



Northamptonshire Suicide Prevention Strategy 2022-2025

Northamptonshire Suicide Prevention Steering Group
September 2022

Table of Contents

Table of Figures	3
Foreword	4
Executive Summary	5
Introduction	6
Our Approach.....	7
Who will deliver this strategy?.....	8
National Context	10
The National Picture	11
Key Findings.....	12
Impact of COVID-19 on Suicide	12
Local Context	13
Key Findings.....	14
Local Inequalities in Suicide	15
Review of Previous Strategy	16
Priorities for Northamptonshire	18
Priority 1: Reduce the risk of suicide in key high-risk groups	18
Priority 2: Tailor approaches to improve mental health in specific groups	18
Priority 3: Reduce access to the means of suicide	19
Priority 4: Provide better information and support to those bereaved or affected by suicide	20
Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour ..	20
Priority 6: Support research, data collection and monitoring	21
Priority 7: Reduce the rates of self-harm as a key indicator of suicide risk	21
Review	22
Acknowledgements.....	23
References	24
Support	25
Contact Information	25

Table of Figures

Figure 1: Summary of partner agencies on the Northamptonshire Suicide Prevention Steering Group...	8
Figure 2: Summary of the governance of the Northamptonshire Suicide Prevention Strategy.	9
Figure 3: Summary of the national picture for suicide. (8) (9) (10)	11
Figure 4: Summary of the local context for suicide. (8) (9) (12) (13).....	13
Figure 5: Summary of the local inequalities in suicide. (8) (9) (12) (13) (14)	15

Foreword

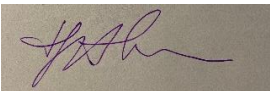
We are pleased to announce the refreshed Suicide Prevention Strategy for Northamptonshire. The strategy outlines our priorities and actions to reduce the number of local lives lost to suicide.

In Northamptonshire, we know that around 60 people lose their life each year to suicide. The effects of suicide can be devastating and have long-lasting impacts on those affected by it. This strategy will look at our local picture to better understand the circumstances around suicide enabling us to develop well-informed services and support for those at an increased risk of suicide as well as those affected by suicide.

As a partnership, we believe suicide prevention should be a priority for all as every death by suicide is one too many. There is a collective desire across our partner agencies to reduce the number of suicides, and lives affected by suicide, in Northamptonshire. The strategy and action plan aims to do this through a whole-county, all-age approach, aligning to the national suicide prevention strategy's seven priorities.

The strategy has been consulted with a wide range of boards and pillars across Northamptonshire. The Northamptonshire Mental Health Learning Disability Autism Population Health and Prevention Pillar and Healthy Minds Healthy Brains Pillar will maintain strategic oversight of the implementation of the strategy. Progress and outcomes will be reported through both the North Northamptonshire Health and Wellbeing Board and West Northamptonshire Health and Wellbeing Board.

We invite you to share our vision of reducing suicides in Northamptonshire, by improving understanding and awareness of suicide risk, as well as promoting and improving our local services and support.



Councillor Helen Harrison
North Northamptonshire Council



Councillor Matt Golby
West Northamptonshire Council



Naomi Eisenstadt, CB
NHS Northamptonshire Integrated Care Board

Executive Summary

Suicide is defined as the deliberate act to intentionally end one's life. The impact of a suicide can be devastating and impact many. Every death by suicide is one too many. The strategy and action plan aim to reduce suicide and self-harm in Northamptonshire, through a whole-county, all-age approach.

The strategy is aligned to the England's suicide prevention strategy priorities, which are:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce the rates of self-harm as a key indicator of suicide risk.

The partner agencies on the Northamptonshire Suicide Prevention Steering Group have been instrumental in developing the strategy and are committed to working together to deliver it. The Steering Group will also review the strategy outcomes, monitoring the progress of the action plan. Progress and outcomes will be reported through both the North Northamptonshire Health and Wellbeing Board and West Northamptonshire Health and Wellbeing Board. An annual report will be produced reviewing progress against the strategy and summarising changes in intelligence and policy, which may require adaptation to our local approach.

Introduction

Suicide is defined as the deliberate act to intentionally end one's life (1). The effects of a suicide can be devastating and the impact felt by many – including family, friends, neighbours, employers, colleagues, professionals, and the wider community. It is estimated each loss of life to suicide costs the economy around £1.67million (2), the majority of this attributed to the support and reduction in quality of life to those affected. People bereaved by suicide are also more likely to experience poor mental health and have an increased risk of suicide themselves.

In Northamptonshire, around 60 people take their own life each year. As a partnership, we believe that every death by suicide is one too many. Each of these deaths can potentially be prevented therefore suicide prevention is a priority for everyone. This strategy and action plan aims to reduce suicide and self-harm in Northamptonshire, through a whole-county, all-age approach.

Our Vision:

We aim to achieve a 10% reduction in annual deaths by suicide in Northamptonshire from 2022 to 2025. We will aim to do this by improving our understanding and awareness of suicide risk, and by promoting and improving our local services and support.

Our Approach

In line with the *Preventing suicide in England: fifth progress* report, the partnership is taking a cross-system collective approach to suicide prevention [6]. The suicide prevention strategy for England identifies seven priorities to contribute to reducing suicide and self-harm. This strategy is aligned to these priorities, which are:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce the rates of self-harm as a key indicator of suicide risk.

This will help ensure local resources can be used to greater effect.

This strategy and the accompanying action plan have been developed after reviewing national, regional, and local intelligence, as well as holding task and finish groups and engaging with partners and service users.

Who will deliver this strategy?

Partner agencies on the Northamptonshire Suicide Prevention Steering Group have been instrumental in developing this strategy. These agencies are committed to working together to deliver this strategy.

The partners represented on the Steering Group include:

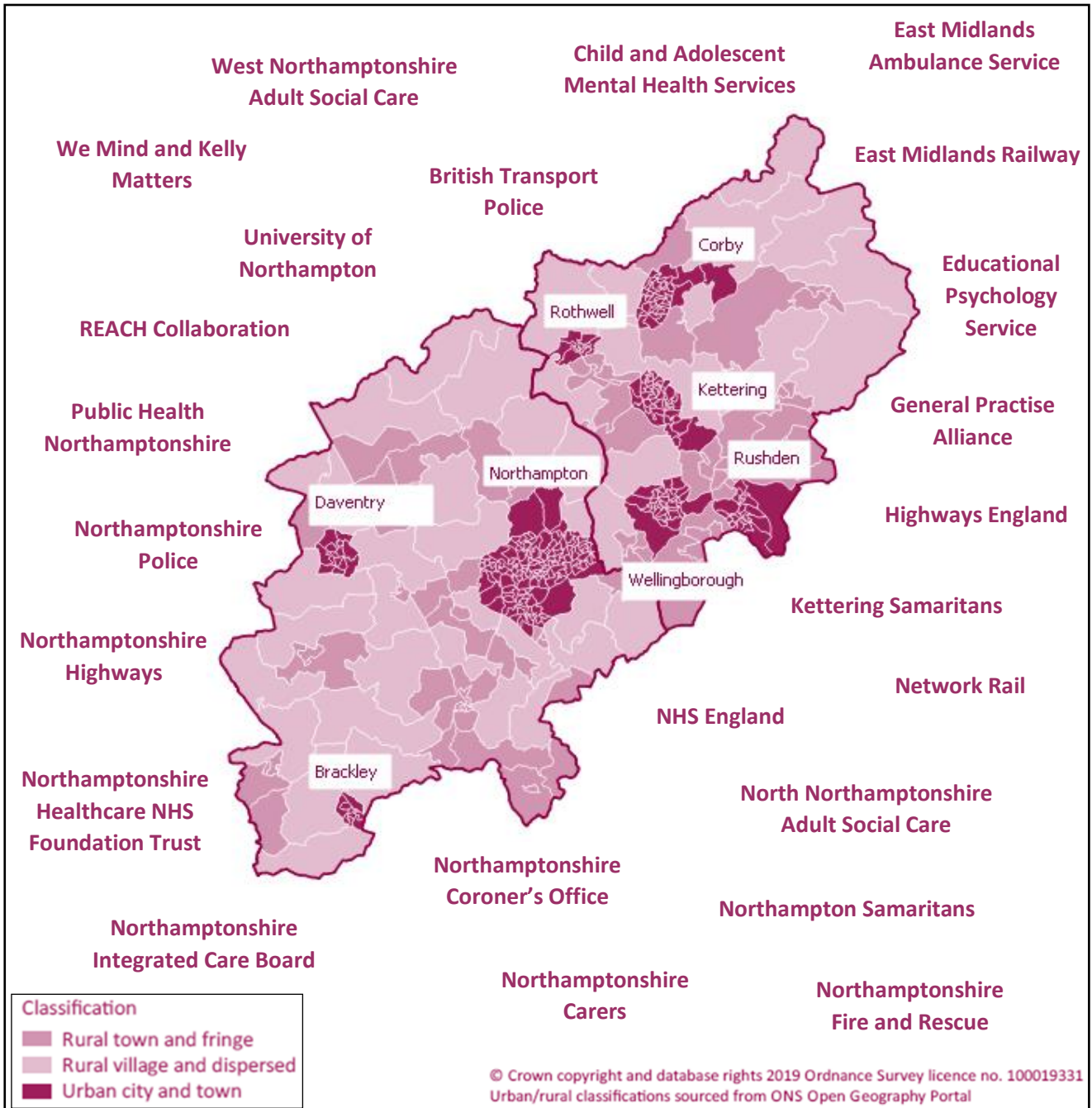


Figure 1: Summary of partner agencies on the Northamptonshire Suicide Prevention Steering Group.

Further details about the function and the governance of the Steering Group can be found online [Suicide prevention - Health and wellbeing \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/suicide-prevention-health-and-wellbeing).

Suicide prevention is part of the wider mental health promotion and prevention agenda and a key priority in the Northamptonshire Mental Health Prevention Concordat to be finalised by Summer 2022. The Concordat will demonstrate local ambition to promote positive mental health and prevention, to improve mental health and wellbeing for all, and address health inequalities. The three key features are:

- ⇒ Shared commitment to improve mental health and wellbeing
- ⇒ Partnership working and co-production at all levels
- ⇒ Evidence based planning and commissioning.

The Northamptonshire Mental Health Learning Disability Autism Population Health and Prevention Pillar (adults) and Healthy Minds Health Brains Pillar (children and young people) will maintain strategic oversight of the implementation of this strategy.

Progress and outcomes will be reported through the Mental Health, Learning Disabilities and Autism Collaborative and to the North Northamptonshire and West Northamptonshire Health and Wellbeing Boards.

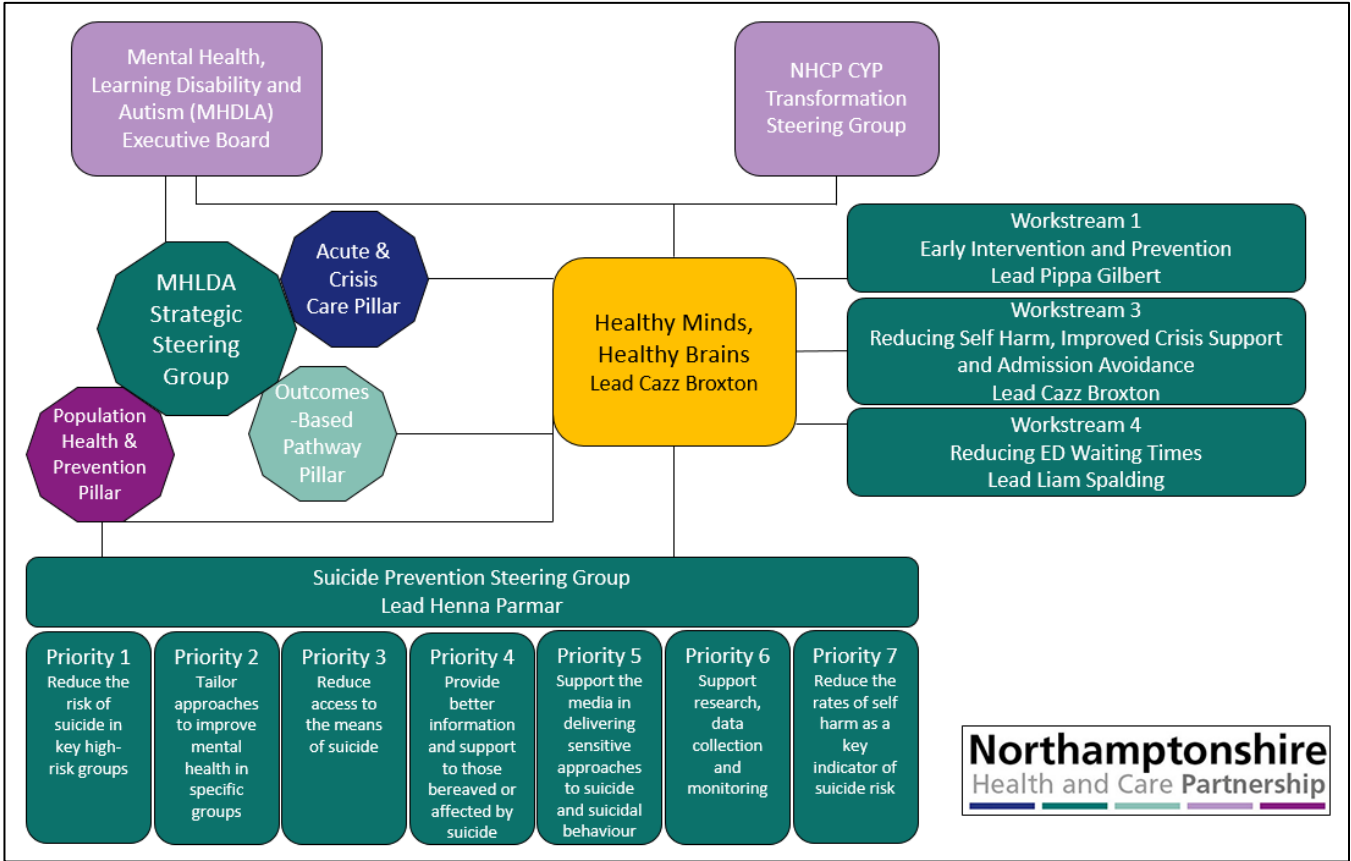


Figure 2: Summary of the governance of the Northamptonshire Suicide Prevention Strategy.

National Context

Suicide continues to be recognised as a nationally growing concern. The “*Preventing suicide in England: A cross-government outcomes strategy to save lives*” (3) report sets the following overall objectives: a reduction in the rate of suicide in England’s general population; and better support for those affected or bereaved by suicide.

The national strategy is committed to tackling suicide and presents seven key areas of action, detailed in the previous section.

It is a key recommendation in the *Mental Health Taskforce’s report* (4) to UKHSA (United Kingdom Health Security Agency, formerly Public Health England), which corresponds to the key areas of action. The Office for Health Improvement and Disparities (OHID) has published a practice resource (5) to support local authorities and partners to implement local suicide prevention plans. The National Institute for Health and Care Excellence (NICE) has developed suicide prevention recommendations (6), which can be used alongside NHS England and OHID’s guidance.

There have been national progress reports published since 2012, the latest of which is a *fifth progress report* (7). This report sets out: data and evidence on suicide and self-harm; progress made against existing commitments designed to prevent suicides and self-harm; and further actions for government and its agencies, particularly in the context of COVID-19. It also sets out a refreshed cross-government suicide prevention work plan, which updates the commitments outlined in the previous work plan.

The report identifies four groups vulnerable to suicide: middle aged men; people who self-harm; children and young people; and people with a mental illness. Concern that exacerbation of risk factors during the pandemic for these vulnerable groups would lead to an increase in suicides has not been borne out by the present data.

The National Picture

The Office for National Statistics (ONS) released the most recent figures for suicide in England and Wales in September 2021 (8). Statistics on suicide are based on the year of death registration – due to registration delays in 2021 because of the COVID-19 pandemic, approximately half of these deaths will have occurred in the previous year.

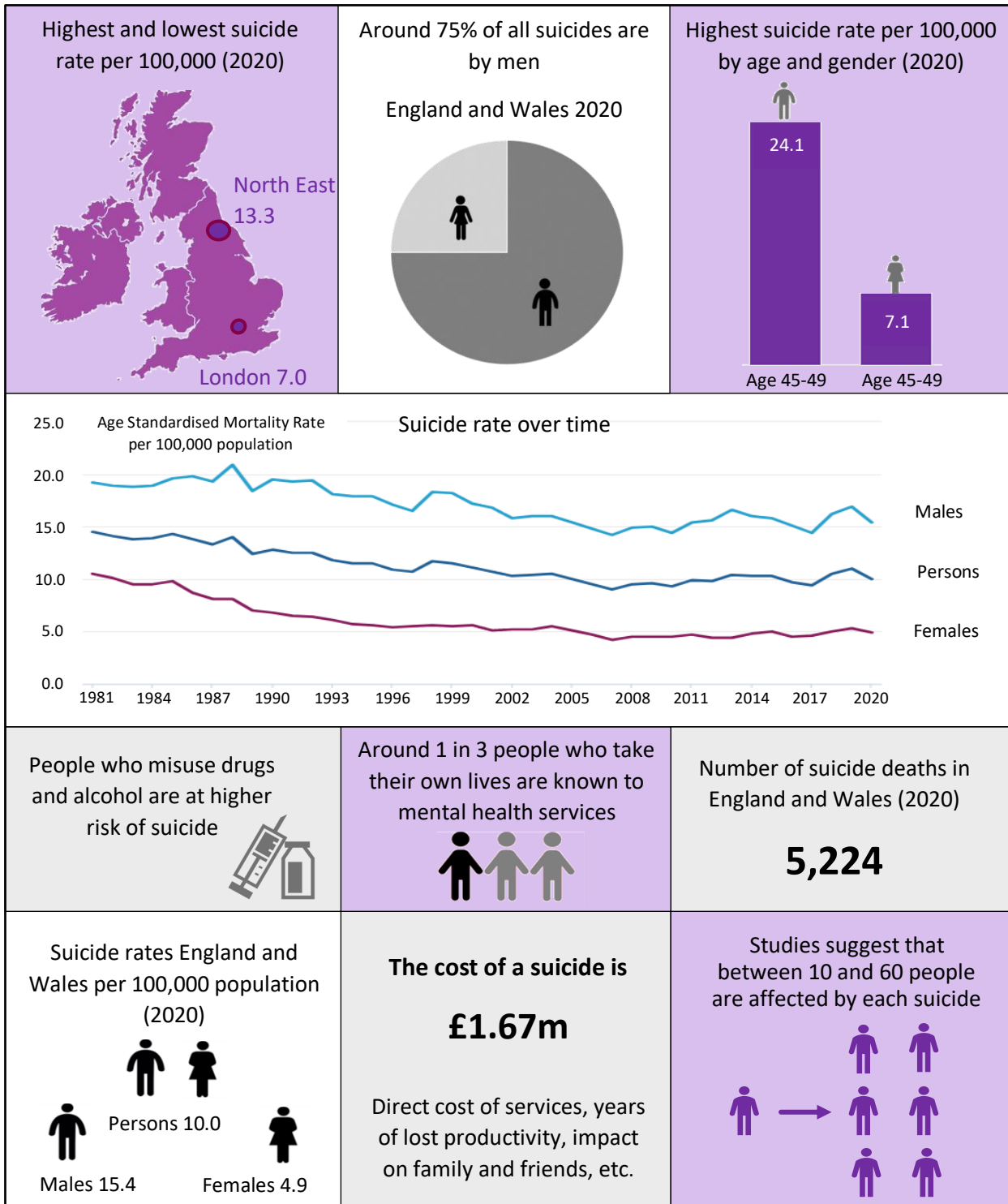


Figure 3: Summary of the national picture for suicide. (8) (9) (10)

Key Findings

Figure 3 is a summary of the national picture for suicide in 2020. The age-standardised mortality rate is statistically significantly lower than the 2019 rate. The decrease is likely to be driven by two factors: a decrease in male suicides at the start of the COVID-19 pandemic; and delays in death registrations because of the pandemic. The male suicide rate is statistically significantly lower than 2019, but consistent with rates in earlier years. The female suicide rate is consistent with the past decade. The most common method of suicide for both males and females continued to be hanging, strangulation and suffocation. The second most common method continued to be poisoning.

Impact of COVID-19 on Suicide

The national strategy played a pivotal role in shaping the response to the pandemic. It highlights that there appears to be no current increase in suicides which occurred during COVID-19, but there has been an increase in people having thoughts about self-harm and suicide and more people looking for support from services.

A *Mental Health Foundation study* (11) reported on the proportion of UK adults who were regularly questioned about having had suicidal thoughts and feeling within the previous two weeks, because of the COVID-19 pandemic. The report found an increase from 8% of those surveyed in April 2020 to 13% in November 2020. Self-reported suicidal ideation, feelings of hopelessness and self-harm appear to be reflected in rises in demand as seen across the voluntary sector, indicating the need for proactive measures to address suicide risk. The report highlights that it is important to identify the more vulnerable and the more resilient groups, and their associated factors.

New actions in the context of COVID-19 have been added to the national strategy with a focus on those which could address the vulnerabilities of several groups of people who may be disproportionately affected by the pandemic:

- ⇒ People who are economically vulnerable
- ⇒ People in contact with mental health services
- ⇒ People who have been disproportionately impacted by lockdown
- ⇒ Children and young people
- ⇒ NHS and social care staff
- ⇒ People in contact with criminal justice system
- ⇒ Financial support for suicide prevention Voluntary, Community and Social Enterprise (VCSE) sector to manage COVID-19 pressures.

Local analysis of suspected suicides to November 2020 suggested that rates of suspected suicide had not statistically significantly changed in recent months after the COVID-19 pandemic arrived in the UK. Suspected suicides were used because at time of analysis there was a backlog of inquests due to the COVID-19 pandemic affecting service activity. Suspected suicide counts from both Police and Coroner data followed a similar pattern across the months examined.

Local Context

Northamptonshire’s prevalence of suicide is statistically similar to both England and East Midlands Region’s averages. North Northamptonshire’s prevalence of suicide resembles the England and East Midlands averages, and West Northamptonshire’s prevalence of suicide is statistically lower than the England average, and similar to the East Midlands average. There is some variation in the prevalence of suicide across the county.

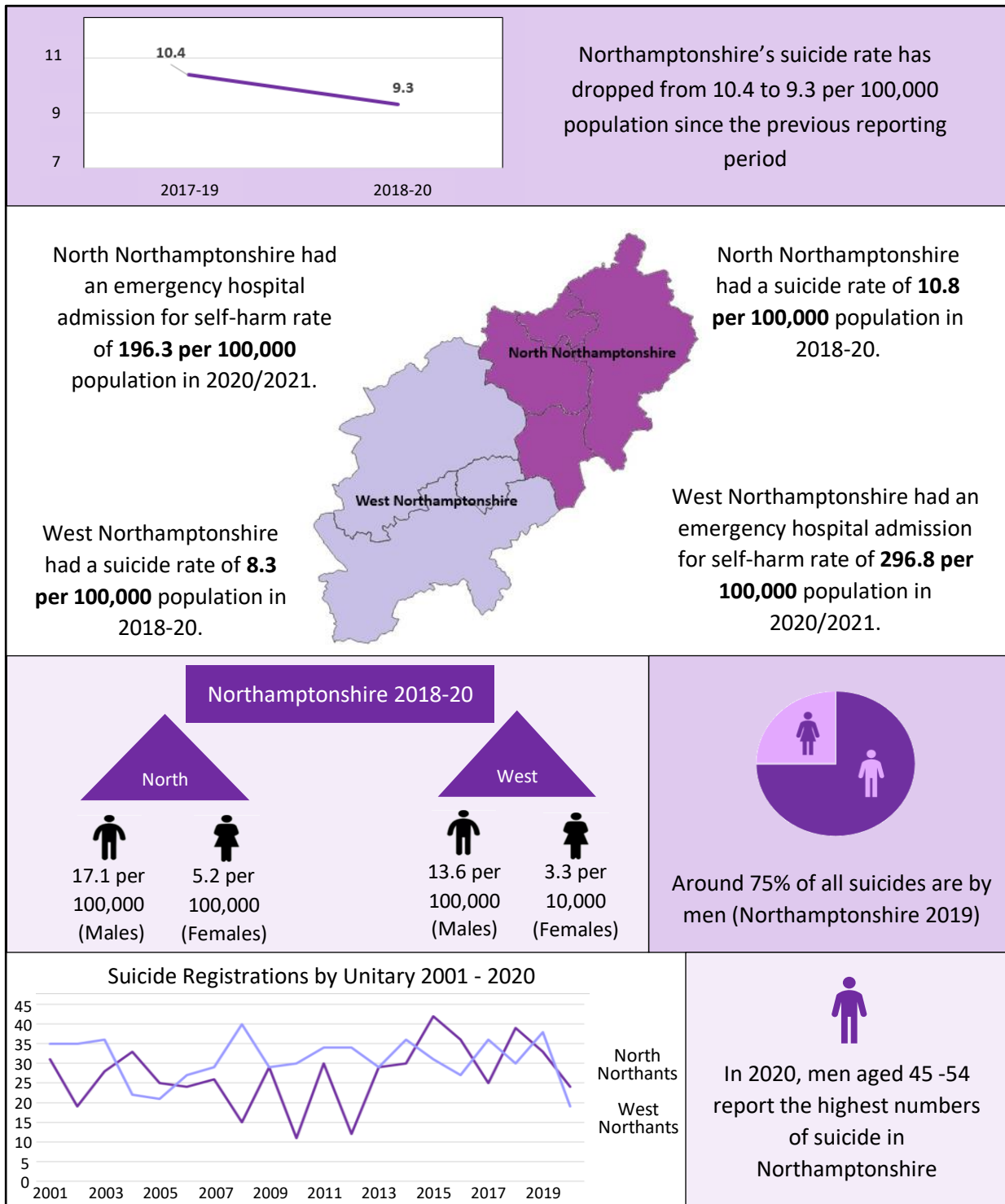


Figure 4: Summary of the local context for suicide. (8) (9) (12) (13)

Key Findings

Local context of suicide in Northamptonshire, 2020

Figure 4 is a summary of the local context for suicide in Northamptonshire, in 2020. The suicide rate for North Northamptonshire is statistically similar to the East Midlands and England averages in 2018-2020. The suicide rate for West Northamptonshire is statistically lower than the England averages in 2018-2020, and statistically similar to the East Midlands averages in 2018-2020. The rates for both North and West Northamptonshire are statistically similar to each other and the all-Northamptonshire figure for 2017-19. The rate for all-Northamptonshire has dropped between 2017-2019 and 2018-2020. This is not a statistically significant change, and although it sits below the national and regional average, it is statistically similar to both. The rate for males is significantly higher than the rate for females in both North and West Northamptonshire in 2018-2020, both of these are statistically similar to the male and female rates for England and East Midlands. The emergency hospital admission for self-harm rate for North Northamptonshire is higher than the emergency hospital admission for self-harm rate for West Northamptonshire for 2020-2021.

Local Inequalities in Suicide

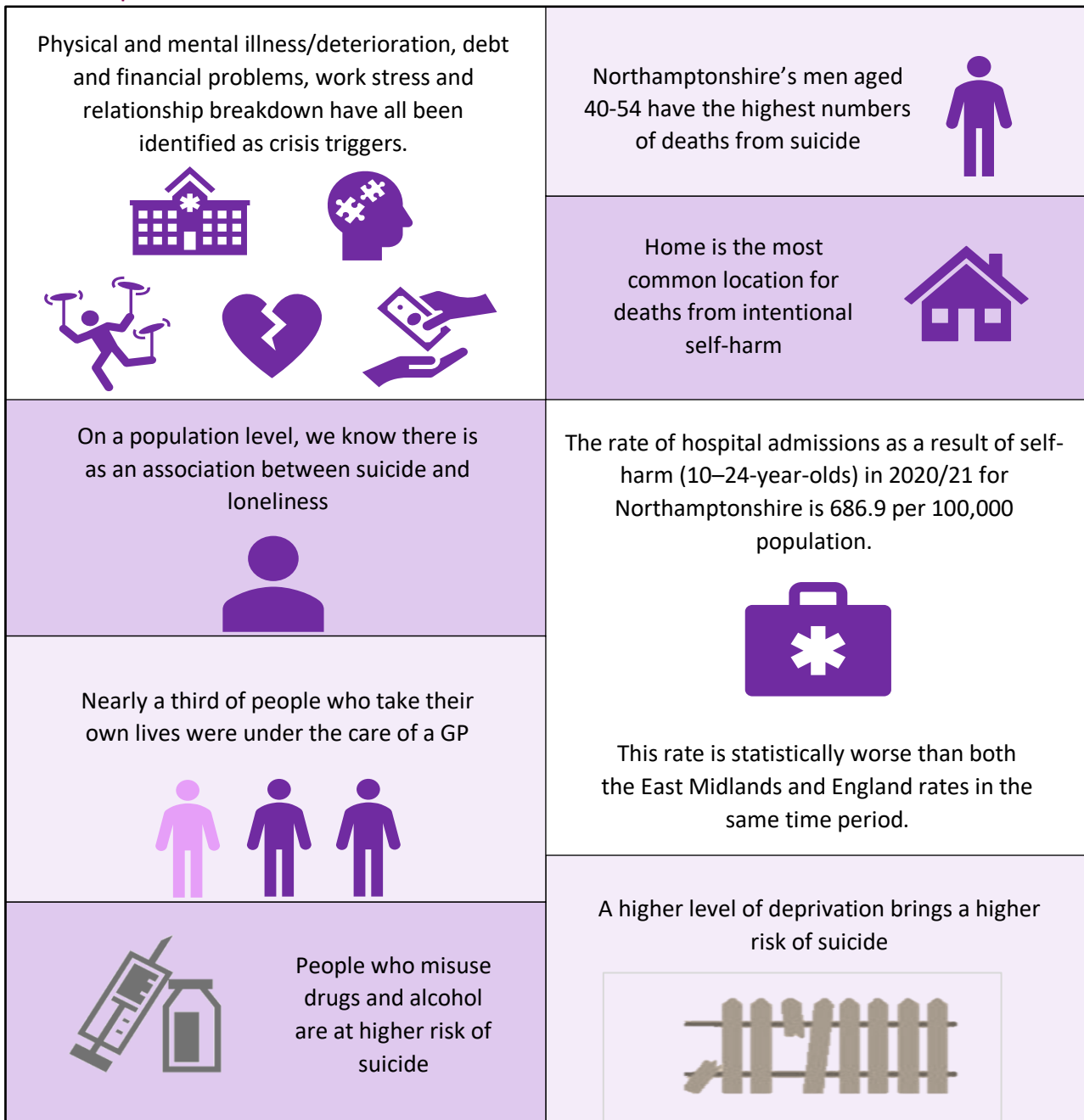


Figure 5: Summary of the local inequalities in suicide. (8) (9) (12) (13) (14)

Review of Previous Strategy

The agencies who make up the Northamptonshire Suicide Prevention Steering Group (SPSG) have worked in partnership towards the priorities identified in the previous strategy ¹. Below is a summary of our headline achievements since 2017:

Working in partnership

We have liaised with regional colleagues to keep the SPSG informed about regional and national networks and events, to help improve our local understanding and awareness of good practice.

Northamptonshire SPSG have participated in national, regional, and local events, and have applied this learning to inform our local activities.

We have improved information sharing with partners, so they are better informed.

We have improved the online information to support partners and service users in locating local mental health services and support available.

Improving our understanding of the cases and effects of suicide

We have established a real-time surveillance system which provides us with a better understanding of each case of suspected suicide in the county.

We undertook an audit of suicide cases and presented this to the Northamptonshire Health and Wellbeing Board.

Reducing the risk of suicide in key high-risk groups

An ongoing programme of STORM™ training has been delivered to frontline staff working in secondary care.

A Specialist Perinatal Service has been developed and is being delivered by Northamptonshire Healthcare NHS Foundation Trust (NHFT). It involves a range of psychological therapies, including a Maternity Mental Health service for mild and moderate presentations. The period of care available has been extended from 12 to 24 months where clinically indicated.

We have received and deployed regional Wave 3 programme funding which has supported a number of prevention workstreams focussing on suicide in high-risk groups including middle aged men, families bereaved by suicide, inpatient and secondary care services.

¹ The original Northamptonshire Strategy was published for the period 2017-2020, however due to the Covid pandemic the end date was extended to 2022.

Improve positive emotional health and wellbeing and resilience among high-risk groups, including young people

A collaborative of Voluntary, Community and Social Enterprise (VCSE) counselling providers has been funded to deliver support and care for mild-moderate mental health issues across Northamptonshire. An additional Child and Adolescent Mental Health Service (CAMHS) has also been commissioned for more severe presentations.

A Transitions Workstream has started, to manage the challenges of transferring from child/adolescent to adult mental health and social care services. This includes a new Enhanced Support Service for 16–25-year-olds who are making the transition to adulthood.

A Health and Justice Intervention Programme supporting physical and mental health has recently started.

The School Nursing Service has developed pathways for children and young people at risk of self-harm.

Individual Placement and Support (IPS) employment support has been expanded to provide mental health patients support with getting into and maintaining employment. The team is embedded within the Place-Based Community Mental Health Teams to contribute to personalised and needs-led care planning. The team is due to be expanded further in 2022.

Mental Health Northants Collaboration is increasing awareness of the Mental Health Prevention Initiative. Additional funding has been secured to develop a series of preventative initiatives based on national and local data. This will be implemented in 2022-23 with system-wide collaboration.

The psychology workforce capacity has been enhanced and will be embedded within mental health inpatient services. The 'Red to Green' bed management system is being applied to ensure patients are discharged in the earliest and safest way.

An extensive adult mental health crisis pathway has been developed, which has been identified as an example of best practice. This has included alternatives to admission for those in mental health crisis, including expansion of the Crisis Cafes, Hospital at Home packages, Crisis Houses, 24/7 Integrated Response Hub, as well as Liaison Teams based in acute settings.

Priorities for Northamptonshire

Priority 1: Reduce the risk of suicide in key high-risk groups

There can be a wide range of contributing factors to someone's death by suicide. These factors can help to highlight those at an increased risk. National data has identified high-risk groups, including men (18-19 years), middle-aged men, those in the care of mental health services, those in contact with the criminal justice system, specific occupational groups, those with a history of self-harm, misuse of alcohol and/or drugs, socioeconomic disadvantage, physical health conditions, social isolation, problems with gambling and presence of adverse circumstances (5) (15). In general, Northamptonshire's high-risk groups broadly follow the national profile, demographic, and social factors.

This priority will contribute to the objectives of this strategy by directly supporting those groups at higher risk of suicide, providing a better understanding of the local population and its risk groups, ensuring all future suicide prevention approaches are tailored to meet the needs of those at high risk. This includes enhancing protective behaviours, which are characteristics or attributes that reduce the likelihood of someone taking their life.

We plan to:

- Co-ordinate a countywide prevention campaign aimed at groups identified at high-risk of suicide
- Deliver a suicide prevention training programme to upskill primary care and frontline staff in early identification of risk factors
- Continue to monitor suicide data and intelligence to maintain our understanding of high-risk groups and inform trends and emerging issues
- Explore opportunities to enhance intelligence on local suicide across the suicide prevention partnership
- Explore solutions that enhance the development of protective behaviours and suicide prevention

Priority 2: Tailor approaches to improve mental health in specific groups

Certain groups have been identified at higher risk of taking their life or attempting to take their life. This priority considers the specific measures that can be implemented which may improve outcomes for those specific groups. National data has identified these specific groups, including: children and young people, users of drugs and alcohol services, perinatal mental health, people in receipt of employment benefits, people who are lesbian, gay, bisexual or gender reassigned, Black and Minority Ethnic groups, people with long-term physical health conditions, people with untreated depression, survivors of abuse or violence, veterans, people who are especially vulnerable due to social and economic circumstances, people who live alone, people who are anxious, isolated, or lonely, particularly as a result of the COVID-19 pandemic, and patients who receive care under community services and acute settings (16). In general, Northamptonshire follows the national profile for specific groups with a higher risk.

This priority will contribute to the strategy by improving awareness across our health and care workforce of those at risk of suicide and self-harm. It will also support and develop our understanding of local services, informing where improvements can be made to the delivery of mental health provision across Northamptonshire.

We plan to:

- Improve partner and public awareness of local mental health services targeted to identified priority groups
- Analyse intelligence to improve understanding of local mental health services and service users
- Monitor trends in data and intelligence to inform priorities
- Sign up to the Prevention Concordat
- Maintain delivery of the Wave 3 Transformation Programme
- Strengthen and enhance response to people with suicidal ideation/ self-harm across Place-Based Community Mental Health Teams
- Strengthen and enhance response to people with suicidal ideation/ self-harm making transition from Child and Young People to Adult pathways

Priority 3: Reduce access to the means of suicide

The *fourth national progress report* (15) highlights the reduction in deaths by suicide where actions to reduce access to means of suicide have applied.

Systematic reviews (17) have found reducing access to the means of suicide to be one of the public health approaches with the best evidence for reducing suicide. This focus on access is also found in several national and international guidelines (18).

This priority will contribute to the work of this strategy by providing an improved understanding of locations and methods in Northamptonshire, which will support the development of suitable prevention interventions.

We plan to:

- Work with partners to prevent public places being used for suicide
- Engage with partners and retailers to influence policy change to reduce access to certain means of suicide
- Continue to monitor existing suicide data and intelligence sources to inform emerging methods and local trends

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

The death of a family member or friend is a traumatic time, with implications on the mental health of these individuals. It is known that the suicide of a family member or friend is a risk factor for suicide. The “*Preventing suicide in England*” (3) report highlights this key area for action and outlines the following key aspects: providing support that is effective and timely; providing effective local responses to the aftermath of suicide; providing information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide.

This priority will contribute to the work of this strategy by developing partnerships with agencies working with people and communities affected by suicide. It will also aim to improve awareness of local suicide bereavement services promoting these to those who require support.

We plan to:

- Coordinate a campaign to improve partner and public awareness of suicide bereavement services available in Northamptonshire
- Work with emergency service partners to explore opportunities to better support staff involved with suicide intervention
- Coordinate a countywide suicide prevention package to support educational establishments
- Work with commercial organisations to shape postvention support and policy
- Explore opportunities to develop intelligence and data on bereavement services and those bereaved by suicide from across the suicide prevention partnership
- Embed the local Bereavement Real-Time Referral Pathway

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

The *fourth national progress report* (15) emphasises the importance of the media continuing to cover the subject of suicide. This approach can aid a reduction of stigma and an increased awareness of suicidal behaviour and suicide prevention. The “*Preventing suicide in England*” (3) report highlights the significant influence the media can have on attitudes and behaviour. There is evidence to suggest that media reporting can lead to copycat behaviour, particularly amongst those at risk and younger people (19). Concern around the misuse of the internet to promote suicide and suicidal methods continues to grow (20). However, by developing the positive use of local and regional media as well as social media and the internet to support vulnerable people and reduce online harms, there are opportunities to reach those at risk and less willing to access support.

This priority will contribute to the work of this strategy by supporting the effective reporting of suicide in Northamptonshire, enabling improved collaboration with local media agencies, and providing improved signposting to local support and services.

We plan to:

- Develop a local Media Framework to support responsible reporting of suicide
- Establish a local media monitoring system

Priority 6: Support research, data collection and monitoring

The “*Preventing suicide in England*” (3) report highlights the importance of research, data collection and monitoring for suicide prevention.

This priority can enhance our understanding of statistical data and display trends and changes in patterns. It will inform interventions and strategies and enhance understanding of high-risk groups.

It supports the evaluation and development of interventions and contributes to the suicide prevention evidence base approach of what works to reduce risk.

This priority will contribute to the work of this strategy by providing a better understanding of suicide at a local level, supporting the development of improved suicide prevention approaches tailored to those at high-risk.

We plan to:

- Undertake an audit of coroner’s cases to enhance our understanding of the local situation audit since last audit
- Continue to work with partners to maintain the Northamptonshire Suicide Real Time Surveillance System (RTSS)
- Develop an escalation protocol for suspected suicide cases
- Support the development of the Mental Health Joint Strategic Needs Assessment (JSNA) to inform future actions
- Explore opportunities to develop intelligence and data sources from across the suicide prevention partnership

Priority 7: Reduce the rates of self-harm as a key indicator of suicide risk

The *fifth progress report* (7) highlights the previously agreed prioritisation of four groups to reduce deaths by suicide in: middle-aged men; people who self-harm; children and young people; and people with a mental illness.

People who self-harm are one of the prioritised groups and the reasons highlighted include evidence suggesting around 50% of people who have died by suicide were previously self-harming – there are an estimated 200,000 attendances at hospital for self-harm each year across England. The report continues with emphasising the heightened risk of suicide particularly in the first year after self-harm.

This priority will contribute to the work of this strategy by providing a better understanding of self-harm at the local level, and current support services which will inform the development of future self-harm initiatives.

We plan to:

- Improve awareness and understanding of services offering support for self-harm in Northamptonshire
- Develop a pilot Self-Harm Real Time Surveillance System (SHRTSS) which will provide an insight into those who self-harm but do not present to primary or secondary care services

Review

We will review the outcomes of this Strategy by monitoring the progress of the action plan through the Suicide Prevention Steering Group. The outcomes of the review will be reported through the Mental Health Pillar structure and to the North Northamptonshire and West Northamptonshire's Health and Wellbeing Boards.

An Annual Report will be produced reviewing progress against the Strategy and summarising changes in intelligence and policy which may require adaptation to our local approach. The annual review will be publicly available online.

Acknowledgements

Public Health Northamptonshire would like to express thanks to the Suicide Prevention Steering Group partners for supporting the production of this strategy. A special thanks to those who supported the task and finish groups with their time and knowledge. In addition, we would like to thank North Northamptonshire Council and West Northamptonshire Council for supporting this area of work.

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Support

This document discusses sensitive information. If you, or someone you know, has been affected by suicide or self-harm in any way, the following agencies may be able to help.

Service	Contact	Details
Mental Health Number	0800 448 0828	Open 24/7 for everyone - Offering support for your mental health needs
Samaritan Helpline	116 123	Open 24/7 for everyone - If you need someone to talk to
Childline	0800 1111	Open 24/7 for young people aged 18 and under - Offering emotional support
CYPMHS Crisis Team	0800 170 7055	Open 24/7 for young people aged 18 and under - If you are in crisis, at risk of self-harm or suicide

Contact Information

For further details about the contents of this Strategy, please email Northamptonshire Public Health: publichealth.ncc@northnorthants.gov.uk.