



**Northamptonshire Suicide Prevention  
Strategy  
2022-2025**

Developed by Northamptonshire Public Health, on behalf of the  
Northamptonshire Suicide Prevention Steering Group Partnership, May 2022

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## Foreword

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## Executive Summary

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## Introduction

Suicide is defined as the deliberate act to intentionally end one's life [1]. The effects of a suicide can be devastating and the impact felt by many – including family, friends, neighbours, employers, colleagues, professionals, and the wider community. It is estimated each suicide case costs the economy around £1.67million [2], the majority of this attributed to the support and reduction in quality of life to those affected. People bereaved by suicide are also more likely to experience poor mental health and have an increased risk of suicide.

In Northamptonshire, around 60 people take their own life each year. As a partnership, we believe that every death by suicide is one too many. Each of these deaths can potentially be prevented therefore suicide prevention is a priority for everyone. This strategy and action plan aims to reduce suicide and self-harm in Northamptonshire, through a whole-county, all-age multi- collinearity approach.

### Our Vision:

*We aim to achieve a 10% reduction in annual deaths by suicide in Northamptonshire from 2022 to 2025, by improving our understanding and awareness around suicide, and promoting and improving our local supports and services.*

## Our Approach

In line with the Preventing suicide in England: fifth progress report, the partnership is taking a cross-system collective approach to suicide prevention [6]. The national suicide prevention strategy identifies 7 priorities to contribute to reducing suicide and self-harm in England. This strategy is aligned to these priorities, which are:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research and data collection
7. Reduce the rates of self-harm as a key indicator of suicide risk

This will help ensure local resources can be used with greater effectiveness.

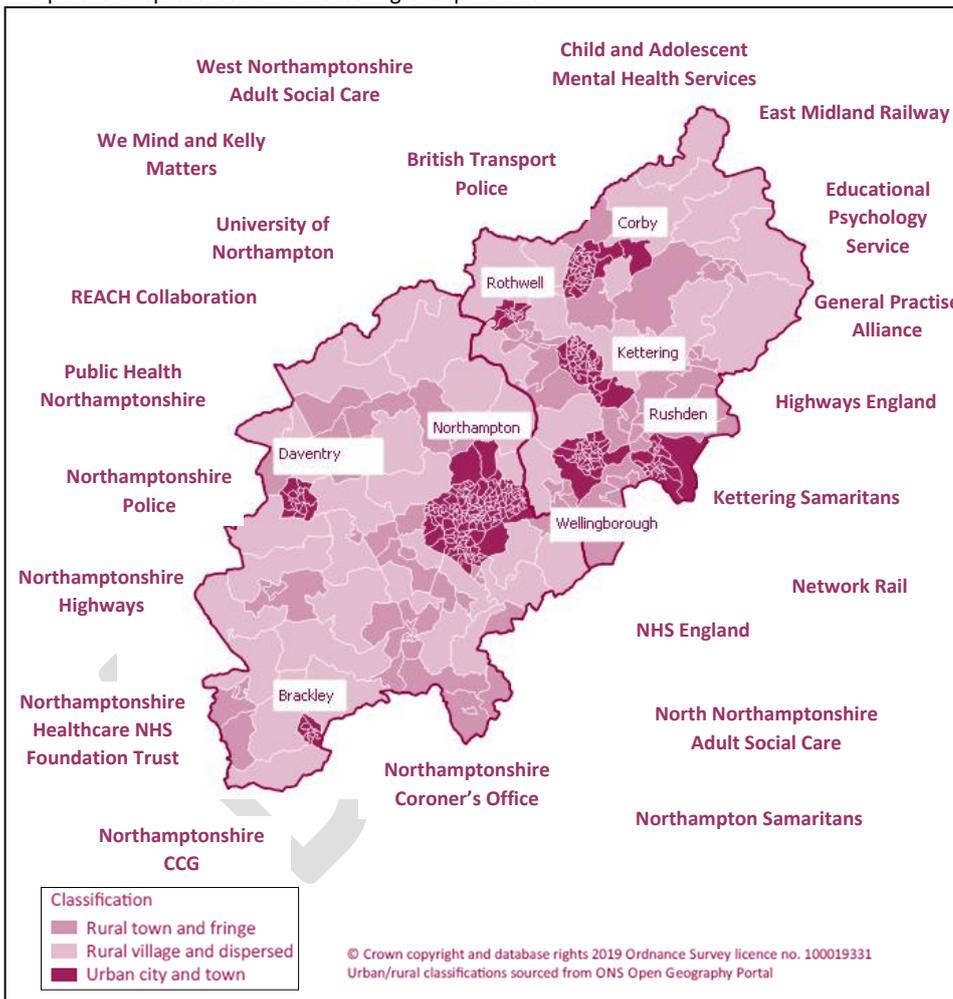
This strategy and the accompanying action plan have been developed after reviewing national, regional, and local intelligence, holding task and finish groups, and engaging with partners and service users.

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### Who will deliver this strategy?

Partner agencies on the Northamptonshire Suicide Prevention Steering Group have been instrumental in developing this strategy, and will lead the implementation and monitoring of the priority actions including annual reviews.

The partners represented on the Steering Group include:



Further details about the function and the governance of the Steering Group can be found online [Suicide prevention - Health and wellbeing \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/suicide-prevention-health-and-wellbeing).

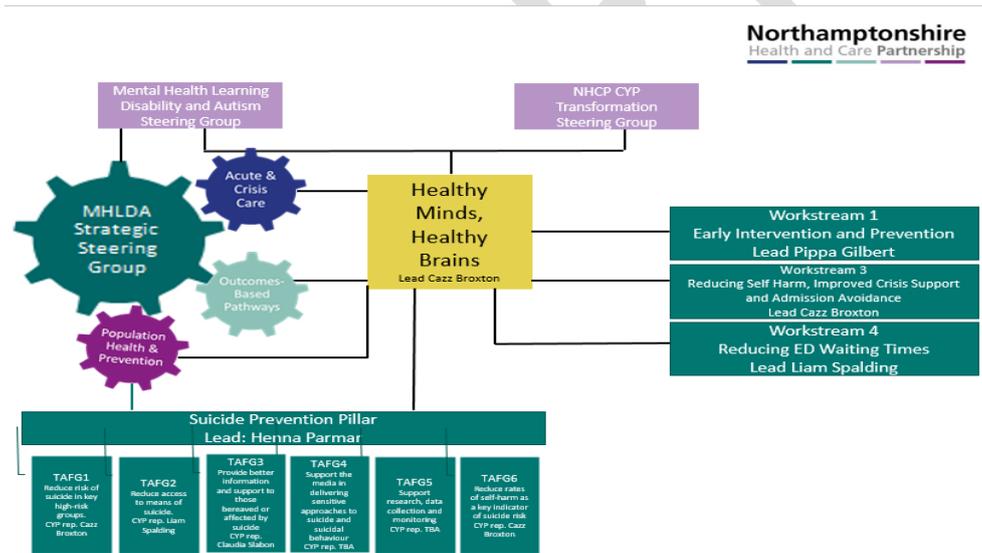
Suicide prevention is part of the wider mental health promotion and prevention agenda and is a key priority in the Northamptonshire Mental Health Prevention Concordat to be finalised by summer 2022. The Concordat will demonstrate local ambition to promote positive mental health and prevention, in order to improve mental health and wellbeing for all and address health inequalities. The three key features:

- Shared commitment to improve mental health and wellbeing
- Partnership working and coproduction at all levels
- Evidence based planning and commissioning

The Northamptonshire Mental Health Learning Disability Autism Population Health and Prevention (adults) and Healthy Minds Healthy Brains (children and young people) Pillars will maintain strategic oversight of the implementation of the suicide strategy.

Progress and outcomes will be reported through the Mental Health, Learning Disabilities Autism Collaborative and to the North Northants and West Northants Health and Wellbeing Boards.

### Strategic Context and Governance



## National Context

Suicide continues to be recognised as a nationally growing concern. The *“Preventing suicide in England: A cross-government outcomes strategy to save lives”* [3] report sets the following overall objectives: a reduction in the rate of suicide in England’s general population; and better support for those affected or bereaved by suicide.

The National Strategy is committed to tackling suicide and presents seven key areas of action, detailed in the previous section.

It is a key recommendation in the Mental Health Taskforce’s report [4] to UKHSA (United Kingdom Health Security Agency), which corresponds to the key areas of action. The Office for Health Improvement and Disparities (OHID) has published a practise resource [5] to support local authorities and partners to implement local suicide prevention plans. The National Institute for Health and Care Excellence (NICE) have developed suicide prevention recommendations [6], which can be used alongside NHSE and OHID’s guidance.

Since 2012, there have been national progress reports published, the latest of which is a fifth progress report [7]. The report sets out: data and evidence on suicide and self-harm; progress made against existing commitments designed to prevent suicides and self-harm; and further actions for government and its agencies, particularly in the context of COVID-19. This report also sets out a refreshed cross-government suicide prevention work plan, which updates the commitments outlined in the previous work plan.

The report identifies four groups as vulnerable to suicide: middle aged men; people who self-harm; children and young people; and people with a mental illness. Concern that exacerbation of risk factors during the pandemic for these vulnerable groups would lead to an increase in suicides has not been borne out by the present data.

### Suicide: The National Picture

The ONS released the most recent figures for suicide in England and Wales in September 2021 [8]. Statistics on suicide are based on the year of death registration – due to registration delays in 2021 because of the COVID-19 pandemic, approximately half of these deaths will have occurred in the previous year.

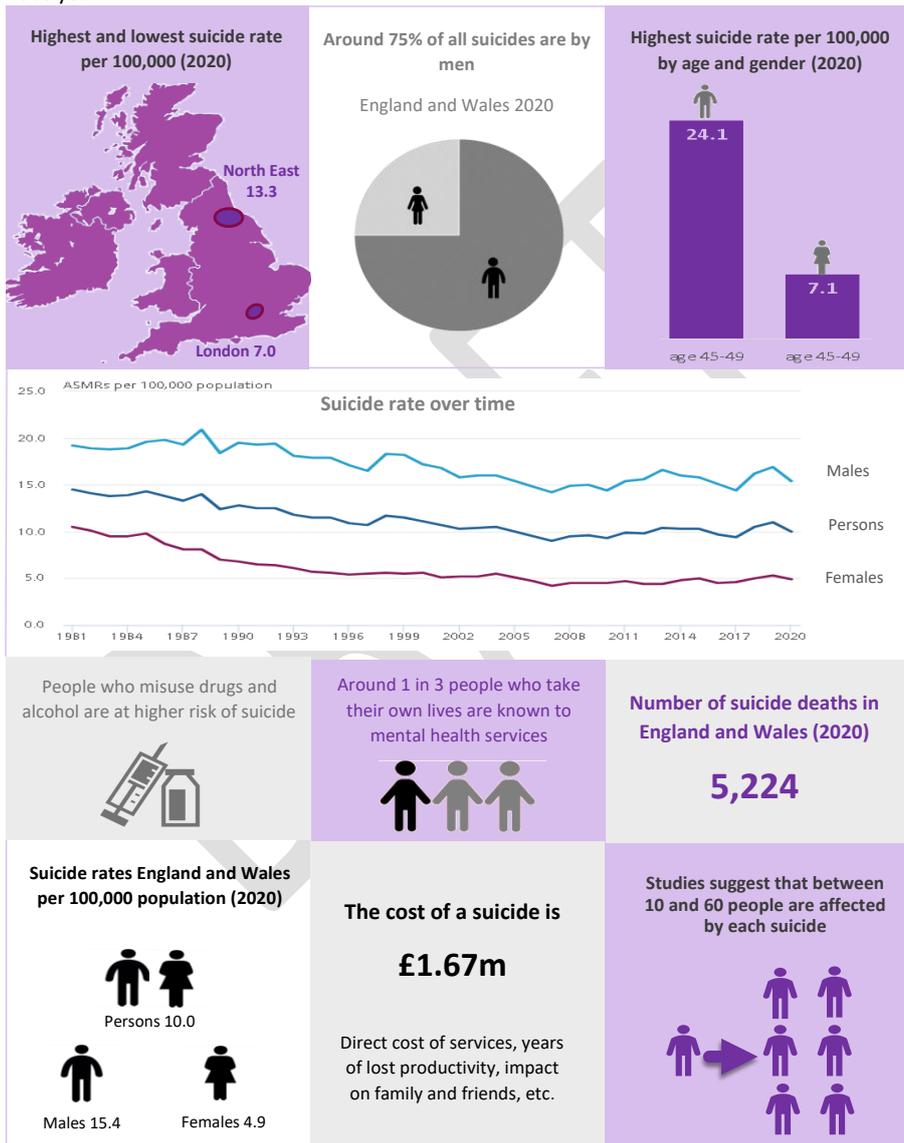


Figure 1: Summary of the national picture for suicide. [8] [9] [10]

## Key Findings

Figure 1 summarises the national picture for suicide in 2020. The age-standardised mortality rate is statistically significantly lower than the 2019 rate. The decrease is likely to be driven by two factors: a decrease in male suicides at the start of the COVID-19 pandemic; and delays in death registrations because of the pandemic. The male suicide rate is statistically significantly lower than 2019, but consistent with rates in earlier years. The female suicide rate is consistent with the past decade. The most common method of suicide for both males and females continued to be hanging, strangulation and suffocation. The second most common method continued to be poisoning.

## Impact of COVID-19 on Suicide

The National Strategy played a pivotal role in shaping the response to the pandemic. It highlights that there appears to be no current increase in suicides that occurred during COVID-19, but there has been an increase in people having thoughts about self-harm and suicide and more people looking for support from services.

A Mental Health Foundation study [11] reports that the proportion of UK adults regularly questioned having had suicidal thoughts and feelings within the previous two weeks, because of the pandemic, increased from 8% of those surveyed in April 2020 to 13% in November 2020. Self-reported suicidal ideation, feelings of hopelessness and self-harm reflected rises in demand as seen across the voluntary sector, indicating the need for proactive measures to address suicide risk. It is important to identify the more vulnerable and the more resilient groups, and the factors associated with this.

New actions in the context of COVID-19 have been added with a focus on those that could address the vulnerabilities of several groups of people who may be disproportionately affected by the pandemic:

- ⇒ People who are economically vulnerable
- ⇒ People in contact with mental health services
- ⇒ People who have been disproportionately impacted by lockdown
- ⇒ Children and young people
- ⇒ NHS and social care staff
- ⇒ People in contact with criminal justice system
- ⇒ Financial support for suicide prevention VCSE sector to manage COVID-19 pressures.

Local analysis of suspected suicides to November 2020 suggested that rates of suspected suicide had not statistically significantly changed in recent months after the pandemic arrived in the UK. Suspected suicides were used because at time of analysis there was a backlog of inquests due to pandemic affecting service activity. Suspected suicide counts from both the Police and Coroner data followed a similar pattern across the months examined.

## Local Context

Northamptonshire’s prevalence of suicide is statistically similar to the England and East Midlands regional averages. North Northamptonshire’s prevalence of suicide resembles the England and East Midlands averages, and West Northamptonshire’s prevalence of suicide is statistically better than the England average, and similar to the East Midlands average. There is some variation in the prevalence of suicide across the county.

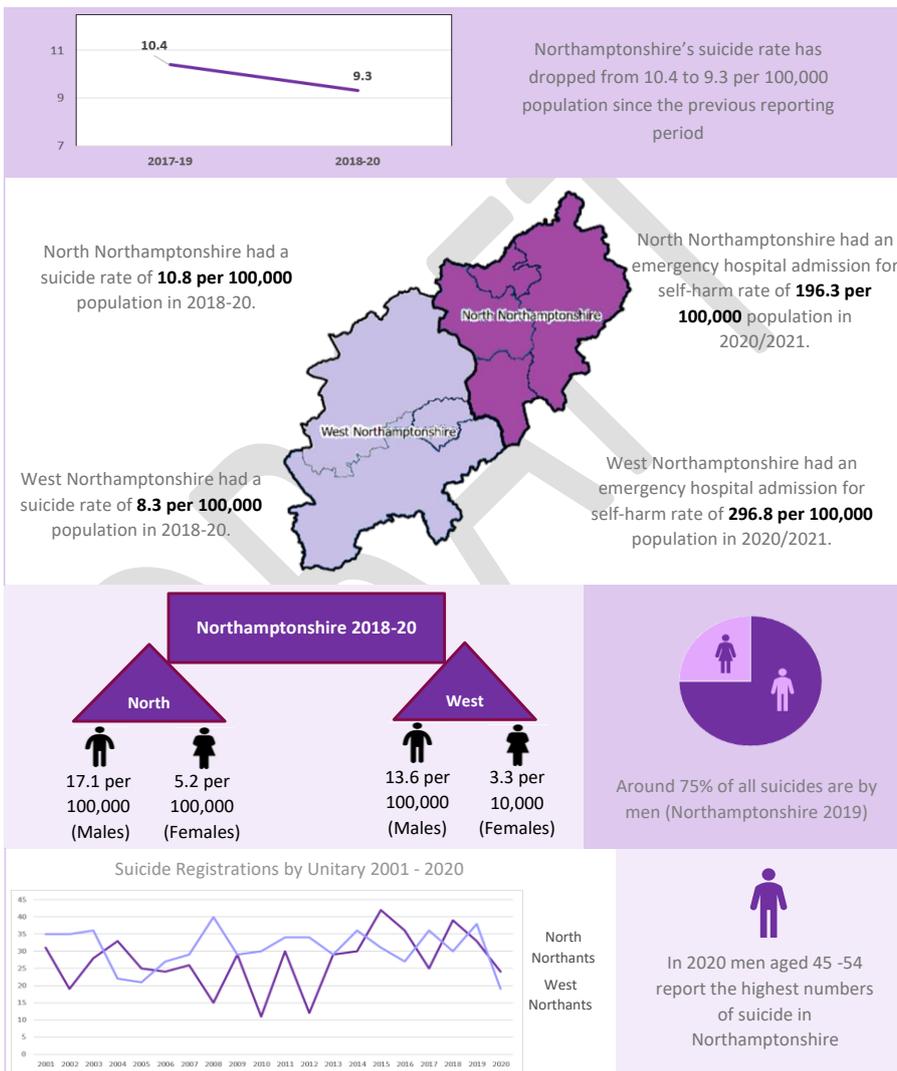


Figure 2: Summary of the local context for suicide. [8] [9] [12] [13]

## Key Findings

### *Local context of suicide in Northamptonshire, 2020*

Figure 2 summaries the local context for suicide in Northamptonshire, in 2020. The suicide rate for North Northamptonshire is statistically similar to the East Midlands and England averages in 2018-2020. The suicide rate for West Northamptonshire is statistically better than the England averages in 2018-2020, and statistically similar to the East Midlands averages in 2018-2020. The rates for both North and West Northamptonshire are statistically similar to each other and the all-Northamptonshire figure for 2017-19. The rate for all-Northamptonshire has dropped between 2017-2019 and 2018-2020. This is not a statistically significant change, and although it sits below the national and regional average, it is statistically similar to both. The rate for males is significantly higher than the rate for females in both North and West Northamptonshire in 2018-2020, both of these are statistically similar to the male and female rates for England and East Midlands.

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## Local Inequalities in Suicide

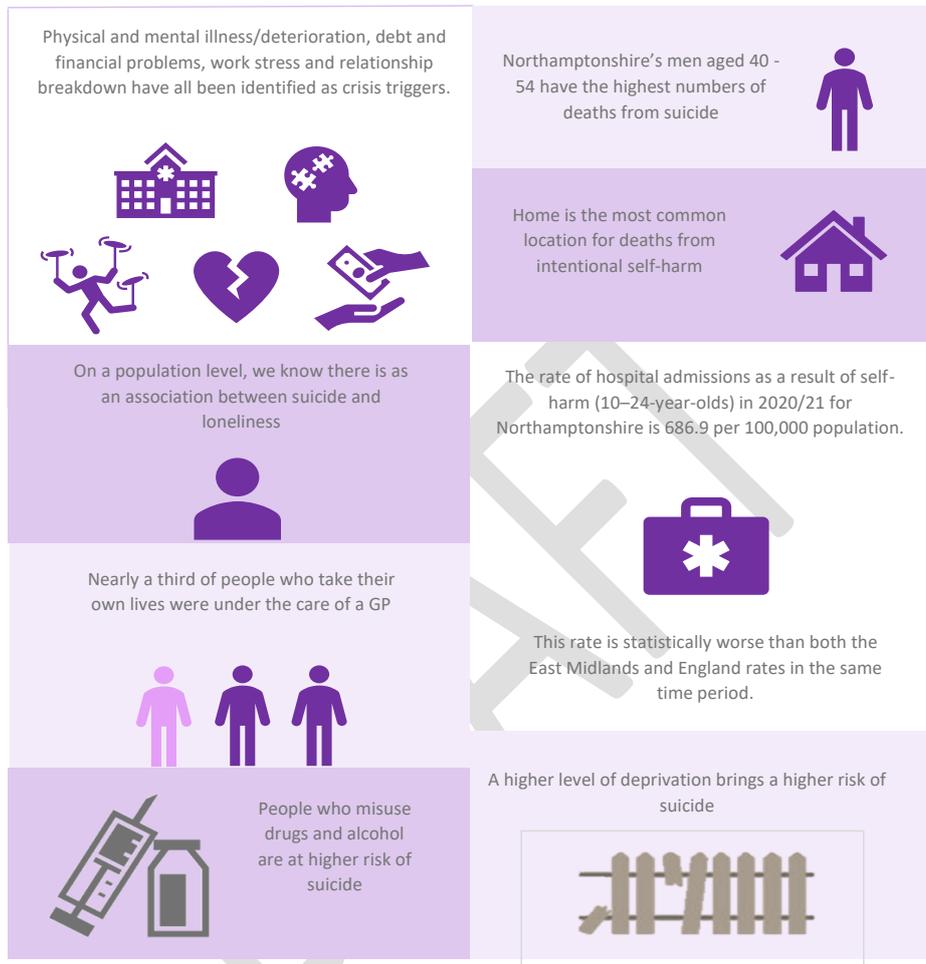


Figure 3: Summary of the local inequalities in suicide. [8] [9] [12] [13] [14]

## Review of Previous Strategy

The agencies who make up the Northamptonshire Suicide Prevention Steering Group (SPSG) have worked in partnership towards the priorities identified in the previous strategy<sup>1</sup>. Below is a summary of our headline achievements since 2017:

### Working in partnership

We have liaised with regional colleagues to keep the SPSG informed about regional and national networks and events, to help improve our local understanding and awareness of good practice.

Northamptonshire SPSG have participated in national, regional, and local events, and have applied this learning to inform our local activities.

We have improved information sharing with partners, so they are better informed.

We have improved the online information to support partners and service users in locating local mental health services and support available.

### Improving our understanding of the cases and effects of suicide

We have established a real-time surveillance system which provides us with a better understanding of each case of suspected suicide in the county.

We undertook an audit of suicide cases and presented this to the Northamptonshire Health and Wellbeing Board.

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

An ongoing programme of STORM training has been delivered to frontline staff working in secondary care.

A Specialist Perinatal Service has been developed and is being delivered by NHFT. It involves a range of psychological therapies, including a Maternity Mental Health service for mild and moderate presentations. The period of care available has been extended from 12 to 24 months where clinically indicated.

We have successfully achieved regional Wave 3 programme funding which has supported a number of prevention workstreams focussing on suicide in high-risk groups including middle aged men, families bereaved by suicide, inpatient and secondary care services.

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<sup>1</sup> The original Northamptonshire Strategy was published for the period 2017-2020, however due to the Covid pandemic the end date was extended to 2022.

## Improve positive emotional health and wellbeing and resilience among high-risk groups, including young people

A collaborative of Voluntary, Community and Social Enterprise (VCSE) counselling providers has been funded, to deliver support and care for mild-moderate mental health issues across Northamptonshire. An additional Child and Adolescent Mental Health Service has also been commissioned for more severe presentations.

A Transitions Workstream has commenced, to manage the challenges of transferring from child/adolescent to adult mental health and social care services. This includes a new Enhanced Support Service for 16–25-year-olds who are making the transition to adulthood.

An application for additional funding from the NHS Prevention Programme, for a Liaison and Engagement Service to focus on service users with dual-needs (alcohol-use disorder and mental illness).

**Commented [HP1]:** Awaiting information from Cathryn Andrews

A Health and Justice Intervention Programme supporting physical and mental health has recently commenced.

The School Nursing Service has developed pathways for children and young people at risk of self-harm.

Community based. Bio-psycho-social pathway linked to anti-depressant guidelines with pharmacists. Improving Access to Psychological Therapies (IAPT) and social prescribing included in pathway. Awaiting confirmation of governance.

**Commented [HP2]:** Awaiting information from Paul Flecknoe

Individual Placement and Support (IPS) employment support has been expanded to provide support to mental health patients with getting into employment. The team is embedded within the Place-Based Community Mental Health Teams, in order to contribute to personalised and needs-led care planning. The team is due to be expanded further in 2022.

Mental Health Northants Collaboration are increasing awareness of the mental health prevention scheme. Additional funding has been secured and will be implemented in 2022-23, to develop a series of preventative initiatives based on national and local data, and via system collaboration.

Capacity has been enhanced within the psychology workforce which will be embedded within mental health inpatient services. The 'Red to Green' bed management system is being applied to ensure patients are discharged in the earliest and safest way.

An extensive mental health crisis pathway has been developed, which has been identified as an example of regional best practice. This has included alternatives to admission for those in mental health crisis, including expansion of the Crisis cafes, Hospital at home packages, Crisis Houses, 24/7 Integrated Response Hub, and Liaison Teams based in the Acute settings.

## Priorities for Northamptonshire

### Priority 1: Reduce the risk of suicide in key high-risk groups

There can be a wide range of contributing factors to someone's death by suicide. These factors can help to highlight those at an increased risk. National data has identified high-risk groups, including: young men (18-19 years), middle-aged men, those in the care of mental health services, those in contact with the criminal justice system, specific occupational groups, those with a history of self-harm, misuse of alcohol and/or drugs, socioeconomic disadvantage, physical health conditions, social isolation, problems with gambling and presence of adverse circumstances [5] [15]. In the majority, Northamptonshire's high-risk groups have shown to follow the national profile regarding prevalence, demographic and socioeconomic factors.

This priority will contribute to the work of this strategy by directly supporting those groups at higher risk of suicide and providing a better understanding of the local population and its risk groups and ensuring all future suicide prevention approaches are tailored to meet the needs of those at high risk.

#### We plan to:

- Coordinate a countywide prevention campaign aimed at groups identified at high-risk of suicide
- Deliver a suicide prevention training programme to upskill frontline staff in the early identification of risk factors
- Continue to monitor suicide data and intelligence to maintain our understanding of high-risk groups and inform trends and emerging issues
- Explore opportunities to enhance intelligence on local suicide across the suicide prevention partnership
- Explore solutions that enhance the development of protective behaviours and suicide prevention

### Priority 2: Tailor approaches to improve mental health in specific groups

Certain groups have been identified at higher risk of taking their life or attempting to take their life. This priority considers the specific measures that can be implemented that may improve outcomes for the specific groups. National data has identified these specific groups, including: children and young people, users of drugs and alcohol services, perinatal mental health, people on receipt of employment benefits, people who are lesbian, gay, bisexual or gender reassigned, Black and Minority Ethnic groups, people with long-term physical health conditions, people with untreated depression, survivors of abuse or violence, veterans, people who are especially vulnerable due to social and economic circumstances, people who live alone, people who are anxious, isolated, or lonely, particularly as a result of the COVID-19 pandemic, patients who receive care under community services and acute settings [16]. In the majority, Northamptonshire follows the national profile for specific groups with a higher risk.

This priority will contribute to this strategy by improving awareness of those at risk of suicide and self-harm across our health and care workforce. It will also support and develop our understanding of local services, informing where improvements can be made to the delivery of mental health provision across Northamptonshire.

**We plan to:**

- Improve public awareness of local mental health services targeted to identified priority groups
- Analyse intelligence to improve understanding of local mental health services and service users
- Monitor trends in data and intelligence to inform priorities
- Support the design of evidence-based pathways, processes and protocols for service users presenting with suicidal ideation
- Sign up to the Prevention Concordat
- Maintain delivery of the Wave 3 Transformation Programme

### **Priority 3: Reduce access to the means of suicide**

The fourth progress report [15] highlights the reduction in deaths by suicide where actions to reduce access to means of suicide have applied.

Systematic reviews [17] have found reducing access to the means of suicide to be one of the public health approaches with the best evidence for reducing suicide. This focus on access is also found in several national and international guidelines [18].

This priority will contribute to the work of this strategy by providing an improved understanding of locations and methods in Northamptonshire, which will support the development of suitable prevention interventions.

**We plan to:**

- Work with partners to prevent public places being used for suicide
- Engage with partners and retailers to influence policy change to reduce access to certain means of suicide
- Continue to monitor existing suicide data and intelligence sources to inform emerging methods and local trends

### **Priority 4: Provide better information and support to those bereaved or affected by suicide**

The death of a family member or friend is a traumatic time, with implications on the mental health on these individuals. It is known that the suicide of a family member or friend is a risk factor for suicide.

The “Preventing suicide in England” [3] report highlights this key area for action and outlines the following key aspects: providing support that is effective and timely; providing effective local responses to the aftermath of suicide; providing information and support for families, friends and

collages who are concerned about someone who may be at risk of suicide.

This priority will contribute to the work of this strategy by developing partnerships with agencies working with people and communities affected by suicide and developing and improving awareness of local suicide bereavement services to those who require support.

**We plan to:**

- Coordinate a campaign to improve public awareness of suicide bereavement services available in Northamptonshire
- Work with emergency service partners to explore opportunities to better support staff involved with suicide intervention
- Coordinate a countywide suicide prevention package to support educational establishments
- Work with commercial organisations to shape postvention support and policy
- Explore opportunities to develop intelligence and data on bereavement services and those bereaved by suicide from across the suicide prevention partnership
- Embed the local Bereavement Real-Time Referral Pathway

**Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour**

The fourth progress report [15] emphasises the importance of the media continuing to cover the subject of suicide. This approach can aid a reduction of stigma and an increased awareness of suicidal behaviour and suicide prevention. The “Preventing suicide in England” [3] report highlights the significant influence the media can have on attitudes and behaviour. There is evidence to suggest that media reporting can lead to copycat behaviour, particularly amongst those at risk and younger people [19]. Concern around the misuse of the internet to promote suicide and suicidal methods continues to grow [20]. However, by developing the internet, social media and local media to support vulnerable people and reduce online harms, there are opportunities to reach those at risk and less willing to access support.

This priority will contribute to the work of this strategy by supporting the effective reporting of suicide in Northamptonshire, enable improved collaboration with local media agencies and provide improved signposting to local support and services.

**We plan to:**

- Develop a local Media Framework to support responsible reporting of suicide
- Establish a local media monitoring system

### Priority 6: Support research and data collection

The “Preventing suicide in England” [3] report highlights the importance of research, data collection and monitoring for suicide prevention.

This priority can enhance our understanding of statistical data and display trends and changes in patterns. It can inform interventions and strategies and enhance understanding of high-risk groups.

It supports the evaluation and development of interventions and contributes to the suicide prevention evidence base approach of what works.

This priority will contribute to the work of this strategy by providing a better understanding of suicide at a local level, supporting the developing of improved suicide prevention approaches tailored to those at high-risk.

#### We plan to:

- Undertake an audit of Coroners cases to enhance our understanding of the local situation (audit since last audit)
- Continue to work with partners to maintain the Northamptonshire Suicide Real Time Surveillance System (RTSS)
- Develop an escalation protocol for suspected suicide cases
- Support the development of the Mental Health JSNA to inform future actions
- Explore opportunities to develop intelligence and data sources from across the suicide prevention partnership

### Priority 7: Reduce the rates of self-harm as a key indicator of suicide risk

The fifth progress report [7] highlights the previously agreed four groups to prioritise the reduction of deaths by suicide in.

People who self-harm are one of the prioritised groups and the reasons highlighted include evidence suggesting around 50% of people who have died by suicide previously self-harming and an estimated 200,000 attendances at hospital for self-harm. The report continues with emphasising the heightened risk of suicide particularly in the first year after self-harm.

This priority will contribute to the work of this strategy by providing a better understanding of self-harm at the local level, and current support services which will inform the development of future self-harm initiatives.

#### We plan to:

- Improve awareness and understanding of services offering support for self-harm in Northamptonshire
- Develop a pilot Self-Harm Real Time Surveillance System (SHRTSS) which will provide an insight into those who self-harm but do not present to primary or secondary care services

## Review

We will review the outcomes of this Strategy by monitoring the progress of the action plan through the Suicide Prevention Steering Group. The outcomes of the review will be reported through the Mental Health Pillar structure and to the North Northants and West Northants Health and Wellbeing Boards.

An Annual Report will be produced reviewing progress against the Strategy and summarising changes in intelligence and policy which may require adaptation to our local approach. The Annual Review will be publicly available online.

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## Acknowledgements

Public Health Northamptonshire would like to express thanks to the Suicide Prevention Steering Group partners for supporting the production of this strategy. A special thanks for those who supported the task and finish groups, with their time and knowledge. In addition, we would like to thank North and West Northamptonshire Council for supporting this area of work.

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## Support

This document discusses sensitive information. If you, or someone you know, has been affected by suicide or self-harm in any way, the following agencies may be able to help.

Mental Health Number	0800 448 0828	Open 24/7 for everyone - Offering support for your mental health needs
Samaritan Helpline	116 123	Open 24/7 for everyone - If you need someone to talk to
Childline	0800 1111	Open 24/7 for young people aged 18 and under - Offering emotional support
CYPMHS Crisis Team	0800 170 7055	Open 24/7 for young people aged 18 and under - If you are in crisis, at risk of self-harm or suicide

## Contact Information

For further details about the contents of this Strategy, please email Northamptonshire Public Health: [publichealth.ncc@northnorthants.gov.uk](mailto:publichealth.ncc@northnorthants.gov.uk).

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