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# Briefing Note – Overview of Suicide Prevention activities in West Berkshire

<b>Produced for:</b>	<i>Health Scrutiny Committee</i>
<b>Requested by:</b>	<i>Health Scrutiny Committee</i>
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## 1 Purpose of the Briefing

1.1 The purpose of this report is to:

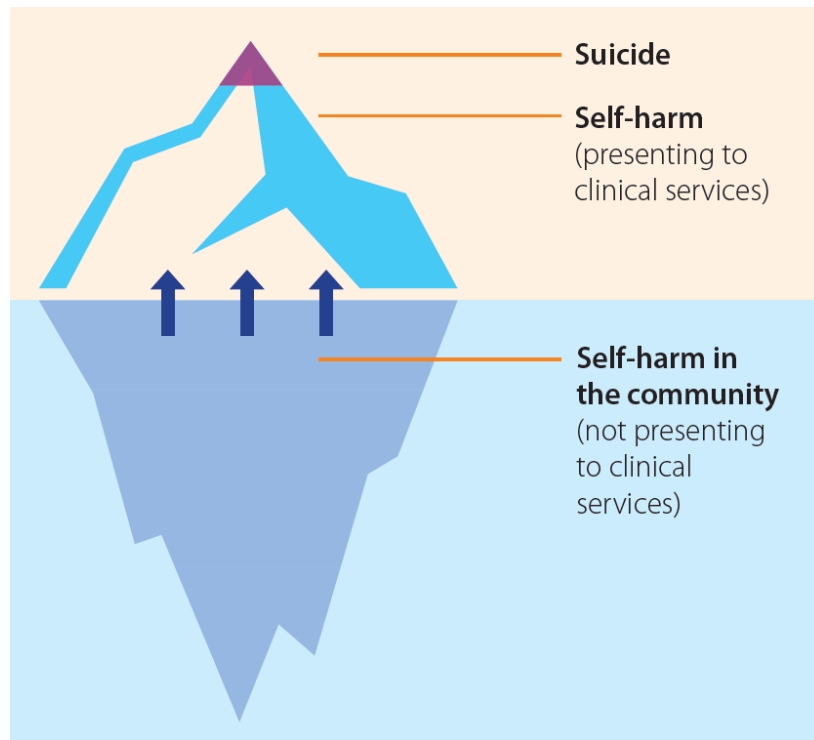
- (a) provide the Health Scrutiny Committee with an overview of the programme of work across West Berkshire for the prevention of suicide, and to
- (b) seek the support and input of the Committee on the process for developing and content of the local Suicide Prevention Action Plan.

## 2 Background

### Introduction

- 2.2 Suicide prevention has been a national political priority since 2016 and remains a high priority for public health teams across Berkshire. The complexity of the Public Health System in Berkshire with six different local authorities encompassing diverse populations, presents significant challenges to a strategic approach to suicide prevention.
- 2.3 Suicide is a complex issue, since factors that contribute to precipitating suicidal acts include not only the physical and mental health of a person - which can potentially be addressed via healthcare services – but significantly a person’s social and economic wellbeing – which is influenced by experiences across all domains of life.
- 2.4 Therefore, suicide prevention should be integrated into other local strategies and programs, including the commissioning of other preventative and mental health and well-being services across the life course. Suicide can be envisioned as the tip of the ‘iceberg’ of self-harm, much of which occurs in the community and is not visible to services (see Figure 1), and where much of the opportunity for prevention presents.

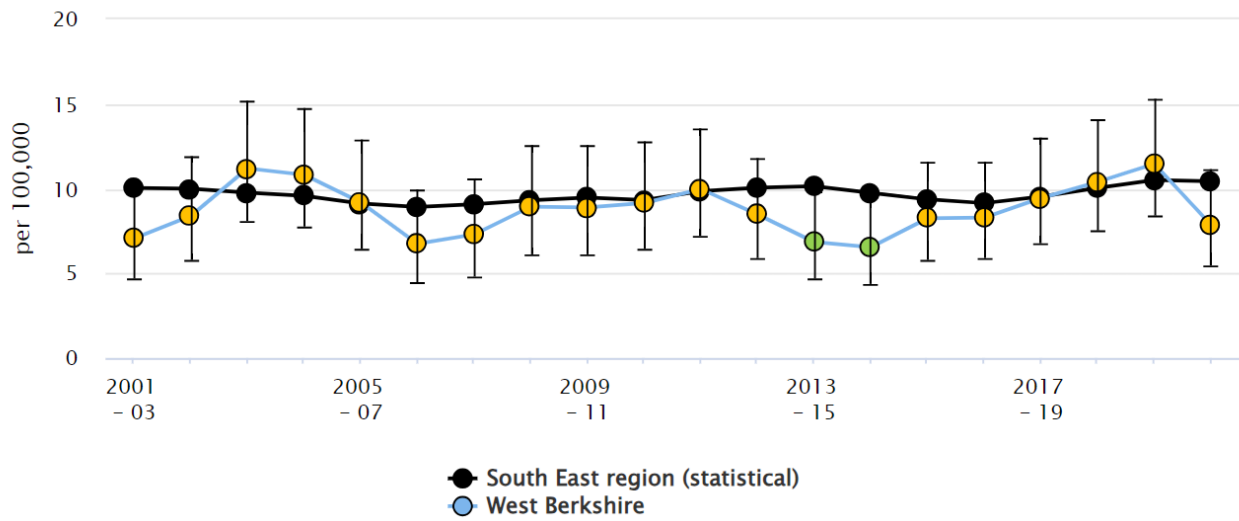
Figure 1. Iceberg model of self-harm and suicide



## Local epidemiology

- 2.5 The results of the [Global Burden of Disease study](#) (2021 data) indicate that self-harm and interpersonal violence are a major cause of deaths for males in West Berkshire aged between 10 and 55 years, accounting for over a quarter (26%) of male deaths in the 30-34 age range (7% for females) and 2.7% of all years of life lost in males (1.1% for females).
- 2.6 Between 2020 and 2022 there were 33 suicides in people aged 10 and over in West Berkshire (i.e. around 11 per year), of which 26 were in males (79%). The suicide rate was 7.9 per 100,000 (2020-22), statistically similar to the South East and England (10.4 and 10.3 per 100,000 respectively). This has fluctuated over the last two decades, which is likely to reflect random variation due to small numbers (see Figure 2).

Figure 2. Suicide rate (aged 10 years and over) for West Berkshire compared to South East average (three-year rolling averages)



2.7 West Berkshire is statistically similar to or better than the South East region and England averages on the majority of suicide prevention indicators (see Appendix 1; comparative data for BOB ICB are not available for most indicators). The notable exception is the rate of hospital admissions for self-harm, where West Berkshire tends to be slightly – sometimes significantly - above England (though not South East) averages (see Figure 3 and Figure 4).

Figure 3. Hospital admissions as a result of self-harm (aged 10-24 years) for West Berkshire compared to England average

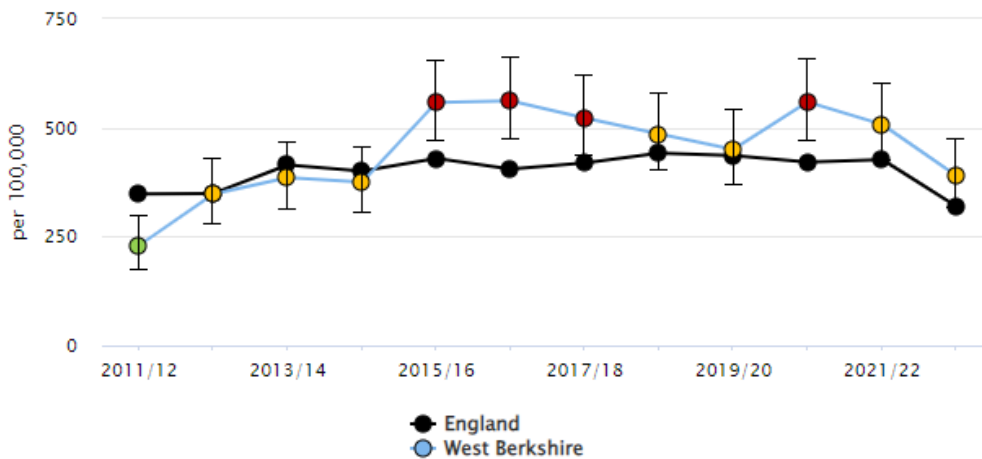
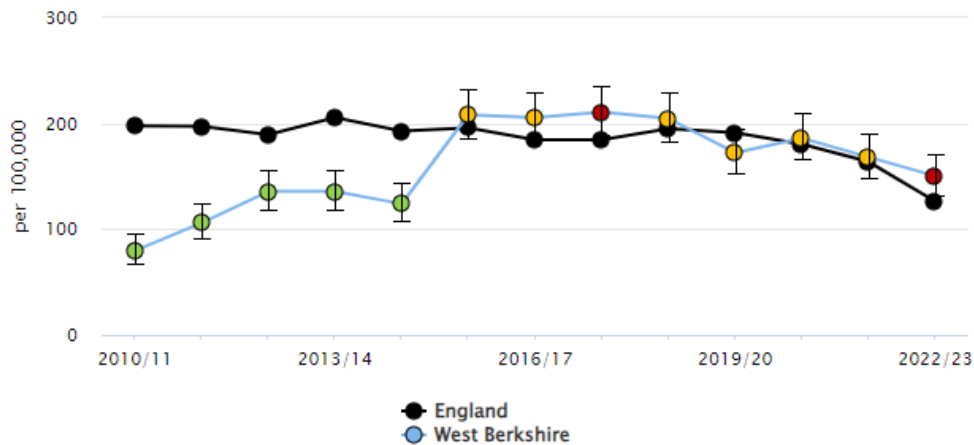


Figure 4. Emergency hospital admissions for intentional self-harm for West Berkshire compared to England average



### Strategic context

2.8 The [Berkshire Suicide Prevention Strategy for 2021-2026](#) was developed in 2020, aligned to the [2012 national suicide prevention strategy](#) (now superseded, see below), and endorsed by the Health and Wellbeing Board in October 2021. It principally focussed upon taking tailored approaches to improve mental health in specific groups, defining its vision as ‘to reduce deaths by suicide in Berkshire across the life-course and ensure better knowledge and action around self-harm’. Using local data, trends and action, 5 core priority areas were agreed across the 6 local authorities:

- (a) **Children and Young People**; including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQ+ and transitions
- (b) **Self-harm**; as a risk factor, groups vulnerable to self-harm, hospital admissions, mental health, young people and self harm
- (c) **Female suicide deaths**; including perinatal mental health, domestic abuse, parental or carer stress
- (d) **Economic factors**; including the impact of COVID-19, debt and poor mental health, benefits, socio-economic disadvantage and gambling
- (e) **Supporting those who are bereaved or affected by suicide**; including local suicide bereavement support, specialist suicide bereavement support, and those impacted by suicide in the workplace

2.9 The [National Suicide Prevention Strategy for 2023 to 2028](#) was refreshed and published in September 2023. The clear narrative throughout the strategy highlighted the importance of suicide prevention being everyone’s business, the strategy aims to:

- (a) reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner;
- (b) improve support for people who have self-harmed;
- (c) improve support for people bereaved by suicide.

- 2.10 After reviewing the Berkshire Strategy to ensure that approaches were aligned to the new national strategy, the Berkshire local authority suicide prevention leads agreed to focus on refreshing their **suicide prevention action plan** at a local operational level, to facilitate local implementation across the six Berkshire Local Authorities and result in local preventative activity.
- 2.11 Work to establish suicide prevention leadership and pan-Berkshire governance has been undertaken. High-level Berkshire system priorities and actions have been identified:
- (a) Continued investment in commissioned Bereavement Support Services
  - (b) Review of the Real Time Surveillance (RTS) System
  - (c) Review of the Berkshire Suicide Prevention Group
  - (d) A suicide audit for Berkshire

### 3 Current Status

- 3.1 There are a range of existing local activities with suicide prevention among the primary aims, including the following:
- (a) West Berkshire Suicide Prevention Action Group
  - (b) Training and engagement
  - (c) Health and Wellbeing in Schools Programmes
  - (d) Starting to use data to inform action (RTS)
  - (e) The Emotional Health Academy for children, young people and their families
  - (f) Work with national highways
  - (g) Amparo suicide bereavement support service
- 3.2 The **West Berkshire Suicide Prevention Action Group** is a VCSE-led multiagency group which is attended by West Berkshire Council members and officers, Thames Valley Police, NWN, Berkshire Coroner, faith leaders, and local charitable bodies and others. It has a focus on suicide prevention training which is currently delivered by an outreach worker employed by the Volunteer Centre West Berkshire. The group is led and chaired by its founder Garry Poulson who oversees the work as a volunteer.
- 3.3 The **Volunteer Centre West Berkshire** Suicide Prevention Outreach Worker has been delivering Suicide First Aid training locally, with recent training in local businesses, schools, and GP clinical and administrative staff. The development of a local Survivors of Bereavement by Suicide (SoBS) group is being explored.
- 3.4 The **Health and Wellbeing in Schools** programme will look to coordinate suicide prevention training to local secondary schools during 2024/25, as well as continuing to signpost schools to local and national guidance and support services for young people

in mental health distress. The programme also supports this work by co-leading the senior mental health leads network, alongside the education psychology team and by encouraging schools to train senior mental health leads.

- 3.5 The **Emotional Health Academy** (EHA) offers intervention to children and young people experiencing mild to moderate mental health difficulties. Initial assessments involve identifying risks including suicidal ideation. The EHA offers safety planning to support a reduction in the risk of suicide in children and young people that are referred to the service. The EHA engages a 'step up' process to specialist Child and Adolescent Mental Health Services (CAMHS) services, when a moderate or severe risk of suicide is identified.
- 3.6 [Amparo](#) is a suicide bereavement support service that provides confidential emotional and practical support for anybody who has felt the impact of suicide across Thames Valley. The majority of clients are referred by Thames Valley Police although other professionals and self-referral is possible. The service is jointly funded by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and Frimley ICB. The current contract runs to June 2025 and is managed by BOB ICB. TVSPIN – quarterly meetings in place – updates given from TVP and Amparo . Attended by all LA, NHS and healthcare providers.

### **Implementation of Berkshire Strategy and Local Action Plans**

- 3.7 To date, the following actions have taken place to support the implementation of the Berkshire Suicide Prevention Strategy (2021 – 2026). These include:
- (a) The appointment of a Lead Consultant in Public Health.
  - (b) A review of the current Berkshire position with a set of immediate priority actions recommended to Director/s of Public Health.
  - (c) An audit of the strategy recommendations, mapped at a system level with potential lead organisations identified.
  - (d) Establishment of Berkshire Suicide Prevention Public Health Leads meetings to review current local activity and establish a network to support good practice and delivery.
  - (e) High level Berkshire actions identified and operational action plan along with the with the development of an audit tool.
  - (f) A Thames Valley Real Time Surveillance System workshop undertaken in January 2024 to share good practice and scope what a local system might look like.
  - (g) Local Public Health teams developing and reviewing their local action plans against the operational action plan audit tool.
- 3.8 The **Berkshire Suicide Prevention Group** has consistently convened quarterly meetings with the objective of driving the suicide prevention agenda forward. The group advocates for a collaborative approach, actively working towards effecting tangible change in the prevention of suicides across Berkshire through coordinated actions taken by member organisations.

- 3.9 To progress local implementation of the Berkshire Suicide Prevention Strategy, an **operational action plan** (Appendix 2) has been collaboratively developed with the six Berkshire suicide prevention leads and co-leads. This plan encompasses high-level system actions across the Thames Valley, BOB Integrated Care Board, and Berkshire. These actions are:
- (a) Continued investment in commissioned Bereavement Support Services
  - (b) Review of the Real Time Surveillance (RTS) System
  - (c) Review of the Berkshire Suicide Prevention Group
  - (d) A suicide audit for Berkshire (last completed in 2018)
- 3.10 There will be different approaches to implementing the Berkshire Strategy at the local level. In support of Local Authorities, the **action plan audit tool** (Appendix 3) has been developed for leads and suicide prevention groups. This tool serves as a comprehensive mechanism for evaluating strengths, identifying areas for improvement, and establishing connections with pre-existing local strategies, ensuring the efficient delivery of actions. The insights gained from the audit tool will play a pivotal role in developing the local implementation plan, prioritising key areas, and outlining specific actions, including considerations related to resources and capacity.
- 3.11 In May 2024 the West Berkshire **Health and Wellbeing Board** reviewed the Berkshire Suicide Prevention Strategy action plan and requested it to be developed in consultation with the West Berkshire Suicide Prevention Action Group – with particular consideration of rural issues particular to West Berkshire.
- 3.12 There are risks associated with uncertainty over staff resources and funding for the coordination of West Berkshire wide suicide prevention activities, as well as for specific activities, including the delivery of suicide prevention training and outreach, and suicide bereavement support services.

## 4 Implications and Impact

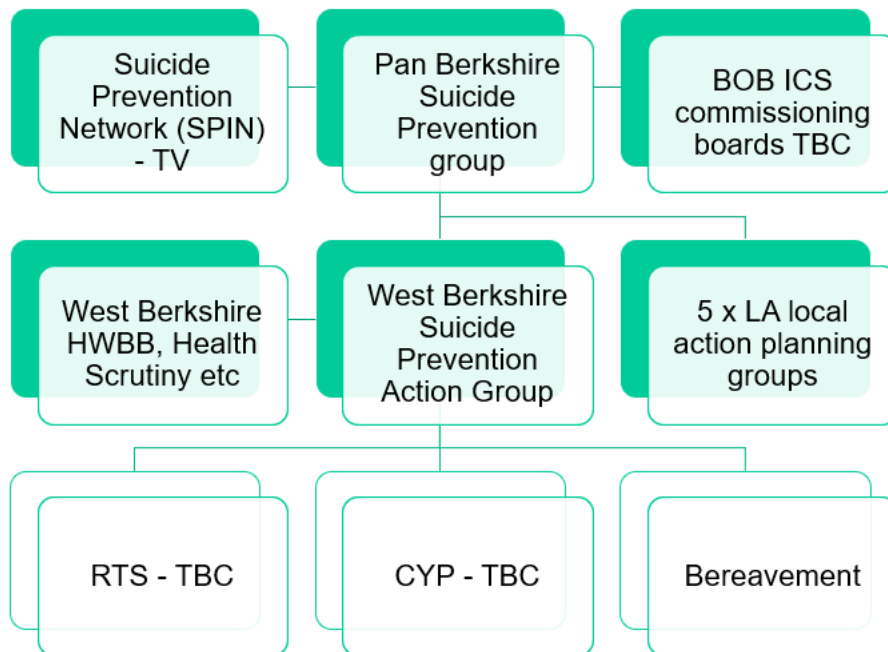
- 4.1 Initial consultation with Suicide Prevention Action Group generated a number of proposals of activities for consideration for the development of a local action plan, including the following:
- (a) Establishment of clear pathways for those in emotional turmoil connected to gambling.
  - (b) ‘Closed’ training courses on suicide prevention for particular groups/companies.
  - (c) Suicide prevention training targeted at specific priority groups e.g. volunteer coordinators; parents and youth groups; teachers and educational staff.
  - (d) A local campaign to address the potential mental and emotional harms of social media e.g. “Turn-off Tuesday”.
  - (e) Development and provision of suicide prevention resources for educational settings

- (f) Increased signage to build on existing signage, in reflection of the anecdotal reports of successful prevention.
- (g) Physical changes at locations identified as suicide hotspots.
- (h) Increased use of data and intelligence to identify risk factors and monitor online trends

## 5 Next Steps

- 5.1 Following the appointments of the Director of Public Health and Service Lead – Consultant in Public Health for West Berkshire, work is underway to complete the restructure of the public health team. As the team is brought up to full capacity, the allocation of resource to supporting work on suicide prevention will be reviewed, which may allow the Council to take a more intensive role in supporting partnership action in this area.
- 5.2 This will include working with partners to assess the local implementation of the Berkshire Suicide Strategy and define the local action plan, with the support of the audit tool (see above).
- 5.3 It is proposed that this work is led by the West Berkshire Suicide Prevention Action Group through appropriate sub-groups (to be determined), aligned with the Pan Berkshire Suicide Prevention Group, with support from West Berkshire governance structures (see Figure 5).

Figure 5. Proposed governance structure for the Suicide Prevention Strategy and Action Plan for West Berkshire



## 6 Conclusion

- 6.1 Suicide prevention is a complex area since the causes of the issue cover the whole range of social and economic factors that influence individual wellbeing, as well as the



physical and mental health of a person which can be addressed via healthcare services.

- 6.2 The Health Scrutiny Committee is asked to support the process for developing the local Suicide Prevention Action Plan as outlined above, and is asked to comment on specific opportunities to consider as part of this development, for example:
- (a) Are there local priority areas or groups that the action plan should include?
  - (b) Are there any key actions missing?
  - (c) How can actions be communicated to raise local awareness?
  - (d) Is adequate/sustainable funding identified?
  - (e) What are the risks?

## 7 Appendices

- 7.1 Appendix 1 – [Suicide Prevention Profile for West Berkshire](#), Office for Health Improvement and Disparities

Indicator	Period	W Berks			South East	England		England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range		
<b>Overall suicide rate for population aged 10 years and older (3 years pooled)</b>										
Suicide rate (Persons, 10+ yrs)	2020 - 22	–	33	7.9	10.4	10.3	18.3		4.2	
Suicide rate (Male, 10+ yrs)	2020 - 22	–	26	12.6	15.6	15.8	29.5		6.3	
Suicide rate (Female, 10+ yrs)	2020 - 22	–	7	*	5.7	5.2	12.2		1.9	
<b>Suicide rate for population aged 10 to 24 years (5 years pooled)</b>										
Age-standardised rate for suicide by age and sex (Persons, 10-24 yrs)	2018 - 22	–	6	*	5.4	5.5	-	Insufficient number of values for a spine chart	-	
<b>Suicide rate for population aged 25 to 44 years (5 years pooled)</b>										
Age-standardised rate for suicide by age and sex (Persons, 25-44 yrs)	2018 - 22	–	24	12.3	11.7	12.3	28.8		4.3	
Age-standardised rate for suicide by age and sex (Male, 25-44 yrs)	2018 - 22	–	20	20.9	18.1	19.2	46.4		6.1	
Age-standardised rate for suicide by age and sex (Female, 25-44 yrs)	2018 - 22	–	4	*	5.6	5.8	-	Insufficient number of values for a spine chart	-	
<b>Suicide rate for population aged 45 to 64 years (5 years pooled)</b>										
Age-standardised rate for suicide by age and sex (Persons, 45-64 yrs)	2018 - 22	–	20	8.7	13.2	13.3	23.6		5.1	
Age-standardised rate for suicide by age and sex (Male, 45-64 yrs)	2018 - 22	–	12	10.6	19.5	20.4	37.0		7.3	
Age-standardised rate for suicide by age and sex (Female, 45-64 yrs)	2018 - 22	–	8	*	7.0	6.5	-	Insufficient number of values for a spine chart	-	
<b>Suicide rate for population aged 65 years and older (5 years pooled)</b>										
Age-standardised rate for suicide by age and sex (Persons, 65+ yrs)	2018 - 22	–	10	6.3	8.3	8.1	19.0		4.6	
Age-standardised rate for suicide by age and sex (Male, 65+ yrs)	2018 - 22	–	10	13.4	13.1	13.1	-	Insufficient number of values for a spine chart	-	
Age-standardised rate for suicide by age and sex (Female, 65+ yrs)	2018 - 22	–	0	*	4.4	4.0	-	Insufficient number of values for a spine chart	-	
<b>Years of life lost to suicide for population aged 15 to 74 years (3 years pooled)</b>										
Years of life lost due to suicide (Persons, 15-74 yrs)	2020 - 22	–	31	29.3	34.0	34.1	75.9		14.2	
Years of life lost due to suicide (Male, 15-74 yrs)	2020 - 22	–	24	45.2	50.1	51.5	127.0		16.4	
Years of life lost due to suicide (Female, 15-74 yrs)	2020 - 22	–	7	*	18.5	17.2	43.4		6.7	
<b>Mental health issues</b>										
Depression: QOF prevalence (18+ yrs)	2022/23	↑	17,231	13.9%	13.8%	13.2%	6.4%		21.6%	
Mental Health: QOF prevalence (all ages)	2022/23	→	1,172	0.75%	0.91%	1.00%	0.62%		1.69%	
Self reported wellbeing: people with a low worthwhile score	2022/23	–	-	4.8%	3.8%	4.4%	9.8%		1.6%	
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	–	16,702	13.2%*	14.8%*	16.9%*	24.4%		11.6%	
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	–	2,433	8.3%*	9.2%*	10.2%*	14.6%		7.3%	
<b>Social factors</b>										
Children in care	2022/23	–	197	57	57	71	191		26	
Children leaving care: rate per 10,000 children aged under 18	2017/18	→	86	24.0	22.1	25.2	9.3		160.6	
Children entering the youth justice system (10-17 yrs)	2020/21	↓	38	2.2	2.6	2.8	5.7		1.1	
Marital breakup: % of adults	2011	–	13,681	11.1%	11.6%	11.6%	16.3%		7.7%	
Domestic abuse related incidents and crimes	2022/23	–	-	27.4*	25.6	30.6*	10.2		46.5	
Unemployment (Percentage of the working age population claiming out of work benefit)	2021/22	–	2,873	3.0%*	-	5.0%*	9.9%		2.3%	
Long-Term Unemployment. Rate per 1,000 working age population	2021/22	–	76	0.8*	-	1.9*	7.5		0.2	
Homelessness: households in temporary accommodation	2022/23	–	63	0.9	3.0	4.2	25.7		0.2	
<b>Related service contacts</b>										
Adults in treatment at specialist alcohol misuse services: rate per 1000 population	2020/21	↑	182	1.5	1.3*	1.7	0.4		3.6	
Successful completion of alcohol treatment	2022	→	42	30.2%	35.3%	35.1%	17.6%		56.2%	
Adults in treatment at specialist drug misuse services: rate per 1000 population	2020/21	→	366	3.0	3.2*	4.5	1.4		15.4	
Successful completion of drug treatment: opiate users	2022	→	12	5.3%	6.4%	5.0%	1.8%		11.1%	
Successful completion of drug treatment: non opiate users	2022	↓	30	24.4%	31.8%	31.4%	15.2%		49.4%	
Hospital admissions as a result of self-harm (10-24 years)	2022/23	→	105	389.7	363.8*	319.0	1,058.4		89.0	
Emergency Hospital Admissions for Intentional Self-Harm	2022/23	↓	235	150.2	138.3*	126.3	382.6		40.9	

Appendix 2 - Berkshire Suicide Prevention Strategy Action Plan (enclosed)

Appendix 3 - West Berkshire Action Plan Audit Tool (enclosed)