LEWISHAM SUICIDE PREVENTION STRATEGY

2022-2025

Contents

Vision and overarching aim

Every death by suicide in Lewisham is one too many. Suicide is a preventable cause of death with devastating impacts. Our vision is that no one in Lewisham takes their own life.

To realise the vision and prevent suicides, everyone has a part to play, and it should be everyone's business. This includes individuals, communities, public and private organisations, employers, emergency services, the NHS and local authorities. This strategy and the associated action plan have been drawn up with the support and input of a partnership group, each contributing a diversity of shared skills, experience and ideas.

Strategy core principles

In preparing the strategy, we have worked to the following core principles

- Tackling stigma: ensuring that everyone in Lewisham is able to support someone in crisis including individuals who may be considering taking their own life. One of the objectives of the strategy is to promote wider opportunities that equip individuals to have conversations which act as a preventative measure.
- Lived experience: involving those with lived experience of suicide bereavement and voluntary agencies to shape our strategy and action plan.
- Evidence based: we need to make sure we understand what the data are and are not telling us, and use insight and those with lived experience to ensure our approach has the biggest impact on reducing rates of death by suicide.
- Life course approach: understanding protective and risk factors, the impact of health inequalities and the life course to offer support and intervention early, reducing risk and preventing death.

Strategy Development

This strategy has been developed with key stakeholders who were part of a task and finish group. The group discussed findings from the most recent suicide audit (attached at Appendix 2: Suicide Audit), evidence based practice and expert feedback from those working locally with Lewisham communities. A public consultation and focus group were conducted over the summer to enrich and enhance the evidence and data gathered.

Background

The most recent suicide prevention strategy for Lewisham ran from 2019 to 2021. During the life of the strategy, we have seen a pandemic with lasting physical and mental health effects, and political and economic instability. The intention of the group was to update the work that

had been set out for action in the 2019 strategy and action plan. The fifth national strategy update was released in 2021 and this set out some of the impacts seen from the COVID-19 pandemic. The strategy task and finish group were keen to ensure the next strategy was based on a range of principles, set out above, taking into account the most recent data (from audit), evidence and lived experience.

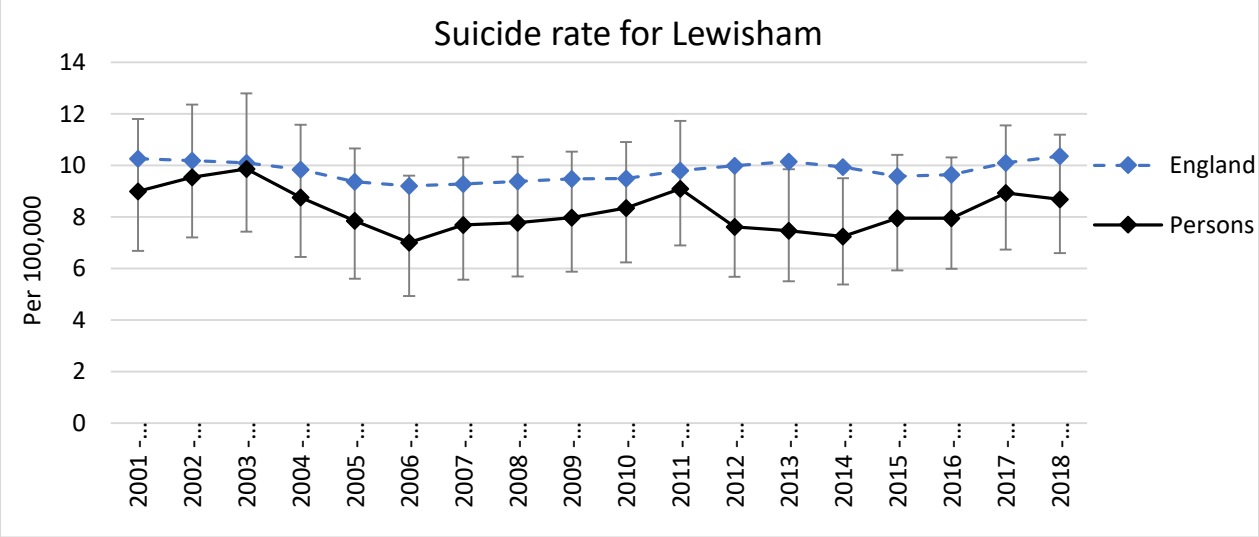
Local Insights and data: What do they tell us about suicides in Lewisham?

This section sets out some of the key findings from the suicide audit which can be found at Appendix 2: Suicide Audit.

In 2016 the five-year forward view for mental health set a national ambition to reduce suicides by 10% by 2020/21 and was an attempt to turn the increasing rates that had been seen in previous years. In 2021 there were 5,583 suicides registered in England and Wales, equivalent to a rate of 10.7 deaths per 100,000 people. This rate was higher than 2020 with a rate of 10.0 per 100,000 but in line with the pre pandemic rates in 2018 and 2019.

Looking more locally at rates of suicide in Lewisham compared with the rate in England (Figure 1: Suicide rate for Lewisham), Lewisham has lower rates than the national rate. Although lower overall, since 2014/16 the rate has been steadily increasing. More recent data on the numbers of suicides locally indicate that numbers have declined during 2020/21 which may be as a direct impact of COVID.

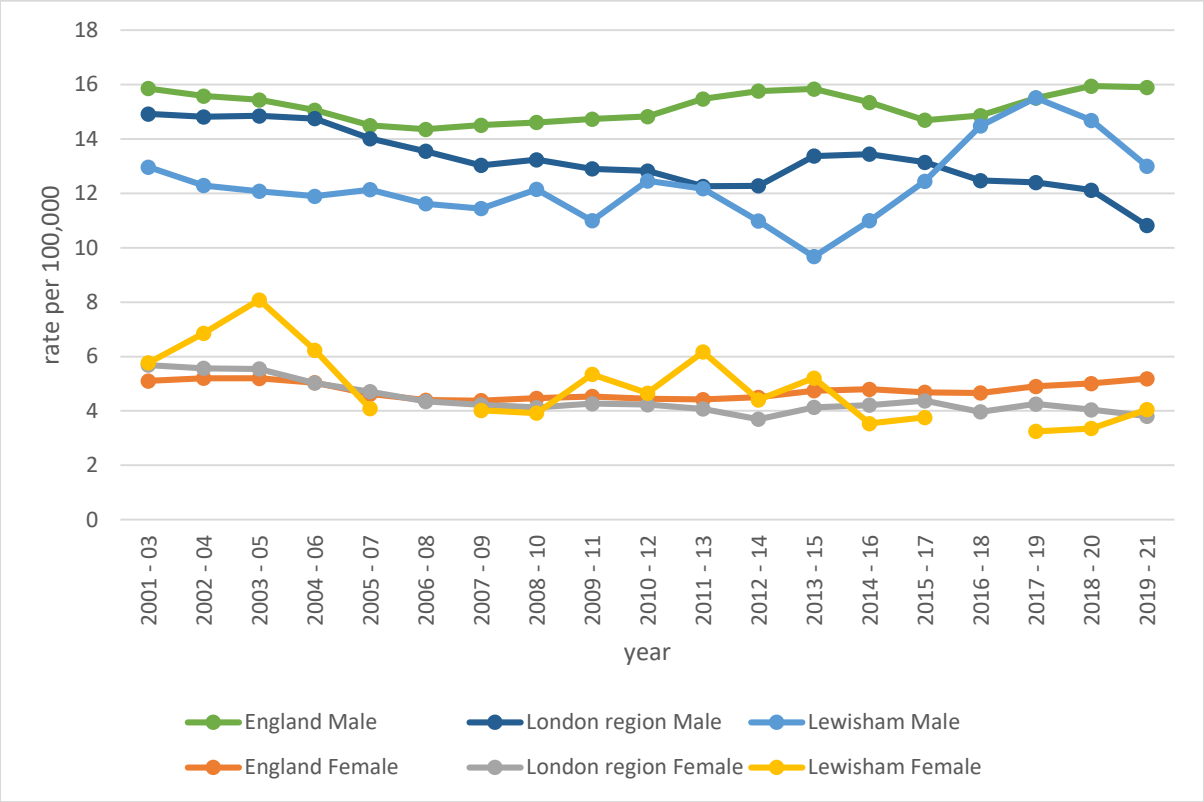
Figure 1: Suicide rate for Lewisham



Source: PHE Fingertips

Suicide rates by gender in Lewisham follow the same pattern as London and England patterns and support the findings from the national strategy. Males experience a higher rate of death from suicide than females (see Figure 2).

Figure 2 Suicide rate by gender in Lewisham compared to England

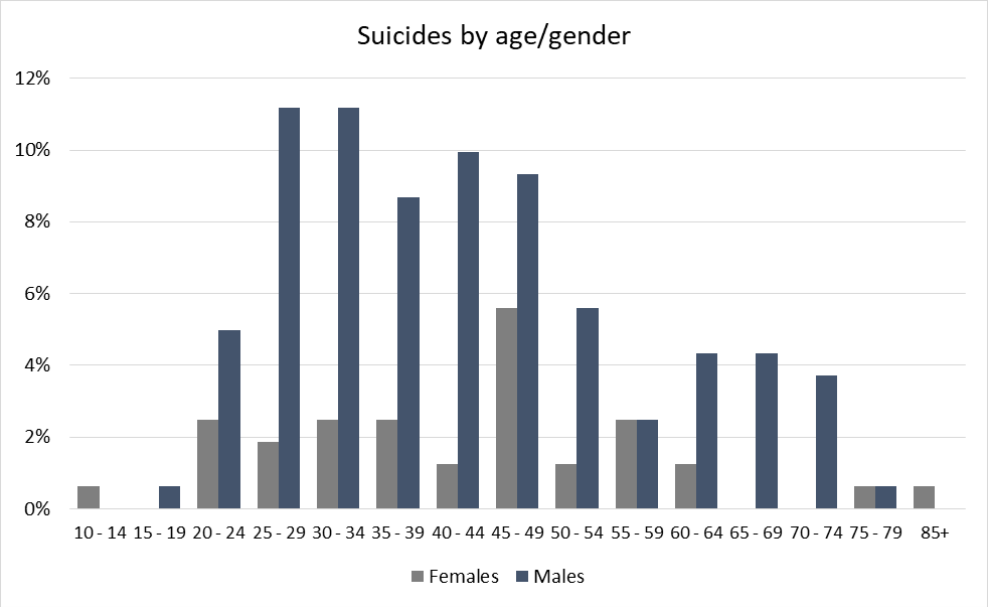


**please note gaps in Lewisham female data relate to gaps in data from the source (i.e. figure not know)*

Source: PHE Fingertips

The national strategy identifies middle aged men and children and young people as having the highest risk of death by suicide. Figure 3 shows the proportion of those in Lewisham who have died by suicide in the last decade, by age groups of males and females. The chart shows that the patterns of death by suicide are different in males and females. The peak for males is between 25 and 45 years, and for women is between 40 and 50 years. In Lewisham, less than 5% of all deaths by suicide were in those aged under 25 years.

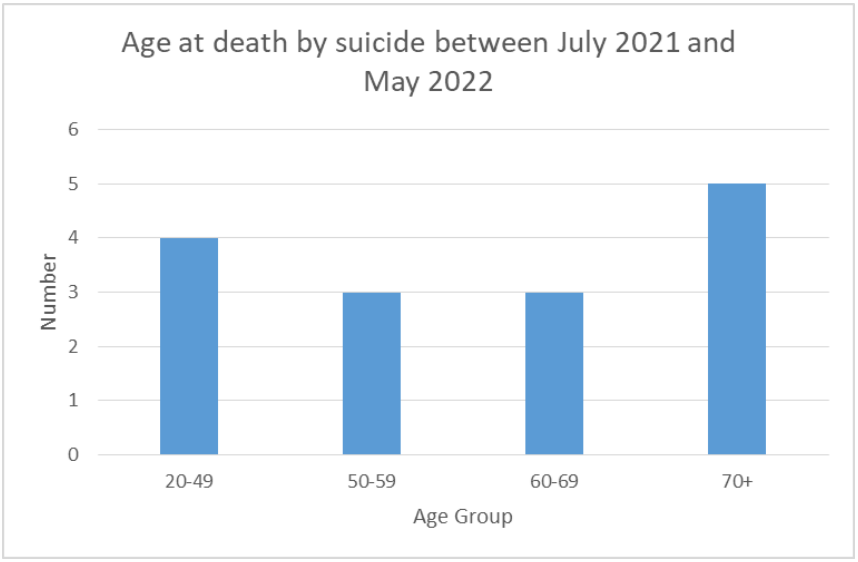
Figure 3 Suicide by age and gender in Lewisham



Source: PCMD

Local data drawn from the real time surveillance system on age at death by suicide are contrary to national data presented in Figure 3. Figure 4 (below) shows data that suggest a higher number of deaths in Lewisham are weighted toward the older (70+) age groups. The reason for this more recent shift in age is not clear.

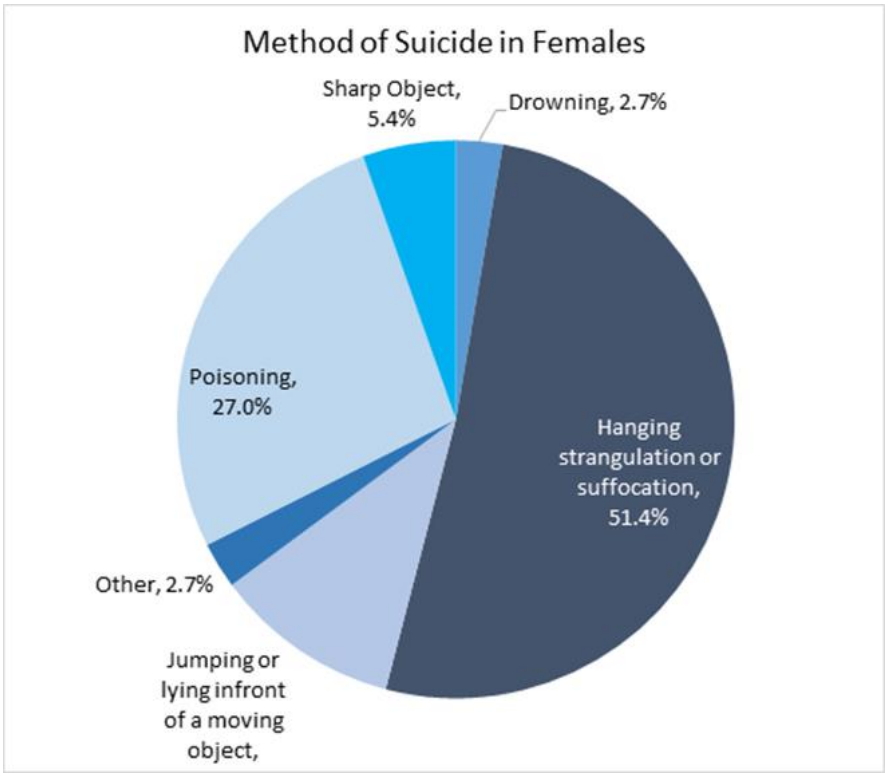
Figure 4 Age at death (all genders)

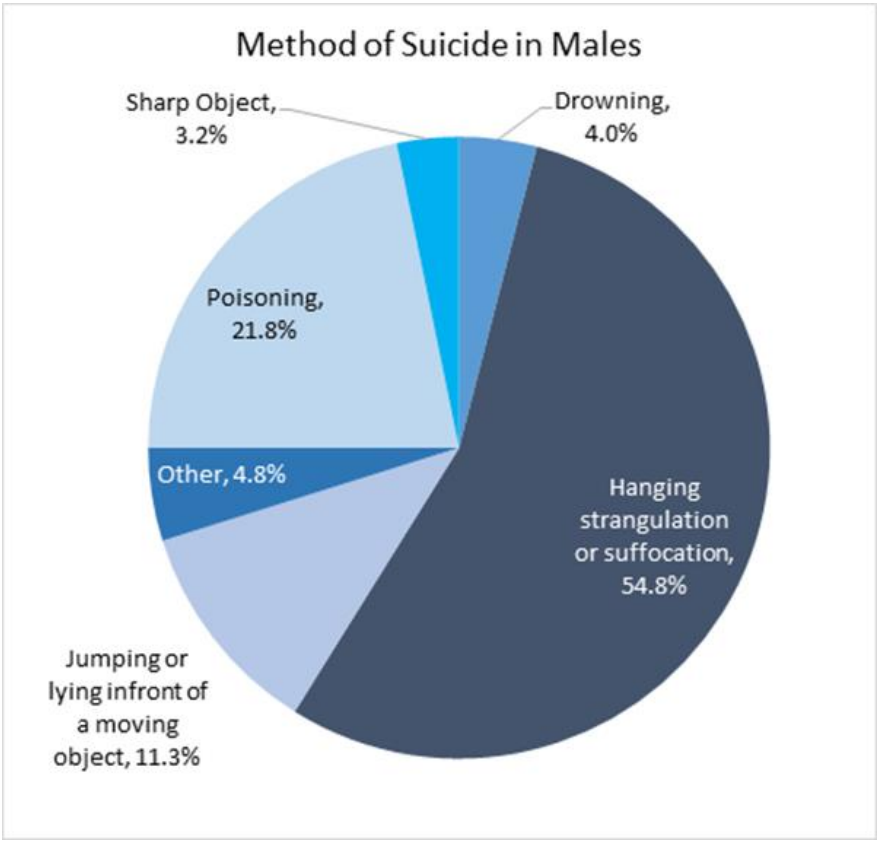


Source: RTSS

We have data to tell us what means and methods people used to die by suicide. Figure 5 shows over half of those who died by suicide in that period died by hanging, strangulation or suffocation, across male and female genders. Approximately one quarter died by poisoning.

Figure 5: Method of suicide by gender for all Lewisham resident's deaths by suicide from 2011-2021

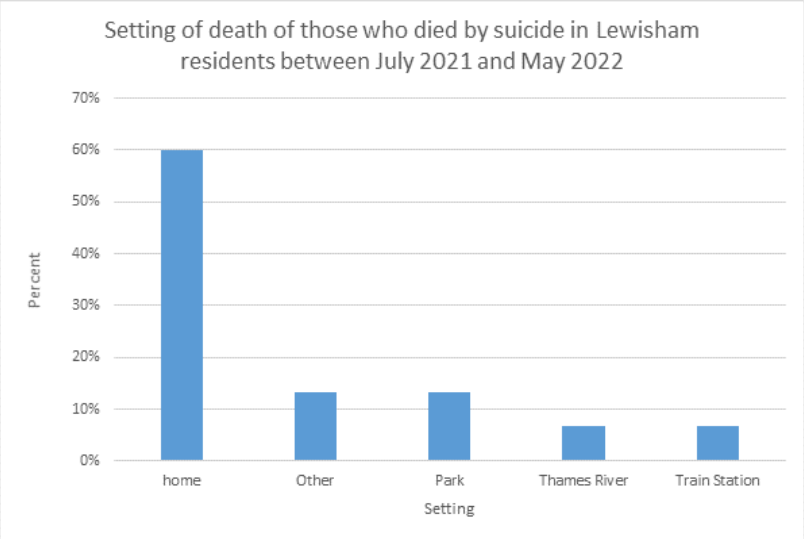




Source: PCMD

Nearly two thirds of all deaths by suicide were completed at home in the borough, with park setting and 'other' making up approximately 1 in 5 of all deaths by suicide. Train station and Thames River accounted for approximately 1 in 10 deaths (Figure 6).

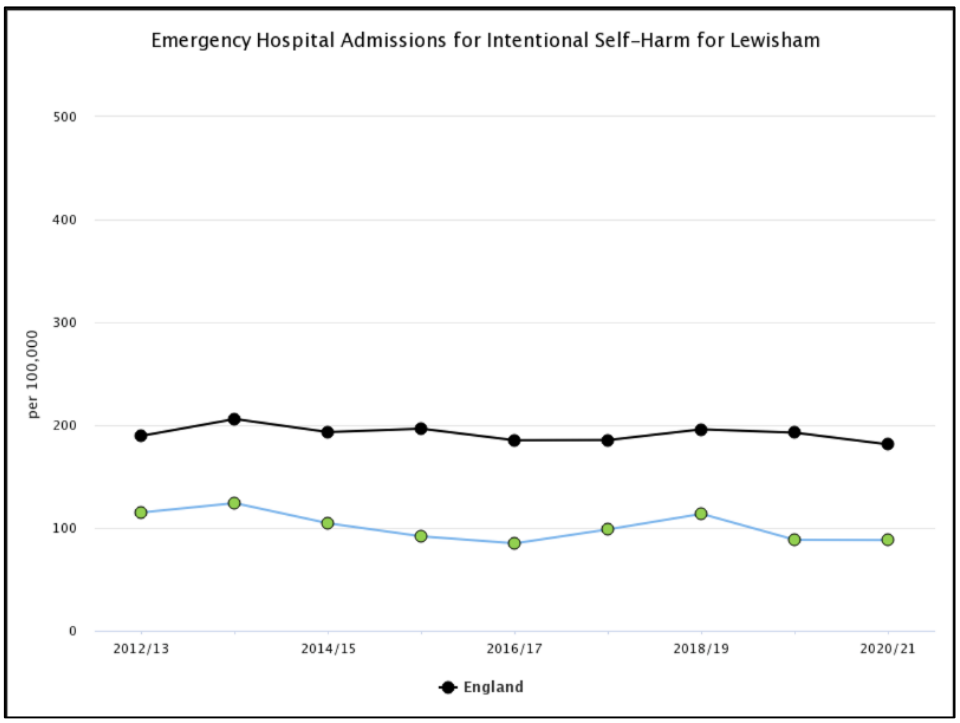
Figure 6: Setting of death of those who died by suicide



Source: RTSS

In addition to middle aged men and children and young people, the national strategy has identified two other high risk groups – those who self-harm and those who have known mental health issues or concerns. In Lewisham, since 2012/13 the rates of emergency hospital admissions for intentional self-harm have been around 100 per 100,000. This is about half the rate for England (see Figure 7). However, this only takes account of the known self-harm, and not the hidden self-harm that may never be uncovered.

Figure 7: Emergency hospital admissions for intentional self-harm for Lewisham residents (all ages) between 2012 and 2021

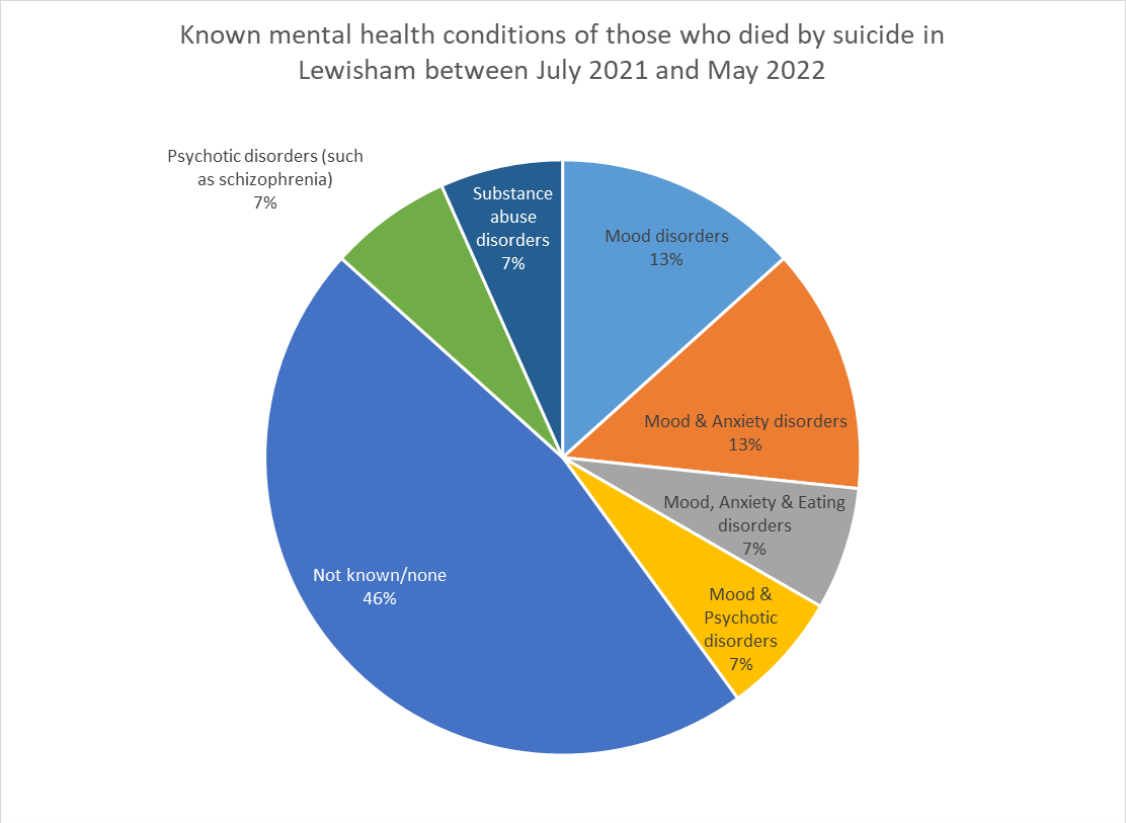


Source: PHE Fingertips

What might the reasons be for death from suicide?

There is considerable evidence on the risk factors for suicide in England. Locally, we have little data on the reasons for death by suicide. Our real time surveillance system is able to capture the proportion of those who had known mental health issues or concerns (one of the main risk factors). One in two people were known to have mental health concerns (53%) and 2 out of every 5 (40%) of those were for mood disorders (see Figure 8)

Figure 8: Known mental health conditions of Lewisham residents who died by suicide



Source: RTSS

Whilst no data are presented here, pregnancy and the perinatal period is also a time of high risk and suicide is now the leading cause of direct maternal death in the year after pregnancy (MBRRACE-UK, 2021).

What are those with lived experience telling us?

During the spring of 2022 (9th May to 10th June 2022) the Council ran an online consultation for the residents asking questions about knowledge of suicide prevention interventions and training. The consultation received a total of 89 responses, two thirds of respondents were female (66%), and the majority self-reported as white ethnicity (84%). When asked about the organisations that supported those at risk of taking their own life, or those who are affected by suicide, all had heard of the Samaritans, but less than one in five respondents had heard of Papyrus and less than one in 20 respondents had heard of SOBS (Survivors of Bereavement by Suicide).

Only one quarter of respondents reported knowing what to say to someone who said they wanted to take their own life, the majority (82%) said they wanted to know how to talk to someone in that instance and one in five (20%) reported that they had received training on talking to others who are feeling suicidal.

When asked whether they were aware of work that was being done in the borough on suicide prevention, less than one in 20 respondents were aware of any. The work that was known related to CAMHS and their links in Lewisham A&E department for young people who

have self-harmed or tried to take their life by suicide, or a local GP surgery supporting one of their patients. When asked how this could be improved, respondents suggested:

- Better and faster access, support and responses to those with mental health problems (including open access, walk-in sessions) and clearer communication on timeframes and treatment expectations
- More safe spaces for the most vulnerable in our communities and a hold on closing support services
- Improving communication and awareness throughout the borough to help understanding and support for those who are vulnerable and most at risk and where to find help when it's needed.

Respondents felt we could do more by having promotional material available, and by running prevention sessions in community spaces, free of charge, for residents to attend. There was a feeling that in order to create more open discussion about suicide in the community, there needed to be more mental health support, including recruiting and training allies, faster access to services, early identification of escalating mental health concerns, and removing stigma to have the conversations. Respondents felt it was important to foster a sense of belonging for those who may be at risk, to continue to have conversations, to offer training and development and making sure community assets are well recognised. Further detailed responses can be found at Appendix 3: Free text responses from the Lewisham Council consultation on suicide prevention work.

During a focus group with those who have been bereaved by suicide, there were a number of times when they could see that their family member needed help and support, but didn't feel there was a strong and impactful intervention that really helped to tackle the underlying reasons. All participants were keen to urge for better skilled staff in the right places, who are valued for the work they are doing protecting others.

These findings will be used to help further shape the objectives set out in the action plan.

Key risk factors

The risk factors for suicide are complex, multiple and vary based on the interaction between a range of factors (Raschke, 2022). Two of the strongest at the individual level are unemployment and low socio-economic status or deprivation (for instance, a combination of loneliness, inadequate housing, low educational attainment, poor mental health and unemployment) (Samaritans, 2022). Political issues, such as spending on social welfare, minimum wage increases, and regulation of selected risk factors, all have a place in helping to reduce the risk of suicide in the community. Major life changes, such as separation, divorce or bereavement, can contribute to (Stack, 2021) someone's declining mental health and increasing suicidal ideation.

How suicides can be prevented in Lewisham?

Good evidence and understanding of risk factors are key to helping ensure protective factors are in place to support those at risk and vulnerable. Research suggests that protective factors for young people include social connectedness, parental support, life satisfaction, good diet and family dinners (Ophely Dorol--Beauroy-Eustache, 2021). Some of these are replicated when looking at the protective factors for adults, where social connectedness,

employment, ability to cope, life satisfaction and a sense of mental and physical health and well-being are all protective against attempted or completed suicide (Suicide Prevention Resource Center, 2011).

This evidence base was considered when compiling the local actions set out below and in more detail as part of the action plan (Appendix 4).

Impact of COVID-19 on suicide prevention

The COVID pandemic had significant impact on the recording of suicides in England. However, initial data on suicide rates during the pandemic suggest there has been no escalation, even though there was a shift in the provision of mental health services away from in person. Organisations who offer support for mental health have described an increase in requests and contacts, with people expressing suicidal thoughts and feelings. This would suggest continued support and monitoring to proactively respond to any emerging risks.

The impact of suicide

Those who are bereaved by suicide are often the ones who are left feeling the impact. In our focus groups we discussed with those who had suffered loss and they revealed their feeling of helplessness, in wanting someone to reach out to them and not having to start a google search and reach out. One of our participants dropped out of education in order to deal with the emotions and fall out from the family member taking their own life. They had to seek and push for a relevant and supportive intervention to help them deal with the adverse event of losing their loved one.

Comparisons of key indicators across London

The Office for Health Improvement and Disparities (OHID) has compared the suicide rates for the London boroughs. Lewisham ranks 12th out of all the boroughs with a rate of 8.3 which is not statistically significantly different to the boroughs with the worst (Hammersmith and Fulham at 12.9) and best (Barnet at 4.8) rates – see Figure 9.

Figure 9: Suicide rate (all persons) for London boroughs between 2019 and 2021

Suicide rate (Persons) 2019 - 21

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	15,447	10.4	10.3	10.6
London region	–	1,679	7.2	6.9	7.6
Hammersmith and Fulham	–	70	12.9	10.0	16.5
Sutton	–	56	10.6	8.0	13.8
Kensington and Chelsea	–	43	10.2	7.4	13.8
Ealing	–	83	9.8	7.8	12.2
Southwark	–	70	9.0	6.8	11.7
Camden	–	55	8.9	6.6	11.7
Hounslow	–	63	8.8	6.7	11.4
Hillingdon	–	70	8.8	6.8	11.2
Barking and Dagenham	–	44	8.8	6.2	12.1
Hackney	–	56	8.6	6.2	11.5
Havering	–	57	8.4	6.4	11.0
Lewisham	–	62	8.3	6.2	10.9
Kingston upon Thames	–	36	7.9	5.5	11.0
Islington	–	41	7.9	5.4	10.9
Redbridge	–	57	7.7	5.8	10.0
Wandsworth	–	60	7.5	5.5	9.8
Westminster	–	51	7.4	5.4	9.8
Haringey	–	50	7.2	5.2	9.7
Bexley	–	47	7.2	5.3	9.6
Richmond upon Thames	–	37	7.1	5.0	9.8
Greenwich	–	47	6.8	4.9	9.2
Tower Hamlets	–	58	6.6	4.7	9.0
Waltham Forest	–	47	6.5	4.7	8.8
Merton	–	37	6.5	4.5	9.0
Croydon	–	62	6.2	4.8	8.0
Newham	–	54	6.0	4.3	8.0
Lambeth	–	45	5.7	3.9	7.8
Harrow	–	34	5.4	3.7	7.5
Enfield	–	44	5.3	3.8	7.2
Brent	–	47	5.3	3.9	7.0
Bromley	–	43	5.1	3.7	6.9
Barnet	–	50	4.8	3.5	6.3
City of London	–	3	*	-	-

Source: OHID Fingertips profiles

Action Plan on a page

What we'll do: Priority Areas for action and work in Lewisham

The Lewisham Suicide Prevention Action Plan sets out some of the main activities we aim to undertake over the next 3 years to achieve our ambition of zero suicide. The objectives and the rationale are set out below. More detail on the action plan can be found at Appendix 4: Suicide Prevention Action Plan.

Objective 1: Borough wide leadership for suicide prevention

We aim to establish a multi-agency strategic group to oversee delivery of this strategy and linked action plan, advocating for everyone to play their part in reducing rates of self-harm and death by suicide. The group will act as a lever to share good practice and exploring opportunities for collaborative working. Getting to zero suicide will be part of everyone's business. Without the support and collaborative efforts of everyone in Lewisham, we won't have the impact we want to see. Each employer will need to work to keep suicide prevention a key priority for their organisations, and work towards suicide prevention training becoming a part of induction and regular mandatory training for all staff.

There are some areas of good practice within the borough where organisations have worked together to try and tackle risk factors related to death by suicide. We need to learn from those successes, and from our failures, flexing and changing our approach as we are informed by the communities we work with. If we do well, there should be an increase in the number of those that are able to ask for help and who are diverted from choosing death by suicide as their only option. Rates of suicide will reduce and we will be closer to the zero suicide goal.

Objective 2: Reduce the risk of suicide in key high-risk groups

The following are considered at higher risk of suicide in Lewisham:

- Young people
- Those with a history of self-harm or attempting to die by suicide, including children and young people
- Those recently bereaved by suicide
- Those with ongoing health conditions or who are experiencing chronic pain or disability, or are receiving treatment for depression in primary care
- Those who are experiencing relationship difficulties, are unemployed, have financial or housing difficulties
- People with a history of alcohol and/or substance misuse
- Those who have experienced trauma for example racism, oppression, or Armed Forces Veterans
- Pregnant women and those who have given birth in the last year
- Those who have autism

Data and evidence tell us that there are common factors that put people at risk of dying by suicide and these are listed above. It's important to recognise the risk to these groups and to offer them additional support to tackle the underlying reasons for the risk. We know Lewisham's suicide rates in males have increased to the same rate as England in the last 5

years. Historically, our rates in this group have been lower than England. Younger men are the highest proportion of those that die by suicide each year in the borough.

Data on those with ongoing physical health problems, those who have experienced trauma (including veterans) or have autism are not well collected as part of routine statistics. This makes it difficult to review and analyse data taking this risks into consideration. Better data collection and reporting of these risk factors (linked to objective 5) would help to determine local patterns. By identifying and supporting those at risk early, we will see a reduction in the suicide rates in these groups.

Objective 3: Increasing the availability and importance of protective factors to improve mental health and reducing social isolation

Evidence and experience has identified a number of protective factors that contribute to those who die by suicide. It's important to ensure that partner organisations and the health system embed approaches to improve resilience and contributions to improved mental health within their offers and services. This will help those working with communities to provide opportunities for those at risk to be signposted and supported to activities that will allow them to engage with protective elements and factors and offer them the ability to cope with adversity.

The community has told us that there isn't enough support for them and their loved ones. Services need to be able to identify ways of helping their local communities and those at risk and identifying the assets already available within service, and in the community and working to support engagement. By offering this support, and increasing engagement, we increase the protection offered by a sense of belonging and a wider support network.

Objective 4: Removing the access to means of suicide

Our ambition of zero suicide has to be supported by partners and organisations who will work with us to reduce and remove access to the means people use to attempt suicide in the borough. Our suicide audit has shown us that the majority of those who die by suicide in the borough, do so at home. We need to work with those who are involved in the design, build and maintenance of housing to ensure that opportunities for means of suicide are minimised. We know that the reasons for suicide are complex and are not just linked to the means available. The action plan sets out how we will work with organisations to identify early and support those who are highest risk and may have the means to take their lives by suicide. By removing the means we hope to positively impact the number of those who are able to die by suicide in Lewisham.

Objective 5: Support research, data collection and monitoring

There is already a large research base setting out some of the key risk, and protective, factors associated with suicide. We should continue to build on and learn from existing research evidence, reinforcing the relevance by using and applying local data and learning. This should relate to self-harm, suicide and suicide prevention. However, we know that there are some categories where data are not well collected, nor where there is evidence of impact and success. These areas should continue to be advocated as important for development. The recent use of the real time data surveillance system in partnership with Thrive (see objective 6) will offer a picture of suicides and bereavement in the borough at a

much faster pace than published data which can often be lagging by nearly 2 years. This faster feedback as well as emerging data and evidence in the area of suicide prevention should allow the system to be able to respond and adapt to need in a timelier manner.

Objective 6: Provide information and support to those bereaved or affected by suicide

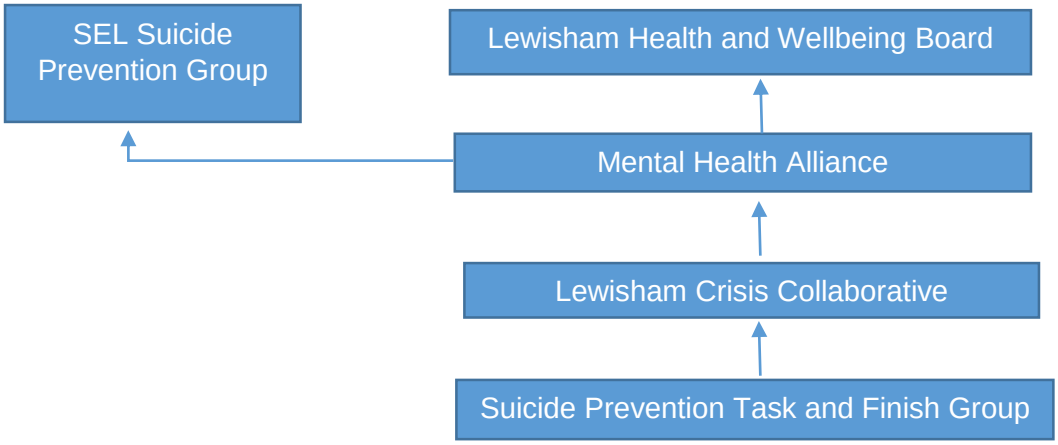
Those who are bereaved by suicide are at high risk of suicide themselves. We know from our focus group with service users that those who have experienced the trauma of losing a loved one to suicide find it difficult to reach out, and may not know who to reach out to. Using real time data and feedback in the borough will link the right service to those in need at the right time. This work stream will continue to improve the support and information given to those bereaved or affected by suicide. The data will be reviewed regularly to ensure we are able to flex and adapt the system to support those when they need it most.

Monitoring, Delivery and Evaluation

The Suicide Prevention task and finish group reports into the Lewisham Crisis Collaborative, which is a sub group of the Mental Health Alliance. The Alliance brings together those working across mental health services in the borough to tackle issues within the system. The Council's Health and Wellbeing Board will have final sign off for the Strategy, Action Plan and Audit. Annual updates and audits will be shared with the Health and Wellbeing Board to ensure local councillors are kept up to date on progress against the objectives and ambition of zero suicide set out in the action plan.

Across South East London there is a suicide prevention group that covers activity across all six boroughs and ensures there is consistency and cooperation between boroughs and organisations to tackle similar and overarching issues. The work of the Lewisham task and finish group is shared with the South East London group by those sitting on the task and finish group and the mental health alliance.

Borough residents are an important element of the suicide prevention group. The consultation in Spring 2022 will be followed up with a You Said, We Did update which will give detail on how the consultation feedback has been incorporated into the action plan.



Appendix 1: Partnership group Terms of Reference

Lewisham Suicide Prevention Strategy

Task and Finish Group

Terms of Reference

1. Aim

The Lewisham Suicide Prevention Strategy task and finish group aims:

- to reduce the rate of suicide and self-harm within Lewisham
- to prepare and take forward a strategy and action plan across the borough and partners

2. Objectives

The Lewisham Suicide Prevention Strategy task and finish Group will discuss and inform the local Suicide Prevention Strategy with associated audit (in partnership with the coroner) and action plans. This will aid effective working to reduce suicide rates across Lewisham.

3. Responsibilities

- To contribute to and agree the Lewisham Suicide Prevention Strategy and Suicide Prevention Action Plan
- To analyse and interpret statistical and intelligence updates, including the Lewisham Suicide Audit in partnership with the Coroner.
- To inform the Suicide Surveillance process
- To make recommendations to the Mental Health Alliance Crisis Collaborative on taking the strategy and action plan forward
- To ensure national policy developments are considered and, where appropriate, implemented locally
- To lead and champion the efforts of the Lewisham Suicide Prevention Strategy task and finish group and publicise ongoing work and recent developments.

4. Membership

Members representing organisations on the task and finish Group should be in a position to speak on behalf of their organisation and make decisions within their level of authority or inform the decision making process.

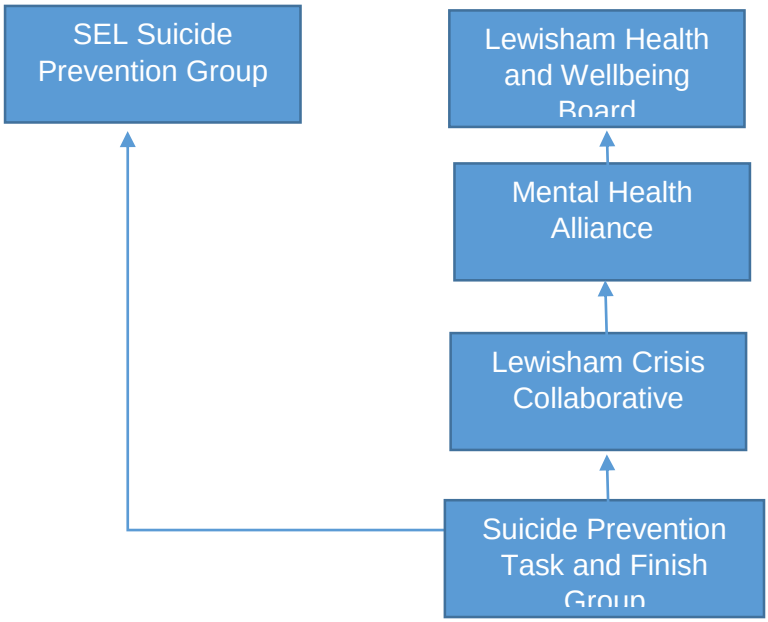
- Lewisham Borough Council, Lead Commissioner (Public Mental Health) (Chair)
- Lewisham Borough Council, Consultant in Public Health (Public Health)
- Lewisham Borough Council, Inequalities Apprentice (Public Health) (Support)
- Lewisham Borough Council, Strategist in Public Health (Public Health)
- Survivors of Bereavement by Suicide Lewisham
- Maytree, Community Outreach Officer
- Bromley Lewisham and Greenwich Mind, Suicide Bereavement Service Manager
- South London and Maudsley NHS Foundation Trust, Service Manager
- Lewisham Greenwich and Southwark Samaritans, Community Outreach Manager
- Change Grow Live, Lead Nurse
- Prevention of Young Suicide PAPYRUS, Regional Manager
- Prevention of Young Suicide PAPYRUS, Community Development Officer

5. Accountability and Governance

The Task and Finish Group will report its progress at least twice during the six month period to the Mental Health Alliance Crisis Collaborative meeting to ensure engagement of a wide range of stakeholders.

Its formal accountability will be via the Mental Health Alliance and the Lewisham Health & Wellbeing Board.

The governance structure is below:



6. Administrative support

Public Health will provide the administrative support and the Chair for the Group until the end of the work programme.

7. Terms of Reference approval and review date

Terms of reference will be agreed by the Task and Finish Group and reviewed at each meeting. The next review date will be December 2022.

8. Frequency of Meetings

Meetings of the steering group will be held every month. Meetings will be held on Teams to allow access by all partners.

Appendix 2: Suicide Audit (embedded document)

Lewisham suicide audit 2022 v3.docx

Appendix 3: Free text responses from the Lewisham Council consultation on suicide prevention work

The question posed was, “How should we encourage open discussion on the topic of suicide?”

Mental Health

Creating a mental health allies programme (where anyone could get some basic training and may be get a discreet sticker or a badge then can display if they like so someone who is strangling can approach them for help) available to local people so that people can start building community support for each other too.

"Mental health is a spectrum.

From a bad day, a rough month, anxiety and depression. Suicide is woven into all of the spectrum. Mental health (the source) should have more open discussion, so if/when it gets to the crisis point of suicide, it’s natural."

"Adequate mental health support at a lower level.

The wait for iapt is 6 months, and that's for a few sessions of cbt, for anyone with anything more complex, they might never get help."

"More options to signpost people to if they are experiencing mental health crisis as a whole, other than just telling them to go to A&E. I have both lived experience of mental health issues and also work with vulnerable people who have mental health issues, and both myself, and the majority of them, have expressed that mental health services through the NHS in Lewisham (CMHT and hospital ladywell unit) have made things worse through lack of support, indifference, poor care and care and services not being joined up. Even my own GP is now reluctant to refer to Lewisham NHS mental health services because of their poor track record with her patients including me.

I am unsure of where else to signpost others, or even myself, to, where I in significant distress. I think though that it should be wider than just suicide - experience is often that mental health services will not take you seriously in distress UNLESS you tell them that you are ACTIVELY suicidal - if there was more support and prevention BEFORE it gets to that point of being actively suicidal - you can be in crisis before that point, I think prevention outcomes would be better and recovery would be better. I think also that there is a perception amongst people that they wouldn't encounter someone in everyday life who was openly actively suicidal, whereas they might well encounter someone who might be open enough to say that they were feeling mentally distressed without having active ideation of specfically suicide at that point."

Start early. Don't wait for the crisis point of suicide. Suicide prevention isn't mental health care, it's a last resort. Helping with housing, basics and family security, in addition to easily accessed, destigmatised mental and physical health care, will preserve far more life than "oh pants" last ditch suicide prevention efforts.

Doing nothing

I don't think you should open discussion. To my way of thinking, suicide is on a par with 'do not resuscitate' i.e. the end is the end.....do not interfere.

Sense of belonging

I really don't have an answer to this question. People just need to feel loved and wanted, but sadly that isn't how many people actually feel.

Providing opportunities through activities that people are involved in - schools, workplaces etc.

Raising awareness and having conversations

"Informal talks in schools

Informal talks with community groups"

I think its some thing should be talked about transparently and not in any shame. This is also some thing that if it were to be taught in schools, that mental health is going to affect most ion us once in our lives we can then all start healing a lot quicker.

To promote that it's OK to see your gp or attend A&E as gp appointments are not always available or open at the time you're feeling bad. To reinforce to the public that you are not judged as a failure because you are struggling with your mental health.

Media outreach featuring case studies of people who have received this support to show how helpful it can be (not just covering sad stories of those who die by suicide).

Conversations in schools, with faith groups.

normalising talking about mental health - general early intervention mental health support

"Raising awareness.

Talk to school leavers, target young men in first jobs

"Make a series of YouTube videos. Publicise them in Lewisham enewsletters.

Posters in doctors surgeries and other public places

Engage people where they spend time. Post materials in local gyms, barbers, hairdressers etc.

Have posters at busstops schools GPs direct people to the YouTube videos."

Engagement with young men especially eg via social media, football clubs and events

Make people aware of support available, through the Lewisham emails and community spaces.

Open discussion probably is needed but greater need is for quicker access to services

If G.P. Surgeries still saw people, displayed leaflets would be helpful. Perhaps posters in Pharmacies is a possibility.

Supporting community assets and training

Offer free space for organisations/charities to run prevention events

Wider advice on how to talk about to talk about it

Resources and details of someone that can help and advise should be made easily available if in Lewisham, not just in GPs and hospitals.

More safe community spaces for discussions/support being promoted nationally and locally.

access isolated persons via their GPs, local libraries - access young people via social media and schools

Training to all front line workers....perhaps a simple set of questions to open up dialogue/ mini assessment. People who work in housing, debt advice, church groups, community groups, transport staff etc and then a referral route.

Recognising the signs: what to look out for.

""Talking WILL help""""

Commission artists/ creatives to work with applicable professionals and communities to make targeted impactful projects that's right for them. (e.g: regular workshops that end in creating a mural or outdoor performance etc...) This will not only encourage discussion and awareness, but increase positive well-being of those participating in the project.

Drop in centers where someone from one of the orgsnisations eg samaratians are from like once a week

Empowering people to ask thoughtful questions and know how to end a conversation with options

Appendix 4: Suicide Prevention Action Plan (embedded document)

2022 Lewisham
Suicide Prevention Act

Appendix 5: Additional reading and references

Websites:

https://www.zerosuicidealliance.com/

www.Mentalhealth.org.uk

Prevention of future deaths reports: https://www.judiciary.uk/subject/prevention-of-future-deaths/

Suicide Awareness | District (shrewsburyma.gov)

Publications:

MBRRACE-UK. (2021). *Saving Lives, Improving Mothers' Care.* Maternal, Newborn and Infant Clinical Outcome Review Programme. Retrieved November 25, 2022, from https://www.npeu.ox.ac.uk/mbrrace-uk/reports

Ophely Dorol--Beauroy-Eustache, B. L. (2021). Systematic review of risk and protective factors for suicidal and self-harm behaviors among children and adolescents involved with cyberbullying,. *Preventive Medicine,*, Volume 152, Part 1,.

Raschke, N. M. (2022). Socioeconomic factors associated with suicidal behaviors in South Korea: systematic review on the current state of evidence. *BMC Public Health* , 22, 129.

Samaritans. (2022). *Socioeconomic disadvantage and suicidal behaviour.* Retrieved from Samaritans : https://www.samaritans.org/about-samaritans/research-policy/inequality-suicide/socioeconomic-disadvantage-and-suicidal-behaviour/

Stack, S. (2021). Contributing factors to suicide: Political, social, cultural and economic. *Prev Med.*, 152 (Pt 1).

Suicide Prevention Resource Center, &. R. (2011). *Understanding risk and protective factors for suicide: A primer for preventing suicide.* Newton, MA: Education Development Center, Inc.