

NEWHAM SUICIDE PREVENTION STRATEGY AND ACTION PLAN 2023-2026

STAYING SAFE AND CONNECTED



WE ARE NEWHAM.

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Foreword by Mayor Rokhsana Fiaz OBE

Coping with the loss of someone loved is always difficult and can be overwhelming. Losing a loved one to suicide makes grief even more difficult and confusing.

Guilt for not recognising warning signs or wishing situations had been handled differently. The inevitability of 'what if' or 'if only' thoughts, compounding feelings of loss and mourning.

Suicide is a devastating reality faced by many families, with far-reaching impact on loved ones and friends; and any suicide in Newham is one too many.

In the period 2018 – 2021, there were 80 suicides recorded in our borough. The majority were men and involved people between 20 and 39 years of age. That is why we are acting on all the available information to help reduce suicides in Newham.

We know that we are going through an extraordinary period of challenge, with the impact of the COVID-19 pandemic still reverberating. It's had a disproportionate impact on the wellbeing of our residents; as is the Cost of Living Crisis.

We need to create an environment in Newham where all of us are supported in talking about how we feel, because we look out for each other and are ready to step in when help is needed. That includes targeted support for people at higher risk because of the challenging things they are experiencing.

We have looked closely at the local and national data, as well as working with local experts, to formulate this Suicide Prevention Strategy, which we will be embedding over the next three years.

It has seven guiding principles, reflecting the priority areas we will focus on with our partners; alongside a robust action plan to prevent suicide in Newham. Key to this will be working in collaboration with our residents, voluntary, community and faith sector organisations.

Over the next three years we will be monitoring and evaluating the strategy, reviewing the action plan each year and continuing to listen and learn as we work to reduce suicides in Newham.

My thanks and appreciation to everyone involved in this important endeavour.



Rokhsana Fiaz OBE
Mayor of Newham

Foreword by Councillor Neil Wilson and Councillor Sarah Ruiz

In our respective roles we often hear from residents about the many mental health challenges they face, particularly amidst the current economic pressures. It has therefore never been a more important time to think and talk more about mental health, as we check how people are. This includes being able to spot the signs that someone might be in crisis, feel confident to be able to offer help, and know what support is available.

One of the commitments of Newham's new Suicide Prevention Strategy is to help more people feel able to have these conversations, whether through training, or by having support information easily available in community settings – such as schools, libraries and workplaces. We therefore encourage you to take the time to think about the information you need to support the people you care about and may meet in your day-to-day life. Visit the web pages of this strategy to find out more, or get in touch with us if you need any support on this journey.

It is great to see the strong partnership approach taken to develop this strategy, which connects with many other important areas of work being taken forward in the borough. This includes: reducing domestic abuse; supporting people with learning disabilities and autism; integrating health and housing support and programmes supporting the mental health of our children and young people, such as through the healthy schools programme.

The action plan sets out a strategic direction to be taken forward by the many agencies, co-ordinated by the Council and our health and care partners. We are honoured to support this important work and look forward to sharing the achievements and learning over the next three years.



**Councillor
Neil Wilson**
Cabinet Lead Member
for Health and Adult
Social Care



Cllr Sarah Ruiz
Cabinet Lead Member
for Children's Social Care
and Education

Introduction

Every suicide is devastating, with unrecoverable consequences for individuals, their families, friends, first responders, communities, and beyond. It is estimated that around 135 people are affected by each person dying by suicide. This does not capture the extent of pain and emotional loss.

Suicide is also preventable. There is building awareness of often intersecting risk factors that help indicate when someone may need support. For example, population risks include economic challenges, physical health challenges and domestic abuse¹. For children and young people, a high proportion experience challenging relationships at home and loss/bereavement alongside other concerns². For all populations these risk factors often overlap and it is the combination that creates high vulnerability.

Publishing a refreshed Suicide Prevention Strategy and action plan during the cost of living pressures is of high importance when events such as losing a job or falling into debt can act as potential triggers for a deterioration in mental health and increased suicide risk, particularly for people of working age^{3,4,5}. Suicide prevention strategies need to ensure, as much as possible, that help for people in distress is offered in a way that is strength based, trusted and targeted. This aim drives this strategy and will be taken forward by working with, and alongside, Newham's many support structures, including voluntary, community and faith organisations, schools and a wide range of health care services both in clinical and non-clinical settings.

Four goals for this strategy informed by its consultation include:

- 1. Improve awareness of Newham's suicide prevention strategy and local support services to create greater understanding of available help.**

- 2. Make best use of community assets together with closely aligned borough strategies and programmes of work to help reduce risk. This includes working with communities and residents to help inform and co-design how support can be Accessible, Relevant and Trusted (ART) by higher risk population groups.**

- 3. Improve data collection and intelligence through working with health partners, the Coroner's office and London's Real Time Surveillance System (RTSS) to gain better understanding of population risks for Newham.**

- 4. Continue to strengthen mental health support for children and young people in Newham to build resilience before adulthood, with the most recent audit data showing highest numbers of suicide in Newham between 20 to 40 years of age.**

These goals help shape the seven priorities and 40 actions of the strategy that will be taken forward over the next three years. The action plan sets out what steps will be taken in the first 12 months, to be reviewed annually.

A detailed evidence base that helps inform this strategy is published alongside this report in addition to a shorter briefing paper summarising the action plan and population risk factors.



National context

The government's national strategy for England; *Preventing suicide in England: a cross-government outcomes strategy to save lives*⁶ includes two main objectives: to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. It includes seven national priority areas (Figure 1) to be taken forward by a local public health approach, bringing together partnerships across health, social care, education, the environment, housing, employment, the police and criminal justice system, transport and the voluntary sector. This partnership is supported by the Health and Well-being Board. Plans are currently in place for an updated national strategy⁷.

Figure 1: Seven national priority areas for action for preventing suicide

1. Reduce the risk of suicide in key high-risk groups

2. Tailor approaches to improve mental health in specific groups

3. Reduce access to the means of suicide

4. Provide better information and support to those bereaved or affected by suicide

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

6. Support research, data collection and monitoring

7. Reducing rates of self-harm as a key indicator of suicide risk

The *NHS Five Year Forward View for Mental Health*⁸ sets out priority actions for the transformation of mental health services, including a recommendation for health partners to support all local areas with multi-agency suicide prevention plans.

*Local Suicide Prevention Planning in England: An independent progress report*⁹ analysed suicide prevention planning by local authorities, with a recommendation for areas to play to local strengths and focus efforts where there is existing effective partnership working.

Local context

Addressing the risk and protective factors to reduce suicide is seen across Newham’s strategies, as seen in the *50 Steps Health and Well-being Strategy*¹⁰ and *Building a Fairer Newham*¹¹ in addition to the *Early Help Strategy*¹², *Domestic Abuse Strategy*¹³, *Ageing Well Strategy*¹⁴, *Homelessness and Rough Sleeping Strategy*¹⁵, *Social Integration Strategy*¹⁶ and the *Learning Disability Action Plan*¹⁷.

Figure 2: Newham strategy priorities supporting suicide prevention

50 STEPS NEWHAM’S HEALTH AND WELL-BEING STRATEGY	BUILDING A FAIRER NEWHAM: CORPORATE PLAN
Priority 2: Supporting our young people to be healthy and ready for adult life	Priority 1: A healthier Newham and ageing well
Priority 3: Supporting people around the determinants of their health	Priority 2: Newham’s inclusive economy to support you in these hard times
Priority 4: Developing high quality inclusive services, ensuring equity and reducing variation	Priority 4: Safer Newham
Priority 5: Meeting the needs of those most vulnerable to the worst health outcomes	Priority 6: Supporting our young people
Priority 9: Supporting a Newham of communities where people are better connected and supported	Priority 7: People powered Newham and widening participation
Priority 12: Building an inclusive economy and tackling poverty	

Sub regional initiatives supporting suicide prevention include:

- The **Community Mental Health Transformation Programme** fostering greater collaboration between services to provide better support for people with severe mental health problems including complex emotional needs and eating disorders.
- NHS England funding to the **North East London Health and Care Partnership** to deliver suicide prevention activities from 2021 to 2024 for seven North East London boroughs (Barking and Dagenham, City and Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest) including **Mind Safe Connections** providing local support for people facing suicide. It also provides a network for North East London borough public health teams to discuss common areas for support and action.

At a regional level:

- **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.

Newham strategy development 2023-2026

Strategy and action plan development took the following steps:

1. Suicide Audit and Analysis

Analysis of 2018-2021 Newham Coroner data alongside Primary Care Mortality data and data held by Thrive London to present the most up to date picture on suicide and risk factors in Newham. A review of national evidence also took place.

2. Working group member consultations

Interviews with Newham suicide prevention strategy working group' members to assess prevention work to date, what areas need to be built on and additional themes/areas of action. These meetings also identified additional partners to strengthen the multi-agency working group (see Appendix A).

3. Wider Consultation

A broad range of consultation workshops and meetings to obtain the views from people living and working in the borough on the proposed new strategy and action plan and to have a shared understanding of the challenges faced in preventing suicides in Newham. Discussions took place with community organisations, voluntary groups, educational establishments, healthcare partners, local authority teams and other stakeholders (see Appendix B).

The strategy sits within a wider programme of work across Newham to support a broad range of priorities as set out in the *50 Steps Health and Well-being Strategy*⁷. Its success relies on strong partnership across Newham and use of the borough's assets and community voice to make sure its priorities and actions strengthen and fit population need.

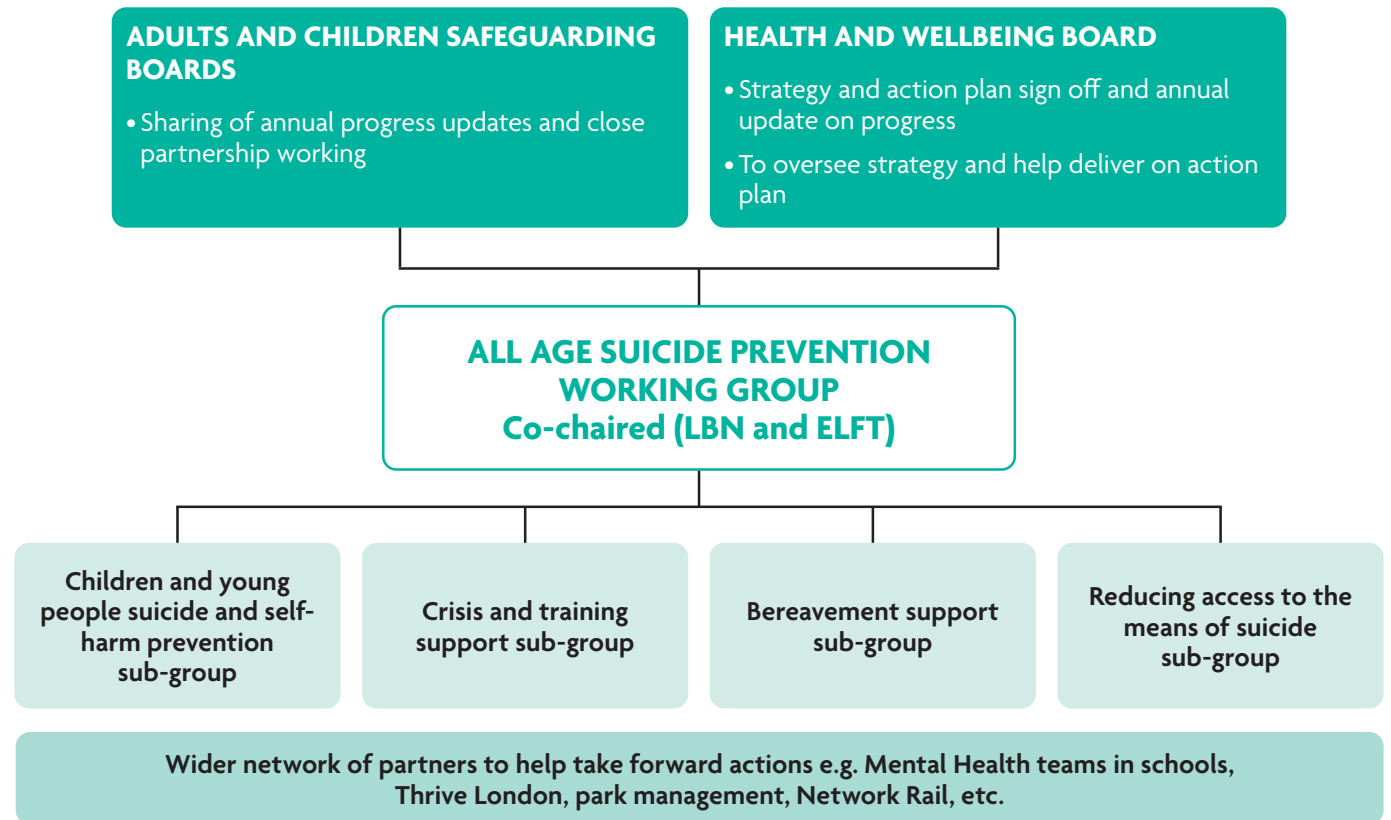
Governance of Newham’s suicide prevention strategy

This strategy has a three-year timeframe (2023-2026) with the work to implement it ongoing during this time. The strategy includes a Suicide Prevention Action Plan with detail of the activities informing the first year of the strategy’s roll out.

Progress against priorities will be reviewed annually by the Suicide All Age Prevention Steering Group which will report to the Newham Health and Wellbeing Board. The annual update report will also be shared with the Adult and Children Safeguarding Boards, supporting visibility and interagency working to deliver strategy priorities. Outcome measures to help assess impacts of actions are included at the end of each priority area.

The action plan will be revised each year following review and partnership discussions.

Figure 3: Governance of Newham’s suicide prevention strategy



Newham Joint Planning committees which the strategy will link into:

- **Adult Mental Health Partnership Board**
- **Children and Young People Mental Health Partnership Board**
- **Adult Learning Disability and Autism Partnership Board**

Risk factors for suicide and self-harm

This section sets out national evidence on population risks, based on a selective but comparably larger population sample as compared to a local audit. It is important to note the differences in Newham's population compared to national data, particularly in terms of cultural and ethnic diversity and the younger age of its residents.

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 2022 annual report¹ provides an analysis of risk factors for people who died by suicide between 2009 and 2019 across the UK (all age) who were in contact with mental health services within the past 12 months (27% of all general population suicides, number = 18,268) (see Figure 4). Findings include:

- The majority of patients who died had a history of self-harm (64%) and high proportions with alcohol and drug misuse and comorbidity, i.e. more than one mental health diagnosis (53%).
- Nearly half (48%) lived alone.
- 25% were diagnosed with major physical illness with nearly half (47%) of patients aged 65 and over having a comorbid physical illness. The most common physical illnesses were cardiovascular diseases and musculoskeletal disorders.
- Recent experience of economic adversity was identified in 18% of all suicides including financial problems, workplace problems and homelessness.

Figure 4: Suicide risk factors identified amongst adults

DOMESTIC ABUSE

**ECONOMIC ADVERSITY INCLUDING
UNEMPLOYMENT, HOMELESSNESS, DEBT**

**RECEIVING MENTAL HEALTH SUPPORT OR
EXPERIENCING MENTAL ILL HEALTH**

**HISTORY OF ALCOHOL AND/OR SUBSTANCE
MISUSE**

CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

LIVING ALONE/RELATIONSHIP BREAKDOWN

**LONGSTANDING AND/OR PAINFUL PHYSICAL
HEALTH PROBLEMS**

BEREAVEMENT AND LOSS

HISTORY OF SELF-HARM

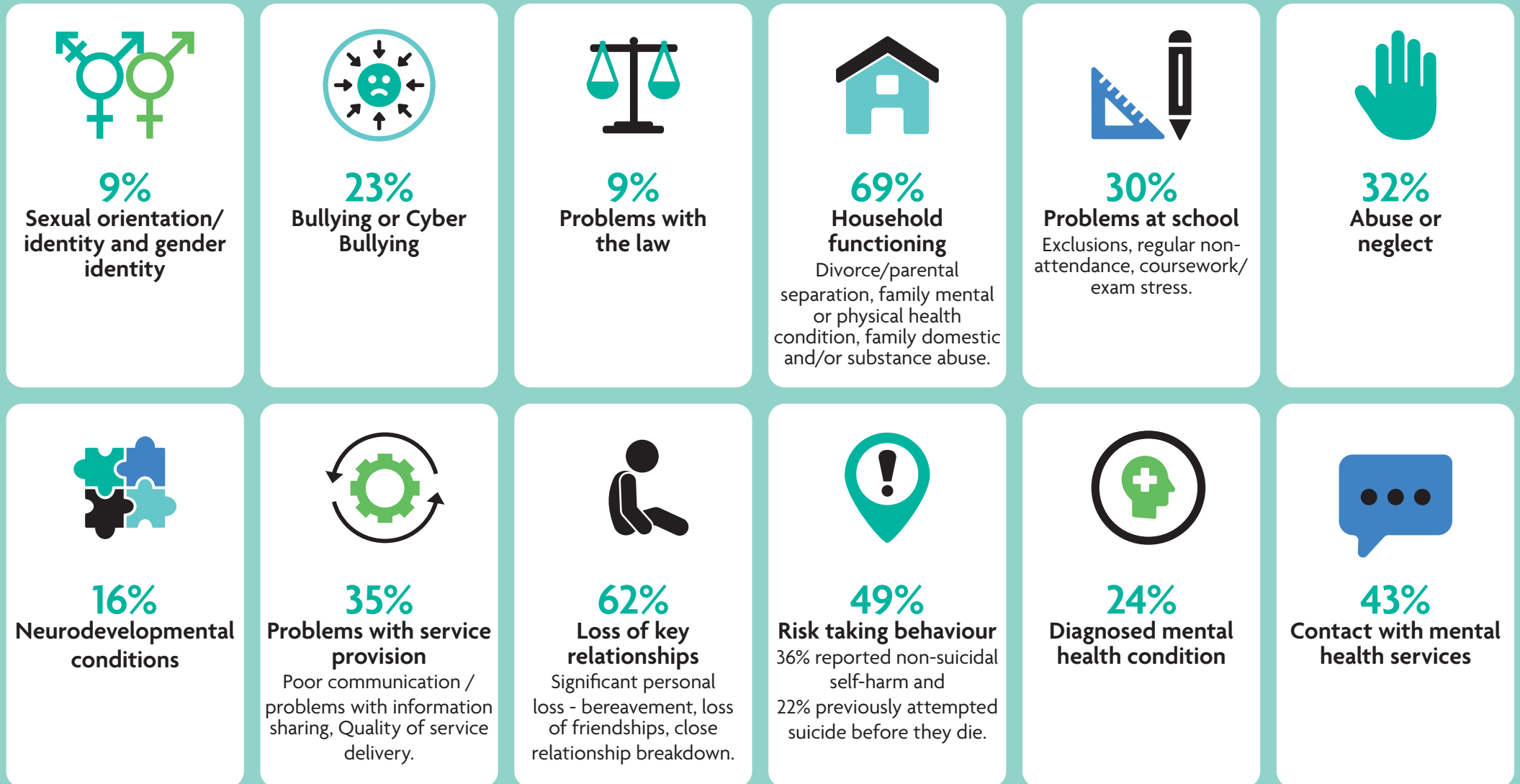
- History of domestic abuse identified in 9% of all cases, with the majority female (73%) with a history of self-harm (81%).

This sample draws from people in contact with mental health services. Twenty-nine per cent of suicides died in acute care settings and 11% of deaths by suicide were in the three months after discharge from mental health in-patient care (the highest risk in the first one to two weeks post discharge). For 13%, the contact with mental health services was a one-off contact.

A study analysing national mortality data from the Office of National Statistics and National Records of Scotland of a random sample of men aged 40-54 (nationally the group at highest risk) who died by suicide between 1 January 2017 and 31 December 2017, identifies risk factors such as economic adversity (57% in terms of unemployment, finance or accommodation), bereavement (reported in the 34% of deaths) and 52% with physical health conditions with 30% chronic¹⁸. Risk factors overlap and characteristics will also differ by population group and experience. For example, deaths by suicide of homeless people in England who died by suicide were found to be younger, more likely to be male, more likely to be unemployed, more likely to have experience of self-harm and alcohol and drug misuse compared with the non-homeless group¹⁹. Deaths by suicide is the leading cause of maternal death within a year after pregnancy, with this showing a rise in a recent review and noting that many affected were care leavers²⁰. An evidence review also suggests that children and adolescents with a learning disability are at greater risk of suicidal thoughts, behaviours and death by suicide²¹.

Figure 5 presents data from the National Child Mortality Database in terms of population risk factors for people under 18 years of age (analysis of 108 in total). The analysis found that 89% of children or young people who died from suicide had more than one risk factor recorded, with 56% having five or more risks. This report also notes that suicide amongst children has risen nationally for the past decade and non-fatal self-harm has also increased. It does not cover the time of COVID-19 pandemic restrictions (review period up to March 2020). However no clear increase in child suicides has been identified in UK analysis to date for the pandemic period²².

Figure 5: Population risk factors related to children and young people who died by suicide from April 2019 to March 2020 across the UK (n=108)⁹
Number (%) of deaths reviewed with at least one factor within the category



Suicide and self-harm rates in 10- to 24-year-olds in England have been steadily increasing over the last decade. These increases are steepest in females, amongst whom suicide rates have doubled since 2011, although their rates remain half of those seen in males¹⁵. Self-harm is a risk factor for suicide with evidence suggesting that around 50% of people who die by suicide have previously self-harmed²³. However far more people self-harm than die from suicide, with self-harm figures for 17- to 19-year-olds estimated at 21.5% for girls and 9.7% for boys²⁴. Anyone can self-harm, but it's more common in some population groups (see Figure 6).

Figure 6: Those identified as being at a greater risk of self-harm.



Summary of Newham 2018-2021 suicide audit findings

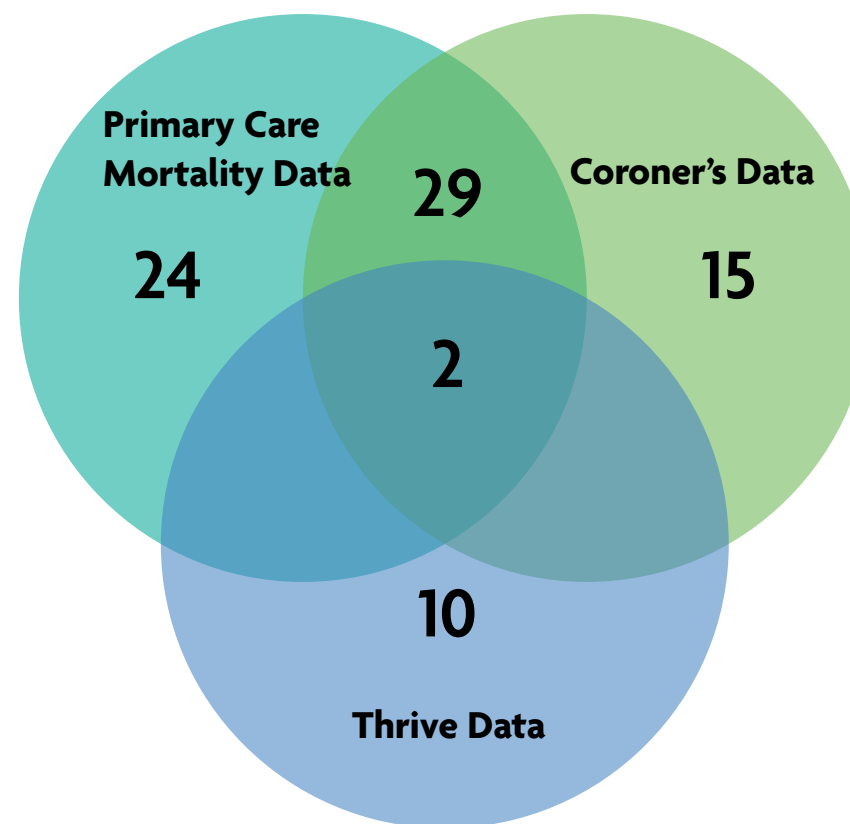
A three-year suicide audit²⁸ was conducted to help inform the 2023-2026 Newham suicide prevention strategy. The suicide audit includes a quantitative analysis, a thematic analysis and a comparison of the recent audit with the prior audit findings that informed the previous strategy.

The audit focused on deaths from January 2018 – November 2021 and data obtained from three sources:

1. Coroner's Records – covering January 2018 to May 2021
2. Primary Care Mortality Data – covering January 2018 to November 2021
3. Thrive London (Suicide Surveillance Database) – March 2021 to November 2021

There is partial overlap in the data used in the audit as the three data sources cover different time periods (as set out above). In addition, there is potentially a lag in the recording of deaths with the coroner as a result of COVID-19 delays. The Thrive data looks at suspected suicides and the coroner data is recorded suicides.

Figure 7: Matching of data across datasets used in the Newham 2018-2021 suicide audit

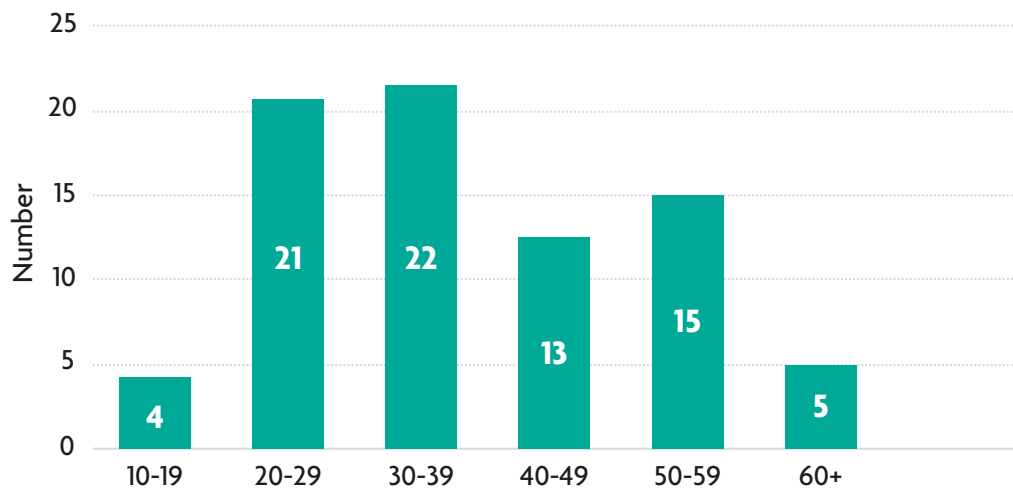


Quantitative analysis summary of audit findings

A total of 80 suicide cases occurred between January 2018 – November 2021 in Newham.

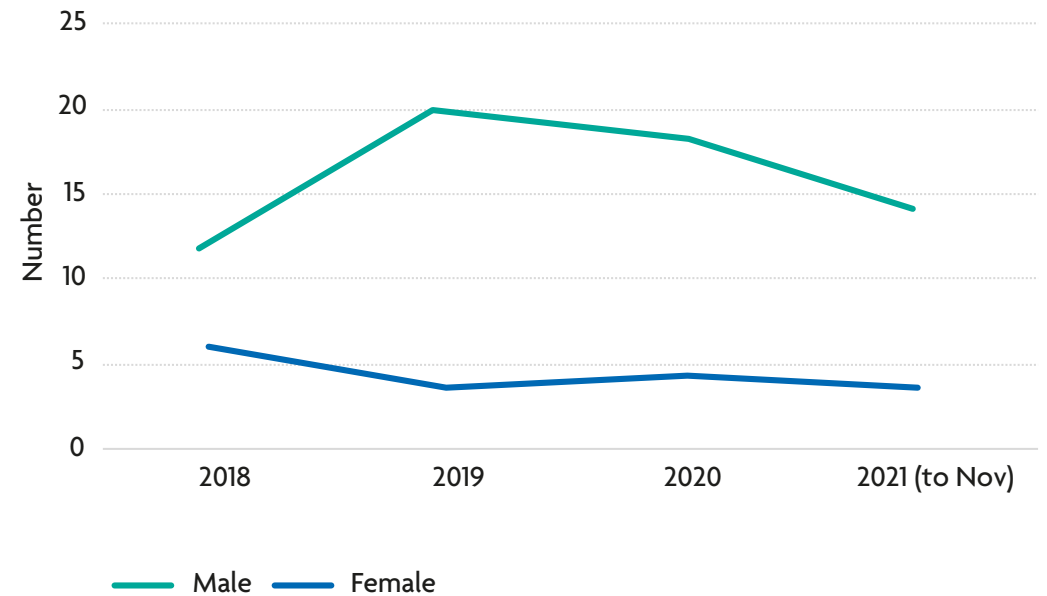
A majority of suicides occurred in the 20-39 age group (as compared to 45-49 years using national data¹).

Suicides by age band



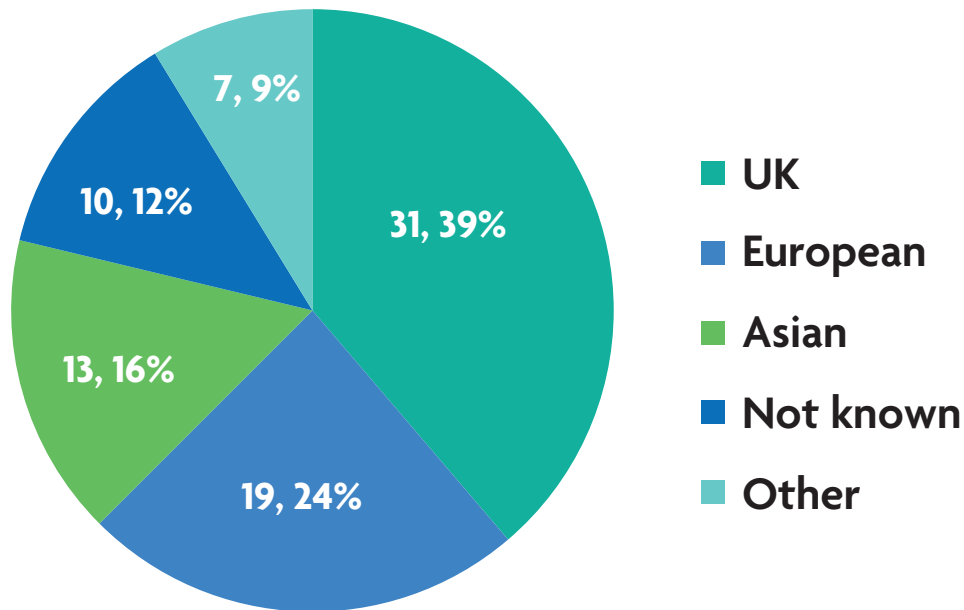
The age range was 17-92. For women, the highest proportion of suicides was in the 25-29 age group compared to a slightly older cohort in men, 30-34 years.

Suicides by gender



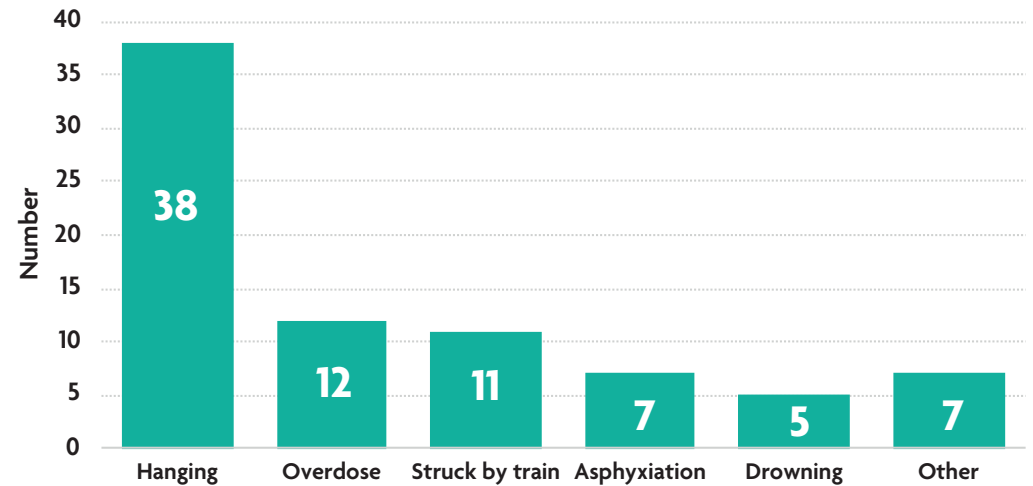
70/80 cases had details around either the country of origin or ethnicity. A majority of the deaths recorded in the audit were of people born in the UK (39%) and could include various ethnicities (but this information was not recorded). 24% were European and 16% Asian by country of origin.

Suicides by country of origin



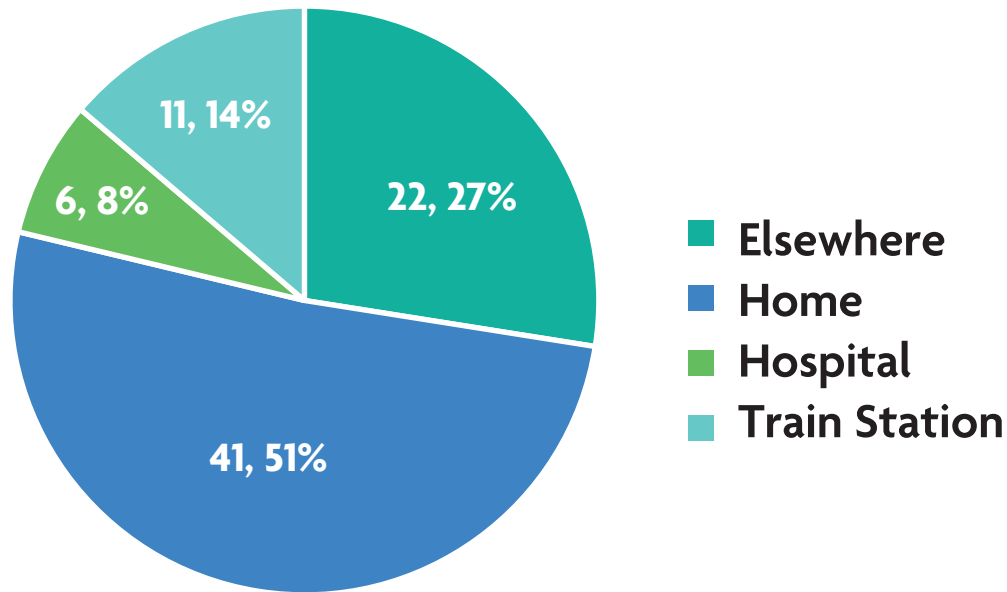
A majority of deaths were by hanging (just under half at 48% of cases)

Causes of death



A majority of deaths took place at home (just over half at 51% of cases)

Places of death



THRIVE carried out an audit on their data covering July 2021 – July 2022. Newham data is part of the North East London (NEL) data.

- The rate for NEL is the lowest of the 5 London regions at 5.3 per 100,000 (highest = North West London at 7.6).
- The majority of deaths in NEL are by those of White North European origin; this is the same across each of the London regions.

Rates of suicide for males in Newham have been at a statistically significant lower rate than England for the past six years, and lower compared to London and geographical and comparable areas (though not significantly so).

Rates for females were higher than England and London prior to 2017-19 but have now fallen below (though they show no statistically significant difference).

Thematic analysis of audit findings

Comparison of the recent audit with the prior audit findings that informed the Newham Suicide Prevention Strategy 2019-2022 shows a small drop in average numbers of deaths (20 deaths a year compared to 18 in the latest audit). Data quality such as around occupation and country of origin make other comparisons challenging between the two audit periods.

Only 13/80 had possible root causes identified.

8/13 mentioned or alluded to depression. In men, other possible factors such as unemployment, alcoholism, housing worries and sexual identity were recorded.



Occupation:

Where recorded the most frequent occupation was professional (11/45) followed by students (6/45). Labourers (5) mostly covered construction workers and all were male of a European background. For women no one type of recorded occupation was more common.



Recorded professional-related factors:

An attempted suicide earlier the same day; a change in medication with a subsequent review meeting cancelled.



Recorded patient-related factors:

Exacerbated mental health conditions, lack of engagement with services and non-adherence to medications.



Recommended actions to reduce suicide risk

The tables below summarises published recommended actions to reduce suicide risk.

Table 1: Recommended actions to reduce the risk of suicide in high-risk groups^{1,2}

Social support: Use of peer communicators, community outreach, advice in workplace settings. Providing dedicated non-clinical spaces for safe conversations.

Support for people with substance misuse and mental health problems. Risk management to include any previous self-harm, alcohol or drug misuse, multiple mental health diagnoses, living alone and noting significant dates/anniversaries. Responding to any loss of contact with services.

Mental healthcare support to include specialised community teams, effective pharmacological and psychological treatment for depression, education of doctors, provision of 24 hour crisis care. After discharge, patient support particularly for the first two weeks and ensuring follow up within 72 hours.

Multi-agency transition support as part of offender management services in addition to suicide awareness training.

Promoting mental health in the workplace and reducing stigma around seeking help particularly among men. Strengthen occupational health support including related to domestic abuse, bereavement and relationship support, financial and debt issues.

Collaborating with voluntary sector and community groups to provide and promote financial and debt counselling support to vulnerable individuals.

Suicide awareness training to frontline service providers across education, housing, employment and others. Increasing information and support services available in response to significant economic changes in any community.

Providing supportive parenting training and advice to vulnerable families.



Table 2: Recommended actions to reduce suicide risk in children and young people¹

Frontline staff working with children and young people 10 years of age and over are supported to attend suicide prevention training.

Improve awareness of the impact of domestic abuse, parental physical and mental health needs and conflict at home and where a parent or carer is open to adult mental health services to support a systematic risk assessment of the needs of the child/young person by all partner agencies.

All schools and colleges have clear anti-bullying policies with guidance on how to assess the risk of suicide for children and young people experiencing bullying and when to call in multi-agency meetings.

Local policies in place on information sharing and escalation to ensure children and young people at risk of suicide can be identified and supported.

Guidance to schools on the use of exclusion.

Children and young people's mental health services across community settings such as schools, local authorities and criminal justice to improve accessibility (including availability of clear referral criteria, pathways and adult service transition).

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.



Priority areas for action

PRIORITY AREA 1: REDUCE RISK OF SUICIDE IN HIGH-RISK GROUPS



Priority context and its importance in Newham

The below summarises intelligence from the audit review alongside other local and national intelligence.

High risk amongst adults

Men are a high-risk population group (with 4 times more male suicides than females in the past three years in Newham). Lack of consistent data capture included in the three-year audit means it is not possible to identify clearly if men or women of a certain ethnicity or occupation group are at higher risk (for example occupation only recorded in just over half of suicide cases). However local audit and national data profiles the following:

- Just over half of all suicides in Newham were in the 20-39 age bracket with a median age of 35. This is younger than the median age for England and Wales.
- In the recent Newham audit only one-sixth (n=13/80) of the reports had possible root causes for these suicides identified. Eight mentioned or alluded to depression. In men, other possible contributory factors such as unemployment, alcoholism, housing worries and sexual identity were recorded.
- National research investigating deaths of men aged 40-54 from suicide identifies a combination of longstanding and recent risks, as well as noting that economic adversity, alcohol and drug misuse, and relationship stresses are common past experiences.

Intelligence from Newham Domestic Homicide Reviews identifies two incidents of suicide between 2011-2019.

High risk amongst children and young people

There were four reported deaths by suicide amongst people aged 10 to 19 years in Newham between January 2018 – November 2021.

Lessons from serious case reviews of children and young people suicides in Newham recommend action around improved multi agency working including sharing information, working together to assess the risk to vulnerable children and staging effective safeguarding interventions when the situation demands. Recommendations also include the need to raise awareness of the suicide risk factors for children and young people and how to access crisis support.

Local available support

East London NHS Foundation Trust provides:

- A free phone 24/7 all age crisis telephone line for people experiencing mental health crises and their carers staffed by a mental health clinician with access to language support. Evidence shows increase in call activity since it opened in 2019, with 1,200 suicidal ideation calls and approximately 180 related to self-harm recorded in 2021.
- A Psychiatric Liaison Mental Health Team is based at Newham University Hospital (NUH) (Core 24 standard compliant, an NHS defined standard of service). The service operates 24/7 and is available to all patients with mental health and/or or co-morbid alcohol and drug problems who present to acute care at NUH. The Team provides a single, multidisciplinary and mental health assessment service. It also provides expert advice, support, and training to clinicians at the NUH Emergency Department, Urgent Care Centre, and Acute in-patient wards. Key Performance Indicators for the service are based on

patient assessment times. An ELFT Service User led accreditation process is being developed, with standards defined and reviewed by service users.

- A 24/7 crisis resolution and home treatment team is in place for adults of working age and where appropriate older adults as an alternative to being admitted to hospital. Service users are assessed within four hours, either at their home or at the Newham Centre for Mental Health. The crisis assessment service is accessed via the crisis telephone line and requests for assessments can be made by service users, carers and professionals.
- Mental health inpatient discharge support includes a 72 hour post discharge follow up suicide prevention review conducted either by the inpatient ward or the care team that is responsible for their community-based care. This review includes assessment of suicide risk and safety planning with the service user.
- In addition, a new Adult Autism Diagnostic Service is being set up that will include pre assessment screening including risk of suicide and self-harm.

Adult support in the community:

- Newham Together Café was launched in 2020, opening for face-to-face support from June 2021. It is a community space for Newham residents aged 18+ who are struggling with their mental health. Open evenings and weekends, the Together Café is available for anyone to drop-in, with no referral process. Service users have access to a mix of support including 1:1 sessions as well as access to other support/activities on offer.
- Safe Connections (run by Mind) started in Newham in September 2021. Support includes a telephone line to support people who are experiencing suicidal thoughts to access the right service at the right time. A Safe Connections Peer group is also in place supporting the recovery of people with suicidal ideation or suicidal distress that have accessed the helpline.
- Newham Rise (CGL) provides alcohol or drug support to Newham residents. Actions around suicide and self-harm prevention include multi-disciplinary teams meetings to manage any identified risks and good links with Newham mental health services. For example Talking Therapies run workshops for people accessing CGL services so that mental health support can be accessed alongside attending treatment for alcohol and drug management. In addition an ELFT funded mental health nurse and an LBN funded dual diagnosis mental

health nurse are embedded in the Newham Rise integrated substance misuse service to provide joint care for dual diagnosed residents.

Support for children in crisis:

- Access to specialist CAMHS advice for children and young people.
- Newham CAMHS has expanded its crisis service to a 24/7 model of operation which is located in the borough A&E department, providing CAMHS specific support to the Newham Crisis line. Newham is also piloting support to young people at their home who would otherwise be admitted into specialist hospital care.
- The eating disorder service supports young people across Hackney, Newham and Tower Hamlets. An Intensive Eating Disorder Pathway is in place to support young at home as an alternative to specialist inpatient care.
- Chat Health is a text messaging service for children and young people to access self-directed help on any health-related issue. Launched in September 2020 it supports approximately 40 people a month including support for children and young people experiencing suicidal ideation.

Taking forward learnings from Child Safeguarding Practice Reviews

Learnings from the 2021 Child Safeguarding Practice Review of a child who died from suicide were shared via a seven-minute video briefing across the social and clinical care workforce including risk factors for suicide in children and young people. Newham's Social Care Action plan is supporting identification of risk across housing and social care, including a revised housing and social care protocol which includes a focus on youth homelessness and responsibilities across agencies. Training on suicide risk factors for children and young people is offered to the social care workforce, with a commitment to strengthen this offer in the refreshed strategy (see Priority 3). Partnerships are also developing between school and primary care to help share information on young people considered at risk and need of targeted support.

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>1.1 Improve awareness and access to crisis support for adults, students, families and children and young people.</p>	<ul style="list-style-type: none"> • Increase awareness of crisis and mental health support services using leaflets, websites, networking events etc. Include access information, for example walk in access to the Together Café and self-referrals to Talking Therapies. Support awareness for organisations working across neighbouring boroughs noting mobility of population groups such as rough sleepers, and work with organisations supporting population groups with less digital access such as Gypsy, Roma and Traveller communities³⁰. Information provided in easy read and/or plain English format. • Work with Mind’s Safe Connections Community Hub to increase awareness and understanding of the support it provides. • Increase promotion of helplines that support survivors with trauma and mental health including Domestic Abuse helpline, Rape Crisis helpline, Men’s Advice Line and Survivors UK. • Ensure that parents and professionals of children and young people recognise when there is a need for crisis support and know how to access it. • Continue to support the roll out of Chat Health in Newham. 	<ul style="list-style-type: none"> • Maximise opportunities to improve awareness of crisis support across all ages, learning from effective strategies to date. • Measure increases in awareness and access including by breakdown of demographic data (understanding who is accessing the support) and outcomes of crisis intervention. • Explore how access to crisis support can be improved in the borough in partnership with Healthwatch. • Explore ways to share information of high-risk individuals by the MPS with safer neighbourhood teams and other sectors able to provide targeted support.
<p>1.2 Increase information and awareness of mental health support for men in higher risk groups with a focus on:</p> <ul style="list-style-type: none"> - Economic adversity - Drug and alcohol use - Relationship breakdown 	<ul style="list-style-type: none"> • Integrate mental health and crisis support information in Newham’s Cost of Living Crisis response. For example, ensuring Our Newham Money, Our Newham Work, the Newham Food Alliance, housing support, emergency accommodation, outreach and helpline teams are aware of what support is available and referral pathways to crisis support services in the borough. • Work with Newham Rise (CGL) to increase workforce understanding with regards to risk factors for suicide and increasing confidence in offering support. • Increase understanding and identify areas for action with regards to gambling support and reducing suicide risk. • Identify opportunities to increase relationship support to men and learn from these interventions, such as the men’s parental peer support project as part of improving postnatal and perinatal mental health care in Newham. 	<p>Supporting as many frontline organisations as possible in Newham to be able to have safe conversations about mental health and support services.</p>

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>1.3 Encourage awareness of domestic abuse as a risk factor and encourage ways to support disclosure of domestic abuse with sensitivity, compassion and knowledge.</p>	<p>Explore how often domestic abuse is included in assessments around suicide risk and identify ways to include and increase enquiries around domestic abuse in clinical workforce risk assessment. For example, identification of existing workforce development programmes that can help increase awareness and build cultural sensitivity around risk assessments.</p>	<p>Strong strategy links with the Domestic Abuse Strategy roll out to reduce suicide risk and increase mental health support.</p>
<p>1.4 Review the post discharge period follow up care for a mental health inpatient unit to ensure it meets best standards.</p>	<p>Review the hospital discharge protocol to ensure that appropriate planning and support is in place for adults and young people discharged from in-patient provision, including attention to social support needs, housing, immigration advice and how best to access support following discharge. This review will be co-produced with clinicians and service users and informed by the national guidance and evidence base.</p>	<p>Regular review of processes in place that support residents recently discharged from mental health inpatient care.</p>
<p>1.5 Continue to embed Children and Young People suicidal risk factors within processes for assessment of risk along with the relevant learning from Child Safeguarding Practice Reviews.</p>	<ul style="list-style-type: none"> • Continue to strengthen the joint assessment between housing and social care for young people at risk of homelessness including suicide awareness/risk assessment as part of this work. • Build on the dissemination of the 7-minute briefings to provide an update on the new suicide and self-harm prevention strategy and encourage uptake of training. 	<p>A clear multi agency high quality approach to identifying risk and collaborating in terms of follow up action.</p>
<p>1.6 Ensure primary care is part of a multi-agency approach to identifying children at risk with effective collaborative working with partners such as education and social care.</p>	<ul style="list-style-type: none"> • Put in place measures to ensure evidenced communication with a GP happens and is followed up when a child is identified at risk. • Explore development of a risk assessment tool to support joint working/multi agency risk assessment. 	<p>As above.</p>

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>1.7 Identify opportunities to reduce suicide risk amongst young people who are neuro-diverse and/or who are known to youth justice and/or at risk of adolescent exploitation.</p>	<ul style="list-style-type: none"> • Understand the prevalence of self-harm amongst young people known to youth justice/at risk of exploitation through youth engagement and the Newham Intervention and Intelligence Partnership. • Develop opportunities to work with the Youth Justice System and work through Vanguard and SAFE programmes to identify key issues and clear actions for children at risk of exploitation to reduce self-harm/risk of suicide. • Co design with youth workers support for conversations with young people with regards to mental health support and access to help. 	<p>Ongoing joint working with the Youth Safety Board and programme.</p>

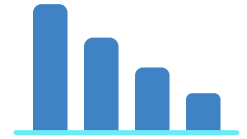
Outcome measures

- Increase in use of Newham crisis support services, including information on demographic uptake where available and outcomes.
- Resident feedback on the support services in place, for example patient feedback of crisis support services via the ELFT service user review panel, Healthwatch data.
- Examples of how mental health and suicide support services are integrated in staff support/training when supporting adults with financial challenges and managing drug and/or alcohol addiction.

Resources/supporting partners/linked strategies

- Mind Safe Connections
- East London Foundation Trust
- Newham Adult Co production forum
- Newham Rise (CGL)
- Rough Sleeping and Mental Health Programme (RAMHP)
- Primary Care
- Domestic Abuse Strategy
- Early Help Strategy
- Thriving Young Minds Hub
- Loneliness and Social Isolation Action Plan

PRIORITY AREA 2: REDUCE RATES OF SELF-HARM



Priority context and its importance in Newham

People with a history of recent self-harming are at an increased risk of suicide, with a 30- to 50-fold increase in risk in the year after hospital presentation. The emergency hospital admission rates for intentional self-harm in Newham from 2016/17 to 2020/21 is higher for females than males but both rates are lower than the overall national rate. The past year (2019/20 to 2020/21) has seen an increase in the number of females being admitted for intentional self-harm, which is a trend seen at a national level. To note this only shows self-harm incidents that have led to a hospital admission.

A new National Institute of Clinical Excellence (NICE) guideline on self-harm is now in place. This includes advice and guidance for non-specialists to organise a comprehensive psychosocial assessment at the earliest opportunity after an episode of self-harm.

Local available support

Fast clinical response standards for providing mental health assessment and support are in place for people presenting to accident and emergency as a result of self-harming. This includes referral to the Psychiatric Liaison Mental Health Team within an hour, with an assessment then completed within a 4-hour time frame.

Mental Health Support Teams (MHST) in schools help children to develop positive ways to deal with difficult feelings, exert control and manage stressful or negative experiences and distress. MHSTs launched in October 2020 and are embedded in 33 schools and colleges, which will expand to 41 in September 2023 to create a network of Senior Mental Health Leads (SMHL) for all schools and colleges in Newham.

North East London Health and Care Partnership training offer includes 'Understanding Self-harm'.

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>2.1 Understand prevalence of self-harm in Newham in children, young people and vulnerable adult settings including:</p> <ul style="list-style-type: none"> - Who is most at risk - How self-harm is perceived and responded to - Support gaps including for people who do not meet the clinical threshold for support - Recommended prevention and early intervention steps 	<p>Self-harm needs assessment carried out to:</p> <ul style="list-style-type: none"> • Understand CAMHS, MASH and early help data re prevalence of self-harm. • Understand schools' perception of the rates of self-harm and which groups are most 'at risk' including in primary schools. • Understand the extent of 'self-harm/risk of suicide' amongst young people, particularly those who are neurodiverse and/at risk of offending/involved in the youth justice system. • Work with young people to understand perceptions, co-produce web-based support and help (Thriving Young Minds Web-based Hub) and be involved in future service improvement developments. <p>Identify and put in place additional early intervention and prevention support with a targeted focus on population groups/settings with higher risk.</p>	<ul style="list-style-type: none"> • Good understanding of how self-harm affects children and young people in Newham and help build on this understanding for adults. • Ongoing work with children and young people and frontline staff to support a greater openness and understanding of self-harm across organisations to support early intervention and tackle underlying factors (bullying/stress/family dynamics etc). • Tried and tested evidence based early intervention measures in place to reduce self-harm for children and young people.
<p>2.2 Build awareness, understanding of how to take forward new NICE guidelines including in schools, primary care and the justice system.</p>	<p>Include refreshed NICE guidelines in MHST training and build in additional ways to increase awareness amongst teachers such as through termly forums.</p>	<p>Continue to build confidence and learning support across settings for assessing, managing and preventing recurrence of self-harm.</p>

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>2.3 Identify resources including guides to support conversations about self-harm and how best to access additional support, targeted in schools, family/parents and friends and test out their value with partner organisations.</p>	<ul style="list-style-type: none"> • Share resources checking against perceived usefulness, cultural sensitivity, content gaps and access support e.g. digital exclusion, easy to read formats. • Develop the Thriving Young Minds web-based hub which will include resources to support conversations about self-harm for families, friends, schools and other agencies working with young people. 	<p>Ensure that the development of the Thriving Young Minds Web-based Hub includes accessible resources about accessing help and support around suicide and self-harm. Monitor its use as a learning resource.</p>
<p>2.4 Partner with voluntary groups that support children and young people on issues around self-harm, including increasing awareness and collective understanding on how best to tailor support across diverse population groups.</p>	<p>Work with NewMAC partners (see Priority 3) to support awareness and understanding around self-harm and develop a community of practice to share learning and effective approaches.</p>	<p>As above.</p>
<p>2.5 Support the creation of safe spaces where Children and Young People feel safe and comfortable to talk about self-harm including peer support.</p>	<ul style="list-style-type: none"> • Pilot a LGBTQIA+ Mental Health Support Group Project to facilitate conversations around mental health within a safe space (see Priority 3). • Co design with Newham Youth Zones in setting support for mental health and well-being including self-harm support. 	<p>Review the impact of peer led mental health support groups to consider rolling out across Newham Youth Zones and support for other at-risk groups.</p>

Outcome measures

- A needs assessment report on self-harm for Children and Young People in Newham with defined actions for next steps.
- Identified network of support organisations and resources.
- Learning from safe spaces pilots including how this can be embedded across borough services.

Resources/supporting partners/linked strategies

- Well Newham programme and tools it's developing to improve the ease with which people can connect with services
- CAMHS
- Youth zones
- Mental Health Support Teams
- All-Age Autism Strategy
- Web-based resources located within the Thriving Young Minds Hub

PRIORITY AREA 3: STRENGTHEN MENTAL HEALTH AND EARLY INTERVENTION SUPPORT



Priority context and its importance in Newham

Poor mental health is a risk factor for both suicide and self-harm, while improving mental health and wellbeing can help reduce that risk and build up helpful coping mechanisms.

Strengthening mental health support is a key priority for Newham. 23.9% of Newham residents aged 16 or over are estimated to have a common mental health disorder, such as anxiety or depression³². For children and young people it is estimated that 10.5% of children aged 5-16 have mental health disorders, which is higher than London (9.3%) and England (9.2%)³³.

COVID-19 added to population trauma and mental health challenges. The impacts of mental health in adults due to COVID-19 were identified as fear and anxiety, isolation and loneliness, poor physical health and post-traumatic stress disorder. In children, referrals to the Mental Health Services for 0-18 year-olds (CAMHS) rose with increased complexity in cases noted. This resulted in a significant impact on waiting lists. Domestic abuse also increased in Newham during the pandemic, with lockdown forcing people to be at home for long periods of time and victims having reduced opportunity to report domestic abuse or access safe spaces. Cost of living pressures are also increasing the need for mental health support.

The following population groups were identified as being particularly impacted by COVID-19 in terms of mental health needs³⁴. They are broadly similar to population groups identified in national guidance where cross-cutting approaches of reaching people to improve mental health are required to help reduce suicide risk²:

Table 3: Population groups identified as experiencing high COVID-19 mental health impacts in Newham¹⁹





People with pre-existing mental health conditions	People in low income, struggling with debt and/or at risk of eviction
People with long-term physical health conditions	People experiencing domestic and sexual abuse
Children and young people, young people at risk of exploitation, young carers	Those working in care, health care and the voluntary sector
People with learning disabilities and developmental disorders	Pregnant women
Some minority ethnic groups	LGBTQ+ communities
Single and new parents	Adult carers

COVID-19 response work also affirmed the importance of the Well Newham values as a framework of working with organisations and communities to help ensure support is Accessible, Relevant and Trusted (ART), builds on existing activities and is evaluated.

Box 1: Well Newham values

- 1. Inclusive:** Being welcoming, fair and accessible (taking into account language, culture, age, life-stage, disability).
- 2. Resident focused and strength based:** Using community assets; starting from place of positivity rather than deficit. Being adaptive and flexible to the needs of specific settings/populations/outcomes.
- 3. Neighbourhood based:** Working in partnership with the community and wider health and care sector where possible.
- 4. Evaluated/evidenced:** Having a clear purpose and aim regarding why activities are needed; data collected to assess impact and learnings shared.
- 5. Co-designed:** Actively seeking input, insights and contributions from residents and partners. Balancing council and partner priorities with resident priorities through active dialogue.
- 6. Preventative:** As a result of the above principles and by taking into account/tackling the social determinants of health.

Box 2: ART-S framework

 ACCESSIBILITY Structural and other barriers to access e.g. distance, language	 RELEVANCE Lack of perceived relevance of services and prevention opportunities
 TRUST Lack of trust in frontline services and prevention opportunities and system	 SHAME/STIGMA Perceived and actual social shame acceptability issues for certain conditions

Local available support:

Availability of training and support around mental health has increased over the past few years, both to frontline organisations in clinical and wider workforce roles. This includes:

The development of the Social Welfare Alliance supporting Newham frontline organisations with information and referral pathways. Its adult mental health training covers signs of suicidal intent and referral pathways and is delivered by Newham's Talking Therapies team. 194 people attended from 2021 to 2022 - 61% from the Voluntary, Community and Faith sector, 22% from the health sector 12% education and 5% London Borough of Newham staff. It's also delivered Children and Young People Mental health training covering the impacts of trauma and ways to provide support.

The North East London Health and Care Partnership has a programme of free and evaluated training support for people working in Newham including courses focused on adult and children and young people such as ASK (Assessing Suicide in Kids), Youth Mental Health First Aid (MHFA) and Suicide First Aid Lite Youth. There is opportunity to increase uptake of this training across Newham.

As a result of recommendations from a Child Safeguarding Practice Review Learning and Improvement Plan thematic 7 minute briefings have been shared across Newham's social and clinical care workforce. This includes raising awareness of the previous Newham Suicide Prevention Plan, common risk factors for suicide and the Homelessness Reduction Act 2017 duty.

For the period March 21-April 22, 51 professionals based in Newham schools engaged in suicide prevention training provided by Papyrus and delivered via the Social Care Academy.

Examples of services and programmes to strengthen mental health support include:

- **Talking Therapies** is available for all Newham residents to self-refer for mental health support with everyone offered an assessment. Talking Therapies also provides community outreach sessions and can talk to employees and community organisations in their settings, providing information about the support available as well as practical techniques to support mental health and well-being. It also provides specific support for people with long term health conditions, including around medication use.
- **Mental health recovery community grants:** Working with community organisations to strengthen support and increase knowledge about mental health and well-being services. It is informed by the COVID-19 mental well-being impact assessments findings¹⁹.
- **Investing in mental health in schools:** Schools in Newham have been accessing support for a number of years to promote resilience and mental well-being for example through Headstart³⁵, a six year National Lottery funded programme, and the recent investment in Mental Health Support Teams (see Priority 2).

- **Newham Multi-Agency Collective (NEW-MAC):** COVID-19 saw a significant increase in children and young people presentations with mental health and emotional wellbeing concerns resulting in a sharp increase in referrals to CAMHS. The Newham Multi-Agency Collective (NEW-MAC) was developed to provide holistic pathways to more timely early help and support by investing in relationships and working across a wide number of community partners in order to improve children and young people's mental health and emotional wellbeing. This model of working is being further developed into a new Mental Health & Wellbeing Partnership Hub (Thriving Young Minds Hub) that will provide one route for referrers, including children, young people, their parents/carers and professionals to access a range of mental health and wellbeing support, meaning there's no wrong 'front door'.
- **Newham's libraries** are part of the national Reading Well programme one strand of which is mental health with book collections chosen and recommended by health experts for Adults, Young Adults and Children. These are available as self-referral or can be referred by GPs or other healthcare professionals.

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>3.1 Expand reach and uptake of suicide and self-harm awareness and prevention training.</p>	<ul style="list-style-type: none"> • Promote free training including where appropriate integrating the training offer as part of Newham’s Social Welfare Alliance programme. • Work with Mind and community partners to deliver and learn from culturally sensitive suicide prevention training. • Support suicide awareness training take up amongst Newham health and social care staff. • Explore gaps and opportunities to build in learning and training support for practitioners, carers and families for people with autism and learning disabilities (both adults and children and young people). • Embed suicide awareness and prevention support as part of Newham’s supportive living accommodation. • Promote suicide awareness and prevention training amongst Newham businesses particularly those identified with higher risk (e.g. construction, manual labour). 	<ul style="list-style-type: none"> • High take up of suicide prevention training that is relevant and accessible to a broad range of front line organisations, with focused support for workforces supporting population groups with greater number of risk factors and working with community organisations in terms of strengthening outreach support, for example for Eastern European populations. • Attention to workforce areas where there is a lower training uptake to help understand barriers/facilitators.
<p>3.2 Strengthen mental health support to men.</p>	<p>Co design with male Newham residents and health practitioners a health engagement plan with consideration of:</p> <ul style="list-style-type: none"> • Promotion of specific suicide prevention support for men. • Mental health integration with physical health check support such as weight management, smoking cessation support. • Male friendly conversation spaces such as in barbers and youth zones. • Peer to peer led support for mental health and well-being care. • Use of men focused health campaigns e.g Movember. 	<p>Ongoing roll out of mental health support to men to encourage self-care and access to support when required.</p>

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>3.3 Mental health support for women during times of identified risk, including pregnancy, first 12 months after childbirth, experience of domestic abuse and homelessness.</p>	<ul style="list-style-type: none"> • Continue to increase the percentage of women accessing a specialist perinatal mental health service. • Explore ways to increase provision of perinatal mental health support for parents such as through peer-to-peer support networks. • Increase awareness and access to mental health support for women living in temporary accommodation. 	<p>Re commission and explore how the perinatal mental health peer support service can work closely with other peer support services in the maternity and perinatal pathway.</p>
<p>3.4 Mental health support for people with long term health conditions.</p>	<p>Promote support provided by Talking Therapies for people with long term health conditions including to Newham voluntary, community and faith organisations.</p>	<p>Work with North East London health partners in terms of clinical workforce awareness around suicide risk and diagnosis of a long-term health condition.</p>
<p>3.5 Increase number of culturally sensitive trusted spaces that people can access for mental health support.</p>	<ul style="list-style-type: none"> • Promote Community Neighbourhood Link Worker support, including the Time to Talk service and Friendship club for young adults with learning disabilities. • Pilot a LGBTQIA+ Mental Health Support Group Project to facilitate conversations around mental health within a safe space. • Identify learnings from small grants programmes to help increase the number of community spaces providing mental health and well-being support for at risk populations as identified in the COVID-19 mental health impact assessment. • Explore with faith leaders supportive conversations on reducing suicide and self-harm risk and accessing mental health support. 	<p>Use learning from pilots to inform ongoing design of mental health support in terms of trusted community spaces.</p>
<p>3.6 Develop understanding and practice of a trauma informed approach across Newham.</p>	<p>Build understanding of a trauma informed approach by learning from existing practice and encouraging training take up in support services working with high risk population groups.</p>	<p>Continue roll out of understanding and training to support trauma informed approaches with attention to how trauma increases suicide risk.</p>

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>3.7 Explore ways to embed a whole system approach to suicide and self-harm prevention in Newham’s education and further education establishments.</p>	<ul style="list-style-type: none"> • Working with Mental Health Support Teams, develop a pilot proposal and invite educational establishments to test out a commitment pledge that encourages awareness raising activities, high training uptake and review of policies and strategies. • Develop an evaluation framework to identify benefits and learning from the pilot. • Support schools to deliver whole school approaches which include effective anti-bullying policies and support for children who have experienced bullying. 	<p>Use learning from the pilot to expand and/or revise/review ways to embed a whole system approach to suicide awareness and self-harm prevention.</p>
<p>3.8 Roll out training and support for school and create accessible information on sources of help and support.</p>	<ul style="list-style-type: none"> • Continue to roll out training and support for schools (Mental Health First Aid Training, Papyrus self-harm training) to develop increased awareness of stresses and actions that can lead to suicide and self-harm. • Build awareness about what services and support are available in Newham via the Mental Health Support Teams (MHSTs) in schools, including co-design with schools and young people. 	<ul style="list-style-type: none"> • Use learning from this, to ensure that up-to-date information is contained within the Newham Thriving Young Minds Hub. • Ensure that support continues to be well advertised and supported by partners so that schools are able to engage.
<p>3.9 Identification and prevention training for Social Care, Youth Justice System, 0-19, Youth Empowerment Service and community partners.</p>	<ul style="list-style-type: none"> • Continue to support the roll out of suicide prevention training for professionals working with children and young people and ensure that the take up of this is robust. • A multi-agency approach to taking this forward to be established through the Children and Young People suicide and self-harm prevention subgroup. 	<p>Review the uptake of training and ensure that ongoing strategy addresses those areas where improvements can be made to ensure maximum impact.</p>
<p>3.10 Online safety support for young people and parents is available and accessible and online usage is considered in risk assessments.</p>	<p>Ensure that the planned Thriving Young Mind’s Hub, includes support /information (parents and young people) on dangers and impact of cyberbullying /pro-suicide sites, chat rooms /viewing images romanticising and glorifying self-harm and suicide.</p>	<p>Ensure ongoing review of the use of the Thriving Young Minds Hub and ongoing work with parents/carers and young people to ensure that it continues to address need.</p>

Outcome measures

- Training uptake and participant feedback.
- Learnings from pilots to inform ongoing strategy, for example understanding of how best to support men's mental health in healthcare and community settings.
- Greater understanding and use of trauma informed principles in a number of Newham frontline organisation settings, for example housing, schools and further education support.

Resources/supporting partners/linked strategies

- Mental Health Support Team (MHST)
- Newham CAMHS
- Mind
- Newham Youth Zones
- Social Prescribers
- Early Help Strategy
- Learning Disability Action Plan including the Hopeful Futures training
- All-Age Autism Strategy
- Thriving Young Minds Hub
- Newham's libraries
- The Brave Project
- James' Place
- Loneliness and Social Isolation Action Plan

PRIORITY AREA 4: PROVIDE INFORMATION AND SUPPORT TO THOSE BEREAVED OR AFFECTED BY SUICIDE



Priority context and its importance in Newham

Suicide has a profound effect on families, friends and the local community. Providing the right information and support to those bereaved or affected by suicide is a crucial step in reducing the impact of suicide and the risk of adverse consequences such as poor mental health and suicide ideation. A UCL bereavement study found that people bereaved by suicide are at a much greater risk of suicide themselves, and that those people bereaved by the death of a family member or friend are 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural causes³⁶. 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 support³⁷.

Bereavement is also a risk factor for suicide. Demand for bereavement support increased as a result of COVID-19, with this need sustained as residents continue to feel the emotional impact of their losses.

Local available support

- **Grief in Pieces:** Support for suicide loss is provided by Mind. This includes a support group that provides a safe space to help understand grief and a Crisis Response Service that provides support in the immediate aftermath of a suicide.
- **Newham Bereavement Service** started in 2017 and supports bereaved individuals by anticipating grief reactions and providing a variety of interventions to minimise the degree to which they impact on their life, health and relationships. Early service data showed more women accessing the service which led to specific outreach work to men. Additional support for adults with autism and learning disabilities was included in the service in 2020 and 2021. This helped respond to population mental health vulnerabilities identified during the COVID-19 pandemic.
- **Good Thinking Bereavement** resources provides advice guides for adults and young people on how to cope with bereavement and grief, how best to support someone experiencing a bereavement, advice on providing culturally sensitive support and faith-based bereavement resources.
- **Child Bereavement Training (CBUK)** is a 90-minute webinar that provides an overview of grief and bereavement, children's understanding of death, models of grief and children's response and factors. The content also includes a focus on age/stage/needs of different groups of young people and setting, making it relevant for schools, Early Years, Youth Empowerment Service and Youth Offending Teams.

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>4.1 Ensure that there is support available and accessible to families and friends bereaved by suicide.</p>	<ul style="list-style-type: none"> • Strengthen effective referral to bereavement and mental health support services by working with partners, emergency services, and those in contact with the families soon after a bereavement occurs. • Refresh the online and paper-based material on bereavement to include suicide bereavement support and ensure this is available on the Well Newham platform. • Ensure culturally relevant grief and bereavement support for all residents. • Measure end of service support outcomes including that people are better adjusted, adapted, have reduced feelings of isolation and better able to cope with life after receiving bereavement support. 	<p>Maximise opportunities to improve awareness of bereavement support across all ages. If possible, measure increase in support, awareness and access of bereavement services, and service exit strategy for users.</p>
<p>4.2 Recognise that friends and family of children and young people who die by suicide need skilled, specialist support.</p>	<ul style="list-style-type: none"> • Develop a critical response partnership pathway to support schools understand and manage the process of loss and grief following a suicide and that bereaved siblings may be at greater risk. • Share the bereavement policy and practice guidance for Early Years, Schools and other settings for Children and Young People along with supporting resources document. 	<ul style="list-style-type: none"> • Maintain a partnership with schools to manage and uphold a specialist bereavement support for children and young people. • Review impact and use of critical response pathway and policy and practice guidance as part of yearly bereavement learning events.
<p>4.3 Review bereavement services across Newham to address any access gaps and to share learning.</p>	<ul style="list-style-type: none"> • Hold a bereavement service-learning event, bringing together partners and identifying service areas to strengthen. Engage people with lived experience in all stages of development of the bereavement service. • Improve the assessment pathways and tools for Post-Traumatic Stress Disorder (PTSD) and long-term grief. 	<p>Consider a yearly bereavement service-learning session/workshop with partners.</p>

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>4.4 Connect with the voluntary, community and faith sector on bereavement services and ensure local partners are aware of the risk factors associated with suicide bereavement and can access early support interventions.</p>	<ul style="list-style-type: none"> • Explore with community partners the design and distribution of a Newham Crisis Card/ Crisis app to all appropriate groups and services that reference local and national support. • Develop or encourage community bereavement peer support networks. 	<p>Continue to build strong partnerships with the VCFS and improve awareness of crisis and bereavement support for all ages.</p>
<p>4.5 Support for first responders, witnesses and emergency teams.</p>	<p>Work with partners to support first responders to access suicide bereavement and mental health support including as part of policies and occupational health provision.</p>	<p>Continue to build awareness raising of suicide bereavement and mental health support for first responders.</p>

Outcome measures

- A review of bereavement services across Newham through learning events and workshops to inform improvements and address gaps.
- Annual survey to engage with the community/recipients of the services to measure the satisfaction levels and identify any gaps. Potential use of quantitative or clinical measures such as SCORE 10.
- Stronger partnerships with VCFS and bereavement services to increase awareness in communities.

Resources/supporting partners/linked strategies

- Newham's Ageing Well Strategy
- 'Help is at Hand' Support After Suicide Partnership
- Mind Grief in Pieces and Crisis Response Service
- Newham Bereavement Service

PRIORITY AREA 5: REDUCE ACCESS TO THE MEANS OF SUICIDE



Priority context and its importance in Newham:

Latest analysis of national data show that the number of deaths by hanging/strangulation has risen steeply in 2018-19, especially in female patients and in patients aged under 25. The number of deaths by self-poisoning also increased in 2018-19 but deaths by jumping/multiple injuries decreased¹¹. In Newham, data from the latest suicide audit (2018-2021)¹⁰ show that almost half (48%) are suicides by hanging, 15% by overdose and 14% by being struck by a train. Over half of the suicides took place at home (51%), 28% took place elsewhere (parks, hotels, addresses other than the deceased's home), 14% were at a train station and 8% were in a hospital following admission.

The most effective suicide prevention measure remains restricting access to the means of suicide³⁸. This involves action to prevent suicides in public spaces and reducing accessibility to other means such as prescribed medicine and weapons. Deaths by suicide in public places can be traumatising for first respondents and other witness, and further increases the impact of the death³⁹. 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 considers the impacts on the wider community and the trauma of witnessing or discovering a death by suicide. The guide 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')

Local available support

The suicide audit and analysis of real-time surveillance supports identification of locations in Newham and methods of suicide that will allow for future preventative actions.

Examples of previous actions include:

- **Parks:** Following a suicide incident at a local park in 2021 colleagues from parks and green spaces connected with the public health team to help introduce crisis and mental wellbeing signage across Newham parks.
- **Car Parks and Public Spaces:** Following a suicide incident at a car park in 2021, public health and NHS colleagues connected with National Car Parks (NCP) who manage the location to discuss support and training for employees. NCP representatives received public health guidance resources, connected with NHS colleagues for signage and information regarding the crisis support services for the area in question and training opportunities for their staff.

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>5.1 Work with GPs, hospitals and pharmacists to promote safe prescribing.</p>	<ul style="list-style-type: none"> • Review safe prescribing practice across the Primary Care Network for example risk management processes around repeat prescriptions. • Ensure intelligence from independent safeguarding partnerships and the Drug Related Death Review panel is shared in relation to safe prescribing (see Priority 7). 	
<p>5.2 Take action to reduce risk of suicide associated with identified locations where suicides and attempted suicides occurred in line with evidence.</p>	<p>Monitoring locations identified through the suicide audit, Thrive London real time data and take forward any preventative action including training and wellbeing support for staff.</p>	<p>Continue a yearly audit of suicide locations and maintain awareness with partners.</p>
<p>5.3 Increase awareness of support in potential high risk locations.</p>	<p>Working with Newham’s parks and open spaces, train stations and car parks to reduce access to potential means of suicide and encourage help seeking by co-designing effective signage and infographics at locations.</p>	<p>A yearly review of all wellbeing signage and posters.</p>
<p>5.4 Improve partnership working with key agencies in Newham (Met police, BTP, Network Rail, TfL, car parks and high rises) to identify and manage high risk locations for both completed and attempted suicides.</p>	<ul style="list-style-type: none"> • Identify a wider working group network including external partner agencies from British Transport Police (BTP) and TfL to ensure sharing of resources/training and awareness of cases. • Ensure higher risk locations are reviewed and actions to reduce risk are implemented. 	<p>Stronger partnerships across agencies to tackle suicide prevention.</p>

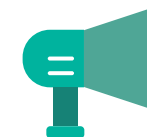
Outcome measures

- Reduction of high-risk areas due to increased management and knowledge of locations.
- Examples of signposting in public spaces to suicide support helplines.
- Evaluation of wellbeing signage's and barriers at locations.
- Stronger partnerships across agencies to tackle access to means of suicide in public spaces.

Resources/supporting partners/linked strategies

- Newham Council communications team and Community Safety Team
- North East London Suicide Prevention Work Group
- Primary Care partners
- Thrive London research and network

PRIORITY AREA 6: SUPPORT THE MEDIA TO REDUCE SUICIDE RISK



Priority context and its importance in Newham:

Research evidence shows that certain types of media depiction of suicide deaths or suicide attempts may lead to an increase in suicidal behaviour among vulnerable people. However, stories of people coming through a suicidal experience can encourage others to seek help.

The Samaritans Media guidelines for reporting suicide⁴⁰ is a resource that provides guidance on how to report on suicides and self-harm safely. Some of the recommendations in this guide include:

- Avoid reporting methods of suicide.
- Avoid referring to locations as popular or known for suicides.
- Educate and inform wherever possible – signpost to sources of support and emphasise that suicide is preventable; refer to the wider issues associated with suicide, such as risk factors like mental health problems, alcohol and drug challenges and deprivation to encourage better understanding.

72% of Newham residents are from Black, Asian and other ethnically diverse groups with some of these population groups underrepresented in local mental health service data. Communication that effectively reaches different cultures needs to be part of educating and informing.

Local available support

This priority area was not identified in the previous Newham Suicide Prevention Strategy. However, a number of activities are identified going forward including improving the Council's suicide prevention campaigns and communications and ensuring awareness amongst local media stakeholders of the available guidelines, communications support available and national and local helplines.

Supporting resources and partnerships include:

- A North East London Suicide Prevention Work Group focusing on sensitive communication around suicide across the Integrated Care System.
- Newham Council's Health Promotion Toolkit providing a framework approach to considering inclusive communication through the ART framework (Accessible, Relevant and Trusted) as well as a support guide to public health communication.

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
6.1 Encourage local media to adopt the Samaritan’s media guidelines for reporting on suicides.	Work with Mind Safe Connections, London Borough of Newham communications and local media outlets to raise awareness of the media guidelines and where to access reporting advice.	Maintain positive and reflective communication partnerships with local media contacts.
6.2 Encourage local media to support the signposting of national helplines and local services for people that may be affected by news and coverage of local deaths by suicide or attempted suicides.	Share local and national support resources for suicide prevention with Newham’s local media partners, including consideration of cultural relevance in terms of access to mental health support.	Maintain knowledge with local partners with updated information on local support services.
6.3 Build a proactive suicide prevention campaign/ communication plan working with media partners, the multi-agency working group and additional community partners.	<ul style="list-style-type: none"> • Proactive communication as part of World Suicide Prevention Day, working with Newham’s voluntary community and faith sector alongside media partners. • Development and roll out of an evaluation plan to understand communication impact. • Use of other communication opportunities to educate and inform around risk and how to access suicide prevention support. 	Build on learning from awareness raising events to expand reach, partnerships and innovative ideas of delivery.

Outcome measures

- Examples of sensitive reporting of suicides in the local media and where possible linked to use of guidelines
- Examples of signposting to local sources of support
- Evaluation of proactive campaigns/ awareness raising

Resources/supporting partners/linked strategies

- London Borough of Newham communication team
- Mind Safe Connections
- North East London Suicide Prevention Working Group

PRIORITY AREA 7: LEADERSHIP, RESEARCH, DATA COLLECTION AND MONITORING



Priority context and its importance in Newham

Collecting and analysing local data on the number of suicides, the context in which they occur, the groups most at risk and how the picture is changing over time is critical for effective suicide prevention work. This is recognised in Newham's strategy development through the three-year audit analysis and listening to local intelligence from support services and population groups. However, often the data collected does not provide the demographic data required to understand the prevalence of risk-factors and other related issues. This requires strong advocacy going forward as noted in recent reviews on ethnic inequalities in healthcare⁴¹.

Suicide prevention also requires leadership and support from across a wide range of settings. Multi-agency partnership is therefore key, with a highly visible strategy and action plan underpinning its work and thereby providing a central document for a wider network of partners.

Local available support

The Thrive London Real-Time Surveillance System (RTSS) is a multi-agency information sharing hub which provides real-time data on suspected suicides. For Newham, it allows conversations around prevention to happen at an earlier stage as well as identification of data gaps.

Newham's public health team is also part of the North East London Suicide Prevention Work Group that is helping identify what data should be collated regularly to help inform understanding of funded activity take up (such as training) in addition to outcomes related to suicide prevention and self-harm which can be monitored and analysed to inform longer term planning.

A multi-agency suicide working group and is supported by a wider network of partners (see Appendix A). A Children and Young People sub group will be taking forward actions in this strategy most relevant to Newham's younger populations and families and carers.

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>7.1 Maintain a strong all age Multi-agency Suicide Prevention Partnership with shared accountability across health and care partners in addition to strong voluntary and community sector involvement.</p>	<ul style="list-style-type: none"> • Identify and maintain strong partnership. • Regular meetings to oversee the action plan. 	<p>Strong and effective multi-agency partnership over the course of strategy delivery.</p>
<p>7.2 Reinstate the Children and Young People Suicide and Self-harm prevention sub group to oversee and help take forward specific aspects of Newham’s suicide prevention strategy and action plan to reduce suicide and self-harm rates locally amongst children and young people.</p>	<p>Revise working group, re-establish meetings and develop and agree resources and partnership leads for action that will include:</p> <ul style="list-style-type: none"> • Improved data collection and analysis • Training and support for professionals • Whole school and setting approaches to prevention • Focus on those groups most at risk – and strategies to address need 	<p>To ensure the ongoing and effective working of the working group, so that core priorities can be reviewed and updated as required, and clear actions plans put in place to address these, by partners.</p>
<p>7.3 Maintain visibility and awareness of Newham’s suicide and self-harm prevention strategy.</p>	<ul style="list-style-type: none"> • Produce an Annual Report on progress against the suicide prevention strategy, shared with the health and well-being board, adult and children and young people safeguarding board. • Ensure senior managers are aware of the Suicide Prevention strategy and can reference it when encouraging awareness training. • Build strong connections between the strategy and the wider borough mental health action plan. • Use mental health awareness days as opportunities to highlight the strategy and resources for suicide prevention across the borough (link Priority 6). 	<p>Maintaining the described reporting and connections on an annual basis, reflecting on what is working well and where new strategies may be required.</p>

ACTIONS	IN THE FIRST TWELVE MONTHS	OVER COURSE OF THE STRATEGY (2023-2026)
<p>7.4 Improve suicide data and intelligence and keep up to date regarding the latest evidence base on preventative action, including at a national, regional and sub-regional level.</p>	<p>Strongly advocate for improved collection of demographic data for suicides and suicide prevention services:</p> <ul style="list-style-type: none"> • Use Newham’s Clinical Effectiveness Group (CEG) to search for where ethnicity and occupation is missing on primary care records • Engage with the North East London coroner office to advocate for improved data collection specifically on key demographic information • Discuss with Thrive London a minimum data set requirement for the RTSS <p>Ensure intelligence from independent safeguarding partnerships and the Drug Related Death Review panel is shared and used to inform preventative action with consideration of intersectional risk such as homelessness.</p> <p>Use Thrive London and other published evidence based research to inform action at a local level.</p> <p>Support the development of a NEL Suicide Prevention data set and identify how best to use this data to help inform action at a local level.</p>	
<p>7.5 Improve understanding and use of data across CAMHS and children’s social care re attempted suicides and self-harm.</p>	<p>Work with colleagues in CAMHS and social care to understand and triangulate data on risk of suicide and self-harm amongst children and young people, to inform the development of priorities for action (link Priority 3).</p>	<p>Ensure the continued collation of data, across relevant agencies so that a multi-agency to addressing need can be maintained.</p>
<p>7.6 Develop a real time surveillance protocol for suicide prevention to support monitoring and where possible early response.</p>	<p>Using other local examples, develop and test a community response plan to provide a timely response following a suspected suicide.</p>	<p>Report and identify resulting actions needed at quarterly multi-agency working group meetings.</p>

Outcome measures

- Improved data capture re ethnicity and occupation, measured against baseline from 2018-2021 three year audit.
- Reference to the strategy by Council and Healthcare partners for example as noted in minutes, requests made to the working group.
- An agreed community response plan with examples of action.

Resources/supporting partners/linked strategies

- London Borough of Newham Public Health and Children and Young People team
- North East London Coroner department
- North East London Health and Care Partnership

Appendix A: Newham Suicide Prevention Working Group Membership

London Borough of Newham

Public Health Consultant

Senior Public Health Strategist

Strategic Mental Health & Partnership lead, Children's Commissioning

Children's Health Commissioner

Assistant Director Commissioning (Adults & Health)

Head of Service – Learning Disabilities, Autism, Mental Health & Vulnerable Adults, Operations

Principal Public Health Analyst

Director of Quality Assurance, Safeguarding and Workforce Development

Senior Educational Psychologist

Child Death Review Hub Manager

Adult Commissioning – Learning Disabilities lead

Assistant Director of Community Safety

Newham Bereavement Service Commissioner (Adults & Health Commissioning)

Head of Service for Multi Agency Safeguarding Hub, Emergency Duty Team, No Recourse to Public Funds, Assessment & Families First Services

Primary Specialist Resilience Training Lead

0-19s Children's Health

Youth Participation Senior Manager

East London Foundation Trust and Newham Integrated Care Partnership

Senior Programme Manager - Community Mental Health Transformation Programme, East London Foundation Trust

Newham Crisis Pathway and Specialist Teams Services Clinical Lead, East London Foundation Trust

Children's Safeguarding Lead GP for Newham

GP Clinical lead for mental health and learning disabilities

Senior Commissioner - Community Mental Health Transformation Programme, East London Foundation Trust

Clinical Lead Nurse – Newham Mental Health Support Team, East London Foundation Trust

Consultant Psychiatrist - Children and Adolescent Mental Health Services (CAMHS), East London Foundation Trust

Psychological Therapies Lead - Children and Adolescent Mental Health Services (CAMHS), East London Foundation Trust

Head of Commissioning and Transformation, Newham Integrated Care Partnership

Joint Senior Commissioning Manager – North East London Children and Young People, Newham Integrated Care Partnership

Extended Crisis Support, Children and Adolescent Mental Health Services (CAMHS), East London Foundation Trust

Stakeholders/Partners

Metropolitan Police Suicide Prevention

London Thrive

Aston Mansfield

Newham College

Newham Bereavement Service, Mind

The Brave Project

Safe Connections Community Suicide Prevention Hub, MIND

Hestia

Healthwatch

University of East London

Change Grow Live (CGL)

Appendix B: Organisations consulted to inform the new strategy

(alongside working group members listed in Appendix A)

External

Newham Muslim Forum	East London Foundation Trust
HealTogether	Working Together Groups Lead
Newham Social Prescribing Forum	East London Foundation Trust lead
Newham Together Café	for LGBTQIA+ Young People Support
Roma Support Group	CAMHS
Newham College	Newham GP Forum
Resources for Autism	Talking Therapies Long Term Health
Disability Rep Forum	Conditions Support
MIND Safe Connections	Newham Talking Therapies
Ramgharia Gudwara Community	University of East London
centre	Newham Homelessness Forum
The Big Issue	Mental Health Schools Teams
Change, Grow, Live (CGL)	Newham Men's Mental Health
Community Link Workers	Group
Newham Bereavement Service	Schools safeguarding and special
Healthwatch	need networks
Anchor House	
East London Foundation Trust Rough	
Sleepers Mental Health Project	

Internal (London Borough of Newham)

Adults and Health Commissioning	Youth Participation LGBTQIA+ Lead
Community Safety	Adults and Health Commissioning
Safeguarding Children Partnership	Public health
Children Social Care Senior	Our Newham Money
Management Team	Newham Libraries
Adult Co-production Forum	Housing Senior Management Team
Our Newham Work	
Domestic Abuse Lead	
Head of Park and Green Assets	
Learning Disabilities Action Plan Lead	
Community Neighbourhood Links	
Team	
Youth Safety	
School Health	
Education – Inclusion and Special	
Educational Needs and Disabilities	
SEND	
Communications	
Safeguarding Adults Board	

References

1. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), (2022). National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report.
2. National Child Mortality Database Programme Thematic Report, (2021). Suicide in Children and Young People. Online: www.ncmd.info/wp-content/uploads/2021/11/NCMD-Suicide-in-Children-and-Young-People-Report.pdf
3. R Thomson et al., (2021). How income changes affect mental health for working-age adults: a systematic review and meta-analysis, The Lancet.
4. Windsor-Shellard, (2020). How does living in a more deprived area influence rates of suicide?
5. Samaritans, 2017 Dying from Inequality. Available at: www.samaritans.org/about-samaritans/research-policy/inequality-suicide
6. Department of Health, (2015). Preventing suicide in England: Third annual report on the cross-government outcomes strategy to save lives. Mental Health, Disability and Equality Division.
7. Department of Health and Social Care, (2022). Mental health and wellbeing plan: discussion paper and call for evidence. Online: – www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence
8. NHS England, (2016). The NHS Five Year Forward View for Mental Health.
9. Samaritans, (2019). Local Suicide Prevention Planning in England; An independent progress report. Samaritans in partnership with Exeter University.
10. London Borough of Newham, (2020). 50 Steps Health and Wellbeing Strategy www.newham.gov.uk
11. London Borough of Newham, (2022). Building a Fairer Newham Corporate Plan www.newham.gov.uk
12. London Borough of Newham, (2022). Early Help Strategy 2022-2025 www.newham.gov.uk
13. London Borough of Newham, (2023). Domestic Abuse Strategy www.newham.gov.uk
14. London Borough of Newham, (2022). Ageing Well Strategy www.newham.gov.uk
15. London Borough of Newham, (2021). Homelessness and Rough Sleeping Strategy www.newham.gov.uk
16. London Borough of Newham, (2020). Social Integration Strategy www.newham.gov.uk
17. London Borough of Newham, (2022). Learning Disability Action Plan for Adults www.newham.gov.uk
18. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), (2021). Suicide by middle-aged men.
19. Culatto et al., (2021). Suicide by homeless patients in England and Wales: National clinical survey. BJPsych.
20. Knight M et al., (2022). Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. Oxford: National Perinatal Epidemiology Unit.
21. Ludi, Erica et al., (2020). Suicide risk in youth with intellectual disabilities: the challenges of screening." Journal of developmental and behavioural paediatrics.

22. Odd et al. (2021). Child suicide rates during the COVID-19 pandemic in England. *Journal of Affective Disorders Reports*.
23. NHS Fifth Progress Report (2021), Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives.
24. National Institute for Health and Care Excellence (NICE), (2022): Self-harm is everyone's business. Draft Guideline.
25. Department of Health, (2011). No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages.
26. Royal College of Psychiatrists, (2010). Self-harm, suicide and risk: helping people who self-harm: Final Report of a Working Group. College Report CR158.
27. Department of Health, (2015). Preventing suicide in England: Third annual report on the cross-government outcomes strategy to save lives. Mental Health, Disability and Equality Division.
28. London Borough of Newham, (2023). Newham Suicide Prevention Strategy 2023-26: Evidence for Action www.newham.gov.uk/suicideprevention
29. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), (2021). Suicide by middle-aged men.
30. Friends, Families and Travellers, (2022). Tackling Suicide Inequalities in Gypsy and Traveller Communities.
31. National Institute for Health and Care Excellence (NICE), (2022). Self-harm: assessment, management and preventing recurrence.
32. Office for Health Improvement & Disparities, (2020). Mental Health and Wellbeing JSNA - OHID. Online: Fingertips.phe.org.uk
33. London Borough of Newham, (2020). 50 Steps Health and Wellbeing Strategy Evidence Base www.newham.gov.uk
34. Newham Mental Health and Wellbeing Partnership, (2020). Mental Wellbeing Impact Assessment.
35. Headstart, (2022). Headstart Newham Programme. Online: www.headstartnewham.co.uk
36. Pitman et al., (2014). Effects of suicide bereavement on mental health and suicide risk. *The Lancet Psychiatry*.
37. Support After Suicide Partnership, (2021). Help is at Hand: Support after someone may have died by suicide. Online: <https://supportaftersuicide.org.uk/resource/help-is-at-hand/>
38. NHS Fifth Progress Report, (2019). Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives
39. Public Health England, (2015). Preventing suicides in public places: A practice resource
40. Samaritans, (2020). Media Guidelines for Reporting Suicide. Online: https://media.samaritans.org/documents/Media_Guidelines_FINAL.pdf
41. NHS Race & Health Observatory, (2022). Ethnic Inequalities in Healthcare: A Rapid Evidence Review. NHS.

Get in touch!

Tell us what you're doing to support mental health and prevent suicides in Newham.
The Council would be delighted to hear from you, whether you live, work, volunteer or study in Newham.

PublicHealthEnquiries@Newham.gov.uk

To find out more about the strategy visit: www.newham.gov.uk/suicideprevention

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