SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Champs Public Health Collaborative

Foreword

Ruth du Plessis
Director of Public Health, St Helens Council
Lead Director for Suicide Prevention, Champs Public Health Collaborative

Our first Cheshire and Merseyside Suicide Prevention Strategy was launched in 2015. This strategy is our third and is for 2022-2027. We continue to assert that suicides are not inevitable and therefore collective action can and does make a difference.

Our updated strategy comes at a time when we are facing significant challenges as a society following the COVID-19 pandemic and the cost-of-living crisis.

As has been highlighted by a report by the Samaritans, suicide disproportionately affects some of the most disadvantaged and vulnerable people in our society, devastating families and communities. Therefore, given the challenges we are facing we must continue our collective efforts and in actuality, increase them.

There have been some system-wide changes that we are proud of, that have no doubt saved lives, things such as areas having access to a 24-hour crisis telephone support, specialist bereavement support and the recently developed lived experience network.

For this strategy, we are focussing on four key areas; men, children and young people, self-harm and inequalities. I am thankful to everyone who helped to develop this strategy and the support we have received. I am also especially thankful to those in our lived experience network for involvement in the strategy and their amazing artwork.

Each suicide is a tragedy; the loss to family and friends is personal to them and we acknowledge that behind the figures and descriptions in this strategy is a person lost to suicide and lost to their family and our communities.

Tim Welch

Senior Responsible Officer for Mental Health, Cheshire and Merseyside

Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust

Suicide prevention is a complex system-wide challenge which requires close working between the NHS, public health, partner organisations and those with lived experience, tailoring evidence of what works to local need and determinants. This developed strategic framework is crucial in driving improvements in suicide prevention in Cheshire and Merseyside, addressing priority areas alongside new and emerging issues such as the increasing cost of living.

Ultimately our aspiration is for Cheshire and Merseyside to be a region where all suicides are prevented and where people have hope for the future. It is our collective responsibility to focus on the areas where we can make the biggest difference and I urge system leaders to pledge their support to deliver this strategy.
System improvements within mental health have already been made, as part of the Long Term Plan supporting preventing suicides. Most notably first response service including 24/7 urgent mental health care for all ages and improvements in crisis care.

This investment is welcomed but needs to be sustained and a continued commitment is required for us to make a difference – working together collaboratively is a theme across Cheshire and Merseyside and collectively it is our responsibility to ensure this is a place where suicides are not inevitable but preventable.

Councillor Louise Gittins

Leader of Cheshire West and Chester Council, and Cabinet Member of Poverty and Wellbeing

This new Suicide Prevention Strategy for Cheshire and Merseyside has been developed in consultation with a broad range of organisations across different spectrum's and most importantly people with lived experience of suicide bereavement and self-harm.

We know every suicide is a tragedy that affects families and communities and has long lasting effects on people that are left behind. Therefore, it was important to me to involve people who see the impact first-hand.

The strategy shows the many different issues and the complexity of suicide risks that can have an impact on an individual. But the strategy also illustrates that through collective action we can really make a difference.

Suicides are not inevitable and by working together we can make a difference to people's lives, creating hope through collective action.

Introduction

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Welcome to the new Cheshire and Merseyside Suicide Prevention Strategy for 2022-2027. We have worked hard to develop this strategy through engagement, consultation and collaboration; listening to those with lived experience, stakeholders and partners to ensure that the priorities for action reflect their needs.

In producing this new strategy we have used local, regional and national data, as well as other evidence and intelligence, to collate priority areas and ensure the strategy reflects the changing world we live in.

The aim of this strategy is for Cheshire and Merseyside to be a place where suicides are not inevitable. We believe that whilst suicides are complex, they are also preventable. The issues and risks associated with suicide are constantly being highlighted with better data and intelligence and ongoing research and insight. We know we will only be able to address the issue effectively by collective action.

The impact of suicide goes beyond those directly affected and therefore the effect on our communities increases with each death. For every one suicide there can be up to 135 people impacted. This means that in 2021 alone, over 37500 people in Cheshire and Merseyside were affected by suicide[1]. This is multiplied each year as those affected by suicide live the rest of their lives with the significant detrimental impact.

In 2021 alone, over 37500 people in Cheshire and Merseyside were affected by suicide.

As we seek to ensure continued improvements in suicide prevention, we will be led by the data, intelligence, evidence and research, experience and best practice so that we understand what the issues are locally, regionally, nationally and internationally and focus our efforts to best effect. Therefore, whilst this document provides a strategic framework for Cheshire and Merseyside, the life of this strategy needs to be dynamic and address any new and emerging issues.

There are some population groups and risks that remain high priorities, such as men, those who repeatedly self-harm, children and young people and inequalities. However, there are new and emerging themes we need to be aware of such as addiction, including gambling, domestic abuse, with risks linked to both perpetrators and victims, and internet harms.

The risk of suicide increases for those directly impacted by suicide. Both national and local audits highlight many individuals make contact with services prior to their death. There are opportunities to intervene by services, through community action and through individuals. This means effective training and safety planning, which will help to identify protective factors and reduce the stigma around talking/opening up, are essential to address these needs and prevent these losses.

Amie, Cheshire and Merseyside Lived Experience Network for Self-Harm and Suicide Prevention member

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Collaboration across agencies and with communities was a strongly stated theme throughout the consultation on this new strategy. Cheshire and Merseyside has a strong history of collaboration and drive to reduce suicide rates and as a result has been **awarded 'Suicide Safer Community' status by Living Works.**

A priority of the award is to focus on prevention and not just 'save a life today' but address the wider issues and risks relating to suicide. This strategy will, therefore, take a life-course approach to suicide prevention. Suicide prevention does not sit alone but can be addressed through other strategic programmes of work.

With this approach, it allows us to illustrate where suicide prevention work aligns to key workstreams. This strategic framework and plan highlight these issues and links to those strategic programmes of work.

We will continue to drive improvements in this very complex area by working in a collaborative way and with strong leadership. We want to continue to ensure that in Cheshire and Merseyside every death by suicide is one death too many.

Suicide prevention does not sit alone but can be addressed through other strategic programmes of work.

Vision, Mission and Values

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VISION

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

MISSION

Our mission in Cheshire and Merseyside is to build individual and community resilience to improve lives and prevent people falling into crisis by tackling the risk factors for suicide.

To support people who experience a time of personal crisis.

To create an environment where anyone who needs help knows where to get it and feel able to access that help.

To continue our commitment to build suicide safer communities in Cheshire and Merseyside.

To tackle the underlying risk factors for suicide.

VALUES

Address health and social inequalities

We are committed to reducing social and health inequalities in everything we do. This commitment underpins our approach to this strategy.

Reduce Stigma

To dismantle prejudicial attitudes and discriminating behaviour directed towards suicide and people with lived experience of suicide and self-harm.

Based on people and place

We use a people-first approach which acknowledges the challenges that individuals face.

We involve people with lived experience to inform our approach to suicide prevention and suicide bereavement in Cheshire and Merseyside.

Collaborative working with partners

We use a whole-system approach working in collaboration with partners and stakeholders to address the complex nature of suicide and self-harm.

Data driven

We are guided by local data and real-time surveillance which enables us to help those who are most at risk.

We are committed to improving data collection with a focus on recently identified risk factors and high-risk groups and ensure support for those bereaved by suicide.

System leadership

We act as system leaders to drive change throughout the subregion.

International and national context

The World Health Organisation highlights suicide as a major public health risk, being the fourth leading cause of death for 15 to 19-year-olds worldwide. They estimate that for every suicide there are 20 non-fatal suicide attempts and 16 million attempts globally.[2] In the UK, suicide prevention has been a focus of government policy with additional funding to regions to support prevention.

The national suicide prevention strategy 'Preventing suicide in England - A cross-government outcomes strategy to save lives' was launched in 2012 with the key aims of reducing suicides by focussing on: key high-risk groups; tailoring approaches to mental health in specific groups; reducing access to means; providing bereavement and postvention support; supporting the media in sensitive approaches to suicide and improve research, data collection and monitoring.[3]

Suicide is the fourth leading cause of death for 15 to 19-year-olds worldwide

The NHS Long Term Plan in 2019 also committed to suicide prevention remaining a priority and all areas to have suicide bereavement support.[4]

All of the above issues are still relevant today, however, improvements in bereavement and postvention support, more knowledge and intelligence about the risks and different approaches to mental health and wellbeing have improved over the last 10 years.

But every death by suicide is a tragedy and a cause of huge distress to those affected. It is estimated that the cost to the economy of every suicide is £1.67 million.[5] These emotional and financial costs take a toll on our communities and yet there are actions we can take to help prevent each suicide.

Despite increases in the national suicide rate in 2018 and 2019 and a concern that the COVID-19 pandemic with the subsequent public health measures may have an impact on suicide rates in 2020, the overall national rate in 2020 decreased to 10 per 100,000 from 10.8 in 2019. Nationally, the highest rates in 2020 were in the North East, Yorkshire and Humber and the South West.[6]

The cross-government report on preventing suicides in England[7] and the 2022 National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) annual report[8] indicate that whilst the pandemic did indeed cause concern, some of the actions taken may have had some protective elements.

More support for crisis services, more community engagement, family time and support specifically at the beginning of the pandemic, may have had some element of protection.

However, we are now more than two years after the beginning of the pandemic and there are groups we need to be concerned about, for

example, those who have experienced a financial impact, children and young people, specifically those who self-harm, witness domestic abuse, experience bereavement, bullying and academic pressures; and those with existing mental health problems.

We need to be vigilant of certain occupational groups that may have experienced trauma throughout the pandemic such as health and social care.

New issues are also emerging such as debt issues linked to fuel poverty and increasing cost of living which may indeed cause significant problems for many of those already in financially unstable circumstances and impact on those in the poorest areas of the country. Therefore, we need to help to mitigate these new and emerging risks and continue to work in the areas already highlighted as key population groups and risk factors.

Even through 2021, real-time surveillance indicates that suicides have not increased nationally. The impact of the pandemic will be wide-ranging and will be seen over a number of years, but the impact is not yet evident in suicide statistics nationally.

However, the local context illustrates that in both Cheshire and Merseyside we are seeing increases that are concerning.

The impact of the pandemic will be wide-ranging and will be seen over a number of years.

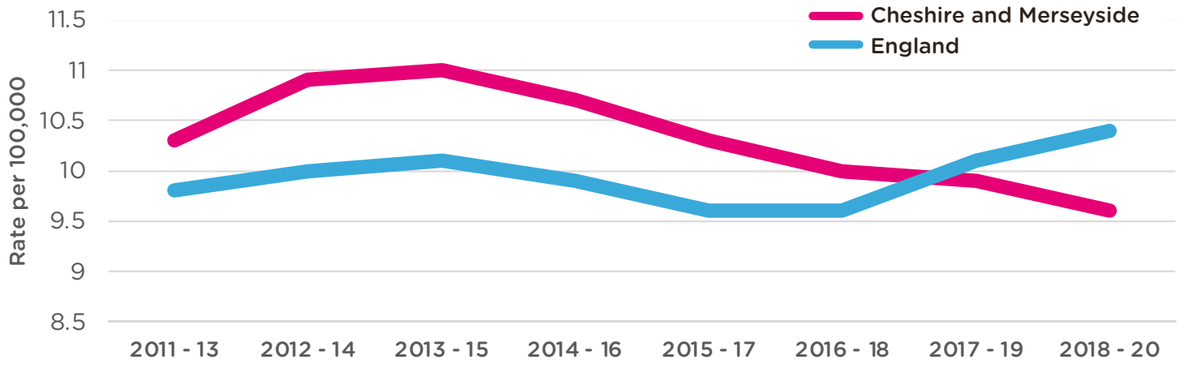
Local context

Cheshire and Merseyside is a subregion of over 2.8 million people, with a population and demographic ranging from very affluent areas to some of the most deprived in the country. There are inner city areas, coastal and rural communities and everything in between. The subregion is made up of nine local government areas including Cheshire East, Cheshire West and Chester, Warrington, Halton, Wirral, Liverpool, Knowsley, St Helens and Sefton. The area has some of the most deprived boroughs in the country with Knowsley and Liverpool ranked second and third most deprived respectively.

The wide-ranging nature of the subregion means we need to ensure that we respond to the complex nature of suicides across a broad range of populations. The last year has seen an increase in suspected suicides linked to some of our most deprived communities so tackling these wider determinants of social and health inequality will help to address suicide risks.

What the data tells us

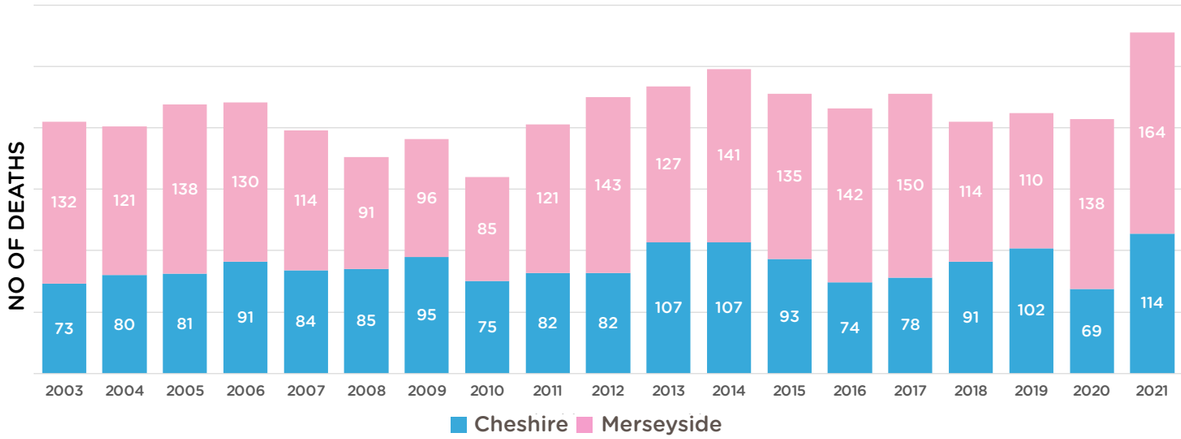
The official data from the Office of National Statistics shows that since 2013-15 the rate of suicides and injury undetermined in Cheshire and Merseyside have reduced to below the England rate to 9.6 per 100,000 (2018-20). Whilst this shows the really good work on suicide prevention across Cheshire and Merseyside this rate hides the variation across the area.



Trends in suicide and undetermined rates for Cheshire and Merseyside and England 2011/13 to 2018/20 (Office of National Statistics)

Despite an overall reduction in the 3 year rates for Cheshire and Merseyside to 2018-20 the most recent data published in September 2021 by Local Authorities shows that in 2021 both Cheshire and Merseyside saw increases in numbers to the highest levels since 2003. In previous years when the numbers were high this could have been as a result of the 2008 recession.

We know from history that financial stressors can have an impact on suicide rates, for example, it is estimated that during the recession of 2007 there was an excess of 10,000 suicide deaths in European countries, Canada and USA.[9]
The numbers in Cheshire and Merseyside are concerning as they may illustrate the financial stressors of the pandemic and how the pandemic affected some populations more than others. Cheshire and Merseyside alongside other North West areas were greatly impacted by lock downs. Therefore, there was a greater likelihood of financial and emotional impact of these lock downs for Cheshire and Merseyside than other areas in the country.



Number of suicides and injury undetermined by year 2003 - 2021

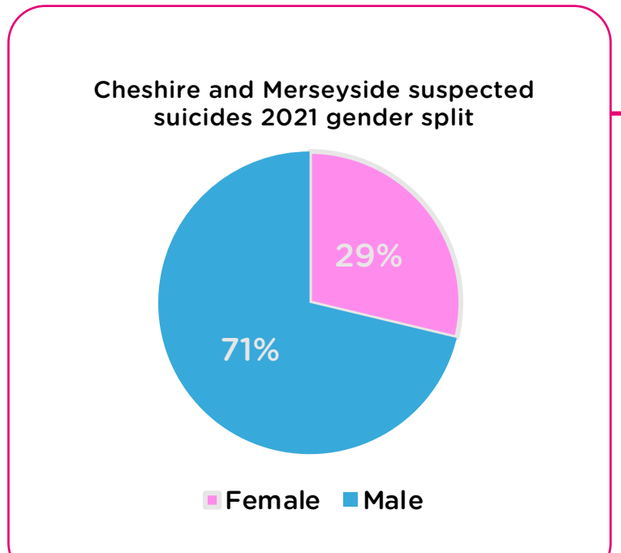
Real-time surveillance

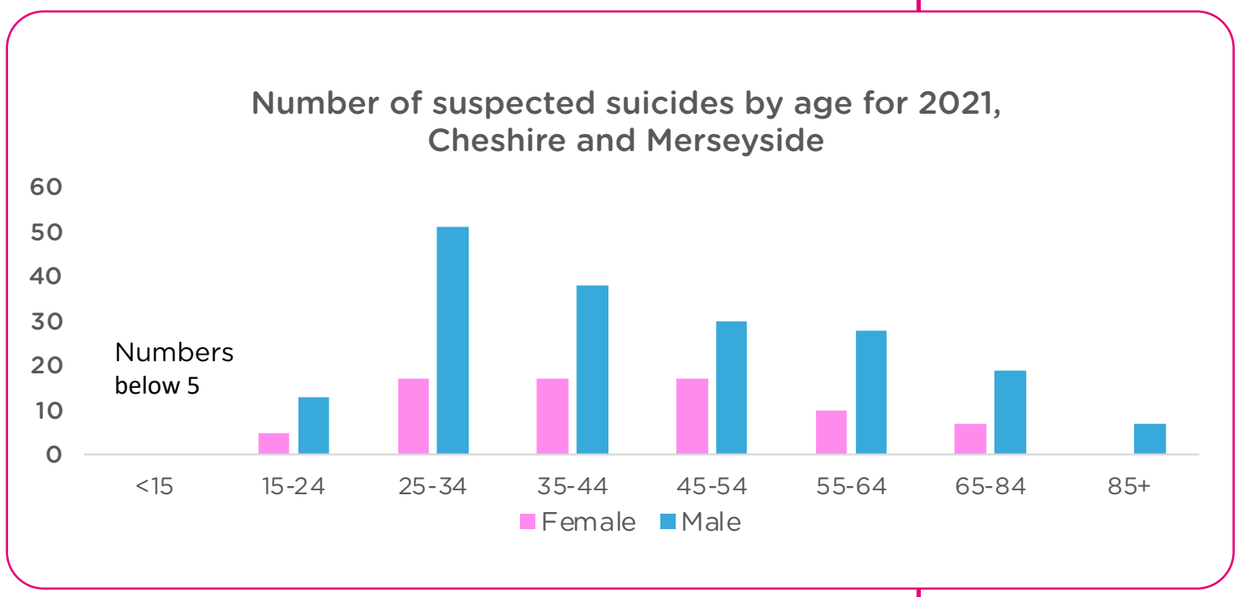
The official data provides an illustration of trends against national data, however, to establish more up-to-date information across Cheshire and Merseyside we use real-time surveillance of suspected suicides. It must be noted that these suspected suicides have not gone through the coronial system and therefore are an indicator of Cheshire and Merseyside suicides. We have found the following:

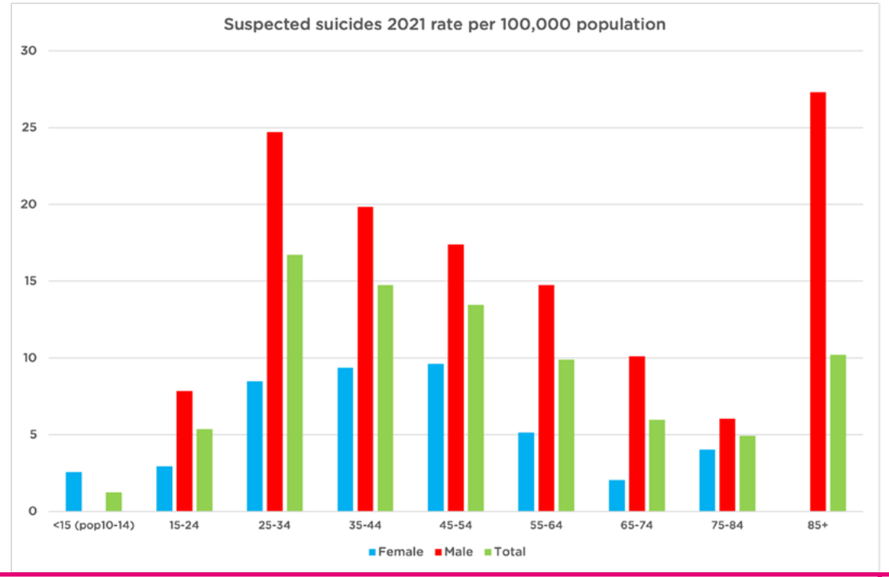
- Merseyside continues to experience increases in suspected suicides in 2021
- 71% of suspected suicides are in males
- Both Cheshire and Merseyside are seeing the highest number of deaths in the most deprived neighbourhoods. This is more evident however in Merseyside with 48% of suspected suicides in 2021 up to February 2022 being in people residing in areas classified as the Index of Multiple Deprivation 1 and 2
- Both Cheshire and Merseyside have seen both an increase in the numbers of suspected suicides in younger age groups and some older age groups and a smaller concentration on middle aged men
- Data collected from the Merseyside Real-Time Surveillance system shows a growing number of links with domestic abuse, both perpetrators and victims.

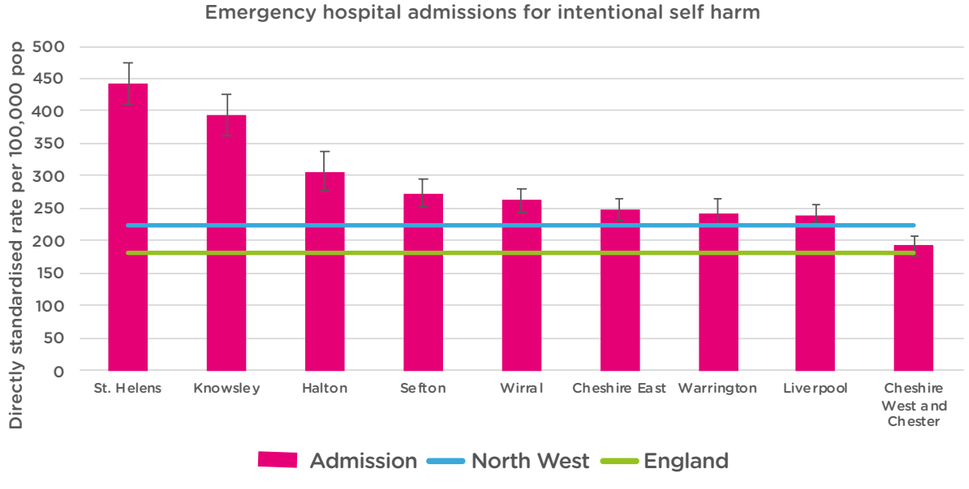
The highest number of suicides are seen in males in the working age populations (ages 20 – 64), however age specific data show that males over the age of 75 have some of the highest rates.

Whilst numbers of suicides are indeed greatest in the working age population, we still need to address the issues in younger people and older age groups.









Self-harm is a significant risk factor for suicide, the chart on the bottom left gives an indication of the risk in the communities in Cheshire and Merseyside. Although emergency admissions to hospital for intentional self-harm only highlights the most serious incidents requiring hospital admission, it can be seen that all areas excluding Cheshire West and Chester have high rates of admissions. The North West of England as a whole has more admissions than the rate for England.

Previous priority groups

The previous strategy focussed on the following population groups and themes as priorities and whilst these are still areas of great concern, in this strategy we will use a life-course approach to identify the risks and issues whilst still focussing on the areas where we will make the biggest difference, which are:

Men	Self-harm	Children and young people	Addressing inequalities
Are more at risk of suicide in younger people, working age population and older people.	In all age groups repeated self-harm increases the risk of suicide.	Events in childhood significantly impact on adult health and wellbeing.	In areas of poverty and social and health inequality there are generally higher rates of suicide.

Updated priority groups

Suicide and the reasons for a person to take their own life are complex and numerous. However, through local discussions, and via national and international evidence, key risk factors and groups have been reviewed and identified. Many risk factors are evident in all age groups and, where there are multiple factors, the overall suicide risk is heightened. Knowledge about risks in certain groups are improving all the time.

Throughout the life of this strategy, we will continue to improve data collection, evidence and research to continue to inform where we can make the biggest difference.

The page below highlights some of the risks identified through the development of this strategy and the sections on the life-course approach illustrate the evidence around the risks in certain age groups.

Knowledge about risks in certain groups are improving all the time.

As well as the groups on the above page, the following groups to the right have been identified by regional, national, and international data and local consultation as 'at risk'. As suicide is complex this list is not exhaustive but indicative of some of the major risks.

- Neurodiversity
- Mental health conditions
- Substance misuse
- Abuse
- Long-term conditions
- Economic stressors
- Online harms
- Pre-COVID trends in children and young people
- Academic pressures
- LGBTQIA+
- Bereavement
- Gambling
- Relationship issues/breakup
- Being in the criminal justice system
- Ethnicity
- COVID impact
- Looked After Children
- Bullying in children and young people

Using the life-course approach, the sections below identify the major risks in each life-course area.

Children and young people

There has been an overall trend upwards of young people dying by suicide nationally since 2010. This has been a concern raised and explored by NCISH.[10] Whilst the number of suicides in children and young people are still small in Cheshire and Merseyside, the numbers in younger age groups have increased.

In the 2021 data on suspected suicides for Cheshire and Merseyside 7.6% of cases were in under 25-year-olds and there were cases reported in the under 15's. Whilst this was a decrease from a high 9.3% cases in the under 25's in 2020, this was an increase from pre-COVID where the percentage was 6.7% with no cases under 15's.

Mental health concerns were identified in a third of the suicide deaths examined.

What do we know about the issues?

- 52% of suicides in under 20's reported **previous self-harm**[9]
- **Events in childhood** impact negatively on health in adulthood (physical and mental health), reducing the impact will help reduce young people and adult suicides
- **Trauma, including suspected or confirmed cases of abuse,** neglect, and domestic violence, was seen in more than a quarter (27.1%) of children who died by suicide[11]
- **Family-related problems**, such as divorce, custody disputes, parental substance use, or a family history of suicide or mental health concerns, were seen in more than a third (39.8%) of children who died by suicide[10]
- **Bereavement** was a specific issue for young people with 25% of under 20's and 28% of 20–24-year-olds experiencing bereavement.[9]
- **Looked After Children** were a population group accounting for 9% of suicides in under 20's, with specific issues highlighted around housing and mental health[9]
- **6% of lesbian, gay, bisexual and transgender (LGBT) people** under the age of 20 were said to have experienced bullying (10% of deaths were related to internet use)[10]
- **Students under 20** more often took their lives during April and May linked to academic pressures[9]
- **Mental health concerns** were identified in a third (31.4%) of the suicide deaths examined, with the most common diagnoses being attention-deficit/hyperactivity disorder (ADHD) or depression[10]

Working age population

National data shows there was an overall reduction in suicides in 2020, which was largely driven by a reduction in male suicides and delays in registration due to the pandemic. In Cheshire and Merseyside for 2020 there was a mixed picture with a decrease in suicides in Cheshire and an increase in suicides in Merseyside. As with national data men still account for the vast majority of deaths with 72% of suspected suicides in 2021 being men. The following risk factors play a significant part in those that die by suicide.

- **Men** – both in national and local data account for the majority of suicides across population groups
- **Self-harm** is a significant factor for all suicides with 64% of patients who died by suicide having self-harmed[7]
- **Living alone** with 48% of deaths[7] - combining with higher likelihood of being **unemployed**, **single** or **widowed**, experiencing recent **financial difficulties** and **relationship break-up**
- **Financial stressors** - evidence suggests that people who die by suicide are eight times more likely to have personal, unsecured debt than the general population.[11] During the most recent recession (2008-09), there was a 0.54% increase in suicides for every 1% increase in indebtedness across 20 European countries, including the UK and Ireland[12]

Men account for the majority of suicides across population groups.

- **People among the most deprived 10% of society** are more than twice as likely to die from suicide than the least deprived 10% of society[13]

- **Physical health conditions** have been linked to an increased risk of suicide such as asthma, back pain, brain injury, cancer, congestive heart failure, chronic obstructive pulmonary disorder, diabetes, epilepsy, HIV/AIDS, heart disease, hypertension, migraine, Parkinson's disease, psychogenic pain, renal disorder, sleep disorders, and stroke. With brain injury increasing the risk 9-fold.[14] In the Cheshire and Merseyside audit of 2017 60% of cases had a physical health condition. The potential impact of long-COVID is seen as a future concern

- **Mental illness, such as depression**, are linked with suicide and an increased risk associated with eating disorders, ADHD and early dementia

- **People who struggle with deliberate self-harm** are subject to higher risk of suicide, between 30- and 100-times increased risk than those who never self-harmed[15],[16]. In the 2021 Real Time Surveillance data 39% of cases where data was completed had reported previous self-harm. This data may be higher with better reporting

The lifetime risk for transgender populations of suicide attempt is estimated to be between 22% and 43%, with 9%–10% having made an attempt in the past 12 months.

- **Prison populations** are at higher risk of suicide than the general population and are especially high-risk after release

  - **Addictions** - it has been previously well documented that people misusing drugs and alcohol have a higher risk of suicide. However, we know that alcohol is often used at time of suicide even by those not dependent. Also, other addictions are becoming more apparent such as gambling. Harmful gambling is more likely undertaken by men aged 16-44, in more deprived areas with higher risks from alcohol. Problem gamblers are twice as likely to have suicide events[17]

- **Abuse** – 50% of those people who have had a suicide attempt in the past year had experienced intimate partner violence[7]

- **Bereavement** - both general and related to suicide increases the risk of suicide. The complexity of the coronial system and stigma associated with being bereaved by suicide put additional strain on family members and those close to the bereaved

- **Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+)** whilst the risk of suicide ideation is higher in LGB populations than heterosexual, for transgender populations, the lifetime risk for suicide attempt is estimated to be between 22% and 43%, with 9%–10% having made an attempt in the past 12 months[18]

- **Ethnicity** – is complex with mental illness issues differing between ethnic groups, however, issues relating to migration, asylum seekers, racism and discrimination and poverty are factors to be considered when addressing the needs and suicide risk factors within ethnic groups.[19]

The numbers of suicides in older people are often small and therefore can get overlooked.

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Older people

The number of suspected suicides in older age groups across 2021 have started to increase with any of the risk factors in adulthood also likely to be issues in older people. However, there are some specific factors to consider in older people, which are:

- **Rates of suicides in the very elderly are some of the highest**, however, the numbers are small, for example in 2021 the real-time surveillance data shows as a rate per population the highest rate was in males aged 85 and over at 27.3 per 100,000. The overall male rate was 14.8 per 100,000
- **Self-harm** – the risk of suicide among those who self-harmed in the over 60's was 67 times greater than the risk among the general population – and three times greater than the relative risk of suicide among younger adults who self-harm[20]
- **Multiple risks including**
  - Loneliness and social exclusion which may be impacted by physical illness, pain, disability, and cognitive impairment
  - Bereavement and grief
  - Physical illness and pain
  - Cognitive impairment
  - Disability
  - Financial stressors

The numbers of suicides in older people are often small and therefore can get overlooked. This strategy aims to identify these risks so that we can take collective action.

In summary

The table shown here illustrates the risk issues in summary across the life-course, with inequalities an underlying issue. Men of all ages are more likely to take their own life and self-harm is still one of the most significant risks throughout the life-course. These must be high priority areas for continued action. However, to prevent suicides and to tackle the increasing number of young people taking their lives and the repeated self-harm, we must improve our actions with children and young people regardless of gender. But, as men still account for the vast majority of suicides we should examine the issues in boys and young men.

Whist we have used this framework to identify risks within population groups, which illustrate the complexity of suicide, we must continue to also work to reduce access to methods and use our data to highlight areas of concern, whether they be in a workplace, school or geographical area.

At a Cheshire and Merseyside level we will focus on collective action to drive forward improvements in suicide prevention. Each local area will have their own suicide prevention action plan that will focus on people and place.

Risk areas	Children and Young People	Working Age	Older People	Inequalities including the impact of COVID
Men but understanding the increasing issues relating to women	●	●	●	
Self-harm	●	●	●	
Neurodiversity	●	●	●	
LGBTQIA+	●	●	●	
Bereavement including by suicide	●	●	●	
Online harms	●	●		
Addiction including gambling	●	●	●	
Mental health issues including dementia	●	●	●	
Abuse - domestic, sexual, neglect	●	●	●	
Ethnicity	●	●	●	
Refugees and asylum seekers	●	●	●	
Long-term conditions and long-COVID	●	●	●	
Criminal justice youth and adults	●	●	●	
Financial and economic instability	●	●	●	
Looked After Children especially in transition	●			
Children and young people during academic stressors and transition	●			
Homeless	●	●	●	
Workforce trauma		●		
Military veterans		●	●	

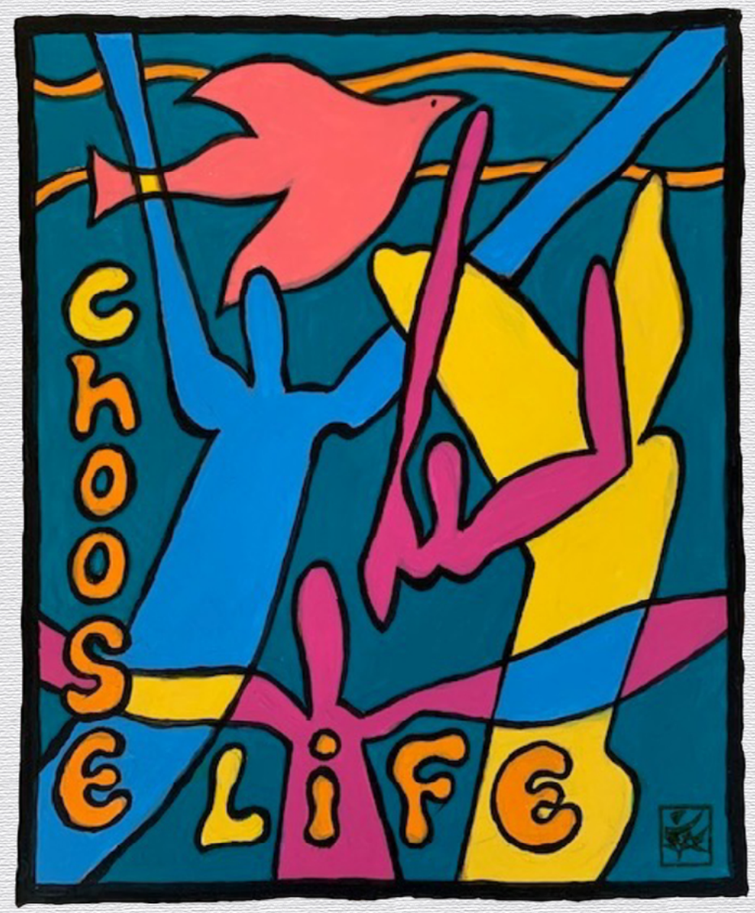
What we can do across Cheshire and Merseyside

The Cheshire and Merseyside Suicide Prevention Partnership Board will be the main oversight of the strategy and action plan. Suicide Prevention is everyone's business and therefore we will work at a system level across Cheshire and Merseyside to facilitate change and support collaboration and action.

At a Cheshire and Merseyside level we will work across the life-course to develop strategic actions to support prevention of suicides and self-harm, interventions to address risks associated with suicides and self-harm and deliver postvention support for those bereaved by suicide.

Our key priorities for Cheshire and Merseyside are:

- **Leadership and governance** ensuring an effective partnership and collaborative approach taking account of lived experience
- **Prevention** focussing on awareness, skills and knowledge, supporting suicide prevention in other strategies, communication and engagement
- **Intervention** focussing on training and safety planning across the organisations, working to improve self-harm support and pathways, improving access to mental health and social support, and ensuring implementation of safer care
- **Postvention** focussing on bereavement services including specific suicide, postvention support and working with the media
- **Data, intelligence, evidence and research** focussing on better data capture of the risks and intelligence on the local and national picture, collating evidence on interventions that work and supporting research where there are known gaps.



"Joy of Life", Anonymous member, Cheshire and Merseyside Lived Experience Network for Self-Harm and Suicide Prevention

Priority areas for action across Cheshire and Merseyside

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Priority 1

Leadership and governance

- Effective collaborative suicide prevention partnership
- Continue actions as a Suicide Safer Community
- Feedback on action to the Mental Health Oversight Board and Directors of Public Health
- Support local strategies and plans
- Audit of local plans against Cheshire and Merseyside priorities

Priority 2

Prevention

- Increase awareness of risks of suicides across the life-course, especially linking with newly identified risks
- Improve mental health and resilience in children and young people, men and older people by linking to local plans and wider strategies
- Improve suicide prevention skills and knowledge
- Develop an effective communications and engagement strategy

Priority 3

Intervention

- Increase suicide prevention training and safety planning in key work groups linked to priorities
- Improve self-harm support and implement National Institute for Health and Care Excellence (NICE) self-harm guidance
- Improve crisis care for all ages
- Continue to improve and implement Safer Care Standards
- Improve access to social and mental health support for all ages

Priority 4

Postvention

- Improve effective bereavement support for all ages, including specific suicide bereavement
- Ensure effective postvention services across Cheshire and Merseyside
- Ensure deaths by suicide are addressed sensitively in the media

Priority 5

Data, intelligence, evidence & research

- Improve the data sets collated by real-time surveillance and examine capacity to undertake a suicide audit for Cheshire and Merseyside
- Understand different methods of suicide and highlight issues
- Use the data to inform community response plans
- Develop an overarching suicide prevention dashboard to monitor progress of the plan

Other relevant strategies and workstream

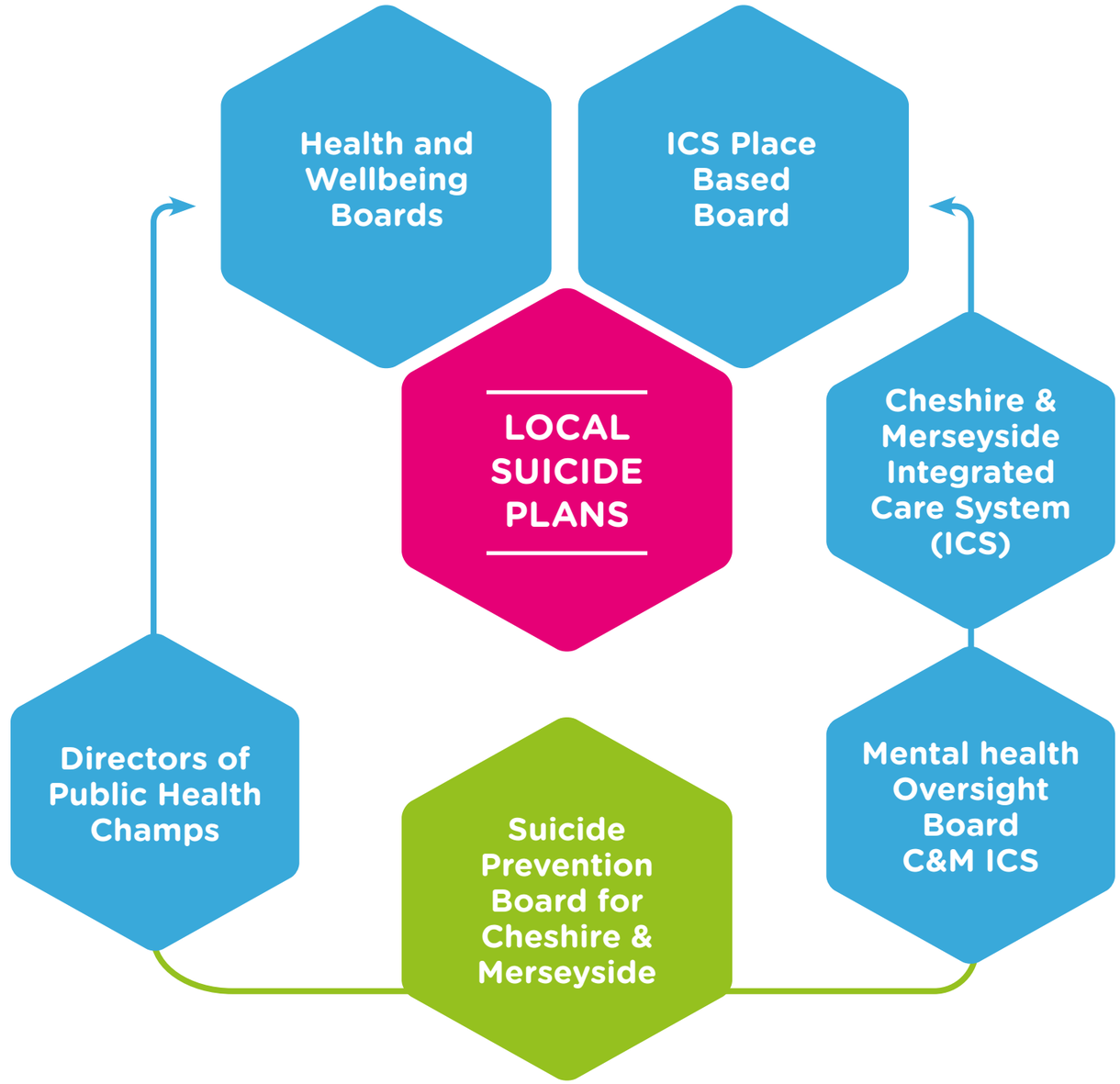
- Children and young people's emotional health and wellbeing strategic plan for Cheshire and Merseyside
- Mental health priorities for adults across Cheshire and Merseyside
- Marmot Communities – plan for improving wider determinants of health
- Complex lives work across Cheshire and Merseyside
- Healthy ageing workstreams for Cheshire and Merseyside

Governance of the strategy

This is a system wide strategy which will be governed by the 'Cheshire and Merseyside Suicide Prevention Partnership Board'. This Board will feedback to local Directors of Public Health who have a duty to produce local suicide prevention strategies and plans, and to the Mental Health Oversight Group of the Integrated Care System, who are responsible for suicide prevention and the mental health standards set by NHS England.

A monitoring framework for this strategy will be set up and be assessed and assured by the 'Cheshire and Merseyside Suicide Prevention Partnership Board' and reports will be sent to both Directors of Public Health and the Mental Health Oversight Group.

Directors of Public Health will be able to use the strategy to support local developments linking with both place-based boards and Health and Wellbeing Boards, focussing on local needs.



Successes from the previous strategy

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Amparo, the suicide liaison service

was established in April 2015 to provide immediate practical support to those bereaved or exposed to suicide. In those five years it has provided information, support to community safety plans and direct support to beneficiaries, totalling over 5,000 contacts. People bereaved by suicide are at particular risk of suicide themselves, however no beneficiaries of Amparo have subsequently taken their own lives.

Samaritans Media Advice

When people are exposed to certain types of media coverage of suicide, this can increase the risk of imitational suicidal behaviour. Champs Public Health Collaborative and the local suicide prevention leads have sought to build positive relationships with the local press to ensure that the media delivers sensitive approaches to suicide. Samaritans Media Advisory service provide Cheshire and Merseyside with bespoke training, advice, monitoring and analysis of local news coverage. https://no-more.co.uk/suicide-and-the-media/

Building a Suicide Safer Community

has been integral to The suicide prevention partnership board and we were thrilled to receive the Suicide Safer Communities (SSC) Award from LivingWorks in July 2020 in recognition of the partnership's achievements and ongoing commitment to preventing suicides. LivingWorks are a global suicide prevention organisation that has brought international evidence together in establishing ten pillars of a framework towards building a Suicide Safer Community. The SSC Award greatly supports marking five years of the NO MORE Suicide Strategy, a time to reflect on the past five years and to look forwards to a refreshed strategy, engaging with new partners and building on the achievements in preventing suicide. https://no-more.co.uk/suicide-safer-communities/

National reach

The pioneering work that Cheshire and Merseyside has led on has resulted in presentations to national and regional conferences such as the National Suicide Prevention Alliance conferences in 2017 and 2018, inclusion in national guidance documents such as Public Health England 'Local suicide Prevention Planning – a practice resource' and 'Support after suicide - a guide for local services', a Parliamentary visit of the Health Select Committee on Suicide Prevention in 2016 and contributions to learning for other regions such as Public Health England Suicide Prevention Master Classes in 2017.

The number of suicides have reduced in the life of the strategy from a high of 248 in 2014 to 207 in 2020.

Safer Care

The three, now two, Mental Health Trusts have worked together to benchmark themselves against the National Confidential Inquiry into Suicide and Safety in Mental Health standards, sharing best practice to implement changes in those areas the benchmarking exercises highlighted as requiring quality improvement.

Successes from the previous strategy

Intelligence

In 2017 a Real-Time Surveillance system was established to look at recent suspected suicides, and learning panels have been established to understand what prevention measures may be taken. Working in conjunction with the coroners and the police across Cheshire and Merseyside, intelligence on risks has improved and led to work with community safety and domestic abuse leads across Merseyside.

Time to Change

Challenging stigma surrounding mental health can encourage people to access help and support. Time to Change (TtC) and the campaign Time to Talk set out to challenge mental health stigma. TtC campaigns have changed attitudes in schools, workplaces and communities. Champs Public Health Collaborative created a Time to Talk Toolkit for World Suicide Prevention Day (WSPD) in 2018 and the majority of Cheshire and Merseyside Local Authorities are now signed up to TtC, with active local champions bringing their lived experience in spearheading at least four campaigns every year.

The Stay Alive app provides tools, information and immediate help both locally and nationally for someone at risk of suicide. Cheshire and Merseyside added local details in 2019, and in the first year over 9,000 Cheshire and Merseyside residents used the app, with over 1,700 clicks to local services.

Men's mental health

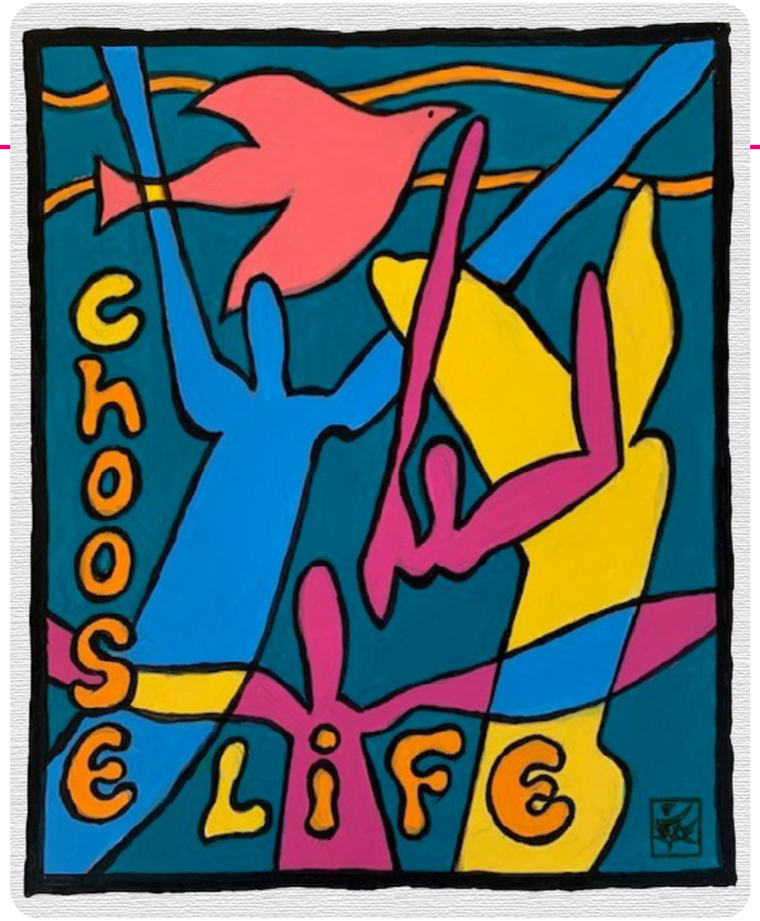
National data shows that 75% of those that die by suicide are men. A focus on middle aged men in the last strategy with £520,000 being spent on specific men's projects has allowed us to understand the needs and what works for men. This was underpinned by an academic evaluation by Edge Hill University highlighting good practice. https://no-more.co.uk/wp-content/uploads/2022/02/EITC-Mens-Health-Projects-report.pdf

LIVED EXPERIENCE NETWORK (LEN)

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

We have developed a Cheshire and Merseyside Lived Experience Network for Self-Harm and Suicide (LEN) so that the voice of those who have experienced suicide or self-harm is embedded into programmes of work and developments. The LEN is supported by Wirral Mind who have 50 years of experience dealing with mental health problems and learning disabilities in our communities.

> ***I joined the Lived Experience Network after losing my brother to suicide. Even after this short period of time, I feel that the network has given me a safe space to talk about my experience with suicide and that my voice is actually being heard. Already, the network has fantastic ideas about how we can prevent suicides and I am feeling optimistic about the future. It is so important that people who have lived experience are given the opportunity to contribute and use their experiences to shape positive changes.***
> *Anonymous member feedback, LEN*



"Joy of Life"; Anonymous member, LEN

> ***I thought about the seahorse. All animals to do with strength at times of need, e.g., lion, hawk, are not a patch on the seahorse. The seahorse is all inclusive of gender, it breaks the mould. The ultimate symbol of self-awareness and learning is to have an anchor and the sea horse has a strong one. Looking at images online, no two seahorses are the same. None of us are. But we are all beautiful in our own ways.***
>
> *Amie Price, LEN member, diagnosed with ADHD February 2021 then aged 33.*

LIVED EXPERIENCE NETWORK (LEN)

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Suicide is not the Answer

Poem extract

You are needed, You are loved
You are part of the jigsaw of life
An integral piece that is needed
You complete the picture

Suicide isn't the answer
It is the absolute rock bottom
Though the light looks so far away
Like a distant little dot
It is closer than you think

Though you feel there is no way out
You can climb up out of the despondent abyss
You will find the helping hands outstretched to help you
Aid you in your accent to lighter less dark foreboding feelings
There will always be love to surround you in light

Les Bowring, LEN member

Anonymous LEN member

"it's about putting yourself back together, like a rubik cube, and acknowledging there are dark bits, knowing there are dark bits in life, and arranging yourself back to some sort of normality"

"I feel that the network has given me a safe space to talk about my experience with suicide and that my voice is actually being heard".

Anonymous, LEN member

Rising from the Dark

I've been down for so long
I've been finding it hard to dig my way out
The hole is deeper than ever before-
The darkness has deafened even my loudest screams and shouts.

'You'll pull through' the professionals say
'We know you will, you've done it before!'
But that doesn't make it any easier
When you find yourself knocking on death's door...

'Let me in! Please let this end'
You scream as you're knocking on that door.
You don't care who answers whether from up and down
You just know you can't keep fighting this war

But suddenly I'm rising from the dark
This time I tell myself there'll be no more scars
But you've been here before-
It's like groundhog day you're always weary of that fall.

But until that fall comes
There is nothing gonna keep me down!
I'm hearing birds sing, the black and white vision has disappeared
Finally my frown has been turned upside down.

My demons have once again been defeated
It's to time to recoup my energy stores that are massively depleted
For how long they'll stay in hiding, I do not know
But while they're gone I'll ride the high- I'll give life a go.

Because I'm rising from the dark
I promise myself I've left my last scar
Although the dark nights are closing in,
My brighter days are only just starting to begin.

But here I am, I've done it
I've risen from the dark like all the times before
And if that darkness tries to creep back in
Tell yourself this
'Whether you've risen once or a thousand times before-
YOU have the strength to do it once more!!'

Anonymous

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