

Tower Hamlets Suicide Prevention Strategy 2023-2026

DRAFT 08/02/2023



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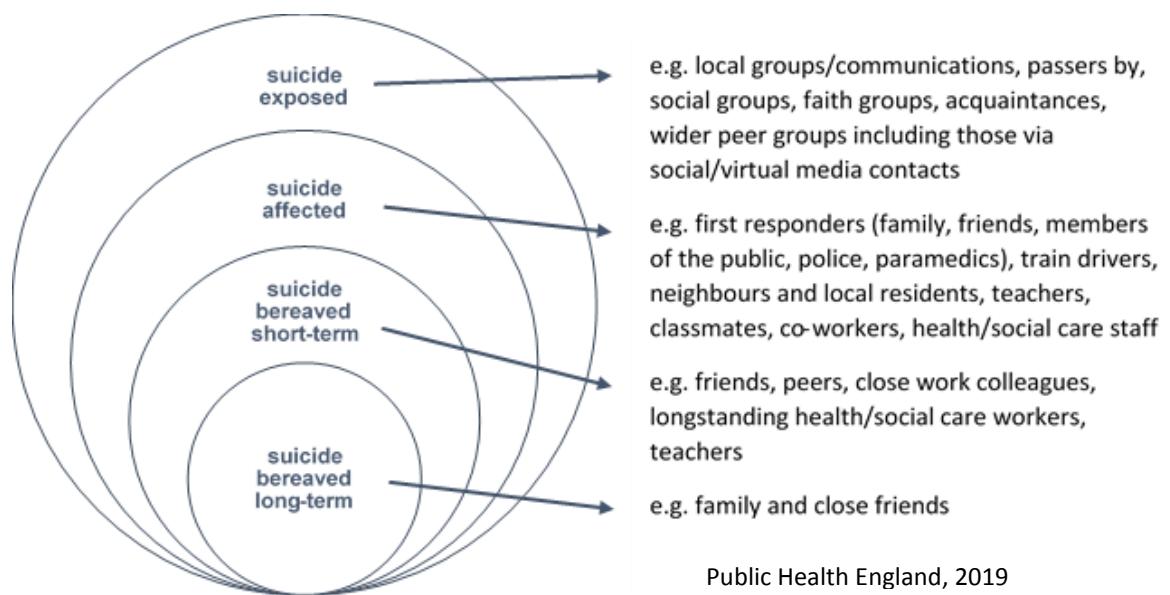
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INTRODUCTION

Each death by suicide has profound consequences on individuals, families and communities – it is estimated that every person who dies by suicide was known to over 100 people, and may affect each person in some way.

Tower Hamlets' Suicide Prevention Strategy has been developed by actively engaging local partnerships and people, using local data and intelligence and with reference to regional and national strategies. Our collective multi-agency partnership is called the TH Suicide Prevention Steering group. The strategy captures the main areas for local focus on reducing local suicides and on supporting those who have been bereaved by suicide.

Our basic premise is that suicides are not inevitable and central to any prevention work is the maintenance of hope for potentially vulnerable individuals. Importantly, suicide and self-harm can be prevented by promoting factors that support people and by addressing factors that increase risk.



Actions for suicide prevention across the whole population include timely identification and treatment of mental health problems; reducing access to means in the local environment; as well as promotion of positive mental health, coping skills and supportive social connections and wellbeing. Tackling social factors linked to poor mental health is also critical in reducing suicide. Such factors include unemployment, debt, social isolation, family breakdown, bereavement, and alcohol and drug dependence. A collective response is required from statutory bodies, voluntary organisations and the communities within Tower Hamlets. In effect, suicide prevention is everyone's business. The Tower Hamlets Suicide Prevention Strategy 2023-2026 provides an update from the previous strategy for 2018-2021, continuing to acknowledge the critical importance of multi-agency partnership working to prevent suicides. The Strategy will be supported by a plan setting out our collective actions and accountabilities.

FACTORS THAT INCREASE PROTECTION AGAINST OR RISK FROM SUICIDE THAT INFLUENCE PEOPLE'S LIVES AT DIFFERENT LEVELS

Suicide is a complex issue, with a wide range of associated risk and protective factors with different levels of influence. Evidence about these factors is summarised in the chart below, adapted from the Mental Health Foundation (2019):

	Individual	Relationships	Community	Society
Risk factors	 <ul style="list-style-type: none">• mental ill-health• drug and alcohol misuse• financial loss• gender (male)• chronic pain• self-harm behaviours• previous suicide attempts	 <ul style="list-style-type: none">• isolation and lack of social support• relationship breakdown• loss or conflict• experiences of trauma or abuse• being bereaved by suicide	 <ul style="list-style-type: none">• poverty• experiences of disaster, war, or conflict• experiences of discrimination	 <ul style="list-style-type: none">• difficulties accessing or receiving care• access to means of suicide• harmful media reporting and usage• stigma associated with mental health, substance abuse or suicidal behaviour which prevents people from seeking help
Protective factors	 <ul style="list-style-type: none">• problem-solving skills and coping skills that help people to manage in difficult circumstances• feeling hopeful or optimistic toward the future even in times of stress	 <ul style="list-style-type: none">having strong and supportive social connections (such as positive relationships with family, friends, partners etc.)	<ul style="list-style-type: none">• being in full-time or secure employment• having supportive school environments for children and young people	 <ul style="list-style-type: none">the ability to easily access effective mental health support and treatment when needed

NATIONAL CONTEXT

In 2012, the national government published its cross-government outcomes strategy for preventing suicide in England. This included a target for reducing the rate of suicides by 10% between 2015 and 2021 through action across the following priority areas: **(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 and (7) reducing rates of self-harm as a key indicator of suicide risk** (added in 2016). The NHS Long-Term Plan (2019) also confirmed that action on suicide prevention will continue to be a priority for the next 10 years.

Following the transition of public health into local governments, local authorities were assigned the role for leading on suicide prevention locally including the development and coordination of multi-agency suicide prevention group and a local suicide prevention strategy and action plan. Within the **Five Year Forward View for Mental Health** report in 2016, there was a target set for all local areas to have multi-agency suicide prevention plans in place by 2017. To enable local authorities to take on this responsibility, PHE has offered a range of practice resource guides for local authorities since 2015.

In addition, suicide prevention action by local authorities has been supported by national initiatives:

- The **Community Mental Health Framework for Adults and Older Adults** involves developing integrated models of primary and community mental health for supporting adults and older adults with severe mental illnesses. The Framework began testing in some local areas across in England in 2019 (including in East London).
- The **Children and Young People's Mental Health Taskforce** sets out the goals for improving mental health among children and young people through the (2015)
- The **Mental Health Crisis Care Concordat**, a national agreement between services and agencies, established how organisations should work together effectively in supporting people going through mental health crisis.
- The **National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)**, led by the University of Manchester, have been leading on research to inform suicide prevention policy and guidance since 1996, including suicide by middle-aged men. Additionally, they have created toolkits for safer services and addressing self-harm.
- **NICE guidance** includes quality standards and clinical guidelines for informing suicide prevention and addressing self-harm by emphasising safety planning over risk assessments.
- The **Prevention Concordat for Better Mental Health** is intended to promote adoption of public mental health approaches that aim to reduce mental health inequalities and address wider determinants of mental health and wellbeing, across local authorities and other organisations.

The Covid-19 pandemic has impacted life in the Tower Hamlets since early 2020 bringing numerous risk factors for suicidal behaviour and self-harm – both exacerbating pre-existing issues as well as leading to new risk factors. The Mental Health Foundation conducted a national study of impact of lockdowns during covid-19 pandemic since March 2020, indicating some examples of impacts including major disruption to sources of support, and effects on risk factors like alcohol consumption, employment, abuse, or bereavement. Although initial analysis does not point to increasing rates of suicide nor self-harm since restrictions began, it is important to continue looking at the longer-term impact of the Covid-19 pandemic on suicide and suicide prevention nationally because data from more recent months is not yet available and some longer-term impacts on mental health may take longer to be observed within the population.

LOCAL CONTEXT

There are a range of local strategies and plans that address different risk and protective factors for suicide, suicidal behaviour and self-harm, including:

The London Borough of Tower Hamlets Strategic Plan	Tower Hamlets Plan	Health and Wellbeing Strategy	Adult Mental Health Strategy
Children and Families Strategy	Local Transformation Plan for Children and Young People Mental Health and Emotional Wellbeing	Safeguarding Adults Board Strategy	Adult Social Care Strategy
Violence, Vulnerability and Exploitation Strategy	The Violence Against Women and Girls Strategy and Action Plan	The Tower Hamlets Drug and Alcohol Strategy	Growth and Economic Development Plan

Additionally, there are several regional initiatives to address suicide prevention that affect Tower Hamlets residents:

- In 2018, the **London-wide Suicide Prevention Framework** set out priority areas for focus across London Councils: reducing risk in men; engaging Black, Asian and minority ethnic communities; bereavement support; preventing and responding to self-harm; mental health of children and young people; acute mental health care; supporting primary care; supporting primary care; tackling high frequency locations; reducing isolation and loneliness and media engagement.
- In 2019, the Mayor of London launched a city-wide campaign for Londoners to complete **Zero Suicide Alliance** free suicide awareness training.
- The **Community Mental Health Transformation Programme** has been ongoing across Northeast London (Tower Hamlets, Hackney and Newham) since 2019. This Programme aims to foster greater collaboration between services with an aim of better support for people with severe mental health problems including complex emotional needs and disordered eating.
- In 2021, as part of the **Suicide Prevention National Transformation Programme**, NHS England allocated Wave 4 funding to the Northeast London Sustainability Transformation Partnership (STP) for suicide prevention. This funding is being used to deliver suicide prevention activities between 2021 and 2024, across the 7 North East London boroughs (Barking and Dagenham, City and Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest).

DATA ABOUT SUICIDE AND SUICIDE PREVENTION

FACTORS RELATED TO SUICIDE PREVENTION

SOCIO-ECONOMIC AND SOCIAL ISSUES

There are numerous intersecting socio-economic and social trends in Tower Hamlets which have implications for both suicide risk and suicide prevention (Office of National Statistics, <https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries>; <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>):

-Employment and Financial Security

- The unemployment rate was 6% in 2021. 1 in 5 households having no adult in employment and 12.5% of adults are on out of work benefits.
- Between 2015-2019, the borough became less deprived, however, the cost of living has risen across the UK and in Tower Hamlets. Common issues include accessing benefits; addressing debt and the reduced affordability of goods, services and rent.

-Housing

- Tower Hamlets is one of the most densely populated local authority in the country and 1 in 6 households are classed as overcrowded.
- 20.19 per 1000 households in Tower Hamlets live in temporary accommodation, while 500-700 people are rough sleeping and/or using hostels.

-Age

- Different life experiences can be triggers for suicide. Supports must be tailored for specific age groups to enhance accessibility.
- Tower Hamlets' population is relatively young – 46% of the population is between the ages of 20-39 years old and a median age of 30 years old (compared with England's median age of 40 years) (ONS, 2022).

-Cultural diversity

- A highly diverse borough culturally and linguistically; nearly two-thirds of residents are Asian, Black, mixed or a minority ethnic group. Tower Hamlets has the highest proportion of Muslim residents in England (39.9%).
- Although some cultural norms may act in a protective way against suicide, some residents may also experience barriers to accessing support.

-Gender and Sexuality

- Although men and women each make up nearly half of the population, men are more likely to die by suicide.
- About 7% of Tower Hamlets residents identify as lesbian, gay, bisexual, pansexual or asexual – this is likely to be underestimated due to stigma against the LGBTQ+ community. People from the LGBTQ+ community are at increased risk of mental health problems and of suicide.
- The number of transgender and nonbinary residents is relatively small (0.50%), however, this is likely an underestimate. This group is also likely to experience an increased risk of suicide and worse access to support.

-Violence and abuse

- Tower Hamlets has the 6th highest crime rate in London and 2nd highest anti-social behaviour calls in London; 5th highest rate of domestic violence in London; the numbers of hate crimes are above average for London.
- Crime and anti-social behaviour is a top concern among Tower Hamlets residents according to a Residents' Survey in 2021.

MENTAL HEALTH AND WELLBEING

Having poor mental health, including diagnosed mental health conditions, is a major risk factor for death by suicide. Poor mental health is common among Tower Hamlets residents:

- 22.8% of Tower Hamlets residents over the age of 16 live with common mental health problems (depression, generalised anxiety disorder, panic disorder, social anxiety disorder, obsessive-compulsive disorder, or post-traumatic stress disorder) (PHE Fingertips 2017).
- Over 4,000 Tower Hamlets residents over the age of 18, or 1.32% of the population, live with severe mental illness (PHE Fingertips 2019/2020).
- Over 5,500 children and young people in Tower Hamlets (aged 5 to 17) are reported to have a mental health disorder (PHE Fingertips 2017/2018).

IMPACT OF THE COVID-19 PANDEMIC

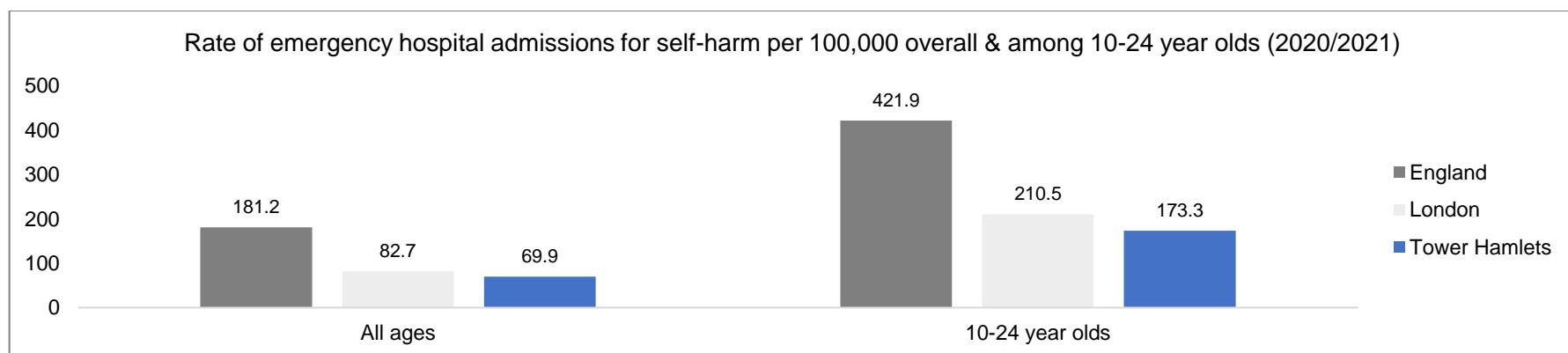
The Covid-19 pandemic and associated lockdowns beginning in the first half of 2020 have brought about concerns related to mental health and wellbeing both nationally and locally. The pandemic has been described as a collective trauma event, with some groups being disproportionately affected, so understanding and addressing the long-term impacts of the pandemic on risk factors for suicide and poor mental health will be important throughout the duration of the strategy and beyond. Suicide rates in the UK did not increase during the period of January 2020 and May 2022. However, the UCL Covid-19 Social Study indicates that trends in mental health and wellbeing worsened slightly during lockdown periods (Spring 2020, Winter 2021) although these have returned to pre-2020 levels. There is also evidence that the impacts of Covid-19 on people's mental health and wellbeing related to factors like physical illness, social isolation, financial insecurity, and bereavement. (NCISH, Fifth Progress report 2021 and Thrive LDN, 2021

<https://thriveldn.co.uk/resources/the-impact-of-covid-19-on-londoners-mental-health-and-wellbeing/>; Office of National Statistics, 2022

<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/1-about-this-report>).

SELF-HARM

Rates of emergency hospital admissions for intentional self-harm are lower among Tower Hamlets residents in comparison to London and England. Rates of self-harm are more than twice as high among 10-24 year olds than the population more generally. It is likely that the overall rates of self-harm are far greater than this as many people who self-harm do not often go to hospital. Thrive LDN are developing a real-time surveillance tool using A&E presentations of self-harm to offer a wider understanding of the issue in London.



DRUGS AND ALCOHOL

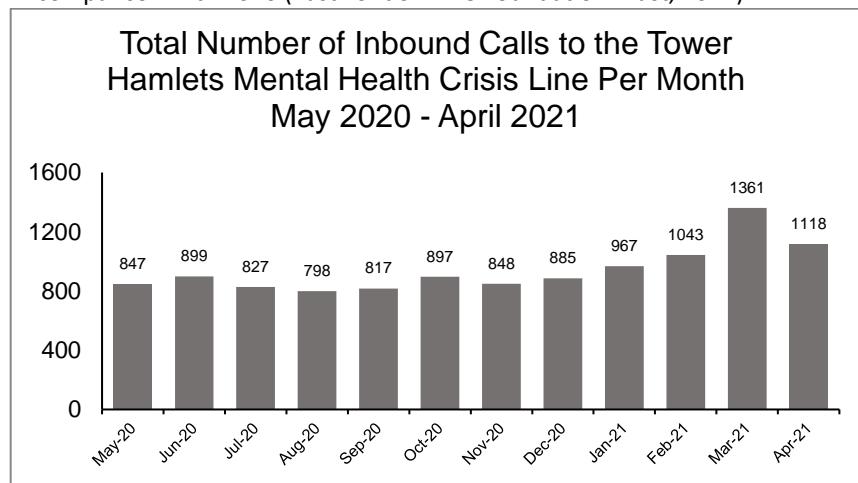
The use of drugs and/or alcohol is linked with increased risk of death by suicide, although the links between suicide, mental health and substance use are complex:

- In Tower Hamlets, alcohol-related harm is high; there were more than 2,600 hospital admissions for alcohol-related conditions in 2020/2021.
- The prevalence of opiate and crack use is nearly 2 times higher than that of London or England.
- 113 young people were in drug and alcohol treatment and 259 clients starting treatment living with children under the age of 19 in 2017/2018.

SERVICES UTILISATION

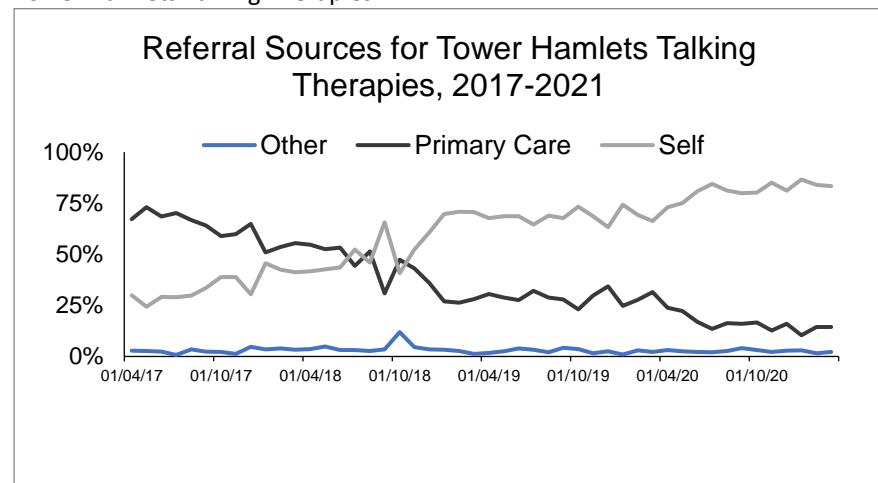
DEMAND FOR MENTAL HEALTH CRISIS SERVICES IN TOWER HAMLETS

Inbound calls to the Tower Hamlets Mental Health Crisis line increased slightly in 2021 in comparison with 2020 (East London NHS Foundation Trust, 2021)



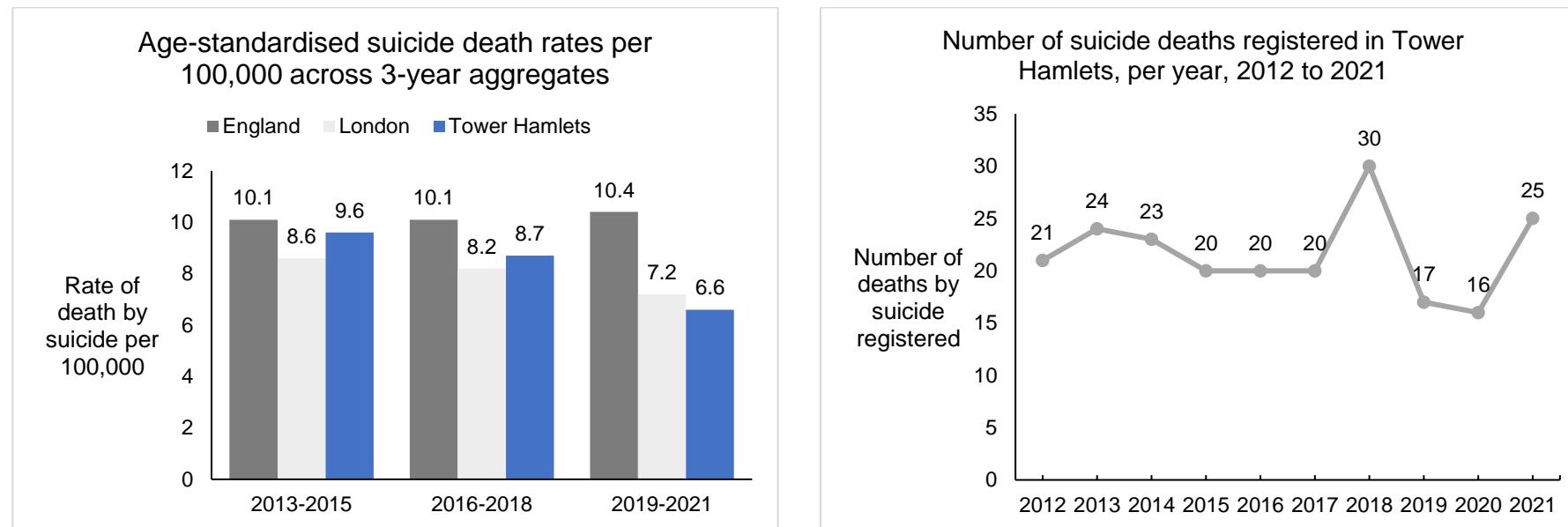
REFERRALS TO TOWER HAMLETS TALKING THERAPIES

Since 2018, self-referral has become the most common referral source for Tower Hamlets Talking Therapies.



REGISTERED DEATHS BY SUICIDE

In England, there were 5,219 deaths registered as suicides in 2021, compared with 4,912 deaths in 2020 and 5,316 deaths in 2019. The rate of deaths by suicide in Tower Hamlets (6.6 per 100,000) is currently similar to London (7.2 per 100,000), and lower than the national rate in England (10.4 per 100,000). The numbers reported by the Office of National Statistics are based on the deaths *registered* in a particular year, rather than deaths *occurring* in a particular year. There is typically a delay between the date of death and the registration due to the duration of coroner inquests – in Tower Hamlets, this is around 6 months. There were some delays with coroner inquests during the pandemic, which may be why there was a slight uptick in deaths registered in 2021.



In 2018, the standard of proof for coroner inquest in determining whether the cause of death was suicide changed from criminal standard to the civil standard (from “beyond a reasonable doubt” to “on the balance of probabilities”) – initial investigation of this legal change has indicated that there was no significant impact on the rate of reported suicides. (Statistical Release from Office of National Statistics, [Suicides in England and Wales by local authority - Office for National Statistics \(ons.gov.uk\)](#); PHE Fingertips, <https://fingertips.phe.org.uk/profile-group/mental-health/profile/>).

Samaritans has published guidance for how to use and interpret suicide-related statistics here: [Understanding UK & ROI suicide statistics | Suicide facts and figures | Samaritans](#).

REAL-TIME SURVEILLANCE DATA

In 2020, the Thrive LDN Suicide Prevention Group launched a new **real-time surveillance system (RTSS)**. The new system provides data on local *suspected* suicides uploaded by the Metropolitan Police Service and NHS Mental Health Trusts and shared with key partner institutions, including each London borough. The purpose of the new RTSS is to supplement data on registered suicides to help agencies across London to:

- Identify the potential need for bereavement support among residents
- Plan and implement short-term interventions
- Analyse demographic information, locations, and other information that can be used for longer term prevention planning.

The total number of suspected suicide deaths among Tower Hamlets residents between 1 January 2020 and 31 December 2022 was 50; 12 in 2020, 18 in 2021, and 20 in 2022. There have also been at least 5 deaths of people who are residents of other local authorities.

Given the relatively small numbers of people, making conclusions from this data for a single borough is difficult. However, some initial observations from 2020-2022 data include:

Age	Gender	Ethnicity	Means and Locations	Context
More than half of deaths were among people aged 20-39 years old with a median age of 34 years old, which is aligned with the demographic trends in Tower Hamlets. This is slightly younger than what is seen nationally, where death by suicide is most common among people 40-49 years old and the median age is 40.7 years old. Two young people (aged 16-18) have also died.	More than two-thirds of the suspected suicide deaths were men in comparison to one-third women. The gender breakdown is slightly different across England, where men make up closer to three-quarters of deaths by suicide. One person who was transgender has also died.	About two-thirds of suspected suicide deaths were among White residents, who represent under half of the general population of Tower Hamlets. Other ethnicity categories are also represented although in smaller numbers. Comparisons by ethnicity are difficult to make due to the poor data quality (small numbers as well as different categories used in the RTSS vs other national statistics).	The most frequent means of suicide was hanging, which is similar to national data. However, 'falling from height' is also relatively frequent, although it is not common in national data. The most frequent location of death was in the person's home. There were a small number of deaths which occurred in public spaces.	Over half of the people whose deaths are suspected as suicide include a reported history of mental health problems. Additional factors noted in different residents' personal histories included relationship breakdowns, substance use, and financial problems.

LOCAL STRATEGY DEVELOPMENT

TOWER HAMLETS SUICIDE PREVENTION STRATEGY 2018-2021

The previous strategy in Tower Hamlets enabled coordination of action towards suicide prevention across the following priority areas: **(1) Early intervention and prevention; (2) Improving help for those in crisis; (3) Identifying needs of vulnerable people; (4) Addressing training needs and (5) Communications and awareness.**

The strategy for 2023-2026 is an update of the previous strategy for suicide prevention in Tower Hamlets, building on previous action towards preventing suicide and addressing remaining gaps.

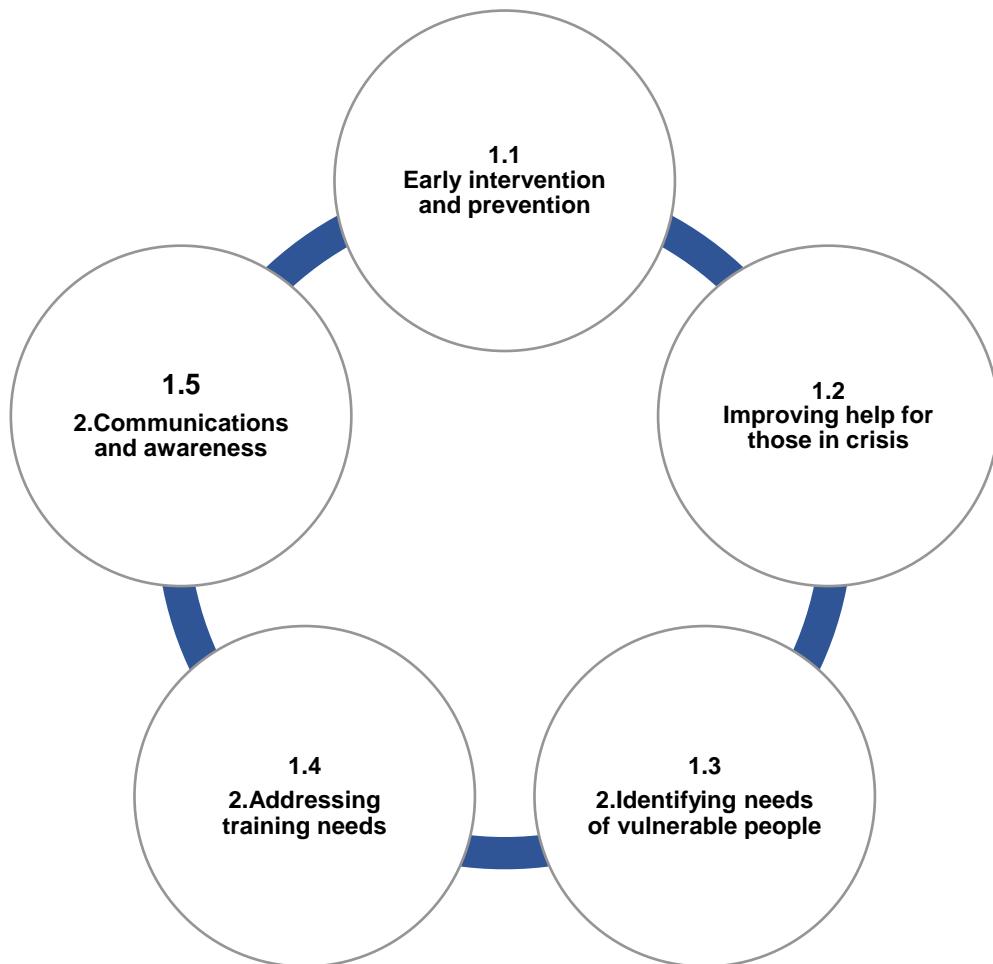
STAKEHOLDER ENGAGEMENT

MULTI-AGENCY SUICIDE PREVENTION STEERING GROUP

The Suicide Prevention Steering Group in Tower Hamlets, which was established in 2016, is coordinated by Public Health, is accountable to the Health and Wellbeing Board, and meets four times each year. Membership of this steering group has consisted of people across Tower Hamlets who have a role or interest in suicide prevention action, including:

- Tower Hamlets Council staff including Public Health, Social Care and Safeguarding, Housing, Drugs and Alcohol, Integrated Commissioning, and Violence Against Women and Girls
- Mental Health Services including East London NHS Foundation Trust and Tower Hamlets Talking Therapies
- Metropolitan Police
- London Ambulance Service
- Queen Mary University London
- Voluntary and community sector organisations including ELOP, Mind in Tower Hamlets and Newham, Coffee Afrik, Women's Inclusive Team, Barnardo's, Samaritans and James' Place.

The Steering Group has worked collaboratively to develop, and progress agreed actions towards achievement of the priority areas of the previous strategy, including small task and finish groups to develop and deliver on previous yearly action plans. Their contributions to the 2023-2026 strategy have included providing insight into existing suicide prevention efforts and identifying gaps and solutions for forthcoming action plans. New members leading on actions within the strategy will also be invited to join.



REGIONAL COLLABORATION

Tower Hamlets participates in discussions with the Northeast London collaborative on suicide prevention, which primarily involves the delivery of the Wave 4 funding from NHS England as part of the Suicide Prevention National Transformation Programme. The current activities to support Northeast London residents (including people in Tower Hamlets) are being delivered together as **Safe Connections**, which launched on 10 October 2021 (World Mental Health Day). Safe Connections includes:

- **Safe Connections Community hub:** supporting people who are experiencing suicidal thoughts to access the right service at the right time.
- **Safe Connections App:** providing a safe, quick, and efficient way to access information on services for local residents, downloadable via QR code or hyperlink and can be used on mobiles, tablets and personal computers.
- **Grief in Pieces Bereavement services:** offering specialist support for those bereaved following a suicide
- **Community protectors:** trained local residents who can offer support to their communities and offer near-by support for people feeling suicidal
- **Training for professionals:** delivering a tailored programme for health and care professionals to help them provide timely suicide interventions

These activities are currently focused on adults (18+) although the group is exploring how to better address the needs of children and young people.

STAKEHOLDER ENGAGEMENT AND CONSULTATION

A range of stakeholders, including steering group members and residents, are being consulted with on the priority areas of action identified within the draft strategy. Public Health prepared the first draft of the strategy following engagement meetings with members of the Steering Group to inform the current status of programmes, services and issues in Tower Hamlets.

There was a public consultation on Tower Hamlets' online Let's Talk platform from 28 October 2021 to 13 December 2021. Invitations to contribute were sent out via Steering Group organisations, the residents' newsletter, the Bengali newsletter, as well as the Council's social media channels. There were 23 responses, mainly from individuals rather than organisations. The majority of respondents were in favour of the overall aims and priority areas on the priority areas and identified specific gaps to address when planning future activities, including waiting times for services; defining self-harm; linking to wider determinants of mental health like housing; criteria for accessing postvention support; collaborating with transport and planning; and the importance of addressing issues associated with digital and social media.

Following this initial consultation, further input was sought from local community groups, the Health, Adults and Community Directorate Leadership Team, and the Council's Corporate Leadership Team. In addition, new members were invited to the Steering group including several voluntary sector organisations (ELOP, Coffee Afrik, Women's Inclusive Team, Carers Centre Tower Hamlets) as well as LBTH Community Safety and Tackling Poverty.

ACTION PLAN IMPLEMENTATION AND MONITORING

The Tower Hamlets Suicide Prevention Strategy has a time frame of three years. Tower Hamlets Public Health will organise yearly action planning and quarterly monitoring with the Suicide Prevention Steering Group starting in 2023.

STRATEGIC AIMS OF THE TOWER HAMLETS SUICIDE PREVENTION STRATEGY (2023-2026)

In developing the Tower Hamlets Suicide Prevention Strategy 2023-2026, the Tower Hamlets multi-agency suicide prevention steering group has aligned with the national strategy. In doing so, the overall aims of this strategy are to (1) Reduce the rates of suicide and self-harm and (2) Establish supportive environments for people affected by suicide. We will achieve these aims by collaborating on action across 7 priority areas identified as important in the national Suicide Prevention Strategy:

Priority Area 1: Reduce risk of suicide in high-risk groups

Priority Area 2: Reduce rates of self-harm

Priority Area 3: Tailor approaches to improve mental health

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

Priority Area 5: Reduce access to means of suicide

Priority Area 6: Support the media in delivering sensitive approaches

Priority Area 7: Support research, data collection and monitoring

This strategy will enable partners to identify and address local gaps across these 7 priority areas for the next three years while building on pre-existing activities and plans.

PRIORITY AREAS FOR ACTION

PRIORITY AREA 1: REDUCE RISK OF SUICIDE IN HIGH-RISK GROUPS

DESCRIPTION

Localities are recommended to deliver work to reduce risk of suicide among groups that are considered to have a higher risk of suicide by using cross cutting and coordinated approaches. Some groups identified as higher risk by PHE are men; people who self-harm; people who use alcohol and drugs; people in the care of mental health services; people in contact with the criminal justice system; and specific occupational groups such as doctors, nurses, and veterinary workers.

CURRENT SITUATION

SERVICES FOR PEOPLE IN CRISIS

East London NHS Foundation Trust offers a 24/7 telephone line for people experiencing mental health crises, which also includes language line for people who experience barriers to using services in English. The delivery of crisis response services has been modified throughout the Covid-19 pandemic period (2020-2021). Previously accessed via A&E, the face-to-face crisis response service for adults was offered through a hub in the Whitechapel area between 2020 and 2021 but returned to a home-based model in mid-2021 as public health restrictions eased. In addition, the Together Café (also known as the Crisis Café) was launched in 2020. It is now available for self-referral as well as appointments and is open on evenings and weekends.

There are also specific crisis services for children and young people supported by Tower Hamlets Child and Adolescent Mental Health Services (CAMHS). Between 2017 and 2019, CAMHS undertook a crisis transformation project to review their rapid response and intensive outreach offer. Since then, an age-tailored crisis service with extended hours has been available through the same 24/7 crisis line above. In addition, other organisations in Tower Hamlets offer age-tailored support for children and young people at increased risk include Barnardo's and Docklands Outreach.

OTHER SERVICES AVAILABLE FOR TOWER HAMLETS RESIDENTS WHO HAVE A HIGHER RISK OF SUICIDE

Safe Connections is a new service for people experiencing suicidal thoughts and behaviours across Northeast London, delivered by Mind in City & Hackney and Waltham Forest; people are offered emotional support and signposting to relevant community organisations through a Community Hub and an app, tailored to their specific concerns. In addition, James' Place offers psychological therapy for men who are experiencing suicidal thoughts or behaviours across London; in 2020, the organisation opened a new virtual service in partnership with East London NHS Foundation Trust; in 2021, the East London office opened.

COORDINATION BETWEEN SERVICES

Social care services refer or signpost people to mental health services when there is an expression of suicidal behaviour or thoughts. There can be challenges in coordination when there are complexities such as co-occurring mental health problems and substance use or domestic violence or abuse.

SUICIDE PREVENTION TRAINING

Since 2017, training for suicide prevention has been administered by Tower Hamlets Community Education Provider Network (CEPN) to people working in a range of settings across the borough who may come across someone who is at risk of suicide. The trainings offered in Tower Hamlets have included Applied Suicide Intervention Skills Training (ASIST), Assessing Suicide in Kids (ASK) and SafeTALK. These training opportunities are open to anyone living or working in Northeast London, although the uptake is mainly among professional audiences including mental health and acute trusts; social care; drugs and alcohol services; education; housing; police as well as voluntary and community services. Recent reporting and evaluation of training attendance has indicated that the sessions are in-demand; however, varying coverage and regular staff turnover point to a need for continued delivery. In addition, progress on training delivery slowed during the Covid-19 pandemic as roll-out was paused between March 2020 to April 2021 as the trainings could not be delivered in person due to social distancing rules.

There have also been specific efforts to build capacity among crisis line staff to support older people and people with learning disabilities through increasing awareness of specific considerations and needs among these groups regarding suicide prevention and mental health first aid.

FUTURE ACTIVITIES

- I. Increasing uptake and quality of support for people at increased risk of suicide through:
 - a. Implementation of tailored signposting to support both virtually, with a focus on reaching men, people with a history of self-harm, people who use drugs and/or alcohol, people who are not currently using mental health services
 - b. Continual review of service coordination and pathways to enable increasing quality and access to existing crisis services for both adults and children and young people
- II. Further and more targeted delivery of suicide prevention training to frontline staff as well as community members who interact with people who are at increased risk of suicide, including people who are most affected by increased costs of living

PRIORITY AREA 2: REDUCE RATES OF SELF-HARM AS A KEY INDICATOR OF SUICIDE RISK

DESCRIPTION

Self-harm is typically described as when a person intentionally injures themselves without wanting to take their own life – however, there are some challenges in defining the behaviour's intention. People sometimes self-harm as a way of trying to cope with difficulties in their mental health and wellbeing. Self-harm is considered an important risk factor for suicide given that people with a history of self-harm have a higher risk of suicide, although most people who self-harm do not go on to die by suicide.

In 2022, the National Institute for Health and Care Excellence (NICE) published new guidelines for assessment, management and prevention of re-occurrence of self-harm. The new guidelines provide recommendations relating to safeguarding; involving family members and carers; use of risk assessment tools and scales; admission to and discharge from hospital; supporting people to be safe after self-harm among other topics <https://www.nice.org.uk/guidance/ng225/chapter/Recommendations>.

In 2017, new evidence from studying self-harm and suicide among adolescents in England suggested that the greatest numbers of people affected are in the community and not presenting to health services such as A&E. Using the term 'iceberg model for self-harm', this pointed to potential opportunities for earlier prevention of self-harm and suicide in the community prior to presenting to health services and other worse outcomes (Geulayov et al., 2017 <https://www.ox.ac.uk/news/2017-12-14-iceberg-model-self-harm>).



CURRENT SITUATION

There are some services available to people who self-harm in Tower Hamlets (within A&E and the crisis service as well as specific support for children and young people). Local service delivery partners in Tower Hamlets have expressed that there has been an observed increase in self-harm and suicidal ideation among people who use their services, particularly in young people.

As part of the Community Mental Health Transformation, early discussions on collaboration across Northeast London to address barriers to accessing services for people who self-harm have started to take shape. Some of these barriers are the current thresholds of risk and severity between Increasing Access to Psychological Therapies (IAPT) and the Community Mental Health Teams.

FUTURE ACTIVITIES

- I. Continue dialogue between LBTH, mental health services, and other organisations who work with people who self-harm to collaborate to ensure that all people presenting at A&E having self-harmed are treated in accordance with NICE guidelines
- II. Promote awareness of what people in Tower Hamlets can do to help prevent self-harm by promoting national campaign materials and messages such as on Self Harm Awareness Day, with specific support for parents and people working in education
- III. Further investigate the use of available data about self-harm amongst diverse groups of the Tower Hamlets population to inform planning and action to prevent and reduce occurrences

PRIORITY AREA 3: TAILOR APPROACHES TO IMPROVE MENTAL HEALTH IN SPECIFIC POPULATION GROUPS

DESCRIPTION

Poor mental health is a risk factor for both suicide and self-harm, while improving mental health and wellbeing can help reduce that risk and build up helpful coping mechanisms. Public Health England (PHE) identified the following groups where cross-cutting approaches of reaching people to improve mental health are required including:

- Children and young people
- Black, Asian and minority ethnic groups
- Lesbian, gay, bisexual, trans and queer people (LGBTQ)
- People who are especially vulnerable due to social and economic circumstances
- Survivors of abuse or violence

CURRENT SITUATION

Local action towards improving mental health in specific population groups has been coordinated through the Tower Hamlets Mental Health Partnership, using the Tower Hamlets' Adult Mental Health Strategy 2019-2024 and the Local Transformation Plan for Children and Young People Mental Health and Emotional Wellbeing. Observations of the current situation in Tower Hamlets in relation to mental health for suicide prevention include:

ADULTS

- Tower Hamlets has been a pilot site for the implementation of the Community Mental Health Transformation for Adults and Older Adults since 2019 with the aim of establishing further team working between primary and secondary mental health services for improved access and coordination
- Ensuring that people with co-occurring substance use and mental illness have adequate support for their mental health continues to be a challenge locally and nationally
- There is a need for increased attention to unique experiences and needs of older people seeking mental health support; the Tower Hamlets Mental Health Care of Older People team offers assessment, treatment, care and support for individuals and their carers
- The Tower Hamlets Community Learning Disability Service have also organised group-based support during the Covid-19 pandemic to support with improving mental health and wellbeing among clients

CHILDREN AND YOUNG PEOPLE

- Tower Hamlets CAMHS is the Community Mental Health Team for Children and Young People which provides ongoing rapid response and intensive outreach while the new Tower Hamlets Mental Health and Wellbeing Service delivered by Barnardo's offers therapy for social and emotional wellbeing issues
- There is also support for parents and carers through children and families centres, Early Help, Health Visiting and the Parents Advice Centre
- There is a referral pathway between the Tower Hamlets Multi-Agency Safeguarding Hub (MASH) and Tower Hamlets CAMHS for children and young people
- School-based interventions aimed at improving mental health among CYP include educational psychology; Healthy minds (mindfulness) and school nursing. The new Tower Hamlets Education Wellbeing Service is currently available in some schools (mental health support teams in schools which provide support for mild-moderate support)
- Other services and support available include Docklands Outreach, Health Spot, and Safe East, as well as Kooth (an online portal with information and anonymous counselling)

PEOPLE WHO ARE BLACK, ASIAN OR BELONG TO OTHER MINORITY ETHNIC GROUPS (BAME)

- A report from 2021 from discussions with residents belonging to Black, Asian and Minority Ethnic groups indicated that there are barriers to utilising mental health services such as limited accessibility of information about services and the lack of recognition for the positive aspects of culture and religion on mental health.
- Organisations in the voluntary and community sector in Tower Hamlets lead the way on supporting BAME residents with mental health and wellbeing, such as the Somali Mental Health Task and Finish Group, and there are a range of supports available for the diverse range of cultures and ethnicities in the borough
- East London NHS Foundation Trust (ELFT) offers the Community Psychology service which provides tailored mental health services for BAME residents in partnership with voluntary sector organisations; ELFT have also fostered specific people participation activities with BAME service users
- Tower Hamlets Talking Therapies has begun delivering community engagement activities aimed at increasing uptake among BAME residents

GENDER AND SEXUALITY

- Gender and sexuality can present a range of barriers to accessing support for mental health
- Men in Tower Hamlets are underrepresented in mental health services in comparison to women, despite having an increased risk of death by suicide
- For survivors of domestic violence and abuse, who are disproportionately women, there can be long wait times for accessing domestic violence counselling as well as barriers to accessing appropriate, tailored support within general mental health services such as talking therapies
- While residents who identify as LGBTQ+ are likely to have experienced risk factors for stigma, trauma, social isolation or substance use, there are some organisations in the Borough which offer social and emotional support as well as training for professionals to enhance their understanding including ELOP (the local LGBTQ+ charity)

FUTURE ACTIVITIES

- I. Continue the delivery and review of the Adult Mental Health Strategy 2019-2024, the Community Mental Health Transformation Programme, and the Children and Young People Mental Health Transformation
 - o Reduce stigma around discussing challenges with mental health and trauma, through training, community engagement, and campaigns
 - o Continued implementation and expansion of support children and young people through a broad range of prevention strategies and strengthened pathways between services
 - o Improve access to services that improve mental health and wellbeing for people who may experience additional barriers including Black, Asian and minority ethnic (BAME) groups, LGBTQ+ people, and people who are victims of violence and abuse, and people with learning disabilities
 - o Service improvement (for example, by increasing quality and access by adopting trauma-informed approaches and co-production) in mental health services, drugs and alcohol services, housing, employment services and other settings that have the potential to positively influence mental health
 - o Increase uptake of mental health prevention and promotion activities like community-led projects as well as increasing access to the Five Ways to Wellbeing and resources recommended by Good Thinking and Thrive LDN

PRIORITY AREA 4: PROVIDE BETTER INFORMATION AND SUPPORT TO THOSE BEREAVED OR AFFECTED BY SUICIDE

DESCRIPTION

When a person dies by suicide, it can affect many people – family members, friends, and the wider community the person was known to. Ensuring people affected by suicide can access adequate support addresses grief and trauma while reducing the risk of adverse consequences that people might experience such as poor mental health, poor functioning in social and occupational roles, and suicidal thoughts and behaviours. The Support After Suicide Partnership produced '[Help is at hand](#)', is an important resource for people bereaved through suicide with support from Public Health England (PHE). In addition, PHE published specific guidance on rapid response for potential 'clusters' in 2019 (when multiple deaths are linked in terms of time as well as characteristics such as place, environment, and personal relationships) to support organisations with understanding connections between suicide deaths and potential actions.

CURRENT SITUATION

In 2021, the Northeast London Health and Care Partnership offered a new training for improving knowledge, skills and understanding in supporting people bereaved by suicide for staff across public and voluntary sector organisations in Northeast London. Over 40 staff in Tower Hamlets have participated so far.

The existing bereavement support offer for people affected by suicide in Tower Hamlets has included:

- **General support with grief and bereavement:** Bereavement support which is not specific to death by suicide is provided by local organisations such as City and East London, Mind, and Tower Hamlets Talking Therapies. There are also other organisations in the Borough which people may seek support from during bereavement such as a faith groups or other community groups.
- **Support specific to bereavement from suicide:**
 - o Prior to autumn 2021, some intermittent support has been offered by first responders such as Metropolitan Police such as provision of the Help is at Hand booklet.
 - o In late 2021, Mind in City, Hackney and Waltham Forest launched a new service called Grief in Pieces for residents and staff across Northeast London for support after suicide including postvention bereavement and more recently, immediate support following a death.

Early identification of potential support needs has recently been enabled by through the new RTSS, as the Metropolitan Police enter information about people who have been affected such as next of kin and witnesses. However, the pathways for people bereaved or affected by suicide, and the roles of local actors, are not yet established and clear. Effort to address this issue was initiated by Public Health in collaboration with Steering Group Members in 2020 and 2021, through the development of a protocol for responding to suspected suicide deaths to signpost to services and reduce the risk of suicide clusters.

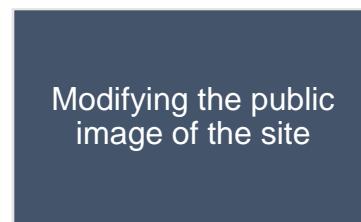
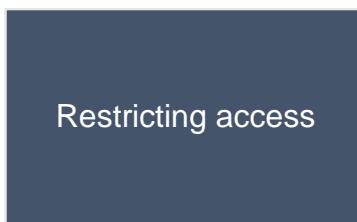
FUTURE ACTIVITIES

- I. Increase uptake and access to existing supports available, such as Grief in Pieces for Tower Hamlets residents
- II. Improve understanding of local needs for support for people affected or bereaved by suicide so that support is culturally relevant and addresses different needs and ways of managing grief and bereavement
- III. Collaborate with steering group members to understand and address support needs of people working in Tower Hamlets who are affected by suicide in their professional roles
- IV. Further the development of the suicide protocol to address the support needs of the range of people affected and can be adapted to each situation

PRIORITY AREA 5: REDUCE ACCESS TO MEANS OF SUICIDE

DESCRIPTION

Reducing access to means of suicide typically involves preventing suicides in public places and reducing availability of other means such as medications or weapons. In 2015, PHE introduced guidance for preventing suicides in public places given the potential impact on a wider group of people in the community due to the trauma from witnessing or discovering a person who has died by suicide. The guidance included steps for engaging stakeholders and using data to identify locations and a range of potential actions:



It is worth noting that the Samaritans Communications Guidelines recommend the term 'high-frequency locations' when referring to locations where multiple suicide deaths or suicide attempts have occurred (rather than the term 'hotspot' which can be regarded as insensitive).

CURRENT SITUATION

Real-time surveillance both by Thrive LDN as well as by others such as the British Transport Police (BTP) have enabled some analysis about locations and means that could allow for preventative action. For example, Steering Group Members have worked together to install signage for people in crisis in places which are considered to have a higher frequency, firstly by using data and information to identify locations where such signage would be most beneficial. Steering group members including the Metropolitan Police, the Tower Hamlets Drugs and Alcohol team, and commissioned services have also taken action towards reducing access to certain drugs as means of suicide, including the Project ADDER which launched in 2021. Furthermore, some

FUTURE ACTIVITIES

- I. Develop local insight using data about means of suicide among both deaths by suicide and attempted suicides to better inform planning and partnership engagement with teams across Tower Hamlets Council and wider agencies including the Metropolitan Police, British Transport Police, and Network Rail
- II. Apply insight by taking collaborative action to reduce risk associated with specific places through:
 - a) Increasing awareness of options for reducing access to means such as physical barriers and restriction of access to locations that have features which present risks. This includes involving planning teams in the council.
 - b) Offering training opportunities for staff working in public spaces and community members
 - c) Establishing communications and resources (e.g. signage) to encourage residents to take up services such as the crisis café and helpline

PRIORITY AREA 6: SUPPORT THE MEDIA IN DELIVERING SENSITIVE APPROACHES TO SUICIDE AND SUICIDAL BEHAVIOUR

DESCRIPTION

There is evidence that media and communications about suicide and suicidal behaviour which is insensitive, sensational, or excessive has the potential to provoke imitative suicidal behaviour and can also be distressing for relatives, carers and friends of the deceased. To address this, Samaritans have published a suite of guidelines and resources for media and communications professionals and organisations to learn about potentially harmful practices and learn about more responsible and sensitive approaches. Some of the recommendations within these guidelines include:

- Avoid reporting methods of suicide, dramatic or sensational language or imagery, or referring to locations as popular or known for suicides
- Signpost to sources of support and emphasise that suicide is preventable
- Treat social media with caution (avoid mentioning comments or linking to forums that promote suicide)

Samaritans also have a national media advisory service as well as national media monitoring. In addition, the Ofcom Broadcasting Code and Independent Press Standards Organisation's Code provide reporting regulations and codes of practice relating to media coverage of suicide and relevant behaviours.

There are also opportunities for media and communications professionals and organisations to support the prevention of suicide deaths, suicidal behaviours and self-harm by presenting or offering a platform for topics such as stories of people's recovery from these experiences, which can have a positive impact on others' thinking and behaviours.

CURRENT SITUATION

Although action on this area has been identified as a priority in the previous Tower Hamlets Suicide Prevention Strategy, coordinated action has yet to be taken as clarity about which local media stakeholders could take up the available guidelines and recommendations for sensitive approaches is needed.

One important initiative and one that can provide future learning is led by the Tower Hamlets Parental Engagement team, who are delivering a programme for parents and carers about keeping children safe online with implications for mental health and suicide prevention.

FUTURE ACTIVITIES

Increase uptake of the media guidelines for delivering sensitive approaches for suicide and suicidal behaviour by:

- I. Identifying organisations, networks and individuals that deliver or facilitate local media and communications (including digital and social media as well as addressing taboos and cultural differences)
- II. Facilitating engagement with stakeholders to encourage uptake of the Samaritans media guidelines, delivery of communication about suicide and participation via the Tower Hamlets Multi-Agency Suicide Prevention Steering Group.



PRIORITY AREA 7: SUPPORT RESEARCH, DATA COLLECTION AND MONITORING

DESCRIPTION

Using data available nationally and locally about suicide and relevant influencing factors can generate insight and learning for local planning and decision making. Data related to suicide, suicidal behaviour and self-harm tend to have numerous quality challenges including varying accuracy, completeness, reliability, relevance, and timeliness.

CURRENT SITUATION

There are several sources of data and information about Tower Hamlets residents that can support suicide prevention planning including the Thrive LDN RTSS, coroner data and reports from the Office of National Statistics on registered suicide deaths. Other indicators include those for self-harm and suicidal ideation available on Fingertips, as well as services administration and evaluation data. Although the importance of collaborating across organisations and teams is clear, there are continuing challenges with sharing data.

Launched in 2019, the RTSS coordinated by Thrive LDN enables regular monitoring of demographic characteristics, locations and other important data that can help generate timely insight about how to focus prevention activities. In Tower Hamlets, the monitoring of the RTSS data is led by LBTH Public Health and supported by Metropolitan Police. In 2020 and 2021, members of Tower Hamlets' Suicide Prevention Steering Group supported the development of a protocol for using RTSS data for informing actions by mapping how response typically works to identify potential gaps in response. Some of the limitations of using RTSS data are that the system is new, and the number of people who die by suicide is relatively small. In addition, the data available reflects suspected suicide deaths rather than registered suicide deaths where a coroner's inquest has been completed, so the RTSS data is not comparable with data from coroners or with ONS reports. However, the data available is starting to help Tower Hamlets monitor of risk factors that can be addressed locally.

Data collection and monitoring of people who attempt suicide or self-harm is more difficult because of poor data quality due to the ways these behaviours are defined and recorded. It is likely that the numbers and incidence of suicide attempts and self-harm are underestimated because many instances may not get recorded, such as those that do not present to clinical services. Thrive London is in the process of establishing a system for monitoring self-harm and attempted suicide across London based on data that is available, which will help further inform planning and action for prevention and support.

Some of the recent projects that have used data and monitoring to reduce the risk of suicide and self-harm in Tower Hamlets include:

- A project to examine the needs of people attending A&E (attempted suicide, self-harm, mental health crisis) and review interventions used
- Development of a database to collate electronic record including number of patients that leave prior to assessment and the number that receive a psychosocial assessment

FUTURE ACTIVITIES

Develop and deliver a plan for using data to inform action, learning, and reporting on the suicide prevention strategy and action plan with a focus on:

- I. Assessment of the strategy implementation using data and outcomes-based accountability including evaluation of new interventions by Tower Hamlets residents.
- II. Getting an understanding of the local picture of suicide and self-harm in Tower Hamlets by drawing on a range of data and information sources including the RTSS, national reports, coroner data, service administration and evaluation, resident participation, and others
- III. Collaboration between organisations who generate and/or use data related to risks and protective factors for suicide, suicidal behaviours, and self-harm