SUICIDE PREVENTION STRATEGY 2024-2029 CONSULTATION

We would like to take this opportunity to express our gratitude and sincere thanks to everyone who has taken the time to provide their views and feedback as part of the consultation process.

NOTES

- This is a summary of the consultation for the draft suicide prevention strategy 2024-2029. The consultation took place between 28/10/2024- 22/12/2024.
- The consultation was aimed at everyone living and working in LLR.
- The consultation was promoted through Council based channels, community newspapers, social media and existing networks.
- Read the overarching themes for a quick overview of popular general comments.
- Do not be concerned if your comment is not in this presentation, all comments were reviewed to produce this summary.
- Some quotes have been edited for grammar and brevity.

‘ABOUT YOU’

176 responses

34% care for a person aged 17 or under

24% care for some aged 18 or over

Gender and Sexuality

Female 83%
Male 16%
Another term 1%
Gender same as sex assigned at birth 100%
Heterosexual 94%

Age

15-24	4	3.6%
25-34	12	10.7%
35-44	26	23.2%
45-54	24	21.4%
55-64	31	27.7%
65-74	11	9.8%
75-84	4	3.6%

Address

Blaby	5	9.1%
Charnwood	12	21.8%
Harborough	5	9.1%
Hinckley and Bosworth	7	12.7%
Leicester	13	23.6%
Melton	4	7.3%
North West Leicestershire	5	9.1%
Rutland	4	7.3%

Ethnicity

Asian or Asian British	12	10.4%
Black or Black British	2	1.7%
Mixed	3	2.6%
Other ethnic group	4	3.5%
White	94	81.7%

30% have a long standing illness, disability or infirmary

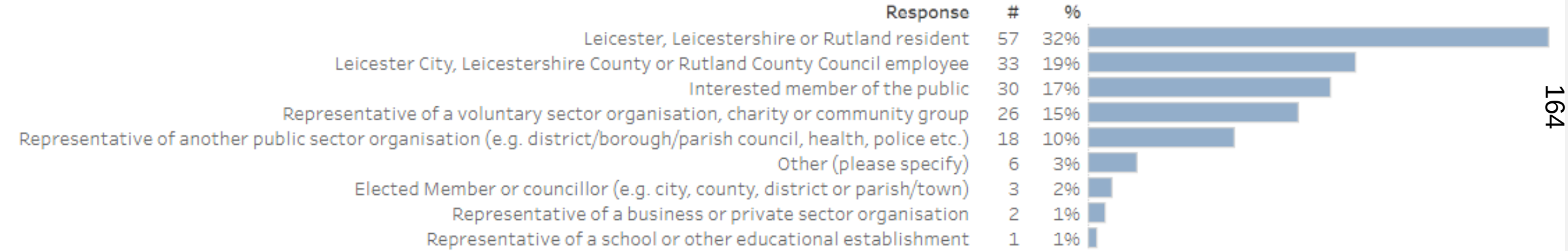
Religion

Any other religion	3	2.6%
Christian (all denominations)	47	40.9%
Hindu	2	1.7%
Muslim	11	9.6%
No religion	50	43.5%
Sikh	2	1.7%

RESPONDENTS

176 responses

Q1: In what role are you responding to this consultation?



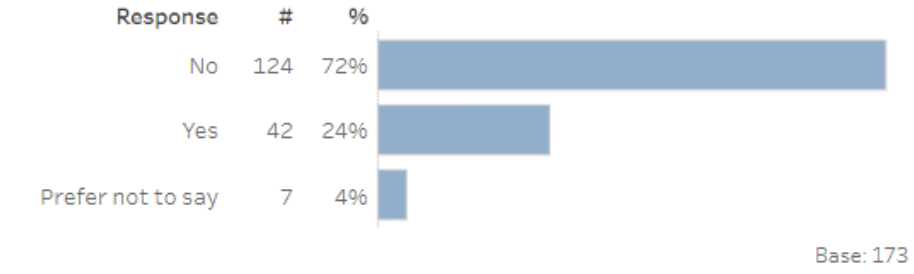
Response	#	%
Leicester, Leicestershire or Rutland resident	57	32%
Leicester City, Leicestershire County or Rutland County Council employee	33	19%
Interested member of the public	30	17%
Representative of a voluntary sector organisation, charity or community group	26	15%
Representative of another public sector organisation (e.g. district/borough/parish council, health, police etc.)	18	10%
Other (please specify)	6	3%
Elected Member or councillor (e.g. city, county, district or parish/town)	3	2%
Representative of a business or private sector organisation	2	1%
Representative of a school or other educational establishment	1	1%

164

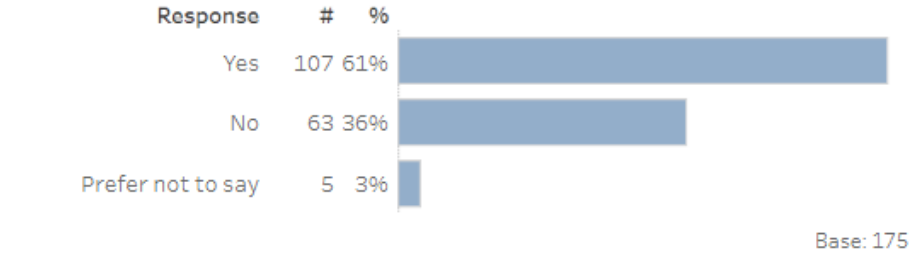
- Of 26 third sector representatives, 14 (31%) were providing their organisations official response. Most 22 (49%) were based in Leicester City, one was based in Rutland and the rest (49%) were spread across Leicestershire's districts.
- Of 33 council employees, 14 (42%) worked in Leicestershire County Council, 13 (39%) worked in Leicester City Council and 6 (18%) worked in Rutland County Council.
- Of 84 members of the public living in LLR, 23 (26%) lived in Leicester City, 4 (5%) lived in Rutland and the rest were spread across Leicestershire's districts. The most popular district for responses was Charnwood with 20 (23%) responses.

EXPERIENCE

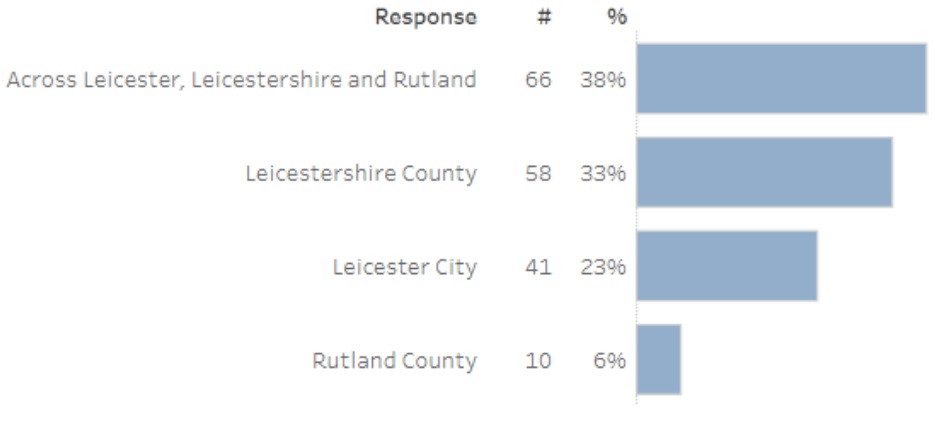
Q7: In the last 12 months have you accessed formal support for your mental health (e.g. from NHS mental health services)?



Q8: Based on the description above, above, do you have lived or living experience of suicide?



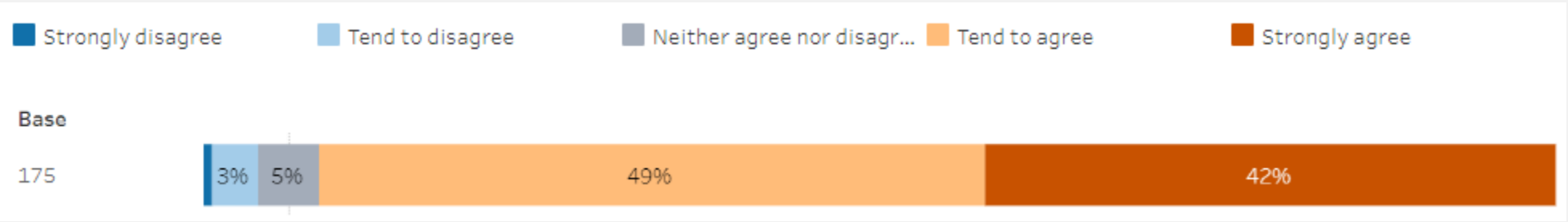
Q18: Thinking about the views and experiences you have shared in this survey, in which local area do they primarily relate to?



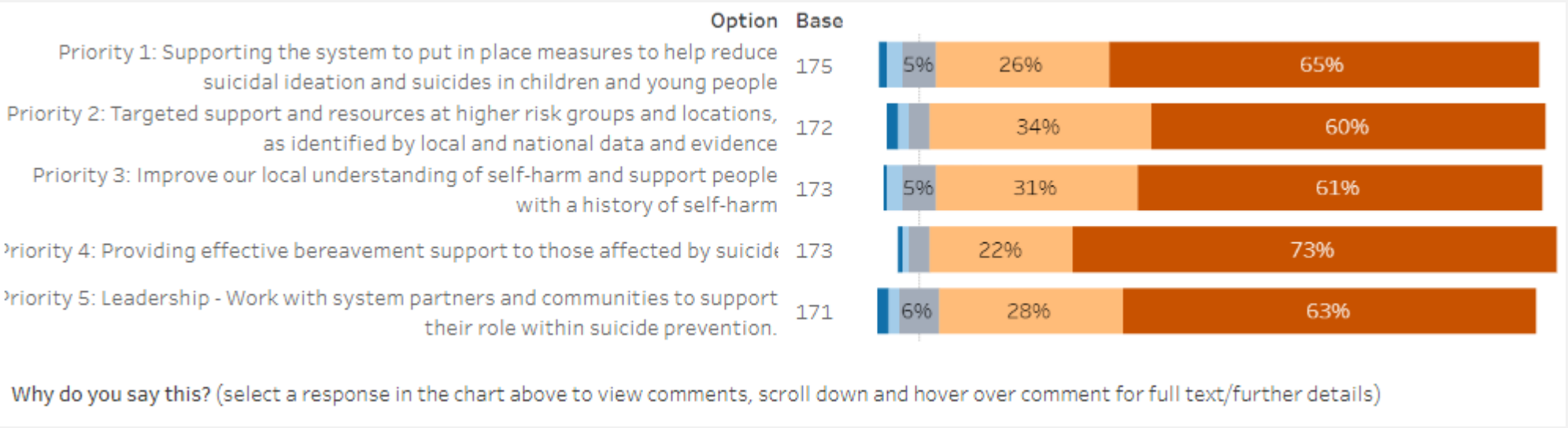
Most (72%) of respondents had not accessed formal support for their mental health and most (61%) had lived or living experience of suicide.

Views in this consultation were generally representative across LLR

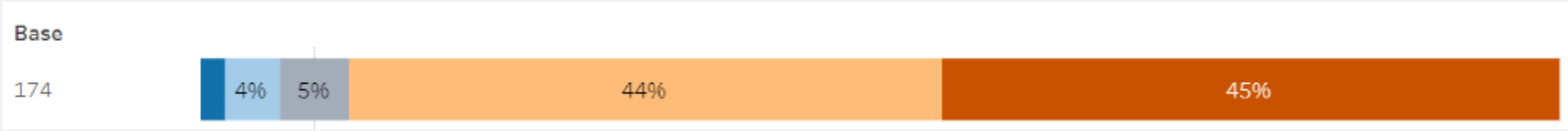
Overall, to what extent do you agree or disagree with our guiding principles?



To what extent do you agree or disagree with this priority?



Overall. To what extent do you agree or disagree with our draft Suicide Prevention Strategy 2024-29?



Guiding principles

- Co-Production and Collaboration
- Learn from past stories
- Data driven
- Normalising conversations
-Settings-based approach
-Trauma Informed Practice and Care

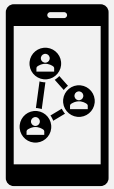
Participants in the consultation were generally in agreement with the guiding principles, priorities and strategy as a whole.

OVERARCHING THEMES

- Lack of funding for suicide prevention work and services.
- Long waiting times for mental health services, which can impact suicide.
- Lack of support for those in crisis and those who are mentally unwell but not at crisis point.
- Better co-ordination between services and organisations required to ensure person centred care.
- Increasing awareness of suicide prevention is key.
- Services and interventions should be culturally appropriate.
- Signposting should be improved due to a range and variety of available services and no single point of access.
- Provide training to relevant individuals or organisations to make sure suicide prevention is everybody's business.
- Make use of data from a range of sources including VCS.
- Address the wider determinants of suicide and tackle those issues e.g. quality of mental health services, personal finance, gambling.
- Respondents felt that there should be services for all, however there should be extra support to those groups in higher need and at greater risk.

PRIORITY 1: SUPPORTING THE SYSTEM TO PUT IN PLACE MEASURES TO HELP REDUCE SUICIDAL IDEATION AND SUICIDES IN CHILDREN AND YOUNG PEOPLE

"I think making the issue of suicide 'every body's business' is so important. To normalise this, letting children and young people know that it is acceptable to not feel happy all the time and to know where and how to ask for help"



Social media can glamourise suicide. We need to reduce harmful social media use and increase messages about suicide prevention.

Waiting lists for CAMHS are long, a reduction in waiting time could reduce suicide.

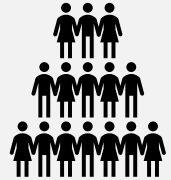
Early prevention is key, conversations about suicide prevention should start in primary school.

Mental health support should be available in schools e.g. curriculum, talking hub, training staff

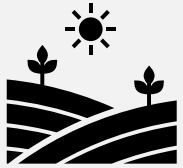
PRIORITY 2: TARGETED SUPPORT AND RESOURCES AT HIGHER RISK GROUPS AND LOCATIONS, AS IDENTIFIED BY LOCAL AND NATIONAL DATA AND EVIDENCE

"I wouldn't have fit these groups. I feel there will be people not taken seriously because data says low risk without listening to them"

Use range of data sources including VCS, be mindful that many will not be picked up through data, constant monitoring of trends



Make sure support is accessible for the higher risk groups



Suggestions for other higher risk groups: menopause, chronic physical health conditions, domestic abuse, farmers, Gypsy Roma Travellers, CSE, sexual abuse, substance misuse

Focus on men as the highest risk group

Proportionate universalism* should be used when looking to reduce suicide.

*'Proportionate universalism' is term that describes actions or interventions that are implemented for the whole (local) population, but with a scale and intensity proportionate to need (source: https://assets.publishing.service.gov.uk/media/5a7dcac5ed915d2acb6ee2a6/Briefing10_Lessons_from_experience_health_inequalities.pdf

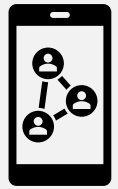
PRIORITY 3: IMPROVE OUR LOCAL UNDERSTANDING OF SELF-HARM AND SUPPORT PEOPLE WITH A HISTORY OF SELF-HARM

"Self-harm can sometimes be minimised and seen as not severe enough or attention seeking. If it is a cry for help and dismissed, it can result in suicide, dare I say "accidently". Support for people to understand the triggers for self-harm and to develop safe coping strategies is vital, again this can be too late due to stigma, waiting lists for and lack of local support"

Improve data by encouraging reporting, realising all local areas are different

Professionals should be trained to deal with self-harm, including different types of self-harm

Consider underserved communities and higher risk groups



Social media can increase self-harming, we should protect young people from harmful social media and utilise social media to reduce harm.

Focus on schools and parents

Promote "safe" self-harm

PRIORITY 4: PROVIDING EFFECTIVE BEREAVEMENT SUPPORT TO THOSE AFFECTED BY SUICIDE

"The ripple effect of someone who… [dies] by suicide is substantial and people need support "

Promote protective mental health behaviours

Support should be culturally sensitive

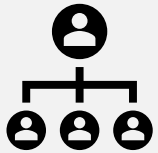
A single point of contact for receiving support

Support should be tailored to individual needs e.g. some people may want immediate support and others may take years to be ready

Support should automatically be provided to families bereaved by suicide.

PRIORITY 5: LEADERSHIP - WORK WITH SYSTEM PARTNERS AND COMMUNITIES TO SUPPORT THEIR ROLE WITHIN SUICIDE PREVENTION.

"The more we work together; the less people will fall through the cracks between services."



Provide a single source of leadership for all organisations involved in suicide prevention

Involve a range of services e.g. dentists, general practice, schools, universities, religious groups

There should be close working between services to co-ordinate care

Develop a system for monitoring activities undertaken by different organisations around suicide prevention

OVERALL, TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH OUR DRAFT SUICIDE PREVENTION STRATEGY 2024-29?

"Lets get this done"

Positive feedback	Room for improvement
• Good priorities • Looking forward to seeing change • Important • Comprehensive • Evidence based • Well written with an empathic tone • Excellent key messages • Easy to understand • Co-ordinated response	• Need to be more ambitious • Focus on wider determinants • Gain more funding for projects • Teach self-esteem and resilience • Focus on male suicide • Reduce barriers to accessing mental health support

WHAT ELSE, IF ANYTHING, SHOULD WE CONSIDER WITHIN OUR DRAFT SUICIDE PREVENTION STRATEGY 2024-29? DO YOU HAVE ANY VIEWS ABOUT WHAT WE COULD DO TO DELIVER THIS?

- Community outreach such as suicide prevention ambassadors supported to deliver talks and workshops, mental health outreach bus
- Buddy benches
- Suicide prevention notices in secluded areas
- More data gathering from voluntary sector
- Information leaflets, videos circulated widely, online support, specialist in person support
- Map available services
- Guidelines for professionals such as GPs, teachers and paramedics
- Physical barriers in higher risk locations
- Education for higher risk groups
- Develop peer supporter role
- Reducing suicide through engaging with sports teams
- Campaign to improve sleep in the population
- Evaluation

"It doesn't need to be perfect. Start acting. Review and amend regularly."

DO YOU HAVE ANY OTHER COMMENTS OR SUGGESTIONS ABOUT OUR DRAFT SUICIDE PREVENTION STRATEGY 2024-29?

- Publish the actions: You Said- We Did
- Building resilience among primary school pupils
- Support children with Adverse Childhood Experiences (ACEs)
- Embed more face-to-face interaction in people's lives
- Use nature to increase wellbeing
- Consider the working unwell
- Make the strategy available in multiple languages and easy read

FOCUS GROUPS

3 FOCUS GROUPS (TOTAL 13 PARTICIPANTS)
- LIVED EXPERIENCE NETWORK
- SURVIVORS OF BEREAVEMENT BY SUICIDE (SOBS)
- YOUTH ADVISORY BOARD

Summary :

- The feedback on the strategy was extremely positive.
- The key messages resonated, with particular note to 'suicide is everyone's business', which participants felt was extremely important, especially in relation to breaking down stigma and ensuring people can access services when they need them.
- The SoBS group would like to see better interaction between services and family members when someone is in crisis, so that they can put measures and more support in place to mitigate suicide risk.
- There were practical comments and discussions on service provision such as mental health services and CAMHS.
- Participants were happy with the inclusion of some groups, including those with autism and ADHD.

Key themes:

1. Access to Services and the Role of Organisations
- People felt that schools needed to play a bigger part within mental health and suicide prevention, however it was acknowledged that more services needed to be present in schools for young people to access.
- Bullying within schools needs to be addressed.
- Accessing services needs to be easier.

2. Suicide is Everyone's Business
- Participants felt that everyone has a role to play within suicide prevention, and by using the guiding principles, everyone can help prevent suicide.
- Training needs to be available for everyone to understand suicide and help to prevent it.
- Recognising the above has the ability to tackle stigma and taboo.

3. Supporting everyone
- Support needs to be in place for parents, carers and relatives, to raise awareness of key signs and symptoms, what they can do and where they can go for support
- Young people need to have trusted adults which they can go to for help and support

4. Delivery
- Questions were asked around how the strategy will be implemented and monitored.
- The strategy was acknowledged as being ambitious, and participants wanted assurance that it would be delivered upon.

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