

**Appendix A**



**Buckinghamshire Suicide Prevention Action Plan  
2022/23 and 2023/24**

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## Background

Death by suicide is preventable. Each life lost is a tragedy. One suicide will always be one too many. When someone dies by suicide, the effect on people that are close to them – family, friends, colleagues – can be profound. But the impact can extend much wider, to those that have known them and the people in the community around them. Over the last decade, the trend in Buckinghamshire has mirrored the England picture and there has been an increase in deaths by suicide. We know that over the Covid-19 pandemic, as more people have experienced bereavement, loss of employment and financial difficulty and other negative impacts of restrictions used to control the virus, mental well-being has been negatively affected across our communities. The risk of deaths by suicide increases in times of economic downturn, therefore, action to prevent death by suicide is more important than ever. Alongside the actions set out in this plan, national and local programmes, such as “Levelling Up”, will play a key role in addressing inequalities in known risk factors for death by suicide.

This action plan has been developed by Buckinghamshire’s multi-agency Suicide Prevention Partnership Group. This Group has been delivering the Buckinghamshire Suicide Action Plan since it was first created in 2015, and monitoring suicides locally in real time since 2017. It includes representatives from the local authority, voluntary sector, community and acute health providers, emergency services, and other partners including people with experience of suicide ideation and people bereaved by suicide.

## Aim

This plan aims to reduce the number of people that die by suicide in Buckinghamshire and provide support for those bereaved or affected by suicide. The impact of this plan will be monitored by assessing local trends and by comparing suicide rates in Buckinghamshire against national data and neighbouring counties.

By combining national and local evidence, five key areas for action have been identified to support delivery of this aim:

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 research, data collection and monitoring

## Context

- Suicide is used in this Plan to mean a deliberate act that intentionally ends one's life.
- Suicide is often the end point of a complex history of risk factors and distressing events.
- Suicide is a major issue for society and a leading cause of years of life lost. Suicides are not inevitable. There are many ways in which services, communities, individuals, and society as a whole can help to prevent suicides.
- Around 50 people take their own lives by suicide each year in Buckinghamshire. The Buckinghamshire suicide rate (10.8 suicides per 100,000 population for deaths registered in 2018-2020), is roughly the same as the South East and England rates. The suicide rates nationally, in Buckinghamshire and the South East have been rising steadily over the last ten years.
- Suicide affects children, young people, and adults – whether by taking their own life or as a person bereaved by suicide. Death by suicide (both nationally and locally) is highest in middle-aged men (peaking between 45 and 64). Nationally, suicide is a leading cause of death for young people aged 15–24 years.

## Suicide and inequalities

Suicide is a major inequality issue. National research tells us:

- Men in their middle years, living in the most deprived areas, have more than double the risk of suicide compared with those living in the least deprived areas. The greater the level of deprivation experienced by an individual, the higher their risk of suicidal behaviour. People who are unemployed are two to three times more likely to die by suicide than those in employment.
- Increases in suicide rates have been linked to economic recessions.
- People working in less skilled occupations (e.g., construction workers) have higher rates of suicide.
- A low level of educational attainment and no home ownership increase an individual's risk of suicide.

## Approach

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

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

**Life-course:** This Plan takes a "life course" approach aligned with the national suicide prevention strategy.

**Evidence based:** This Plan is informed by evidence. It uses national and local evidence to both identify areas of focus and specific need, and to inform the actions that will be taken to address need.

**Inclusive of self-harm:** The relationship between suicide and self-harm is complex. We know that many people who die by suicide have a history of self-harm, and we know that self-harm is a significant concern in its own right. This strategy will consider self-harm in relation to suicide risk.

**How we will measure success:** We want to see a reduction in Buckinghamshire's suicide rate, but we are mindful that the recent and anticipated global events will pose a significant challenge to this goal. Therefore, we will not only monitor local trends but compare them against national and neighbouring areas to assess our success. Because of the small numbers of deaths by suicide, it can be difficult to demonstrate statistically significant changes over time, we will therefore also use additional (proxy) measures to monitor our progress., this includes for example, levels of self-harm in the population.

## National policy

In 2012 the government published Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives<sup>1</sup>. The strategy identifies six key areas for action:

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, data collection and monitoring

In March 2021 a fifth progress report of the cross-government suicide prevention strategy<sup>2</sup> was published by HM Government. The report highlighted:

- The importance of intelligence to monitor self-harm and suicide risk
- Pre-pandemic risk factors in vulnerable groups, particularly children and young people, men, and people with mental illness
- The exacerbation of risk factors during the pandemic whilst showing no escalation on suicide figures
- The impact of the pandemic on people bereaved by suicide; the increased risk posed by harmful online content; the need to improve population mental wellbeing; and the importance of ensuring everybody can recognise possible signs of suicidality and gain the skills to save a life

A new national Plan for Mental Health is being developed, and HM Government has announced that a separate national Suicide Prevention Plan will follow, to refresh the national strategy of 2012.

These national documents, as well as learning from other local authorities in suicide prevention combined with local intelligence have been taken into account in the development of our Buckinghamshire Plan. The plan will be refreshed when the new national Suicide Prevention Plan is launched.

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<sup>1</sup> [Preventing suicide in England - A cross-government outcomes strategy to save lives \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/531247/preventing-suicide-in-england-a-cross-government-outcomes-strategy-to-save-lives.pdf)

<sup>2</sup> [Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/531247/preventing-suicide-in-england-fifth-progress-report-of-the-cross-government-outcomes-strategy-to-save-lives.pdf)

## Data and intelligence on suicide in Buckinghamshire

Key data sources which inform this section are:

- Office of National Statistics
- Thames Valley Real Time Suicide Surveillance System<sup>3</sup>
- Preliminary data from the Buckinghamshire Suicide Audit<sup>4</sup> of deaths registered between 2017 and 2019

### Suicide rates

On average around 50 people die by suicide in Buckinghamshire each year. Buckinghamshire's suicide rate (10.8 suicides per 100,000 population for deaths registered in 2018-2020) is statistically similar to the England and South East rates. Suicides in Buckinghamshire and England have in general increased since 2017. In 2020 (the latest available data) there were 57 deaths by suicide in Buckinghamshire recorded by the Office of National Statistics, compared to 33 in 2017. This is Buckinghamshire suicide rate increased from 7.3 deaths per 100,000 population in 2015-17 to 10.8 in 2018-20. In 2017 the Buckinghamshire rate was statistically lower than the South East and England rates. The Buckinghamshire rate in 2018-20 is statistically similar to the South East and England rates (see Appendix 1 for more information).

### Gender and age

Men are more likely to take their own lives than women, both in Buckinghamshire and nationally. Preliminary data from the latest Buckinghamshire Suicide Audit shows that between 2017 and 2019 64% of suicides in Buckinghamshire were among men and 33% among women.

The majority of deaths by suicide in Buckinghamshire and England occur in middle age, particularly for men and this has been the case since around 2010. There were 49 deaths among people aged 45-64 in Buckinghamshire between 2017-19, of which around three quarters were men. The highest number of deaths of any age group occurred among those aged 50 to 54, for both men and women.

Nationally, suicide is a leading cause of death for young people aged 15–24 years. In Buckinghamshire 20 people aged 15-24 died by suicide between 2017 and 2019 with eight deaths among those aged 19 and under. This is an increase since the last audit of deaths registered in 2014-16. However great care must be taken when interpreting trends from some such small numbers.

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<sup>3</sup> Buckinghamshire Real Time Suicide Surveillance System was established in 2017. Thames Valley Police Officers make a real time assessment of suicide at the scene they attend which is later cross referenced with the Buckinghamshire Coroner.

<sup>4</sup> The Buckinghamshire Suicide Audit is an audit of Coroner verdicts, which include 'suicide' and 'undetermined injury'. Data from the Office of National Statistics only includes deaths with a verdict of 'suicide'.

## Contact with health services

30% of those who died by suicide in Buckinghamshire had been in touch with their GP two weeks before death, and 73% within the last three months. Of the cases who had been seen by their GP within the last two weeks 47% were in contact about their mental health.

28% of those who died by suicide in Buckinghamshire were known to mental health services (not necessarily services in Buckinghamshire) at time of death. Of these cases under the care of mental health services, the majority were under the care of the Community Mental Health Team, and the majority had a depressive or anxiety related illness.

## Hotspots

There are no defined suicide hotspots in Buckinghamshire.

## Impact of the pandemic and the economic crisis

It is still too early to know what effect the coronavirus pandemic has had on suicide rates so far. This is because it takes a long time to register, analyse and report on suicide data at a national level, and this has been further delayed due to the pandemic. Provisional suicide registrations for 2020 in England do not suggest an increase in rates, and early data from 'real-time surveillance' systems in several parts of England found no change in suicide trends following the first national lockdown (between April-October 2020). There were more suspected suicides in this period compared to the same period in 2019, but this was considered in line with the longer-term trend of rising suicide rates, rather than the impact of the pandemic.<sup>5</sup>

It is, however, likely that the pandemic will have enduring effects on the general population and vulnerable groups, compounded by the subsequent global economic crisis. Data from the national voluntary sector showed an increase in people seeking support for mental health issues comparing before with after lockdown. In 2020, PAPYRUS (the national charity for the Prevention of Young Suicide) saw a 20% increase in contacts from young people aged between 11 and 25 nationally during this period.

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<sup>5</sup> One year on: how the coronavirus pandemic has affected wellbeing and suicidality. Samaritans. June 2021. [Samaritans Covid 1 Year On Report 2021.pdf](#)



## Groups at higher risk of suicide

The following groups are at highest risk of suicide in Buckinghamshire. These groups have been identified through analysis of preliminary data from the Buckinghamshire 2017-19 Suicide Audit, and national data/evidence including the national strategy report Preventing Suicide in England: Fifth Progress Report

- Middle aged people, particularly men
- Children and young people aged 10-24
- Individuals who have previously self-harmed
- Individuals with mental illness, especially untreated depression
- People experiencing family and relationship problems; financial difficulties and debt (particularly for middle aged men); physical health conditions

Other groups at higher risk of suicide include:

- People who misuse alcohol and drugs, including those with coexisting mental health and drug/alcohol misuse problems
- People in contact with the criminal justice system
- People experiencing housing problems and homelessness; bereavement; loneliness; domestic abuse
- Lesbian Gay Bisexual Transgender (LGBT) groups; black and ethnic minority groups; asylum seekers (including from Ukraine); veterans
- Pregnant women and those who have given birth in the last year – nationally suicide is the leading cause of death occurring within a year after pregnancy<sup>6</sup>

<sup>7</sup>During the COVID 19 pandemic two categories of vulnerable individuals emerged:

- Those for whom the pandemic exacerbated existing problems (as above)
- Those for whom the pandemic resulted in significant and specific new issues, that we know are potential drivers of suicide. For example, job loss, unmanageable or mounting debts as a result of reduced income, bereavement and loneliness or social isolation.

As the current economic crisis unfolds it is likely that for many their existing problems will be further exacerbated. <sup>8</sup>Men in mid-life may be particularly vulnerable to the effect of economic adversity, with an increase in self-harm and suicide in this group particularly apparent after the 2008 recession.

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<sup>6</sup> [MBRRACE-UK Maternal Report 2021 - FINAL - WEB VERSION.pdf \(ox.ac.uk\)](#)

<sup>7</sup> [Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives \(publishing.service.gov.uk\)](#)

<sup>8</sup> [Suicide and the 2008 economic recession: Who is most at risk? Trends in suicide rates in England and Wales 2001–2011 - ScienceDirect](#)

## Protective factors

When attempting to understand which factors promote resilience or vulnerability to suicide, it is important to consider a wide range of protective and risk factors. Suicide is complex, risk can change with circumstance, and what is a risk or protective factor for one person may not be the same for another in similar circumstances.

The below highlights some of the known protective factors that help mediate against suicidal behaviour in those at risk:

### **Society:**

- Health system (effective and accessible services)
- Reduction of poverty

### **Individual:**

- Hopefulness
- Problem-solving skills
- Being in control of behaviour, thoughts, emotions
- In positive employment
- Full and active life

### **Community:**

- Social support
- Connectedness
- Supportive school and work environments

### **Relationships:**

- Personal relationships
- Children
- Relationships at work

## Self-harm

Self-harm is a concern in its own right, as well as being a risk factor for suicide. Not everyone that self-harms will have suicidal thoughts, whilst not everyone that dies by suicide will have self-harmed. However, we know that previous self-harm is an important predictor for suicide with the risk of suicide raised up to 49-fold in the year after self-harm, especially in the first month<sup>9</sup>. The risk of suicide after self-harm increases by 3% for every one year increase in age at hospital presentation; men are three times more likely to die by suicide after self-harm than women; and people who live in the least deprived areas have a greater risk of dying by suicide after self-harm compared to those living in the most deprived areas.<sup>10</sup>

Between 2017 and 2019 23% of people (all ages) who died by suicide in Buckinghamshire were known to have previously self-harmed, and 27% were known to have previously attempted to take their own life<sup>11</sup>. These figures may be an underestimate as evidence suggests around 50% of people who die by suicide have previously self-harmed<sup>12</sup>.

The latest available data show that Buckinghamshire's rate of emergency admissions as a result of self-harm, all ages, (144.7 admissions per 100,000 population in 2018/19, 750 admissions) is below the national and South East averages. The South East rate is 199.7 admissions per 100,000 population and the England rate 196 admissions per 100,000<sup>13</sup>. In addition, Buckinghamshire's rate for people aged 10-24 (370 admissions per 100,000 population in 2018/19, 325 admissions) is also similar to the national and South East averages (the South East rate is 470 admissions per 100,000 population and the England rate is 444<sup>14</sup>). There also has been no significant change since 2014/15.

It is important to note that this data is only the 'tip of the iceberg'. The majority of self-harm occurs in the community and does not lead to hospital attendance. Academic research also shows that data on hospital episodes underestimates the rate of hospital presentations for self-harm by around 60%, possibly due to data collection and reporting<sup>15</sup>.

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<sup>9</sup> Department of Health - Mental Health, Disability and Equality Division, Preventing suicide in England: Third annual report on the cross-government outcomes strategy to save lives, (Feb 2015) accessed March 2015 at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/405407/Annual\\_Report\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf)

<sup>10</sup> Geulayov, G, Casey, D, Bale, L, Bard, F, Clements, C, Farooq, B, Kapur, N, Ness, J, Waters, K, Tsiachristas, A & Hawton, K, (2019), Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm: long-term follow-up study. Accessed from The Lancet Psychiatry.

<sup>11</sup> Preliminary data from the Buckinghamshire Suicide Audit of deaths registered between 2017 and 2019

<sup>12</sup> [Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives \(publishing.service.gov.uk\)](#)

<sup>13</sup> Please note the South East and England figures should be taken with caution due to data quality issues

<sup>14</sup> <sup>14</sup> Please note the South East and England figures should be taken with caution due to data quality issues

<sup>15</sup> Clements, C., Turnbull, P., Hawton, K, Geulayov, G., Waters, K., Ness, J., Townsend, E., Khundakar, K., Kapur, N. (2016). Rates of self-harm presenting to general hospitals: a comparison of data from the Multicentre Study of Self-harm in England and Hospital Episode Statistics. *BMJ Open*; 6:e009749.

## Suicide Prevention Action Plan

For each action a lead partner is named, though it is the expectation of the Buckinghamshire Suicide Prevention Partnership Group that all members will support the delivery of actions as relevant and required. A detailed performance dashboard developed by the Group is in Appendix 2. Some actions in the plan do not yet have an indicator on this dashboard as the projects are still being finalised. These will be finalised in the coming months, and relevant indicators identified. These projects are:

- The Children and Young People's Mental Health Strategic Group Action Plan
- Oxford Health Trust-wide Suicide Prevention Action Plan
- Three-year Public Mental Health and Well-being Action Plan to address inequalities in mental well-being

| Priority 1: Reduce the risk of suicide in key high risk groups   |                                  |   |                             |            |  |
|--|----------------------------------|---|-----------------------------|------------|--|
| <p>The following groups are at higher risk of suicide in Buckinghamshire. These locally defined groups are in line with at risk groups identified by national guidance such as the national strategy report Preventing Suicide in England: A Fifth Progress Report.</p> <ul style="list-style-type: none"> <li>• People who misuse alcohol and drugs, including those with coexisting mental health and drug/alcohol misuse problems</li> <li>• People in contact with the criminal justice system</li> <li>• People experiencing housing problems and homelessness; bereavement; loneliness; domestic abuse</li> <li>• Lesbian Gay Bisexual Transgender (LGBT) groups; black and ethnic minority groups; asylum seekers; veterans</li> <li>• Pregnant women and those who have given birth in the last year – nationally suicide is the leading cause of death occurring within a year after pregnancy</li> </ul> |                                  |   |                             |            |  |
| Ref.   | Target Group                     | Action  | Lead partner                | Timescale  | Anticipated outcome  |
| 1.1  | Groups at higher risk (all ages) | Map the different services, organisations, and support groups (e.g., Helping Hands, Citizens Advice, Foodbanks, Gyms, Libraries, Men’s Sheds, Housing services as well as Health Services) that each of the at risk groups are likely to have frequent contact with, i.e., their “touch points” in order to identify gaps and where pathways can be improved, and training delivered. | Bucks Council Public Health | March 2023 | People with suicidal ideation or with mental health needs are identified, supported, and referred for support at an earlier stage. |

|     |                                  |   |   |  |  |
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| 1.2 | Groups at higher risk (all ages) | Commission a programme of mental health and suicide prevention training to include groups identified by the mapping exercise (action 1.1)   | Bucks Council Public Health                               | November 2022                            | People with suicidal ideation are identified, supported, and referred for support at an earlier stage.   |
|     |                                  | Develop and promote a website-based guide on mental health and suicide prevention for frontline workers to help them support clients with suicide ideation, self-harm, or in mental health crisis.<br>- Website live (adults' information)<br>- Promotion to partners<br>- CYP info on website  | South Central Ambulance Service                           | Autumn 2022<br>Winter 2022<br>March 2023 |  |
|     |                                  | Partners to implement their own suicide prevention training for staff and students/pupils   | All Partners  | March 2024                               |  |
| 1.3 | Children and Young People        | <p>The Children and Young (CYP) People's Mental Health Strategic Group to develop and deliver a three year action plan. Priorities are:</p> <ol style="list-style-type: none"> <li>1. All organisations and services working with CYP, parents and/or carers will encourage and enable physical and mental wellbeing.</li> <li>2. CYP who need support for their emotional wellbeing will be identified early, offered appropriate support and/or referred to services.</li> <li>3. All CYP, their parents and/or carers and professionals working with children, know how to access mental health support/services if they need them, and receive the right help, in the right place when they need it.</li> <li>4. All young people who are transitioning between services are supported throughout the process to ensure transfers are managed safely, appropriately and in a timely manner.</li> <li>5. Adults living or working with children (inc. parents) receive the support they need to improve mental health for children.</li> <li>6. CYP, parents, carers and other stakeholders will influence the development of prevention programmes and services through participation and feedback.</li> </ol> <p>Action plan developed</p> | Children and Young People's Mental Health Strategic Group |  | CYP receive emotional support early; CYP and their parents/carers know how to access mental health support/services and receive the help they need; CYP transitioning between services are supported to ensure transfers are managed safely, appropriately and in a timely manner. |
|     |                                  |   |   | April 2023                               |  |

|     |                                     |  |                                    |                          |  |
|-----|-------------------------------------|--|------------------------------------|--------------------------|--|
| 1.4 | University students                 | In academic year 22-23: <ul style="list-style-type: none"> <li>Implement suicide &amp; MH first aid training, mental health advisors, student mentoring programme.</li> <li>Increase awareness of MH support by improving the student induction process and relaunching the student services department.</li> <li>Introduce Single Session Therapy for students delivered by wellbeing staff<sup>16</sup></li> </ul> | Bucks New University               | Sept 2023                | Students know what support is available; are identified early; and receive the support they need.  |
|     |                                     | Deliver a weekly Heathy Minds clinic at Bucks New Uni and support with MH promotion for all students and students attending courses with reported lower mental wellbeing.  | Healthy Minds                      | Autumn 2022              |  |
|     |                                     | Identify the specific needs of other universities and higher education institutions and scope actions to address these needs.  | Bucks Council Public Health        | March 2023               |  |
| 1.5 | Men                                 | Deliver Wave 2 of Savings Lives male suicide grants programme and support currently funded projects to become self-sustaining.   | Bucks Council Public Health        | Nov 2022                 | Men at risk of suicide have the opportunity to take part in tailored community-based support which builds resilience, reduces the impact of stigma, and promotes positive mental health. |
|     |                                     | Deliver the new one year 'Mind the Gap' men's wellbeing support group project launched in March 2022. Assess options for continuing for an additional year(s)  | Buckinghamshire Mind               | March 2023<br>March 2024 |  |
|     |                                     | Reinvigorate and promote the Heads Up male suicide website launched in Men's Health Week (June).   | Bucks Council Communications/BC PH | June 2023                |  |
| 1.6 | People with mental health disorders | Develop and deliver a new Trust wide suicide prevention strategy. Priority areas: gender, access and inclusion, substance misuse and research/monitoring/comms.  | Oxford Health                      | 2022-2025                | Equal access to services when in suicidal crises; Evidence based interventions tailored to vulnerable groups; Services compliant with NICE guidance.                                     |

• <sup>16</sup> Single Session Therapy is a single counselling session which focuses on cognitive restructuring and skills training. For some clients this is sufficient and for others this is a swift bridge to longer term support.

|     |   |   |   |                      |   |
|-----|---|---|---|----------------------|---|
|     |   |   |   |                      | Effective dissemination of research findings and development of plans for translation into practice; Effectively trained workforce.         |
| 1.7 | People who self-harm                    | Deliver a trial of improved self-harm follow up. Service Users who present following self-harm or expressing suicidal thoughts who do not meet the referral criteria for secondary mental health care will have a safety plan and recommendations for support and will receive a follow up call within 48 hours to see if they need support to access the next stage of care.   | Oxford Health   | January 2023         | Service Users will have improved safety planning, follow up and access to the next stage of care.   |
|     |   | <p>Develop a new process using SCAS business intelligence to identify patients at clinical high risk of suicide and self-harm. Work with partners to develop and implement a red flag escalation process to inform partnership in practice and multi-agency frequent caller meetings. The relevant agencies at these meetings will then develop enhanced multi-agency support for these high risk patients.</p> <ul style="list-style-type: none"> <li>• Project scoping completed including development of dashboard</li> <li>• Detailed project plan developed</li> </ul> | South Central Ambulance Service                                       | Nov 2022<br>Dec 2022 | Clinically high-risk patients will be identified quickly and provided with associated wrap around support when, where and how they need it. |
| 1.8 | People in financial difficulty and debt | Develop the letters sent to residents regarding Council Tax debt to encourage repayments and support mental health using behavioural science techniques.  | Bucks Council Revenues and Benefits Team; Bucks Council Public Health | Nov 2022             | Recover more council tax debt, recover it sooner and with lower impact on the mental health of our residents.                               |
|     |   | Investigate the feasibility of developing different styles of letters depending on the recovery stage of the debt and characteristics of the debtor.  |   | June 2023            |   |
|     |   | Expand the financial insecurity pilot activity delivered in Wycombe to all of Bucks, with focused activity in Aylesbury and Chesham. Includes support, info and signposting on food insecurity, debt, benefits, gaining employment and returning to work.   | Bucks Council, Community Support                                      | Summer 2023          | Support for people experiencing debt and financial insecurity is improved.  |
|     |   | Commission a new countywide model of support for people experiencing debt and financial insecurity.   | Bucks Council, Community Support                                      |                      | Support for people experiencing debt and  |

|  |   |   |                          |   |
|--|---|---|--------------------------|---|
|  | <ul style="list-style-type: none"> <li>• Scope the model and infrastructure required to meet increasing demand</li> <li>• New model in place</li> </ul> |   | Summer 2022<br>Sept 2023 | financial insecurity is improved.   |
|  | Map the mental health training needs of 'front door' agencies involved in financial insecurity/debt, deliver training and signposting information.      | Bucks Council Public Health and Community Support | November 2022            | People with suicide ideation are identified, supported, and referred for support at an earlier stage. |

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

As advised by the national guidance, the following groups may need tailored approaches to support improvements in their resilience and contribute to (with other actions) improved mental health.

- People who misuse alcohol and drugs, including those with coexisting mental health and drug/alcohol misuse problems
- People in contact with the criminal justice system
- People experiencing housing problems and homelessness; bereavement; loneliness; domestic abuse
- Lesbian Gay Bisexual Transgender (LGBT) groups; black and ethnic minority groups; asylum seekers; veterans
- Pregnant women and those who have given birth in the last year – nationally suicide is the leading cause of death occurring within a year after pregnancy
- Plus, some of the “at risk” groups identified through Priority 1.

| Ref. | Target Group                        | Action  | Lead partner | Timescale  | Anticipated outcome  |
|------|-------------------------------------|---|--------------|------------|--|
| 2.1  | People with mental health struggles | Deliver the Champion the Change programme to address mental health stigma including four social media campaigns a year. | Bucks Mind   | March 2024 | People experiencing mental health struggles will live free of stigma which will encourage earlier access to informal and formal support. |



|     |  |  |   |                                       |  |
|-----|--|--|---|---------------------------------------|--|
| 2.2 | People with coexisting substance misuse and mental health problems | Deliver the new joint working protocol between Oxford Health and One Recovery Bucks to improve referrals and communication between services. New post holder in post in One Recovery Bucks and regular clinician meetings between Oxford Health and ORB in place.  | One Recovery Bucks / Oxford Health                  | March 2024                            | People with coexisting problems receive support for their mental health problems and drug or alcohol problems concurrently.  |
| 2.3 | People in contact with the criminal justice system                 | Identify suicide risk for those individuals who have entered the Criminal Justice system into Police Custody, having been arrested or voluntarily interviewed about a criminal matter for which they are a suspect. Ensure appropriate care provision within custody and signposting to appropriate support services, ensuring risk management information is shared with relevant partners on transfer. | Thames Valley Police; Courts and Probation; Prisons | October 2023                          | People with suicide ideation are identified and referred for support throughout their criminal justice journey.  |
| 2.4 | Employees with mental health struggles                             | Sign the Champion the Change Employer pledge to tackle mental health stigma in the workplace.  | Bucks Council Organisational Development Team       | October 2022                          | Staff will have good mental health and wellbeing, sickness absence from stress and mental health related issues will be low, and there will be a culture where people look out for each other, are safe and supported. |
|     |  | Deliver the mental wellbeing actions in the new Health and Wellbeing Framework <ul style="list-style-type: none"> <li>Set up Employee Financial Hardship Task and Finish Group; Review how the organisation is utilising Mental Health First Aiders; Launch PAM Wellbeing App</li> </ul>   | Bucks Council Organisational Development Team       | May 2022<br><br>July 2022<br>Dec 2022 |  |

|     |  |  |                               |             |   |
|-----|--|--|-------------------------------|-------------|---|
|     |  | <ul style="list-style-type: none"> <li>• Train new and existing Mental Health First Aiders</li> <li>• Communications campaigns</li> </ul>  |                               |             |   |
| 2.5 | Ethnic minority groups, older people, children, and young people       | Deliver a three-year Public Mental Health and Well-being Action Plan to address inequalities in mental well-being in Buckinghamshire communities (including projects to address inequalities for ethnic minority groups; older people; and children and young people)            | Bucks Council Public Health   | Winter 2022 | Inequalities in public mental health will be reduced evidenced by appropriate indicators for each project (see plan). |
| 2.6 | Older adults, ethnic minorities physical health problems, LGBT groups. | Develop a set of marketing and communication tools/resources to engage with and promote the service to older adults, ethnic minorities, and LGBT groups.   | Oxford Health - Healthy Minds | May 2022    | Uptake of Healthy Minds services by underrepresented groups will be at the same level as the general population.      |
|     |  | Assess the service against the ethnic minority positive practice audit tool and deliver actions based on resulting recommendations.  | Oxford Health - Healthy Minds | Dec 2022    |   |
|     |  | Develop links with underrepresented communities, work with them to understand the barriers to engagement, and develop/deliver projects/pathways improve engagement. Groups include Pakistani, black, and African, men, LGBT, older adults, people living with and beyond cancer. | Oxford Health - Healthy Minds | March 2023  |   |

|     |  |   |  |            |   |
|-----|--|---|--|------------|---|
| 2.7 | Pregnant women and women who have given birth in the last year | Explore ways to support women who have lost a child due to perinatal/neonatal death, or whose child has been taken into care.   | Perinatal Mental Health Network                | April 2023 | Women who have lost a child receive the mental health and family planning support they need, when they need it.   |
|     |  | Recruit an additional specialist Health Visitor for perinatal mental health.  | Bucks Healthcare Trust Healthy Child Programme | Aug 2022   | New mothers experiencing mental health struggles will be offered early support and where needed faster referrals to perinatal mental health services  |
| 2.8 | Residents experiencing mental health struggles                 | As part of The Community Mental Health Framework, develop a team of Mental Health Practitioners to deliver brief mental health interventions within Primary Care Networks, support primary care with demand, and deliver a more integrated approach to mental health. Staff are employed jointly by Oxford Health and Primary Care Networks to deliver a more integrated approach to mental health interventions. | Oxford Health                                  | Sept 2022  | Service Users will receive mental health support within primary care to enable a holistic community-based approach to healthcare within their community, where appropriate and safe to do so. |

### **Priority 3: Reduce access to the means of suicide and reduce imitational suicidal behaviour**

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

Research evidence shows that certain types of media depictions, such as explicitly describing a method, sensational and excessive reporting, can lead to imitational suicidal behaviour among vulnerable people. In contrast, coverage describing a person or character coming through a suicidal crisis can serve as a powerful testimony to others that this is possible and can encourage vulnerable people to seek help. This objective aims to promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media and reduce the risk of additional suicides.

| <b>Ref.</b> | <b>Target Group</b> | <b>Action</b>   | <b>Lead partner</b>  | <b>Timescale</b> | <b>Anticipated outcome</b>  |
|-------------|---------------------|---|----------------------|------------------|---|
| 3.1         | All age groups      | Monitor local media coverage to ensure reporting is line with Samaritans guidance and take appropriate action if instances of incorrect reporting take place, such as asking media to remove damaging or inappropriate reports. | Bucks Council Comms  | Ongoing          | Reporting of suspected suicides is sensitive, respectful, and follows Samaritans guidance.  |
| 3.2         | All age groups      | Use real time surveillance and other suicide data to monitor emerging hotspots and new suicide methods for prevention.  | Thames Valley Police | Ongoing          | Emerging hotspots and new suicide methods are identified early and where necessary postvention and prevention activity is put in place. |

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

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

| Ref. | Target Group                         | Action  | Lead partner                           | Timescale           | Anticipated outcome  |
|------|--------------------------------------|---|--|---------------------|--|
| 4.1  | People bereaved by suspected suicide | Launch a new enhanced Suicide Bereavement Support Service across Buckinghamshire, Oxfordshire and Berkshire with initial support and signposting/referral being provided by Thames Valley Police, and ongoing support by Listening Ear. | Thames Valley Police,<br>Listening Ear | August 2022         | People bereaved by suicide receive practical/emotional support when, how and where they need it.   |
|      |                                      | Develop and implement a local Suicide Clusters Process <ul style="list-style-type: none"> <li>• Develop</li> <li>• Implement</li> </ul>   | Bucks Council<br>Public Health         | Jan 2023<br>Ongoing | Emerging suicide clusters are identified quickly, and appropriate partnership based postvention work is implemented.                               |
|      |                                      | Work with Bucks Bereavement Group to ensure staff/volunteers working for their services know the basics in supporting people bereaved by suicide, can spot the signs of suicide, and know where to refer.                               | Bucks Council<br>Public Health         | March 2023          | Counsellors know how to spot the signs of suicide, and where to refer; counsellors understand the basics of supporting people bereaved by suicide. |
| 4.2  | Children and Young People            | Following a light refresh in autumn 2022, fully reassess and re-promote the school's suicide postvention guide as part of the review cycle.   | Bucks Council<br>Public Health         | Nov 2023            | Schools are better prepared to support their staff and students in the event of a suicide.   |
| 4.3  | Council Staff                        | Explore developing a suicide postvention process in the event a staff member takes their own life, or a staff member is bereaved by suicide of a loved one.   | Bucks Council<br>HR Policies<br>Team   | April 2023          | Appropriate and timely support and signposting provided to affected staff.   |

### Priority 5: Support research, data collection and monitoring

It is important to build on the existing research evidence and other relevant sources of data on suicide and suicide prevention, and to use these regularly to inform local action.

| Ref. | Target Group | Action  | Lead partner                                       | Timescale   | Anticipated outcome   |
|------|--------------|---|--|-------------|---|
| 5.1  | All groups   | Scope a method of comparing Buckinghamshire suicides with other local authority areas into the suicide audit and/or real time surveillance data which provides current information and accounts for population size and makeup. | Bucks Council Public Health                        | March 2023  | Method for comparison established to better monitor local suicides.   |
|      |              | Finalise the local Suicide Audit and share learning to improve action planning.   | Bucks Council Public Health                        | Autumn 2022 | Audit to inform suicide action plan refresh.  |
|      |              | Review current and potential options to monitor trends and emerging clusters in partnership with colleagues across the Thames Valley.   | Bucks Council Public Health / Thames Valley Police | March 2024  | Improved identification of suicide clusters, including more robust data to inform response action; and to support system wide learning. |

## Appendix 1 – Suicide Data

Table 1. Number of suicides in Buckinghamshire 2017 to 2020. Source: Office of National Statistics

| Year | No. suicides in Bucks |
|------|-----------------------|
| 2020 | 57                    |
| 2019 | 51                    |
| 2018 | 45                    |
| 2017 | 33                    |

Table 2. Number of deaths and age-standardised suicide rates per 100,000 population for local authorities, rolling three year aggregates, deaths registered 2001 to 2020. Source: Office of National Statistics<sup>17</sup>

| Year       | No. suicides in Bucks | Bucks suicide rate | South East suicide rate | England suicide rate |
|------------|-----------------------|--------------------|-------------------------|----------------------|
| 2018-2020  | 153                   | 10.8 (9.1-12.5)    | 10.1 (9.7-10.5)         | 10.4 (10.3-10.7)     |
| 2017-2019  | 129                   | 9.2 (7.6-10.8)     | 9.6 (9.2-10.0)          | 10.1 (9.9-10.3)      |
| 2016- 2018 | 111                   | 8.0 (6.5-9.5)      | 9.2 (8.8-9.6)           | 9.6 (9.5-9.8)        |
| 2015-2017  | 100                   | 7.3 (5.9-8.7)      | 9.4 (9.0-9.8)           | 9.8 (9.6-10.0)       |

<sup>17</sup>

- Figures are for persons aged 10 years and over.
- The lower (LCI) and upper (UCI) 95% confidence limits have been provided as denoted by “10.8 (LCI 9.1 – UCI 12.5)”. These form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the estimated figure. Calculations based on small numbers of events are often subject to random fluctuations. As a general rule, if the confidence interval around one figure overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two figures.
- The area is based on the persons usual residence
- Figures are based on the date of registration, as opposed to the date the death occurred, in each calendar year. Due to the length of time it takes to hold an inquest, it can take months or even years for a suicide to be registered

## Appendix 2 – Performance Dashboard

The Performance Dashboard below in the embedded document has been developed by the Buckinghamshire Suicide Prevention Partnership to measure delivery of the action plan. Some actions in the plan do not yet have an indicator on this dashboard as the projects are still being finalised. These will be finalised in the coming months, and relevant indicators identified. These projects are:

- The Children and Young People's Mental Health Strategic Group Action Plan
- Oxford Health Trust-wide Suicide Prevention Action Plan
- Three-year Public Mental Health and Well-being Action Plan to address inequalities in mental well-being

Other actions will be measured by regular updates at the Suicide Prevention Group meetings with progress recorded in the measuring sheet on tab 2 in the embedded document below.

Please note this performance dashboard can be made available to members of the Health and Well-being Board on request.