



Walk for a Life 2024

# Somerset Suicide Prevention Strategy

2025 - 2030

Somerset Suicide Prevention  
Partnership

2/4/25

V1.3

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## Executive Summary

Suicide Prevention and the promotion of good mental health for all is a key priority in Somerset. The local suicide rate has been above the national average for over 20 years. On average, 60- 65 people die by suicide every year in Somerset. Every death has a devastating impact on family, friends, colleagues and entire communities.

There is no simple explanation for the higher suicide rate in Somerset, suicide is complex and there are no straightforward solutions. Suicide prevention involves action to improve population mental wellbeing, providing early intervention for mental health issues, assisting those in a mental health crisis, supporting individuals living with a mental illness and those bereaved by suicide. All of the suicide prevention work locally is grounded in nationally recognised evidence, data, and local insights.

In Somerset, there is a collaborative that works across organisations and communities to support this work. The multiagency Suicide Prevention Partnership Forum brings together partners with the shared goal of preventing suicides and our core message is that **together we can make a difference to reduce the number of lives lost to suicide**. The members of the Suicide Prevention Partnership Forum work with diverse populations, bringing with them a rich understanding of the factors driving suicide in Somerset such as socioeconomic inequalities, rurality and isolation.

This local strategy has been developed in line with the priority areas for action set out within the national guidance. We have used local insights from partners to embed an upstream, proactive approach to reducing suicide in people of all ages, which builds upon work already being carried out to support the mental health and wellbeing of Somerset residents. The strategy sets out clear priorities to deliver the suicide prevention programme in Somerset. The multi-agency suicide prevention partnership will develop annual action plans, which will outline how we plan to work towards each of the priorities over the next 5 years.

**The primary objective of the strategy is to reduce the number of lives lost to suicide in Somerset.** Three overarching aims have been identified to help us to deliver on the priority areas for action laid out within the national guidance.

**Use an evidence informed approach to suicide prevention activities, built on data and the voice of lived experience.**

The foundation of suicide prevention relies on accurate local intelligence. This allows us to understand trends, risk factors, and the needs of local residents. To achieve this, it is crucial that all voices are heard. This intelligence is used to plan local support and services by

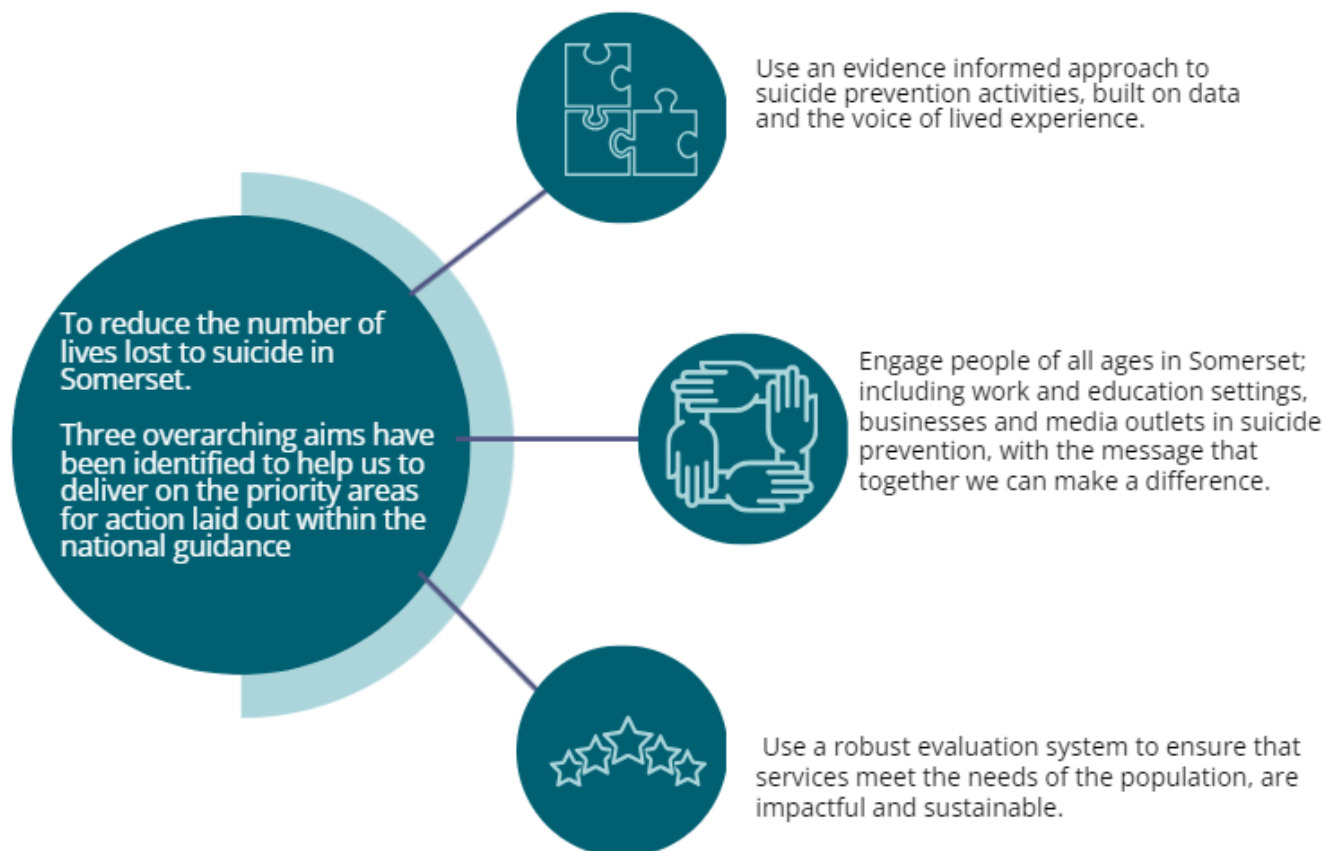
identifying areas for improvement and developing innovative approaches to suicide prevention.

**Engage people of all ages in Somerset; including work and education settings, businesses and media outlets in suicide prevention, with the message that together we can make a difference.**

Suicide cannot be reduced by one single organisation working alone. In Somerset, we are committed to engaging people of all ages, fostering awareness and understanding that can help those in need to get effective support early. Communities can help to reduce risk and strengthen protective factors, such as building a sense of belonging and developing positive coping strategies.

**Use a robust evaluation system to ensure that services meet the needs of the population, are impactful and sustainable.**

Thorough evaluation of suicide prevention services is imperative to ensure that services are effective, efficient, and responsive to the needs of the community, ultimately saving lives and improving mental health outcomes. This must be done using standardised measures alongside engagement with service users to ensure that lived experience perspectives are included in the development and commissioning of services.



*Figure 1: The aims of the Somerset Suicide Prevention Strategy 2025 – 2030.*

## Introduction

Suicide is when somebody intentionally ends their own life. Globally more than 700,000 people die due by suicide every year<sup>1</sup>. In 2023, there were 6,069 suicides registered in England and Wales, which equates to over 16 people per day<sup>2</sup>.

Suicide is not inevitable, and we all have the ability to help save lives. Throughout history there has been stigma associated with suicide and there continues to be stigma surrounding suicide. Stigma stops people from seeking help and can stop people from offering help.

For every suicide there are many more people who attempt suicide. Suicidal thoughts are far more common than many people think, with evidence suggesting that one in five of us will experience suicidal thoughts in our lifetime<sup>3</sup>.

Having suicidal thoughts does not mean that someone has a mental illness, but there is a connection between mental ill health and suicidal thoughts. It is a common misconception that only those diagnosed with a mental illness are at risk of dying by suicide, however, three quarters of people who died by suicide were not in contact with mental health services in the year leading up to their death<sup>4</sup>.

The circumstances leading to someone taking their own life are often complex and it is rare that one single cause can be identified. There is evidence that links suicide and mental disorders (in particular depression and alcohol use disorders) and a previous suicide attempt however, many suicides happen impulsively in moments of crisis where an individual

experiences a lack of resources to deal with biopsychosocial stresses<sup>1</sup>.

Every death is a tragedy that has a devastating impact on family, friends, colleagues and whole communities. For every individual that dies by suicide it is estimated that around 135 people will be impacted by that loss, grieving in varying degrees dependent on the closeness of their connection<sup>5</sup>. Support for those impacted by suicide is crucial, as people bereaved by suicide are at an increased risk of mental illness and suicide<sup>6</sup>.

In the UK, the suicide rate is three times higher for males than females, which reflects a global trend. The highest rates are seen in middle aged men<sup>7</sup>. There are various other risk factors that have been identified nationally that are associated with suicide and suicide attempts, listed in figure 2<sup>8</sup>. Risk factors can overlap which can increase an individual's vulnerability, with stigma, bullying and harassment further worsening this.

## RISK FACTORS FOR SUICIDE AND SUICIDE ATTEMPTS INCLUDE:

- Gender: males are 3 x more likely to take their own life
- Age: people aged 30-59 are most at risk
- Mental illness
- Treatment and care after suicide attempt
- Previous self-harm
- Previous suicide attempt
- Physical disabilities
- Chronic (long-term) pain
- Alcohol and drug misuse
- Living alone, social exclusion, or isolation
- Bereavement
- Family breakdown (including conflict and parental alienation)
- Adverse childhood experiences, trauma, abuse and sexual violence
- Identifying as LGBTQ+
- Domestic violence
- Gambling
- Care leavers
- Neurodivergence (Autism, ADHD, Aspergers)
- Deprivation, financial insecurity, unemployment and debt
- Pregnancy and birth

*Figure 2: Nationally recognised risk factors for suicide.*

## Suicide Prevention

Deaths by suicide are not inevitable. Suicide can often be prevented.

Suicide is not inevitable and can often be prevented. Just as the circumstances that lead to suicide are complex, the measures to prevent suicide must be equally multifaceted. For this reason, action to prevent suicide is broad and can encompass services and projects that promote emotional wellbeing, early

intervention and support for those living with a mental illness, socioeconomic support, mental health crisis care and support for those bereaved by suicide. Suicide prevention requires a multi-agency approach which engages local and national organisations, communities and individuals.

In 2023 the government released a new cross government suicide prevention strategy, which set out priority areas for action to facilitate collaboration across the system and in communities. The overall ambitions set by this strategy are to reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner; continue to improve support for people who self-harm; continue to improve support for people who have been bereaved by suicide<sup>9</sup>.

Throughout history there has been stigma associated with mental illness and suicide which still persists today. Stigma stops people from seeking help and can stop people from offering help. Within the national strategy Professor Lois Appleby states that it is crucial that suicide prevention starts with society's values, breaking down the shame that can deter people from seeking help, fear that can stop people from offering it and with offering young people opportunity and hope.

## **We've Got This - Youth Peer Support**

A young person I have been working with on the 'We've got this' project was referred after an extended period of low absence in school and they had not attended the majority of their final years of secondary school. They found school difficult because of low confidence, low self-esteem a complex sleeping schedule and having no friends. We focused on improving these things through building friendships and finding different coping mechanisms and techniques to support them with their transition into college. Through our sessions, we found things that worked for this young person to support them in building confidence and self-esteem and after this, they felt able to attend one of the 2BU groups. They were able to make a meaningful connection within the 2BU group that then led them to forming a larger friendship group. They told me that this is the first time they have had friends that they have made in person instead of online which allowed the young person to gain a newfound confidence in making friends. From this, the young person has now gone on to begin attending college and they have been really enjoying this. They were able to make friends within the college within the first week using their increased confidence and they have been attending all of their lessons and communicating with their teachers when they need additional support.'

## The local picture in Somerset

The rate for suicide in Somerset has generally been slightly higher than the England average over the past twenty years.

Around 60-65 people die by suicide each year in Somerset (2021 - 2023).

Nationally published suicide rates are based on date of registration. This means that the 2019-21 rates, for example, represent the deaths that were registered in this period and not deaths that occurred in this period.

This includes all deaths from intentional self-harm for persons aged 10 years and over, and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over <sup>10</sup>.

Suicides can be complicated and in almost all cases a coronial inquest will be held. Depending on this and various other factors there can be a number of months between the death occurring and the death actually being registered.

We therefore must be careful when interpreting our suicide rate because the rate will include some deaths that occurred before the period and some deaths that occurred during the period will not be included. To allow for all the registrations to be processed there is also usually a 12-month gap between the period the data was collected and when the data gets published.

When looking at suicide rates locally we use three-year periods rather than annual data. Statistically speaking suicides are relatively rare events and there can also be time specific challenges (for example the impact of the COVID-19 pandemic) in getting deaths registered. Using three-

year periods helps to avoid unfair comparisons based on any years with an unusual registration pattern or where numbers fluctuate due to natural variation.

We also use directly age-standardised rates. This means that any increase in either population size or differences between the age structures of different populations are considered. So when comparing Somerset with England any differences in the rate are not a result of Somerset having an older population: and when looking over time any changes are not a result of the increasing older population.



# 60-65

People die by suicide every  
year in Somerset



## Suicide Rates

The rate for suicide in Somerset has generally been slightly higher than the England average over the past twenty years. However, between 2015-17 and 2019-21 the rate in Somerset began to increase year-on-year at a much higher rate than was observed in the national average. This has led to the Somerset suicide rates becoming significantly higher than England for the last 5 periods between 2016-18 and 2019-21.

In the period 2021 – 2023 the rate of suicide in Somerset was 12.6 per 100,000 population this compares to a rate of 10.7 per 100,000 population in England and 12.2 per 100,000 population in the Southwest.

Over the last 3 years the rate in Somerset has shown a decreasing trend whereas national and regional rates show an increasing trend.

Due to the complexity of factors influencing rates of suicide locally, there is no simple explanation for this higher-than average rate.

Some explanations may include socioeconomic factors such as employment and housing precarity, and other risk factors are known to include those populations living in more deprived and/or remote rural and coastal communities<sup>11</sup>

Suicide rates in Somerset, England and the South West

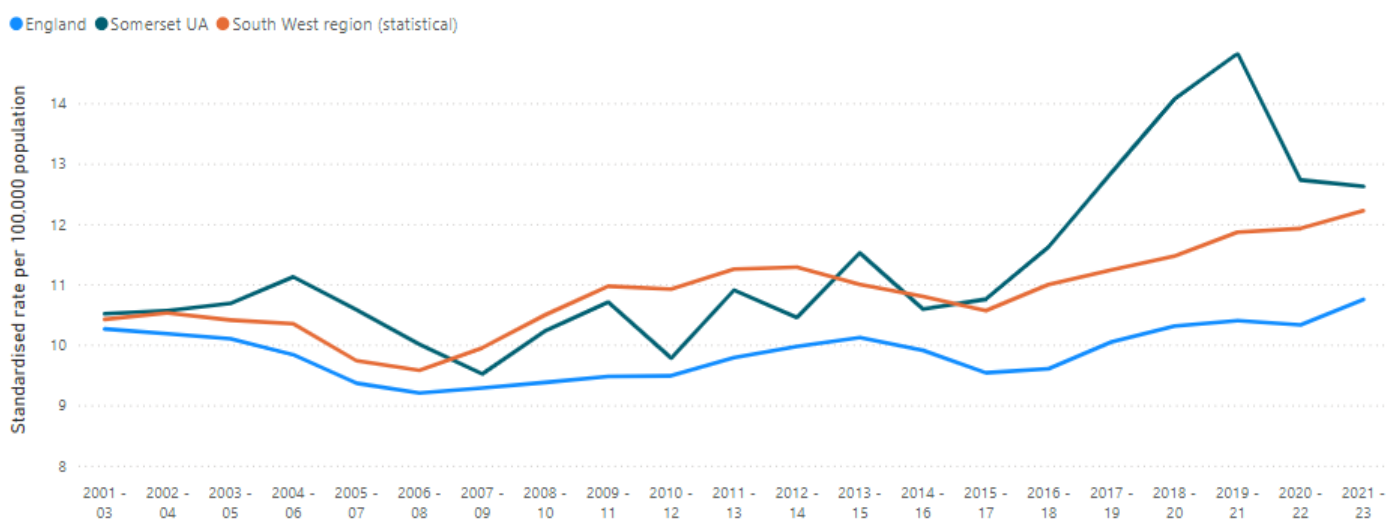


Figure 3: National, regional and local suicide rates 2001 – 2023.

## Gender Differences

The rate of suicide in males has consistently been higher than that for females. In recent years the rate of suicide in males has increased at a greater rate, driving much of the increase in the overall suicide rate in Somerset.

The most recent data 2021-2023 the suicide rate in females has decreased from 7.4 per 100,000 population in 2020/22 to 5.3 per 100,000 population. Over the same time period, the suicide rate for males has begun to increase following a period of decline from 18.4 per 100,000 population to 20.2 per 100,000.

This reflects a similar pattern that is seen nationally where males have consistently had a higher suicide rate than females. Nationally in 2021/23 males had a suicide rate of 16.4 per 100,000 and females 5.4 per 100,000.



Suicide rates in Somerset by gender

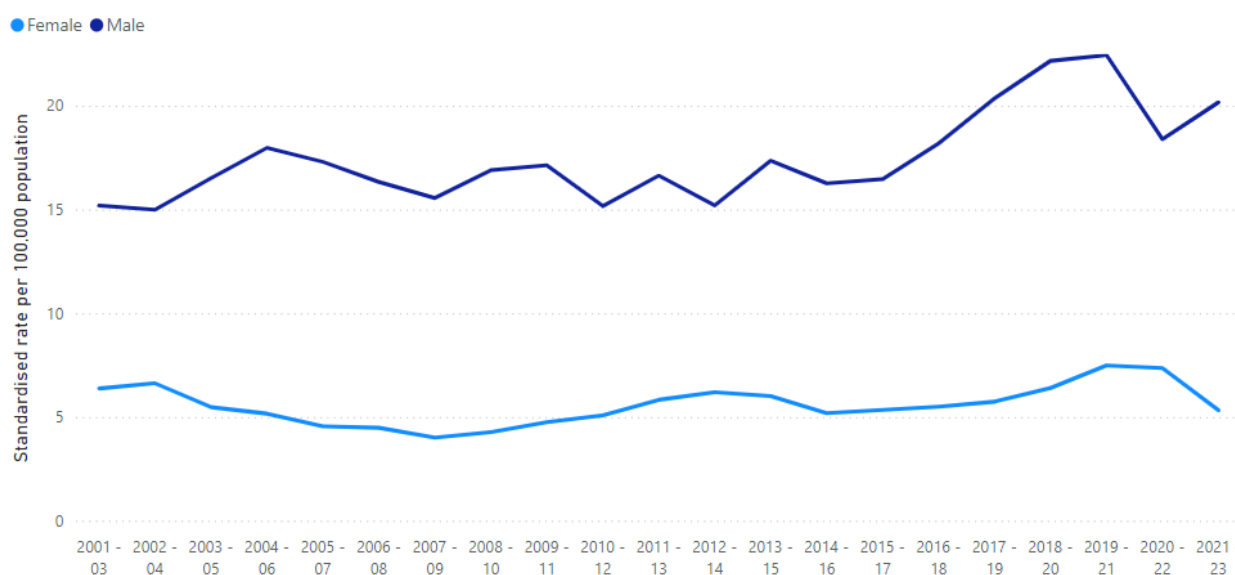


Figure 4: Suicide rate in Somerset by gender 2001 – 2023.

# National Suicide Prevention Strategy

## Suicide prevention strategy for England: 2023 to 2028

The national Suicide prevention in England: 5-year cross-sector strategy published in 2023<sup>12</sup> sets out the national ambitions for suicide prevention over the next 5 years and the steps we will collectively need to take to achieve them. This includes individuals, organisations across national and local government, the NHS, the private sector, the VCSE sector, and academia.

The strategy incorporates the following principles which to be successful, we should all consider and incorporate into the design and delivery of interventions, services, resources and activities to prevent suicides.

- suicide is everybody's business. Everyone should feel they have the confidence and skills to play their part in preventing suicides – not just those who work in mental health and/or suicide prevention directly – and take action to prevent suicides within and outside of health settings
- mental health is as important as physical health. We must reduce stigma surrounding suicide and mental health, so people feel able to seek help – including through the routes that work best for them. This includes raising awareness that no suicide is inevitable
- nobody should be left out of suicide prevention efforts. This includes being responsive to the needs of

marginalised communities, addressing inequalities in access to effective interventions to prevent suicides. It also requires listening to individuals and being responsive to their needs

- early intervention is vital. In addition to providing support to those experiencing crisis and/or suicidal thoughts or feelings, action needs to be taken to stop people reaching this point
- voices, perspectives and insights of people with personal experience should inform the planning, design and decisions at all levels of suicide prevention activity. This includes people with experience of feeling suicidal, those who have made previous suicide attempts, and people who are bereaved by suicide
- strong collaboration, with clarity of roles, is essential. Suicide prevention is the responsibility of multiple government departments, as well as wider public, private and VCSE sector organisations
- timely, high-quality evidence is fundamental. Practice and policy should be informed by high-quality data and research and be responsive to trends and emerging evidence. This includes harnessing digital technology and data advancements to provide earlier interventions and wider access to support

## National Priority Areas for Action

The national strategy highlights 8 priority areas for action

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

### Case Study - Somerset Suicide Bereavement Support Service

From the moment I got in touch with the suicide bereavement support service I felt very supported and understood. Without the support from Liz I would have struggled a lot more. I had follow up emails if I could not make an appointment which were helpful to know that someone was there to speak to and I was not alone. I still have difficult days and probably will for a long time to come but Liz has helped me find ways to cope with the anger, hurt, pain and confusion that I felt in the beginning. Liz was someone who I felt I could trust with all of my feelings and thoughts without any judgement. I feel secure in knowing that I can get back in touch at any time I feel I need to and help and support will be there for me.



## The Somerset Suicide Prevention Partnership

Suicide prevention is not the responsibility of a single organisation. It is a collective responsibility and requires whole-system leadership, inter-agency working and meaningful community involvement.

The Somerset Suicide Prevention Partnership (SuPPa) is a multi-agency forum that meet three times per year to coordinate work to: reduce the rate of suicide and associated harm within Somerset and to provide a forum for successful multi-agency partnership working at a strategic and operational level. The SuPPa facilitate and promote joined up partnership arrangements where appropriate to ensure effective cross sector work to reduce the number of deaths by suicide in Somerset.

The SuPPa has various functions including:

- To contribute to and implement the all age multi-agency suicide prevention strategy and action plan for Somerset.
- To facilitate partnership working between organisations represented on the group.
- To facilitate shared learning from deaths to improve and inform service delivery and targeted campaigns.
- To influence, develop and evaluate specific projects and initiatives to meet the aims of the suicide prevention strategy over and above routine mental health commissioning by Somerset Integrated Care Board.
- To publicise ongoing local and national work to reduce suicides, sharing research and best practice.
- To promote networking and the facilitation of information sharing with other organisations and learn about other available services in Somerset.
- To provide regular progress reports to the Somerset System Mortality Group.

## Governance

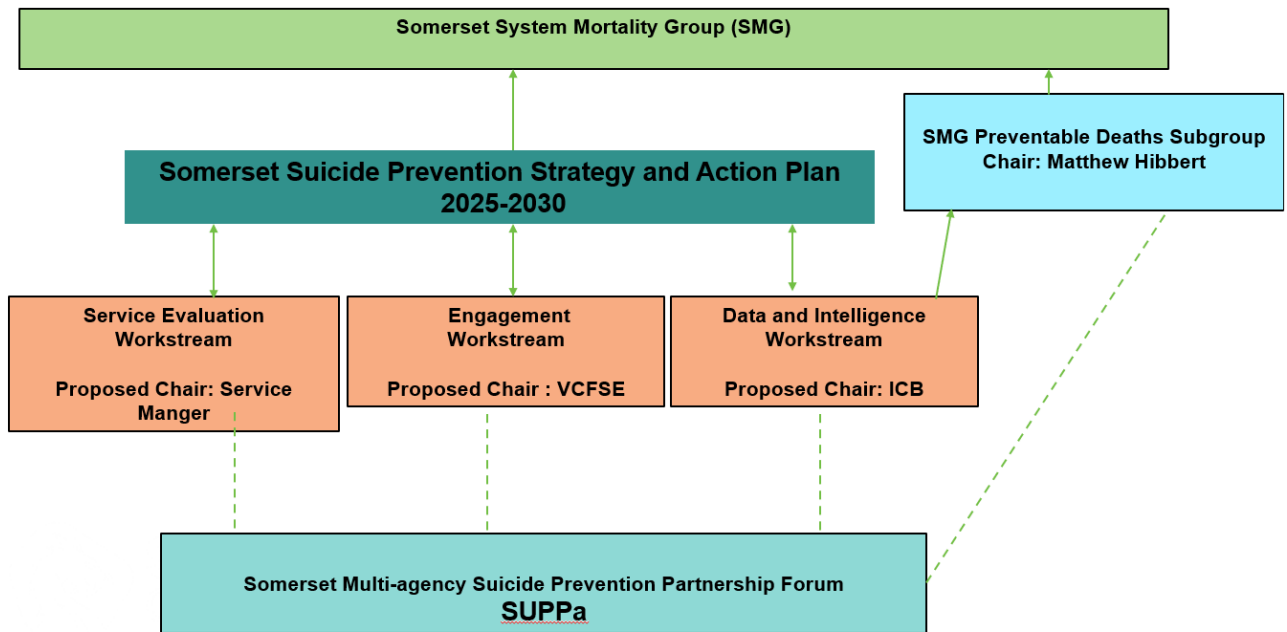


Figure 5: Governance structure for the Suicide Prevention Strategy.

## MEMBERSHIP OF THE SUICIDE PREVENTION PARTNERSHIP SuPPa

- Public Health
- Somerset Foundation Trust Suicide Prevention Lead
- Somerset Foundation Trust Mental Health Service representatives including ADULTS & CAMHS
- ICB Mental Health Commissioning Lead
- ICB Safeguarding
- Primary Care
- Somerset Council representative from vulnerable children and young people
- Children's Safeguarding Board
- Adults Safeguarding Board
- Farming Community Network
- Suicide Bereavement Support Service
- Samaritans
- Avon & Somerset Probation Service
- Devon & Somerset Fire Service
- Accident and Emergency representatives
- Police Representative
- Educational Psychology (critical incidence guidelines)
- Criminal Justice
- Community Safety Partnership
- Mental Health Network representative
- Drug and Alcohol Service representative
- Experts by Experience
- South Western Ambulance Service NHS Foundation Trust

*Figure 6: Suggested Membership of the Somerset Multi-agency Suicide Prevention*

## Our Vision for Suicide Prevention in Somerset

The multi-agency suicide prevention partnership aspires to deliver services that are simple and accessible to everyone and to offer help that meets a diverse range of needs.

*Our vision is that everyone in Somerset knows that it is safe to talk about suicide and has the confidence to do so, acknowledging that everyone has a role in suicide prevention. As a County we are committed to reducing the number of lives lost to suicide in Somerset and ensuring that nobody feels like suicide is their only option.*

**Our mission statement:** The multi-agency suicide prevention partnership aspires to deliver services that are simple and accessible to everyone and to offer help that meets a diverse range of needs.

The partnership is committed to using various forms of quality local data and the voice of lived experience to identify learning opportunities and respond quickly to emerging trends.

Data and learning are used to directly influence the improvement of services, deliver effective suicide prevention projects and promote positive wellbeing across priority groups.

Suicide prevention requires action across a range of settings, targeting a wide variety of audiences. Leadership and partnership working to prevent suicides and self-harm in Somerset is taking place at several levels.

### Somerset System Mortality Group (SMG)

provides system leadership for suicide prevention work in Somerset. This group brings leaders from various organisations together to provide assurance on the delivery of the Suicide Prevention Strategy.

### Somerset Suicide Prevention Partnership (SuPPa)

consists of 3 workstream groups that are responsible for the operational delivery of the strategy and coordination of activities included within the annual action plan. The SuPPa partnership forum meet three times per year to share action plan progress, partner updates and facilitate small group discussions on a topic related to the annual action plan activities.



## The Somerset Suicide Prevention Strategy

Suicide prevention is a priority for Somerset. This five-year strategy for children, young people and adults aims to enhance the suicide prevention programme in Somerset by providing clear strategic priorities that all partners can work together to achieve.

### The Somerset Suicide Prevention Strategy has 3 overarching aims

1. Use an evidence informed approach to suicide prevention activities, built on data and the voice of lived experience
2. Engage people of all ages in Somerset; including work and education settings, businesses and media outlets in suicide prevention, with the message that together we can make a difference.
3. Use a robust evaluation system to ensure that services meet the needs of the population, are impactful and sustainable.

### Underlying principles to our approach

Our approach is guided by several key principles that will shape our efforts across all three strategic aims. We aim to:

- Actively involve individuals with personal experiences of suicide bereavement, suicidal thoughts, and self-harm.
- Combat stigma, foster open dialogue, and ensure equal importance is given to mental and physical health.
- Address local disparities in mental health, self-harm, and suicide through a community-based approach tailored to the unique opportunities and challenges in different areas of Somerset.
- Acknowledge the crucial role of support networks, including family, friends, caregivers, workplaces, educational institutions, and local communities.
- Integrate suicide prevention and early intervention into communities, workplaces, and educational settings by promoting a sense of connectedness, inclusion, and belonging.
- Adopt a life-course and trauma-informed approach to suicide prevention, recognising how issues develop within the context of an individual's life.
- Uphold diversity and prevent discrimination.
- Support the mental health of those engaged in suicide prevention activities.

## 1. Use an evidence informed approach to suicide prevention activities, built on data and the voice of lived experience

The foundation of suicide prevention relies on accurate local intelligence. This allows us to understand trends, risk factors, and the needs of local residents. To achieve this, it is crucial that all voices are heard. This intelligence is used to plan local support and services by identifying areas for improvement and developing innovative approaches to suicide prevention.

### Why have we chosen this as an aim?

The aims of the strategy have been informed by the evidence base surrounding effective suicide prevention. Real Time Suicide Surveillance (RTSS) has been developed out of a necessity due to the substantial delays (frequently one year plus) in reporting of suicide deaths upon the completion of the Coroner's inquest. In addition, these deaths may be under reported by the coroner due to requirements surrounding the burden of proof required to determine classification as suicide. Real time data can be used by agencies to and policy-makers to identify new trends such as populations or locations of concern in a timely manner to enable action to prevent further suicides<sup>13</sup>. Evidence shows that preventing access to means of suicide is one of the most effective forms of suicide prevention<sup>14</sup>. Therefore, data from RTSS is crucial in identifying frequently used methods and addressing ways to restrict access to means.

We want co-production with those who have lived experience of suicide to be at the heart of suicide prevention work in Somerset. We aim to ensure this involvement captures the voice of those with a variety of experiences related to suicide, including being bereaved by suicide, living with suicidal thoughts, surviving a suicide attempt, or caring for someone with experiences of suicidality. We recognise the importance of working together with those with lived experience to guide our policies and activities, recognising the unique insight they can provide. We will use the guidelines for lived experience involvement in suicide prevention to support us to embed work with individuals who volunteer as Experts by Experience with Open Mental Health in our suicide prevention activities<sup>15</sup>.

## What will this look like in Somerset

National Priority Areas for Action	What this will look like in Somerset
Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.	A robust Real Time Surveillance System (RTSS) is in place to monitor suspected suicides.
	A suicide audit group meets bi-annually to discuss learning from deaths.
	There is a process established for all services to share their learning with public health around suicide attempts including risk factors and locations.
Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.	A newsletter is shared with professionals & volunteers working with high risk/priority groups bi-annually to raise awareness of current support services, helpful resources, training and events.
	Services utilise a standardised evaluation framework to ascertain the effectiveness, engagement and accessibility.
	Insights from the suicide audit are shared with commissioners to inform decision making around funding of services and targeted support.
	There is a clear and well understood pathway to support for individuals of all ages who self-harm. There is a good understanding of what support is available within the community for those who self-harm.
Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support	Targeted suicide prevention campaigns are developed using insight from the suicide audit and RTSS.
	Insight from the suicide audit and RTSS is used to better understand local population risk factors and this information is used to inform training delivery, campaigns and promotion of services.
	The suicide prevention partnership forum utilises a life course approach to suicide prevention.
	The voice of lived experience is incorporated into all suicide prevention activity, including those who have been bereaved by suicide and those that have survived suicide attempts.

Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.	There is a process established for all services to share their learning with public health around suicide attempts including method, risk factors and locations.
	The RTSS is used to respond quickly to any emerging trends in methods used.
	Insight from the suicide audit is used to inform action to reduce access to means where possible



## 2. Engage people of all ages and backgrounds in Somerset, with the message that together we can make a difference

Suicide cannot be reduced by one single organisation working alone. In Somerset, we are committed to engaging people of all ages, fostering awareness and understanding that can help those in need to get effective support early.

### Why have we chosen this as an aim?

Suicide continues to be surrounded by stigma, shame, and misunderstanding, which can prevent people from seeking the help they need, when they need it. Effective suicide prevention requires the collective effort of entire communities, as it cannot be achieved by a single person, organisation, or institution alone. Community engagement is an essential element of our suicide prevention strategy as community members are able to offer social support to those at risk, provide informal check in's, signpost to support early, raise awareness, combat stigma, and create a safe space for conversations about mental health and suicide. Communities can help to reduce risk and strengthen protective factors, such as building a sense of belonging, social connectedness and sharing of coping strategies. Suicide prevention training is a core element of this work however, we would also like to improve our engagement with communities to understand local needs and priorities<sup>16</sup>.

### What will this look like in Somerset

National Objective	Local Objective
Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.	Somerset's RSHE curriculum includes lessons on online safety linked to self-harm and suicide.
	The Samaritans Media Guidelines and Language Guides for reporting suicides are shared annually with local media outlets. Public health will monitor reports and contact news agencies if they have not adhered to guidelines.
	Information is shared with parents and carers around online safety linked to suicide and self-harm in children and young people.
Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides	There is a Somerset Suicide Prevention Pledge for local organisations to sign up to, which incorporates commitments to suicide prevention training and the Orange Button Community Awareness Scheme.

### 3. Use a robust evaluation system to ensure that services meet the needs of the population, are impactful and sustainable.

#### Why have we chosen this as an aim?

Thorough evaluation of suicide prevention services is imperative to ensure that services are effective, efficient, and responsive to the needs of the community, ultimately saving lives and improving mental health outcomes. This must be done using standardised measures alongside engagement with service users to ensure that lived experience perspectives are included in the development and commissioning of services<sup>17</sup>.

#### What will this look like in Somerset

National Objective	Local Objective
Providing effective and timely bereavement support to those affected by suicide	Services are subject to the Open Mental Health Exec Group & Partnership Board via monthly narrative reporting. Data is presented via Power BI dashboards, accessible by all stakeholders via a URL.
	Lived experience feedback is used to inform the development of the service. Including development of community element of support (including peer support groups) and the development of advocacy support to guide families through the inquest process.
	The service will engage with an external evaluation process for an objective measure of meeting need and cost effectiveness.
	The service will ensure that resources are available in accessible format for those that are neurodivergent.
Providing effective crisis support across sectors for those who reach crisis point	Crisis Safe Space services are subject to Open Mental Health Exec Group & Partnership Board via monthly narrative reporting. Data is presented via Power BI dashboards, accessible by all stakeholders via a URL.
	Open Mental Health use Patient Reported Experience Measures (PREM) across all services (SFT & VCFSE). This information is used to inform service delivery.
	The Mental Health Ambulance service is active and providing support to people in a mental health crisis, linking those in need into timely & appropriate support and reducing A&E attendances.

## How will the strategy be delivered and monitored

Ownership and responsibility for delivery of this strategy sits with the Somerset System Mortality Group.

The Suicide Prevention Partnership (SuPPa) Strategy Workstreams will be tasked with creating annual implementation plans that outline specific actions to work towards the objectives laid out within this strategy, over the next 5 years.

Workstream leads will provide updates on action plan progress to the SuPPa at the meetings every 4 months. Workstream leads will report to the Somerset System Mortality Group every 4 months during initial implementation stages and reviewed for frequency thereafter. Delivery of the strategy will be monitored by the Somerset System Mortality Group, who will ensure that there is

accountability for the strategy across the system and provide a route to escalate concerns and share learning to inform change.

The Multi-agency suicide prevention partnership will work closely with various support agencies across Somerset to deliver the objectives outlined in this strategy. The suicide rate in Somerset will continue to be monitored however, it is important to acknowledge that measuring suicide prevention efforts is challenging, as it is impossible to accurately capture data on prevented suicides.

### IF YOU NEED SUPPORT

#### 24/7 Mental Health Helpline (Mindline)

Call: 111 and select option 2 or call: 0800 138 1692

Calls are confidential and it's free to access by anyone, any age, any time, day or night.

#### SHOUT

Text SHOUT to 85258. Shout is a free, confidential, 24/7 text messaging service for anyone who is struggling to cope.

#### Open Mental Health

Visit the Open Mental Health website where you can find out about support available if you are struggling with your mental health. You can self-refer by using a form on the website or by calling Mindline. [www.openmentalhealth.org.uk](http://www.openmentalhealth.org.uk)

#### Healthy Somerset

Visit the Healthy Somerset webpage provided by Public Health at Somerset Council to find advice for improving your mental wellbeing and where to go if you need support.

[www.healthysomerset.co.uk/mental-health-and-wellbeing/support-with-your-mental-health/](http://www.healthysomerset.co.uk/mental-health-and-wellbeing/support-with-your-mental-health/)

## What have we done so far?

Suicide prevention activities are carried out by various organisations and communities across Somerset. Activities are diverse, incorporating whole population approaches to improving wellbeing, early intervention for mental health problems, through to crisis care and bereavement support.

Suicide prevention is about more than providing mental health care and crisis support. Whilst these things are important, we want to address the root cause of poor mental health and suicide. This requires us to address the wider determinants of health, these are the conditions in which we live, grow, work and age. To achieve this we use various approaches. These include needs assessments to understand population mental health, crisis care, telephone support, peer support and community-based projects, financial advice, training, schools based initiatives and suicide bereavement support.

While we could not include all the projects and services in Somerset, Appendix 1 provides a selection of collaborative mental health and suicide prevention activities that have been delivered within the last 3 years 2022-2025. Some are ongoing and some have been funded for a specified period only.



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