE LOST TO SUICIDE, LOST TO THEIR FAMILY AND OUR COMMUNITIES.

”



INTRODUCTION

FOR EVERY LIFE LOST TO SUICIDE THERE CAN BE OVER 100 OTHER PEOPLE AFFECTED AND IMPACTED BY THE EVENT, OFTEN FOR THE REST OF THEIR LIVES.

In 2015-2017, St Helens had the highest rates of suicide in the country. Since that time, a significant amount of work has been done by our communities, schools, workplaces and services to raise awareness and provide support to prevent and reduce suicide. However, there is still more to do.

Although the COVID-19 pandemic did not have a significant direct impact on suicide rates, its longer-term effects will be tough. Economic challenges, the cost-of-living increase and fuel poverty are likely to see more people struggling financially and this in turn can impact upon people's mental health and wellbeing.

WHILST CIRCUMSTANCES AROUND EACH SUICIDE ARE PERSONAL TO THAT INDIVIDUAL, THERE ARE KNOWN RISK FACTORS ASSOCIATED WITH INCREASED RISK OF SUICIDE.

These include childhood trauma, stressful life events such as a bereavement, job loss or a relationship breakdown, mental or physical ill-health, isolation, and previous suicide attempts or self-harm. Drugs and alcohol addiction, gambling, and domestic abuse can also indicate risk.

There are some population groups that remain high priority. These include men, those who repeatedly self-harm and vulnerable children and young people. Suicide sadly remains a leading cause of death among younger adults aged 20 to 34 in the UK. There is a gender inequality, with men being three times more likely to take their own life than women; with middle-aged men being at particular risk. There is also a strong inequality linked to deprivation.

This St Helens Suicide Prevention Strategy and its action plan has been developed with the engagement of a range of stakeholders including NHS, council, voluntary agencies and people who have been affected by suicide. It builds upon our existing partnership work and adopts the framework and principles of the Cheshire & Merseyside Suicide Prevention Strategy published in 2022.



SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

THE CHESHIRE & MERSEYSIDE SUICIDE PREVENTION STRATEGY WAS LAUNCHED IN NOVEMBER 2022.

IT HAS 4 PRIORITY GROUPS:

- **MEN** - WHO ACCOUNT FOR THE MAJORITY OF SUICIDES
- **CHILDREN & YOUNG PEOPLE** - PARTICULARLY THOSE WHO HAVE EXPERIENCED TRAUMA
- **SELF HARM** - WHICH IS A FACTOR IN OVER 60% OF SUICIDES; AND
- **INEQUALITIES** - WITH DATA SHOWING A STRONG LINK TO DEPRIVATION

WE HAVE ADOPTED THE CHESHIRE & MERSEYSIDE FRAMEWORK FOR ACTION TO SHAPE THE LOCAL ACTION PLAN FOR ST HELENS AND WE WILL ALIGN WITH ITS VISION, MISSION AND VALUES.

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027



The Cheshire & Merseyside Suicide Prevention Strategy is available at:
www.champspublichealth.com/wp-content/uploads/2022/11/Suicide-Prevention-Strategy-2022-2027-compressed.pdf



OUR VISION, MISSION AND VALUES

VISION

Our aspiration is for St Helens Borough to be a place where all suicides are prevented, where people do not consider suicide as a solution to the difficulties they face and where people have hope for the future.

MISSION

Our mission is to:

- build resilience and prevent people falling into crisis by tackling the risk factors for suicide;
- support people who experience a time of personal crisis;
- create an environment where anyone who needs help knows where to and how to get it; and
- continue our commitment to build suicide safer communities.

VALUES

We are committed to tackle the inequality and stigma connected with suicide in our borough. Our approach is collaborative, working with a range of stakeholders and people with lived experience of being affected by suicide or self-harm. We are intelligence driven, responding to data and intelligence to understand and act on emerging patterns and risks.

LOCAL GOVERNANCE

CHESHIRE & MERSEYSIDE
PUBLIC HEALTH
COLLABORATIVE
(CHAMPS) SUICIDE
PREVENTION NETWORK

ST HELENS
PLACE BASED
PARTNERSHIP BOARD

ST HELENS
PEOPLE'S BOARD

ST HELENS PROGRAMME
DELIVERY BOARD

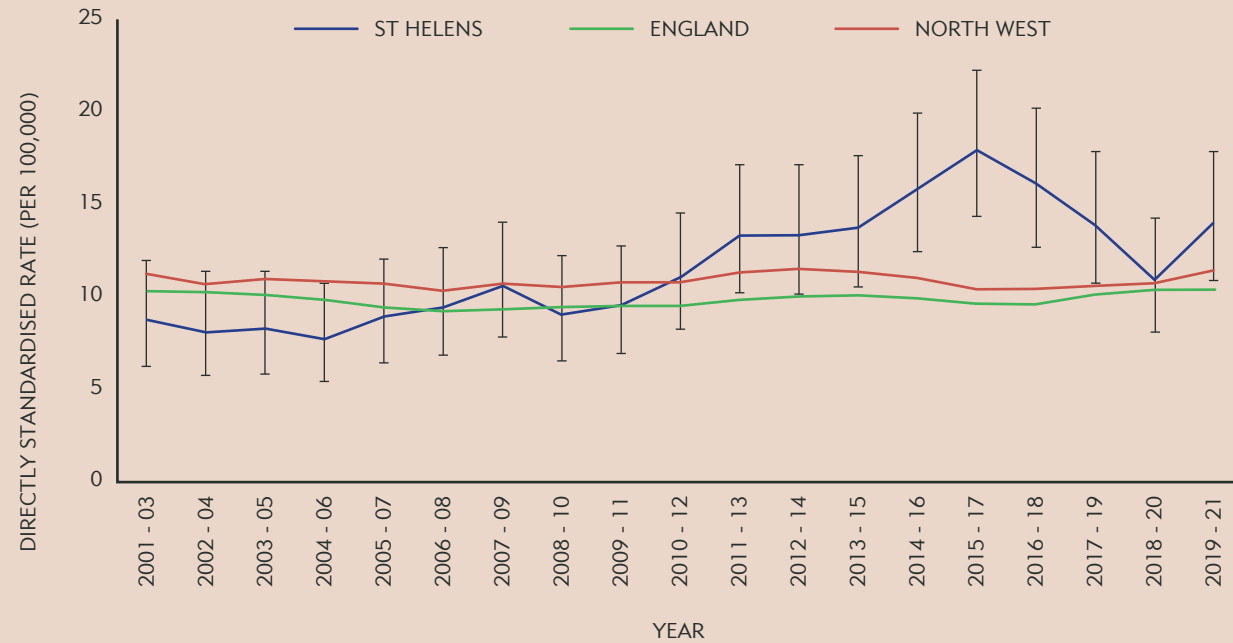
MENTAL WELLBEING
GROUP

SUICIDE PREVENTION & SELF-HARM STEERING GROUP
COMMUNITY OF PRACTICE
PEOPLE OF ST HELENS SUICIDE PREVENTION NETWORK

- Suicide prevention is a local priority within the Mental Wellbeing Group of the St Helens Place Based Partnership Board.
- We contribute to and learn from the Cheshire & Merseyside Public Health Collaborative (Champs) Suicide Prevention Network.
- The work is led and developed by a dedicated Suicide Prevention & Self-Harm Steering Group.
- Partnership actions are delivered via a range of services who are part of the Suicide and Self-Harm Community of Practice and the People of St Helens Suicide Prevention and Self-Harm Network. These include local people and the voices of those with lived experience.

SUICIDES IN ST HELENS

TREND OF DIRECTLY STANDARDISED RATE (PER 100,000) OF MORTALITY FROM SUICIDE IN ST HELENS, ENGLAND AND NORTH WEST (2001-03 TO 2019-21) (SOURCE: ONS)

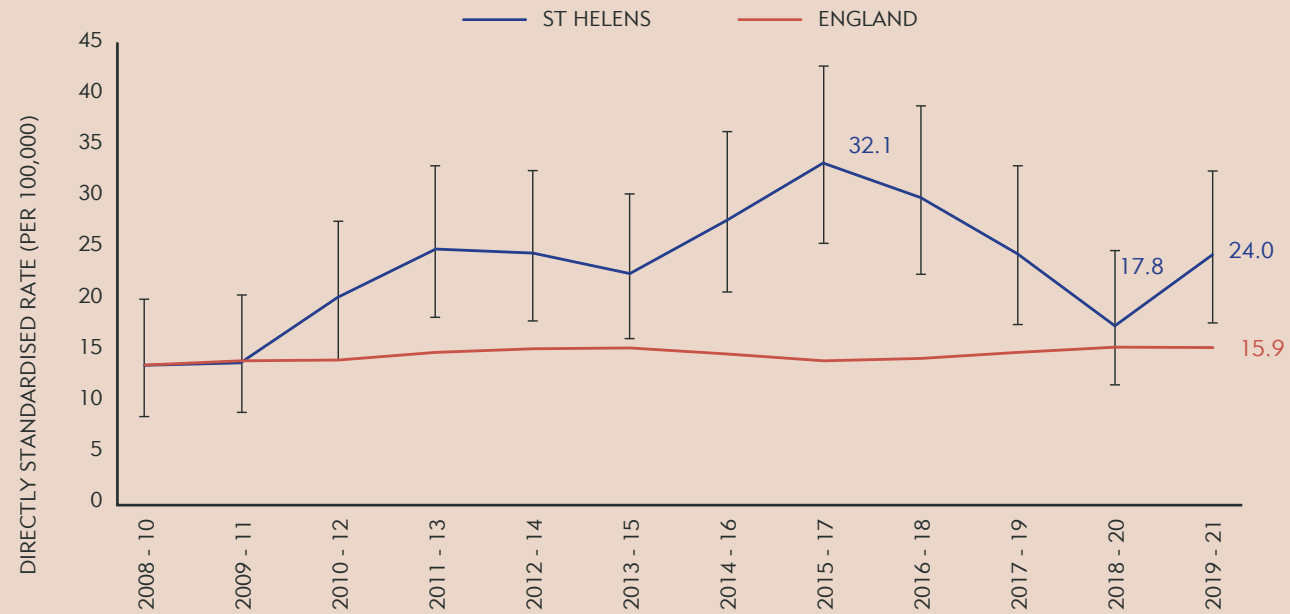


- St Helens had the highest suicide rate in England in 2015-17 of 17.9/100,000.
- This fell to 10.8 per 100,000 in 2018/20 - this represents a total of 51 deaths across the three-year period, 40 of which were male.
- In 2019-21 there was another increase in the local rate to 14 per 100,000. 14 of the 66 deaths in this 3-year period actually occurred before 2019 but were registered later.
- Although one life lost to suicide is one too many, it is important to note that due to the statistically small numbers, rates can fluctuate.



SUICIDES AND GENDER

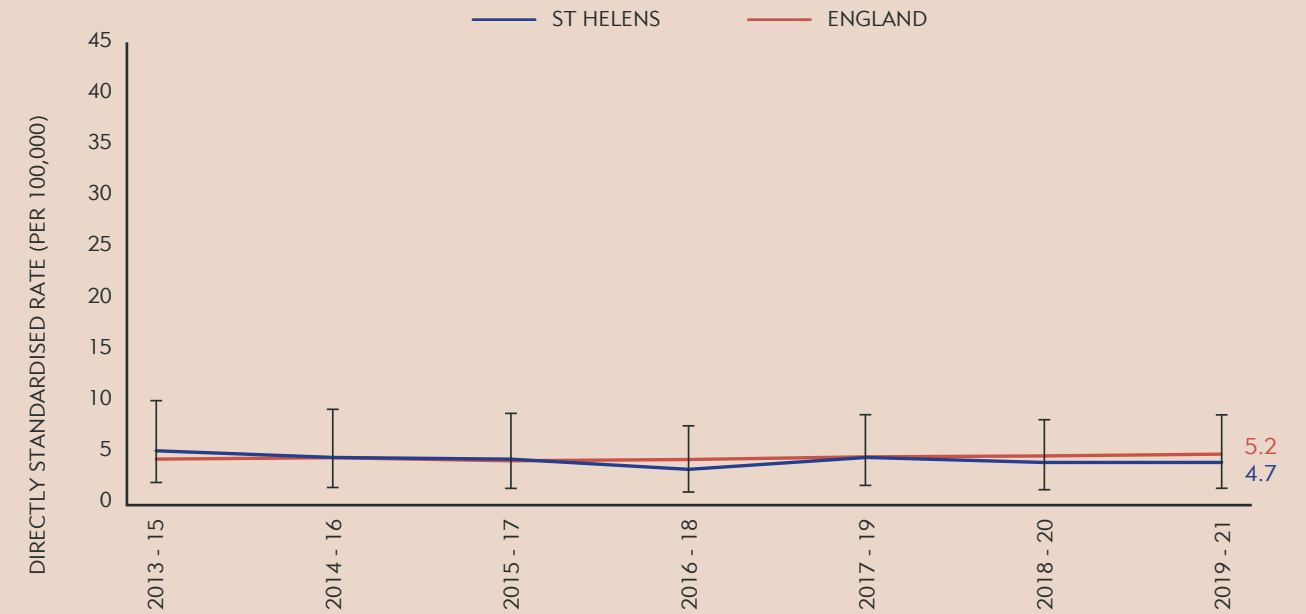
TREND OF MALE MORTALITY FROM SUICIDE AND UNDETERMINED INTENT, DIRECTLY STANDARDISED RATE PER 100,000 (2008-10 - 2019-21) (SOURCE: ONS)



- We see higher, fluctuating rates in males, which have been higher than England.



TREND OF FEMALE MORTALITY FROM SUICIDE AND UNDETERMINED INTENT, DIRECTLY STANDARDISED RATE PER 100,000 (2008-10 - 2019-21) (SOURCE: ONS)

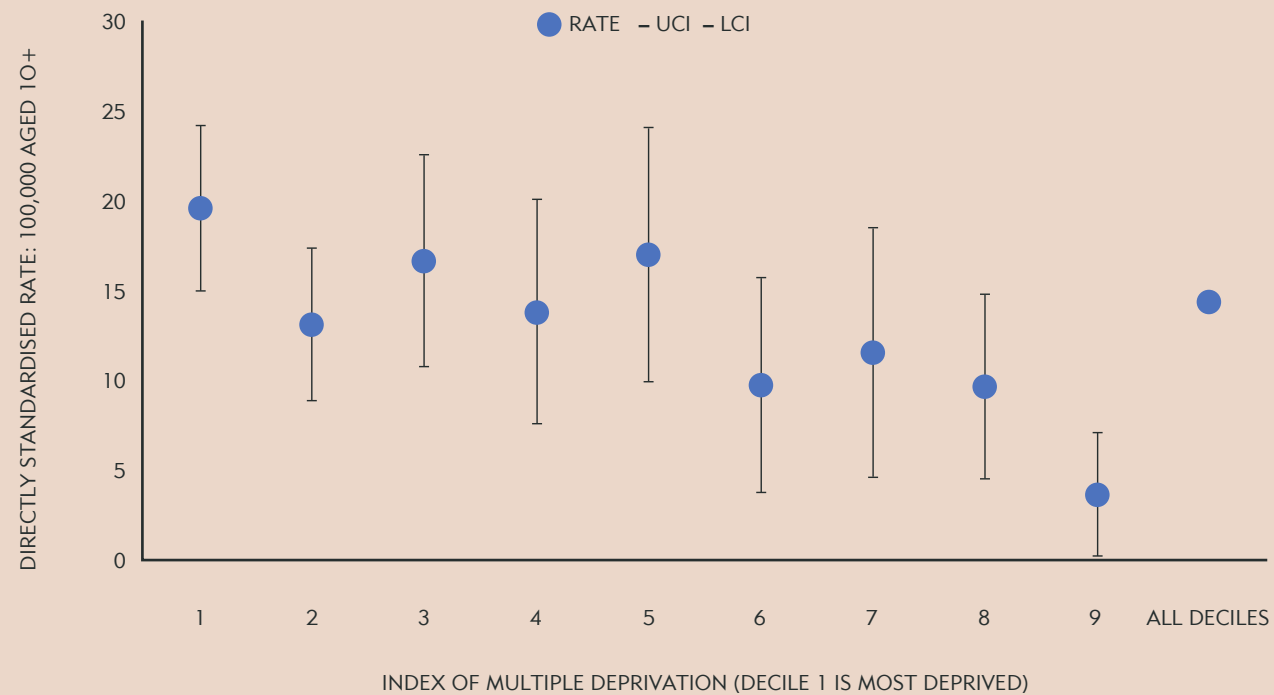


- We see lower, flatter rates in females, similar to England.



SUICIDES AND DEPRIVATION

10 YEAR AGGREGATE SUICIDE RATE FOR PERSONS AGED 10+ REGISTERED IN 2012-2021,
BY DEPRIVATION DECILE, DIRECTLY STANDARDISED RATE PER 100 000
(SOURCE: PCMD, NHS DIGITAL, INDEX OF MULTIPLE DEPRIVATION 2019)

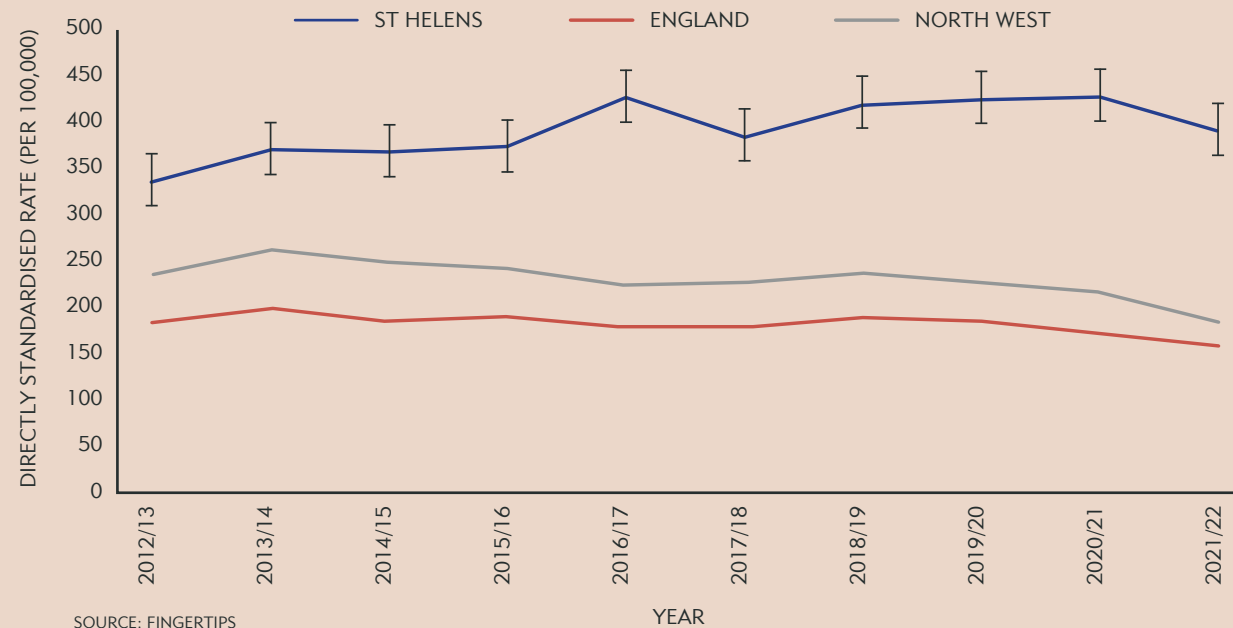


- There is a clear correlation between deprivation and higher suicide rates; this is seen in our local St Helens data.
- Tackling inequality is therefore a core value in suicide prevention.



SELF-HARM: EMERGENCY HOSPITAL ADMISSIONS (ALL AGES)

TREND OF EMERGENCY HOSPITAL ADMISSIONS FOR SELF-HARM, ALL AGES (DIRECTLY STANDARDISED RATE PER 100,000)

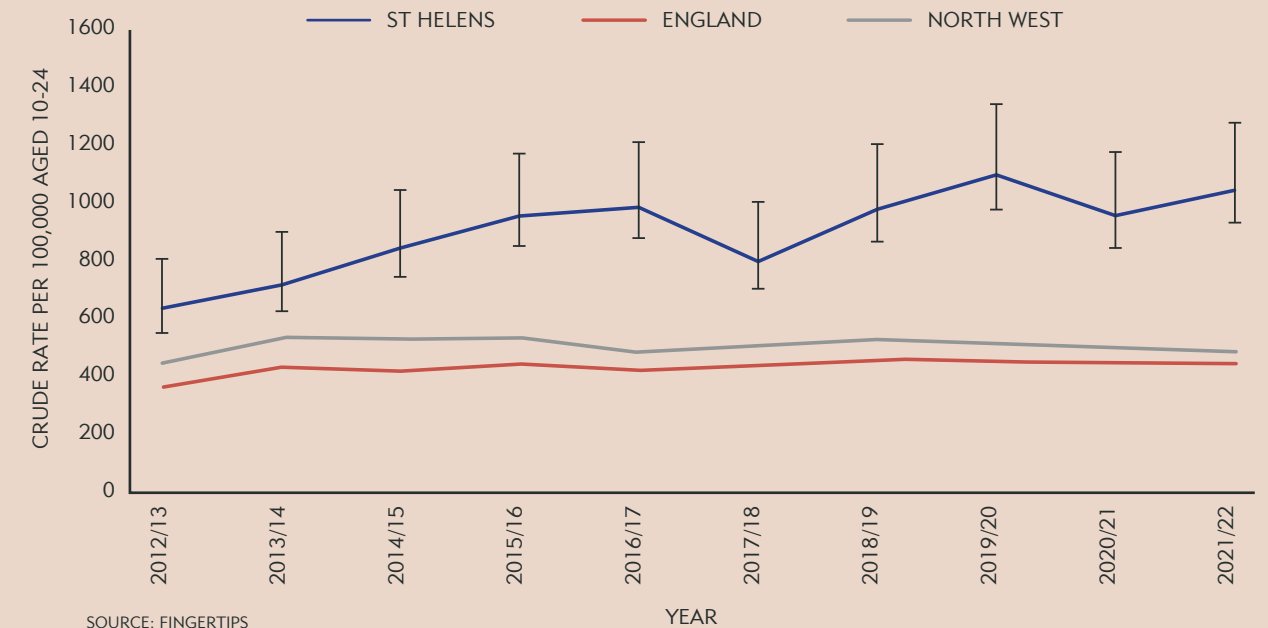


SOURCE: FINGERTIPS

- Self-harm is a significant risk factor for suicide.
- There were 710 emergency hospital admissions for self-harm in St Helens in 2021/22. This is a rate of 403.8 per 100,000.
- St Helens had the second highest rate of emergency hospital admissions for self-harm in England in this period.

SELF-HARM ADMISSIONS (AGED 10-24 YEARS)

TREND OF HOSPITAL ADMISSIONS FOR SELF-HARM IN 10-24 YEAR OLDS (CRUDE RATE PER 100,000)

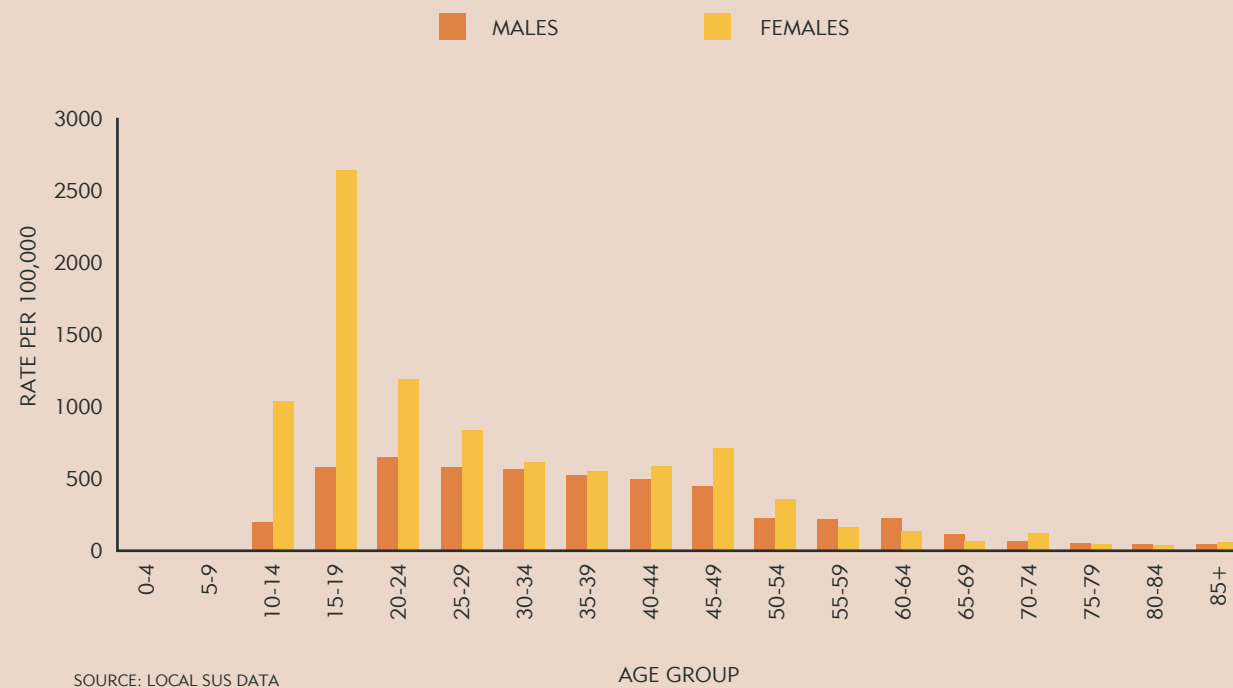


SOURCE: FINGERTIPS

- Hospital admission rates for self-harm in younger people (aged 10-24) are more than double the England and North West rates and amongst the highest rate in the country in 2021/22.

SELF-HARM ADMISSIONS BY AGE AND GENDER

AGE SPECIFIC RATES (PER 100,000) OF ADMISSIONS FOR SELF HARM, MALE AND FEMALE (2020-2022)



SOURCE: LOCAL SUS DATA

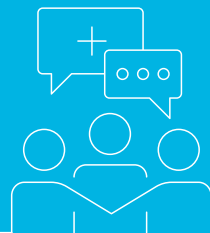
- Of all hospital admissions for self-harm between 2020 and 2021, over 19% were aged 19 or under.
- Females accounted for the highest rates of hospital admission in that age group.



SUICIDE RISK FACTORS

Whilst every individual situation is different, there are known common risk factors that can increase people's vulnerability. Understanding this helps us to target interventions more effectively to help mitigate those risks. Risk factors can include:

- Trauma and adverse childhood experiences (ACEs)
- Bereavement
- Relationship breakdown
- Loss of job or home
- Being taken into or leaving care
- The experience of being LGBTQ+
- Mental health concerns - can include diagnosed and undiagnosed
- Self-harm
- Financial difficulties
- Physical illness or disability
- Leaving prison
- Addiction to alcohol, drugs or gambling
- Domestic abuse
- Loneliness
- Neurodiversity
- Certain occupations



WHAT WE WILL DO



OUR LOCAL FRAMEWORK FOR ACTION

Our Suicide Prevention Action Plan has been developed in line with the framework of the Cheshire and Merseyside Suicide Prevention Action Plan (2022). Action is proposed across five key themes:

Leadership and Governance: including having effective partnerships and input from people affected by suicide and self-harm.

Prevention: including raising awareness, training, skills and knowledge, communication and engagement, reducing the stigma of mental health, self-harm and suicide and how to access support.

Intervention: including training for GPs and services, safety planning for people in crisis (including formalising the mechanisms of support for a vulnerable person), improving self-harm support and pathways, improving access to mental health and social support, and implementation of safer care standards in services.

Postvention: including actions after a suicide happens, such as improving bereavement support, postvention support plans for communities and working with the media on responsible reporting.

Data, intelligence, evidence and research: including 'real time' surveillance to enable a faster support response when a suicide occurs, ongoing analysis of patterns and risks to inform our response, reviewing evidence about interventions that work and research.

A detailed action plan has been developed with stakeholders. This will be updated annually.

Examples of the main areas of action are described in the following sections.



LEADERSHIP AND GOVERNANCE (WITH COLLABORATION AND PARTNERSHIP)

St Helens Mental Health & Wellbeing Group

Will provide formal leadership across a range of partners under the Integrated Care Partnership Programme Delivery Board.

Suicide Prevention Steering Group

Will drive development and delivery of the suicide prevention programme and annual action plan.

Community of Practice

Our stakeholder network will deliver the agreed action and share best practice.

People of St Helens Suicide Prevention Network Our public champions and those with lived experience will influence development, delivery and communication, they will be a voice for local communities and advise on service development.

Champs: Cheshire & Merseyside Public Health Collaborative

Will help us to understand good practice and what approaches work best and support the Lived Experience Network.

Self-Harm Task Group

Will develop and evaluate a new pathway to support people who attend hospital for self-harm, as well as addressing prevention, harm reduction and support for those affected.



PREVENTION: AWARENESS, TRAINING, SUPPORT AND WELLBEING

We will:

- Deliver grant funded projects with voluntary organisations, supporting priority groups such as men.
- Promote our OK TO ASK campaign and website OK TO ASK (oktoaskcampaign.co.uk)
- Deliver World Mental Health Day and World Suicide Prevention Day annual awareness campaigns.
- Promote online support such as Papyrus (young people), Stay Alive App, Hub of Hope and Samaritans and promote online safety by using the R;pple tool.
- Deliver and promote FREE Zero Suicide Alliance training for ALL, at scale www.zerosuicidealliance.com
- Continue to establish Mental Health First Aiders within workplaces through Mental Health First Aid training.
- Develop a training package that provides advice, safety planning and alternative coping mechanisms for self-harm.
- Collate and promote support resources aimed at LGBTQ+ and Armed Forces veterans.
- Promote the Thrive Model and a young people friendly mental health promotion programme including mental health literacy and anti-bullying.
- Develop a Workplace Suicide Safety Award.
- Sign up to the national Prevention Concordat for Better Mental Health, committing to action to promote wellbeing.
- Deliver training and support to Primary Care so they can better recognise and respond to patients at risk of suicide.
- Deliver a wellbeing programme for men.
- Provide support for young people's emotional wellbeing in schools.
- Deliver a programme of youth/older people's social prescribing which will connect people into activities that support their wellbeing.



INTERVENTION: CRISIS CARE AND SUPPORT PATHWAYS

We will:

- Develop and evaluate a support pathway for those who attend A&E for self-harm or a suicide attempt.
- Improve the urgent care pathways in mental health services.
- Assess suicide risk and support for offenders.
- Develop risk assessment and support for those affected by domestic abuse.
- Implement within Mersey Care NHS Foundation Trust the 10 Safer Care Standards as recommended by the National Confidential Inquiry into Suicide and Safety Planning in Mental Health.

POSTVENTION: PEOPLE AFFECTED BY SUICIDE

We will:

- Review and promote bereavement support and resources.
- Deliver an annual Suicide Memorial Service to support those affected by suicide.
- Promote the support available for those affected by suicide including the Amparo service, Survivors of Bereavement by Suicide (SOBS) and support after suicide resources such as Help Is At Hand.
- Work with local media to encourage sensitive media reporting via Samaritans guidelines.
- Seek to tackle stigma and the use of stigmatising language around suicide and mental health.
- Review and improve community response plans to improve immediate support for communities following a suicide.

DATA, INTELLIGENCE, EVIDENCE AND RESEARCH (INFORMING OUR ACTION)

We will:

- Continue to improve Real Time Surveillance (RTS) to enable us to quickly track and respond to probable suicides locally (before a coroner's formal conclusion).
- Develop our local approach to suicide audit to continue to understand local trends, patterns and risks.
- Gather learning from Cheshire and Merseyside RTS and audit network.
- Identify and respond to risks and action for 'hot spot' locations such as bridges.
- Create a local improvement dashboard to report on progress.

WHERE TO GET HELP

- OK TO ASK (www.oktoaskcampaign.co.uk) - Our local website provides information on how to have a discussion or access support if you think someone is suicidal or self-harming
- Papyrus Prevention of Young Suicide HOPELINEUK: 0800 068 4141
- Mersey Care 24 Hour Crisis Line: 0800 051 1508
- Samaritans Helpline: 116 123
- Grassroots 'Stay Alive' Suicide Prevention App

EVERY PERSON LOST TO SUICIDE
IS ONE TOO MANY





#STHELENSTOGETHER



ST HELENS
BOROUGH COUNCIL