

London Borough of Barnet
Suicide Prevention Strategy
2021-2025

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Introduction

The death of someone by suicide is a tragedy that has devastating effects across families, friends, schools, workplaces, and communities. In the last four years for which we have data (2016-2019), Barnet lost eighty-nine people to suicide: on average one person every sixteen days¹. In the UK, suicide is the leading cause of death in people aged 15-24, and the biggest killer of men under 49.

The time to act is now - self-harm and suicide rates could rise further without action.

Nationally, suicide rates are rising. After several years of decline during 2014 to 2017, the suicide rate in 2019 for England and Wales is the highest in men since 2000, the highest in women since 2004, and the highest recorded in 10 to 24-year-old women since 1981². In Barnet the suicide rate rose through 2014 to 2017 and has since fallen, with rates in 2018 and 2019 consistent with those seen during 2002 to 2013¹.

Self-harm is the most important risk factor for subsequent death by suicide; over half of people who die by suicide have a history of self-harm, many with an episode close to their death³. Most people who self-harm do not die by suicide, but the strength of the association between self-harm and suicide means this is a signal that cannot be ignored. The rate of emergency hospital admissions for intentional self-harm in Barnet is currently similar to the London average, but has remained stable over the past four years. We want to see admissions for self-harm decrease, so we must do more to prevent and support people who self-harm.

We are currently gripped by a health and economic crisis caused by COVID-19, of which the long-term effects on physical health, mental health and prosperity are unknown. This strategy recognises the potential for COVID-19 to increase suicidal behaviour due to the negative impact of the pandemic and restrictions on mental wellbeing, and the already evident increase in multiple risk factors for suicide and self-harm such as bereavement, social isolation and loneliness⁴, domestic violence, and unemployment⁵. Alarming, following previous recessions where there has been high unemployment, rates of suicide have increased⁶. Mitigating the negative impact of the pandemic on the lives of people in Barnet is an urgent necessity.

We can make a difference - suicide is preventable.

Significant reductions in suicide rates have been achieved in US healthcare systems following the introduction of a systematic approach to suicide prevention and quality improvement⁷. The first to apply these methods, the Henry Ford Health System in Detroit, achieved a 75% reduction in suicides in patients known to the service in the first four years, with no patient suicides in 2009⁸. By understanding the risk factors for suicide and mitigating these through targeted interventions, we *can* prevent deaths by suicide.

¹ Office for National Statistics (2020), [‘Suicides in England and Wales by local authority’](#),

² Office for National Statistics (2020), [‘Suicides in England and Wales: 2019 registrations’](#),

³ The National Confidential Inquiry into Suicide and Safety in Mental Health (2021), [Annual Report: England, Northern Ireland, Scotland and Wales 2021](#), University of Manchester

⁴ Office for National Statistics (2020), [‘Coronavirus and loneliness, Great Britain: 3 April to 3 May 2020’](#)

⁵ Office for National Statistics (2021), [‘Employment in the UK: May 2021’](#),

⁶ Barr B, Taylor-Robinson D, Scott-Samuel S et al. (2012), [‘Suicides associated with the 2008-10 economic recession in England: time trend analysis’](#), BMJ, Volume 345, e5142

⁷ Labouliere C, Vasan P, Kramer A, et al (2019), [‘Zero Suicide - A model for reducing suicide in United States behavioral healthcare’](#), Suicidolog, Volume 23, Issue 1, pages 22 to 30

⁸ Covington D, Hogan M (2019), [‘Zero Suicide: The Dogged Pursuit of Perfection in Health Care’](#), Psychiatric Times, Volume 36, Issue 1

We need to act together - suicide prevention is everyone's business.

Suicide is a complex behaviour with no single explanation or cause. Risk factors for suicide can occur at the individual, community, and societal level⁹. Most people who lose their lives to suicide in England have no prior contact with health services – only 27% of suicides in the UK in 2008 to 2018 were in people under mental health care, and the rate of suicide in this group has been falling since 2011³. Excellent mental health care is important, but to reach that majority with no service contact, suicide and self-harm prevention must be embedded across our community. The myriad risk factors mean that in order to successfully prevent deaths from suicide, it is critical that we work in wide-ranging partnerships, across all our communities, to systematically improve the lives and wellbeing of everyone that lives, works, and studies in Barnet.

Our ambition is to create a practical, achievable, and effective suicide prevention strategy, that uses the resources available to the multi-agency Barnet Suicide Prevention Partnership (BSPP) to have the greatest impact. We believe that through the collective actions of the Partners we can achieve the objectives set in this strategy. We will move Barnet closer to each aim, and each year the number of Barnet residents lost to suicide will fall.

⁹ Samaritans (2017), ['Socioeconomic disadvantage and suicidal behaviour'](#), March 2017

Our Intention

Every year, the number of Barnet residents lost to suicide falls.

Our Principles

This strategy was developed with the multi-agency Barnet Suicide Prevention Partnership (BSPP) on the following principles:

- A local strategy that takes a whole-system approach and builds on regional and national programmes and policy.
- Multi-agency design, with co-produced solutions that are insight-led and evidence-informed.
- Shared implementation of a strategy that is responsive and adaptive year on year.

The evidence underpinning the development of this strategy is summarised in the Appendix.

Our Commitment to Improvement

Our Action Plan 2021-2023 was collectively agreed by the multi-agency Barnet Suicide Prevention Partnership (BSPP) in June 2021. We believe it is practical, achievable, and effective. To ensure that over the lifetime of this strategy our actions remain focussed yet responsive to emerging insights, we intend to collectively review our priorities, cross-cutting concerns of notable focus, and actions after the first two years, in order to develop a new biennial action plan for 2023-2025. Some objectives have also built in responsiveness to emerging insight so we can make course corrections in-year.

Our Structure – Barnet’s Suicide Prevention Framework

The Barnet Suicide Prevention Framework was devised specifically for this strategy as a structure to design and evaluate Barnet’s longer-term suicide prevention work. This approach was agreed by the BSPP in November 2020. Our framework draws on the wide range of national and regional guidance on suicide prevention; notably the National Suicide Prevention Strategy seven key areas, NICE Suicide Prevention Quality Standard [QS189] and Guideline [NG105] and the London Suicide Prevention Framework 9 pillars (Appendix – policy context).

Figure 1: Barnet Suicide Prevention Framework

Theme	Foundation for action		Prevention of suicide and self-harm				Postvention	
Area for action	Insights from data, research, and people with lived experience	Leadership and collaboration	Awareness	Interventions*	Services & Support	Wider determinants of mental health and wellbeing	Bereavement support	Community Response
Cross-cutting concerns	1. Each area should address high-risk groups 2. Each area should consider the need for tailored approaches for specific groups 3. Each area should mitigate the impact of high-risk distressing life events							

**In this strategy, interventions are actions which delay or disrupt suicidal thoughts or actions; for example, reducing access to means, increasing the opportunity or capacity for human intervention, and providing opportunities for help seeking.*

The Barnet Suicide Prevention Framework (figure 1) organises our whole-system suicide and self-harm prevention response under three themes: our foundation for action, prevention, and postvention activities. Under these themes we have identified eight areas within which we can act to improve our prevention efforts. Within each area, this strategy defines one aim and several objectives that we will strive to achieve over the four-year duration of the strategy. Our framework is action-oriented, making a clear distinction between the area within which we are striving for improvements (e.g. awareness), and the actions (e.g. campaigns, education, training) we will take to achieve our objectives.

Our Cross-Cutting Concerns

Our cross-cutting concerns reflect the priorities identified in the national suicide prevention strategy and from local insights. These concerns require action within all eight strategic areas to adequately reduce the risk posed to these groups or by these life events.

The national strategy identified a large number of groups at heightened risk. The BSPP agreed to align our collective effort on achieving improvements for a more focussed number for our first two-year action plan. These are shown in the table below in bold italics as cross-cutting concerns of notable focus. Our concerns of notable focus will be reviewed for the second two-year action plan to ensure our activities remain responsive to emerging insights and the changing suicide and self-harm prevention landscape.

Cross-Cutting Concerns [CC] for Barnet Suicide Prevention Strategy 2021-2025 <i>Cross-Cutting Concerns of Notable Focus for Action Plan 2021-2023</i>		
CC1: Each area should address these high-risk groups:	CC2: Each area should consider the need for a tailored approach in these specific groups:	CC3: Each area should mitigate the impact of high-risk distressing life events**
<ul style="list-style-type: none"> • <i>Young and middle-aged men.</i> • <i>People with a history of self-harm.</i> • <i>People identified locally as potentially at increased risk, e.g. Eastern European migrants.</i> • <i>People who misuse drugs or alcohol.</i> • <i>People in the care of mental health services.</i> • <i>People in contact with the criminal justice system.</i> • <i>People with long term health problems.</i> • <i>Older adults.</i> 	<ul style="list-style-type: none"> • <i>Children and young people.</i> • <i>People with a family history of suicide.</i> • <i>People with autism and learning difficulties.</i> • <i>Black and other ethnic groups.</i> • <i>People who identify as LGBTQIA+.</i> • <i>Veterans;</i> • <i>Asylum seekers.</i> • <i>Victims and survivors of trauma, abuse or violence (including learning from ongoing Camden Homicide review).</i> 	<ul style="list-style-type: none"> • <i>Economic wellbeing e.g. redundancy, debt, unemployment, unsecure accommodation / homelessness.</i> • <i>Social wellbeing e.g. people who are living alone, socially isolated, or excluded, and young people impacted by social media.</i> • <i>Emotional wellbeing e.g. family conflict or breakdown, relationship breakdown or divorce.</i> • <i>Psychological wellbeing e.g. bereavement (particularly by suicide), bullying, family mental health problems, perinatal mental health.</i>

*****High-risk distressing life events are those where there is evidence for an increased risk of suicidal thoughts or behaviour in people following that life event.***

Our Suicide Prevention Strategy 2021-2025 and Action Plan 2021-2023

Key to Amendments

X Amendments to the Action Plan 2021-2023 to include further detail on suicide prevention actions for Children and Young People

Key to Lead Teams Referred to Throughout the Action Plan

PH Adults	Barnet Public Health Adults & Healthcare	Comms	Barnet Strategy & Communications
PH CYP	Barnet Public Health Children & Young People	FS	Barnet Family Services
BEHMHT	Barnet, Enfield, Haringey Mental Health Trust	NCL CCG	NCL Clinical Commissioning Group
BEH CAMHS	Barnet, Enfield, Haringey Mental Health Trust Child and Adolescent Mental Health Services	NCL SP	North Central London Suicide Prevention Strategy Group
BELS	Barnet Education and Learning Service	NCL D&I	NCL Suicide Prevention Data & Insights Subgroup
BICS	Barnet Integrated Clinical Service	NCL SaS	NCL Suicide Prevention Support After Suicide Subgroup

Theme: Foundation for action	Area for action	Insights from data, research, and people with lived experience			
		Aim: Enhanced insights on every suicide that occurs in the borough to inform future prevention work, using both qualitative and quantitative information.			
	Our current position	<p>BARNET The Barnet Suicide Prevention Partnership (BSPP) has produced annual Suicide Prevention Action Plans since 2014, informed by local and national insights. Data on deaths by suicide confirmed following a coroner’s inquest are provided by the Office for National Statistics, however, these can include a time lag of months to years. Partners of the BSPP also contribute to local insights – for example, Middlesex University is currently undertaking a review of safeguarding cases involving suicidal ideation and intent. People with lived experience are represented in the Barnet Suicide Prevention Partnership and provide qualitative insights for our prevention work– but we can and should do more to ensure that our actions are informed by the experiences of people who have encountered suicide.</p> <p>NORTH CENTRAL LONDON The North Central London (NCL) Suicide Prevention Strategy Group was formed in 2021. A data and insights sub-group was also formed in 2021, with the aim of improving the completeness and local response to data in the Thrive London Suicide Prevention Information Sharing Hub.</p> <p>LONDON The Thrive London Suicide Prevention Information Sharing Hub is a Real Time Surveillance System (RTS) launched in 2020. The RTS Hub provides data on local suspected suicides uploaded by the Metropolitan Police Service and NHS Mental Health Trusts and shared with key partner institutions. The Thrive London Hub presents new opportunities to quickly identify and respond to emerging trends, as well as implement regional learnings on a local level.</p>			
What we want to achieve	Strategic Objectives 2021-2025 How we will move towards our aim	Strategic Actions 2021-2023 How we will progress our objectives	Biennial Action Plan		
			Action Outcome Measures How we will measure our efforts	Lead Team	Review
	1. Improve the processes for identifying local emerging trends and incorporating sector learnings into the Barnet Suicide Prevention Partnership’s activities.	a) Barnet will take a lead role in the North Central London (NCL) Suicide Prevention Strategy Group Data & Insights Subgroup to improve local use of RTS data.	<ul style="list-style-type: none"> ○ A standardised process for monitoring and acting upon Real Time Surveillance (RTS) has been agreed by the NCL Data and Insights subgroup and implemented locally. ○ A standardised process for assessing whether emerging trends may indicate a potential suicide cluster has been agreed by the NCL Data and Insights subgroup and implemented locally. ○ A process for incorporating NCL Data & Insights Subgroup learnings into Barnet suicide prevention activities has been established. ○ A protocol to improve real-time data sharing across agencies during the investigation of potential suicide clusters has been developed and implemented to strengthen information sharing arrangements between Child and Adolescent Mental Health Services (CAMHS) and the Barnet Multi-Agency Safeguarding Hub (MASH) where children are a known risk of suicide. 	NCL D&I	February 2022
				NCL D&I	2022
				PH Adults & CYP	February 2022
				BEH CAMHS /NCL/PH/FS	2022

			b) Review and improve how recommendations from Child Death Overview Panels (CDOP), learning and thematic review meetings and the child death review meetings are shared with the BSPP and incorporated into our actions.	o An agreed process for learning to be shared has been established.	PH CYP	2021
			c) Incorporate relevant learnings from Drug Related Death Panels into our suicide prevention activities.	o Learnings from Drug Related Death Panels are shared with the BSPP regularly and recommendations for action are incorporated into Action Plan 2023-25.	PH Adults	September 2022
		2. Investigate signals indicating local groups that may be at higher risk. [CC1, CC3].	d) Review if there is an increased risk of death by suicide across NCL in Eastern European communities and communities disproportionately affected by COVID-19.	o NCL RTS insights report is shared with the data and insights group.	NCL D&I	2021
			e) Use local health service data to track rates of self-harm.	o The annual BSPP progress report incorporates data on local rates of self-harm.	NCL CCG	September 2022
			f) Work as part of the North Central London Suicide Prevention Group to understand how across the sector we can work to best to prevent suicides in the context of the criminal justice system.	o Recommendations for local action from the NCL Suicide Prevention Group are incorporated into our Action Plan 2023-25.	NCL SP	2023
			g) Review the findings from the Camden Serious Case Review report of Unaccompanied Asylum-Seeking Children and Young People (UASC) to consider the learnings for Barnet.	o Recommendations from the review incorporated into the Public Health Needs Assessment on Refugees and Asylum Seekers and to inform the UASC clinical protocol being developed within family services.	NCL/PH/BICS	2022

Area for action		Leadership and collaboration Aim: Co-ownership of strategic success				
Theme: Foundation for action	Our current position	<p>BARNET Suicide prevention work within Barnet is coordinated through the multi-agency Barnet Suicide Prevention Partnership (BSPP), who have produced and reviewed our annual suicide prevention action plans since 2014. The group brings together a range of local partners including representatives from the Clinical Commissioning Group, Police, NHS, Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), Children's and Adult Social Care, Education and Family services, schools and universities, and organisations in the Voluntary and Community Sector. Partners are committed to suicide prevention.</p> <p>In Barnet Council, suicide prevention is a key objective in the Barnet Joint Health and Wellbeing Strategy 2021-2025 and this strategy is reviewed by Barnet's Health and Wellbeing Board and Health Oversight Scrutiny Committee. Collaboration is happening across Barnet Council to deliver the committed actions for 2021-23. In addition to the Barnet Suicide Prevention Partnership (BSPP) annual report to the Health and Wellbeing Board to review delivery, specific actions relating to children and young people will also be considered as a report of the Children, Education and Safeguarding Board. The Children & Family Services Mental Health and Wellbeing Board will also provide input into the delivery of these actions. Other Partners, such as Middlesex University and CommUNITY Barnet, are championing suicide prevention with commitment from the senior leadership team and provision of wellbeing services.</p> <p>NORTH CENTRAL LONDON North Central London (NCL) Sustainability and Transformation Partnership (STP) has successfully bid for NHS England Suicide Prevention Programme Wave 3 funding. Barnet is hosting the Programme Manager for this work; details on the programme are included in the Appendix (policy context).</p> <p>LONDON Barnet is a member of the Thrive LONDON Suicide Prevention Partnership, which aims to improve the mental health of Londoners and has a zero-suicide ambition for London.</p> <p>NICE Suicide Prevention Quality Standard [QS189] Statement 1: "Multi-agency suicide prevention partnerships have a strategic suicide prevention group and clear governance and accountability structures."</p>				
	What we want to achieve	<p>Strategic Objectives 2021-2025 How we will move towards our aim</p>	<p>Strategic Actions 2021-2023 How we will progress our objectives</p>	<p>Biennial Action Plan How we will measure our efforts</p>		<p>Lead Team</p>
	<p>3. Partners of the Barnet Suicide Prevention Partnership (BSPP), will co-produce, co-own, and co-lead the delivery of this strategy.</p>	<p>h) Partners will collaborate to deliver their committed actions for 2021-23, and we agree new priorities and actions in 2023.</p>	<ul style="list-style-type: none"> o Updated Terms of Reference for the BSPP have been agreed. 	<p>All partners</p>	December 2021	
			<ul style="list-style-type: none"> o BSPP partners will report annually on successful completion of actions and make recommendations for adjustments. 		June 2022	
			<ul style="list-style-type: none"> o Ensure appropriate services for children and young people are included in the partnership. 		2022	
			<ul style="list-style-type: none"> o A biennial Action Plan is agreed for 2023-25. 		2023	
			<p>i) People with lived experience are equal partners in the BSPP and represented in all meetings and workstreams, including hearing the voices of children and young people with lived experience through appropriate channels.</p>	<ul style="list-style-type: none"> o Meet our aim for more than 90% of BSPP meetings and workstreams to have people with lived experience represented. 	PH Adults	March 2023
		<ul style="list-style-type: none"> o Meet our aim for more than 90% of BSPP meetings and workstreams to have representation from the Barnet Integrated Clinical Service (BICS) Youth Engagement Officer to ensure that the voice of children and young people with lived experience is represented. 		BICS	2022	
		<ul style="list-style-type: none"> o Explore how to involve children and young people with lived experience of child and adolescent mental health services (CAMHS) and recommend actions to include their voices. 		BEH CAMHS/ NCL/ PH CYP	2022	
			<ul style="list-style-type: none"> o Via the Child Participation and Family Involvement (My Say Matters) consultation, ensure young people's voices are sought and heard. 	FS	2023	
		<p>j) Partners will advocate for suicide and self-harm prevention within their organisations</p>	<ul style="list-style-type: none"> o Partners have a named suicide and self-harm prevention champion. 	All partners	June 2023	

				<ul style="list-style-type: none"> o Barnet council has an exemplar corporate approach with enhanced policies, procedures and practices for addressing risk of suicide and self-harm and supporting those affected by suicide. 	Barnet Council	December 2022
		4. BSPP strategic actions will contribute to and enhance wider suicide and self-harm prevention activities.	k) Ensure the actions within this strategy are aligned with suicide prevention activities across the borough, across North Central London (NCL) and London-wide.	<ul style="list-style-type: none"> o Barnet Public Health will actively participate in the North Central London (NCL) Suicide Prevention Group and Thrive London Suicide Prevention Group. 	Selected partners	December 2021

Area for action		Awareness				
		Aim: Everyone that lives, studies, or works in Barnet knows where to find help if they are thinking about suicide or are concerned about someone else.				
Theme: Prevention of Suicide and Self-Harm	Our current position	<p>BARNET Barnet Council has mapped the available suicide prevention training and uptake in the Borough, including face to face Making Every Contact Count (MECC) training. Barnet Public Health raised awareness of suicide and self-harm prevention at events and workshops throughout 2020, including for World Mental Health Day and World Suicide Prevention Day. During COVID-19, there was a shift to raising awareness and promoting online resources such as Zero Suicide Alliance's (ZSA) online suicide prevention training. There are also ongoing communication campaigns to increase awareness of the current offer of support for school-age children inside and outside of school (e.g. out-of-school hours or during holidays). This work includes targeted poster campaigns with details of child and adolescent mental health crisis support services, social media posts highlighting Hopeline UK and the distribution of factsheet resources detailing the support available to children, schools, parents and carers. Signposting to services is also happening via the Barnet First magazine distributed to all residents.</p> <p>NORTH CENTRAL LONDON North Central London Clinical Commission Group has been leading on the expansion of community-based education in suicide awareness across the sector. During the pandemic, in-person training was suspended, and the focus has shifted to raising awareness of online digital mental health support services such as Kooth, Good Thinking and Able Futures.</p> <p>LONDON Papyrus have been awarded funding to deliver suicide awareness education across London to faith-based charities, schools, colleges and universities.</p>				
	What we want to achieve	<p>Strategic Objectives 2021-2025 How we will move towards our aim</p>	Biennial Action Plan			
		Strategic Actions 2021-2023 How we will progress our objectives	Action Outcome Measures How we will measure our efforts	Lead Team	Review	
		<p>5. Raise general awareness and reduce stigma around suicide and self-harm so that everyone feels able to start conversations about mental wellbeing, self-harm, and suicide.</p> <p>c) Raise awareness of suicide and self-harm in all schools and mechanisms for signposting to relevant services.</p> <p>d) Raise awareness of suicide and self-harm in further</p>	<p>a) All partners of the BSPP will internally promote the Zero Suicide Alliance (ZSA) online training.</p>	<p>o Partners have established baseline engagement with ZSA online training in their organisation and agreed a trajectory for an increase in uptake over the remainder of this strategy.</p>	All Partners	December 2022
			<p>b) Promote suicide prevention training for all primary care staff.</p>	<p>o ZSA or other suicide prevention training has been promoted or offered to all primary care staff.</p>	NCL CCG	2023
				<p>o Report the proportion of Barnet schools taking part in the Resilient Schools programme, with an aim to increase the level from 50% to 75% by the end of academic year 2021/22.</p>	PH CYP	2022
				<p>o All Barnet schools have a Youth Mental Health First Aider.</p>	PH CYP	2022
				<p>o A localised self-harm prevention toolkit based on the Essex self-harm prevention toolkit has been produced and shared with all schools.</p>	PH CYP	2022
				<p>o Emotional health support by school nurses is promoted via PSHE and assemblies in all schools.</p>	PH CYP	2022
				<p>o Facilitate information and experience sharing between schools; raise awareness of issues; share best practice at relevant meetings e.g., Head Teachers, Deputy Head Teachers/Assistant Head Teachers, Special Educational Needs Co-ordinators, Pastoral Leads and Designated Safeguarding Leads.</p>	BELS	2022
				<p>o Ensure the curriculum in each school includes the promotion of effective mental health/well-being strategies for students; follow up with any schools where this is identified as a concern to offer further support.</p>	BELS	2022
				<p>o Explore raising awareness of wider impacts of exclusion from school; develop guidance to schools; ensure offer of multi-agency engagement prior to exclusion including the use of outreach mentors from Pavilion Pupil Referral Unit.</p>	BELS	2022
				<p>o Ensure that all schools are aware of the stepped care pathway of mental health support and understand how to refer to appropriate services.</p>	BELS/BICS/ PH CYP/ BEH CAMHS	2022
			<p>o All schools to be offered suicide prevention training through Papyrus and Zero Suicide Alliance.</p>	PH CYP	2022	
			<p>o All further education settings have a self-harm and suicide prevention document within their safeguarding policy.</p>	PH CYP	2022	

		education and higher education settings and mechanisms for signposting to relevant services.	<ul style="list-style-type: none"> o All further education settings have a suicide prevention champion. o Facilitate information and experience sharing between further education settings; raising awareness of issues; sharing best practice (e.g. Young People's Thrive Service). o Ensure that all further education settings are aware of the stepped care pathway of mental health support and know how to refer to appropriate services. 	NCL SP	2022
				BELS	2022
				BELS/BICS/ PH CYP/ BEH CAMHS	2022
6. Increase community knowledge of the first place to turn to access suicide and self-harm services in Barnet and make this information easier to find.	e) Maintain an up-to-date, brief resource that clearly signposts the first place to turn to in Barnet for self-harm and suicide prevention services.	<ul style="list-style-type: none"> o Maintain an online 'one-page' resource for adults signposting to local self-harm, suicide prevention, and crisis support. o Refresh the Making Every Contact Count (MECC) CYP mental health action card and share with partners. o MECC card is reviewed and updated every six months along with all public health cards. 	NCL CCG / PH Adults	December 2021	
			PH CYP	2021	
	f) Develop an engagement campaign that aims to reduce stigma around self-harm and suicide and raise awareness in Barnet of the first place to turn to seek help.	<ul style="list-style-type: none"> o Awareness of Barnet's brief resources for local suicide prevention support (action 'e', above). o Report on the reach and engagement of the campaign with Barnet Residents. o Pilot an expansion of the Resilient Schools programme to include awareness-raising with parents, including promotion of the ZSA online training. 	NCL CCG / PH Adults	February 2022	
			PH CYP	2023	
			PH CYP/BICS	2023	
			Comms/BELS	2022	
			FS/Comms	2022	
	g) Engage with children and young people, and their parents and carers, to understand how well awareness-raising is performed and how it can be improved across school years.	<ul style="list-style-type: none"> o Use Resilient Schools snapshot survey and Barnet Integrated Clinical Service focus groups to understand pupil, parent/carer awareness and use insights to further develop future communication campaigns. o Maintain ongoing pre-school holiday digital awareness and poster campaigns and ensure they are run effectively by working with schools to strengthen awareness around the current mental health support offer for school-age children. o Develop a communications plan for children and young people, as part of wider family service participation work, tailored to their needs and preferred channels. 	PH Adults	June 2023	
	h) Engage with local LGBTQIA+ groups to understand how we can better meet the needs of local LGBTQIA+ communities.	<ul style="list-style-type: none"> o Recommendations produced through engagement are included in Action Plan 2023-25. 			
	i) Produce culturally competent communications specifically for high-risk groups to highlight local self-harm and suicide prevention service.	<ul style="list-style-type: none"> o Development of tailored communications materials for each group in CC1 and CC2. 	All Partners	2023	

Area for action		Interventions*				
		Aim: Provide timely and accessible information at potential trigger events.				
Our current position	*In this strategy, interventions are any actions which delay or disrupt self-harm or suicidal thoughts or actions.					
	<p>BARNET A recent review of local data has not identified any local frequently used locations.</p> <p>NORTH CENTRAL LONDON Barnet, Enfield, Haringey Mental Health Trust (BEHMHT) have unmanaged risk forums in all boroughs to review and support clinicians working with cases where suicide risk remains high. BEHMHT work with the British Transport Police to create suicide prevention plans, identify and work with those at high risk of suicide. A trial of pop-up reminders on GP computer systems that alerts doctors if a patient has previously self-harmed or attempted suicide began in 2019.</p> <p>LONDON Thrive London's 'reducing access to medications as a means' project aims to help community clinicians and primary care staff reduce medication as a means of suicide for those people identified as at risk. Suicide prevention policies are currently being developed by the Metropolitan Police and British Transport Police. Nationally, there is ongoing work with technology and media companies on responsible reporting and social media, including interventions around online posts that encourage self-harm or suicide.</p>					
Theme: Prevention of Suicide and Self-Harm	Strategic Objectives 2021-2025 How we will move towards our aim	Biennial Action Plan				
		Strategic Actions 2021-2023 How we will progress our objectives	Action Outcome Measures How we will measure our efforts	Lead Team	Review	
	7. Support regional and sector-led programmes aiming to: <ul style="list-style-type: none"> ○ reduce access to means, ○ identify high frequency locations, ○ prevent and responds to clusters. 	j) Collaborate with Thrive London and NCL Suicide Prevention Groups to monitor data on geography and means, identify emerging areas of risk, and initiate a co-ordinated response.	○ Participation in NCL Suicide Prevention Strategy Group and Thrive London Suicide prevention group.	PH Adults	January 2023	
		k) Collaborate as part of North Central London Suicide Prevention group to create a media plan for monitoring and supporting local media to report responsibly on self-harm and suicide.	○ Production of a NCL Cluster Response Plan.	NCL D&I	2023	
	8. Increase individual capacity and confidence for bystander intervention in Barnet's communities by teaching suicide intervention skills.	l) Prioritise suicide intervention training for community members that support people who have an increased risk of suicide or self-harm, or that provide support to people around distressing life events.	○ Map of organisations in Barnet that support high risk groups or support people around high-risk distressing life events, for example Citizens Advice Bureau, Job Centre Plus, Department for Work and Pensions, Homeless Action Barnet, faith groups, community organisations.	PH Adults	June 2022	
			○ The organisations identified above have been engaged and encouraged to provide regular self-harm and suicide prevention training for employees and community leaders.	PH Adults	January 2023	
			○ Audit of the number of schools that have added the suicide prevention document template co-produced with schools to their safeguarding policy.	PH CYP	2022	
			○ All staff that have contact with young people in schools, colleges, and universities receive an annual update on the services and support available for their students, including promotion of the Zero Suicide Alliance online training.	PH CYP	2022	
			○ All schools and community organisations and groups that work with children and young people to be offered yearly suicide prevention training through commissioning Papyrus and Zero Suicide Alliance online offer.	FS/PH CYP	2022	
			○ All schools to have a Mental Health First Aider.	FS/PH CYP	2022	
○ Perinatal Health coaches attend suicide prevention training and raise awareness as appropriate with clients.			PH CYP	2022		
m) Co-design 'guidelines for accessible training', to ensure that all locally promoted training takes account of approaches needed for specific groups, such as people with autism.	○ Co-produced 'guidelines for training' have been shared with the BSPP.	NCL SP	2023			
n) Include mental health, self-harm and suicide prevention information with written notifications that may negatively	○ Signposting is included on council materials such as financial abuse materials, penalty notices, and council tax bills.	Barnet Council	2023			

		9. Increase the likelihood of early help seeking by decreasing the time from people experiencing high-risk events to receiving signposting information to local self-harm and suicide services.	impact on mental wellbeing.	o Signposting information is included in Homeless Action Barnet assessments next to mental health and suicide questions.	Homeless Action Barnet	March 2022
				o Signposting is sent to all residents who become unemployed, and after six months unemployment.	BOOST	2022
				o Signposting information is sent to all people living in Barnet in a building that meets RICS criteria for an EWS1 assessment.	Barnet Homes / Council	2022
			o) Explore the role that detecting searches of online material in relation to mental health, self-harm and suicide can have in signposting to supportive information and encouraging early help seeking.	o Review the potential of the <u>Ripple Suicide Prevention Tool</u> (a free tool that can be downloaded on to devices which detects when someone searches harmful content about self-harm or suicide online, intercepts and provides support information and messages of hope) and explore the implementation requirements for schools and parents.	PH CYP/BELS/ BEH CAMHS	2022

Area for action		Services and Support			
		Aim: Ensure that services are available, integrated, accessible and appropriate for all members of the Barnet community.			
Theme: Prevention of Suicide and Self-Harm	Our current position	<p>BARNET Local service mapping has been undertaken of the support available for further education, crisis pathways, and emergency department pathways. There are many mental health support services available to Barnet residents, from wellbeing support through The Barnet Wellbeing Hub, to crisis support such as the Barnet Crisis Café, Crisis Teams, and 24/7 CAMHS crisis line. Barnet, Enfield and Haringey Mental Health NHS Trust provides Tier 3 and 4 commissioned services. Several services exist for Barnet residents with thoughts of suicide or self-harm, such as Maytree which provides residential respite care for people who are feeling suicidal, and a drop-in service provided by North London Samaritans. The Barnet Community Mental Health Service transformation programme is underway, focussing on improving access, patient experience, patient outcomes and tackling inequalities in mental health. Work includes mental health needs assessments, service mapping, and a series of engagement events with the aim of co-producing an equalities action plan.</p> <p>In 2018 Barnet undertook a thematic review of death by suicide in children and young people (CYP). The review took an overview of strategy, services, and user experiences to identify and analyse areas of good practice and areas for improvement. The recommendations from this review have been integrated with this strategy. The Barnet Multi-Agency Safeguarding Hub (MASH) for Children and Vulnerable Adults are multi-agency partnerships that share key information about children, families, and vulnerable adults in order to make safe and timely decisions about the help children and vulnerable adults need. Barnet has the CYP continuum of help and support, a guidance document to support professionals working with children and young people to consider their needs and any risks to welfare in the context of the range of support available.</p> <p>Key support services include the Barnet Integrated Clinical Service (BICS), which is a universal, community mental health service for mild to moderate mental health problems. It offers a range of evidence-based interventions (such as individual work, consultations around the child, family therapy, group workshops, dedicated phone support lines for young people, families, and professionals). These are delivered in a range of modes: in person, online or over the phone, and a mobile app is also in development. This accessible and flexible service is for children in the community, including in schools, but also for those with a dedicated social worker, those known to Youth Offending Services (YOS) and UASC. In addition, further tailored support is also available for specific groups. For example, long-term counselling support for care-leavers is available through Terapia and specialist counselling and play therapy for children and young people experiencing violence and domestic abuse is available through Rephael House, which is an independent charity offering one to one professional therapy. The Resilient Schools Programme is an early intervention and preventative approach based on the THRIVE concept – looking at the two first quadrants of ‘coping’ and ‘getting some help’. The programme is being developed as a whole school approach to mental health and resilience by providing training to staff, parents and pupils, to raise awareness and provide coping strategies, to commission providers, and to use ‘schools champions’ to build a bank of knowledge, resources and shared learning to support vulnerable members of the school and wider community. Barnet CYP team is undertaking a series of focus groups with children and young people to understand how the universal CYP offer could be improved.</p> <p>NORTH CENTRAL LONDON North Central London Clinical Commissioning Group (CCG) are leading on projects to improve responses to self-harm, such as the expansion of the Brandon Centre to Barnet & Enfield, and a pilot of peer-support for young people who self-harm who are at the threshold for statutory mental health services.</p> <p>BARNET ENFIELD HARINGEY MENTAL HEALTH TRUST, CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (BEH CAMHS) For children and young people requiring more support for their mental health, BEH CAMHS provides a range of specialist services which include: a 24 hour mental health crisis service for young people and their families, and; a dedicated adolescent mental health service, as well as offering adolescent inpatient care at The Beacon Centre.</p> <p>LONDON Online digital mental health support is available to Barnet residents through several platforms such as Kooth, Good Thinking and Able Futures.</p>			
	What we want to achieve	Strategic Objectives 2021-2025 How we will move towards our aim	Strategic Actions 2021-2023 How we will progress our objectives	Biennial Action Plan	
			Action Outcome Measures How we will measure our efforts	Lead Team	Review
	10. The Barnet Suicide Prevention Partnership has a complete understanding of all local services and support for self-harm and suicide, and uses this knowledge to quickly identify gaps in services in response to local insights.	p) Collaborate with BSPP partners, VCFS organisations, and the Barnet Integrated Care Partnership to understand service provision and identify gaps.	o Care pathway map and gap analysis of the support for individuals and their families following a suicide attempt.	NCL SP	2023
			o Care pathway map and gap analysis of the support for individuals and their families following self-harm.	NCL SP	2023
			o Work with schools and school nurses to build preventative support for CYP at transition from mainstream schools – such as transition from tier 4 CAMHS, home schooling, or post-exclusion.	PH CYP	2023
			o Establish ongoing mechanism for public health and child and adolescent mental health services to work together to address inequalities in access and service use.	BEH CAMHS/PH/NCL	2022
			o Work with child and adolescent mental health services and other partners to share learnings and best practice on the use of co-produced safety plans at points of transition, including the development of the safety app being developed for North Central London CCG.	BEH CAMHS/PH/NCL	2022

		q) Understand the local resilience support available to professionals whose work involves people with suicidal thoughts or behaviours.	<ul style="list-style-type: none"> Map of the resilience support for first responders in Barnet, including police, fire, healthcare staff, and park rangers. 	PH Adults	July 2023
11. Use a quality improvement approach to improve local services and pathways, involving service users and people with lived experience as equal partners in improvement.		r) Understand whether the uptake of early help services reflects the groups known to be at an increased risk of suicide.	<ul style="list-style-type: none"> Monitor the use of the online counselling and wellbeing services commissioned for CYP (Kooth) and report the proportion of users by gender to guide awareness-raising activity in schools. 	PH CYP	2022
			<ul style="list-style-type: none"> Monitor the use and waiting time to access Terapia to ensure service is appropriately resourced to meet demand from care-leavers. 	FS	2022
		s) Engage with children and young people to co-produce ideas for service improvement.	<ul style="list-style-type: none"> Share learning from CYP focus groups for service improvement for the universal CYP offer with the BSPP. 	PH CYP BICS	2021
			<ul style="list-style-type: none"> Consult young men (especially black young men), all young people who are not in education, their parents and carers, and other community groups who are not currently accessing emotional wellbeing and psychological support services to understand barriers and facilitators to access. Use this consultation to inform the development of appropriate services. 	FS	2022
			<ul style="list-style-type: none"> Share findings of the National Child Mortality Database Thematic Review with the BICS Youth Engagement Officer. Explore whether the understanding of young people around the bounds of the current offer of support (in terms of confidentiality and the statutory duty to safeguard) is a barrier to accessing support and explore improvements that can be made. 	BICS	2022
		t) All partners engage with CC1 and CC2 groups that they support to identify and mitigate barriers to access and to improve service provision.	<ul style="list-style-type: none"> Partners have worked during the first year to improve accessibility for people with high functioning autism and people with learning disabilities. 	All partners	2023
			<ul style="list-style-type: none"> The results of the joint commissioning unit mental health inequalities survey have been shared with Partners. 	NCL CCG	2021
		u) Provide community pathways to access self-harm and suicide support e.g. self-referral, voluntary, community, and faith organisations.	<ul style="list-style-type: none"> Community referral pathways to self-harm and suicide prevention support services for young men have been developed for NCL boroughs. 	NCL SP	2023
			<ul style="list-style-type: none"> Monitor the use of Rephael House, which can be accessed via community referral pathways such as Primary Care and report the needs and demands of the service. 	FS	2022
			<ul style="list-style-type: none"> Community referral pathways to suicide prevention services for people who are homeless have been developed. 	PH Adults / NCL SP	January 2023
v) Review how primary care is informed of vulnerable persons and how support is activated e.g. notification by the Public Protection Unit/Liaison Team	<ul style="list-style-type: none"> Review has been shared with BSPP and recommendations are incorporated into the Action Plan 2023-25. 	NCL CCG	2023		
w) Review how people seen by the crisis team subsequently engage with other services.	<ul style="list-style-type: none"> Review has been shared with BSPP and recommendations are incorporated into the Action Plan 2023-25. 	NCL CCG	2023		
x) Informed by National Child Mortality Database Programme Thematic Review, explore opportunities to strengthen information sharing processes with different agencies and consider information sharing with private counselling services.	<ul style="list-style-type: none"> Explore the role of Professional Portal and strengthening relationships with external agencies such as private counselling services. 	BICS/FS /BEH CAMHS	2023		

Area for action		Mental health and wellbeing																							
		Aim: Support and improve the mental wellbeing of Barnet residents																							
Theme: Prevention of Suicide and Self-Harm	Our current position	<p>Improving our offer for general wellbeing support, and preventative mental health services should help to prevent people reaching crisis point.</p> <p>BARNET The Barnet Wellbeing Service provides mental health and wellbeing support to residents, connecting them with community organisations to improve their wellbeing and prevent them from escalating to the point of crisis. Middlesex University is working to promote mental wellbeing in students by promoting healthy lifestyles, providing financial support, societies and engagement, and wellbeing activities, in addition to clinical services and therapeutic support. Ways to improve the mental wellbeing support for overseas students is currently being explored.</p> <p>The Barnet Integrated Care Partnership (ICP) brings together all NHS organisations working in the borough, the council, HealthWatch and Voluntary, Community and Faith Sector (VCFS) representatives to provide better health care to Barnet residents. Barnet's ICP has a focus on expanding housing and employment opportunities for people with learning disabilities and autism and is developing a new community model for care and support for adults with Severe Mental Illness (SMI). The new community-based offer will improve holistic care for residents with SMI including physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. The new offer will have prevention embedded throughout, apply a population health management approach, and proactively focus on reducing health inequalities. As part of this, Core Community Mental Health Teams will be redesigned and expanded to move towards new multidisciplinary services across health and social care aligned with primary care networks to support people who have the most complex needs.</p> <p>NORTH CENTRAL LONDON Work is underway to address inequalities in mental health, engaging with racialised communities to improve mental health services and co-produce a mental health inequalities action plan. For example, this workstream includes addressing the physical health needs of those at risk from COVID such as people on SMI registers from BAME communities, improving psychological support for racialised communities with culturally appropriate therapies, ensuring crisis prevention is accessible, developing the mental health community model, and increasing capacity for community support to residents with social prescribers, suicide prevention and mental health first aiders. North Central London will focus on improving access, people's experience of care, and treatment outcomes.</p> <p>LONDON Thrive London is an initiative by the Greater London Authority aiming to improve Londoners' mental health and wellbeing. Thrive London and partners work to reduce mental health stigma, support community actions, raise awareness of mental health, support children and young people, improve services, foster a healthy, happy workforce, and have a zero-suicide ambition. Projects supported include training mental health first aiders, supporting the Healthy Schools London programme, problem solving booths, and the London Healthy Workplace Charter. The GLA is currently consulting on the COVID-19 recovery plan for mental health and wellbeing with the mission is that 'By 2025, London will have a quarter of a million wellbeing ambassadors, supporting Londoners where they live, work and play.'</p>																							
	What we want to achieve	<p>Strategic Objectives 2021-2025 How we will move towards our aim</p> <p>12. Partners in the Barnet Suicide Prevention Partnership will lead by example and provide comprehensive mental wellbeing support for their employees and/or volunteers.</p> <p>13. The community mental health transformation programme should address risk factors for self-harm and suicide.</p> <p>14. Gain new insights on local priorities by bringing together data on self-harm and suicide and data on wider determinants of mental wellbeing and use these to shape future actions.</p>	<p>Biennial Action Plan</p> <table border="1"> <thead> <tr> <th>Strategic Actions 2021-2023 How we will progress our objectives</th> <th>Action Outcome Measures How we will measure our efforts</th> <th>Lead Team</th> <th>Review</th> </tr> </thead> <tbody> <tr> <td>y) Partners will review their existing mental wellbeing provision and address any gaps in their in-house provision.</td> <td>o All partners have a mental wellbeing offer for their staff or volunteers.</td> <td>All partners</td> <td>December 2022</td> </tr> <tr> <td>z) Partners will train and promote mental health first aiders within their organisations.</td> <td>o All partners have mental health first aiders within their organisation proportionate to the size of the organisation.</td> <td>All partners</td> <td>December 2022</td> </tr> <tr> <td>aa) Improve digital resilience in children and young people.</td> <td>o Co-produce and promote a film on digital resilience with and for Barnet's young people.</td> <td>PH CYP</td> <td>2023</td> </tr> <tr> <td>bb) Collect and analyse local data on wider determinants of mental wellbeing such as employment security, student demographics, social isolation, and housing quality with self-harm and suicide data.</td> <td>o A report outlining the trajectory of local risk factors is shared with the BSPP and insights are incorporated into the prioritisation and action plan setting for 2023-2025.</td> <td>PH Adults / Insights</td> <td>September 2022</td> </tr> </tbody> </table>				Strategic Actions 2021-2023 How we will progress our objectives	Action Outcome Measures How we will measure our efforts	Lead Team	Review	y) Partners will review their existing mental wellbeing provision and address any gaps in their in-house provision.	o All partners have a mental wellbeing offer for their staff or volunteers.	All partners	December 2022	z) Partners will train and promote mental health first aiders within their organisations.	o All partners have mental health first aiders within their organisation proportionate to the size of the organisation.	All partners	December 2022	aa) Improve digital resilience in children and young people.	o Co-produce and promote a film on digital resilience with and for Barnet's young people.	PH CYP	2023	bb) Collect and analyse local data on wider determinants of mental wellbeing such as employment security, student demographics, social isolation, and housing quality with self-harm and suicide data.	o A report outlining the trajectory of local risk factors is shared with the BSPP and insights are incorporated into the prioritisation and action plan setting for 2023-2025.	PH Adults / Insights
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Theme: Postvention	Area for action	Bereavement Support Aim: Provide support to everyone that wants it after bereavement by suicide			
	Our current position	<p>NORTH CENTRAL LONDON Rethink Mental Illness, commissioned by NCL, launched a Support after Suicide service in October 2020. The Thrive LONDON Information Sharing Hub is used, with consent, to proactively reach out and connect those recently bereaved by suicide into the service. The service offers engagement with those bereaved by suicide, one-to-one emotional and practical support and advice, group-based support, and peer support where possible, both face-to-face and online.</p> <p>NICE Suicide Prevention Quality Standard [QS189] Statement 5: "People bereaved or affected by a suspected suicide are given information and offered tailored support".</p>			
	What we want to achieve	Strategic Objectives 2021-2025 How we will move towards our aim	Biennial Action Plan		
			Strategic Actions 2021-2023 How we will progress our objectives	Action Outcome Measures How we will measure our efforts	Lead Team
	15. Increase the number of people supported by the NCL Support after Suicide Service.	a) Use the Thrive London Real Time Surveillance Hub to proactively identify and offer help from the NCL Support after Suicide service.	o Meet the target for all contacts identified on the Thrive London Hub to be offered support.	NCL SaS	2022
		b) Raise awareness of the NCL Support after Suicide service in Barnet by ensuring service details are included in Barnet resources.	o The percentage of online and in-print council owned mental health resources that include details of the NCL Support after Suicide service.	NCL CCG / PH Adults	December 2021
			o Liaise with the educational psychology service and BICS who support schools after suicide and update them on the current offer of services available in Barnet, including the NCL Support after Suicide service.	BELS/BICS	2022

Area for action		Community Response				
		Aim: Ensure a co-ordinated local response of partners with every death by suicide.				
Theme: Postvention	Our current position	<p>BARNET When a person dies by suicide and they are connected to a school - for example, a child, parent or member of staff - Barnet Integrated Clinical Service (BICS), in conjunction with the educational psychological service, provide support to the school. This includes drop-in sessions for children and young people alongside other formal interventions. Child and Adolescent Mental Health Services (CAMHS) also provide a significant school support response and update the care plans of all children under their care who are likely to have been impacted by this death. The death of a child by suicide also triggers a Serious Incident Review, with provision of support and resources, for example assembly and class materials to the school. 'Working with children in Barnet: the education escalation policy' is a document that informs schools of the procedure to follow should a critical incident take place, and the support that the local authority will provide. Jami, a mental health service for the Jewish community, co-ordinates and leads the Emergency Response Initiative Consortium (ERIC). Partners have written a guide for Barnet schools to help them respond to sudden traumatic death and suicide and put in place actions to prevent suicide such as training and staff awareness and safeguarding in relation to suicide. ERIC trained First Responders can be mobilised by Jami to go into schools to support grieving students and staff.</p> <p>LONDON Thrive London are reviewing and improving the current mechanisms for identifying and responding to potential clusters across London.</p>				
	What we want to achieve	Strategic Objectives 2021-2025 How we will move towards our aim	Biennial Action Plan			
		16. Support local organisations to respond sensitively following a death by suicide and support individuals following a suicide.	Strategic Actions 2021-2023 How we will progress our objectives	Action Outcome Measures How we will measure our efforts	Lead Team	Review
			c) Ensure that all secondary and further education settings in Barnet have a postvention plan.	<ul style="list-style-type: none"> Engage with the educational psychology service and BICS to better understand how they work with schools after a suicide and agree a process for sharing school-level plans with relevant partners to ensure sensitivity, particularly around the time of anniversaries and memorials. 	BICS/BELS/ PH CYP/ BEH CAMHS/	2022
d) Set-up a Postvention Response to support public and private sector workplaces with postvention advice and resources.	<ul style="list-style-type: none"> Develop a Suicide Response Protocol which includes a co-ordinated offer for schools including a menu of interventions available; and preparation of Headteachers for Joint Action Review (JAR) and Child Death Overview Panel (CDOP) responsibilities. 		BICS/BELS/ PH CYP/ BEH CAMHS	2022		
e) Develop a Suicide Cluster Response Protocol to enable nimble and co-ordinated response across Barnet.	<ul style="list-style-type: none"> Scope options for a postvention response at a local and/or sector level e.g. resource pack, or postvention response team e.g. Emergency Response Initiative Consortium (ERIC) model, led by Jami, and share with BSPP. 	PH Adults	September 2022			
		<ul style="list-style-type: none"> Develop Suicide Cluster Response Protocol with appropriate focus on specific population groups including one for Children and Young People linked to CDOP and one for Adults. 	PH / BICS / BELS	2022		

APPENDIX

Strategy Development

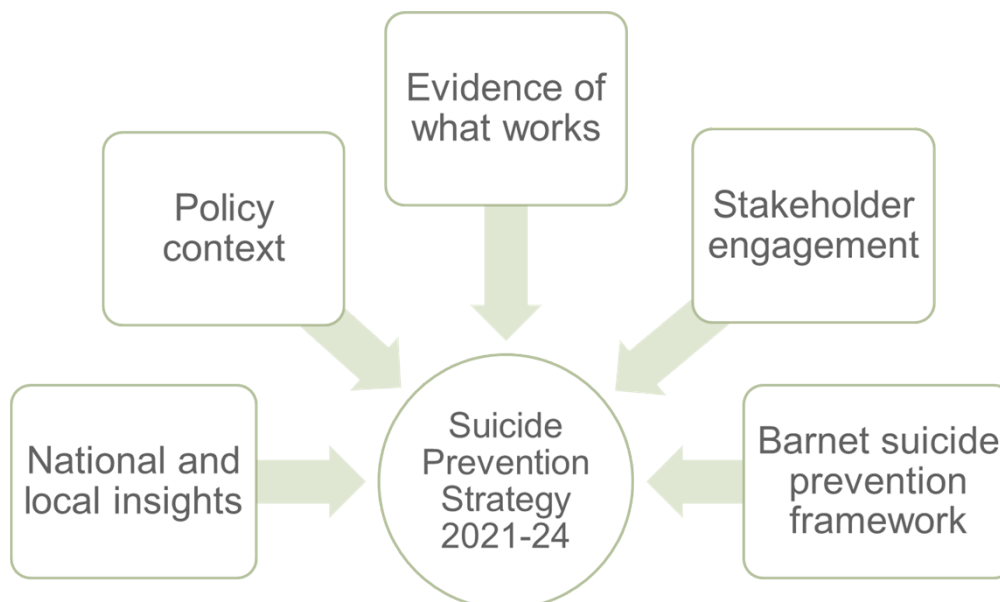
This strategy was co-produced with the multi-agency Barnet Suicide Prevention Partnership (BSPP) to be appropriate to the national and our local context, to be insight-led, informed by evidence of what works, and importantly to be practical, achievable, and effective.

The BSPP has worked together to prevent people dying by suicide since 2014, producing annual action plans and reporting to the Barnet Health Oversight Scrutiny Committee. The group comprises a [broad range of local partners](#) including representatives from the Barnet Clinical Commissioning Group, Police, NHS Health Trusts, Barnet Enfield and Haringey Mental Health Trust (BEHMHT), Children’s and Adult Social Care, and the Voluntary and Community Sector. The Barnet Suicide Prevention Strategy 2021-2025 provides an update to the BSPP Action Plan 2019-2020.

Development of this strategy followed four stages:

- Development of our Barnet Suicide Prevention Framework.
- Co-production of our aims and initial objective scoping through a workshop and consultation with the Barnet Suicide Prevention Partnership.
- Consolidation of objectives using national and local insights and evidence of what works.
- Joint priority setting and commitment to Action Plan 2021-23 through workshops and written consultation with the BSPP and wider stakeholders.

Figure 2 – Inputs to the Barnet Suicide Prevention Strategy



Policy Context

This strategy exists amongst an extensive backdrop of national and regional guidance, strategies, and action plans for preventing self-harm and suicide in the UK. Our strategy aligns with these national priorities, integrates with local strategies supporting mental health and wellbeing, and supports sector-level programmes aiming to prevent self-harm and suicide.

The National Institute for Health and Care Excellence (NICE) produces guidance and pathways to inform evidence-based practice. [NICE Guideline 105](#) and [NICE Quality Standard 189](#) include recommendations for local authorities relating to suicide prevention partnerships, strategies, and action plans which have been incorporated into this strategy.

Barnet's objective to reduce deaths by suicide in each year of the four years of this strategy is consistent with the national ambition set in the [Five Year Forward View for Mental Health \(2016\)](#) to reduce deaths by suicide nationally by 10% over five years from 2016/17 levels. The Five Year Forward View Implementation Plan includes a recommendation for all local authorities to develop multi-agency suicide prevention plans that address the areas for action outlined by the [Suicide Prevention Strategy for England \(2012\)](#), and accompanying progress reports ([2013](#), [2015](#), [2017](#), [2019](#)). The national strategy set two objectives:

- A reduction in the suicide rate in the general population in England.
- Better support for those bereaved or affected by suicide.

To achieve these objectives, there are seven key areas of action:

1. Reduce the risk of suicide in key high-risk groups.
2. Tailor approaches to improve mental health in specific population groups.
3. Reduce access to the means of suicide.
4. Provide better information and support to those bereaved or affected by suicide.
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Support research, data collection and monitoring.
7. Reduce rates of self-harm as a key indicator of suicide risk (added 2017).

The [London Mayor Health Inequalities Strategy \(2018\)](#) includes the objective (2.5) that 'Action is taken across London to prevent suicide, and all Londoners know where they can get help when they need it'. The Strategy includes a pledge to support a long-term vision for London as a 'zero-suicide city', with funding for Thrive London – an initiative to improve the mental health and wellbeing of all Londoners, and to prevent suicide. The [London-wide Suicide Prevention Framework, 2018](#), recommends the following as priority areas for London boroughs; reducing the risk in men, engaging BAME (black, Asian and minority ethnic) communities, bereavement support, preventing and responding to self-harm, mental health of children and young people, acute mental health care, supporting primary care, tackling high frequency locations, reducing isolation and loneliness, and media engagement. The London-wide Suicide Prevention Framework sets out Nine Pillars for prevention plans:

1. Background Framework
2. Leadership / Governance
3. Areas of high frequency, individuals at high risk, reducing access to means and promoting support
4. Training
5. Intervention and support
6. Suicide bereavement, postvention and the prevention of 'suicide clusters'
7. Evaluation measures
8. Sustainability and capacity building
9. Suicide Prevention, Mental Health and Wellness Promotion & Awareness

In March 2021, the Department of Health and Social Care announced the [COVID-19 Mental Health and Wellbeing Recovery Action Plan](#) for 2021 to 2022, to mitigate and respond to the impact of the COVID-19 pandemic on mental health, and prevent or support people at risk of self-harm or suicide. The recovery plan bolsters our local actions on wider determinants with national support to reduce inequalities and mitigate risk factors for self-harm and suicide.

Reducing deaths by suicide is a priority for the NHS. The [NHS Long Term Plan](#) committed to implementing a new Mental Health Safety Improvement Programme as well as rolling out suicide bereavement services across the country. The [Mental Health Crisis Care Concordat](#) is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together to make sure that people get the help they need when they are having a mental health crisis, focussing on increasing access to support before crisis, access to crisis care, improving care when in crisis, and supporting recovery after crisis. In 2018, the Secretary of State for Health and Social Care launched a zero-suicide ambition for mental health inpatients. The **Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) Zero Suicide Ambition Suicide Prevention, Learning and Support Strategy 2020** aims to achieve a 20% reduction in suspected suicides amongst patients under their care by the end of 2021, with a zero-suicide goal for all inpatients.

The North Central London Sustainability and Transformation Partnership (NCL) successfully bid for wave one and wave three funding from the [Suicide Prevention National Transformation Programme](#). The Barnet Suicide Prevention Strategy 2021-25 works synergistically with the planned activities of the **North Central London Suicide Prevention Programme**. North Central London utilised wave one funding to introduce a Support after Suicide Service in October 2020. The NCL programme plan for wave three includes several elements:

- a. Programme management (hosted by Barnet) and establishment of an NCL Suicide Prevention Strategy Group.
- b. Gap analysis and quality improvement of responses to self-harm.
- c. Development of specific service improvements to address identified gaps including support for young adults (18-25), other non-statutory services with a focus on middle-aged men, and a specific trial of psychologically informed peer support following self-harm.
- d. Expansion of community-based training in suicide awareness.

Prevention of suicide and self-harm and the improvement of mental health and wellbeing is a priority in Barnet. The implementation of this strategy is an objective of **The Barnet Joint Health and Wellbeing Strategy 2021-2025**. The [Barnet Corporate Plan 2021-2025](#) priority of 'Healthy' has improving mental health and wellbeing as a key outcome, work which is supported by the North Central London [Integrated Care System \(ICS\)](#) community mental health transformation programme.

Insights

Local and Regional

This section provides a summary of local and national trends on deaths by suicide. It is important to note that in May 2019, the standard of proof for a suicide conclusion at inquest changed from the criminal standard (so that you are sure) to the civil standard (more likely than not). The significance of this in comparing data before and after 2019 has not yet been elucidated.

The four-year average annual number of suicides for Barnet residents was 22 in 2019 (for 4-year period 2016-19). In 2019, the median registration delay for suicides in Barnet was 149 days, down from 162 days in 2018. The most recent Office of National Statistics (ONS) data available (2017-19) for deaths by suicide registered in Barnet shows a count of 66 deaths and an age standardised rate of 6.7 deaths per 100,000 persons. This rate is:

- Significantly lower than England (10.1 per 100,000).
- The 6th lowest rate in London.
- Not significantly different to North Central London boroughs (except Camden) with whom the borough shares mental health services.

Suicide rates in North Central London Boroughs, London and England, 2017-2019						
Area	All		Men		Women	
	Rate*	Count**	Rate*	Count**	Rate*	Count**
Enfield	5.9 (4.3-7.8)	50	7.9 (5.3-11.3)	32	4.1 (2.4-6.5)	18
Barnet	6.7 (5.2-8.6)	66	9.7 (7.1-13.0)	48	3.8 (2.2-6.0)	18
Haringey	9.6 (7.2-12.4)	65	14.0 (9.7-19.3)	46	5.6 (3.3-8.8)	19
Islington	10.4 (7.6-13.9)	54	15.0 (10.0-21.5)	37	6.1 (3.3-10.2)	17
Camden	11.3 (8.7-14.5)	69	17.4 (12.6-23.3)	48	6.0 (3.6-9.2)	21
London	8.2 (7.8-8.6)	1,845	12.4 (11.7-13.1)	1,359	4.3 (3.9-4.6)	486
England	10.1 (9.9-10.3)	14,788	15.5 (15.2-15.8)	11,145	4.9 (4.7-5.1)	3,643

*three year age-standardised death rate and **total deaths
[Office for National Statistics - Suicides in England and Wales: 2019 registrations](#)

In Barnet, the emergency hospital admissions for intentional self-harm was 98.8 per 100,000 (95% CI 89.2-109.2) in 2019 to 2020 this rate:

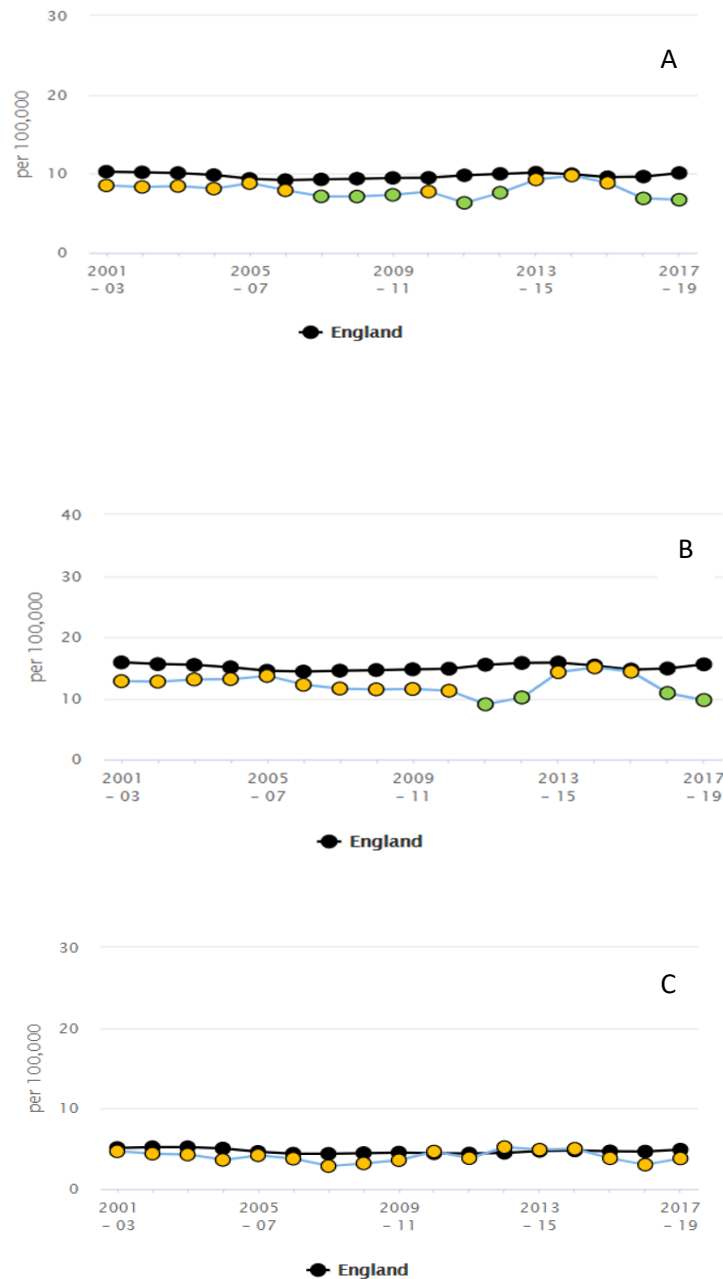
- Is significantly lower than the rate in England (193.4 per 100,000)
- Is similar to the average rate in London at 88.4 per 100,000 versus 81.6. per 100,000.

The rate of emergency admissions for intentional self-harm has not significantly changed over the previous decade.

RECENT TRENDS

Since 2001, the Barnet rate of suicide in men has been higher than women, in keeping with the national picture. The rate for men has decreased significantly from 14.3 (2015-17) to 9.7 per 100,000 (2017-2019), while the suicide rate for women has remained static at 3.8 per 100,000.

Figure 3. Trends in Suicide Rate in Barnet in comparison to England. A = Persons. B = Men. C = Women. [Office for National Statistics – Suicides in England and Wales: 2019 registrations.](#)

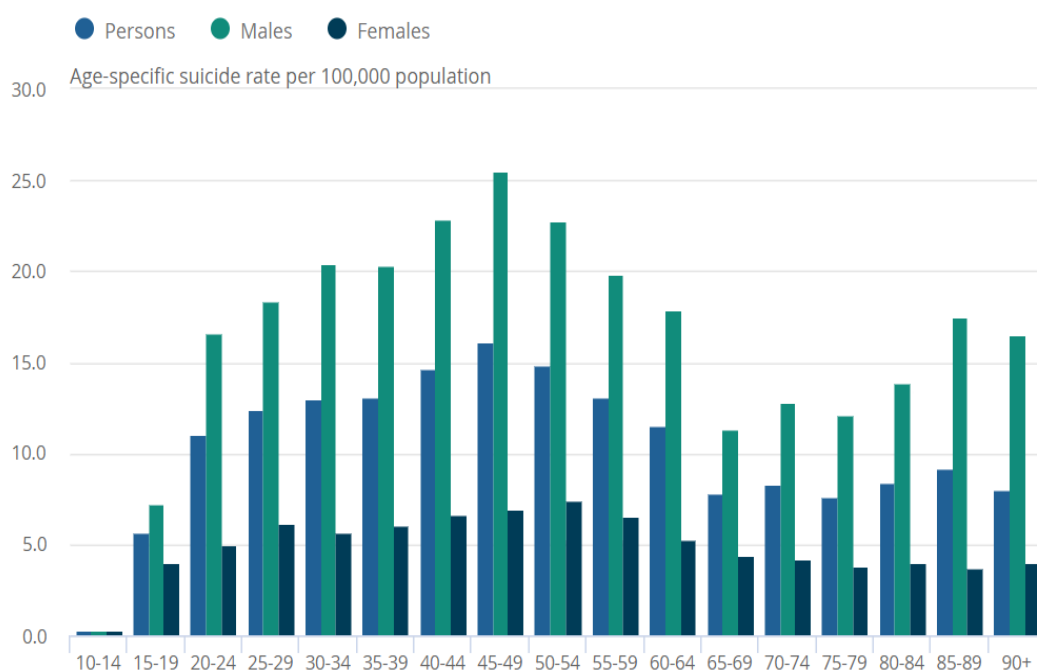


National (England and Wales)

National data shows us that suicide affects some groups more than others. These insights have been used to guide our cross-cutting concerns. For example, men are three times more likely to die by suicide compared with women. People in the lowest socio-economic group, living in the most deprived areas are ten times more at risk than those in the highest socio-economic group, living in the least deprived areas.

In 2019, there were 5,691 suicides in England and Wales, an age standardised rate of 11.0 deaths per 100,000 population. Three quarters of the deaths registered were among men². When analysed by five-year age group, there is a double peak in suicide rates; ages 45 to 49 and ages 85 to 89. Men aged 45 to 49 years have the highest age-specific suicide rate overall -25.5 deaths per 100,000 men. For women, the age group with the highest rate was 50 to 54 years, at 7.4 deaths per 100,000.

Figure 4: Age-specific suicide rates by sex and five-year age groups, England and Wales, registered in 2019. [Office for National Statistics – Suicides in England and Wales: 2019 registrations.](#)



As seen in previous years, the most common method of suicide in the UK was hanging, accounting for 61.7% of all suicides among men and 46.7% of all suicides among women.

RECENT TRENDS

Despite having a low number of deaths overall, rates among the under 25s have generally increased in recent years, particularly 10 to 24-year-old women where the rate has increased significantly since 2012 to its highest level with 3.1 deaths per 100,000 women in 2019.

Evidence that informed our strategy

Our strategy, prevention framework, aims, and our objectives are built upon the national evidence of the risk factors for suicide and self-harm and ‘what works’ for prevention. Wide ranging evidence authoritatively and comprehensively summarised in reports elsewhere has been used to inform this strategy. To maintain the usability of this strategy, this section briefly covers some of the key evidence that informed our thinking when deciding our local priorities and choosing our strategic actions for the first two years.

This strategy aligns with the evidence and recommendations in recent national reports and guidelines including:

- [NICE Quality Standard 189 \(Suicide Prevention\)](#), [NICE Guideline 105 \(Preventing suicide in community and custodial settings\)](#), [Clinical Guideline 16 \(Self-harm in over 8s: short-term management and prevention of recurrence\)](#), [Clinical Guideline 133 \(Self-harm in over 8s: long-term management\)](#). This strategy is cognisant that NICE guidelines on self-harm are due for review.
- [Public Health England’s Suicide Prevention Resources](#) including The National Suicide Prevention Strategy for England (2012), accompanying progress reports (2013, 2015, 2017, 2019), and the [Local Suicide Prevention Planning Practice Resource](#).
- National Confidential Inquiry into Suicide and Safety in Mental Health Annual Reports (latest [2021](#)) and guidance (e.g. [Safer Services Toolkit](#))
- Reports and guidance such as [From Grief to Hope \[University of Manchester\]](#), [Dying from Inequality \[Samaritans\]](#), [All Party Parliamentary Group Inquiry into the support available for young people who self-harm](#).

This strategy addresses, and through our action plan meets the recommendations in the NICE Quality Standard and Guidelines for suicide prevention.

NICE Quality Standard 189: Suicide prevention
Statement 1: Multi-agency suicide prevention partnerships have a strategic suicide prevention group and clear governance and accountability structures
Statement 2: Multi-agency suicide prevention partnerships reduce access to methods of suicide based on local information.
Statement 3: Multi-agency suicide prevention partnerships have a local media plan that identifies how they will encourage journalists and editors to follow best practice when reporting on suicide and suicidal behaviour.
Statement 4: Adults presenting with suicidal thoughts or plans discuss whether they would like their family, carers or friends to be involved in their care and are made aware of the limits of confidentiality.
Statement 5: People bereaved or affected by a suspected suicide are given information and offered tailored support.

NICE Guideline 105: Preventing suicide in community and custodial settings
1.1 Suicide prevention partnerships
1.2 Suicide prevention strategies
1.3 Suicide prevention action plans
1.4 Gathering and analysing suicide-related information
1.5 Awareness raising by suicide prevention partnerships
1.6 Reducing access to methods of suicide
1.7 Training by suicide prevention partnerships
1.8 Supporting people bereaved or affected by a suspected suicide
1.9 Preventing and responding to suicide clusters
1.10 Reducing the potential harmful effects of media reporting of a suspected suicide

Evidence that informed our strategic priorities for 2021-2023

Suicide is a complex behaviour with no single explanation or cause. There are numerous risk factors for suicide, present at the individual, community, and societal level, as shown in Figure 5. The wide range of risk factors for suicide shows how critical it is that we work across the whole system in wide-ranging partnerships.

In order to make a difference in Barnet, it is crucial that we understand and focus our prevention efforts on reducing the impact of the risk factors that are most significant for our local residents. This section provides an overview of some of the key insights that have informed our choice of strategic priorities, such as the cross-cutting concerns of notable focus, for the Action Plan 2021-2023.

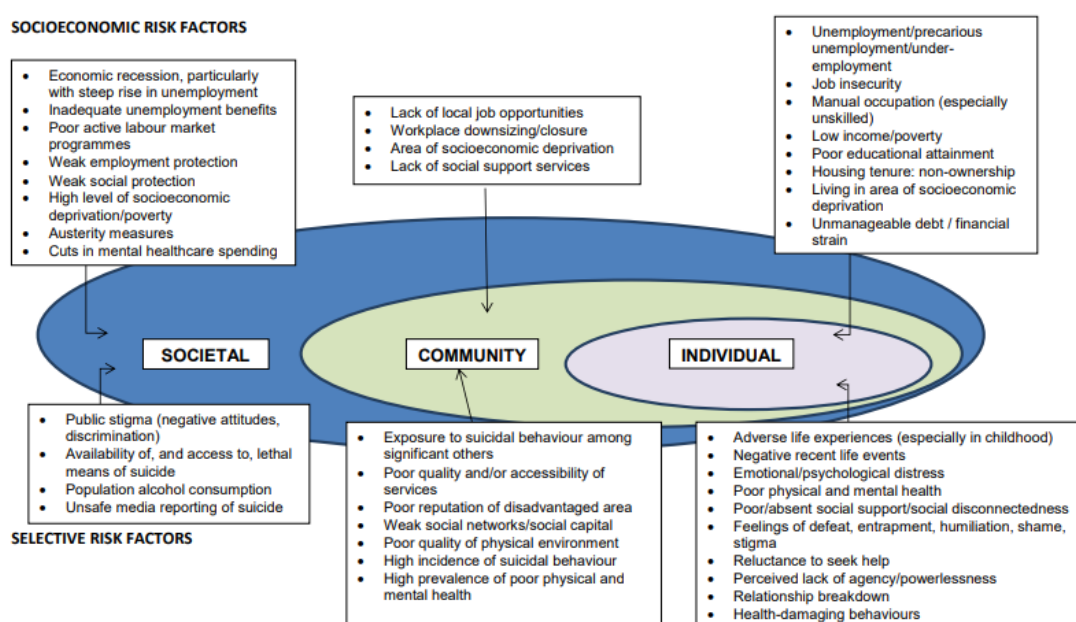


Figure 5: Model of suicidal behaviour, highlighting socioeconomic risk factors. Reproduced from: Samaritans (2017), '[Socioeconomic disadvantage and suicidal behaviour](#)', March 2017

[Cross-Cutting Concerns of Notable Focus for Action Plan 2021-2023](#) were chosen by the Barnet Suicide Prevention Partnership as locally important areas that demanded immediate collective effort to achieve improvements.

- Young and middle-aged men

In the UK and in Barnet, men are three times more likely to die by suicide than women. Men aged 45 to 49 have the highest suicide rate in the UK. In 2017, of the 1,516 men aged 40-54 who died by suicide, 30% were unemployed at the time of death, 27% were in the most deprived areas in England, and 45% reported living alone. Physical health conditions were present in over half (52%), while bereavement and substance misuse occurred in over one third (34% and 49% respectively) of cases. Strikingly, 91% had been in contact with at least one front-line service or agency – 67% within 3 months of deaths¹⁰. This is an opportunity for intervention. There is emerging evidence of a preference for informal, de-medicalised provision such as peer-led support, community and work-based based initiatives, and non-clinical spaces and respite.

¹⁰ The National Confidential Inquiry into Suicide and Safety in Mental Health (2021), [Suicide by middle-aged men 2021](#), University of Manchester

- People with a history of self-harm

Self-harm is the most important risk factor for subsequent death by suicide; half of people who die by suicide have a history of self-harm, many with an episode close to their death, and some presenting to hospital within the year before their death⁸. NICE guidance [CG16](#) and [CG133](#) provides comprehensive recommendations for the short and long term management of people over 8 years old who self-harm. Particularly in patients known to mental health services, recent self-harm is an important antecedent of suicide, with 29% of people who died by suicide between 2006-16 recently self-harming¹⁷.

Findings from many community-based studies show that around 10% of adolescents report having self-harmed, of whom some will report some extent of suicidal intent underpinning their self-harm. Presentation to hospital occurs in only about one in eight adolescents who self-harm in the community, being more common in those who take overdoses¹¹. While many people will not present to health services, they may confide in family and, particularly for young people, in friends¹². This is an opportunity to provide help. We can support residents by working to raise awareness of self-harm, build community skills in having conversations about suicide, and make it easier to find locally available services and support.

- People who misuse alcohol and drugs

Misuse of alcohol or drugs is an aggravating factor that further increases risk in particular sub-groups including men, people who self-harm, and people with a mental health diagnosis. In patients who died by suicide in England (2008 to 2018), 45% had a history of alcohol misuse and 34% had a history of drug misuse³. The 'Better care for people with co-occurring mental health and alcohol/drug use conditions (2017) report'¹³ emphasises the importance of specialist service provision, joint working, 24/7 crisis response, and accessible care pathways to meet the complex needs of this groups.

- Children and young people (CYP)

Suicide is the leading cause of death for young people. Since 2017, there has been a significant increase in the suicide rate for men aged 10 to 24, rising to 8.2 per 100,000 in 2019. For women aged 10 to 24, the 2019 suicide rate for England and Wales is the highest recorded since 1981 at 3.1 per 100,000, almost doubling from 1.6 per 100,000 in 2012, when the rate began to rise². [The Early Intervention Foundation Social and Emotional learning briefing](#) recommends PSHE, a whole-school approach to emotional skills-based interventions, and delivering targeted evidence-based support for CYP with emerging mental health needs. There is evidence for the success of school strategies, mental health first aiders, peer support, staff training for awareness and signposting, and clear referral routes into specialist services¹⁴. Young people have expressed a desire for trusted sources of information and not wanting to negotiate complex systems to access services¹⁵. In 2018, the Department of Education [published guidance for schools supporting CYP with their mental health](#). The guidance advocates that each school creates a whole school culture for mental wellbeing, identifies, assesses and creates a plan to support children at risk of mental health problems, which could include working with external agencies and services.

¹¹ Hawton K, Saunders KEA, O'Connor RC (2012). Self-harm and suicide in adolescents. *Lancet*; 379:2373–82. doi:10.1016/S0140-6736(12)60322-5

¹² Royal College of Psychiatrists London (2010). [Self-harm, suicide and risk: helping people who self harm](#), College Report CR158.

¹³ Public Health England (2017), '[Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers](#)', June 2017.

¹⁴ Public Health England (2019), '[Universal approaches to improving children and young people's mental health and wellbeing](#)', Report of the findings of a Special Interest Group, October 2019.

¹⁵ Public Health England (2014) [Improving young people's health and wellbeing: A framework for public health](#), January 2015.

- People who experience distressing life events

High-risk distressing life events are those which negatively impact on an individuals' mental wellbeing and increase their risk for suicidal thoughts and behaviours. High risk events may influence mental health by impacting upon:

- Economic wellbeing e.g. redundancy, debt, gambling addiction.
- Social wellbeing e.g. people who are living alone, socially isolated, or excluded, and young people impacted by social media.
- Emotional wellbeing e.g. family conflict or breakdown, relationship breakdown or divorce.
- Psychological wellbeing e.g. bereavement (particularly bereavement by suicide), family mental health problems, recently relapse of substance misuse, recent self-harm, bullying.

It is likely that for many, COVID-19 will have caused or exacerbated these events, which already disproportionately affect those in high risk groups for suicide. Of all mental health patients who died by suicide in England in 2008-2018, 48% were living alone and 46% unemployed³. There is a higher rate of key risk factors and distressing life events in men who die by suicide when compared to the incidence in the general population. Most (57%) had experienced economic problems (unemployment, finance, or unstable accommodation) at the time of death, while some experienced distressing events in the 3 months prior to their death such as problems with; family relationships (36%), alcohol misuse (36%), bereavement (34%), substance misuse (31%), finance (30%), housing (24%), problems at the workplace (24%), or divorce/separation (21%). The number of men living in the most deprived areas (27%) losing their life to suicide is almost twice that of those in the least deprived areas (14%)¹⁰. Unemployment is a key risk factor for suicidal behaviour in men, and this higher risk is exacerbated during a downturn or period of economic growth⁹. Following the 2008 Global financial crisis, there was an increase in the rate of suicide in England.

There is opportunity for intervention following distressing life events. 53% of men who died by suicide in 2008-2018 expressed ideation or intent at some time, 20% in the week prior to their death. 91% had been in contact with at least one frontline service or agency, (most often primary care – 82%). Services can provide support following for example unemployment, for debt, social isolation, family breakdown, homelessness, and bereavement. A focus within these services should be on recognising risk, responding to unmet need, and better joint working across support services, primary and secondary care, social care, and local authority. Upskilling frontline staff and providing gatekeeper training is critical in building system capacity to recognise risk and intervene.

Theme 1 – Foundation for Action

Insights from data, research, and people with lived experience

Robust data and relevant insights underpin the development of effective suicide prevention activities. Making progress towards our first strategic aim for 'enhanced insights on every suicide that occurs in the borough to inform future prevention work' will enable us to improve our local evidence base where there are known current gaps, such as in ethnicity and sexual orientation, as well as better inform our prevention activities. Co-produced solutions form the core of our second principle in the development of this strategy. Involving people affected by suicide brings a crucial perspective that can help to identify gaps between policy and practice, and ground prevention work in the real-life impact of self-harm and suicide.

Public Health England’s Local Suicide Prevention Planning recommends local authorities to focus on the collection and analysis of local information that could provide additional insights alongside close consideration of the national data¹⁶. A limitation of our local data is the relatively small annual numbers makes it difficult to detect significant differences between nationally and locally important risk factors, and longer timescales are needed to evaluate the impact of our suicide prevention activities. Local data can be improved and used to produce more responsive prevention activities by reducing the time from suicide events to data analysis⁴. Current data from the Office for National Statistics is published annually, but registrations of suicide deaths following a coroner’s inquest can be delayed by days or months – currently in Barnet the median registration delay for suicides is 149 days (2019)¹. Real-time surveillance systems can help to close this gap.

Leadership and collaboration

The [All-Party Parliamentary Group on Suicide and Self-Harm Report](#) advises the establishment of a multi-agency suicide prevention group as one of the main elements to successful suicide prevention work. This is also recommended by [The National Suicide Prevention Strategy](#) and [NICE QS 189](#) based on evidence that “By combining expertise and resources, partnerships can cover a much wider area more effectively and implement a range of activities” and that “when partnerships share knowledge and experience, this is of greater benefit than working individually.” For a successful whole-system approach that tackles the wider determinants of health and wellbeing, we need to collaborate across public, private and health services. Involvement of our Health and Wellbeing board should provide further opportunities for multi-agency working.

Theme 2 – Prevention of Suicide and Self-Harm

Awareness

In this strategy, ‘awareness’ is the first action area within the theme ‘prevention of self-harm and suicide’. This action includes building general awareness of mental wellbeing, self-harm, and suicide, as well as raising awareness of the services and support available locally.

Collecting research evidence demonstrating the effectiveness of raising awareness would be challenging. Our expert view is that building general awareness is the first step of prevention as it aims to increase general understanding of mental wellbeing, improve skills that build positive mental wellbeing, and reduce barriers to help seeking such as stigma and discrimination.

There is evidence that bystander interventions as well as timely signposting can be effective in preventing suicides¹⁷. We believe that raising the awareness of the local services and support available to those in need amongst everyone in Barnet is the crucial second step that will enable timely help-seeking or effective bystander intervention.

Increasing awareness of suicide and self-harm support across the population in Barnet will help us reach our aim that ‘everyone in Barnet knows where to find help if they are thinking about suicide or are concerned about someone else’.

¹⁶ Public Health England (2020), '[Local suicide prevention planning: A practice resource](#)', September 2020.

Interventions

Timely interventions that interrupt the suicidal process can be lifesaving: they buy the time needed to give people the chance to reconsider, and they increase the likelihood that help reaches out to that person in time¹⁷. Interventions that delay or disrupt a suicidal act could include:

- Reducing access to means

This includes restricting access to high frequency locations, package size for medications and medication reviews, removing ligature points in inpatient settings, and reducing access to weapons. Reducing access to means is known to be one of the most effective methods of preventing suicide. There has been a significant reduction in deaths by paracetamol overdose since the pack sizes of paracetamol reduced, and there is evidence demonstrating an 86% overall reduction in deaths when structural interventions are carried out at high risk locations for suicide by jumping, with little evidence of substitution to other potential jumping sites¹⁷. Currently, the most common method of suicide is hanging. Removal of ligature points in criminal justice and inpatient settings has shown to reduce deaths but designing interventions for hanging in the home remains difficult.

- Increasing the opportunity for intervention

Evidence shows that passer-by interventions are most likely to come from strangers. This is why raising general public awareness of suicide prevention and interventions is so important. The opportunity for human intervention can also be increased by specifically training frontline staff to recognise the risk factors for suicide - education of primary care doctors targeting depression recognition and treatment has been identified as one of the most effective interventions in lowering suicide rates¹⁵.

- Increasing opportunities for help-seeking

Timely signposting of services and support around high risk events increases the chance that a person with suicidal thoughts can reach out for help. For example, signs that encourage help seeking at high frequency locations, inclusion of signposting information with written notices that may be distressing, and timely provision of signposting to individuals known to be at higher risk, such as following a bereavement.

Services & Support

Early access to effective support can save lives. The latest data and recommendations for suicide prevention of those in the care of mental health services can be found in the [National Confidential Inquiry into Suicide and Safety in Mental Health \(NCISH\)](#) annual report. Evidence shows that patients with the highest risk are inpatients, those who refuse treatment, and those recently discharged, greatest within the first few days to first week.

It is important we provide high quality services that are accessible. NCISH have published a [‘Safer Services Toolkit’](#)¹⁸ with ten ways to improve patient safety, which are incorporated in Barnet, Enfield and Haringey Mental Health Trust’s Suicide Prevention Strategy. Recommendations include personalised risk management, follow-up within three days of discharge from in-patient care, 24-hour crisis care, following [NICE guidance for depression](#) and self-harm, and local services for dual diagnosis that work jointly with mental health services. Improving care across the system is also important, with clear pathways between emergency, primary, secondary, community, and specialist services.

¹⁷ Public Health England (2015), [‘Preventing suicide in public places: A practice resource’](#), November 2015.

¹⁸ National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2017), [‘Safer service: A toolkit for specialist mental health services and primary care. 10 key elements to improve safety’](#), updated March 2021.

Theme 3 – Postvention

People who are bereaved by suicide have an increased risk of suicide and suicidal ideation compared to people bereaved through other causes¹⁹, and bereavement can result in depression and poor social or occupational functioning. Bereavement by suicide affects not only immediate family, but entire communities; school friends, work colleagues, neighbours, and those whose work brings them into contact with suicide such as frontline emergency services staff, teachers, and faith leaders. Timely and effective support to those bereaved or affected by suicide may reduce the risk of these consequences.

A joined-up community response is essential in providing support to those impacted after a suicide and preventing further suicides. One suicide can trigger a cluster of suicides within the family or community, particularly among young people²⁰. This can be exacerbated by news reports, which have been associated with imitative suicidal behaviours²¹. Evidence shows the risk of clusters can also be reduced with community-level post-suicide interventions at schools, workplaces, and healthcare settings, and that implementing guidelines on responsible reporting has been associated with sustained reductions in numbers of suicides. Significant work to promote responsible reporting is conducted at a national level with the Samaritans, and includes collaboration with news media and internet companies on responsible reporting and removal of content which encourages suicide or self-harm.

¹⁹ Pitman A, Osborn D, Rantell K, et al. (2016), '[Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults](#)', BMJ Open, 2016 Volume 6, e009948, doi: 10.1136/bmjopen-2015-009948.

²⁰ Department of Health (2012), '[Preventing suicide in England. A cross-government outcomes strategy to save lives](#)', September 2012.

²¹ Sisask M, Värnik A, (2012), 'Media roles in suicide prevention: a systematic review'. Int J Environ Res, Public Health. Volume 9, Issue 1, pages 123 to 138.

Barnet Suicide Prevention Partnership Members

The Barnet Suicide Prevention Partnership has representation from the following organisations:

- London Borough of Barnet Council teams; Public Health, Mental Health, Safeguarding, Human Resources, Commissioning, Community Safety, Adult Social Care, Early Intervention, Enablement, BELS (Barnet Education and Learning Service).
- People with lived experience
- Central London Community Healthcare NHS Trust
- Barnet, Enfield, Haringey Mental Health Trust
- North Central London Clinical Commissioning Group
- Metropolitan Police
- British Transport Police
- BOOST
- Barnet Homes
- Middlesex University
- Mind in Barnet
- Trinity London
- Colindale Communities Trust
- Young Barnet Foundation
- Barnet Mencap
- Inclusion Barnet
- Change, Grow, Live
- AgeUK Barnet
- Young Barnet Foundation
- Meridian Wellbeing
- Jami UK
- Barnet Carers Centre
- CommUNITY Barnet
- Samaritans
- New Citizens Gateway
- Unitas Youth Zone
- Your Choice Barnet
- Home Start Barnet

Acronyms

APPG	All Party Parliamentary Group.
BAME	Black, Asian, minority ethnic, and racialised communities.
BEHMHT	Barnet, Enfield, and Haringey Mental Health Trust.
BELS	Barnet Education and Learning Service.
BICS	Barnet Integrated Clinical Service.
BOOST	Partnership with Barnet Homes, JobCentre Plus, Barnet & Southgate College a number of local community organisations.
BSPP	Barnet Suicide Prevention Partnership.
CAMHS	Child and Adolescent Mental Health Services.
CC1	Cross Cutting Concern 1 (each area should address identified high-risk groups).
CC2	Cross Cutting Concern 2 (each area should consider the need for a tailored approach in identified specific groups).
CC3	Cross Cutting Concern 3 (each area should mitigate the impact of high-risk distressing life events).
CCG	Clinical Commissioning Group.
CDOP	Child Death Overview Panel.
Comms	Strategy and Communications.
CYP	Children and Young People.
FS	Family Services.
ICP	Integrated Care Pathway.
ICS	Integrated Care System.
JAR	Joint Action Review.
LBB	London Borough of Barnet.
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and people with non-normative gender identities or sexual orientations.
MASH	Multi-Agency Safeguarding Hub.
MECC	Making Every Contact Count.
NCISH	National Confidential Inquiry into Suicide and Homicide.
NCL	North Central London.
NCL D&I	NCL Suicide Prevention Data & Insights Subgroup.
NCL SaS	NCL Suicide Prevention Support After Suicide Subgroup.
NCL SP	North Central London Suicide Prevention Strategy Group.
NICE	National Institute of Health and Care Excellence.
PH	Public Health.
PSHE	Personal, social, health and economic education.
RTS	Real Time Surveillance system.
SMI	Severe Mental Illness.
VCFS	Voluntary, Community, and Faith Sector.

ZSA Zero Suicide Alliance

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