Coventry and Warwickshire

Suicide Prevention Strategy 2023 – 2030

...the world is better with you in it.

No-one in Coventry and Warwickshire should ever feel like suicide is their only option.

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Foreword

Coventry and Warwickshire Suicide Prevention Strategy 2023–2030

We are pleased to introduce the new Coventry and Warwickshire Suicide Prevention Strategy, which outlines our joint approach and local delivery priorities to help reduce deaths by suicide in our local communities.

This includes supporting people to have the confidence and knowledge to talk about suicide and to raise awareness of the help available, whether that's for themselves or someone they know.

Suicide prevention remains a public health priority both nationally and locally and this strategy represents a commitment across the board to work towards a reduction in suicide rates in Coventry and Warwickshire, in line with our collective work towards a 'zero-suicide approach' in the area. It reflects the ambitions of the national suicide prevention strategy and builds on the national message by incorporating the expertise of Coventry and Warwickshire agencies and insight from those who have been impacted by suicide.

Our aim is that no-one in Coventry and Warwickshire ever feels like suicide is their only option. As a community we can create a positive environment that reduces the stigma around suicide and gives support to those who are struggling.

We endorse this strategy on behalf of both Coventry and Warwickshire Health and Wellbeing Boards and support work to build on progress of the previous separate strategies. We invite Coventry and Warwickshire organisations and communities to join us in supporting this approach as we aim to save lives and reduce the devastating impact that deaths by suicide have in our communities.

Coventry Health and Wellbeing Board Chair, Councillor Kamran Caan
Coventry City Council

Warwickshire Health and Wellbeing Board Chair, Councillor Margaret Bell
Warwickshire County Council

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Introduction

"I lived with a fun guy at university, he was always laughing and messing about and was from a rich family. A year after we left university I found out he died by suicide."

Why is a suicide prevention strategy important?

Every life lost to suicide is a life lost too soon.

Deaths by suicide have complex causes and are rarely due to a single event, but a culmination of factors that may lead to someone feeling hopeless and unable to change their circumstances, with death seen as the only way to end suffering. We are all potentially susceptible to suicidal thoughts, but in the past stigma around mental ill-health and suicide has contributed to a lack of discussion at a societal level and, importantly, preventing people from speaking up and seeking support when it is most needed. It is therefore imperative to normalise talking about mental health and to give individuals the knowledge, skills and confidence to talk about suicide and improve awareness of preventative approaches and support available.

A single death by suicide has a devastating impact on those closest to the individual, as well as wider reaching impacts on members of the community who are affected by the distressing news of such a death of someone they knew. It has been estimated that 15-30 people are directly and severely impacted by a single death by suicide, and around 135 people affected by each death[1]. This broad impact on communities from a single death highlights the

need for a shared health approach to preventing and responding to deaths by suicide.

Finally, deaths by suicide contribute to population level life-expectancy figures, given deaths at younger age-groups have a greater impact on this population level indicator of health outcomes, a strategic driver to prioritising suicide prevention activity.

A new national plan for suicide prevention

As part of the development of a new national plan for suicide prevention, Coventry and Warwickshire submitted a joint response to the Government's Call for Evidence to inform longer-term priorities for mental health, wellbeing and suicide prevention. The Call for Evidence closed in July 2022 and a new long-term plan will set out priorities for suicide prevention at a national level. In addition, the current NHS Long Term Plan includes a commitment to suicide reduction and bereavement support which covers every local area in the country. Coventry and Warwickshire are committed to supporting with the delivery of both the new national strategy and the NHS Long Term Plan and will align to the national priorities within the local delivery plan, at the same time recognising that there are local needs across the area.

[1] *Cerel et. al. 2019 How many people are exposed to suicide? Not Six. Suicide and Life-threatening Behaviour, 49(2), 529-534*

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A strategy for Coventry and Warwickshire

The Health and Wellbeing Strategies for both Coventry and Warwickshire identify priorities around improving mental health and wellbeing. The Coventry and Warwickshire Suicide Prevention Strategy 2023-2030 is part of the delivery of these priorities. Whilst Coventry and Warwickshire have previously had separate suicide prevention strategies to set out the vision and approach in both areas, the success of the NHSE funded programme and the outcomes of the Mental Health JSNA have demonstrated the need for partnership working when developing a local approach to suicide prevention. This new single Strategy will build on the previous work and ensure that suicide prevention activity is embedded and prioritised across the system. This approach requires ongoing collaboration through the Suicide Prevention Partnership with system wide commitment to the resources and implementation required for the ongoing delivery of a local suicide prevention work programme. There will be elements of the work programme that will be coproduced to utilise key experience, knowledge and skills from a range of stakeholders, including those with lived experience.

The Coventry and Warwickshire Suicide Prevention Strategy is an all-age strategy and is intended to be relevant across the whole life course of an individual or population. The Strategy also represents the principle that preventing suicide is everyone's business.

Long term strategy: (2023-2030)	Coventry and Warwickshire take a zero-suicide approach, with the aim to reduce the rate of suicide across the local area. Vision: to ensure that no one in Coventry and Warwickshire ever feels that suicide is their only option. **Strategic ambitions:** 1) People have access to the information, support and services they need 2) People are confident to talk about suicide
Early phase delivery: (2023-2025)	**Local priorities for 2023–2025:** • target our approach for those groups and communities at a higher risk of suicide • increase awareness to help change public attitudes about suicide • promote suicide prevention as a priority within the wider health and wellbeing activity of system partners (public, private, VCSE sectors) • sharing learning and data to ensure that prevention activity is targeted in response to locally identified priorities • facilitate coproduction, collaboration and coordination to maximise the impact of suicide prevention activity across Coventry and Warwickshire

A death by suicide impacts approximately 135 people

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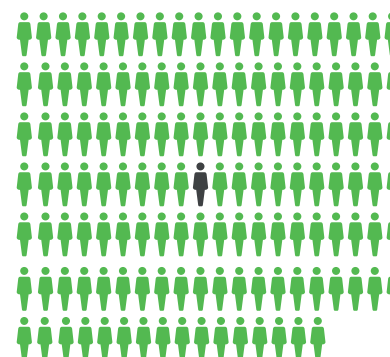
The national and local picture: *what the data tells us*

Suicide: what we know

A death by suicide impacts approximately **135 people**[1]

In the UK **115 people die** **by suicide** **every week**[2] **7**

In 2021 **74% of deaths by suicide are male**

with the highest rates amongst those aged 50 – 54 years[3]

(Office for National Statistics, ONS 2018)

Suicide is the **biggest killer** **of** **under 35s** **in the UK** **with 200 schoolchildren being lost to suicide annually.**[4]

(Office for National Statistics, ONS 2018)

27% **Only 27% of the general population** **contacted mental health services in the 12 months prior to taking their life.**[5]

46% of people who die by suicide **had a known mental health condition, with other risk factors including** **substance misuse, intoxication and a history of trauma.**[6]

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National guidance identifies a number of factors that can influence the risk of suicide.[7]

Specific factors that increase the risk of suicide:

- Evidence suggests the risk of suicide is much greater amongst those who have self-harmed than the general population.[8]
- Mental ill health and substance misuse also contribute to many suicides..[9]
- Individuals bereaved by suicide are at increased risk of suicide. Also increased risk of suicidal ideation, mental and physical health problems developing, engaging in high-risk behaviours, as well as poor social functioning/adverse social outcomes.[10]

One of the priorities within the current [Suicide Prevention Strategy for England],[11]. is for all local strategies to deliver work to reduce the risk of suicide among the following high-risk groups:

- Men, particularly working age (late 30s – late 40s specifically).[11]
- People who self-harm
- People who misuse alcohol and drugs
- People in the care of mental health services
- People in contact with the criminal justice systems
- Specific occupational groups (eg. doctors, nurses, veterinary workers, farmers and agricultural workers)[13]

These groups are identified as those where the suicide rate is high and there is a known statistically significant increased risk of death by suicide.

Men remain the highest risk group with a range of factors associated with suicide that are particularly common in males, including: mental illness (especially untreated or undiagnosed), alcohol and drug misuse, unemployment, relationship breakdown and partner bereavement.[14]

Additional vulnerable groups include:

- People in financial difficulty or struggling with debt[15]
- Autistic people[16]
- People addicted to gambling[17]
- Women experiencing poor perinatal mental health[18]
- LGBTQ+ individuals[19]

People in the lowest socio-economic group and living in the most deprived geographical areas are at greater risk of suicide than those in the highest socio-economic group living in the most affluent areas, particularly those of working age[12]

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Local data: trends in suicide rates

The following graphs illustrate the trends in suicide figures in Coventry and Warwickshire over the last 20 years.

Coventry and Warwickshire suicide rates compared to England, 2001–2021			
Time period	Coventry	Warwickshire	England
2019–21	9.3	11.2	10.4
2018–20	10.0	9.2	10.4
2017–19	10.6	9.4	10.1
2016–18	8.6	10.1	9.6
2015–17	8.8	11.3	9.6
2014–16	8.4	12.2	9.9
2013–15	10.1	11.8	10.1
2012–14	10.1	11.6	10.0
2011–13	11.2	10.4	9.8
2010–12	11.4	10.8	9.5
2009–11	13.0	9.7	9.5
2008–10	12.3	10.0	9.4
2007–09	11.7	8.9	9.3
2006–08	10.2	8.7	9.2
2005–07	11.0	6.8	9.4
2004–06	11.9	7.7	9.8
2003–05	11.0	7.9	10.1
2002–04	9.0	9.2	10.2
2001–03	9.1	10.2	10.3

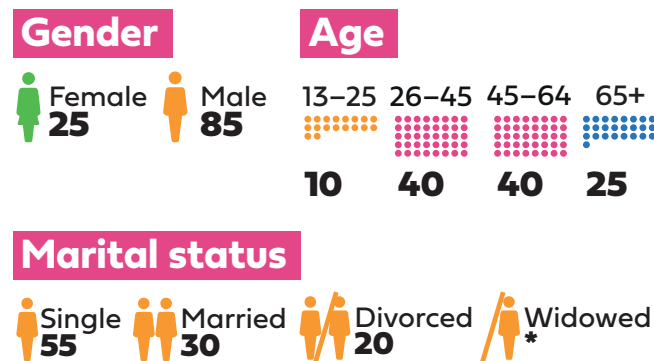*Source: Suicide prevention profiles, OHID, fingertips, 2022*

Significantly worse than the England figure
Significantly better than the England figure

Local data: the current picture

Between January 2021 and September 2022, 111 deaths were concluded as a death by suicide by the Coventry and Warwickshire Coroner. An analysis of these deaths in October 2022 provided the following findings*
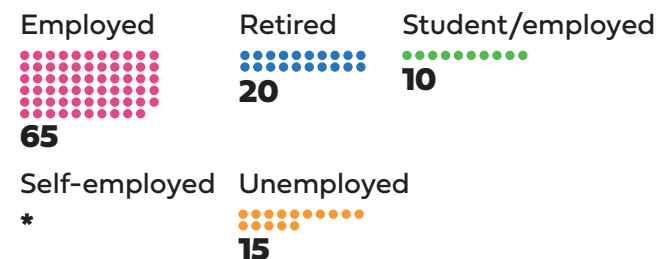
Demographics of the 111 Coventry and Warwickshire deaths by suicide 2021–2022

Figures contained in infographics relating to real time suicide data from the Coventry and Warwickshire coroner have been subject to disclosure control methodology to avoid the identification of individuals (see Appendix 1). Numbers are rounded to the nearest 5, those between 1 to 7 inclusive are marked *. Numbers may not, therefore, sum to total deaths.

Gender

Female **25**   Male **85**

Age

13–25	26–45	45–64	65+
10	**40**	**40**	**25**

Marital status

Single **55**   Married **30**   Divorced **20**   Widowed *

(these figures do not reflect total number of suspected suicides during this period as not all deaths have been heard at inquest).

Employment status

Employed **65**   Retired **20**   Student/employed **10**

Self-employed *   Unemployed **15**

Incident location

(may differ to where individual died)

Home **75**   Park *   Railway *

Woodland *   Road *   Other *(eg. hotel, place of employment, hospital)* **10**

Method of death

Group 1	Group 2	Group 3
Hanging **65**	Railway *	Asphyxiation **10**
	Drowning*	Overdose **10**
	Jump from a height *	Fire*
		Self-poisoning*
		Self-inflicted wound *
		Other *(including gunshot wounds and unascertainable methods of death)*

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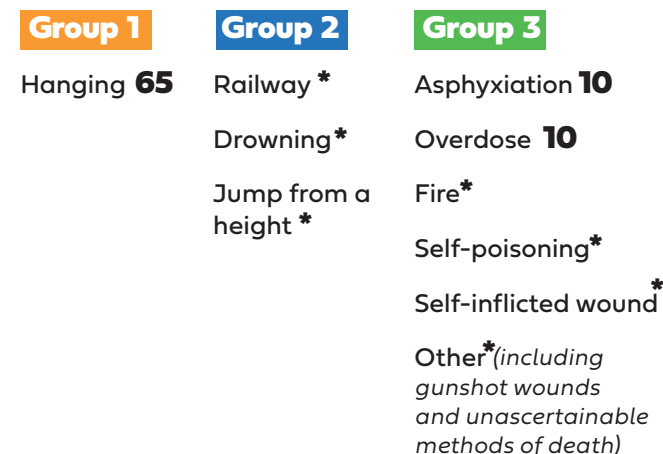
Local data: the current picture (continued)

Usual place of residence

	Number of suicides
Coventry	**35**
Warwickshire	**65**
North Warwickshire	*
Nuneaton and .... Bedworth	20
Rugby	10
Stratford	15
Warwick	20
Out of area	**10**

North Warwickshire
*

Nuneaton & Bedworth
20

Coventry
35

Rugby
10

Warwick
20

Stratford-on-Avon
15
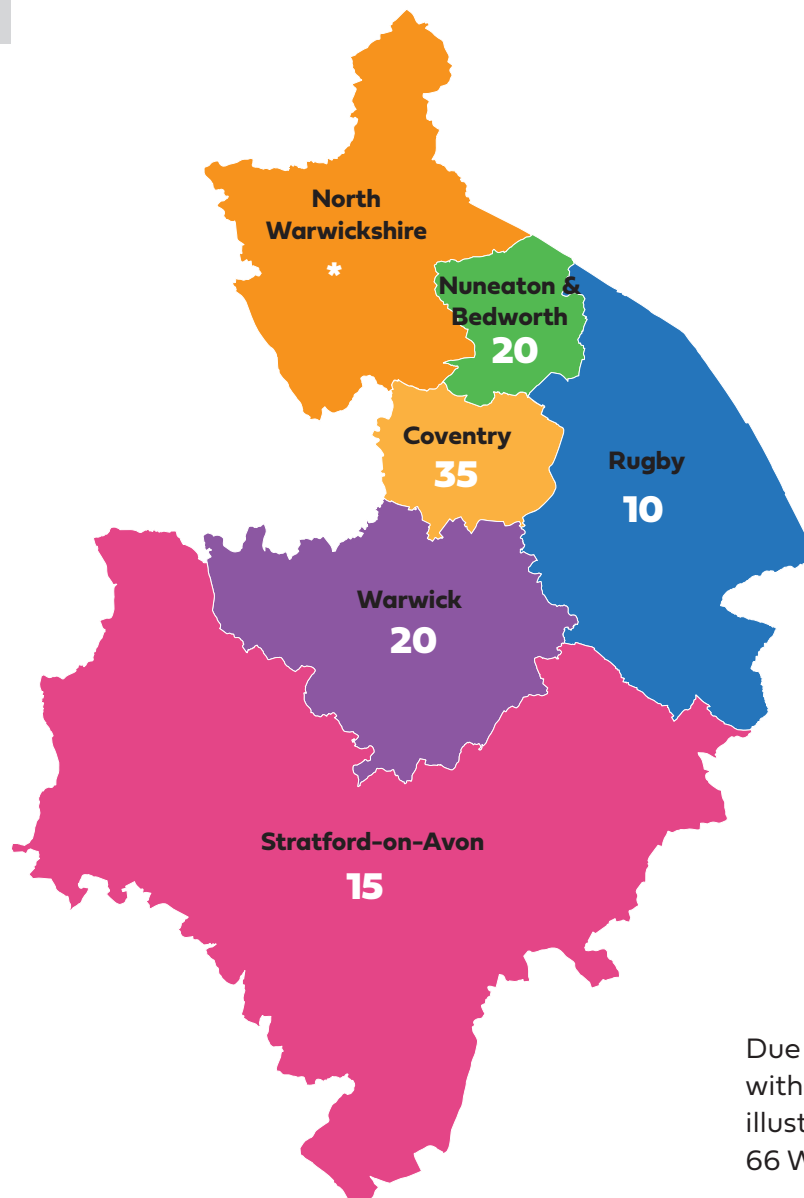
Due to the geography of Warwickshire, with five district/borough areas, the map illustrates the usual place of residence of the 66 Warwickshire residents.

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Risk factors evident*

Known risk factors for death by suicide include

- A previous attempt/a history of self-harm, particularly if the method used was an overdose.

- A diagnosis of depression or anxiety with the strongest risk being attached to people with both depression and anxiety

- Individuals who use illicit substances (drug use is typically around 27% of the population according to real-time surveillance (RTS) data, compared to 8% of the general population according to OHID estimates).

- Chronic pain or long-term conditions

- Relationship breakdown: not just romantic relationships but any relationship breakdown

- Individuals with a history of domestic abuse, whether as a victim, perpetrator, or witness are at increased risk of death by suicide.

- Bereavement

- Financial hardship

The data here is taken from coronial records so is limited to available data. It is unlikely that the risk factors outlined above are the true extent of risk factors experienced for individuals who die by suicide.

Deprivation

Reflecting on the current national economic climate and the links identified between suicide and financial circumstances the following maps illustrate the relative levels of deprivation across Coventry and Warwickshire using the Index of Multiple Deprivation. This allows users to identify the most and least deprived areas in England and to compare whether one area is more deprived than another. An area has a higher deprivation score than another if there is a higher proportion of people living there who are classed as deprived. However, it is important to note that a geographical area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived, and that not all people experiencing deprivation live in deprived areas. The following maps show the areas in Coventry and Warwickshire (by Lower Super Output

Areas) ranked from the most to the least deprived. In Coventry, the data shows particular areas of deprivation from the city centre into the North East of the city, as well as in the South East and pockets in the South West. In Warwickshire, there are particular areas of deprivation around North Warwickshire, Nuneaton and Bedworth, and Rugby.

IMD deciles
- 1
- 2
- 3
- 4
- 5-10
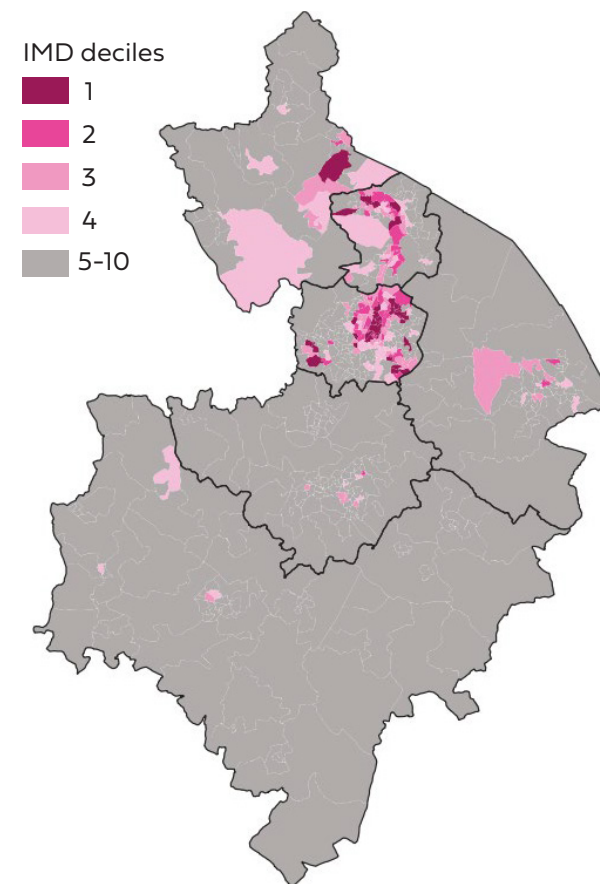
Source: Index of Multiple Deprivation (IMD) 2019
Ministry of Housing, Communities & Local Government

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Our approach: starting with strengths

"My boyfriend's dad died by suicide, we were 16 years old at the time. He didn't know anything was wrong with his dad."

Where are we now (and how did we get here)

In 2018 the Coventry and Warwickshire system partnership received funding through the NHS England National Suicide Prevention Programme. As an area with higher than average suicide rates at the time, Coventry and Warwickshire was one of the first areas to receive this additional funding to develop suicide prevention and reduction schemes. The programme ran from 2018-2021 and resulted in a partnership action plan which was delivered across the duration of the programme and has provided much of the suicide prevention infrastructure still in place today.

In 2021, a Coventry and Warwickshire Joint Strategic Needs Assessment (JSNA) focussing on Adult Mental Health and Wellbeing was also undertaken. As a result of this, a series of recommendations were made in relation to suicide prevention activity across Coventry and Warwickshire and these have provided the basis for this new strategy.

In 2023, a Warwickshire Mental Health and Wellbeing of Infants, Children and Young People JSNA will be published. This will also help inform future actions relevant to suicide prevention specifically in relation to Coventry and Warwickshire's younger population.

Continuing the legacy

In order to achieve the long-term ambitions for suicide prevention, this strategy aims to develop the infrastructure that has already been established.

Some of the key successes to date across Coventry and Warwickshire are outlined below. We will continue to develop and build on these as part of our ongoing work programme.

Dear Life website
Dear Life is the local online suicide prevention platform for Coventry and Warwickshire. Initially developed as part of the NHSE funded suicide prevention programme, it was co-produced by local stakeholders including both service providers and people with lived experience. The site offers advice, information and support to those individuals experiencing suicidal crisis or ideation as well as the people who are supporting them. The site is now hosted by Coventry and Warwickshire Partnership Trust and continues to be developed as a key part of the Coventry and Warwickshire suicide prevention work programme.

Training the frontline
Ensuring that people working on the frontline – whether in paid roles in the public sector, emergency services, voluntary and community sector, or as volunteers supporting groups or individuals – are equipped to support people at

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risk of suicide or expressing suicide ideation remains a key priority. Two separate Suicide Prevention Gatekeeper Training programmes have been delivered, offering free targeted training for frontline workers. As well as increasing general awareness and providing the necessary knowledge and tools, the aim of the training has been to create a network of suicide prevention gatekeepers who can share their learning and good practice within their workplaces (and beyond). This "community of practice" will help build resilience within the workforce and wider community. There has also been promotion of other suicide awareness and prevention training aimed at whole workforce groups as well as the general population. This includes national on-line training packages, funded suicide prevention sessions and local awareness campaigns.

Effective partnership working

The commitment to develop and deliver a suicide prevention work programme is demonstrated by the Coventry and Warwickshire Suicide Prevention Partnership. This provides the multi-agency mechanism for working together, contributing to the vision and ambitions of the Coventry and Warwickshire Suicide Prevention Strategy. The Multi Agency Network enables joint working, information sharing and networking. The Learning Panel ensures partners have access to real time information about emerging trends and can develop collective responses when needed. The

Steering Group provides leadership, expertise and accountability for the wider partnership. There are also a number of other related strategies, programmes of work and services that complement the suicide prevention agenda and it is recognised that this Strategy is not being delivered in isolation from the wider health, social care and community safety system.

Targeting high risk groups

Men, children and young people, people who self-harm and those bereaved by suicide remain a key focus for suicide prevention activity both nationally and locally. Evidence also shows that some population groups are at higher risk of dying by suicide, in particular those people who are from groups who may feel marginalised or struggle to access the support they need. This can include individuals, specific population groups or specific job roles and professions. Targeted interventions and addressing inequalities with these groups as early as possible are key to preventing escalation to crisis. Activity undertaken to date, includes: mobilisation of the local suicide bereavement support service, Amparo; and development of a new and targeted Self Harm Policy for educational settings across Coventry and Warwickshire. A proposal to ensure that the voice of people with lived experience is embedded in the development of the Coventry and Warwickshire Suicide Prevention Delivery Plan is also in progress.

Prevention and tackling risk factors

A recognition of the underlying causes that can lead to suicidal crisis is fundamental to preventing people finding themselves in a situation that they can see no way out of. Working together with partners and providers who tackle known suicide risk factors remains a priority. This includes identifying opportunities to align prevention activity across different workstreams, including: domestic abuse, serious violence, drugs and alcohol, armed forces community, and gambling and financial inclusion.

Service provision

There are a number of services that have been commissioned or that are being delivered that contribute to the overall aim and ambitions of this Strategy. In particular, those that focus on early help and prevention have a significant role to play in preventing the escalation of individuals to reaching crisis point. As part of the wider system these services will contribute to the overall aim of reducing the rate of suicide across Coventry and Warwickshire.

Response to external societal factors

The covid pandemic, health and social inequalities, deprivation, financial vulnerability and economic uncertainty can all impact on the mental health and wellbeing of communities. Although unpredictable and often difficult to quantify, anecdotally there is a suspected link between these factors

and increased suicide ideation, self-harm, poorer mental health, and negative lifestyle behaviours. In addition, such factors can also lead to isolation, bereavement, financial hardship and trauma – all of which are known suicide risk factors. In some instances, there may be a delay in realising the impact on suicide rates as a result of these circumstances, making access to real time suspected suicide data even more important. The ability to respond to these issues as they arise remains a key part of the local approach to suicide prevention.

Real Time Surveillance

Critical for the successful delivery of the Suicide Prevention Strategy is the continued development of the Coventry and Warwickshire Real Time Surveillance System. Initially developed as part of the NHSE funded programme, the current system continues to evolve with 3 distinct functions to ensure the availability, analysis and response to real time suspected suicide data.

1. Coordination
To provide oversight and analysis of local suspected suicide data, Coventry and Warwickshire have appointed a Real Time Surveillance Co-ordinator. This is a coroner-led function across both Coventry and Warwickshire and has been in place since January 2021. This enables early identification of suspected suicides in advance of the Coroner's conclusion at inquest. The real time surveillance data ensures timely data collection and analysis which is shared initially with Public Health teams in Coventry and Warwickshire, and then more widely with relevant partners. This allows the system to identify any emerging trends or patterns in the data and respond accordingly, which is key to ensure the most effective intervention.

Learning Panels are held on a quarterly basis to share the data captured with colleagues working as part of the suicide prevention programme. The Panels provide the opportunity to share learning and facilitate discussion around prevention work in response to local trends. In addition, monthly insight meetings are scheduled to enable more focussed discussion around emerging trends or to consider the need for review and discussion of deaths which may require further action due to the increased risk of cluster or contagion.

The coordination role is key to the ongoing development of the response and review process for suspected suicides, providing the data and analysis required to ensure that the learning from both suspected and confirmed suicides is available to help prevent further deaths by suicide.

2. Data Management
To help manage the data collection and analysis process, a data management system is used by the Co-ordinator. This assists with the effective analysis of the data and facilitates the opportunity for multi-agency collaboration for the sharing of data, intelligence and learning.

The current system enables real time collection of suspected suicides. Future ambitions include aligning the real time collection of other related data, including drug related other preventable deaths. Longer term aspirations include capturing data on suicide ideation, suicide attempts and incidents of self-harm.

3. Suicide Bereavement Support
In September 2021 Listening Ear was jointly commissioned to deliver the Amparo postvention service across Coventry and Warwickshire. Postvention refers to specialist support for people bereaved by suicide (family, friends, professionals and peers) and reflects the NHS Long Term Plan commitment. This all-age service provides postvention bereavement support is currently funded until September 2024 and is available to those who have been impacted by suicide in the Coventry and Warwickshire, including proactively contacting the bereaved family within 72 hours, offering short and long term emotional and practical support, and referring to specialist services if needed. Individuals can be referred to Amparo at any point following bereavement and they will receive support to meet their needs.

Our approach: what matters to people

"For a time the only thoughts that gave me comfort were thoughts of ending my life. I was coming to terms with a diagnosis of bipolar disorder, no-one understood what it was like to go through this, everyone else was getting on with their lives."

An individual response

The strategy aims to ensure that all individuals who are in crisis or at risk of ending their life, will experience a person-centred approach when accessing support across Coventry and Warwickshire.

Individuals accessing support and services should feel safe, experience a nonjudgemental interaction and receive an intervention that is based on trust and respect.

A person-centred approach focusses on the needs of an individual, ensuring that their preferences, needs and values guide clinical decisions. In turn, this ensures that the care and support provided is respectful of and responsive to their individual circumstances.

No two individuals are the same and every suicide is unique. Where someone is in crisis or is at risk of ending their own life, they should expect to be supported and treated as an individual.

Recognition of their specific needs and experiences should be taken into account. The impact of past and present experiences, including trauma, bereavement or mental health is recognised and acknowledged in the support provided. Plans to manage the risks presented should be tailored to reflect these circumstances to ensure they are appropriate to the individual.

Coproduction is an essential part of developing this approach, ensuring that the voices of those individuals requiring support helps shape the type and delivery of support available.

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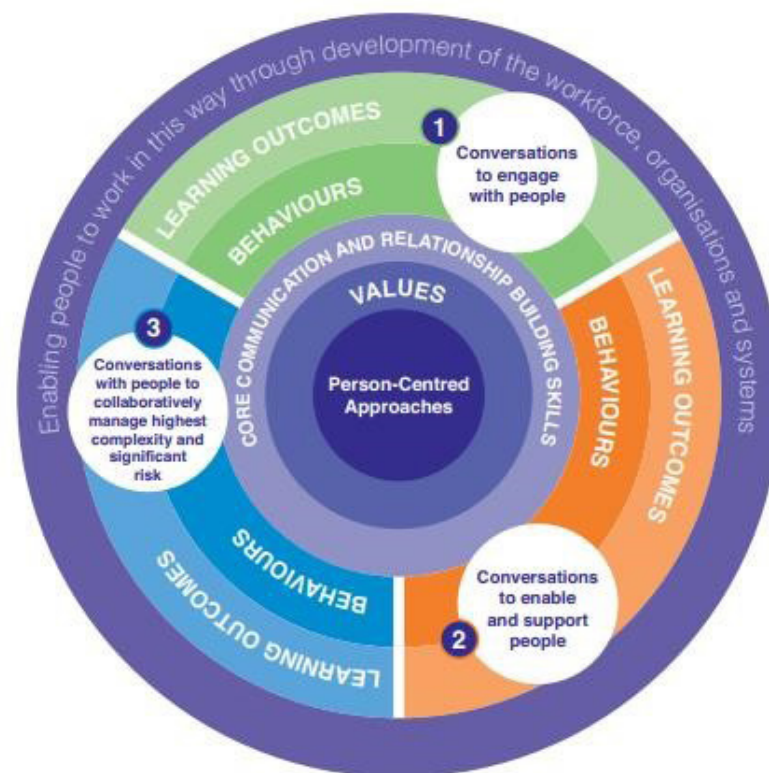
Our approach: a public health response

"On Christmas Eve my brother-in-law told us he wanted to end his life, he said we would all be better off without him, nothing we said seemed to make a difference to his thoughts. None of us as his close family saw this coming, or knew what to do."

What is the public health approach to suicide prevention?

- Suicide is preventable not inevitable
- Prevention is at the core with a focus on causal factors
- Public health is everyone's business – suicide prevention is everyone's business
- Focused on generating long term as well as short term solutions underpinned by public health and partner outcomes
- Informed by local needs assessment with a focus on inequalities
- Rooted in evidence of effectiveness to tackle problems
- Working in and with communities
- Not constrained by organisational and professional boundaries

A population response

Taking a population wide approach to suicide prevention means not only focusing on support for people at crisis point, but also earlier action to reduce the risk factors that contribute to poor mental health and risk of suicide, and even earlier to promote positive wellbeing and coping strategies among population groups at higher risk of poor mental health.

Important risk factors include financial or housing insecurity, relationship breakdown, loneliness and isolation, living with chronic pain, having previously lost a loved one by suicide, substance misuse, living with a mental health condition such as depression, or having recent contact with the criminal justice system. Evidence also shows that some population groups are at higher risk of dying by suicide. These include people from groups who may feel marginalised or struggle to access the support they need. People going through significant life transitions such as teens and young adults, young and new mothers and middle-aged men can also be at higher risk of suicide.

Action on the breadth of factors contributing to risk of suicide requires a "population health approach" to be taken and the consideration of the range of factors that contribute to overall health and wellbeing. This requires all parts of society taking steps to reduce deaths by suicide. Through this approach we aim to harness the power of the public sector, those working in the voluntary and community sector, and residents themselves in a collaborative approach to making our communities and services suicide safer.

Finally, taking a public health approach means ensuring actions are informed by data and evidence. The Real Time Surveillance

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system for deaths by suspected suicide in Coventry and Warwickshire strengthens our ability to identify and react to changes in patterns of deaths or risk factors in a timely manner. This will inform the local suicide response plan enabling timely identification of possible clusters and preventing further contagion.

Embedding suicide prevention: promoting positive action

Tackling risk and building resilience: the Strategy recognises the impact that different circumstances can have on an individual. The table below outlines some of the circumstances that can increase suicide risk, as well as those that act as protective factors. These risk and protective factors will inform the ongoing suicide prevention work programme and be considered as part of the delivery planning process. These factors should be considered across the whole life course, with a recognition that the impact of these factors will differ between individuals and at different times.

RISK FACTORS

PROTECTIVE FACTORS

INDIVIDUAL
personal factors

Risk Factors:
- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance misuse
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimisation and/or perpetration

Protective Factors:
- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

RELATIONSHIP
harmful and hurtful or healthy relationship experiences

Risk Factors:
- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

Protective Factors:
- Support from partners, friends, and family
- Supportive environments
- Feeling connected to others

COMMUNITY
challenging issues or supportive experiences

Risk Factors:
- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

Protective Factors:
- Feeling connected to school, community, and other social institutions
- Supportive environment
- Availability of consistent and high quality physical and behavioural healthcare

SOCIETY
harmful and hurtful or healthy relationship experiences

Risk Factors:
- Stigma associated with help-seeking, and mental illness
- Easy access to lethal means of suicide among people at risk
- Harmful media messaging around suicide

Protective Factors:
- Reduced access to lethal means of suicide among people at risk
- Suicide and mental health awareness
- Cultural, religious, or moral objections to suicide

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The three pillars of prevention: there are many factors that can influence mental health and whilst it isn't possible to stop all mental ill-health from developing, the right approach can help prevent many mental health problems. The Strategy recognises the need to address the causes of poor mental wellbeing and suicidal crisis as well as improving access to services and treatment for ongoing mental ill health. This can be summarised as follows:

Primary Prevention: stopping mental health problems before they start (tackling the causes) – targeting whole population and benefitting everyone in a community

Secondary Prevention: supporting those at higher risk of experiencing suicide ideation or crisis (early intervention / immediate action) – aimed at groups and individuals at a higher risk due to circumstance and/or experience

Tertiary Prevention: helping people with severe mental illness or complex needs (services) – supporting vulnerable individuals requiring long term support and care

A holistic approach: the Strategy promotes a holistic approach to suicide prevention which supports a suicide aware society. This responsibility lies with individuals, family and friends, local communities and workplaces, and the wider society and services.

The table below illustrates some examples across Coventry and Warwickshire:

RESPONSIBILITY	GOAL	C&W ACTIVITY
INDIVIDUALS	• Awareness of signs and risk of suicide • Awareness of impact of changes through the life course	• Data from real time surveillance for risk factors • C&W support services; perinatal mental health, CYP, adults, older adults
FAMILY AND FRIENDS	• Information and support available to those impacted by suicide • Encourage to talk and seek support • Response to concerns • Supportive networks	• C&W Postvention Bereavement Service – Listening Ear • Local targeted campaigns e.g. world suicide prevention day, wellbeing for life • Signposting for all ages to services • Dear Life website and resources
COMMUNITY AND WORKPLACE	• Resilient and supported workforce • Boost positive mental health and emotional wellbeing • Trained frontline services across all sectors • Increased awareness • Supportive environment	• Mental Health First Aid training • Workplace wellbeing forums • C&W Mental Health JSNA 2021 • Wellbeing 4 Life programme • Suicide awareness/ prevention training • Thrive at Work programme • Community networks
SOCIETY AND SERVICES	• Support relevant commissioning of support services • Appropriate pathways to access support • Reducing stigma of suicide • Tackling health inequalities	• Mapping of existing services to ensure appropriate referral pathways • Local awareness raising campaign • Accessing relevant funding to support suicide prevention work

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Children and Young People: specific consideration will be given to the needs of and support to children and young people.

This will include further work in relation to the:

- levels of self-harm (particularly among teenage girls),

- impact of the pandemic and how this has affected the social and emotional development of younger people, including the local student population.

- significant transition phases during the life course of children and young people, from the very early years (including the perinatal period) right through to early adulthood (including students, those that enter the workforce and those moving from children to adult mental health services)

The findings of the Mental Health and Wellbeing of Infants, Children and Young People Joint Strategic Needs Assessment for Warwickshire (due to be published 2023) will help inform a programme of work specifically targeted at Coventry and Warwickshire's younger population.

"Nearly half of 17-19 year-olds with a diagnosable mental health disorder have self-harmed or attempted suicide at some point, rising to 52.7% for young women."

Young Minds 2022

No-one in Coventry and Warwickshire should ever feel like suicide is their only option.
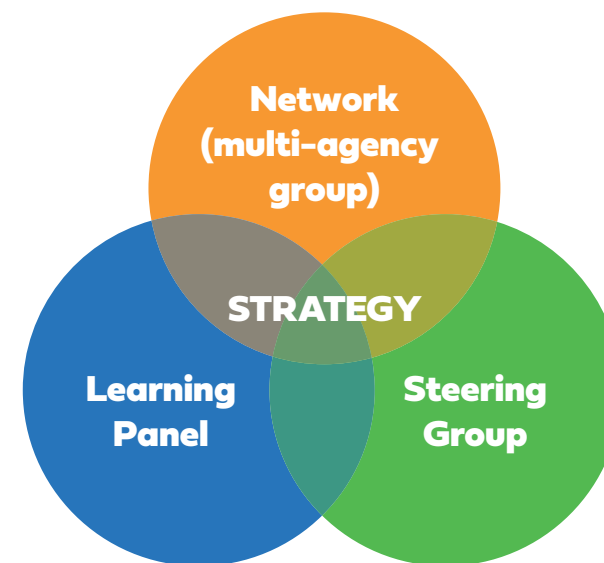
Our approach: partnership and engagement

Coventry and Warwickshire Suicide Prevention Partnership

The Coventry and Warwickshire Suicide Prevention Partnership is made up of organisations, groups, communities and individuals from across Coventry and Warwickshire, who collectively support the vision that no one in Coventry and Warwickshire will ever feel that suicide is their only option.

The Partnership is broadly made up of three distinct functions, which together form the basis for the delivery of the Coventry and Warwickshire Suicide Prevention Strategy. The Partnership sits within the wider context of the Coventry and Warwickshire Integrated Care System (ICS) and the desire for a comprehensive approach to suicide prevention across system partners is reflected in the Coventry and Warwickshire Integrated Care Strategy.

This Strategy will help the System and all partners across Coventry and Warwickshire to embed suicide prevention within their priorities and workstreams.

Stakeholder engagement... and what it has told us

Local strategic partnerships: a number of local partnership boards were engaged with developing the vision and approach for the Suicide Prevention strategy.
Key outcomes were:

- There is commitment across the system for embedding suicide prevention activity
- There is priority at place around the mental and emotional wellbeing of communities
- There are key themes which may require a priority focus for suicide prevention

Stakeholder workshops: Through a series of workshops, feedback from local organisations and services told us that our approach to suicide prevention across Coventry and Warwickshire needs to:

- have clear and consistent messaging
- raise awareness of suicide prevention within communities and organisations
- ensure that people know where to go for the right support at the right time
- understand and reflect the reasons that may lead to suicide or suicidal thought
- be relevant to all ages and different communities and population groups
- target people and groups at higher risk of suicide
- involve people with lived experience
- provide support to the people who are working with or caring for people who self harm or are at risk of suicide
- use the knowledge and experience of existing networks and groups to share best practice
- enable the sharing of information to support better joint working and coordination of service delivery
- focus on prevention and early intervention to support the emotional wellbeing of people

Public engagement survey: This engagement process concluded that the strategic vision and priorities were largely consistent with what respondents felt was needed. There

was an emphasis on societal risk factors and prevention at the earliest opportunity. Where there was disagreement or alternative suggestions put forward, this will be picked up through the delivery planning process. Where appropriate, the feedback from the public engagement survey will be reflected in the suicide prevention work programme, with specific actions developed in response to this.

Specific themes were identified in relation to:

- The need for early intervention and support before crisis is reached
- Ensuring that individual needs are at the centre of any intervention, particularly at crisis point
- Tackling risk factors that might be a causal factor for suicide
- Taking a holistic approach that takes account of the individual and complex nature of suicidal crisis and ideation
- Coproduction and ensuring that lived experience forms the basis of suicide prevention activity
- Funding, service capacity and joined up working locally
- Increasing awareness of suicide so that people are better to equipped to identify and support individuals in suicidal crisis
- Improving the general wellbeing and resilience of individuals and communities

Of those that responded, approximately 70% had been impacted by suicide.

No-one in Coventry and Warwickshire should ever feel like suicide is their only option.

Delivering the Strategy: what are we going to do

"Doing suicide prevention training helped me understand how to spot and manage the risks of suicide in individuals. Whilst this helped me in my work, it is at home where I have applied it most. I live with someone who experiences suicidal thoughts at times. After the training I feel more confident discussing these feelings with my loved one and better able to judge if there is intent to act when these thoughts are expressed".
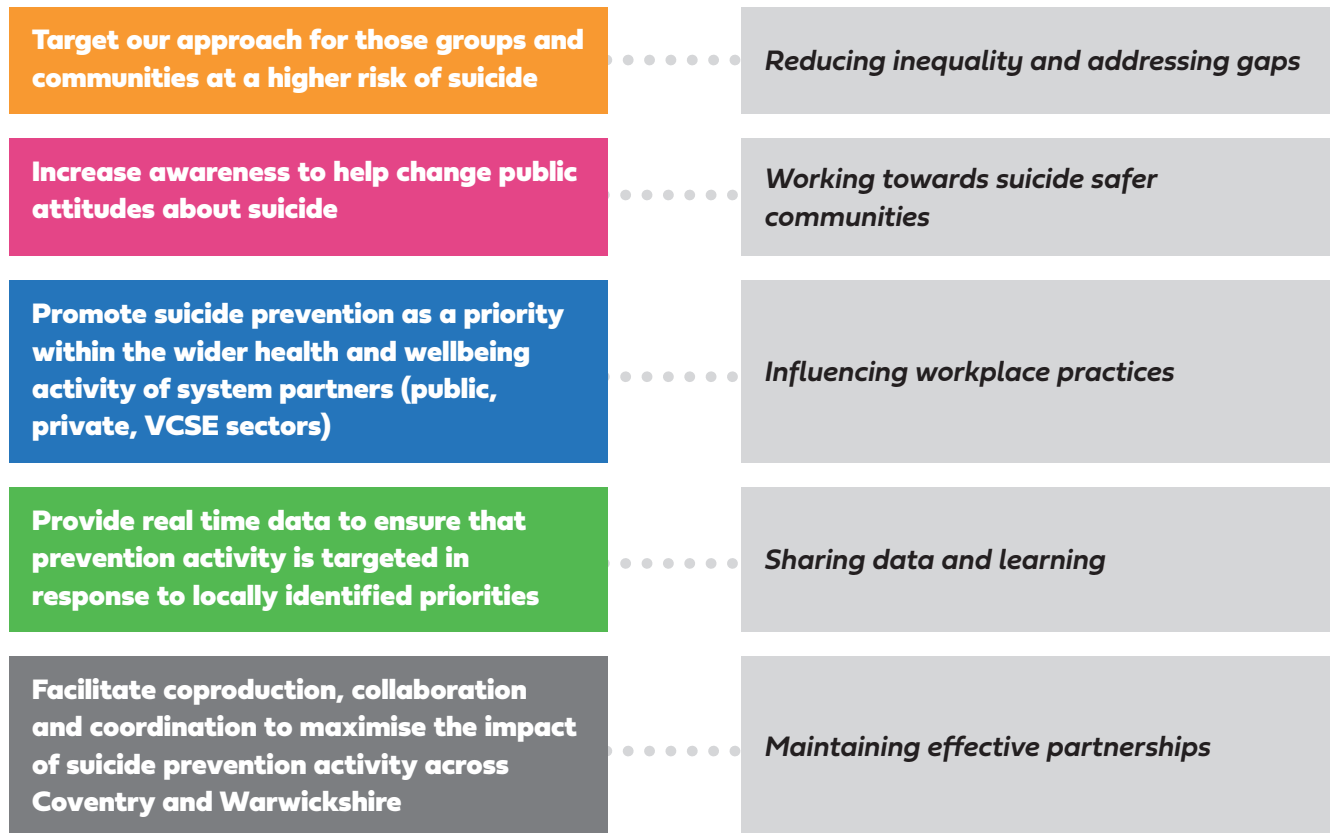
Local priorities for Coventry and Warwickshire

To bring about the partnerships and transformation required to realise our vision for this strategy five key local priorities have been identified to focus on in the first instance.

To have the greatest impact these priorities must be pursued together and build upon the wealth of the good practice already in place. Together these priorities will support the delivery of our long-term strategic am

LOCAL PRIORITIES (WHAT)

LOCAL PRIORITIES (WHAT)	AIM (WHY)
Target our approach for those groups and communities at a higher risk of suicide	*Reducing inequality and addressing gaps*
Increase awareness to help change public attitudes about suicide	*Working towards suicide safer communities*
Promote suicide prevention as a priority within the wider health and wellbeing activity of system partners (public, private, VCSE sectors)	*Influencing workplace practices*
Provide real time data to ensure that prevention activity is targeted in response to locally identified priorities	*Sharing data and learning*
Facilitate coproduction, collaboration and coordination to maximise the impact of suicide prevention activity across Coventry and Warwickshire	*Maintaining effective partnerships*

No-one in Coventry and Warwickshire should ever feel like suicide is their only option.

A two-year delivery plan will be developed by the Suicide Prevention Partnership to deliver on these local priorities. This will include a series of measures to determine the impact of what is being delivered through Task and Finish Groups and wider organisational contributions.

Accountability

The Coventry and Warwickshire Suicide Prevention Strategy is accountable to the two local Health and Wellbeing Boards in Coventry and Warwickshire. The Strategy forms part of the delivery of the wider Health and Wellbeing Strategies for both areas.

The Health and Wellbeing Boards will monitor the Suicide Prevention Delivery Plan, with progress and impact reported on an annual basis to Coventry and Warwickshire Integrated Health and Wellbeing Forum.

Highlight reports will also be presented to other appropriate local strategic boards to ensure the suicide prevention programme is reflected in and aligned to other work stream areas and themes, including:
- Safeguarding
- Community safety
- Mental health and wellbeing

- Social Inequalities
- Children and young people
- Loneliness and social isolation
- Health and social care

Ownership and delivery partners

The Strategy and ongoing delivery of the work programme is led and overseen by the Coventry City Council and Warwickshire County Council Public Health Teams on behalf of the Coventry and Warwickshire Suicide Prevention Partnership.

The Strategy itself has been created in collaboration with: partners of the Integrated Care System, members of the Suicide Prevention Partnership, Voluntary and Community Sector stakeholders, residents and elected representatives from across Coventry and Warwickshire.

With special thanks to:

Colleagues in Coventry City and Warwickshire County Council Public Health Teams, Coventry and Warwickshire Coroners Teams, Warwickshire County Council Business Intelligence Team, Coventry and Warwickshire Integrated Care Board, Coventry and Warwickshire Partnership NHS Trust and all members of the Coventry and Warwickshire Suicide Prevention Partnership

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Appendix

Number Suppression Approach Used (if required)

While disclosure control is not required as mortality data used is classified as 'discoverable' by ONS, ie they can be obtained from individual death certificates, some data is derived from the real time surveillance service and so not all data will be available on the death certificates at time of publication therefore the following steps are applied to reduce the risk of identifying individuals from small numbers based on NHS Digital Guidance -
https://digital.nhs.uk/data-and-information/datatools-and-services/data-services/hospital-episode-statistics/change-to-disclosure-control-methodology-for-hes-and-ecdsfrom-september-2018

a. Counts between 1 and 7 (inclusive) will be displayed as '*'.
b. Zeroes will be unchanged.
c. All other counts will be rounded to the nearest 5.

Numbers 1 to 13 will therefore appear as follows, all other numbers will be rounded to the nearest 5.

Before disclosure control
0 1 2 3 4 5 6 7 8 9 10 11 12 13

After disclosure control
0 * * * * * * * 10 10 10 10 10 15