

SUICIDE
PREVENTION
HUB



BLMK SUICIDE PREVENTION ACTION PLAN

Everyone has a role to
play in suicide prevention

Bedfordshire, Luton and Milton Keynes **2024-2028**



Luton



Milton Keynes
City Council

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Introduction

**Every day in England
twelve people get to the
point where they feel they
have no other choice but
to take their own lives.**

The death of someone by suicide has a devastating effect on families, friends, workplaces, schools and communities. If we want to improve the life chances of future and current generations, we need to address this disturbing reality and do more to prevent suicide.

Every suicide is an individual tragedy and can happen at any age, but suicide is not inevitable and central to any prevention work must be the maintenance of hope and recovery. Our work will be based on understanding and responding to the needs of our population. This will require us to balance targeting those population groups known to be at increased risk of suicide, with an approach that recognises that suicide can occur in any population group.

This plan has been developed by a wide range of partners to ensure this is a collaborative effort and that action to prevent suicide is a shared responsibility between stakeholders in Bedfordshire Luton and Milton Keynes (BLMK). Suicide Prevention Partnership groups have been in place for a number of years across BLMK and will continue to work together achieve outcomes that aim to reduce suicide.



Every life lost represents someone's partner, child, friend or colleague, and their death will profoundly affect people in their family, workplace, club and residential neighbourhood... This will, in turn, significantly raise their own risk of future mental ill-health and suicide.

Suicide is preventable and we must all work together to implement local suicide prevention plans that reach out to every part of England.

Hamish Elvidge

Bereaved parent and chair, Matthew Elvidge Trust



Overarching objectives & strategic actions

The overarching objectives and strategic actions for suicide prevention across Bedfordshire, Luton and Milton Keynes have been assimilated from those in national and local suicide prevention plans and take into account most recent data and intelligence on suicide across Bedfordshire, Luton and Milton Keynes:

- The Suicide prevention strategy for England: 2023 to 2028
- Samaritans/University of Exeter report - Audit of Local Authority Suicide Prevention Action Plans (2019)
- BLMK Suicide Prevention Action Plan 2019-2024
- Bedford Borough, Central Bedfordshire, Milton Keynes. Luton suicide audits (2019-2021)
- ONS Suicides in England and Wales: 2022 registrations

Local & National Context

ONS collect national data around quarterly suicide rates by region and this is publicly available. In 2022, 5,642 suicides were registered in England and Wales, equivalent to an age-standardised mortality rate (ASMR) of 10.7 deaths per 100,000 people (1). This rate remains the same as 2021. Suicide rates decreased in 2020 and increased in 2021, likely because of both decreases in male suicides at the start of the coronavirus (COVID-19) pandemic and delays in death registrations because of the pandemic. Males continued to account for three-quarters of suicide deaths registered in 2022 (4,179 male deaths; 1,463 female deaths), a trend seen since the mid-1990s. In 2022, the suicide rates for males (16.4 deaths per 100,000) and females (5.4 per 100,000) were consistent with rates between 2018 and 2021.

There were 254 suicides amongst Bedfordshire, Luton and Milton Keynes residents between 2020 and 2022, equivalent to a rate of 9.8 per 100,000 population. Overall, rates of suicide are lower in BLMK than they are nationally. However, there is variation across the patch, Bedford (12.4) Central Bedfordshire (8.3) Luton (7.7), Milton Keynes (11.3).

1. Suicides in England and Wales: 2022 registrations
Office for National Statistics (ons.gov.uk)

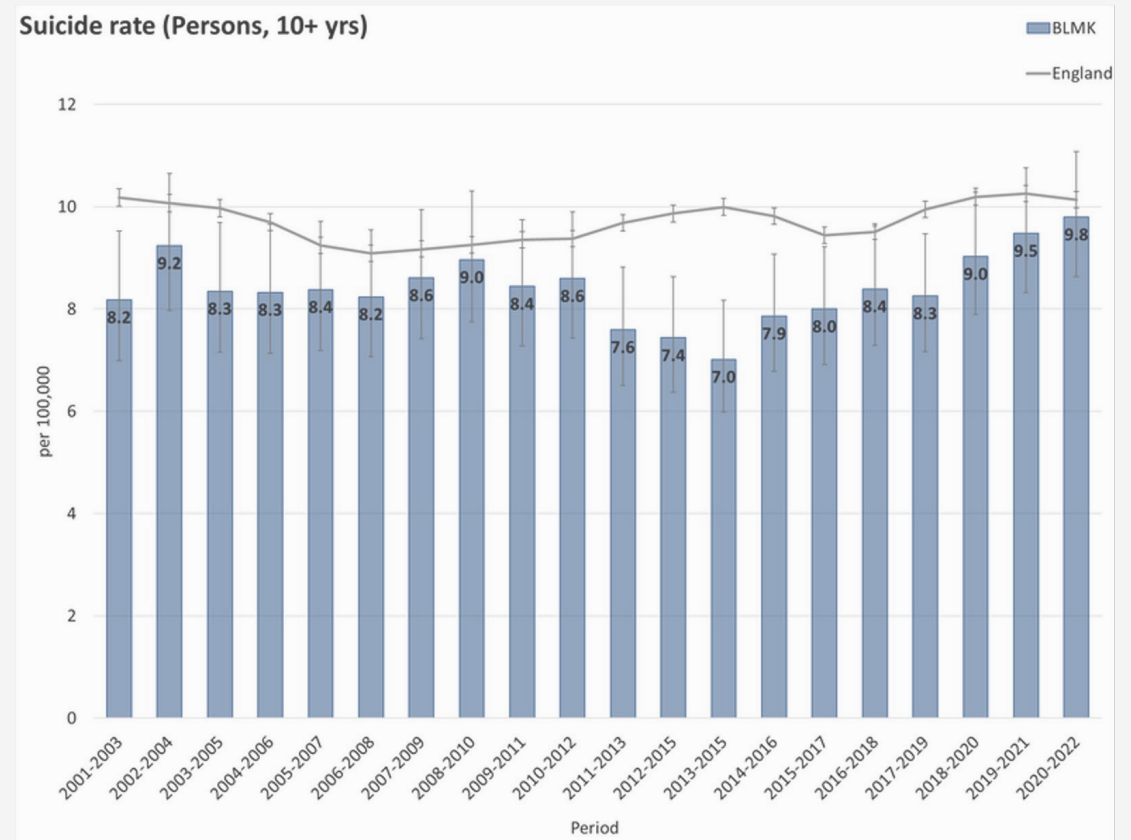


Figure 1: Directly age-standardised suicide rate per 100,000 for BLMK compared to the England average

Aim

To reduce the number of suicides in BLMK over the next four years and provide support for those bereaved or affected by suicide.

Background

Suicide can affect everyone and is a major issue for society. Preventing suicide is achievable.

Everyone has a role to play in suicide prevention

The BLMK approach to suicide prevention

THE FACTS*

80
PEOPLE

Around 80 people take their own life by suicide each year in BLMK

10x

People in the lowest socio-economic group are 10x more at risk of suicide

75%

Around 75% of suicides in BLMK were male

50%

Around 50% of those who died by suicide who were employed were working in routine and manual occupations

The BLMK approach to suicide prevention

Risk and protective factors

Suicide is complex and often includes a combination of longstanding and recent risks. There are specific factors that increase the risk of suicide and there are specific groups of people at higher risk of suicide.

The strongest identified predictor of suicide is previous episodes of self-harm. Mental ill-health and substance misuse also contribute to many suicides.

Local risk factors

- Male and middle aged
- People involved in mental health services
- Relationship difficulties
- Financial difficulties
- Bereavement
- History of self-harm
- History of and/or substance misuse
- People with a mental illness
- Living alone
- Long standing physical health condition

Protective factors

Individual-level protective factors:

- Hopefulness
- Problem-solving skills
- Being in control of behaviour, thoughts, emotions

Societal-level protective factors:

- Reduction of poverty

Psychosocial-level protective-factors:

- Social support
- Connectedness
- Supportive school environments

Positive reasons for living:

- Personal relationships
- Self-empowerment
- Personal success
- Full and active life

The BLMK approach to suicide prevention

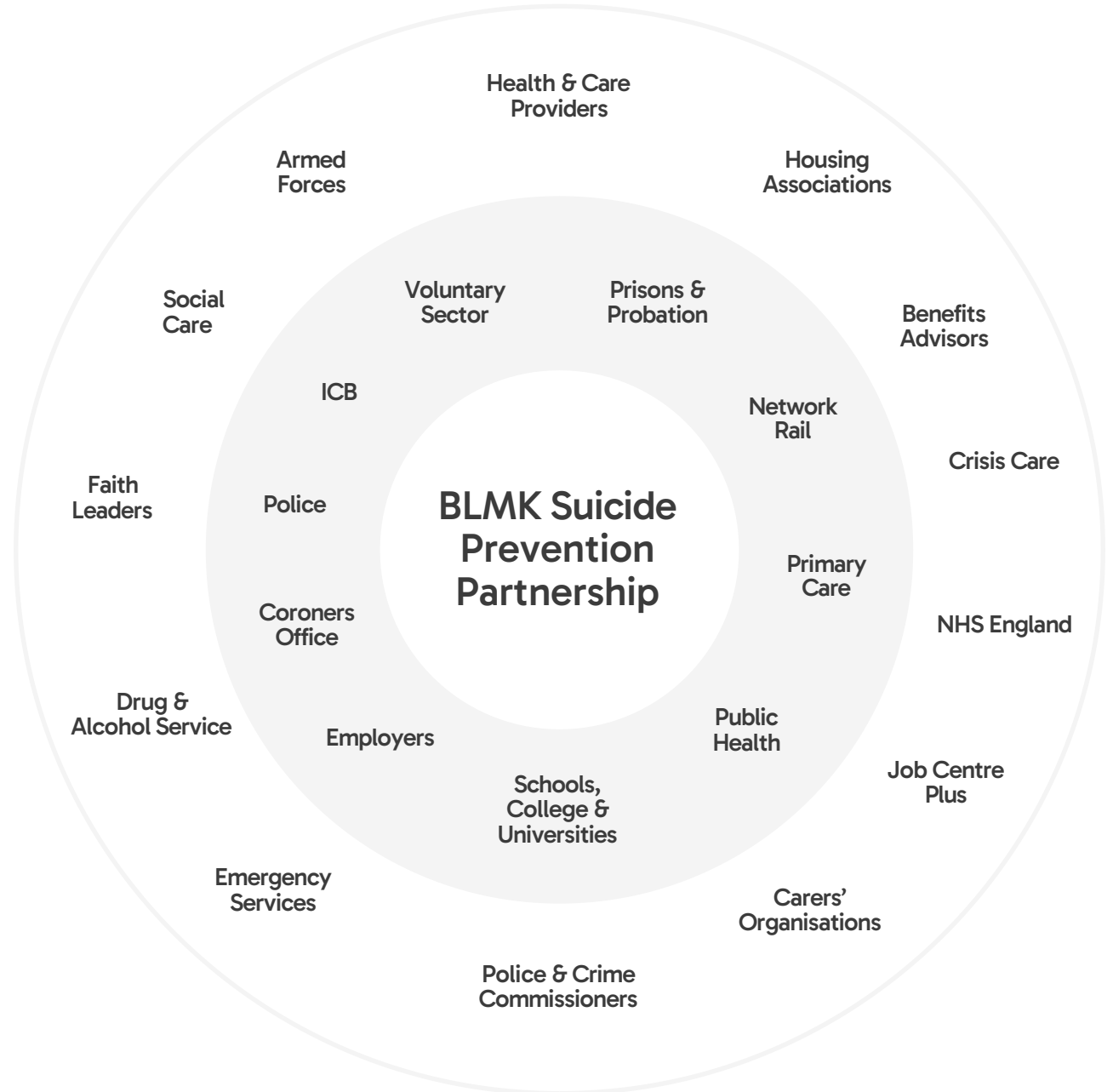
BLMK suicide prevention approach

Approach

- Evidence based
- Life-course
- Partnership working
- Whole system approach
- Prevention and early intervention
- Real Time Data

Bedfordshire, Luton, and Milton Keynes Suicide Prevention multi-agency steering group oversee delivery of the plan.

Deaths by suicide are preventable through responsive mental health services, public health programmes and strategies and awareness of how to intervene with someone with suicidal intent.



Recommended actions to reduce suicide risk

Suicide audits are carried out by local authority place-based suicide prevention leads, reviewing HM Coroner's records.

Suicide risk factors identified in adults

- History of self-harm
- Economic adversity
- Experiencing mental ill health
- History of alcohol and/or substance misuse
- Contact with criminal justice system
- Relationship breakdown
- Longstanding physical health problems
- Bereavement and loss

Summarised below are recommendations from the BLMK suicide audits.



Reducing stigma in suicide



Provision of training for professionals



Supporting the media with sensitive messaging



Develop multi agency real time surveillance



Commision support for those bereaved by suicide



Reduce access to means of suicide



Appropriate management of poor mental health



Support research, data and emerging evidence

Leadership & Governance

A strong all age multi-agency suicide prevention steering group with shared accountability across health and care partners and strong voluntary and community sector involvement provides high level oversight of the plan.

The BLMK Suicide Prevention Steering group purpose is to monitor and drive forward the implementation of the Suicide Prevention Plan for Bedfordshire, Luton and Milton Keynes across the BLMK Integrated Care System.

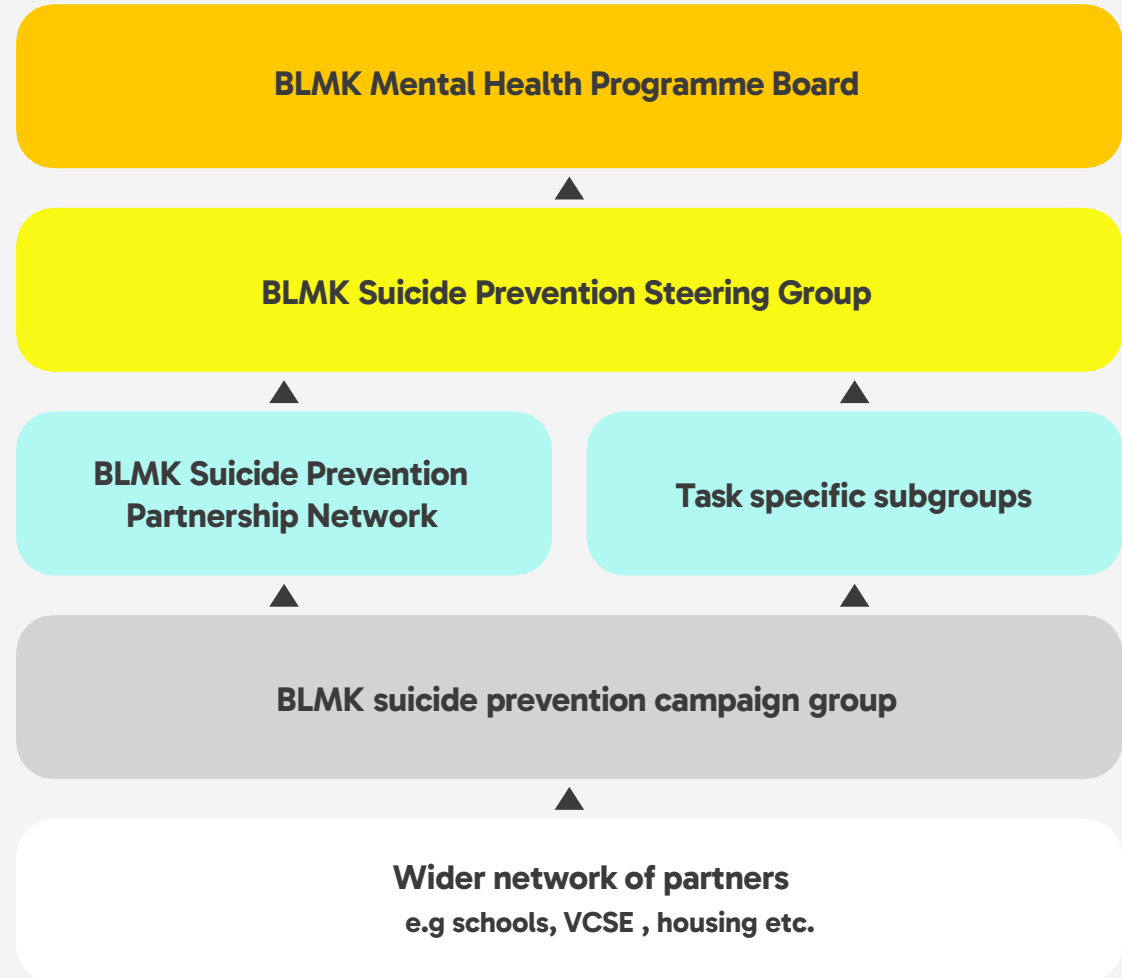
Steering group members advocate prevention in suicide and self-harm in their organisations and commit to leading and owning relevant actions within the plan. The steering group reports up to the BLMK mental health programme board. The group meets every six weeks and will report to the programme board on an annual basis.

The steering group also coordinates the Suicide Prevention Network which engages the wider network of agencies and individuals including those with lived experience in the joint delivery of the Suicide Prevention Action Plan.

Boards the strategy will link into

- Children and Young People BLMK learning disability transformation board
- Urgent Emergency Care Boards
- Safeguarding boards

Governance of BLMK's Suicide Prevention Action Plan



AIMS & OBJECTIVES

People from across all types of communities die by suicide. Most suicides are the result of a range of complex interrelated factors. As a result, suicide prevention work needs to happen across a broad range of settings, targeting a wide variety of people, policy areas and partners.

The aims of this suicide plan is to reduce the number of suicides of Bedfordshire, Luton and Milton Keynes residents and provide better support for those bereaved and affected by suicide. Seven key areas of action have been identified to support this aim.

- 1 Providing targeted & tailored support to priority groups
- 2 Addressing other population level risk factors
- 3 Tackling means & methods of suicide
- 4 Online safety, media & technology
- 5 Improving data & evidence
- 6 Provide timely & effective bereavement support
- 7 Making suicide prevention everyone's business

SUICIDE PREVENTION BLMK 2024-2028



Luton



Milton Keynes City Council



→ Online safety, media & technology

→ Tackling means & methods of suicide

→ Providing targeted & tailored support to priority groups- pregnant women and new mothers, children and young people, people who use drugs and alcohol

→ Provide timely & effective bereavement support

→ Addressing other population level risk factors

→ Improving data & evidence

→ Providing targeted & tailored support to priority groups- middle aged men, people in contact with mental health services, people in contact with primary care, people who self-harm, people in contact with criminal justice system, autistic people

→ Making suicide prevention everyone's business

YEAR 1

YEAR 2

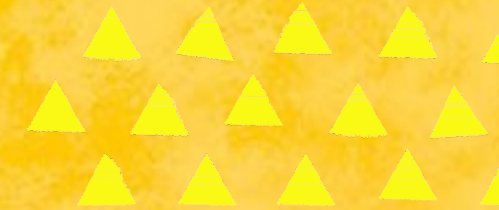
YEAR 3

YEAR 4

1

Aims & Objectives

Providing targeted & tailored support to priority groups



Priority group

What we will focus on and develop

What we will continue to do

Middle Aged Men

Develop initiatives to support risk factors for suicide in middle-aged men including financial difficulty, relationship breakdown and mental illness.

Target men working in routine and manual occupations and those who are unemployed, encourage employers, in largely male industries, to have appropriate support in place for employees, including people trained in mental health support and suicide prevention awareness.

Review service accessibility for middle-aged men in relation to mental health particularly in more remote areas.

Train front-line staff and volunteers most likely to encounter middle aged men in suicide prevention awareness.

People In Contact With Primary Care

Ensure Primary Care Networks understand the local suicide prevention priorities and how they can support delivery of suicide prevention initiatives.

Improve suicide prevention signposting and support to people in contact with primary care services, including older adults and those receiving care for physical ill health, including support available via VCSE sector.

Work to deliver suicide prevention training for general practitioners and all practice staff.

Encourage GP practices to disseminate suicide prevention information e.g. 'Help is at Hand', Stay Alive. Samaritans.

Ensure the universal implementation of NICE guidelines CG90 and CG91 (long term conditions) to improve the identification, treatment and management of depression in primary care and awareness of suicidality.

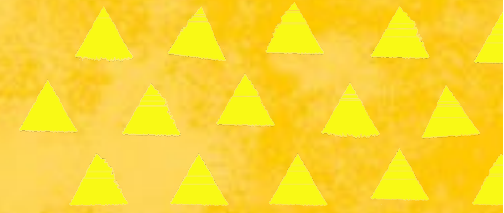
Ensure when suicide incident reviews are undertaken, they include primary care.

Work with GPs, hospitals and pharmacists to promote safe prescribing.

1

Aims & Objectives

Providing targeted & tailored support to priority groups



Priority group

What we will focus on and develop

What we will continue to do

People In Contact With Mental Health Services

Provide guidance to families, carers and friends to spot early signs of suicidal planning.

Review the need to implement cluster guidance within mental health trust settings.

Ensure mental health crisis work being led by ICS is evidence-based, linked to and incorporates suicide prevention action plans, training, data and resources.

Understand system-wide patient learning responses and translate findings into local policy and practice, include recommendations in suicide prevention action plans and service quality improvements.

Implement and demonstrate the NCISH '10 ways to improve patient safety' recommendations and implement evidence-informed recommendations such as those outlines in the NCISH annual reports.

Ensure that patients receive good quality (in line with NICE guidelines) follow up support within 72 hours of being discharged from inpatients mental health settings including developing effective integrated pathways.

As the most significant risk factor for suicide, both nationally and locally, ensure mental health services have up to date suicide prevention strategies and are actively engaged in suicide prevention governance locally.

People Who Self-Harm

Ensure robust pathways in line with best practice are in place for people who have self-harmed or attempted suicide, with consideration of follow-up, signposting to VCSE support and apps, and safety planning.

Identify appropriate training requirements for clinicians and other professionals who may encounter self-harm including the children & young persons workforce.

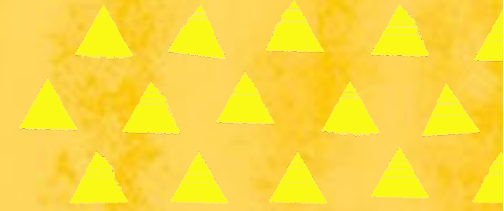
Enhance our understanding and response to self-harm by collecting and analysing local data on attempted suicide and incidence of self-harm to improve our understanding of emerging issues and trends.

Ensure that all people presenting at A&E/EDs having self-harmed are treated in accordance with NICE Guidelines.

1

Aims & Objectives

Providing targeted & tailored support to priority groups



Priority group

What we will focus on and develop

What we will continue to do

People In Contact With Criminal Justice System

Review evidence on perpetrators and suicide prevention initiatives and make recommendations to support best practice.

Review pathways for individuals entering and exiting the criminal justice system with a focus on higher-risk groups and make recommendations to support reduction in self-harm and completed suicide.

Ensure training is offered to staff employed in the criminal justice system including court services to raise awareness of the role everyone has to play in suicide prevention, emphasising the importance of taking preventative action and ensuring staff are aware of support services.

Work with local prison services to support the Samaritans Listener scheme and support on release.

Ensure that local police, prison and probation services are actively engaged in suicide prevention governance.

Autistic People

Raise awareness of suicide risk to those who come into contact with autistic individuals by advocating suicide awareness and autism training.

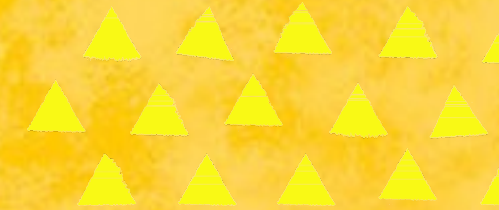
Build on learning from the Learning from Lives and Deaths: people with a learning disability and autistic people (LeDeR) programme to identify areas for improvement to prevent suicide.

Work with partners to develop a clearer picture of suicides in autistic adults, children and young people using local data and intelligence.

1

Aims & Objectives

Providing targeted & tailored support to priority groups



Priority group

What we will focus on and develop

What we will continue to do

Older Adults

Increase education and awareness raising among professionals, general population and older adults on suicide risk in later life.

Raise awareness of the importance of considering comorbidities and prescription medication in older adults.

Support the development of approaches to promote positive mental wellbeing in older adults.

Look at ways to increase recognition and treatment of mental disorders in older adults.

Support the development of accessible and acceptable services.

Promote community support programmes and initiatives.

Pregnant Women And New Mothers

Ensure GPs are aware of support for perinatal mental health, and what the most appropriate crisis and/or emergency support might be when required.

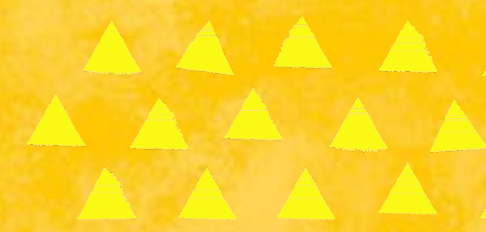
Ensure perinatal 'red flags' as outlined in MBRRACE are part of the risk assessment. These include: (i) recent significant change in mental state or emergence of new symptoms, (ii) new thoughts or acts of violent self-harm, (iii) new and persistent expressions of incompetency as a mother or estrangement from the infant. There should be a specialist assessment for any women who self-harmed (whether violently or not) in pregnancy or the early postpartum period.

Offer personalised care and support plans, considering physical health, mental health and social complexities.

1

Aims & Objectives

Providing targeted & tailored support to priority groups



Priority group

What we will focus on and develop

What we will continue to do

Children And Young People

Ensure our mental health & wellbeing prevention systems are focused on those at greater risk of suicide, including support for young men.

Enhance our support for education settings and services for children & young people, including:

- Support schools and settings to ensure suicide prevention is embedded in statutory RSE/PSHE curriculum
- Support settings to provide safeguard training for their young people so they have an understanding of how to support their own peers
- Provision of guidance, resources and services to support ant-bullying via existing local networks
- Review best practice in suicide prevention for universities and ensure they have policies/systems in place to follow a suspected suicide should it occur within their community
- Work with schools to enhance their work around suicide prevention. For example, piloting projects that will support schools to implement the PAPYRUS building Suicide Safer Schools and Colleges guide

Targeting campaigns, interventions and support for groups identified to be at greater risk of self-harm.

Ensure education settings have up to date local guidance, policies and systems in place should a suspected suicide occur within their community.

Promote local and national guidance around the topic of self-harm, including via our local webpages and resources.

Embed suicide prevention in the business of local multi-agency groups, forums and networks that focus on children, young people & families.

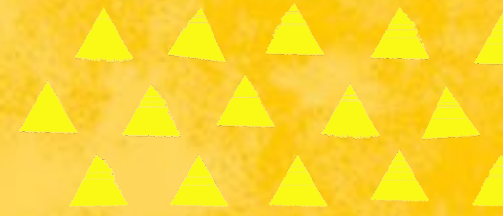
Ensure that the suicide prevention training offer in BLMK is appropriate for the children & young people's workforce and is embedded within local safeguarding arrangements.

Promote, support and embed system wide trauma informed approaches, including early intervention and prevention.

1

Aims & Objectives

Providing targeted & tailored support to priority groups



Priority group

What we will focus on and develop

What we will continue to do

People Who Misuse Drugs And Alcohol

(these actions are part of respective drug and alcohol policies)

Suicide prevention training undertaken by all front-line staff in D&A Services.

Develop a clearer understanding of suicide deaths, where drug and alcohol use is implicated.

Ensure effective management plans are in place for patients with dual diagnosis (co-existing mental illness and substance misuse) and other co-occurring conditions (i.e. physical health).

Continue to analyse the deaths of service users / drug related death data from services & coroner across BLMK to identify emerging themes, implications/risks and to generate recommendations for commissioners and service providers.

Workplaces & Occupational Groups

Identify and devise plans to target occupational groups especially those with a higher proportion of male/lower paid workforce e.g. low skilled male labourers working in construction roles.

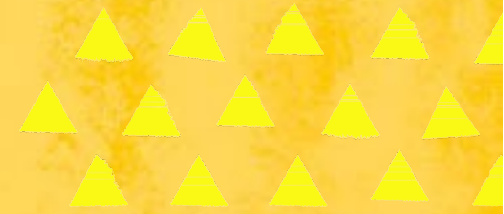
Ensure suicide prevention training is available to those who work with residents who are unemployed and who are at highest risk of suicide.

Ensure resources are available to workplaces which signpost to support for mental health and the social factors that have an impact on mental health.

2

Aims & Objectives

Addressing other population level risk factors



Risk factors

What we will focus on and develop

What we will continue to do

Relationship Breakdown

Explore the link between suicide and relationship breakdown and identify preventative measures.

Ensure suicide prevention campaigns and training educate people about risk factors associated with suicide.

Financial Difficulty & Economic Adversity

Strengthen the training offer to frontline services, including voluntary and community sector organisations working with those experiencing financial difficulties.

Continue to work to improve access and signposting to support to ensure people are not struggling alone and know what options are available to them particularly those experiencing financial difficulty and those experiencing loneliness.

Physical Illness

Strengthen informal messaging around risks associated with gambling.

Harmful Gambling

Encourage residents to 'check in' on friends, family and neighbours in hard times.

Social Isolation & Loneliness

Domestic Abuse

Strengthen training for professionals working with both victims and perpetrators of domestic abuse on how to respond to disclosures of suicidal ideation and how to include risk in safety planning.

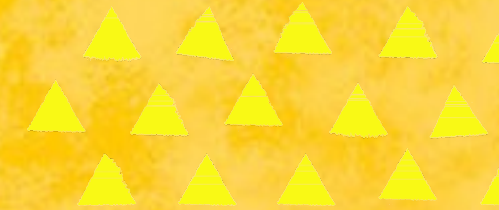
Deliver suicide prevention and domestic abuse training.

Work to strengthen local intelligence and data on domestic abuse and suicide to inform local practice and response through strategic partnership working.

Work to embed routine enquiry around domestic abuse into frontline practice.

3

Aims & Objectives Tackling means & methods of suicide



Priority

What we will focus on and develop

What we will continue to do

High Frequency Locations

Update local guidance on suicide clusters and contagion to support effective local responses where there may be more suicides than expected in a particular area or a suspected link between suicides.

Work with local planning authorities to investigate introducing suicide prevention and population mental wellbeing considerations at the planning stage through supporting the inclusion of relevant policies within local plans and design codes/guidance.

Work with highway authorities, local planning authorities, developers, and other relevant stakeholders to ensure that tall buildings, structures, roads and associated infrastructure are designed so as to reduce the potential use as a means of suicide.

Tackling Means & Methods

Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

Work with organisations like Samaritans and Network Rail who provide interventions at key locations and encourage intervention via amplification of campaigns like ‘small talk, saves lives’.

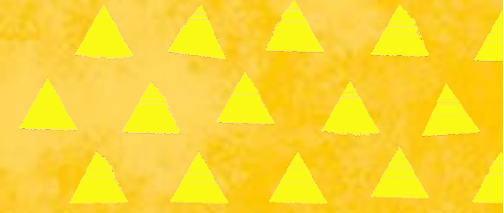
Continue to monitor for emerging themes and risk factors within real time surveillance of suicides, respond to emerging risk factors locally as they occur.

Follow NICE safe prescribing guidelines, especially in the case of prescribing antidepressants and analgesics within primary care for both adults and young people.

Continue to review and implement evidence-informed recommendations such as those outlined in the NCISH annual report.

4

Aims & Objectives Online safety, media & technology



Priority

What we will focus on and develop

What we will continue to do

**Tackling Online Harms
And Harnessing The
Benefits Of Technology.**

Support people to have safe and positive experiences online by promoting and supporting the Samaritans online excellence programme and emerging evidence and good practice in this area.

Continue to work with Samaritans and local communication professionals to promote responsible reporting in relation to suicide, including sensitive language.

**Responsible Portrayal Of
Suicide In The Media.**

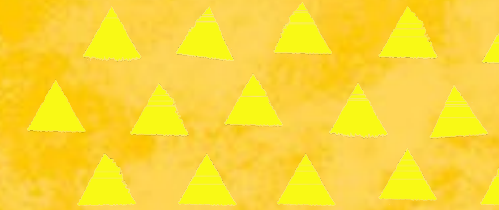
Support the media to understand and act on evolving issues in suicide prevention.

Challenge the publication of harmful or inappropriate material.

Work with local media to promote the signposting of national helplines and local support services.

5

Aims & Objectives Improving data & evidence



Priority

What we will focus on and develop

What we will continue to do

Improving data & evidence

Work with partners to further develop the ‘real time’ data system across BLMK to provide timely notification of suspected suicides including embedding the use of a multi-agency platform.

Identify opportunities to improve the quality of intelligence and data that is used to improve our knowledge.

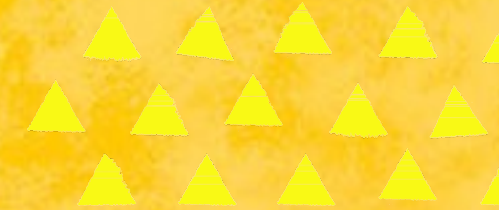
Undertake detailed audits of Coroners’ inquests on at least a 2 yearly basis, ensuring that key contexts, themes and patterns in cases of suicide are identified, and the Action Plan updated.

Circulate the key findings of suicide audits to partners, general practice and healthcare providers, to encourage learning from suicides locally.

Collate and analyse real time data of suspected suicides to help understand patterns of suspected suicide, identify new or emerging methods, and respond appropriately to any identified clusters or contagion.

6

Aims & Objectives Provide timely & effective bereavement support



Priority

What we will focus on and develop

What we will continue to do

Provide timely & effective bereavement support

Assist workplaces in developing and implementing a process to manage the impact of an employee suicide on colleagues.

Ensure clinicians working in primary care, social care and mental health services are aware of the potential vulnerability of family members when someone takes their own life and how to signpost to available support.

Ensure a coordinated approach to promote suicide bereavement support services and resources.

Continue to prioritise a standardised suicide bereavement support offer in line with best practice recognising the potential need for this to be available over a prolonged period of time and to all loved ones.

Continue to work with service providers to better understand the personal experiences of people bereaved by suicide and utilise this for service improvement.

7

Aims & Objectives

Making suicide prevention everyone's business



Priority

What we will focus on and develop

What we will continue to do

Cross Cutting Theme: Making Suicide Prevention Everyone's Business

Work collaboratively with ICS partners to jointly design and commission suicide prevention training of front-line professionals including those in voluntary and community organisations (with reference to the Competence Frameworks and evidence)

Advocate and champion the 'Zero Suicide Alliance' training

Concentrate additional SP messages and campaigns to align with seasonality effects on suicide and target local risk factors including place-based risk factors.

Co-produce and deliver public-facing programmes and messages to:

- Raise awareness of suicide and its impact on society as well as for friends and family.
- Reduce stigma in mental health and suicide.
- Raise awareness of risk factors such relationship breakdown and bereavement on suicide risk.
- Raise awareness of protective factors.
- Encourage everyone to check in on those around them and offer immediate emotional support to those in distress.
- Give information on suicide prevention measures and where those in crisis can obtain immediate and longer-term support.
- Ensure information and resources are accessible to individuals not born in the UK, and make sure resources are translatable into languages that reflect the BLMK population.
- Support understanding of appropriate language when talking about suicide

How will we measure impact?

The action plan will have evaluation and outcome monitoring built in from the start.

Ongoing

Ongoing evaluation will be carried out by objective leads as the work is delivered and this will be used to guide further action plan implementation.

Quarterly at the suicide prevention steering group meeting:

- A progress report on priority actions.
- A summary of key developments and outcomes in the plan.
- Updated suicide prevention plan data dashboard

Annually there will be:

- A RAG rated report of progress against objectives and actions.
- Feedback from objectives leads and delivery partners on delivery and any revisions needed to the plan.
- Identification of any emerging themes and priorities through updated national and local data.





To support suicide prevention across Bedfordshire, Luton and Milton Keynes:

Sign up to join the BLMK Suicide Prevention Network here:

<https://suicidepreventionhubblmk.co.uk/blmk-suicide-prevention-network/>

Take the free 20-minute Zero Suicide Alliance suicide prevention training:

<https://www.zerosuicidealliance.com/training>

Visit the Suicide Prevention Hub, a web based resource for frontline professionals and those supporting suicide prevention across BLMK here:

<https://suicidepreventionhubblmk.co.uk/>

THANK YOU

Contact

Publichealth@milton-keynes.gov.uk

Public Health shared service for Milton Keynes,
Bedford Borough and Central Bedfordshire

Thanks to the BLMK Suicide Prevention Steering group and network for overseeing the development of this plan. Thanks also to Samaritans, BLMK Mind and those with lived experience who generously shared their experiences, expert knowledge and views to inform this plan.

