

# Shropshire Suicide Prevention Strategy 2023 - 2028

Developed in partnership with the Shropshire, Telford & Wrekin Suicide Prevention Network

Covering the population served by Shropshire Local Authority



## Statement of Extension

Following a review of progress and continuing local need, the Shropshire Suicide Prevention Partnership has agreed to extend the duration of the **Shropshire Suicide Prevention Strategy 2023–2026 to 2028**.

The review concluded that the Strategy's vision, objectives, priorities, and identified target populations remain relevant and appropriate. Therefore, the Strategy has been extended without revision, and **the content of this document remains unchanged from the version originally published in 2023**.



Shropshire, Telford & Wrekin  

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Suicide Prevention Network

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# Foreword

We are pleased to present the refreshed all age Suicide Prevention Strategy for Shropshire.

We know the results of an individual making an attempt to take their own life are wide reaching and every death by suicide is a tragic loss with major impact on our communities. This Strategy sets out our collective partnership commitment to action to reduce suicide and promote a County that is suicide aware, with the right resources and offers in the right places at the right time to support anyone impacted by suicide.

In Shropshire, we believe that suicide is preventable; but it requires all of us to seek every opportunity to achieve this. Through promoting more awareness and conversation about suicide throughout the health and care workforce and in our communities, we hope to tackle stigma and to encourage anyone struggling with or impacted by suicide to reach out as early as possible; there are people who are ready and able to listen and help.

There is no one reason why someone may decide to take their life and anyone can be affected at any time in their life, which can make prevention complex. Suicide is not a mental health disorder, but mental ill health can increase risk of suicide.

National evidence identifies a range of factors that can increase suicide risk. These can include recent challenges such as the cost-of-living crisis, ongoing global conflicts and the impact from the pandemic which can also influence poorer mental health and increased suicide risk. We also know from national evidence there are a range of groups with a higher risk of suicide (including but not limited to) people with an alcohol or substance misuse issue, those impacted by abuse, family or relationship issues, financial concerns, social isolation, and loneliness, those suffering discrimination based on sexuality, gender, race or ethnicity as well as people with long term and chronic health conditions. There are also some occupations at higher suicide risk including people working in the agricultural sector. Shropshire has a large and vibrant rural and farming industry, but we know unfortunately this community can be at higher risk of suicide and being bereaved by suicide.

It is therefore crucial we adopt a more tailored approach to these higher risks groups to have impact, combined with the need to for a trauma informed workforce with the skills and confidence to identify and respond appropriately to suicide risk.

We will continue to connect with stakeholders from these cohorts including people with lived experience and those who work with them, in order to identify best opportunities for meaningful early intervention and prevention measures to reduce the number of people who are experiencing mental health crises and suicidal thoughts.

We would like to thank the Shropshire and Telford & Wrekin Suicide Prevention Network and all partners who have collaborated or influenced production of this Strategy.



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Portfolio Holder for Adult Social Care, Public Health and Communities  
Shropshire Council



Rachel Robinson  
Director of Public Health  
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# Executive Summary

**Suicide prevention is a priority for Shropshire.**

**This priority is held to account by the Shropshire Telford and Wrekin Suicide Prevention Network with representation by both local authorities, the local NHS and health partners, emergency and blue light services (including the police and fire service), the community and voluntary sector and experts by experience.**

**Suicide Prevention is also a priority for the Shropshire Telford and Wrekin Integrated Care System (a partnership responsible for transforming health and care).**

With around 5,200 lives lost to suicide every year in England (ONS 2020), suicide prevention is an issue, which needs to be a priority locally and nationally. Every one of these deaths leaves behind family, friends and communities shattered by the loss. It is unthinkable that on average 12 people a day get to the point where they feel they have no other choice but to take their own life.

Whilst there is much activity happening nationally to help prevent suicide, local action is critical to save lives and this requires strong multiagency groups, partnership working and excellent local leadership to develop and deliver robust suicide prevention plans specific and tailored for the local population.

Although this Strategy is specifically focused on the population served by Shropshire Local Authority, the ambitions and objectives reflect the aspirations of the Shropshire Telford & Wrekin Suicide Prevention Network and builds upon the foundations laid by the first Suicide Prevention Strategy launched in 2017 and led by a multi-agency network of people with lived experience, carers, volunteers and professionals. An updated national strategy is expected late 2023.

Our core commitment from the previous Strategy continues to focus on;

- addressing the myths and stigma of suicide as well as raising awareness of suicide risk across our communities;
- improving access to timely and appropriate support for anyone affected or bereaved by suicide;
- ensuring those most likely to connect with higher risk and vulnerable groups of suicide, have the right skills and confidence to appropriately intervene or signpost to early support in a compassionate manner.

Although much has been achieved since 2017 including the launch of a real time suspected suicide surveillance system, suicide bereavement service and a new survivors of bereavement

by suicide peer led support group, there is still much to be done. This includes evolution of our existing offers and universal resources as well as ensuring greater focus on targeted prevention approaches for high-risk cohorts and those bereaved by suicide.

We recognise that people are now facing a wide range of challenges and pressures, including the impact of COVID, economic and social uncertainty related to World events and the war in Ukraine and rising costs of living. All of these factors impact our population and increase the risk of suicide.

This strategy as part of the Shropshire Telford & Wrekin integrated care system identifies activities and approaches which proactively aim to prevent suicide and ensure that the most vulnerable are connected to the right support, at the right time.

We will do this by;

- reviewing the local and national evidence base;
- listening and learning from those who support others or who have been impacted by suicide themselves;
- making evidence based recommendations on the activities needed to reduce suicide and self-harm across Shropshire;
- utilising the skills, knowledge and influence of our two multi-agency Suicide Prevention Action Groups to deliver this Strategy and ensure suicide is everyone's business.

# Shropshire Suicide Prevention Strategy

It is our vision as the Shropshire, Telford & Wrekin Suicide Prevention Network that within our area we will significantly reduce the number of people who take their own life.

## Our commitments are

- Improve the quality of data and intelligence on suicide and suicide risk, utilising tools such as Real Time Surveillance to better understand and respond to demographic need and emerging trends. Implement learning reviews and audits with partners to ensure recommendations are implemented.
- Improve the mental wellbeing and social outcomes for people bereaved by suicide through timely connection to appropriate support. This includes bereavement and practical support as well as ongoing opportunities to access 'postvention' offers as required. This will include review of the sustainability and evolution of existing offers for long-term investment.
- Enhance the universal offers to mitigate suicide and self-harm risk and raise awareness of the factors that increase risk of suicide if not identified and managed. This builds upon the previous strategy and involves close partnership with representatives from high risk cohorts to co-produce targeted offers and messages for suicide risk mitigation.

## Our priorities will be

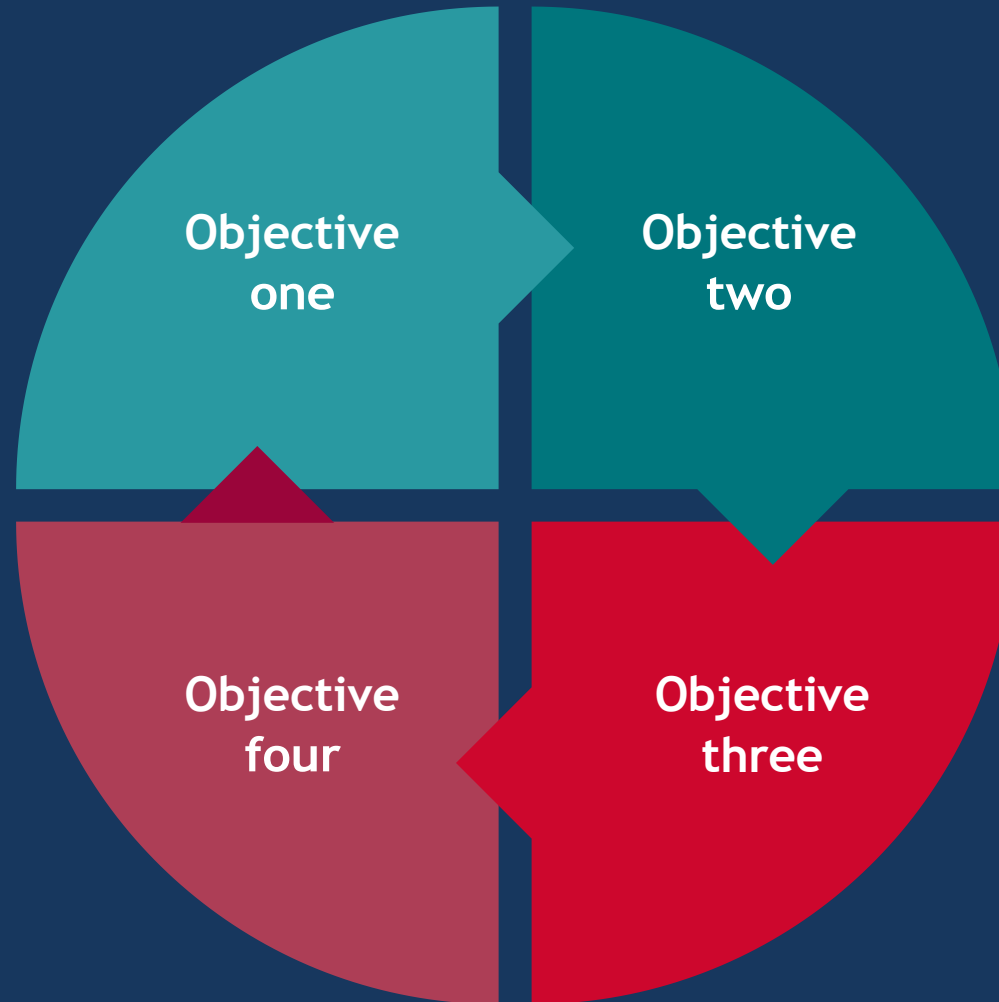
- 1 Targeted offers for higher risk groups (as identified by national evidence).
- 2 Improve opportunities and accessibility to address wellbeing concerns and avoidable health inequalities across the whole population.
- 3 Enhance research, data collection and monitoring.
- 4 Continue to develop the suicide bereavement service and postvention offers for anyone impacted by a suicide or possible suicide death.
- 5 Increase reach of suicide risk awareness and appropriate skills for intervention.
- 6 Raise awareness of the range of resources, information and support available for anyone impacted by suicide

# Objectives

This strategy intends to reduce the number and rates of suicides across Shropshire through the following commitments;

Improve the quality of data and intelligence on suicide and suicide risk, utilising tools such as Real Time Surveillance to better understand and respond to demographic need and emerging trends. Implement learning reviews and audits with partners to ensure recommendations are implemented.

Enhance the universal offers to mitigate suicide and self-harm risk to raise awareness of suicide. This builds upon the previous Strategy and involves close partnership with representatives from high risk cohorts to co-produce targeted offers and messages for suicide risk mitigation.



Improve the mental wellbeing and social outcomes for people bereaved by suicide through timely connection and support. This includes bereavement and practical support as well as ongoing opportunities to access postvention services as required. This will include review of the sustainability and evolution of existing models for long-term investment.

Ensure that all professionals, partners and volunteers across STW are suicide risk aware, and have the knowledge, skills and confidence appropriate to their role.

# Network Vision

**It is our vision as the Shropshire, Telford & Wrekin Suicide Prevention Network that within our area we will significantly reduce the number of people who take their own life.**

## Mission statement

We feel that suicide is preventable and that every life should be saved. We have a zero suicide mind set. We are a strong local multi-agency partnership, which has agreed a number of focused suicide prevention and postvention activities. We have drawn upon the expertise of partners from the voluntary, community and third sector. We are committed to working together to prevent deaths at all ages as a result of suicide and ensure those at risk of, affected or bereaved by suicide will be able to access the right support at the right time.

Our vision and mission statement reflect national guidance and data along with our local needs assessment, which engaged those with experience of attempting suicide and the insights of those working with mental health and suicide across the public and third sector.

## Purpose and delivery

The local authority areas of Shropshire and Telford & Wrekin are within the same Integrated Care System (ICS). Although we work together as one Suicide Prevention Network across Shropshire and Telford & Wrekin, the demographics of the people that live within each locality along with the geographical context varies greatly despite being served by many of the same shared services.

To ensure flexibility for proactive response on local issues, it has been agreed that there will be a separate Suicide Prevention Strategy and Action Plan for each Local Authority area.

This Shropshire Suicide Prevention Strategy reflects the aspirations of the Shropshire Telford & Wrekin Suicide Prevention Network to prevent suicides of adults and children in our county and improve the outcomes of anyone impacted by suicide.

The Shropshire Suicide Prevention Action Group is responsible for shaping the Shropshire Suicide Prevention Action Plan. The Action Plan defines the activities, outcomes and timeframes for how the specific elements within this Strategy will be delivered. This will be a continuously be updated, reviewed and refined throughout the duration of this Strategy.

The wider Network Steering Group provides support and scrutiny for the work being carried out by the Action Group.

The Shropshire Action Group will report progress and escalate recommendations where appropriate to the Shropshire Telford & Wrekin ICS Mental Health Board, the Shropshire Health and Wellbeing Board and Shropshire Mental Health Partnership Board.

It is important that the Shropshire Strategy and Action Plan do not duplicate work already being undertaken by other programme areas but is seen to compliment and strengthen the shared ambitions and outcomes for the people we wish to connect with.

## Research and Engagement

This Strategy has been informed by and drawn from a wide range of national and regional data, resources and literature. On best and innovative practice and information from discussion and workshops with local, regional and national stakeholders.

Evaluation of the previous Action Plan has also helped identify new activities and opportunities to improve existing approaches, address gaps and promote connectivity with wider (but related) health and social care policies, guidelines and projects to maximise opportunity for suicide and self-harm mitigation inclusion

## Why Suicide is a Concern

**Suicide is now the leading cause of premature mortality** in men younger than 50, followed by heart disease.

**Suicide is the leading cause of death among young people** aged 20 to 34 years in the UK (ONS, 2015).

**Autistic adults are nine times** more likely to die by suicide than the general population and suicide is the second leading cause of death for autistic people.

**1 in 8 LGBTQ+ people aged 18 to 24 years have attempted to take their own life** and almost half of all trans people have thought about taking their life.

**Those who are bereaved by suicide are at three times the risk** of making a suicide attempt themselves.

**Suicide is preventable** with timely, evidence based interventions.

Families, friends, colleagues and communities will be affected as a result of each suicide. It is estimated that for every person who dies as a result of suicide **at least 115 people are affected.**

We must ensure that individuals who may be considering taking their own lives are supported so that all suicides that could be prevented are prevented.



# A National and Local Commitment

**Suicide prevention has been a national priority for a number of years. Since the publication of the National Suicide Prevention Strategy in 2012, a number of national bodies have pledged to work towards preventing suicide.**

Suicide prevention features as a priority in the NHS Five Years Forward View for Mental Health (2016) and the NHS Long Term Plan (2019). At time of writing a new National Suicide Prevention Strategy for England is currently being prepared along with recognition of suicide and suicide risk in the upcoming Department of Health and Social Care 10-Year Mental Health & Wellbeing Plan.

This Strategy builds upon the 2017 Shropshire Telford & Wrekin Suicide Prevention Strategy. Between 2017 and 2022 two Action Groups aligned to each Local Authority footprint were set up to deliver and oversee the delivery of the Strategy.

During this period there have been a number of shared projects and achievements focusing on reducing the number of people taking their own lives and to support those who have been affected by suicide. These include;

- Launch of the new Shropshire Telford & Wrekin Suicide and Unexpected Death Bereavement Service launched in January 2021 and delivered with support by voluntary sector colleagues.

- Investment and roll out of dedicated training on suicide risk and interventions to increase the confidence, knowledge and skills for the workforce and community in Shropshire Telford and Wrekin who are most likely to connect with higher risk groups as part of their usual job or role. This training has been funded by our Suicide Prevention network and targeted at those who are with agencies with no dedicated training budget for suicide training.
- The promotion of the Zero Suicide Alliance free online training offer that has been built into mandatory training for many health and social care staff.
- Investment in a Real Time Suicide Surveillance system to identify suspected suicides, promote a quicker response, assist in learning for planning interventions.
- Awareness events and campaigns to promote support available for suicide risk and to tackle stigma including the successful events held in Southwater for World Suicide Prevention day.
- Prior to the pandemic delivery and strong engagement for the annual Suicide Prevention Conference, which included thematic workshops around risk with children and young people, connecting with high risk groups and service mapping offers that can support mitigation of suicide risk.

- Creation of the Pick Up the Phone You Are Not Alone Z-card resource of primary contacts for anyone worried about suicide and identify immediate help.



# Understanding Suicide - a National Context

## Statistics

The information in this section is predominantly synthesised from national level statistics published by the Office for Health Improvement & Disparities<sup>1</sup> and from intelligence captured by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). This information can be used to identify high-risk communities and it is hoped will provide a powerful tool for real time surveillance.

## Suicide in England

### Adults

- **15,249 suicide deaths between 2018 and 2020 in England** (a suicide rate of 10.4 per 100,000 population).
- This rate is significantly higher than the rate of 2016-18, and is actually the highest it has been in the available data back to 2001-03.
- This increase in suicide deaths was not reflected in the rate of suicide among clients of mental health care where there has been little change<sup>2</sup>.
- **Men are at a significantly higher risk with 3 out of 4 suicides being completed by men.**
- Since around 2010, males aged 45 to 64 years have had the highest suicide rate<sup>3</sup>.
- The 5-year average crude rate per 100,000

population shows that between 2013-17, the highest rate of suicide was in males aged 35 to 64 years (20.1 per 100,000), followed by males 65+ (12.4 per 100,000) and males aged 10-34 (10.5 per 100,000).

- The suicide rate in females is significantly lower than the male counterparts with those aged 35 to 64 years with the highest female suicide rate (6.0 per 100,000), females aged 65+ (4.4 per 100,000) and females aged 10-34 (3.1 per 100,000).
- There is increasing national evidence of the impact of domestic abuse associated with suicide, with 11% of male and 7% of female victims of partner abuse attempted suicide in the previous year<sup>4</sup>. Almost a quarter (24%) of the specialist domestic violence support charity Refuge's clients had felt suicidal<sup>5</sup>.

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<sup>1</sup> Suicide Prevention Profile - OHID [phe.org.uk](https://phe.org.uk)

<sup>2</sup> NCISH | Annual report 2022: UK patient and general population data 2009-2019, and real-time surveillance data - NCISH [manchester.ac.uk](https://manchester.ac.uk)

<sup>3</sup> Suicides in England and Wales - Office for National Statistics [ons.gov.uk](https://ons.gov.uk)

<sup>4</sup> Domestic Homicide Project – VKPP Work

<sup>5</sup> New-Suicide-Report2c-Refuge-and-University-of-Warwick.pdf [nspa.org.uk](https://nspa.org.uk)

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### Children and young people

- For young people aged under 17 years, there were 108 deaths assessed as highly or moderately likely to be due to suicide between 2019 and 2020, equating to approximately 2 death of children and young people every week in England<sup>6</sup>.
- The rate of suicide in England between 2019 and 2020 was 1.8 per 100,000 in 9 to 17 year olds, with similar rates across all regions in England, including urban and rural environments and across deprived and affluent neighbourhoods.
- Suicides were more common in older groups, with 78% (n=84) of deaths in those aged between 15 and 17 years and 22% in those aged 14 and below.
- Suicides were more common in boys than girls.
- The most common method of suicide was hanging or strangulation, accounting for 69% of deaths. The second most common method was jumping or lying in front of a fast moving object, accounting for 12% of deaths.
- 61% of deaths occurred within the home and 29% occurred in a public place.

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<sup>6</sup> NCMD-Suicide-in-Children-and-Young-People-Report.pdf (nspa.org.uk)

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- 19% of all under 18 year old suicide deaths in the UK are recorded as having had mental health service contact within the 12 months prior to death, which is a lower proportion compared to adults over 18 years (which represent 27% of all adult deaths in the UK)

### **Mental health clients**

The 2022 NCISH Report<sup>7</sup> focused on people who had been in contact with Mental Health services in the 12 months prior to the recorded death by suicide. Key learning identified:

- 27% of all recorded suicide deaths in the UK between 2009 and 2019 were linked to people who had contact with mental health services within 12 months of the death.
- A significant rise in deaths by hanging or strangulation in 2018/19, particularly for females and people aged under 25 years.
- The majority of those who died by suicide had a record of self-harm (64%).

The report identified the following associated risk themes linked to suicide deaths of those who had contact with mental health services:

- People who died in an acute care setting (including inpatients, post-discharge care and crisis resolution/home treatment) had been in contact with mental health services in the week before death, with the majority (84%) being viewed by clinicians as low or no short term risk.

- Alcohol and drug use were common traits.
- 25% had physical health co-morbidity with this rate rising to 47% for people aged 65 and above. Cardiovascular disease and musculoskeletal disorders were the most reported.
- 48% of people were recorded as living alone.

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<sup>7</sup> National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2022 - NSPA

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The wider determinant risk characteristics associated with mental health client suicide deaths included:

- 18% of all suicides for people in contact with mental health services also had recent economic adversity including serious financial problems, workplace problems or homelessness.
- 74% of this group were male, 45% classified as middle-class, 55% as unemployed and 29% as divorced or separated.
- 26% had loss of contact with services.
- 15% had recorded non-adherence with prescribed medication.
- 9% had experienced domestic abuse with the majority being female (73%) and were more likely to be younger, be single or divorced, be living alone and unemployed.

- Males who had experienced domestic abuse had high proportions of personality disorder diagnosis, previous self-harm and alcohol or drug misuse.
- For those under 18 years, 13% were diagnosed with autism, 5% were diagnosed with eating disorders and there is more likely to have a history of self-harm.
- Between 2011 and 2019, 25% of people under 18 years were known to have suicide related online experiences, which is more than older age groups.

### **Suicide risk and occupation**

Analysis by the ONS<sup>8</sup> identified the following themes indicating higher risk from deaths by suicide in different occupational groups for working age people

- Doctors, dentists, nurses, vets and agricultural workers such as farmers
- Males in lowest skilled occupations
- Low skilled male labourers, particularly those in construction roles
- Males in skilled trades including building finishing trades, particularly plasterers, painters and decorators
- People working in culture, media and sport occupations, particularly in artistic, literary and media occupations
- Females working in a health professional role, particularly female nurses
- Carers

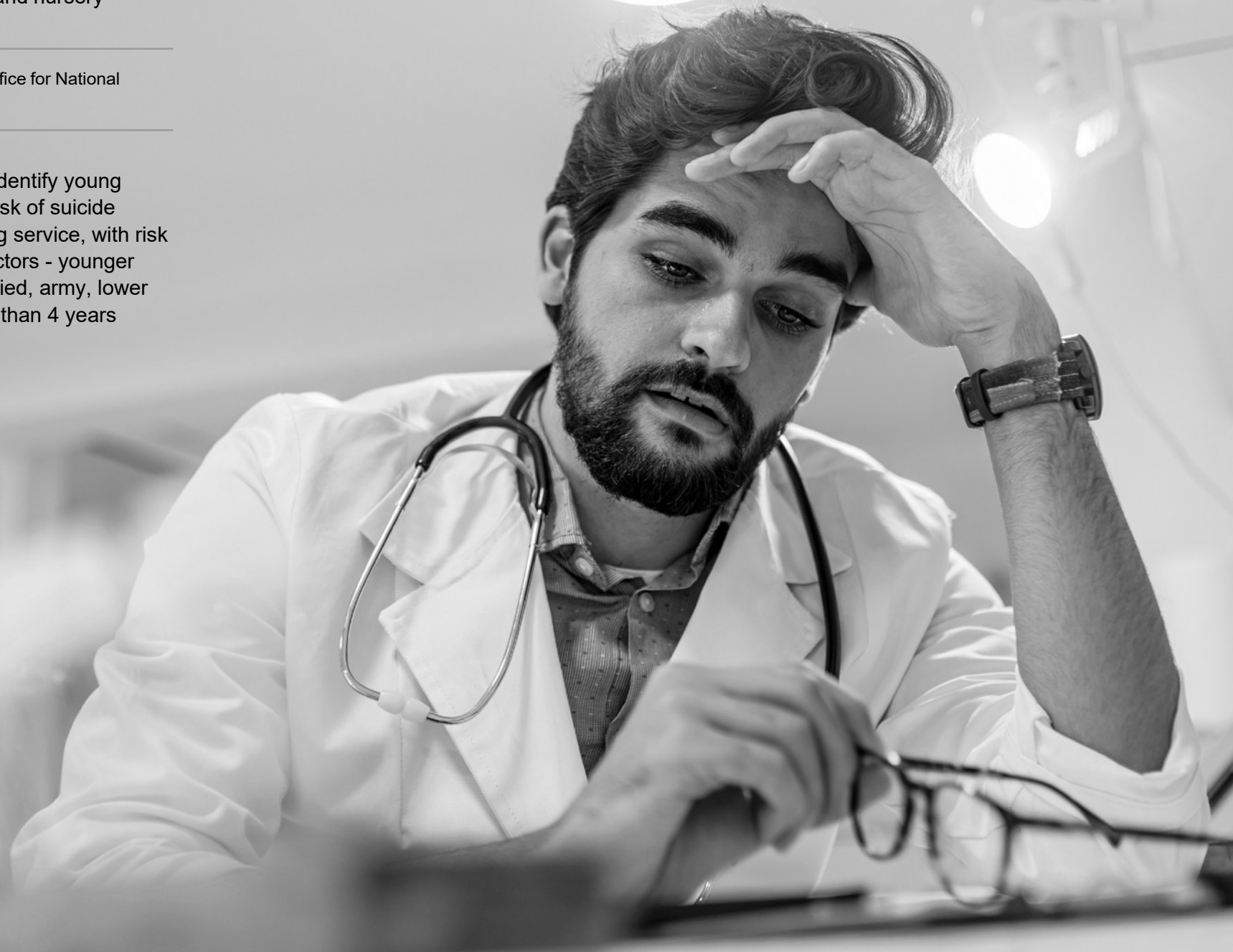
- Female teachers in primary and nursery schools

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<sup>8</sup> Suicide by occupation, England - Office for National Statistics ([ons.gov.uk](https://ons.gov.uk))

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In addition, Kapur et al (2009) identify young male veterans are at greatest risk of suicide within the first 2 years of leaving service, with risk increased from the following factors - younger age at discharge, male, unmarried, army, lower rank, untrained status and less than 4 years length of service.



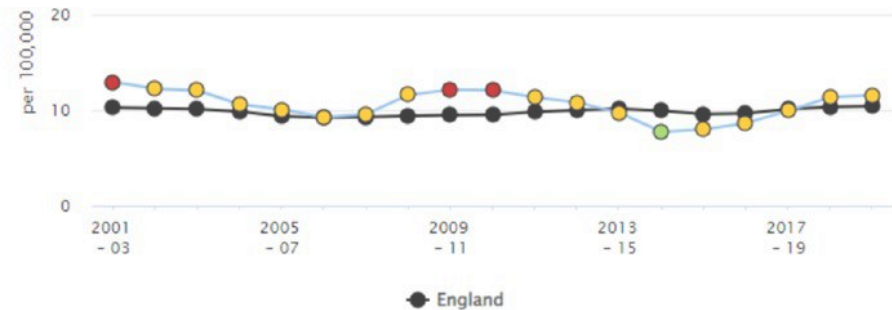
# Understanding Suicide in Shropshire

Between 2019 and 2021 there were 99 deaths recorded as suicide in Shropshire of whom 69 were men and 30 were women<sup>9</sup>.

Shropshire's age standardised rate of 11.6 per 100,000 in 2019-21 is statistically similar to the average England rate of 10.4 per 100,000. The trend of the local suicide rate for all persons in Shropshire since the 2001/03 period to 2019/21 is displayed in the chart below. It can be seen there is a greater variability compared to the England average rate and there are periods where the local rate is statistically higher than the England average (2009-11 and 2010-12) and in 2014-16 where the local rate was statistically lower.

Although the suicide rates for all person's in Shropshire are generally similar to the England average, it is recognised this rate is still too high and we must work together bring it down.

Suicide rate (persons, per 100,000)



<sup>9</sup> Suicide Prevention Profile - Data - OHID [phe.org.uk](https://phe.org.uk)

## Shropshire years of life lost to suicide, age standardised rate per 100,000 (2019-21)

| Indicator                                                                                                              | Period    | Shropshire   |       | Region England |       |       | England       |                                                                                     |               |
|------------------------------------------------------------------------------------------------------------------------|-----------|--------------|-------|----------------|-------|-------|---------------|-------------------------------------------------------------------------------------|---------------|
|                                                                                                                        |           | Recent Trend | Count | Value          | Value | Value | Worst/ Lowest | Range                                                                               | Best/ Highest |
| Suicide rate (Persons)                                                                                                 | 2019 - 21 | —            | 99    | 11.6           | 10.7  | 10.4  | 19.8          |  | 4.8           |
| Suicide rate (Male)                                                                                                    | 2019 - 21 | —            | 69    | 16.7           | 16.5  | 15.9  | 32.4          |  | 6.6           |
| Suicide rate (Female)                                                                                                  | 2019 - 21 | —            | 30    | 6.2            | 5.2   | 5.2   | 10.9          |  | 2.2           |
| Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons) | 2019 - 21 | —            | 93    | 38.7           | -     | 34.6  | 80.1          |  | 14.9          |
| Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)    | 2019 - 21 | —            | 66    | 60.4           | -     | 51.8  | 130.3         |  | 18.4          |
| Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)  | 2019 - 21 | —            | 27    | 16.0           | -     | 17.3  | 37.8          |  | 7.8           |
| Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)                                                      | 2013 - 17 | —            | 25    | 15.1           | 12.7* | 12.4  | 0.0           |  | 34.9          |

### Shropshire's age standardised rate for;

- **Males** have an age standardised suicide rate of 16.7 per 100,000 between 2019 and 2021 which is statistically similar to the England average rate of 15.9 per 100,000.
- **Females** have an age standardised suicide rate of 6.2 per 100,000 between 2019 and 2021 which is statistically similar to the England average rate of 5.2 per 100,000. However, it is concerning to note for the previous three year average (2018 to 2020) the Shropshire rate of 7.7 per 100,000 which was higher than the England average of 5.0 for the period.

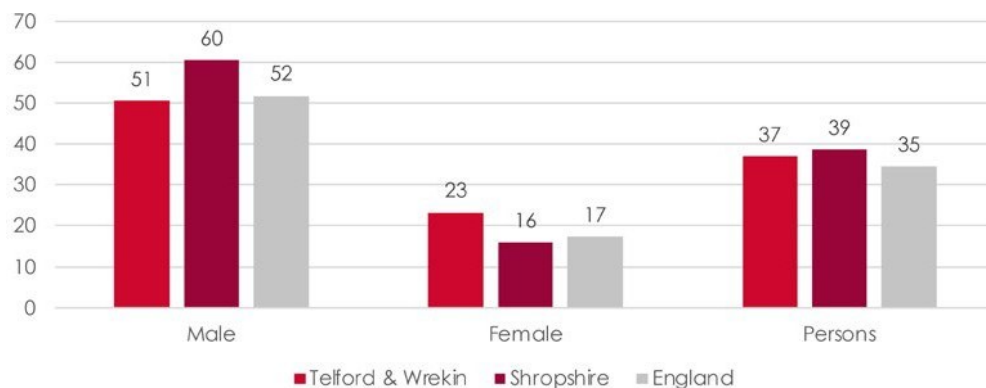
In data from the Shrewsbury and Telford Hospital NHS Trust (SATH) for 2019/20 there were 401 admissions from Shropshire CCG that were recorded as self-harm, of these 355 were poisoning and 46 were self harm by other than poisoning.

### Years of life lost due to Suicide

Years of life lost estimates the years of potential life lost due to premature deaths taking into account age at which the death occurs with greater statistical weight given to deaths at younger age. On average during this period, men lost 33 years of expected life by suicide. The following graph highlights gender differences for number of years of life lost across our populations due to suicide between 2019 and 2021.

When comparing Shropshire and Telford & Wrekin data, Shropshire males have the greatest age standardised years of loss by suicide at 60 years of life on average, compared to 50 in Telford and Wrekin and compared to 52 years national average. Comparatively for females the age standardised rate of years of life lost is highest in Telford and Wrekin at 23 years compared to 16 years Shropshire and 17 years average in England.

**Years of Life lost due to suicide, Age-standardised rate 15-74 years per 10,000 population (3 year average) in Shropshire, Telford & Wrekin and England by Gender in 2019-21**



## Estimated economic cost of suicide

Each suicide is estimated to cost £1.7million (Department of Health and Social Care, 2017) with much of this cost relating to the emotional impact on families and on society. Nationally the cost of suicide is almost £10 billion a year. Locally this equates to;

- **£160million cost of suicide for Shropshire** local authority area during 2019 to 2021 (an average of £56.1 million per year).
- **£90.1million cost of suicide for Telford and Wrekin** local authority area during 2019 to 2021 (an average of £30.0 million per year).



# Key Priority Actions and Outcomes

## Six overarching priority areas have been identified for this strategy.

These priorities will be led by the multi-agency Shropshire Suicide Prevention Action Group, working closely with partners across the Shropshire Telford and Wrekin Integrated Care System including the voluntary, community and social enterprise sector and experts by experience to define the activities and achieve the outcomes needed for implementing the ambition of this Strategy. This will include a role to influence, identify and secure appropriate resources for delivery.

The priorities are:

### Action 1: Targeted offers for higher risk cohorts

Although universal messages are useful for suicide and self-harm mitigation, there is need to target specific messages and interventions to specific groups to have best impact and reach. High priority cohorts include but not limited to:

- men;
- people who self-harm;
- children, young people and young adults;
- people in contact with services where a suicide risk is identified;
- those living in rural areas and farming communities;

- military veterans;
- people with protected characteristics including LGBTQ+, people from different ethnic backgrounds, people with a disability or learning disability including neurodiverse conditions such as autism;
- people struggling from wider social risks such as financial insecurity, problem gambling, substance misuse, housing issues or homelessness, those in contact with criminal justice system and people impacted by domestic abuse.

We will ensure the appropriate stakeholders who work with groups at higher suicide risk, are involved in planning and decision making for suicide and self-harm mitigation interventions. This will include representation from these cohorts and those with lived experience.

**Outcome:** Reduced suicide deaths in Shropshire within higher suicide risk groups.

### Action 2: Improve opportunities to address emotional wellbeing concerns and avoidable health inequalities across the whole population

We will continue to ensure an integrated approach with partners to identify and respond to the emotional wellbeing and

mental health needs of our local populations in the context of the wider determinants of health, inequalities that disproportionately impact certain groups of people and communities.

We will connect with partners across services and communities to progress a community ambassador model to improve reach for raising awareness of suicide, self-harm and mental health risk to address stigma, promote early help seeking behaviour and awareness of support available.

We will explore opportunities for single point of contact support and other appropriate mechanisms for those struggling with suicide ideation or who have been impacted by suicide. This will help connect the right offer at the right time and reduce need for people to repeat their story multiple times.

We will ensure recommendations, risks and considerations of factors that could impact local mental health and wellbeing (including mental health crisis) are escalated to the Shropshire Telford & Wrekin Integrated Care Board, Shropshire Health and Wellbeing Board and Shropshire Mental Health Partnerships to promote an integrated approach.

**Outcome:** Improve access for residents of Shropshire to connect to the right support they need at the right time.

### Action 3: Enhance research, data collection and monitoring

We will continue to build and develop our local Real Time Suspected Suicide Surveillance systems to ensure an evidence-based approach is used to target interventions and monitor new or emerging community risks.

We will work with our local partners and stakeholders to agree sharing of information to help inform local risk and identify appropriate intervention.

We will ensure learning reviews related to suicide and unexpected deaths are connected across the system to maximise opportunities to ensure that lessons are learned and improvements to service delivery are made.

We will continue to review latest available research and evidence about suicide and self-harm to support a local approach for managing risk.

**Outcome:** To profile suicide and risk factors within Shropshire to monitor patterns and provide an evidence-based approach to further action.

### Action 4: Continue to develop the suicide bereavement service and postvention offers

We will ensure continued investment and enhancement of the suicide bereavement service to respond to the needs of our population.

We will work closely with and support the charity Survivors of Bereavement by Suicide to grow the new offer established across Shropshire, Telford and Wrekin.

**Outcome:** To reduce suicide deaths in those who have been bereaved by suicide through connecting them to the right support to address their needs, at the right time.

To agree a sustainable model of appropriate support for people bereaved by suicide or suspected suicide in Shropshire, Telford and Wrekin.

### Action 5: Increasing suicide risk awareness and skills for intervention

We will continue to work with the local system to support, influence and connect appropriate suicide training to professionals, agencies and communities working with higher risk groups, to ensure the right skills are matched to the right people.

We will connect nationally and locally recommended offers of training related to suicide and self-harm risk awareness, signposting, risk mitigation and intervention to the above groups.

We will continue to influence our local system to ensure all health and social care staff in Shropshire complete the Zero Suicide Alliance free online training and embed this as mandatory training.

**Outcome:** For all workforce employed within the Integrated Care System to have appropriate awareness on suicide risk and appropriate interventions, as appropriate for their role and grade.

### Action 6: Enhance communications, messaging and promotional materials

We will agree consistency in messaging on suicide, self-harm and mental health between local stakeholders to inform a bespoke Communications Plan to be used for sharing information about keeping mentally well, recognising suicide risk and how to access support.

We will continue to develop and promote our Pick up the Phone You Are Not Alone suicide prevention Z-Card ensuring physical copies are available in high foot fall locations and environments where higher risk cohorts access.

We will continue to enhance the Shropshire Telford and Wrekin ICB suicide prevention webpage and local authority pages to ensure our residents and the people that support them can quickly access information.

We will ensure printed materials containing risk mitigation information is available for those who are digitally excluded.

**Outcome:** To increase reach of accessible information and resources to support concerns about suicide.