BSW Suicide Prevention Strategy 2024-2029

Every person matters

Wiltshire Police

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PUTTING MENTAL HEALTH FIRST

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Integrated Care Board

Swindon Borough Council

Wiltshire Council

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With thanks to the input from contributors with lived experience from Bath Mind.

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Executive Summary

Suicide embodies past, present, and future suffering and has numerous system-wide causes and consequences. The Bath and North East Somerset (B&NES), Swindon and Wiltshire (BSW) Suicide Prevention Strategy offers strategic direction in relation to suicide prevention to the BSW system and invites consideration of priorities and risk groups in locality action plans with the aim of reducing deaths by suicide and supporting the population. BSW partners have met on three occasions, with the final session in January 2024, to collaborate and share data to inform the strategy.

Suicide statistics in BSW broadly mirror national trends, however the working group articulated granular locality needs and localities are empowered to equitably address these. Demographics at both the national and BSW level demonstrate health inequity in suicide rates.

Acknowledging that the constituent localities of BSW are different, with varied populations and needs, the priorities and priority groups identified were intentionally broad, to allow flexibility and an agile approach for local authorities to use and adapt to data, changes in population and national policies.

The three priorities identified by the working group are training and awareness raising, data and intelligence and bereavement and postvention support. Training and awareness raising are staple in long-terms preventative efforts, and in the BSW instance there is a strategic emphasis on frontline workers. Data and intelligence are critical in the long-term and short-term scope of suicide prevention. Across the footprint there are varying levels of real-time suicide surveillance and this impacts on the quality and acuity of thematic analysis. Recommendations are made around developing a process and precedent to report high-quality locality data at the BSW Suicide Prevention Working Group. Bereavement and postvention support are crucial after death by suicide, as they have been shown to reduce negative mental health outcomes and suicide. The strategy acknowledges limited funding for these services and the possibility that future evaluations may change the outlook of services in BSW.

Priority groups include middle-aged men and younger-aged adults. Discretion is given to localities to tailor bespoke support to certain adults in these categories. The strategy emphasises these groups are not exclusive and that there are numerous other risk factors which localities may consider, referring to other strategies where required.

A zero-suicide vision underpins the BSW strategy approach, making prevention a critical element across the footprint. Partners also aspire to a zero-suicide vision and alignment of strategies moving forward will be important in a whole-systems approach. To illustrate progress and document efforts, an annual presentation of locality data and outcomes at the BSW Suicide Prevention meeting is recommended.

Introduction

The Bath and North East Somerset, Swindon and Wiltshire (BSW) Suicide Prevention Strategy incorporates national strategy and refines the nationally identified objectives by outlining the BSW system priorities and priority groups. This in turn will provide strategic oversight for locality action plans, when being updated, to consider priorities and priority groups detailed within this strategy. A zero-suicide vision underpins the BSW system approach, making prevention a critical element across the footprint.

Suicide is a death caused by self-directed injurious behaviour with intent to die as a result of the behaviour. Suicide contributes to future suffering, in the wake of the loss, those communities who knew the deceased grieve and suffer in turn. Not only does suicide cause subjective suffering but there is evidence to suggest suicide collectively affects society in terms of loss of economic productivity.

The recent national Suicide Prevention Strategy, published in September 2023, outlines the government's proposals to reduce suicide in England within 5 years. The proposals aspire to an observable reduction in suicide at the midway point of the strategy.

In order to best serve individuals with mental illness at risk of suicide, alignment of suicide prevention and mental health efforts is important. However, individuals who die by suicide do not always have a formal mental health diagnosis or recent input from mental health services. There are numerous other risk factors for suicide, such as the following outlined in the national strategy: physical illness, financial difficulty and economic adversity for example. The strategy aims to consider wider determinants of suicide and to work with partners from a variety of settings including education, social and welfare services, policing, primary care and others to provide support to those who may not have come to the attention of mental health services.

Our health is the result of a multiplicity of factors on a spectrum from individual to environmental. At the individual level, our genetic makeup and individual lifestyle factors predispose us to states of health and illness. The environment includes social determinants of health such as social and community networks and more broadly the general socio-economic, cultural, and environmental conditions. Crucially, individual

and environmental factors inter-relate and factors that can be modified or influenced are considered part of the system.

The system approach to suicide prevention will be reviewed annually, allowing localities to document and reflect their efforts by considering the national and BSW context.

Methodology

The authors have taken a collaborative approach with partners across the system in producing the strategy. Representation has been made by Bath and North East Somerset (B&NES) Public Health, Swindon Public Health, Wiltshire Public Health, BSW Integrated Care Board (ICB), Wiltshire Police, Avon and Wiltshire Mental Health Partnership (AWP), Oxford Health, Bath Mind and Second Step. The working group met three times, in October 2023, December 2023 and January 2024, with the terms of reference to agree the scope of the strategy and the priorities of BSW in the future.

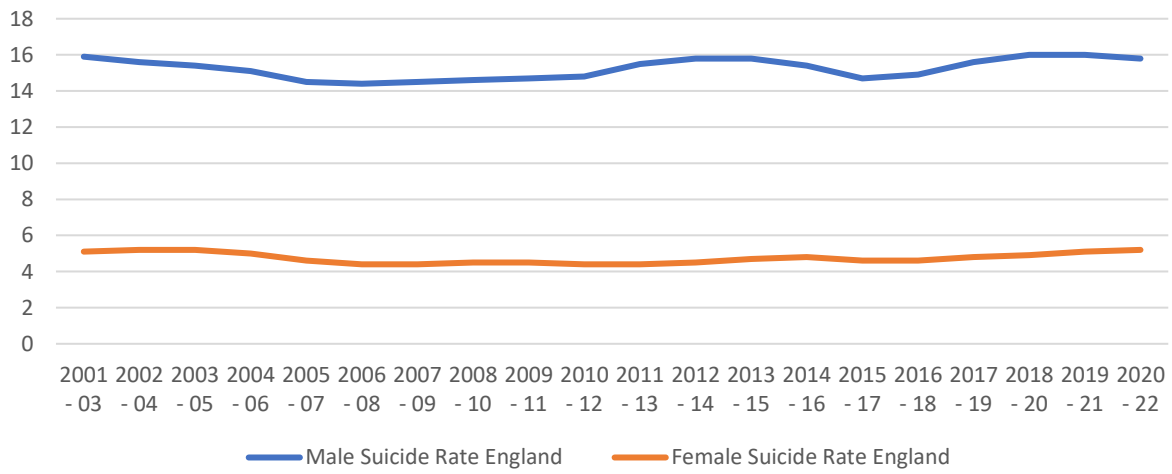
The discussion amongst partners enabled sharing of knowledge and data, contributing towards the strategy, and enabling collective production. Focus groups utilised technology-based methods to highlight priority areas and priority groups. Discussions around lived experience and draft feedback were held independently with Bath Mind, and this was then fed back into the working group. Synthesising information shared through the task and finish group, the strategy has been co-authored by Dr Tim Godden, PH Registrar, and Dr Zach du Toit, GP Registrar, from Wiltshire Council Public Health team.

National Context

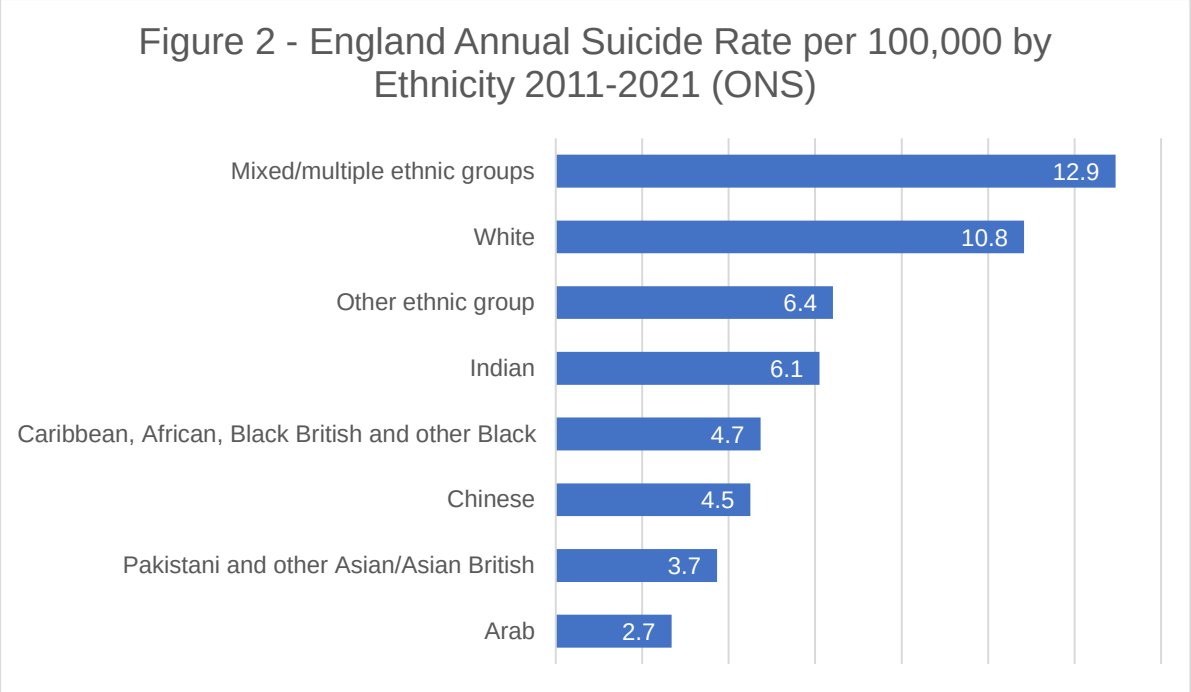
The recent national suicide prevention strategy articulates eight priorities in UK suicide prevention until 2028. The eight priorities span the chronology of suicide, from awareness raising and prevention to the acuity of crisis support and where required bereavement support and collection of evidence to inform future efforts. Financially, the government has committed to spending £10 million in suicide prevention with Voluntary, Community and Social Enterprise (VSCE) partners. A further £150 million has been allocated for urgent and emergency care of mental health, acknowledging that specific provision is required for the treatment of individual's mental health.

In 2022, 5,275 people died by suicide in England, equivalent to 10.6 deaths per 100,000 and one death by suicide every 100 minutes. As seen in figure 1, death by suicide (2019-2021) show stable recent trends for men and women, 15.9 deaths per 100,000 in men and 5.2 deaths per 100,000 in women [3].

Figure 1 - English suicide rate per 100,000 by gender (ONS)



Deaths by ethnicity in figure 2 demonstrate that during period 2011-2021 White (10.8 per 100,000) and Mixed/Multiple ethnicity (12.9 per 100,000) have the highest rates with Pakistani and other Asian/Asian British and Arab having the lowest rates (3.7 and 2.7 deaths by suicide per 100,000 respectively) [4].



Deaths by suicide in England demonstrate inequalities associated with deprivation, 2017-2019 data demonstrates the most deprived decile had a rate of 14.1 per 100,000 and the least deprived decile a rate of 7.4 per 100,000 [5]. In regard to age, middle age sees the highest rates of suicide in men and women (20.9 and 6.0 per 100,000 respectively in individuals 35-64 years of age), these figures further underline gender differences in suicide rates [3].

Furthermore, historical ONS data for England and Wales demonstrates people who report belonging to a religious group generally have a lower rate of suicide and in the data analysed, people with a disability had a significantly higher rate of suicide than people without (Men: 48.4 per 100,000, Women: 19.0 per 100,000 compared with 15.9 and 4.47 respectively) [6]. In terms of employment, ONS data demonstrated the highest rates of suicide were seen in Class 8, the group classified as never worked and long-term unemployed [6]. Relationship status had a significant effect on suicide rates, the lowest rates of suicide for men and women were in people who described themselves as in a partnership [6].

Providing tailored and targeted support to priority groups and addressing the associated risk factors are two priorities in the national strategy. Nationally, priority groups are:

- children and young people

- middle-aged men
- people who have self-harmed
- people in contact with mental health services
- people in contact with the justice system
- autistic people
- pregnant women, and new mothers.

Risk factors across the UK include physical illness, financial difficulty and economic adversity, harmful gambling, substance misuse, domestic abuse, social isolation, and loneliness.

In terms of the wider context of suicide prevention, the national strategy outlines the priorities of online safety, media and technology and making suicide everybody's business. Consideration of societal factors is crucial in suicide prevention. In close proximity to suicide, the national strategy prioritises crisis support and bereavement support. Addressing means and methods of suicide is further outlined as a priority.

The national strategy articulates improving data and intelligence as a priority. Insights gathered from real time data support other priorities such as targeting support and addressing risk factors amongst others. Collection of data in a timely fashion allows the system to learn where interventions can be delivered and what changes could be made in future.

BSW Context

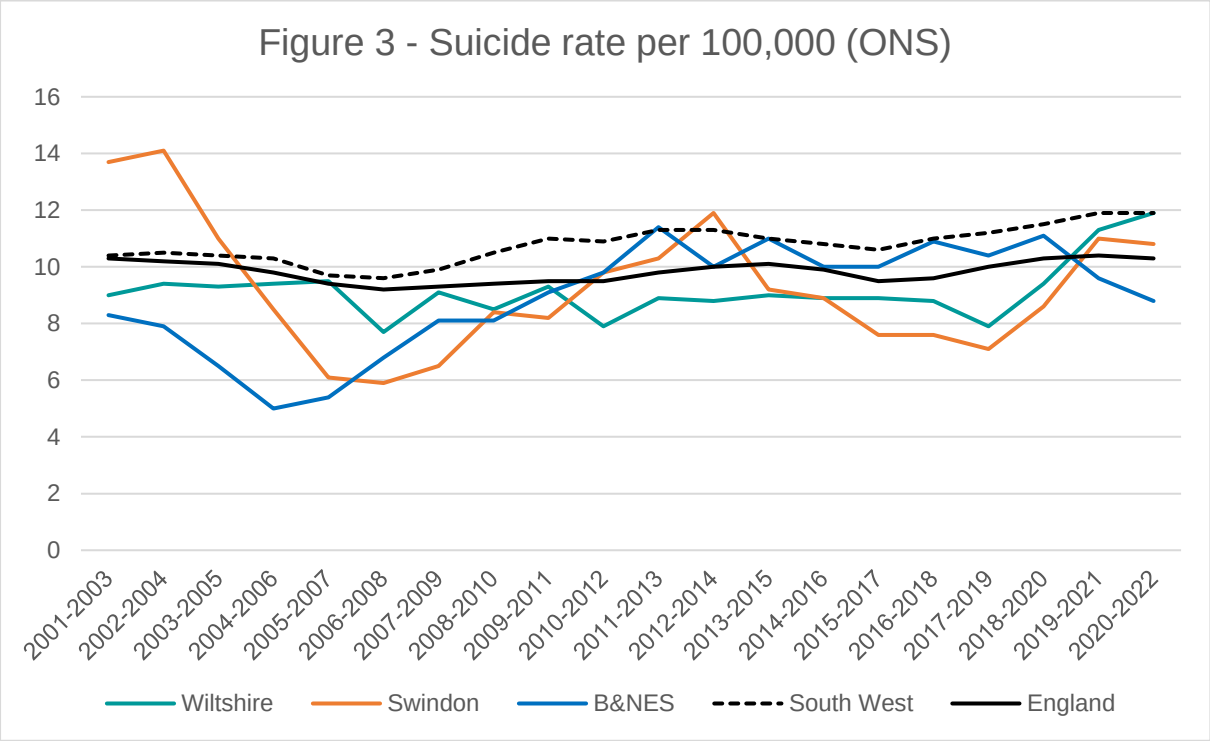


Figure 3 shows data for BSW, demonstrating the rate of deaths by suicide was 9.6 per 100,000, confidence intervals overlapping with England. In 2020-2022 ONS data shows the English rate of suicide was 10.3, Bath and North East Somerset (B&NES) was 8.8 per 100,000, Swindon was 10.8 per 100,000 and Wiltshire 11.9 per 100,000. Considering demographics, the national trend of greater male representation in suicide statistics is present in all three localities 2019-21: men compared with women in B&NES, Swindon and Wiltshire respectively; 15.1 compared with 4.5 per 100,000, 17.4 compared with 6.0 per 100,000 and 18.3 and 4.7 per 100,000.

At present, surveillance and thematic data collection on suicide varies across the ICB footprint, with Swindon and Wiltshire sharing a police constabulary, Wiltshire Police, who are invested in the suicide prevention vision, and work closely with the local authorities on providing timely data to inform the Real Time Suicide Surveillance. A similar system exists within B&NES, with a police-led notification system, with Avon and Somerset Police.

Amongst the three localities, although action plans are at different stages of their life cycles, when local refreshes are due, it is agreed that the BSW Suicide Prevention

Strategy will be consulted. Bereavement support is funded by the BSW ICB, and is currently provided by ReThink in Swindon and Wiltshire and Second Step in B&NES.

BSW Strategy

Purpose

The BSW Suicide Prevention Strategy plans to offer strategic guidance on BSW system agreed priorities and priority groups and invite consideration of outcomes in locality suicide prevention action plans. The system strategy explicitly aims not to replicate national strategy or duplicate local action plans. Instead, the BSW strategy is contiguous with national and local strategy. Priorities and priority groups are identified at a BSW level, allowing localities to define their local agendas according to local data, knowledge, and experience, whilst providing guidance to promote effective system-wide collaboration. These were selected with the acknowledgement that the localities within BSW have different population profiles, and the data that they receive from their surveillance systems will identify different themes across the course of the strategy. The breadth of the priorities and priority groups have been chosen to allow flexibility within local authorities within their action plans, providing the agility that is required to respond to changes in data and local themes.

Documenting outcomes and outputs from across the system allows relevant and consistent outcomes to be measured at the locality level, qualified by the expectation that there will be variation in priorities, priority groups, demographics, and assets amongst localities. A consideration of BSW outcomes at a locality level allows comparison and horizon scanning in the system and we expect outcomes to be revisited annually at a system level.

This document is intended to be consulted, alongside other relevant sources, in the production of locality action plans. The authors acknowledge that locality strategy plans were in various stages of their lifecycles during development of this refresh of the BSW Strategy. The expectation is that all localities will benefit from consulting with this refresh moving forward.

Priorities

The priorities identified within the ICB system are postvention and bereavement support services, suicide awareness raising and continued training of partners and collection of high quality, real-time suicide data across BSW. System priorities are to

be considered by localities, with locality priorities outlined in locality action plans. Where opportunity arises to collaborate and streamline shared actions, local authorities are encouraged to work together, whether under the framework of joint ICB-funding or in agreed partnership with respective resources. Alignment of strategies throughout the whole system is crucial to effectively address the causes of suicide. Local authorities and partners, where feasible, should consider alignment as a whole system approach.

System-wide collaboration may lead to identifying and reducing barriers to access, as an example of addressing inequalities. The CORE20PLUS5 functions as a framework for identifying groups at risk of health inequality and localities should consider their respective PLUS groups as a starting point when addressing inequalities around suicide.

Recommendation: Alongside their contribution to system priorities, localities should consider system priorities and priority groups as described and identify their local priorities to go further in creating bespoke action plans suited to the needs of their respective locality that address these priorities.

Training and Raising Awareness

Raising suicide awareness and continued training of partners as a priority demonstrates the footprint's commitment to a whole-system approach to suicide prevention. Raising awareness of suicide is critical in suicide prevention because only a minority of people who die by suicides have had recent contact mental health services. In 2019 of the 5,691 people who died by suicide in the United Kingdom, 1,695 had been in contact with mental health services in the preceding 12 months [7]. Raising awareness of suicide and the support available is therefore critical in supporting individuals who are not accessing routine sources of support, both for the wider public, and professionals who have contact with these individuals.

BSW recognises that awareness of suicide is necessary but not sufficient to prevent suicide and as such, both continued training and awareness raising is a priority across the ICB footprint. Localities are invited to consider how local assets can be used in training of partners with consideration of education, healthcare, and the workplace in particular. Developing training for professionals who are in direct contact with public,

such as healthcare workers making home visits and local authority workers in public facing roles, would be an example of meeting this priority. This training and awareness raising can be tailored to the needs of the locality, such as suicide prevention in specific groups, such as autism, or suicide prevention training for groups, such as taxi drivers. It is vital that this training and awareness consider the learning needs or cultural requirements of the target population. Local authorities are invited to consider the invaluable role of lived experience in training and awareness raising. Lived experience should be considered to be implicitly present, for instance during the development of external training resources or explicitly explored in quotations, videos or by relevant individuals in person. Awareness and training are system priorities which will be locally implemented, bespoke for the needs of each locality, but through combined efforts will embody a system-wide approach.

Recommendation: Awareness and training are system priorities which should be locally implemented, bespoke for the needs of each locality.

Data and Intelligence

In accordance with the national strategy, high quality, real-time suicide data is a priority in the BSW footprint. Surveillance plays both a crucial short-term and long-term role in suicide prevention efforts. In the short-term, in conjunction with postvention and support, making surveillance a priority addresses the phenomena of suicide clusters. Action around clusters centres on early identification, system collaboration and appropriate media discussion. Data on demographics and risk-factors captures a longer-term thematic view of suicide prevention needs in BSW and alongside other metrics can give insight into the efficacy and direction of prevention efforts. At the locality level, data can assist in tailoring support to higher-priority groups and identification of local risk-factors predisposing to suicide. The process of data collection should also be considered, with certain demographics and characteristics being identified as important, but difficult to ascertain in the current system, including sexuality, gambling, and autism diagnoses, which can further guide action around the national priority groups. Local systems should continue to consider sources of data collection, and if relationships with other partners within the system can be fostered to further enable the gathering of these important factors. Clearly targeting support with

an evidence base must be balanced with making suicide everyone's business, pursuant with the national strategy, and acknowledging the complexity of suicide prevention. An agile approach is required where trends are identified, and subsequently implemented in locality action plans. Where relevant partners capture the narrative of a person who has died by suicide, where sensitive and practicable, this insight is valuable in ongoing efforts to prevent suicide.

Case Study: Data and Intelligence

Swindon local authority have implemented the QES system monitoring Real Time Suicide Surveillance and partnered with 10 agencies across Swindon who are actively engaged in the system. They meet as a Swindon Suicide Prevention group with partners on a quarterly basis where the data is comprehensively reviewed, and analyse any commonalities, lessons learnt, corrective measures and discuss whether any clusters are forming, and whether a cluster response group would need to be implemented.

Across the footprint, data access, processing and representation differs, due to difference in data sets being used. Due to this, there is currently no standardised reporting framework or oversight from the BSW Suicide Prevention Group into suicide data across the BSW system. Whilst more detailed thematic analysis is performed at a local level, and not required at a system level, the lack of BSW level data with specific details such as age, gender and method, could result in missing valuable opportunities to identify trends that would not be seen at a local level or for collaboration.

In the current system, collection of data on suicide attempts is not possible for a number of reasons, including difficulty assessing the intentionality of self-injuring or self-poisoning behaviours and the subjectivity that this presents, the variety of organisations to whom these individuals might present and limitations around data sharing. Nevertheless, the aspiration to learn lessons from individuals with lived experience of suicide and identify means and methods of suicide lies within the priority of data and intelligence, and the system will continue to monitor to assess if this might become possible in the future.

Recommendation: The introduction of standardised reporting from local authority RTSSS built into the BSW Suicide Prevention group agenda using a standard framework at specified times during the year.

Recommendation: Development of a standardised reporting framework for local RTSS to present to the BSW group and consider the need for collation of this data.

Recommendation: Continue to engage with the regional SW Real Time Suicide Surveillance Sector Led Improvement group and the assessment of RTSSS within the local authorities.

Recommendation: Continue to engage with national initiatives, feeding back learning and priorities from the localities, and shaping the system of the national nRTSSS (including through the Trigger Points Task and Finish Group).

Bereavement support

Postvention and bereavement support is an essential component in suicide prevention since it is estimated that the risk of suicidal ideation increases by up to 3 times in those friends and family bereaved by suicide [8]. In line with national strategy, the system prioritises timely, compassionate, and tailored support for those bereaved by suicide across the footprint. At present, postvention and bereavement support is commissioned by the ICB and delivered by the Re-Think in Swindon and Wiltshire and Second Step in B&NES. However, in parallel with national strategy, localities are invited to consider the roles of their respective education, healthcare, and the workplace settings in postvention and bereavement support. Cultural attitudes to suicide vary and bereavement support actions should make provision for these differences. Lived experience of suicide in the peer support of bereavement is recognised as efficacious and should continue to be embedded within locality postvention efforts. System-wide collaboration will help identify inequalities and best practice, whilst acknowledging the potentially diverse support needs of each locality.

There are differing local arrangements in the acquisition of suicide data and the collection and finalising of this multi-agency data cannot always be timely or complete. Nevertheless, the system is committed to ever-improving collection and sharing of data across the footprint. As an instance of system-wide working, data collection will

allow locality insights to benefit footprint suicide prevention efforts in the short-term and long-term.

When considering linking of priorities it is important to note that suicide can be viewed in a subjective context, as the terminal action by an individual, but can also be viewed objectively in the context of the system. In the same manner that one's subjective experiences and objective conditions are interdependent, acute bereavement support and long-term suicide prevention efforts should reference each other. Local authorities are invited to consider the interface between bereavement support and real-time suicide surveillance in the identification of themes in long-term efforts and the tailoring of support to those acutely bereaved.

It is salient to locality action plans that there is at present limited funding of postvention services and that interim evaluation processes may change the local provision of bereavement support.

Recommendation: RTSSS should assess and evaluate if it is possible to continue to develop processes whereby real-time suicide surveillance services are in dialogue with bereavement support services.

System-working

The zero-suicide vision embedded in the system's strategic direction acknowledges that each death by suicide is a tragedy and commits wholeheartedly to suicide prevention. The authors acknowledge the challenges posed by the vision; however, a strategic zero suicide vision is necessary to drive local actions to address the complexities of suicide prevention. The authors acknowledge the organisations within the system cannot support residents in all vicissitudes, nevertheless the vision acknowledges each death by suicide as a tragedy and the potential to go further in creating an ICB footprint which makes suicide less likely.

Strategically aligning with partners' aspirations of zero suicide, AWP for instance, is crucial in ensuring the best possible support for BSW residents. The needs of individuals and local populations are complex, and no single strategy can outline all relevant guidance. Therefore, localities are expected to work in a systems-based manner and blend guidance from this strategy and others such as the BSW Mental

Health Strategy, in production at the time of publication, in service of residents. Reference in locality action plans to aligned documents, such as the Zero-Suicide Vision and the BSW Mental Health Strategy, will build resilience in the system by ensuring efforts acknowledge the broader context of the system and actions taken are frictionless with partners. A systems-based approach, by definition, emphasises the system contributors and opportunities, making early intervention an implicit part of action plans.

Within this comprehensive framework, early interventions and prevention measures emerge as crucial components in mitigating suicide risk upstream. By addressing underlying determinants such as mental health disparities, socioeconomic challenges, and emotional wellbeing and resilience, stakeholders can proactively address risk factors before they emerge, identify at-risk individuals and provide timely support. Embracing a collaborative approach among stakeholders further enhances the effectiveness and sustainability of prevention efforts, ultimately promoting resilience and well-being within the community. In this way, the zero-suicide vision serves as a guiding principle while early interventions underscore a proactive stance in addressing the root causes of suicide.

Recommendation: Localities should develop actions that provide prevention and early intervention, particularly for higher risk groups.

Priority Groups

Priority groups are demographics or populations over-represented in deaths by suicide, compared to population data. The BSW priority groups have been informed by locality and national context and are highlighted for consideration in locality action plans. Middle aged men and younger aged adults were identified by the working group as priority groups.

Middle Aged Men

Middle aged men are a BSW risk group and a national risk group. The global trend that sees middle aged men over-represented in suicide statistics is also present throughout the UK, regionally and in local data. Risk factors, as per the national strategy, such as financial hardship, harmful gambling, substance misuse and loneliness can co-exist to create conditions for middle-aged men at risk of suicide, in

addition to other recognised risk factors. A whole-system approach is necessary across BSW in addressing complexities, reversing this trend and reducing the rate of suicide in middle-aged men.

Case Study: Middle-Aged Men

The Wiltshire Men's Wellbeing through Nature Project, delivered by the Wiltshire Wildlife Trust (WWT), is a free Wiltshire-wide, men's programme to improve wellbeing through nature based, physical activity and through developing strong, social networks. It is targeted to men aged 20-59 and piloting in areas of the highest number of suicides. The programme includes 12 weekly sessions with online support between. Session content has been initially set by WWT but developed as the programme progresses by those who attend based on their interests. Wellbeing evaluation is being captured pre, during and post programme, to add to the evidence base for early intervention and wellbeing of these programmes.

Read more at BBC News

Young People

Young people are the other BSW risk group. Across BSW, the working group expressed a concern younger aged adults have been increasingly present in suicide statistics. The transition from childhood to adulthood presents numerous challenges for the individual, there is a national acknowledgement of risk at this part of the life course, and this is reflected in the national strategy. Concern has been voiced about a variety of demographics within younger aged adults across BSW, such as students in B&NES, the military in Wiltshire, and young people with autism or awaiting an autism diagnosis in Swindon. As such, locality authorities are given the latitude to produce bespoke action plans, in line with the needs of respective demographics across BSW. Local authorities are encouraged to nominate a priority group in the younger people population, nevertheless this should not be to the exclusion or inequity of other groups requiring support.

Recommendation: Local authorities to monitor suspected suicide rates amongst young people to identify a selected priority group within the younger people population.

Case Study: Students' Mental Health

A number of deaths amongst university students in Bath in recent years prompted the opportunities to improve coordination of local support across higher and further education colleagues, NHS and third sector services. Bath and North East Somerset Council worked with partners to host a student mental health forum event, with the invite extended to professionals who support university students with their mental health across a range of settings including, third sector, primary care networks, community, local authority and other key stakeholders. Scoping exercises were carried out to identify barriers in linking university services and community mental health pathways, access to services and other factors that affect help-seeking amongst this group. They considered good practice and heard from students about their experiences. An action plan from this event is being collated by higher education with a view of implementing it from 2024.

During discussions in the working group, concerns were also raised around other demographics. Increased risks were acknowledged in the context of barriers to access of services, delayed access in particular – system partners, as would be routine, are expected to consider how to practically reduce health inequalities of this type. Furthermore, self-harm was acknowledged in discussions as a behaviour conferring greater risk, in line with national assessments. The working group acknowledged the links between self-harm and suicide and between mental health and suicide more broadly. Though co-occurring phenomena in some of the population, suicide prevention and self-harm reduction are distinguished in this strategy and we leave local authorities to consider guidance from express mental health strategies such as BSW Mental Health Strategy, in their efforts to reduce self-harm rates, and where identified to link with suicide prevention through data and intelligence, to work collaboratively with those services.

Outlining priority groups serves to focus locality action plans, however the authors want to emphasise that all demographics are present in suicide data. As detailed in the introduction there are numerous wider determinants of our health, not only the age and/or gender of individuals as we have outlined, but employment status, relationship status and health status to name just a few. Local authorities should consider innovative and compassionate actions to best serve residents in suicide reduction efforts.

Outcomes

The authors outline outcomes so that local authorities can appreciate locality progress. The outcomes are intended to measure direction of locality action plans but not necessarily magnitude in terms of suicide statistics. The outcomes serve as a framework about realistic implementation of priorities and priority groups and acknowledge the complexity of suicide prevention in the context of limited resources. These are to be used as an opportunity to present work being done by local authorities and partner organisations that address suicide prevention. The factors contributing to suicide prevention are wide-ranging, and the intention of these interventions or services may not be primarily suicide prevention, but this should be seen as an opportunity to feature the work been done in localities and learning for others.

Recommendation: The identified outcomes are presented by local authorities, alongside relevant partners, annually at the BSW Suicide Prevention Group with an aim for collaboration and learning.

Outcomes/outputs to be presented by each locality:

- Numbers involved in training and awareness raising
- Engagement with SLI
- Quality of RTSS
- Clarification of priority groups
- Action plan input into priorities/priority groups
- Areas for future work/collaboration between localities

Though suicide statistics do not represent action plan progress, they are necessary to give a picture of suicide prevention at a locality level. Alongside outcomes, the following indicators, as per OHID fingertips, should be reported at an annual meeting of outcomes:

Indicators:

- Suicide rate (Persons)
- Suicide rate (Male)
- Suicide rate (Female)
- Suicide crude rate 10-34 years: per 100,000 (5 year average) (Male)
- Suicide crude rate 10-34 years: per 100,000 (5 year average) (Female)

- Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)
- Suicide crude rate 35-64 years: per 100,000 (5 year average) (Female)
- Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)
- Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)
- Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)
- Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)
- Suicide crude rate 65+ years: per 100,000 (5 year average) (Female)

Recommendation: These identified outcomes and outputs should be reviewed annually within the BSW Suicide Prevention Group, to ensure completeness and relevance.

Conclusion

Suicide prevention is a complex, system-wide effort involving numerous partners and is described by the national strategy as 'everyone's business'. The methodology of the strategy reflects this aspiration and has brought together partners across the BSW system. The suicide prevention guidance produced is informed by national strategy and shaped by local expertise. This strategy advocates a zero-suicide vision making prevention critical, through a whole-system approach. Local authorities are invited to consider system priorities and priority groups as described and are encouraged to go further in creating bespoke action plans suited to the needs of their respective locality. An annual presentation of stakeholders, with outcomes to illustrate progress, at the BSW Suicide Prevention Group is recommended, alongside presentation of locality statistics.

Recommendations

Recommendation: Alongside their contribution to system priorities, localities should consider system priorities and priority groups as described and identify their local priorities to go further in creating bespoke action plans suited to the needs of their respective locality that address these priorities.

Recommendation: Awareness and training are system priorities which should be locally implemented, bespoke for the needs of each locality.

Recommendation: The introduction of standardised reporting from local authority RTSSS built into the BSW Suicide Prevention group agenda using a standard framework at specified times during the year.

Recommendation: Development of a standardised reporting framework for local RTSS to present to the BSW group and consider the need for collation of this data.

Recommendation: Continue to engage with the regional SW Real Time Suicide Surveillance Sector Led Improvement group and the assessment of RTSSS within the local authorities.

Recommendation: Continue to engage with national initiatives, feeding back learning and priorities from the localities, and shaping the system of the national nRTSSS (including through the Trigger Points Task and Finish Group).

Recommendation: RTSSS should assess and evaluate if it is possible to develop a process whereby real-time suicide surveillance services are in dialogue with bereavement support services.

Recommendation: Localities should develop actions that provide prevention and early intervention, particularly for higher risk groups.

Recommendation: Local authorities to monitor suspected suicide rates amongst young people to identify a selected priority group within the younger people population.

Recommendation: The identified outcomes are presented by local authorities, alongside relevant partners, annually at the BSW Suicide Prevention Group with an aim for collaboration and learning.

Recommendation: These identified outcomes and outputs should be reviewed annually within the BSW Suicide Prevention Group, to ensure completeness and relevance.

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