Preventing Suicide in Kingston:

A multi-agency strategy 2024-29

THE ROYAL BOROUGH OF KINGSTON UPON THAMES

FAIRER KINGSTON

SAFER KINGSTON

Contents

1. Foreword 4

2. Introduction 5

Why we need a new suicide prevention strategy 5

Suicide Data for Kingston Upon Thames 5

Comparison with the previous audit 7

Suicide attempts 7

Self harm 7

Additional Risk Factors 8

Regional and national context 8

Ambition and vision for the next five years 9

Principles (not in order of importance) 9

Our Eight Priority Areas (not in order of importance) 10

Accountability 11

3. The strategy 12

PRIORITY 1: Improving data and evidence 12

National Strategy 12

Kingston Context 13

Our aims: 13

PRIORITY 2: Tailored, targeted support to priority groups 14

National Strategy 14

Kingston Context 14

1. Children and young people up to 25 15

Our aims: 16

2. Middle-aged men 17

Our aims: 17

3. People who have self-harmed 18

Our aims: 18

4. People with mental health problems 19

Our aims: 20

5. People in contact with the justice system 20

Our aims: 20

6. Autistic people and people with Attention Deficit Hyperactivity Disorder (ADHD) 21

Our aims: 21

7. Pregnant women, new mothers and women in at risk groups 22

Our aims: 22

PRIORITY 3: Addressing common risk factors 23
National Strategy 23
Kingston Context 23
1. Physical illness 24
Our aims: 24
2. Financial difficulty and economic adversity 25
Our aims: 26
3. Harmful gambling 26
Our aim: 26
4. Substance misuse 27
Our aims: 27
5. Domestic abuse and sexual abuse 27
Our aims: 27
6. Trauma 28
Our aims: 28
7. Social isolation, loneliness and relationship breakdown 29
Our aims: 29
PRIORITY 4: Promoting Online Safety 30
Kingston Context 30
Our aims: 31
PRIORITY 5: Providing effective crisis support 32
Kingston Context 33
Our aims: 33
Trigger warning 34
Priority 6: Reducing access to means and methods of suicide 35
Kingston Context 36
Our aims: 36
PRIORITY 7: Providing effective bereavement support to those affected by suicide. 37
Kingston Context 37
Our aims: 38
Priority 8: Suicide prevention is everyone's business 39
Kingston Context 40
Our aims: 41
Appendix 1: Linked Committees and strategies 42
Appendix 2: Kingston strategy development 43
Appendix 3: Stakeholder engagement January - April 2023 45
Glossary 46
Endnotes 50

1. Foreword

Suicide prevention is everyone's business and there are many ways in which individuals, communities, services, and society as a whole can help to prevent suicides. I call on everyone to consider this strategy, the groups identified and the risk factors set out, to truly consider and bring forward action to ensure that the preventable is prevented, and that families and communities do not suffer the devastating impact that suicide brings.

Kingston's first Suicide Prevention Strategy was launched in 2016, and it is timely to update the strategy now, when we are facing significant challenges as a society following the COVID-19 pandemic and the on-going cost-of-living crisis. Suicide disproportionately affects some of the most disadvantaged and vulnerable people in our society, therefore, given the challenges we are facing, we must redouble our collective efforts to prevent suicide.

Each suicide is a tragedy; the loss to family and friends which is so very personal to them, and I acknowledge that behind the figures and descriptions in this strategy is a person lost to suicide and lost to their family and community. Through this strategy we will work with people of all ages across Kingston to prevent suicide.

I would like to dedicate this strategy to my wonderful predecessor and colleague, Dr Jonathan Hildebrand (1961-2016), who sadly died by suicide, and to whom I pay tribute:

"A man of substance, truly humble, remarkable. Principled and inspirational."

I commend this strategy to you, my last as Director of Public Health for Kingston, as I step down after 18 years of public service in the borough. I would like to take this opportunity to thank everyone who has helped develop this strategy, particularly those with lived experience of suicide.

Iona Lidington
Director of Public Health
Royal Borough of Kingston upon Thames

This new Suicide Prevention Strategy for Kingston has been developed in consultation with a broad range of organisations and most importantly people with lived experience of suicide. We know every suicide is a tragedy that affects families and communities and has long lasting effects on people that are left behind. Therefore, it was important to me to involve people who have first-hand experience.

The strategy describes the many different issues and suicide risks that can have an impact on individuals. But it also clearly sets out how we plan to take forward enhanced efforts to prevent suicide in Kingston. Suicides are not inevitable and by working together we can make a difference to people's lives, creating hope through collective action so that all of our residents feel supported when they are in crisis.

The strategy supports our commitment in our Council Plan 2023-2027 to work with partners to ensure the borough is fairer and safer and that residents start well, live well and age well. I commend this report and look forward to supporting this critical work as we go forward.

Cllr Sabah Hamed
Portfolio Holder for Adult Social Care and Public Health

2. Introduction

Why we need a new suicide prevention strategy

Kingston's Suicide Prevention strategy was published in 2016 and progress has been made in implementing many of the priorities and actions therein[1], however, the response needed to combat the Covid-19 pandemic has meant that some areas of the strategy have not been completed. There was a commitment for all local authorities to have Multi-agency Suicide Prevention Plans in the Cross-Government Suicide Prevention Workplan 2019[2].

Since our first strategy , the Covid pandemic and impact of lockdown have had a significant effect on the mental health of all residents, particularly children and young people, and more recently the cost of living crisis has presented new challenges.

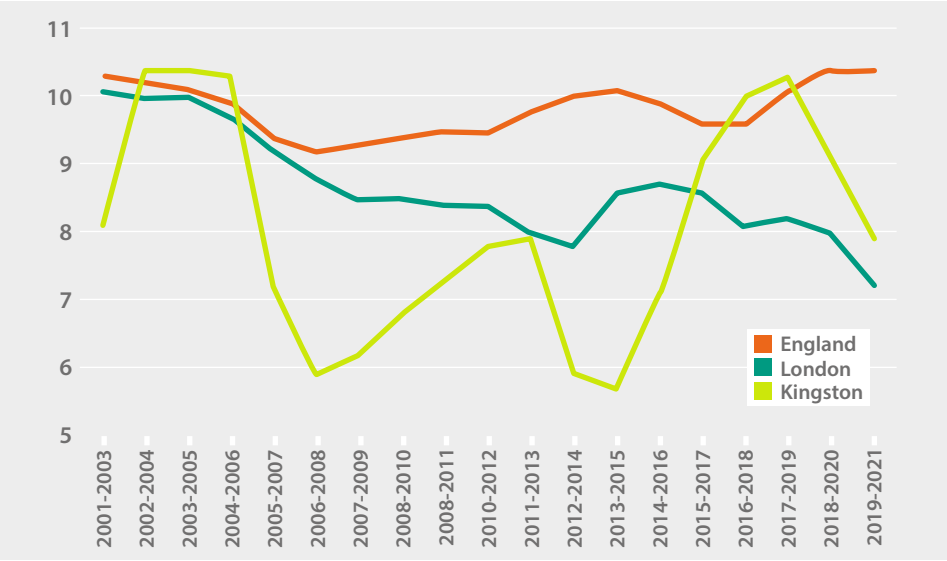
The strategy is also part of wider work to promote mental health and prevent mental illness which was reviewed as part of Kingston's Better Mental Health Joint Strategic Needs Assessment 2022[3]. It supports the commitment in the Council Plan[4] to work with partners to ensure the borough is fairer and safer and that residents start well, live well and age well. A number of other local strategies and groups that support suicide prevention are listed in Appendix 1.

Details of how the strategy was developed with local partners is provided in Appendix 2, and further details about the stakeholder engagement is provided in Appendix 3. Some of the key findings from the data are provided below.

Suicide Data for Kingston Upon Thames

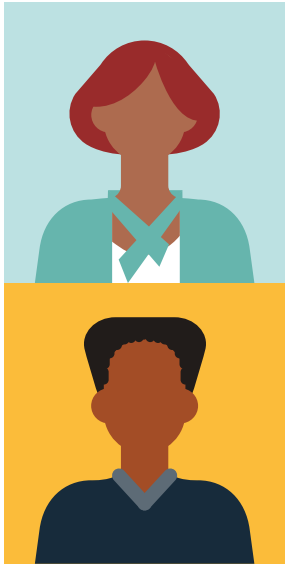
There are around ten suicides a year by Kingston residents. Suicide rates fluctuate considerably because of the relatively small numbers and therefore multi-year data is used to assist with tracking trends. The latest data shows 36 deaths by suicide in the borough across 2019-2021, at a rate of 7.9 / 100,000 residents, slightly higher than London (7.2 / 100,000) and lower than England (10.4/ 100,000[5]).

Age-standardised suicide rate / 100,000 population, rolling three year aggregates

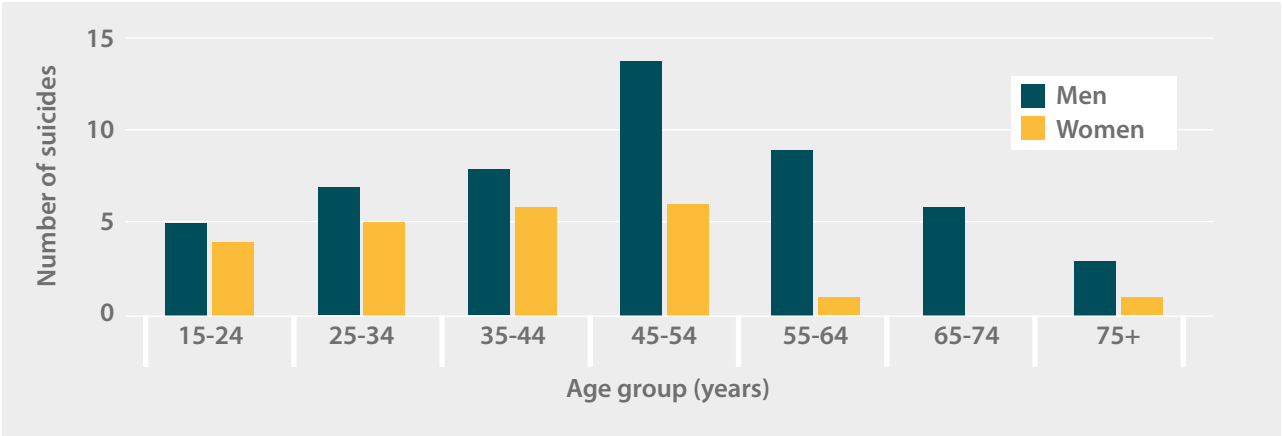


Source: ONS Suicides in England and Wales by local authority September 2022[6]

An audit was undertaken of suicides in Kingston both by residents and by those who took their own lives in Kingston. It used data from the Primary Care Mortality Database (PCMD) between 1 January 2018 and 31 December 2021, and data on suspected suicides from the Thrive London Real-Time Surveillance System (RTSS) Database from October 2021 to September 2023.
See Appendix 2 for more detail.



Number of deaths by suicide, by age group and sex, 2018-21



Source: the NHS Primary Care Mortality Database

The majority of suicides in Kingston are men (more than double that of women) and this is in line with national figures. The age profile of male and female suicides also differs. In women, 90% of suicides were in people aged under 55. For men, 65% were aged under 55.

Ethnicity is not recorded in the Primary Care Mortality Data (PCMD) so we do not have data on the ethnicity of those who took their own lives in Kingston but national data indicates that estimated rates of suicide were highest in White and Mixed ethnic groups[7].

Comparison with the previous audit

When considering the 75 deaths by suicide (both residents and non residents) identified from the scoping exercise, a summary comparison to the previous audits can be seen below:

Measure	2010-14*	2015-17	2018-21
Number of deaths by suicide per year (residents & non residents)	12.3	16.7	**18.8**
Proportion of deaths by suicide involving Kingston residents	82%	**85%**	71%
Proportion of male suicides	66%	**72%**	69%
Median age at time of death	**50**	45	46

* Adjusted to use the same methodology as in the 2015-17 and 2018-21 audits

The 2018-21 audit against 2015-17 and 2010-14 showed that the number of deaths recorded a year has increased, and the proportion of suicides involving Kingston residents has decreased. This highlights the importance of steps to reduce suicides at destinations in Kingston which is covered in Priority 6.

Suicide attempts

It is impossible to obtain accurate data on attempted suicides and it is difficult to determine whether an act of deliberate self-harm was an attempt at suicide or not. Some attempts will be reported to the police, or ambulance service, and others result in A&E attendance or in-patient admission. The police do not collect data on suicide attempts and there is no specific London Ambulance Service data. South West London & St George's Mental Health Trust recorded 10 attempts by patients who were Kingston residents from April 2018 to March 2022.

Self harm

For many people self-harm is a coping mechanism and not a suicide attempt, but we know that self-harm is associated with a significant risk of subsequent suicide and the majority of suicide patients who died had a history of self harm (67%)[8]. Analysis of Kingston Hospital inpatient data on self harm found that:

- 70% were women (similar to 65% nationally).
- The largest number of admissions were aged 19-28 years.
- 93% had an ethnicity recorded, of whom 76% of people recorded as white.
- The areas with a higher rate of A&E attendance seemed to correlate with areas of higher deprivation in Kingston (Chessington South, Norbiton and Surbiton South), although the A&E data is less complete than that for in-patient admissions.

Self Harm is covered fully in Priority 2 - under high risk groups.

Additional Risk Factors

Suicides did not increase during the Covid 19 pandemic but a number of the risk factors for suicide did, in particular financial difficulties, alcohol misuse and self-harm in children and young people. Young people, ethnic minorities and people who live alone were some of the most affected by the COVID-19 pandemic. They have also been a concern in suicide prevention.

Regional and national context

Since the last strategy there has been an increase in regional work tackling suicide and the South West London (SWL) Suicide Prevention Steering Group, led by the Integrated Care Board (ICB) SWL ICB, has provided an opportunity for RBK to work with other local authorities to achieve economies of scale and maximise resources.

NHS funding has also enabled work to be developed in some of Kingston's priority areas, in particular providing support for families bereaved by suicide, and suicide prevention targeted at middle aged men.

The SWL Integrated Care Board (ICB) Joint Forward Plan 2023-2028[9] includes an action to reduce suicide and self-harm rates and plans to work with partners to further develop a co-ordinated approach to suicide prevention. There is also wider work being developed across South West London to prevent mental illness and provide early support for recovery as part of the SWL ICB All Age Mental Health strategy[10].

South West London & St George's Mental Health NHS Trust (SWLSG) Suicide Prevention Strategy 2021 - 2024 is focused on reducing the risk of suicide in those individuals known to SWLSG services.

Two conferences have been held to support joint work across SWL on suicide prevention, most recently in May 2023.

Thrive London coordinates public mental health activities across the region including suicide prevention. In 2019, the Mayor of London launched a city-wide campaign for Londoners to complete 'Zero Suicide Alliance' free suicide awareness training and launched the Real-Time Surveillance System to provide secure information to local authorities on suspected suicides in addition to monitoring regional trends.

Emerging national evidence has also meant that there is a better understanding of groups at risk of suicide[11] as well as best practice in suicide prevention[12], [13]. Most recently the new National Strategy 2023-2028[14] was launched on 11th September 2023.

Ambition and vision for the next five years

This multi-agency strategy sets out our ambitions for suicide prevention over the next five years and will deliver an annual action plan based on these ambitions. This will include actions by the Council, Health and Social Care, Schools, Colleges, Universities, Workplaces, the Community and Voluntary sectors and Emergency Services.

However, this strategy and action plan are not the limits of suicide prevention – suicide prevention is everyone's business. We call on **everyone** to consider this strategy, the groups identified and the risk factors set out to truly consider and bring forward action to ensure that the preventable is prevented, and that families and communities do not suffer the devastating impact that suicide brings.

Principles (not in order of importance)

In line with the national strategy we will consider and incorporate the following principles in the design and delivery of interventions, services, resources and activities to prevent suicides in Kingston. We have added the importance of the insights of people who support those who are suicidal under the section on 'personal experience'.

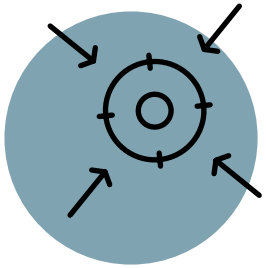
1. **Suicide is everybody's business.**
   Everyone should feel they have the confidence and skills to play their part in preventing suicides – not just those who work in mental health and/or suicide prevention directly – and take action to prevent suicides within and outside of health settings.
2. **Mental health is as important as physical health.**
   We must reduce stigma surrounding suicide and mental health, so people feel able to seek help – including through the routes that work best for them. This includes raising awareness that no suicide is inevitable.
3. **Nobody should be left out of suicide prevention efforts.**
   This includes being responsive to the needs of marginalised communities, addressing inequalities in access to effective interventions to prevent suicides. It also requires listening to individuals and being responsive to their needs.
4. **Early intervention is vital.**
   Action needs to be taken to stop people reaching crisis and/or suicidal feelings.
5. **Personal experience.**
   Insights from people with personal experience should inform the planning, design and decisions at all levels of suicide prevention activity. This includes people with experience of feeling suicidal, those who have attempted suicide, those who have supported people who are suicidal, and who are bereaved by suicide.
6. **Strong collaboration**, with clarity of roles, is essential.
   Suicide prevention is the responsibility of multiple government departments, as well as wider public, private and Voluntary, community and social enterprises (VCSE) sector organisations.
7. **Timely, high-quality evidence.**
   Practice and policy should be informed by high-quality data and research, responsive to trends and emerging evidence. This includes technology and data to provide earlier interventions and wider access to support.

Our EIGHT PRIORITY Areas (not in order of importance)

Aligned with our stakeholder engagement findings, suicide audit and reflecting the national strategy, we have identified eight priorities:

1

Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.



2

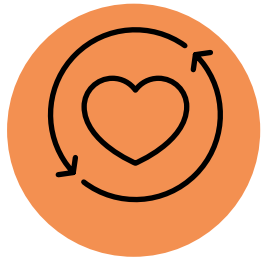
Tailored, targeted support to priority groups, including higher risk groups to provide bespoke interventions that are effective and accessible for everyone.

3

Addressing common risk factors at a population level to provide early intervention and tailored support.

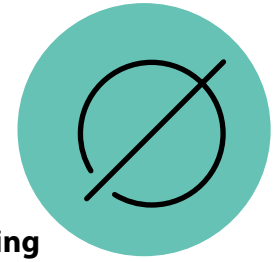
4

Promoting Online Safety to reduce harm, improve support and signposting, and provide helpful messages about suicide and self-harm.



5

Providing effective crisis support across sectors for those who reach crisis point.



6

Reducing access to means and methods of suicide.

7

Providing effective bereavement support to those affected by suicide.

8

Suicide prevention is everyone's business so that we can maximise our collective impact and support to prevent suicides.

Accountability

It is imperative that we are accountable for the delivery of these actions to ensure progress is made against the ambitions set. This strategy will be overseen by Kingston's Multi Agency Suicide Prevention steering group. This group is led and co-ordinated by the Council's Public Health team and includes representatives from across Health and Social Care, Education, Employment, the Community and Voluntary sector, representing a number of priority groups, and Emergency Services[15], as well as the Portfolio Holder for Adult Social Care and Public Health and the Councillor mental health champions. It also includes colleagues from SWL ICB to ensure our work is co-ordinated with regional suicide prevention programmes.

The Sector Led Improvement – Suicide Prevention Support recommended that more be done to:

- Ensure an embedded approach to Suicide Prevention within each partner organisation.
- Better engage service users and others with lived experience.
- Maximise the potential of engagement with Voluntary, community and social enterprises (VCSE) providers.

These recommendations have informed the development of this strategy and will continue to inform the work of the steering group as they work together to produce an annual action plan to support the implementation of the strategy and monitor its impact.

They will also:

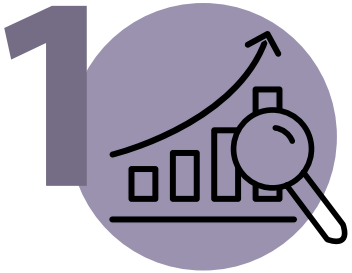
1. Identify and source funding to support local work in priority areas and ensure resources are allocated effectively to areas of greatest need within the community.
2. Provide leadership and support for suicide prevention in their organisations.
3. Ensure suicide prevention is included in all relevant strategies and services.

An annual update report will be provided for the Kingston Partnership Board and shared with other local committees and partnerships to support visibility and interagency working to deliver strategy priorities including:

- Kingston Adult Safeguarding Board.
- Kingston and Richmond Safeguarding Children Partnership (KRSCP).
- Kingston Mental Health and Wellbeing Steering group.
- Kingston and Richmond Children and Young People's Mental Health and Wellbeing Group.
- Safer Kingston partnership.
- Strategic Partnership for Alcohol and Drugs.
- SWL ICB Suicide Prevention steering group.
- The Kingston Place Partnership Committee.

The group will also consider how to create a system for feedback and continuous improvement of the strategy based on community input.

3. The strategy



PRIORITY 1: Improving data and evidence

to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.

National Strategy

Timely and high-quality data, evidence and intelligence allows for better understanding of the drivers of suicide and self-harm, the development of more effective interventions, and more rapid responses to prevent suicides. It is an essential part of suicide prevention both to understand what has worked in preventing suicides and where to direct future efforts.

The need for more comprehensive research on, and better understanding of, suicide rates in particular groups, has been noted nationally.

These include:

- Occupational groups identified as at higher risk of suicide.
- Autistic people.
- People affected by domestic abuse.
- People experiencing harmful gambling.
- Ethnic minority groups including people who are Gypsy, Roma or Travellers.
- Refugees and asylum seekers.
- People who are Lesbian Gay and Bisexual.
- People who are Transgender.

The views and experiences of people affected by suicide is also essential for understanding trends, and the potential impacts and suitability of actions and solutions.

Kingston Context

The Thrive London Real-Time Surveillance System (RTSS) (Thrive LDN hub) is a multi-agency information sharing hub which provides real-time data on suspected suicides which has been used to inform this strategy and will continue to be used to monitor trends and inform action. We have yet to develop a process for responding to notifications from the Thrive LDN hub to find out more about the circumstances.

Kingston's Public Health team is also part of the SW London Suicide Prevention Work Group which has set up a surveillance group to monitor suicides in South West London.

Whilst there has been some monitoring of individual initiatives this is not comprehensive and there is currently not a set of outcomes to monitor the impact of the strategy.

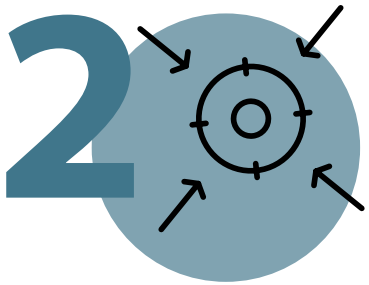
Whilst the audit provided some very useful data on a number of areas there were gaps, these included:

- Ethnicity is not recorded in the PCMD.
- Thrive LDN Real Time Surveillance System data for Kingston on specific ethnicity, religion, sexual orientation, marital status, children and occupation was incomplete.
- There is a lack of data on diagnoses of mental illness of those people who were SWL&StG Mental health trust patients.

The Sector Led Improvement – Suicide Prevention Support report recommended that more be done to engage service users and others with lived experience.

Our aims:

1. Improve the collection and co-ordination of data on suicides, attempted suicides and self harm and the monitoring of trends and patterns.
2. Improve the intelligence gathering from local partners to better understand the circumstance around suspected suicides and suicide attempts to ensure all lessons are learnt.
3. Further develop the involvement of people with lived experience in the implementation and review of the strategy.



PRIORITY 2: Tailored, targeted support to priority groups

including higher risk groups to provide bespoke interventions that are effective and accessible for everyone.

National Strategy

Based on evidence and data, stakeholder engagement and expert views, the national strategy has identified the following groups for consideration for tailored or targeted action. Some have higher suicide rates than the general population e.g. people in contact with mental health services, others are of concern because rates have increased in recent years despite being low overall, such as children and young people.

High-risk groups identified are:

1. Children and young people.
2. Middle-aged men.
3. People who have self-harmed.
4. People in contact with mental health services.
5. People in contact with the justice system.
6. Autistic people.
7. Pregnant women and new mothers.

Kingston Context

Kingston's data and stakeholder engagement supports prioritising all of these groups.
In addition:

- The local data supports broadening the priority of pregnant women and new mothers to include women at times of identified risk.
- Stakeholders wanted to broaden 'People in contact with mental health services' to 'People with mental health problems'.
- The latest national data also supports adding people with Attention deficit hyperactivity disorder (ADHD).

1. Children and young people up to 25

While the suicide rate in under-20s is relatively low compared with older age groups, rates across all age groups under 25 have been increasing over the last decade in England and this increase is particularly apparent among females under 25[16].

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 2017 report on the factors related to suicide by children and young people aged 10-19 years[17] found ten common themes:

- Family factors such as mental illness.
- Abuse and neglect.
- Bereavement and experience of suicide.
- Bullying (both face to face and online).
- Suicide-related internet use (Promoting Online Safety is also covered in Priority 4).
- Academic pressures, especially related to exams.
- Social isolation or withdrawal (loneliness in young people is covered in Priority 3).
- Physical health conditions that may have social impact.
- Alcohol and illicit drugs.
- Mental ill health, self-harm and suicidal ideas.

The Samaritans 2019 report on 'Loneliness, suicide and young people'[18] recommends:

- Taking a public health approach when commissioning services for young people, that includes social prescribing.
- Funding should be distributed across services that benefit young people's wellbeing, increase their social connections and build on existing voluntary services and community capacity.

In its 2021 report NCISH recommends that suicide prevention in young people should focus on access to services, with services ensuring they have the skills to address multiple co-existing difficulties, preventing and responding to self-harm, and specific diagnoses such as autism and eating disorders[19].

In its 2024 report NCISH[20] notes that deaths of students (aged between 18 and 21) who died by suicide were most common in October and April and recommends that support should be enhanced at key times of risk, such as the start of the academic year and in the lead up to exams. They also recommend a clear pathway to mental health services.

Kingston Context

It is estimated that 11.2% of 5 to 17 year olds have mental health disorders 2017[21]. Based on this, Kingston has 3,257 children aged 5-17 with mental health difficulties. Kingston's Better Mental Health Joint Strategic Needs Assessment 2022[22] makes a number of recommendations related to young people at higher risk of suicide. A number of these are being taken forward as part of the Joint Forward plan 2023 – 2028 including:

- Co-produce and promote peer-led services that support their mental health and reduce involvement in self-harm and risk-taking behaviours, such as substance misuse.
- Implement preventative programmes that increase safety and emotional wellbeing and reduce serious youth violence and exploitation.
- Provide advice and support to parents and carers at all developmental stages to build their confidence in caring for their child and supporting their mental health and emotional wellbeing.
- Provide additional support for those supporting looked after children, to build their confidence in supporting the children and young people's mental health and emotional wellbeing.
- Strengthen the early identification and assessment of young carers to ensure their mental health and wellbeing needs are met and supported[23].

In Kingston's audit, of those where occupation is listed, the most common occupation recorded was 'student' which is 11% of the overall suicides.

Kingston iCope (the NHS talking Therapies for anxiety and depression service) worked with Kingston University in 2018 to create a 'Students' Pathway' to help students to access their services. Local stakeholders have noticed an increase in the complexity of mental health issues as well as levels of self harm and suicidal ideation in schools, the college and the University. Concern has been raised both about long waiting lists for services and a lack of coordination of support.

Our aims:

1. Improve access to mental health support and services that benefit young people's wellbeing, in particular for those experiencing risk factors for suicide.
2. To improve suicide prevention activity within schools, colleges and universities.
3. Improve information and advice available to parents/carers, primary care and community services about signs to be concerned about and support for children and young people, including those who disengage with mental health services. This should include access to local crisis helplines and national resources.

2. Middle-aged men

National research shows that socioeconomic disadvantage is strongly associated with suicide among this demographic[24]. Family or relationship problems, social isolation and loneliness are also factors that are common in men who died by suicide.

Given the fact that two thirds of men had been in contact with frontline agencies or services in the three months before their death, in particular primary care services (43%), the national strategy has highlighted the importance of ensuring that there is appropriate support and signposting for suicide prevention from services men commonly interact with, especially primary care, as well as places where people may seek support for risk factors that have been linked to male suicide. The Samaritans 2020 report 'Out of Sight out of Mind' identifies various points in men's lives where support could have been offered rather than waiting until they reached crisis point and the lack of holistic support so that opportunities to identify mental health issues were missed[25]. This report also outlines best practice in engaging with men.

Kingston Context

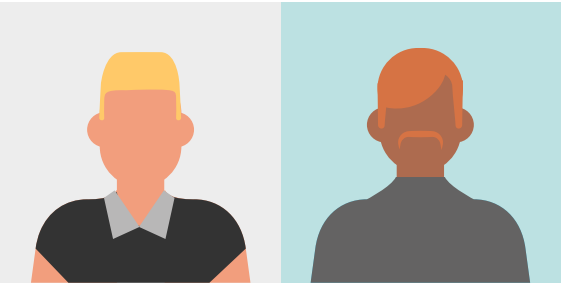
69% of suicides in Kingston were by men. Those aged 45 - 54 had the highest rate and 55-64 the second highest which overlaps with the national priority group of middle aged men (aged 40-54).

Local stakeholders were also keen to improve awareness of support for men by those working in frontline services they used. They also highlighted the need to improve support for younger men to prevent problems in the future.

Kingston has a number of initiatives in place for men including a Kingston College project for young men, the Kingston Carers' Network (KCN) men's group and training local barbers to create spaces where men can open up and be signposted to support[26]. Some of the risk factors with strong links to male suicide are covered in priority 3.

Our aims:

1. Further develop initiatives to support men based on best practice including opportunities for men to support other men going through similar experiences.
2. Provide support and signposting for suicide prevention in places and services where men and boys go and ensure opportunities to identify mental health issues are in place and support is provided, as soon as possible.



3. People who have self-harmed

We know that self-harm is associated with a significant risk of subsequent suicide and particularly for those who repeatedly self-harm or use violent/dangerous methods of self-harm. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) developed the 'Toolkit for Self Harm' from the NICE Quality Standard for Self-Harm[27]. They recommend that local providers review their services against this toolkit annually.

The Samaritans 2020 report on self-harm **'Pushed from pillar to post'** recommends group activities which foster connection, peer support, self-care apps and online guides. It also recommends engaging people with lived experience in the development of services to ensure their effectiveness"[28].

Kingston Context

Emergency admissions for self-harm in Kingston in residents over 14 years appear to have increased significantly since 2018-19. However this may be because Kingston Hospital recorded attendances from self-harm at the mental health assessment unit (MHAU) as inpatients rather than outpatients. Further analysis of the data on self harm inpatient hospitalisations found that:

- The majority were women (70%), which is similar to the 65% seen nationally.
- The 19-28 age group had the largest number of admissions overall.
- The areas with a higher rate of A&E attendance seemed to correlate with areas of higher deprivation in Kingston (Norbiton, Chessington South and Surbiton South).
- The vast majority only had a single admission for self harm over the four years, however 20% people had more than one admission.
- 76% of all those who had three or more self harm inpatient episodes were women.
- 93% had an ethnicity recorded, with 76% of people recorded as white.
- In Black and Mixed ethnicities, over 80% of inpatients were female.
- Seems to peak in the springtime so could be related to exam stress.

The numbers of children attending Kingston Hospital due to attempted suicide or self-harm or alcohol/substance misuse continue to increase which could be due to the waiting list for Tier 2 and 3 CAMHS being very long so that children are presenting in crisis.

Kingston and Richmond Public Health teams have created and are piloting a joint Self-harm and Suicide Prevention pathway to help schools, families and others to support children and young people who self harm.

Our aims:

1. To provide self harm services in line with best practice.
2. Build awareness and understanding among schools, families and others on how to support children and young people who self harm.

4. People with mental health problems

Kingston Context

When individuals are in contact with mental health services, it is crucial that they are offered safe, compassionate and patient-centred care each and every time. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) developed the 'Safer Services Toolkit' based on the 10 key elements for safer care for patients which have been shown to reduce suicide rates[29]. This includes best practice for safer care in mental health services, primary care and hospitals.

In their study of the assessment of clinical risk in mental health services[30], NCISH notes that working more closely with families could improve suicide prevention.

Among the recommendations in the Samaritans 2019 report **'Strengthening the front line'**[31] was that "GP practices should support continuity of care, monitoring and follow-up of people identified as being at risk of suicide."

National data on patient suicides in England between 2010 and 2020 found that patients diagnosed with the following conditions have higher rates of suicide:

- Affective disorders, including depression and bipolar, (42%).
- Personality disorders, (11% and this figure is increasing).
- Schizophrenia and other delusional disorders, (16%).
- Eating disorders, (one-quarter to one-third of people diagnosed with anorexia nervosa and bulimia nervosa have attempted suicide).

The NCISH Annual report 2021: England, Northern Ireland, Scotland and Wales[32] noted some differences between ethnic groups in social and clinical characteristics that could be important to suicide prevention and recommended that clinical services are aware of these differences and take different suicide prevention approaches as appropriate. The 2023 NCISH National report notes that patients in LGB and trans groups had often experienced other factors that may add to suicide risk and that these should be reflected in engagement, assessments and care plans[33]. There were similar findings in the 'Independent Review of Gender Identity Services for Children and Young People April 2024'[34].

We have broadened this national priority to include those with mental health problems as well as those in contact with services given issues raised about access to mental health services by some groups, e.g. ethnic minority groups, and concern raised about waiting times for support and the potential risk this may pose.

Data from South West London & St George's Mental Health Trust between 2018 and 2021 shows nine deaths by suicide in Kingston residents known to their services. Unfortunately there is no information on the diagnosis of these patients. Data on suspected suicides on the Thrive LDN hub shows that of the 22 cases, 14 (64%) had been diagnosed/ admitted with mental health conditions.

14.4% of Kingston residents aged 16 or over were estimated to have a common mental health disorder, such as anxiety or depression in 2017, this is over 20,000 people [35]. The latest 2021 Health Index for England[36] shows that Kingston's anxiety levels are higher than the national average. The JSNA 2023 found that Berrylands ward had the highest levels of mental health disorders[37].

Stakeholders highlighted the need for a more joined up approach to managing risk, particular in those with complex needs with sometimes fluctuating risk. The Community Mental Health Transformation plan is being implemented in Kingston to improve the coordination of services. Suicide response training was provided to GPs across Kingston to improve their management of suicide risk in patients. Local concerns have been raised about the lack of support for patients with personality disorder.

Our aims:

1. Ensure there is safer care in mental health services, primary care and hospitals in line with best practice, including working more closely with families.
2. Improve access to mental health support, in particular by those with conditions that have higher or increasing rates of suicide and those who have lower levels of uptake of services.
3. Provide Mental health support in places, and according to the different needs, of patients based on their ethnicity, age, sexuality etc.

5. People in contact with the justice system

People in contact with the justice system have higher rates of suicide and self-harm behaviour than the general population. Stakeholders in Kingston raised the lack of joined up pathways to support people of all ages in the criminal justice system and the importance of improving connection with the Criminal Justice system.

Our aims:

1. Increase access to mental health support by people in contact with the criminal justice system.

6. Autistic people and people with Attention Deficit Hyperactivity Disorder (ADHD)

Evidence suggests that autistic people, including autistic children and young people[38], may be at a higher risk of dying by suicide[39] compared with those who are not autistic. Undiagnosed or late-diagnosed autism may be a preventable risk factor for suicide[40] and, therefore, earlier identification and timely access to autism assessment services is vital.

A needs-led rather than diagnosis-led approach has been adopted in some areas, which means that families without diagnosis are also supported. This support potentially reduces the risk of suicide as interventions can be put in place as soon as needs are apparent and can reduce isolation experienced.

National data from NCISH[41] found that in 2011-2021, 2% of all patient suicides were autistic people and 1% of all patient suicides were people with ADHD. The number of autistic people and those with ADHD increased over this ten-year period, likely a reflection of an increase in clinical recognition and diagnoses of these disorders. Diagnoses of autism spectrum disorder and ADHD are becoming a larger part of suicide prevention in mental health services, especially among young people. They also note the high rates of suicide-related internet use prior to suicide among autistic people and drug misuse among patients with ADHD and recommend that clinicians are aware of this and have specific training to recognise and support these patients.

Kingston Context

The need to improve support for autistic people of all ages, in particular the need to improve access to mental health support, was a very strong theme from Kingston's stakeholders. The needs of other neurodiverse groups were also raised but there was no local data to support this, nevertheless we will monitor data for any changes in the future. Healthwatch Kingston's Neurodiversity and health and care services report published in March 2022[42] made a number of recommendations including the need to:

- Make health and carer services including mental health properly accessible to neurodiverse residents.
- Commission a specialist pathway for neurodiverse people with functional mental health needs.

Our aims:

1. Improve access to mental health support for all people with, or waiting for, a diagnosis of autism or ADHD depending on their needs.
2. Improve training and support for clinicians, carers and families of people with autism or ADHD on suicide prevention.

7. Pregnant women, new mothers and women in at risk groups

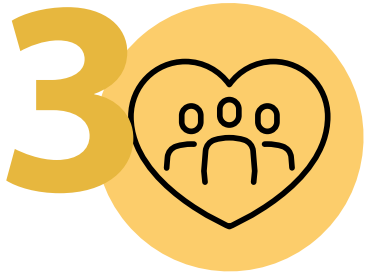
- The September 2022 Office of National Statistics reported that comparison between 2015 and 2021 showed a statistically significant increase for females aged 10 to 24 and 25 to 44 years[43].
- Nationally suicide is the leading cause of direct deaths six weeks to a year after the end of pregnancy[44].
- Complex problems remain extremely common in women who die by suicide and there are several overlapping risk factors that services need to consider including current and past mental ill health, domestic abuse, substance misuse, baby loss, teenage parenthood and experience of the care system[45].

Kingston Context

Kingston's data showed that in women, 90% of suicides were in those aged under 55. Local stakeholders have raised concerns regarding support for women during the menopause and mothers supporting children with particular needs including autism. The need to address the unique mental health challenges faced by women, including young women, was raised in the consultation.

Our aims:

1. Increase awareness of and access to mental health support for new mothers.
2. Increase awareness and access to perinatal mental health support, particularly by young women at higher risk of suicide.
3. Increase awareness of and access to mental health support for women during times of identified risk.



PRIORITY 3: Addressing common risk factors

at a population level to provide early intervention and tailored support.

National Strategy

Addressing risk factors linked to suicide is a central part of effective suicide prevention. This is an opportunity for effective early intervention, as well as appropriate, tailored support for those experiencing suicidal thoughts or feelings. The cumulative impact of different risk factors is also important as is the importance of early intervention and signposting.

Links have been evidenced between suicide and social determinants of health such as housing, poverty, employment and education. Specific factors (many linked to wider determinants) have been identified as priority areas to address within the national strategy:

Common risk factors identified are:

1. Physical illness.
2. Financial difficulty and economic adversity.
3. Harmful gambling.
4. Substance misuse.
5. Domestic abuse.
6. Social isolation and loneliness.

Kingston Context

In addition to these areas Kingston stakeholders and data also identified the following risk factors and we have amended our priorities in light of these:

- Domestic abuse was raised by local stakeholders, but data and feedback has also raised recent and historical sexual abuse as an area where more support is needed.
- Family breakdown is another area identified by local stakeholders and supported by local data.
- Trauma was raised by local stakeholders both in relation to abuse and to veterans

1. Physical illness

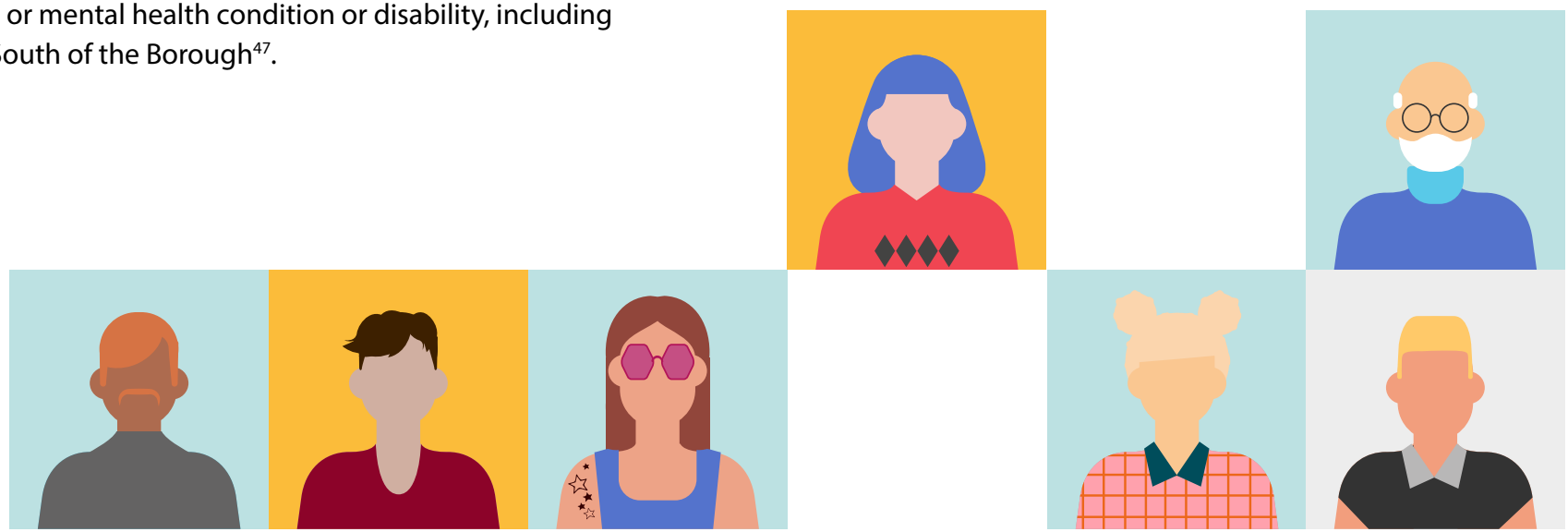
Evidence suggests that a diagnosis of a severe physical health condition may be linked to higher suicide rates. Evidence from NCISH suggests that over half of men aged 40 to 54 who died by suicide had a physical health condition[46]. Many of whom made contact with primary healthcare services at this time.

Kingston Context

Whilst Kingston data is limited, physical health conditions were mentioned in a number of the suicides on the Thrive LDN hub. Kingston's JSNA 2023 notes that there are a number of areas with high proportions of people claiming benefits for support with a limiting long-term physical or mental health condition or disability, including Chessington/ the South of the Borough[47].

Our aims:

1. Ensure mental health needs are integrated into programmes supporting people with severe physical health conditions.
2. Improve awareness of and access to NHS Talking Therapies (previously known as Kingston iCope) by people with severe physical health conditions, particular in areas of higher need.
3. Ensure those caring for people with severe physical health condition are trained in suicide prevention.



2. Financial difficulty and economic adversity

Financial difficulty and adversity can result in suicidal thoughts or action. National data from NCISH 2023 found that between 2010-2020[48] there was an increase in patients who had experienced recent economic adversity. It recommends that frontline staff should be aware of the risks of new problems concerning the loss of jobs, benefits and housing, among other issues, and should have the information to signpost patients to sources of financial support and advice.

A 2021 Samaritans report on **'The impact of economic disruption on young adults'**[49] noted that "during the pandemic economic disruption in young adults, including job loss, meant that they: were more likely to report suicidal thoughts afterwards, compared to those who have not experienced any economic disruption".

It concluded that: "focusing on short-term financial relief, alongside longer-term solutions to change someone's financial and emotional situation is vital".

In addition, a recent report by the Office of National Statistics noted that job-related features such as low pay and low job security increase risk[50].

Kingston Context

The local audit found:

- No clear correlation between deprivation and suicide rate can be seen from the data on suicide although, as mentioned in the self harm section, the areas with a higher rate of A&E attendance seemed to correlate with areas of higher deprivation in Kingston (Chessington South, Norbiton and Surbiton South).
- 9% of suicides in Kingston do not have an occupation listed, but it is impossible to say if this means 'unemployed' or is just missing data.
- Financial difficulties were mentioned in one of the cases on the Thrive London hub.

A map of residence postcodes was created to check for any clusters amongst people living in the borough. No clear clustering could be seen, with home locations spread throughout the borough.

The cost of living crisis network run by Kingston Information and Advice Alliance (KIAA) raised concerns about an increase in people who use their services feeling unable to cope, with some feeling suicidal. Stakeholders noted the value of working together to support people. For example: The Cambridge Road Estate has a one stop shop approach where mental health support is provided alongside a number of other services including a food bank, financial support and healthcare.

Our aims:

1. Ensure those providing support to people with financial problems, of all ages, are offered suicide prevention training.
2. Improve signposting for finance and debt support by primary care and mental health services[51].
3. Further develop and coordinate mental health support for people who are homeless or in temporary accommodation, and ensure those working with homeless people are able to manage the risk and impact of suicide for people experiencing homelessness[52].
4. Improve access to welfare benefits and financial advice for all those with mental health conditions.

3. Harmful gambling

There is increasing national evidence of the relationship between harmful gambling and suicide, including in younger people[53]. This is not an area that was identified specifically in local data, however, it will be important to continue to monitor given the identification of it nationally.

The Local Government Association has identified a number of steps that councils can take to help identify people experiencing gambling harms and assist and encourage them to access the support that is available from other organisations, and has recommended a whole Council approach to tackling gambling-related harm[54].

Furthermore the Council is responsible for monitoring physical premises where gambling takes place. It undertakes a risk based inspection programme to ensure compliance with national License Conditions and Codes of Practice which include a social responsibility code that covers under age gambling and problem gambling. The Council will look to promote Suicide Prevention through their inspection program.

Our aim:

1. Develop a whole Council approach to tackling gambling-related harm.

4. Substance misuse

A high proportion of people in contact with mental health services in England who died by suicide between 2010 and 2020, presented with both alcohol misuse (45%) and drug misuse (35%). In a study of middle-aged men that died by suicide in 2017, 49% had experienced alcohol misuse, drug misuse or both, particularly those unemployed, bereaved or had a history of self-harm or violence. A recent study showed that mental health trusts that implemented a policy on co-occurring drug and alcohol use observed a 25% fall in patient suicides[55].

Kingston Context

Data from the Kingston substance misuse team on deaths in treatment between 20/02/2018 - 01/12/2021 found that three of the deaths were classified as 'suspected suicide' across the four years, which is 10% of the total. The rate of deaths of people who died whilst in treatment for alcohol use in Kingston has been higher than the national rate dating back to 2016/17 (except 2019/20)[56].

Gaps and issues identified in the RBK Substance Misuse Needs Assessment 2022 include the need for better support/ signposting in Kingston Hospital for patients with co-occurring alcohol and drug misuse and mental health issues and there is joint work underway between the Council and South West London & St George's Mental Health Trust to address these.

Our aims:

1. Embed suicide prevention in drug and alcohol policy and services.
2. Improve mental health treatment for people with mental health conditions who also misuse alcohol and drugs.

5. Domestic abuse and sexual abuse

The national strategy notes the increase in evidence on a link between domestic abuse and suicide[57]. The 2022 NCISH report notes that the majority of patients with a history of domestic violence were female and that self-harm, previous alcohol or drug misuse and personality disorder diagnosis were more common in this group, potentially reflecting previous trauma or abuse. The Women's Mental Health Taskforce report 2018[58] suggests that women's experiences of physical and sexual violence are likely to be factors in recent increases in suicide in women.

Kingston Context

Previous sexual abuse was noted in some of the Kingston cases on the Thrive LDN hub. Domestic abuse increased in Kingston during the pandemic and a recent sexual harassment survey by Youth Council shows evidence of increase in sexual assault in Kingston.

Concern was raised by local stakeholders about the lack of coordination between sexual assault pathways and mental health services and a lack of mental health support for those who have experienced recent or historical sexual abuse.

Our aims:

1. Increase access to mental health support by survivors of domestic abuse and sexual abuse.
2. Increase the consideration of domestic violence by clinicians when assessing suicide risk.

6. Trauma

Research consistently finds a strong link between traumatic experiences and suicidal thoughts and behaviours[59]. The 2023 national report from NCISH noted the importance of offering psychological therapies to address previous trauma[60].

Trauma can sometimes lead to PTSD (post traumatic stress disorder) and national research into the mental health of UK Armed Forces personnel found that there has been a moderate increase in PTSD in recent years[61]. The Charity Help for Heroes has made a number of recommendations to improve support for veterans[62].

Many asylum seekers and refugees will experience traumatic events. Children seeking asylum experience a range of mental health difficulties, including post-traumatic stress disorder (PTSD)[63].

Kingston Context

The Royal Borough of Kingston has signed the Armed Forces Covenant and is committed to supporting veterans in Kingston[64]. The 2021 Census showed that in Kingston we have over 2,600 veterans, which is 2% of our adult population, the sixth-equal highest level in London.

Kingston Refugees Asylum Seekers Migrants Strategy 2016-2019 notes that Refugees and asylum seekers report levels of anxiety, depression, phobias and post-traumatic stress disorder (PTSD) which are higher than in the rest of the population or other migrant groups[65].

South West London & St George's Mental Health Trust has seen an increase in demand for patients presenting with complex PTSD across the secondary services for Kingston and Richmond, in particular survivors of childhood abuse with PTSD.

Our aims:

1. Continue to work on embedding trauma informed principles across all services and improve coordination of this work.
2. Increase access to evidence based psychological treatments for those who have experienced trauma.
3. Implement best practice to reduce suicide risk in veterans.

7. Social isolation, loneliness and relationship breakdown

Social isolation (having few people to interact with regularly) and loneliness (not having the quality or quantity of social relationships we want, regardless of social contacts) have been closely linked to suicidal ideation and behaviour[66]. National evidence shows that:

- Social isolation was experienced by 15% of under-20 year olds and 11% of 20 to 24 year olds who died by suicide[67].
- Of men aged 40 to 54 who died by suicide, 11% reported recent social isolation[68].

The Samaritans 2019 report on **'Loneliness, suicide and young people'** made a number of recommendation including 'Ensure loneliness is included in local health and social care plans and policies for at risk young people. For instance, local suicide prevention plans'[69].

Kingston Context

The most prevalent search on 'Connected Kingston'[70], our local social prescribing platform, was for 'friends'. Kingston's Better Mental Health JSNA 2022[71] includes recommendations to:

- Tackle social isolation amongst older carers.
- Increase the ways of identifying people who are lonely and supporting them to access local services, and work with older people, particularly those who are not accessing existing services, to develop ways for them to build social connections.

Personal / family circumstances were noted in some of the Kingston cases on the London Thrive hub, both men and women. Family or relationship problems', is one of the factors that are common in men who died by suicide and this may include issues relating to access to children. Increasing awareness of, and access to, relationship support providers, especially for those on low incomes was one of the objectives in the last strategy where there was less progress so this is an area needing more work.

Kingston is part of the South London Listens programme and one of the priorities in this is tackling loneliness through, among other things, developing Be Well hubs[72]. These hubs are spaces for local people to turn to when they feel their mental health is low or simply to feel more connected with their local community. In Kingston a number of local organisations have already signed up to be 'Be Well hubs', including churches, the Islamic Resource Centre and Kingston Carers Network.

Our aims:

1. Further develop and promote opportunities for people to connect with each other, particularly young people, men, carers and those experiencing other risk factors for suicide.
2. Identify opportunities to increase access to relationship support.

PRIORITY 4: Promoting Online Safety

to reduce harm, improve support and signposting, and provide helpful messages about suicide and self-harm.

There has been emerging evidence of the link between the online environment and suicide across different age groups. Online platforms, however, also provide an invaluable way to raise awareness and improve access to support to resist suicidal ideation and self-harm. The Samaritans' have provided useful advice on 'Controlling the suicide and self-harm content you see online[73].

Kingston Context

In recent years, good progress has been made in Kingston to tackle the stigma surrounding mental health, in particular through the work of the Champions for Change programme now provided by Mind in Kingston[74]. Local stakeholders felt, however, that there was still considerable stigma surrounding suicide and that local work by Champions for Change should also involve suicide prevention approaches. Communications that effectively reach different cultures and communities needs to be part of awareness raising programmes. The need to ensure that prevention and awareness programmes adequately cover all age groups and demographics and consider cultural differences in how mental health is perceived and addressed was also raised in the consultation.

A group of volunteers across South West London, including Kingston residents, with direct experience of the impact of suicide, created a film where they speak about their experiences. This film is called 'Hold the Hope' and will be used to train frontline staff to support others who may be in crisis.

Local stakeholders raised concerns about the lack of co-ordination of sites providing information about mental health support for both children and adults. The need for more support for parents to manage access to media and keep their children safe was also raised.

Our aims:

1. Ensure it is easy for people of all ages who need help to resist suicidal ideation and self-harm to access support on all local websites, including specialist support for specific groups, such as veterans.
2. To further develop support for residents, in particular children and young people and their parents, for healthy and safe usage of online platforms.
3. Continue to tackle stigma around suicide and promote help seeking for those who need it, in partnership with community groups, so that campaigns meet the needs of and all ages and demographics, so that no one suffers in silence.

PRIORITY 5: Providing effective crisis support

across sectors for those who reach crisis point.

It is essential that timely and effective crisis support is available to those who need it. Research by NCISH suggests that, of all deaths by suicide by people in contact with mental health services in England between 2010 and 2020, 13% were under the care of Crisis Resolution and Home Treatment teams[75]. In their study of the assessment of clinical risk in mental health services[76] NCISH noted that both patients and carers emphasised the need for clarity about what to do and who to contact in a crisis.

The Right Care, Right Person (RCRP) model is soon to be introduced across London. It changes the way the emergency services respond to calls involving concerns about mental health. It is aimed at making sure the right agency deals with health related calls[77].

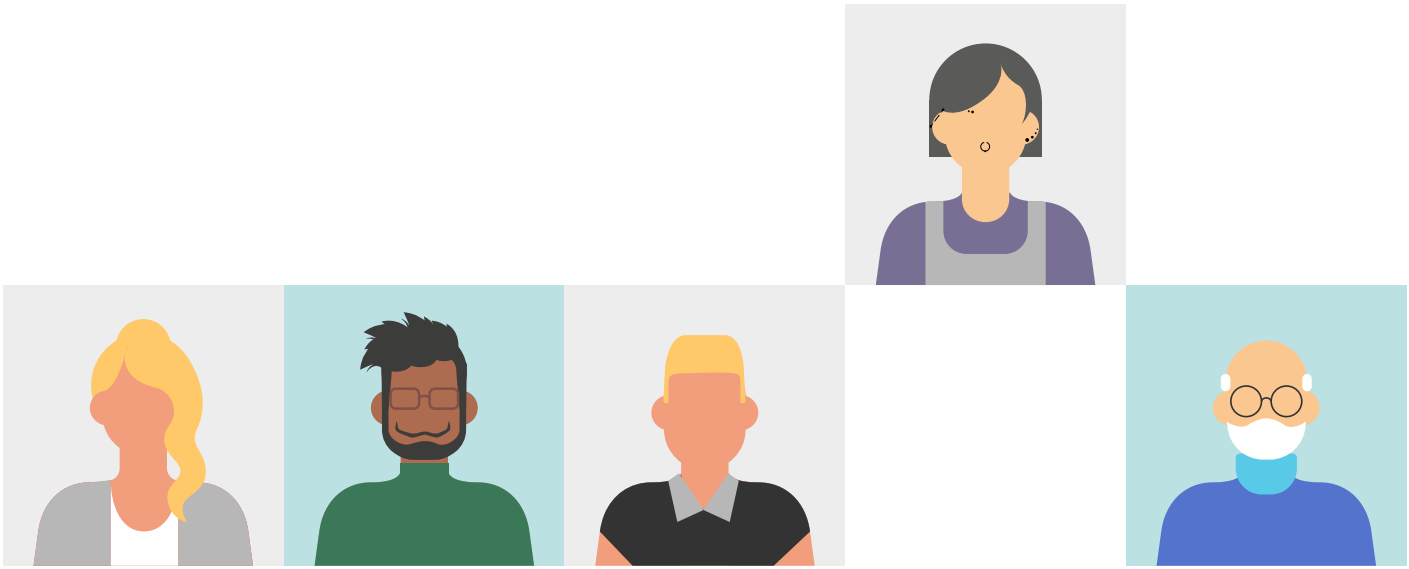
Kingston Context

Records on suspected suicides on the Thrive LDN hub note that some of the cases who had been diagnosed/admitted with mental health conditions, had known suicidal ideation and/ or previous attempts. South West London & St George's Mental Health Trust recorded ten attempts by patients who were Kingston residents from April 2018 to March 2022.

Stakeholders raised concerns about awareness and access to crisis support and a lack of a joined up crisis pathway in Kingston, particularly for children and young people. They also raised the need for more support to help those who have previously made attempts from attempting again.

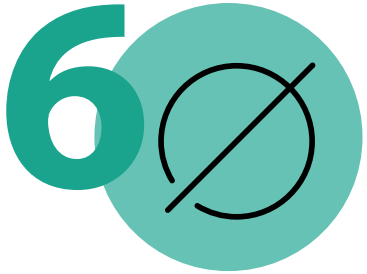
Our aims:

1. Anyone, whatever age, experiencing suicidal crisis, and their families and carers, are easily able to access timely and effective support and information when and where they need it, to help prevent suicide.
2. Pathways between services and sectors are improved so that there is a more joined-up approach to crisis prevention and response, including through timely follow-up and aftercare.
3. Information about crisis support is provided in a wide range of places, particularly where high risk groups or those experiencing risk factors are likely to see it.



Trigger warning

This section contains potentially distressing content around methods and means of suicide.
Please take care and have self-care steps in place if you do choose to read.



PRIORITY 6: Reducing access to means and methods of suicide.

The most effective suicide prevention measure remains restricting access to the means of suicide[78]. This involves action to prevent suicides in public spaces and reducing accessibility to other means such as prescribed medicine.

It is important that trends in locations and means are monitored to allow locations and clusters to be identified. The 2015 Public Health England guidance on preventing suicides in public places[79] identifies four broad areas of action to help eliminate suicides:

1. Restricting access and barriers.
2. Increasing opportunity and capacity for human intervention.
3. Increasing opportunities for help seeking by the suicidal individual.
4. Changing the public image of sites (to dispel its reputation as a 'suicide site').

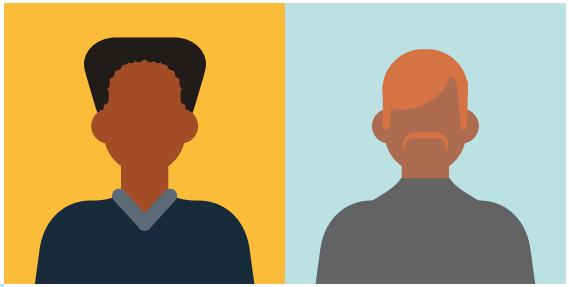
Kingston Context

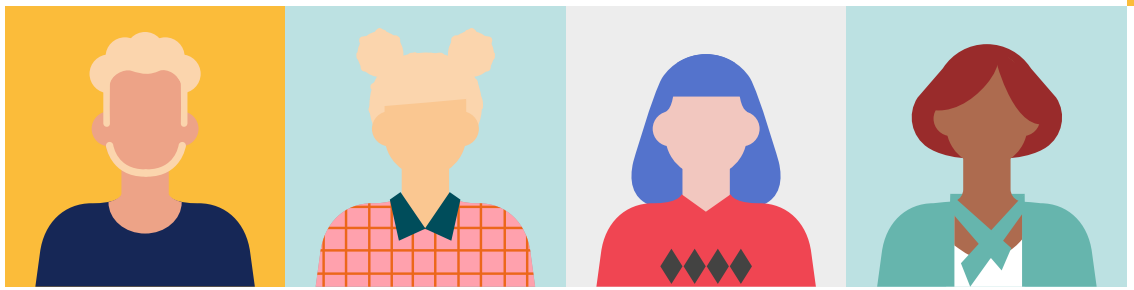
Kingston data shows that whilst the most frequent method (42%) is suicides by hanging, 18% died by overdose and 16% from multiple injuries (from fall or impact). This is in line with national data which also shows that there has been a rise in deaths by self-poisoning recently following a decrease prior to 2015, whilst deaths by impact/multiple injuries has decreased[80].

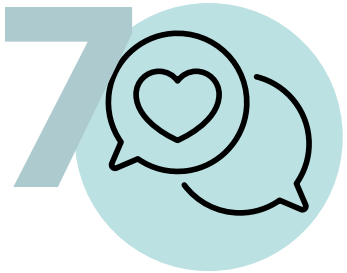
Twenty-one (36% of those with a known location) of the suicides took place outdoors; locations include in or around railway stations, tracks or tunnels (ten people), parks (four), car parks (two) and the River Thames (two). Stakeholders were keen to further develop work around the riverside to better understand and manage suicides there. They also raised the importance of work in car parks and learning from best practice in other areas.

Our aims:

1. Increase awareness of support in potential high risk locations in particular the riverside and car parks.
2. Ensure there is an agreed process in place to identify and respond to a possible suicide cluster, i.e. where there may be more suicides than expected in a particular area, or a suspected link between suicides.
3. Work with GPs, hospitals and pharmacists to promote safe prescribing.







PRIORITY 7: Providing effective bereavement support to those affected by suicide.

Evidence suggests family, friends, carers and acquaintances who are bereaved by suicide may have a risk of dying by suicide that is up to three times higher than the general population, particularly among men and young people.

Deaths by suicide in public places can be traumatising for first responders and other witnesses, and further increases the impact of the death[81]. Compassionate, effective and timely support for people bereaved by suicide is essential.

Kingston Context

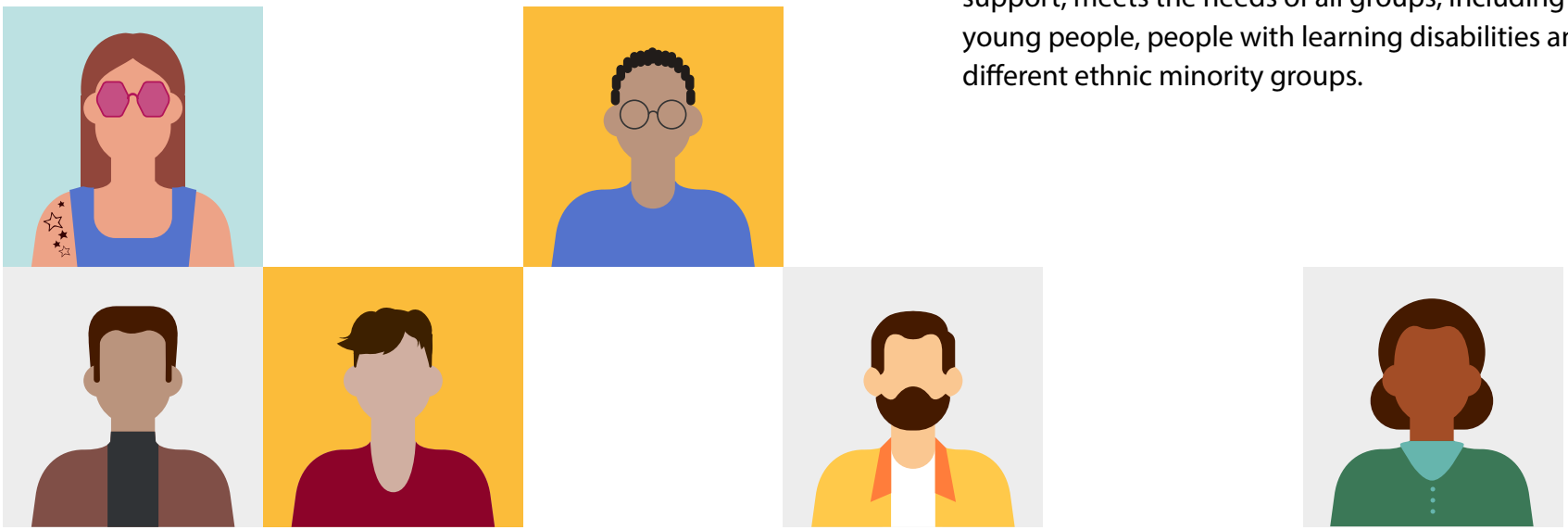
The **'Help is at hand'** resource produced by the Support After Suicide Partnership is an important guide for people affected by suicide and provides emotional and practical support[82] and has been promoted in Kingston. The South West London Suicide Bereavement Service was set up in 2019 and provides support for individuals, families and others affected by death by suicide including Kingston residents, as well as signposting to bereavement support organisations, peer support groups and/or mental health services for counselling.

A joint report by Healthwatch Kingston (HWK) and Kingston Voluntary Action (KVA) published in 2022 considered how access to support and services for our under-served communities could be improved. It makes a number of recommendations to improve access to bereavement support in Kingston, including by ethnic minority groups, and children and young people[83]. Stakeholders have raised concerns about access to support, particularly for children and young people who are bereaved by suicide.

Kingston Samaritans have promoted their 'Step by Step' service[84] to local schools so that they can put suicide prevention and postvention plans in place. There has been less work with employers on this topic.

Our aims:

1. All individuals bereaved by suicide, including friends and family as well as first responders, are offered timely, compassionate and tailored support.
2. Improve awareness of local[85], regional and national[86] bereavement support, including suicide bereavement, across all ages.
3. Workplace and education settings are provided with support so that they are able to prepare for and recover from a suspected or attempted suicide and provide appropriate support to those who are bereaved by suicide.
4. Ensure bereavement support, including suicide bereavement support, meets the needs of all groups, including children and young people, people with learning disabilities and people from different ethnic minority groups.



PRIORITY 8: Suicide prevention is everyone's business

so that we can maximise our collective impact and support to prevent suicides.

Suicide prevention should be everyone's business. Every person, organisation and service in Kingston potentially has a role to play. Whilst the most common risk factors are described under priority 3, there are other less predictable reasons why people might take their own lives e.g. noise[87], racism[88], abuse[89]. For this reason it is essential that as many organisations as possible sign up to support this strategy so that they are trained to identify and support people and to consider suicide prevention in their services.

Employers have an essential role to play in supporting practices and conversations that help prevent suicides. Every employee should feel supported and every employer should ensure that support is known and available, particularly at points where an employee may be at higher risk e.g. redundancy. Data suggests that suicide rates vary across occupation groups, with some at higher risk[90]. It is imperative that, where professions and occupations have higher rates of suicide, employers take targeted action to reduce rates as far as possible.

Kingston Context

There has been a long rolling programme of suicide prevention training in Kingston and we will build on this. Over 300 frontline staff have attended Suicide Awareness Training since 2015. This includes people working with both adults and children such as school nurses, housing staff and people working in voluntary sector organisations. A review is needed of which groups have attended and where there are gaps. Over 60 staff, including GPs and staff in substance misuse services attended Suicide Response Training to help them in risk assessment and safety planning since 2019.

A leaflet for frontline staff was created for anyone working with someone in mental distress. It has been used by Kingston Council staff as well as Kingston Police, Kingston University, voluntary sector organisations and Kingston First for local businesses.

The 'Hold the Hope' film mentioned in Priority 4 will be used to aid learning and training for local schools, the police and those who work in health and social care. It is about learning how to support others who may be in crisis and encouraging people to talk openly about suicide without judgement, shame or discrimination.

Data from Kingston's audit found that those working in 'Lower Supervisory and Technical occupations, as defined by the Office for National Statistics (ONS)[91], had the largest rate of suicide, however there was no specific occupational group with higher suicide rates.

Healthwatch Kingston was commissioned by Kingston Council to undertake an engagement exercise with Care Workers about their wellbeing and produced a report in October 2023 which made a number of recommendations to improve the mental health of care workers in Kingston[92]. The Royal Borough of Kingston and Kingston Hospital signed the Time to Change Employer Pledge focused on improving mental health and reducing stigma in the workplace. Whilst Time to Change no longer exists nationally Kingston continues to tackle stigma through Champions for Change Kingston[93].

The Sector Led Improvement – Suicide Prevention Support recommended that more be done to:

- Ensure an embedded approach to Suicide Prevention within each partner organisation.
- Stimulate interest and curiosity in this policy area in other strategic forums.
- Maximise the potential of engagement with VCS providers.

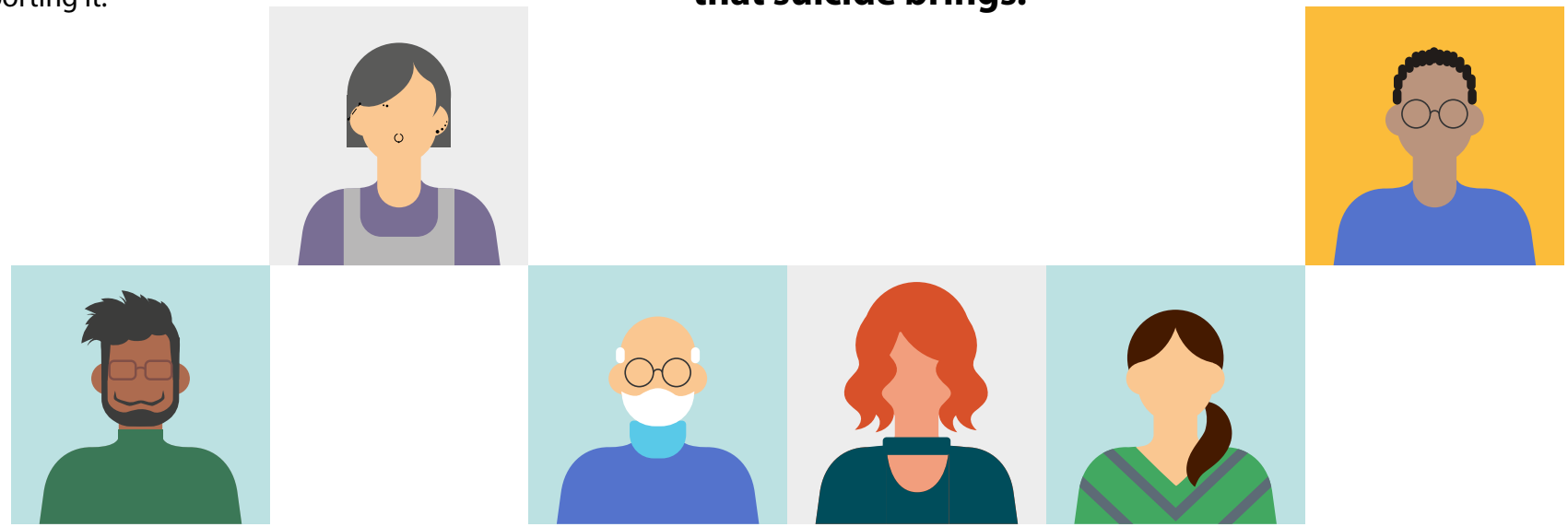
We will encourage everyone to support this strategy, and take action to help prevent suicide in Kingston. We will also work with voluntary and community groups working with the wide range of groups living in Kingston to ensure that the training meets the needs of different communities.

Our aims:

1. Every individual across Kingston has access to training and support, appropriate to their needs, that gives them the confidence and skills to save lives.
2. Ensure that when people experiencing suicidal thoughts or feelings reach out, they receive timely, appropriate support, no matter what service the individual initially accesses, to help prevent suicide.
3. Employers (especially those in high-risk occupations) have appropriate mental health and wellbeing support in place for their staff.
4. An increasing number of local organisations adopt this strategy and commit to supporting it.

Final remarks

We call on everyone to consider this strategy, the at-risk groups identified and the risk factors, as well as the roles that each person and their organisations can play in working together in an even more cohesive and informed way, to deliver improved outcomes and ensure that the preventable is prevented, and that families and communities do not suffer the devastating impact that suicide brings.



Appendix 1: Linked Committees and strategies

Kingston

1. Kingston and Richmond Safeguarding Children Partnership (KRSCP)[94] and KRSCP Case Review Subgroup
2. Forthcoming Kingston All-Age Autism and Attention Deficit Hyperactivity Disorder (ADHD) Strategy
3. Kingston and Richmond CAMHS transformation plan
4. Safer Kingston Partnership[95]
5. Safer Kingston Partnership Plan 2024-2029[96]
6. Forthcoming Kingston Children and Young People's Plan
7. Kingston Safeguarding Adults board[97]
8. Enhanced Mental Health Pathfinders Programme London for adult victims and survivors of sexual assault and abuse with complex mental health needs
9. Strategic Partnership for Alcohol and Drug Co-occurring Task & Finish group
10. Royal Borough of Kingston Substance Misuse Needs Assessment 2022
11. Kingston's Drug & Alcohol Delivery Plan 2023/24
12. Kingston Carers' Strategy
13. Connected Kingston Prevention and Personalisation Board
14. Champions for Change
15. Kingston multi-agency River Safety Forum

South West London

16. South West London & St George's Mental Health Trust Lived Experience Network
17. South West London & St George's Mental Health Trust Suicide Prevention strategy 2024-2027
18. South West London Integrated Care Board All Age Mental Health strategy[98]
19. South London Listens Programme[99]
20. SWL Child Sexual Abuse Pathway
21. SWL Rough Sleeping & Mental Health Programme (RAMPH)
22. South West London Integrated Care Board Suicide Prevention Working Group
23. South West London End of Life Care (EOLC) & Bereavement Steering Group
24. South West London transformation plan for children and adolescent mental health services, updated in 2023[100]

Appendix 2: Kingston strategy development

1. **Suicide Audit and Analysis of 2018-2021**
   The audit was informed by best practice[101] in order to present the most up to date picture on suicide and risk factors in Kingston. A decision was taken not to undertake a retrospective review of coroners' files, given time constraints. Instead the review focused on nationally available Primary Care Mortality data and the more detailed information provided by Thrive LDN's Real Time Surveillance System (RTSS). The audit also considered data on known risk factors for suicide. There was also an analysis of self harm data given the large proportion of people who take their own life who have previously self harmed. Any differences in Kingston's population compared to national data are noted in relevant sections.

2. **Evidence base**
   The strategy has been informed by some of the national evidence on population risks, based on a much larger population sample than a local audit. Relevant national and local evidence is referred to in relevant sections.

3. **Health overview panel progress report**
   In July 2022 a report was presented to Kingston's Health overview panel which provided an update on progress on Kingston's Suicide Prevention Strategy 2016 - 2021 as well as recommending areas for development based on an analysis of Kingston's work in the areas recommended in the 'Local Suicide Prevention Planning in England an Independent Progress Report', May 2019, by the Samaritans, and a review of current activity under the priority areas.

4. **Sector Led Improvement by the Department of Health and Social Care (DHSC)/Local Government Association (LGA) December 2022**
   RBK successfully accessed Sector Led Improvement support for suicide prevention activity from a national programme funded by the Department of Health and Social Care, delivered by FD Associates on behalf of the Local Government Association. They identified strengths and weaknesses which have informed this strategy.

5. **Stakeholder engagement**
   A wide range of stakeholders were consulted as part of the development of the draft strategy between March and June 2023, through attendance at relevant committees, individual meetings and workshops (see Appendix 2). Stakeholders were asked for their views on suicide prevention work to date and to identify which areas need to be built on and any additional themes/ areas of action.

6. **Local steering group**
   Interviews were undertaken with members of Kingston's multi agency Suicide Prevention Strategy steering group and the group was consulted throughout the process for their feedback.

7. **Lived Experience**
   A monthly Coproduction group was held with three Kingston residents who are members of the SWL&STG Mental health trust Lived Experience Network.

8. **Consultation on draft**
   A draft strategy was put on the Council's Let's Talk portal from November 13th 2023 to January 15th 2024 and local stakeholders and residents were invited to comment. The consultation was promoted widely to local stakeholders, in particular those working with priority groups and in high risk areas. The key comments largely supported what we had found from extensive consultation we carried out with stakeholders across the year and some of the themes that were raised were the importance of creating a supportive environment for those struggling with mental health issues through, for example, awareness campaigns about mental health and suicide prevention, targeting schools, colleges, and workplaces, improving access to mental health services and ensuring effective crisis support. The need for collective ownership to help drive a culture of change was also raised and the importance of engaging with people who have lived experience. If you would like more information see Kingston's Draft Suicide Prevention Strategy - The Royal Borough of Kingston upon Thames - Citizen Space.

9. An easy read version of the draft was also produced.

10. An EQIA is being carried out and has informed the strategy.

11. The Suicide Prevention Steering Group approved the strategy in March 2024.

12. The Kingston Partnership Board endorsed it in April 2024.

Appendix 3: Stakeholder engagement January - April 2023

Theme	Groups attended
Senior leaders in Kingston	Safeguarding adults board Kingston partnership board
Men	Workshop
Individuals with mental health problems	Various mental health teams in RBK, SWL&StG, Kingston iCope Kingston Mental Health and Wellbeing Group Meeting Kingston champions for change group SWL&StG MH trust family and friends carers' reference group
GPs	Kingston Council of members meeting (GPs) Primary Mental Health Care Learning Set
Individuals with substance (drug or alcohol) misuse problems	Substance misuse service key stakeholders
People living with long-term physical health conditions	Kingston Place based Partnership Committee K&R Transformation Delivery Board RBK Adult social care Access, locality and Hospital discharge teams
People with learning difficulties and people on the autistic spectrum	Kingston Health Watch people with learning disability group, ICB Neurodiversity lead

Theme	Groups attended
People in contact with the criminal justice system	Safer Kingston Partnership VAWG and Vulnerabilities Lead - Safer Kingston Partnership South West Basic Command Policing Unit Mental Health Partnership & Crisis Coordinator
Children and young people including self harm especially children looked after, care leavers and those in the Youth Justice System	Kingston and Richmond Safeguarding Children Partnership (KRSCP) Achieving for Children's teams and managers, All 3 Mental health in school cluster meetings. Suicide Prevention steering group on children, young people and students
People in difficult economic circumstances or experiencing mental health problems at work, gambling	Combating poverty network, chamber of commerce, RBK Employment, Skills and Enterprise team, Licensing and Environmental Compliance Team Leader
Other vulnerable groups	BAME Mental Health partnership, No Straight Answer youth group Kingston Carers' board SWL bereavement group
Reduce access to the means of suicide	River Safety Committee

Glossary

Attention deficit hyperactivity disorder (ADHD)
Attention deficit hyperactivity disorder (ADHD) is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.

Connected Kingston
Connected Kingston is a site dedicated to helping Kingston residents find local activities and navigate local services. It is run by the Royal Borough of Kingston Council and Kingston Voluntary Action in conjunction with local charities and statutory organisations. Special training is available to anyone who regularly comes into contact with people that may be struggling to navigate or find local activities or services.

Cluster
A cluster is usually three or more deaths that occur unexpectedly closely in terms of time, place, or both. Public Health England has published a practice resource on Identifying and responding to suicide clusters and contagion (Public Health England, 2015).

Coroner
A government official who conducts or orders an inquest into the manner or cause of death where there is reason to think the death may not be due to natural causes or which need an inquiry for some reason.

ICB
Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area.

ICS
Integrated care systems (ICSs) were set up to enable local partners – the NHS, councils, voluntary sector and others to work together to create better services based on local need. Their aim is to improve health and care services – with a focus on prevention, better outcomes and reducing health inequalities.

Kingston and Richmond Safeguarding Children's Partnership (KRSCBP)
Kingston and Richmond Safeguarding Children Partnership (KRSCP) brings together the statutory partners for safeguarding across Kingston and Richmond to work together to ensure children's safety and wellbeing.

KRSCBP Case Review Subgroup
The Case Review (CR) subgroup is responsible for considering local serious child safeguarding cases, conducting rapid reviews, and commissioning child safeguarding practice reviews where appropriate. The subgroup also leads on consideration and dissemination of learning reviews conducted externally where these are relevant to local practice. This includes domestic homicide reviews or safeguarding adults reviews, as well as research and reviews published by the national Child Safeguarding Practice Review Panel.

Kingston iCope (renamed the NHS talking Therapies for anxiety and depression service)
The NHS Talking Therapies, for anxiety and depression programme (formerly known as Improving Access to Psychological Therapies, IAPT) was developed to improve the delivery of, and access to, evidence-based, NICE recommended, psychological therapies for depression and anxiety disorders within the NHS.

Mental Health
Mental health is a state of wellbeing: we all have health and we all have mental health. Mental health is a continuum, demonstrating fluidity and the possibility of change over time. This can range from poor mental health to good mental health, from having a diagnosed mental health condition, to no diagnosis.

Mental illness
Mental illness may be 'characterised by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others' which affect mood, and the ability to function effectively and appropriately. The term is often used interchangeably with 'mental health issues/ problems/ difficulties', or mental 'ill health', 'distress' or 'condition'. However, these terms are broad and can mean something that everyone experiences as part of everyday life, for instance stress, worry or grief. Mental illness can also mean an acute, diagnosed condition, mental health crisis or suicidal depression. Examples of mental illness include: eating disorders, depression, anxiety, bipolar affective disorder, psychoses, intellectual disabilities and developmental disorders including autistic spectrum disorder.

NCISH (National Confidential Inquiry into Suicide and Safety in Mental Health)
National Confidential Inquiry into Suicide and Safety in Mental Health at the University of Manchester is the UK's leading research programme into suicide prevention in clinical services, The National Confidential Inquiry into Suicide and Safety in Mental Health has the overall aim of improving safety for all mental health patients.

NHS
The National Health Service is the Government-funded medical and health care service in the UK that is free to access for all residents.

NHS Long Term Plan
A plan proposed by NHSE which outlined its intentions for services in the next 10 years. It includes a significant commitment to suicide bereavement support, including; post-crisis support for families and staff who are bereaved by suicide, Suicide bereavement support for [bereaved] families, and staff working in mental health crisis services in every area of the country.

NHS Trusts
Organisations who may act as Health Care Providers and provide hospital services, community services and/or other aspects of patient care generally serving either a geographical area or a specialised function (such as an ambulance service). In any particular location there may be several trusts involved in the different aspects of healthcare for residents.

NICE (The National Institute for Health and Care Excellence)
NICE is an executive non-departmental public body, in England, of the Department of Health and Social Care, that publishes guidelines in four areas:

- The use of health technologies within the National Health Service (NHS)
- Clinical practice (guidance on the appropriate treatment and care of people with specific diseases and conditions)
- Guidance for public sector workers on health promotion and ill-health avoidance
- Guidance for social care services and users.

OHID (Office for Health Improvement and Disparities)
The Office for Health Improvement and Disparities is a government unit within the British Department of Health and Social Care that leads national efforts to improve public health policy across England.

Prevention, Intervention and Postvention
Prevention is preventing conditions of illness from arising. Intervention is the action of providing support or services to produce a different outcome or change a situation. In the case of mental illness and suicide, it is to work with a person experiencing suicidal thoughts to help them identify reasons why they might want to keep safe, to agree a plan for doing so and to engage further support as required. Postvention is a response to a suicide by providing support and assistance for those affected.

Primary Care Mortality Data (PCMD)
The PCMD contains monthly and annual extracts of individual record level data on deaths supplied directly by the ONS and includes: a single linked dataset, including registered GP practice, patient details and NHS number. Data that can be extracted by residence or GP practice registration.

Real Time Surveillance (see also Thrive London hub)
When data of who has died by suicide is made available to analysts immediately after the event occurs so the appropriate organisations can be notified and respond appropriately in a timely manner.

Stigma
Mental health is associated with stigma. The negative attitudes and behaviours can lead to people feeling judged and ashamed, which discourages individuals from seeking help and accessing support services.

Suicidal Behaviour
Suicidal behaviour covers a range of behaviours related to suicide and self-harm in vulnerable individuals, including suicidal thoughts, deliberate recklessness and risk taking, self-harming not aimed at causing death, and suicide attempts.

South West London and St George's Mental Health NHS Trust (SWLSTG)
South West London and St George's Mental Health NHS Trust (SWLSTG) is the main provider of mental health services for adults, older people, children and adolescents living in the Royal Borough of Kingston and the London boroughs of Merton, Richmond, Sutton and Wandsworth.

Suicide

Suicide is the act of killing oneself intentionally. **Why we don't say "commit" suicide**. Up until 1961 suicide was seen as a crime and the term "commit" implies a sin or crime and pathologises those affected. The negative connotations can add to the stigma and shame that the bereaved may face.

Appropriate alternatives:

- Took their life,
- Died by/ from suicide
- Ended their own life

Suicide Attempt

A suicide attempt is a deliberate action undertaken with at least some wish to die as a result of the act. The degree of suicidal 'intent' varies and may not be related to the lethality of the attempt.

Suicidal ideation

Suicidal ideation, or suicidal thoughts, is the thought process of having ideas, or ruminations about the possibility of completing suicide. It is not a diagnosis but is a symptom of some mental disorders, use of certain psychoactive drugs, and can also occur in response to adverse life events without the presence of a mental disorder.

Thrive London Hub (Thrive LDN hub)

The Thrive London Real-Time Surveillance System (RTSS) is a multi-agency information sharing hub which provides real-time data on suspected suicides.

Transition

Transition points in life are particularly challenging and often expose people to emotional vulnerability and mental distress.

Trauma

Trauma refers to an overwhelming experience that exceeds a person's ability to cope, causing them to feel helpless, threatened, or endangered. Traumatic events can vary widely, ranging from physical or sexual abuse to natural disasters, accidents, a loss in our lives, a sudden change to our routines, or witnessing violence. Trauma can have severe psychological effects, such as post-traumatic stress disorder (PTSD), depression, anxiety disorders, and substance abuse.

Wellbeing

Wellbeing is understood, in the broad sense, to mean a time when a person is feeling good and functioning positively, meaning that a person would be engaged, feel socially connected, and have positive perspectives and autonomy.

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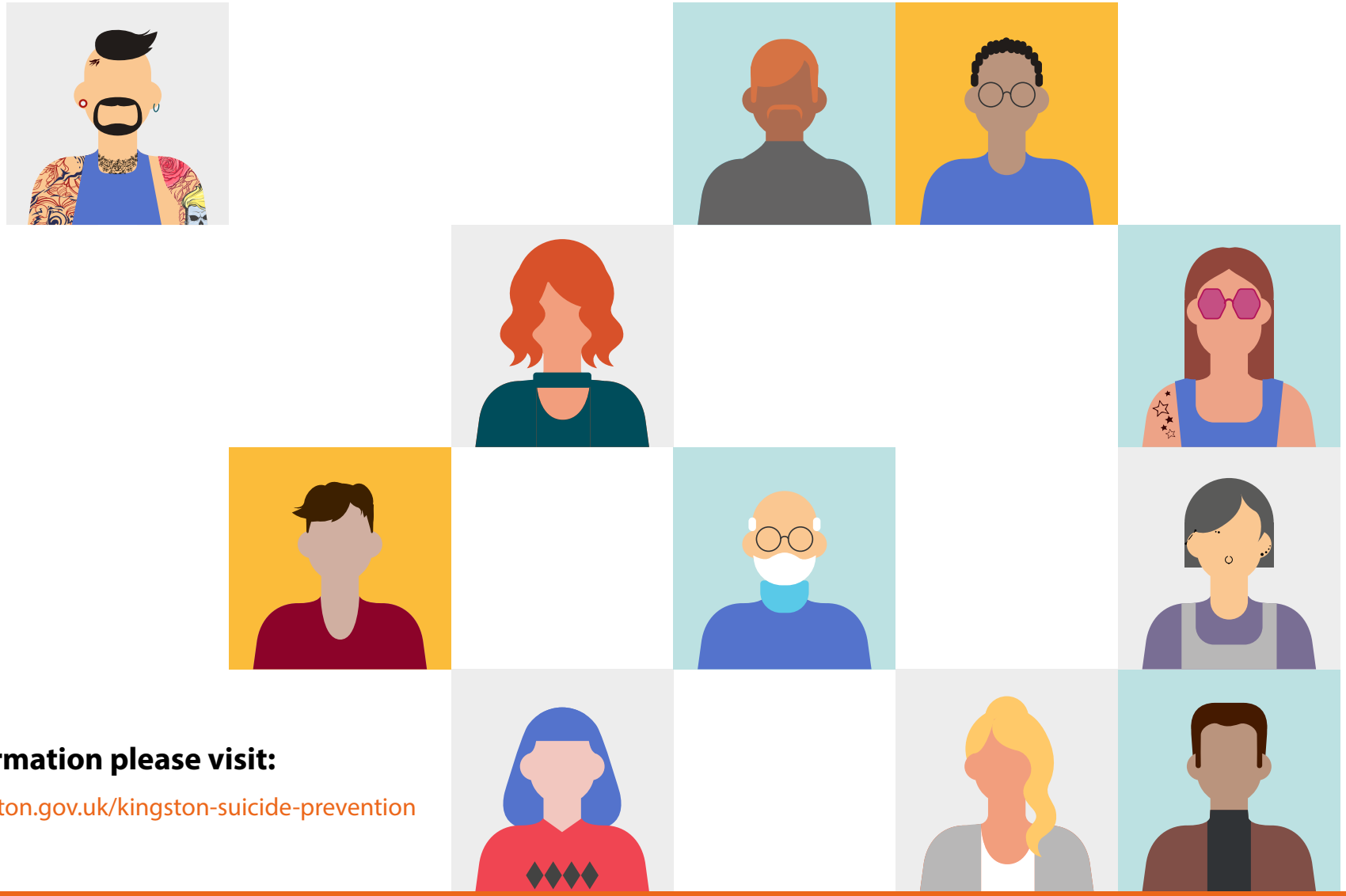

For more information please visit:

https://www.kingston.gov.uk/kingston-suicide-prevention