Suicide Prevention JSNA

North Lincolnshire JSNA

North Lincolnshire Public Health Intelligence – September 2023

North Lincolnshire Council

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Contents

Summary

- The North Lincolnshire vision is to work towards zero deaths caused by suicide.
- While the registered suicides show a decrease since 2018, the real time surveillance data is showing that potentially the number of suicides is increasing. The difference in reporting is due to time lag between published data and locally collected data. The real time surveillance data is still subject to the coroner's verdict.
- North Lincolnshire has one of the highest delays in terms of time taken to register a death.
- Three quarters of suicides are men, both nationally and locally.
- North Lincolnshire's suicide rate is currently lower than the England level, also the second lowest compared to Humber and North Yorkshire local authorities.
- The introduction of real time surveillance data since 2017 has improved North Lincolnshire's ability to tackle suicide, allowing for trends and clusters to be seen in a timelier manner.
- Hanging remains the most common method of suspected suicide, with 67% of suspected suicides taking place at home.
- 22 risk factors were identified from the real time surveillance data received between 2020 and June 2023. With loneliness, family/relationship issues, long-term conditions and a history of self-harm being the most common risk factors identified.

1.0 – Scope, Introduction and Background

The intention behind this piece of work, is to first be part of a larger JSNA to emphasise the current and future needs of the local population. Working alongside integrated care boards and local partners, the needs assessment aims to provide a thorough analysis of the current and future health, care and wellbeing needs of the local community. This helps inform and steer commissioned services to help further improvement of health outcomes and reduce inequalities. This work at its core is a quantitative study, with the intention of providing insight into the current figures, issues and risk factors surrounding suicide in North Lincolnshire.

The Office for National Statistics (ONS) define suicide as “deaths from intentional self-harm for persons aged 10 years and over. It also includes deaths where the intent was undetermined for those aged 15 years and over”[(1)]. In England and Wales, deaths due to suicide in 2021 increased by 6.9% compared to 2020. In 2021 5,583 suicides were registered, a rate of 10.7 deaths per 100,000 people. During the same period of 2021, men were 3 times more likely to commit suicide than women, with 16 deaths per 100,000, compared to females 5.5 deaths.

It is estimated that every life lost to suicide costs the economy roughly £1.67 million (2009 prices). The cost of non-fatal suicide vary between each case; however, research has suggested that 14% of costs lie in the emergency medical interventions, with more than 70% coming from follow up psychiatric treatment and outpatient care. Further costs come from the treatment of mental health conditions, with costs of up to £105 billion each year, as tackling mental health conditions is vital to reducing suicide risk[(2)]. The financial cost alone shows suicide to be an important public health matter, however, the true price lies in the bereavement of family members and the effect on the wider community. The Association of Directors in Public Health suggest that for every person who ends their life by suicide a minimum of six people with suffer a severe impact. With those bereaved by suicide themselves now at a greater risk of suicide[(3)].

Ruth Sutherland (former Chief Executive of The Samaritans) suggested that suicide is like a rock thrown into water, it has ripples that spread outwardly effecting a multitude of different people and communities. The initial ripples effect close family and friends the most, while also effecting work colleagues, acquaintances and the wider community[(4)].

2.0 – Why do we need to know about suicide?

North Lincolnshire Suicide Prevention Strategy (2022-2025)

Suicide is not inevitable, and each suicide is a tragedy, which causes devastating and permanent impacts on families, friends and broader communities. It is estimated that annually 800,000 people across the world die by suicide, with 5,583 people sadly taking their life in England and Wales in 2021. It is of the utmost importance that we do all we can to reduce this number as far as possible, so that fewer people die by suicide. But it is also of the utmost importance that when, tragically, somebody does end their life by suicide their family, friends and broader community who have been bereaved have whatever support they need in place to manage their loss. And this is what we are striving towards.
Despite mental health and suicides being discussed more recently due to effective communications and awareness raising, people are still attempting and dying by suicide, with their families and peers being significantly affected as a result.
This Strategic Framework supports action by bringing together knowledge about groups at higher risk of suicide, applying evidence of effective interventions and highlighting resources available. This will support local decision-making, while recognising the autonomy of local organisations to decide what works in their area.

Our Vision
To work towards - Zero deaths by suicide in North Lincolnshire

Our proposed approach
This action plan has utilised aspects from the 2012 National Strategy areas for action:

- Priority 1 - Reduce the risk of suicide and improve the mental health of key high-risk groups
- Priority 2 - Reduce access to means of suicide
- Priority 3 - Communications: support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Priority 4 - Support research, data collection and monitoring suicide
- Priority 5 - Provide support & information to those bereaved or affected by suicide

Suicide Reporting

Suicides are reported in two ways, registered and real time surveillance, with several advantages and disadvantages for both versions of reporting method.

Registered

In England and Wales, deaths are only ruled a suicide following a coroner's inquest, although this can frequently take several month to years to be confirmed, the current median number of days taken to reach a verdict in England and Wales is 186 days.

Strengths

- Deaths are officially registered and confirmed suicides.
- Allows actual number of suicides to be reported.
- Comparisons against national and other local authorities
- May include deaths which have not been previously highlighted as suspected suicides.

Weaknesses

- Can be delays in coroner verdicts.
- Deaths frequently registered in different year to their occurrence.
- Difficult to see trends for years, months, seasons or key events.
- Risk factors cannot be identified unless an audit is carried out, which may be a timely process.

Real Time Surveillance

Real time surveillance are deaths that are suspected as suicides but are yet to be confirmed by a coroner. This includes data being shared across agencies that help identify trends that help inform the direction of suicide prevention work.

Strengths

- Real-time data.
- Allows for new patterns, clusters or contagions to be quickly identified and responded to.
- Quickly identify risk factors, which informs suicide prevention work.
- Provides vital intelligence to inform prevention work.
- Shared learning with partners and services.

Weaknesses

- Deaths may be determined not a suicide by the coroner inquest.
- If death ruled not a suicide, the figures will be changed.
- If the person is not known to services, little information is available.
- Some suspected suicides may not be captured, if they happen outside of North Lincolnshire.

3.0 – What are the data telling us?

Time to Complete Registration

Often there is a time lapse between the date of occurrence and the date the death is registered as a suicide because of the complexity of the inquest process. In North Lincolnshire 25% of the deaths by suicide that were registered in 2021, occurred in 2021(1).

The median registration delay for suicides in England and Wales for 2021, was 186 days, which was an increase of 17 days from 2020. The median delay in North Lincolnshire was longer than England and Wales, with 431 days between the deaths' occurrence and the registration, an increase of 29% from 2020 (334 days)(1) (see chart 1).

It must be noted that the delay in registrations that North Lincolnshire is experiencing could be due to a part-time arrangement with the Lincolnshire coroner. Currently North Lincolnshire has no full-time coroner of its own and thus the Lincolnshire coroner is covering both North and North East Lincolnshire for the mean time. This is why the issue can also be seen to be affecting North East Lincolnshire. North East Lincolnshire has had a similar trend to North Lincolnshire in terms of registration delays since 2016, with a slight improvement in 2018/19. Lincolnshire has also seen increases, however, has since decreased in the last years data.

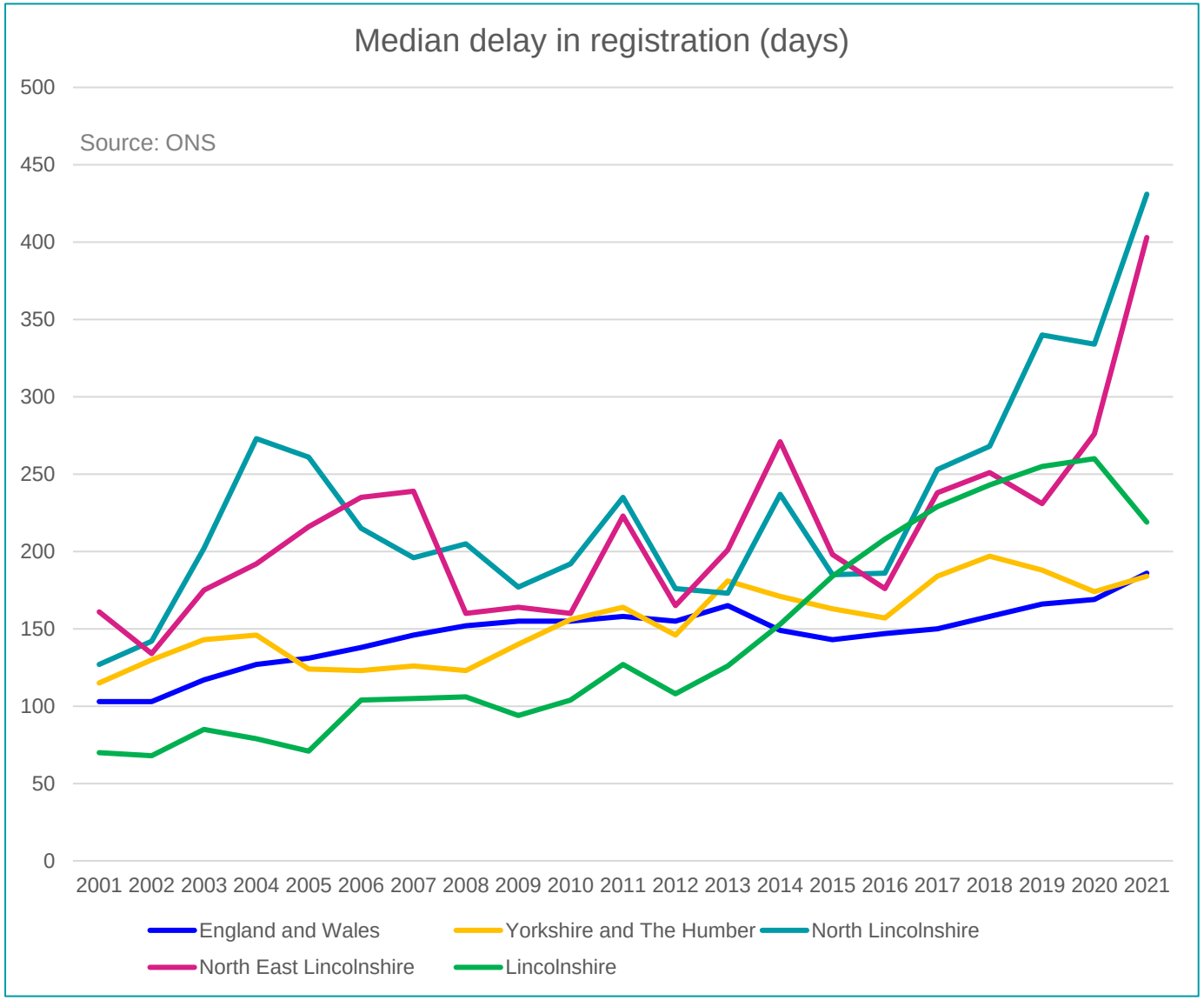
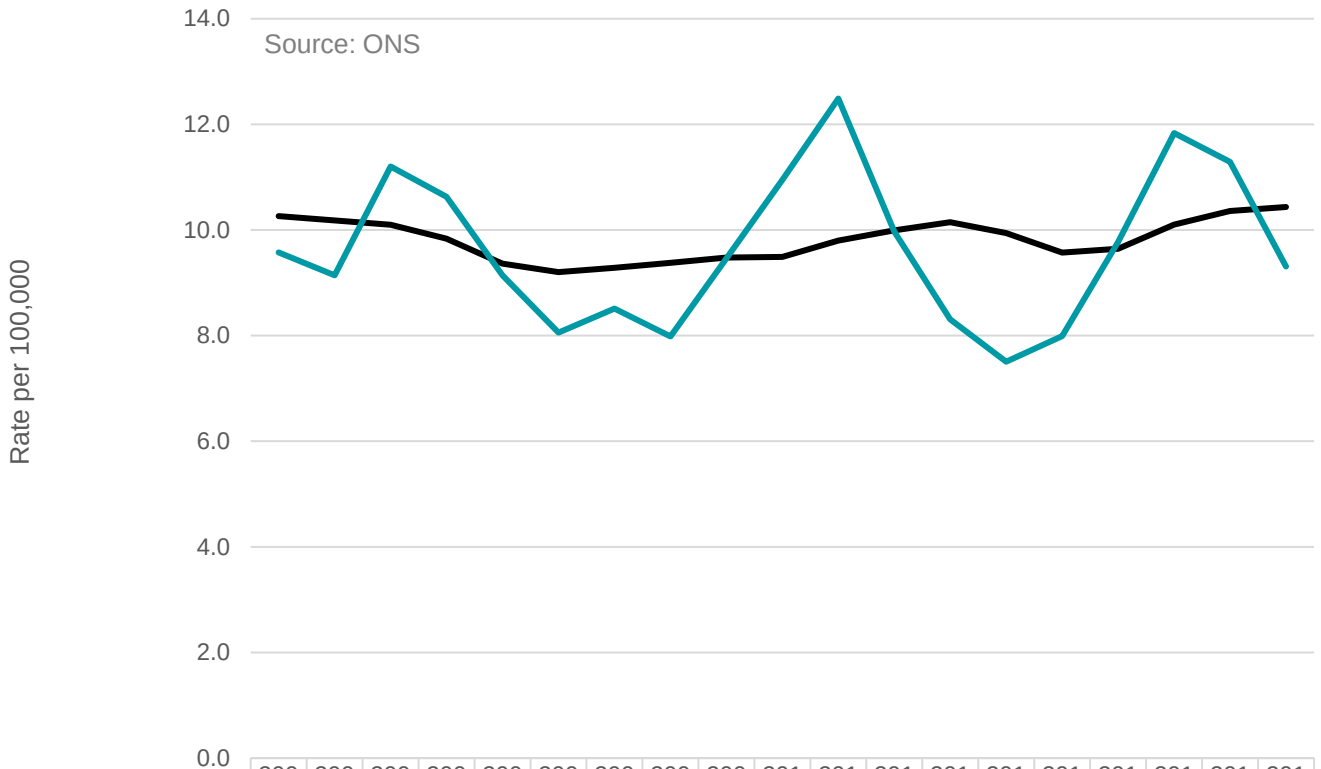


Chart 1

Age-standardised suicide rate per 100,000 by registration date, North Lincolnshire and England – 2001-03 to 2019-21.



	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19	2018-20	2019-21
England	10.3	10.2	10.1	9.8	9.4	9.2	9.3	9.4	9.5	9.5	9.8	10.0	10.1	9.9	9.6	9.6	10.1	10.4	10.4
N Lincs	9.6	9.1	11.2	10.6	9.1	8.1	8.5	8.0	9.5	10.9	12.5	10.0	8.3	7.5	8.0	9.8	11.8	11.3	9.3
N Lincs Deaths	38	37	46	44	39	35	37	35	42	49	56	44	36	33	36	44	53	51	43

Chart 2

How we compare vs England

Between 2019 and 2021, there were 43 suicides registered in North Lincolnshire, with a rate of 9.3 per 100,000 people. For this 3-year period North Lincolnshire was below the England average of 10.4 suicides per 100,000, although this is the first time North Lincolnshire has been below the England average since the 2015-17 period.

North Lincolnshire's average rate during the period of 2001 to 2021 was 9.6 suicides per 100,000, slightly lower than England's 9.8. However, as you can see from chart 2, North Lincolnshire has a varying rate for each 3-year period and has moved both above and below the England average on multiple occasions. North Lincolnshire's highest rate came during 2011-13 with 12.5 per 100,000, with the lowest rate in 2014-16 at 7.5 suicides per 100,000.

How we compare vs the local area

Compared to our local neighbours, between 2019-2021, North Lincolnshire has the second lowest age-standardised suicide rate per 100,000. North East Lincolnshire has a lower rate at 6.8 per 100,000, with York having the highest rate amongst the local areas with a rate of 13.3 suicides per 100,000 people.

The rates across the local area have varied since 2001, with Kingston upon Hull predominantly having the highest rate during that period. North Lincolnshire spent a period of 6 years between 2013 and 2018 as the lowest rate in the local area, before being surpassed by North East Lincolnshire. The age and deprivation profile is mixed amongst the local areas.

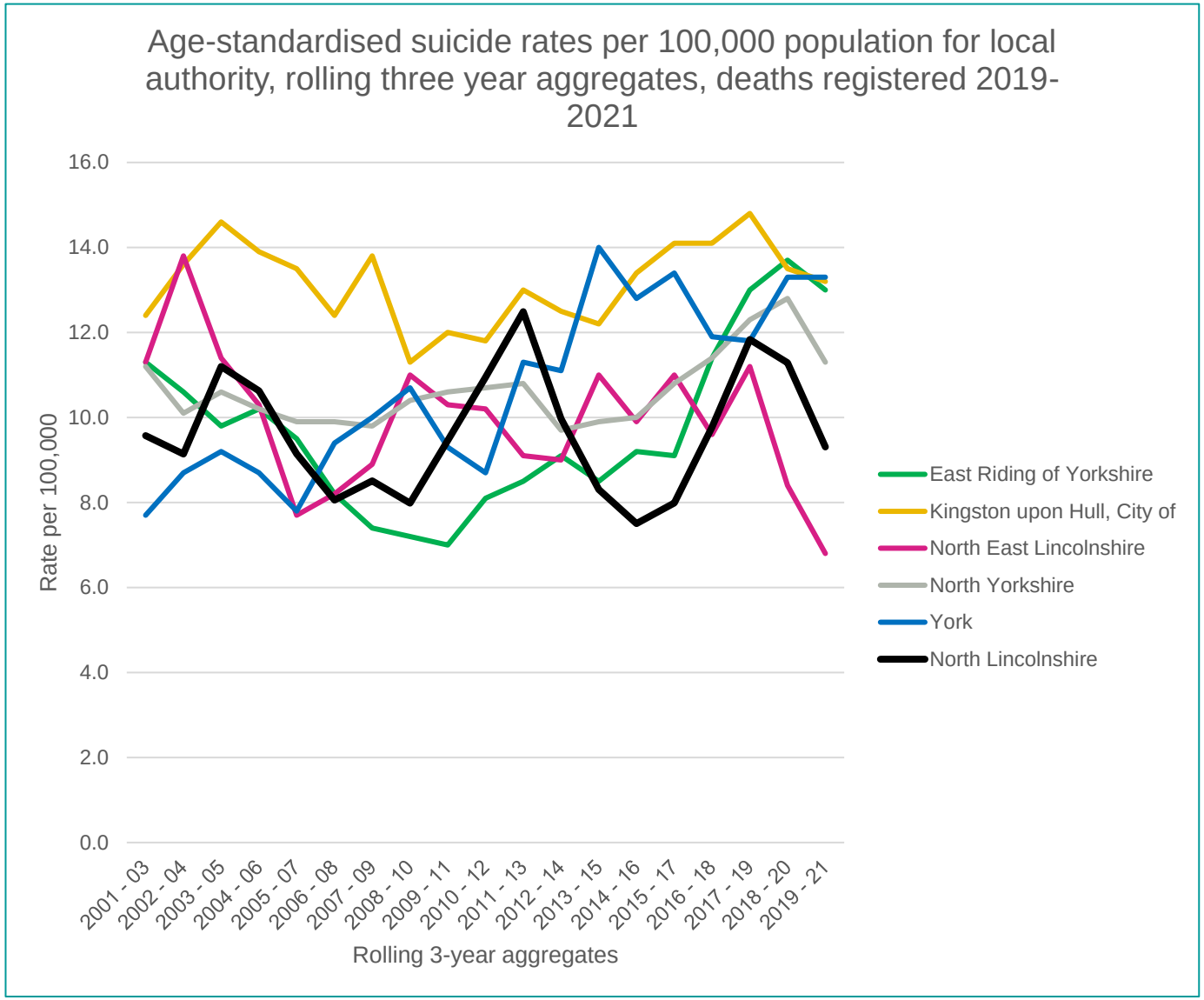


Chart 3

Regional comparison

North Lincolnshire is part of the Yorkshire and Humber Region which comprises of 15 local authorities. The graph shows the age-standardised rates per 100,000 for suicides in each local authority. It can be seen that North Lincolnshire is currently below the average rate for both England and the Yorkshire and Humber region, but this difference is not considered significant.

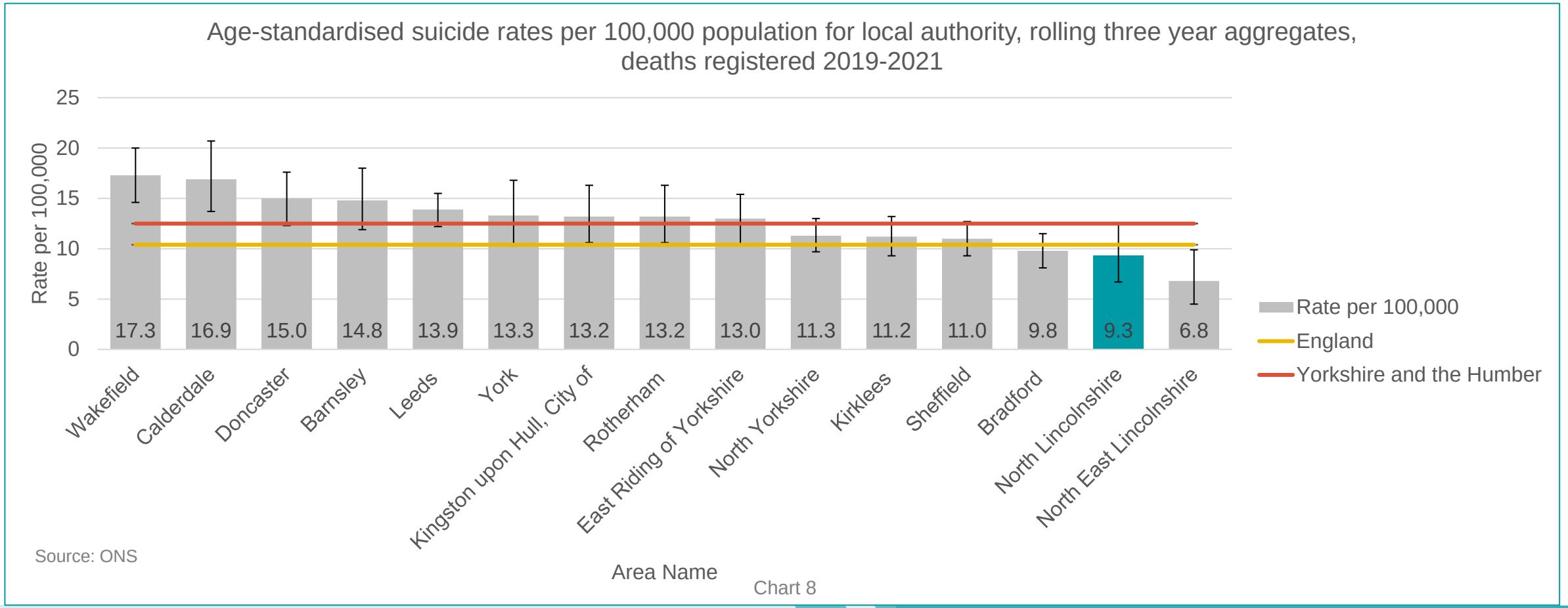


Chart 8

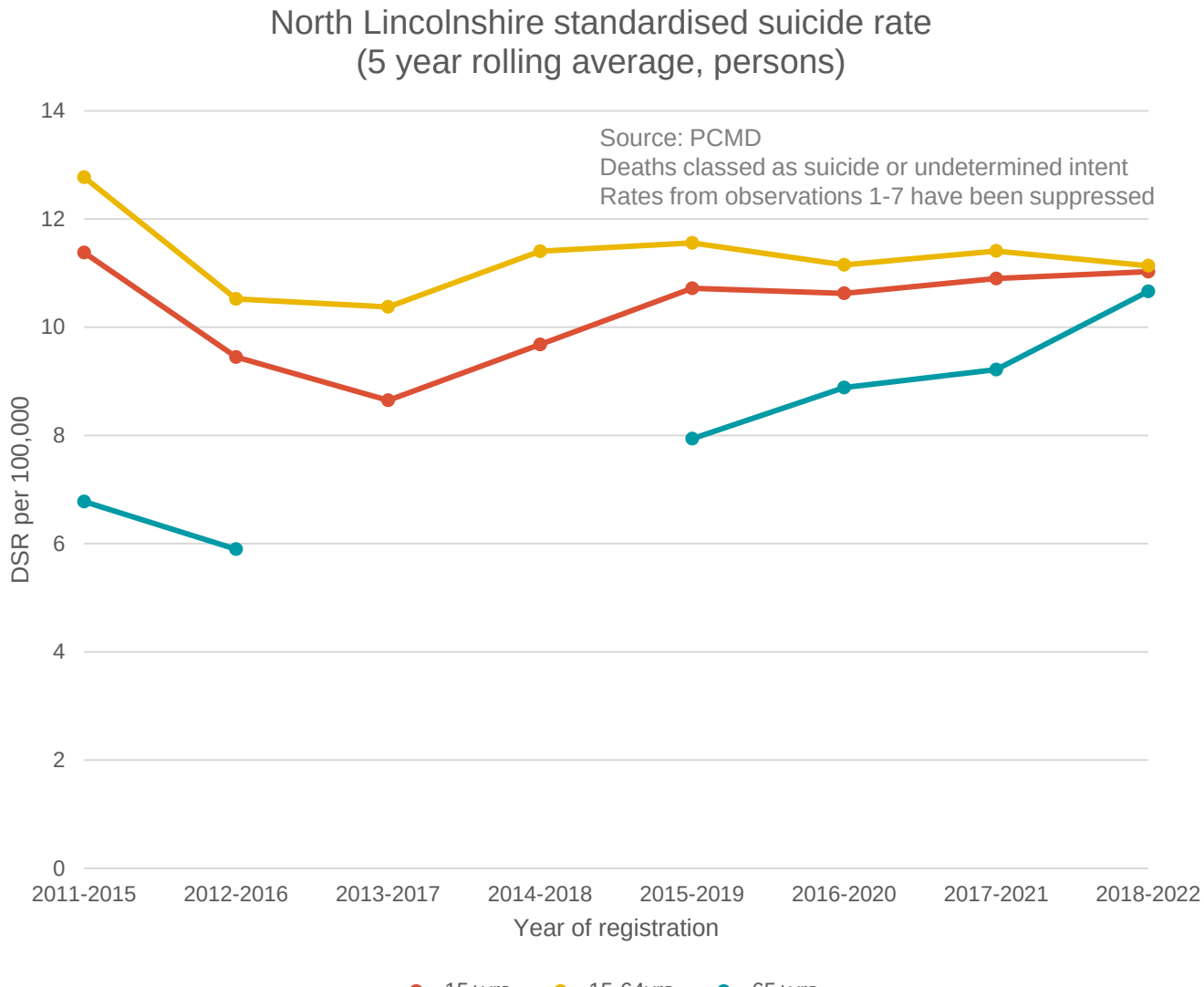


Chart 4

Registered suicides by 5-year rolling average – Standardised rate

The 5-year rolling standardised suicide rate has increased in recent years for the 15+ age group. The rate decreased to 8.6 suicides per 100,000 between 2013-2017, before increasing to 11 suicides between 2018-2022. The rate is currently at its highest point since 2011 to 2015.

The 15-64 age range followed a similar trend to all ages. The lowest rate was seen in 2013-2017 at 10.4 suicides per 100,000. The current rate is lower than the previous 5-year rolling average at 11.1 suicides. The over 65 age group has increased year on year since 2015-2019 to the current year in which it reached a peak high of 10.7 suicides per 100,000. The periods of 2013-2017 and 2014-2018 have been supressed due to the physical numbers being 7 or below. Although not shown in the chart, the underpinning data confirms that the increased rates in the over 65 year-olds is mainly comprised of male suicides.

Standardised rates are used to compare differing sizes and characteristics of two populations. Standardisation nullifies the effects of age structures and allows rates to be more comparable. There are two methods of age standardisation, indirect and direct. Direct was the method used for multiple slides in the current project. Direct standardisation applies the age structure of a standard population, giving the overall rate if it had a standard age-profile [41].

Registered suicides by 5-year rolling average – Standardised Rate Ratio

When analysing the 5-year male: female standardised rate ratio (SRR), the ratio of 15-64 year-olds and 65+ crossed in 2013-2017, as the 65+ increased to a peak of 5.5 in 2014-2018. The 15-64 year-old ratio has decreased year on year since 2012-2016, with the current figure at 1.7, this shows that there are still more male suicides than female, although the difference is decreasing, i.e., female suicides are growing relative to males. An SRR >1 suggests that male deaths exceed females by the ratio value, for example, the 2018-2022 15-64 year-old SRR is 1.7, meaning male deaths are 1.7 times higher than female.

The trend in the 65+ has increased from 2011-2015 from 2.4 times higher males than females, increasing until its peak of 5.5 times in 2014-2018. Since that period the SRR has decreased and is now relatively stable at 4 times more male suicides than female.

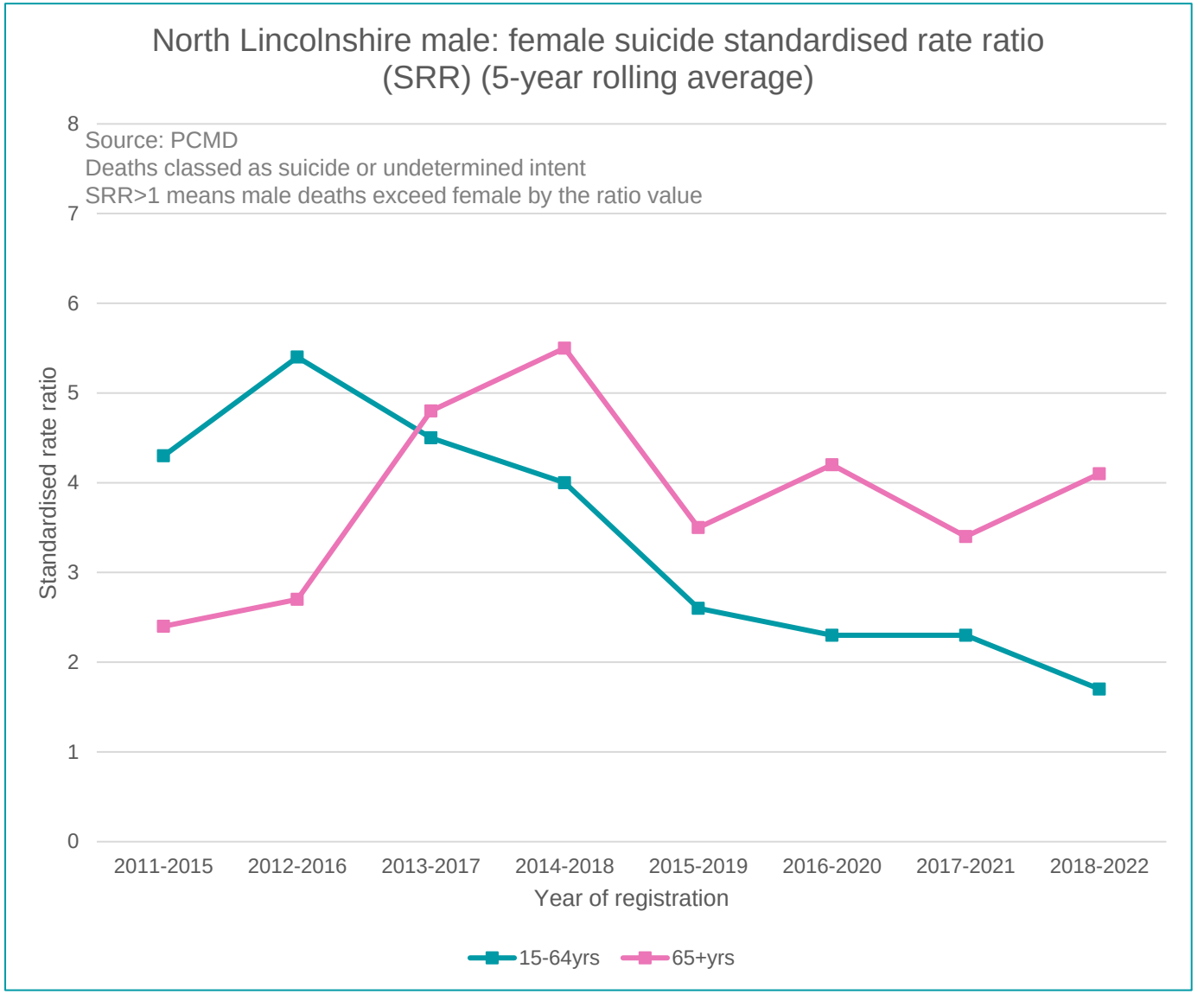


Chart 5

Age and Sex – Last 5 Years

Akin to national data, 75% of registered suicides in 2021, in North Lincolnshire were male. Although the number has remained consistent, with 75% of suicides being male in the last 5 years.

As the populations in the age groups differ, it is often better to look at the data as rates to account for the differing populations. Rates allow us to better compare where physical numbers are high or low for certain demographics. In terms of registered suicides by age group and rate, the 25-34 and 45-54 age groups are highest with rates of 14 or higher per 100,000. The lowest rate is in the under 25 age group, however, the numbers are too low to be displayed and have therefore been supressed. The over 65 age group is one of the highest in terms of physical numbers, although as this age group has a higher population, we see the rate reduce to potentially show the numbers of registered suicides in that group are not particularly high compared to the population numbers.

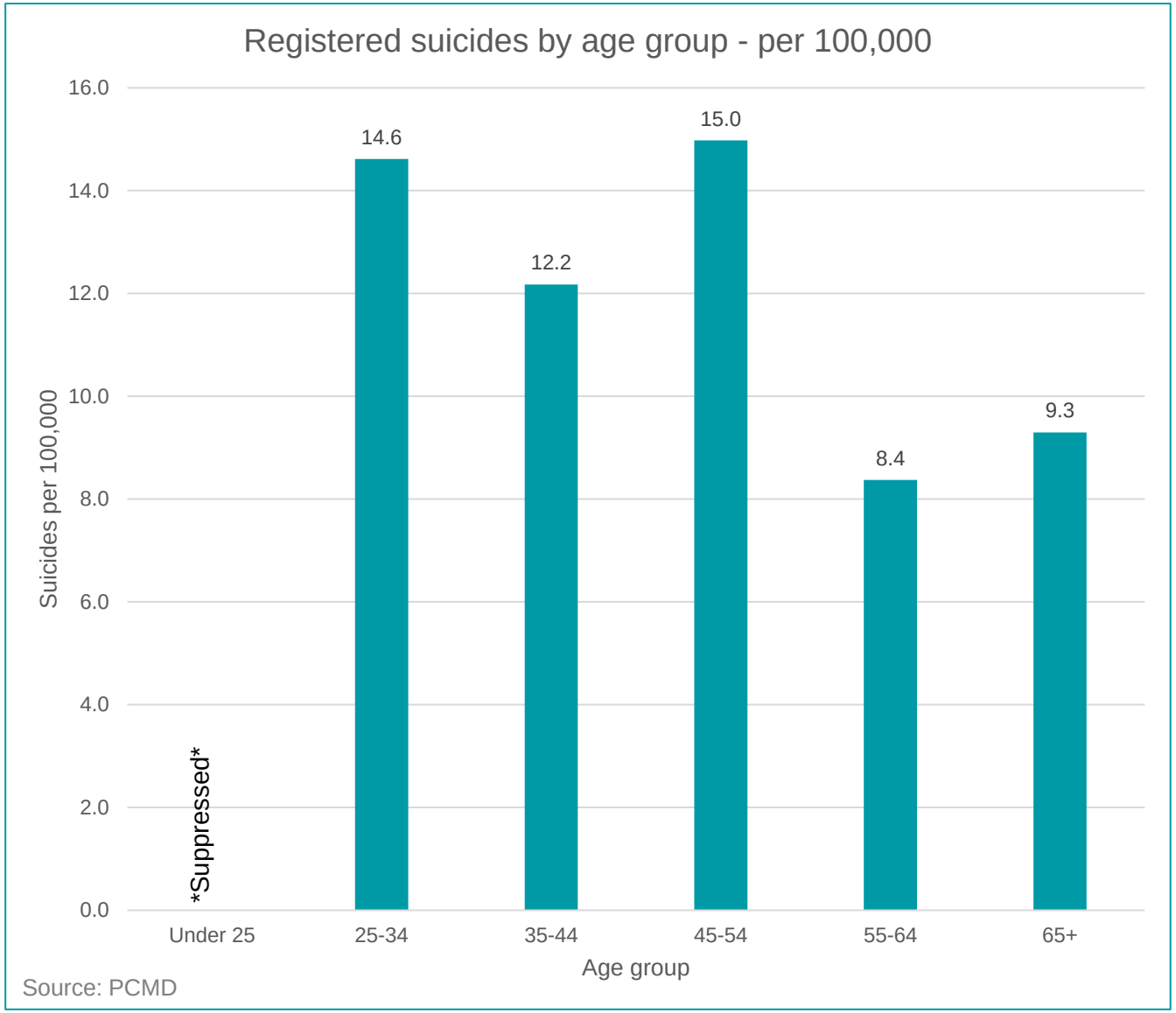


Chart 6

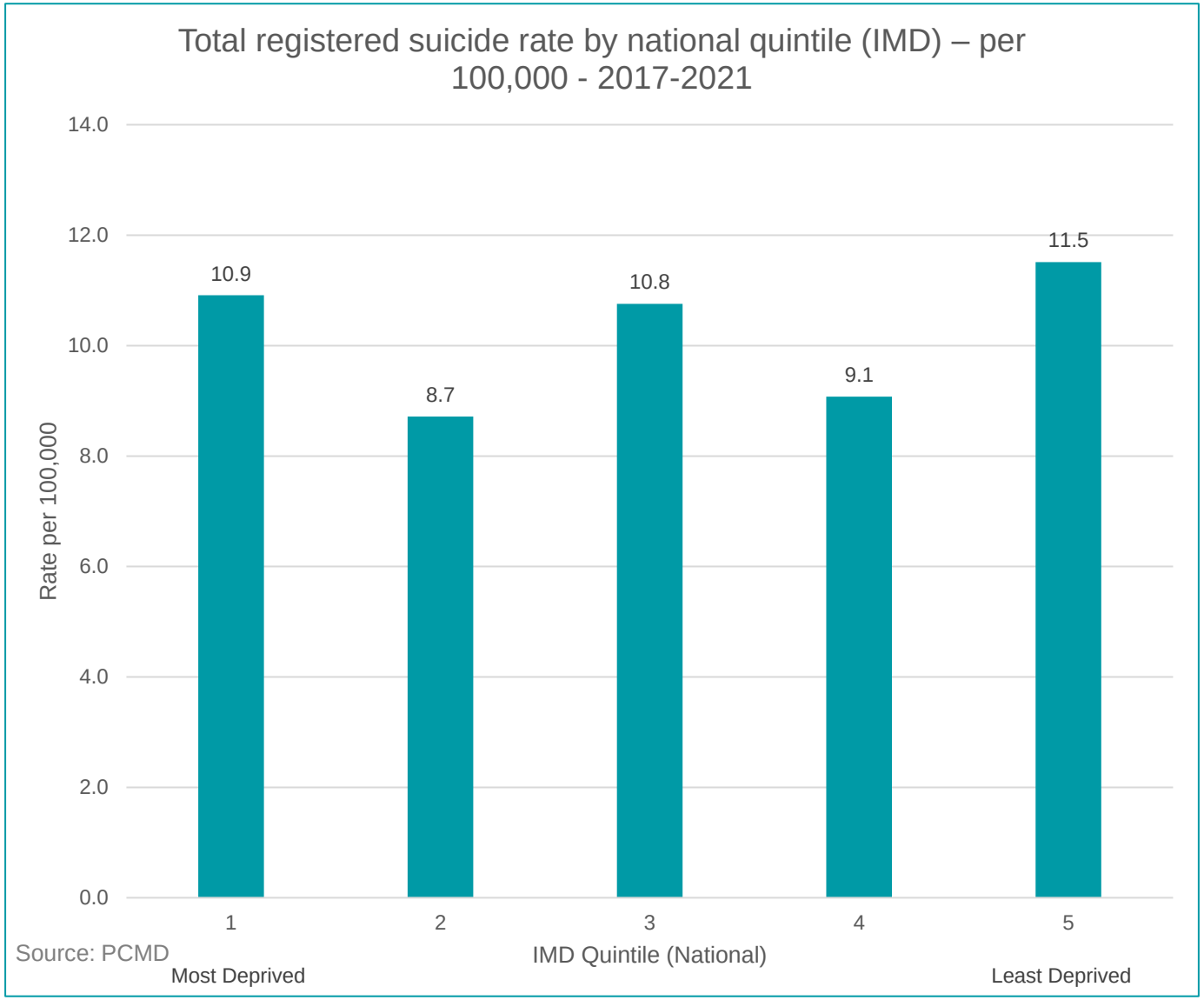


Chart 7

Deprivation

There is a relatively even spread across deprivation by quintile (national IMD), with the highest rates coming in the least deprived quintile. Quintile 1 and 3 have similar rates to quintile 5, with the lowest rate coming in the 2nd quintile with 8.7 suicides per 100,000.

According to a 2020 report published by the Office for National Statistics (ONS)(6), generally the highest rates of deaths come from the most deprived areas. Although, the gap between the most and least deprived areas can most commonly be seen among those in the working age group. Middle aged men in their 40's and 50's have had the highest rates of suicide of any age and gender in the past 10 years. For men of 43 years of age, the suicide rate in the most deprived areas is 2.7 times higher than that of the least deprived (36.6 to 13.5 per 100,000). The gap between suicide rates and deprivation was not seen in those under 20 and people of retirement age, it is likely that risk factors other than deprivation are more important. For younger people, pressures such as; childhood experience, academic issues and relationship difficulties are a likely cause. Whereas those of retirement age, deterioration of physical and mental health or psychiatric illnesses are known risk factors(6).

Real Time Surveillance

A process for gathering real time surveillance is in place. This includes data being shared across agencies to help identify trends that help inform the direction of suicide prevention work. North Lincolnshire's process currently works as follows, the Police (Humberside Police & British Transport Police) suspect that suicide may be a factor in a death, the suicide prevention leads in Public Health and Public Health Intelligence are notified. Discovery forms are sent to services (subject to the information sharing agreement in place) who may be able to contribute information to enable better understanding of the factors contributing to the decision by the deceased to end their life, for example mental health services, drug and alcohol services, GP, hospital, social services. The information gathered is used to inform suicide prevention work.

The advantage of RTS is that timely information about a suspected suicide can allow new patterns to be quickly identified. There are issues however with using this system to report on suicides. If the person is not known to the services, then little information will be learned at this stage. Further, as cause of death cannot be officially determined until a full coroner inquest is completed, several suspected suicides will be determined to not be a suicide at inquest. It is important to appreciate the distinction between suspected suicides identified through real time surveillance and those determined to be caused by suicide at inquest.

Data from real time surveillance shows that there has been an increase in suspected suicides in the past few years, with an increase from 9 in 2019, to 23 in 2021 and 2022. Current trend for 6 months to June 2023, shows similar pattern for the first six months of the previous 3 years.

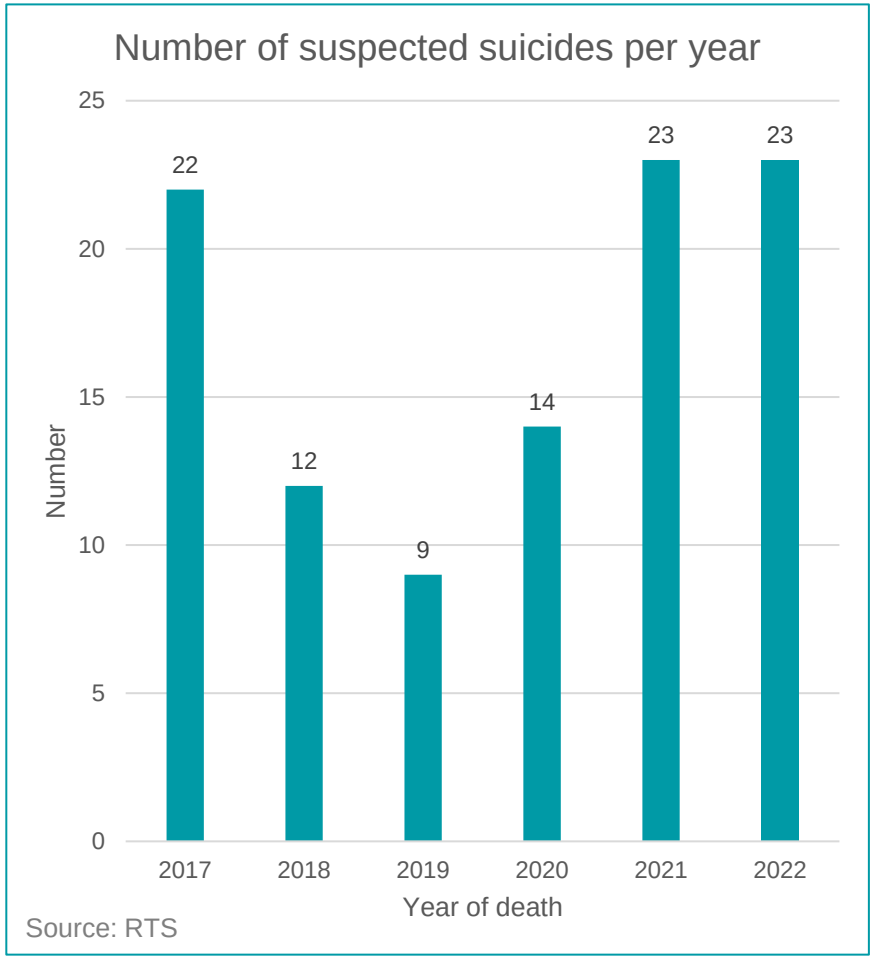


Chart 9

In 2021 PHE (now OHID) formed a National Working Group which drew upon expertise from DHSC, NHSE/I, emergency services, local government and the third sector in order to generate and oversee a national Real Time Suicide Surveillance (RTSS) system. Seed funding has been secured to assist all local areas in the establishment of real time data this year. This will significantly improve suicide monitoring, strengthen policy and investment planning, and enable more timely responses and actions. Importantly, RTSS will also facilitate the provision of bereavement support for those impacted by suicide in all local areas, as set out in the NHS Long Term Plan[5].

Age and Gender

In North Lincolnshire, there were 103 suspected suicides between 2017 and 2022. During this period, the male percentage was above the national average of 75%, as 79% of suspected suicides in North Lincolnshire were male (82 of the 103).

The 25-34 age group has the highest rates with 15.4 per 100,000 people, followed by the 45-54 age group at 12.6. The lowest rates come in the 10-24 age group at 8.5 suspected suicides per 100,000 people, followed by 55-64 at 9 suicides. When comparing the under 50 to the over 50s, 58% of suspected suicides in this period were in the under 50 age group.

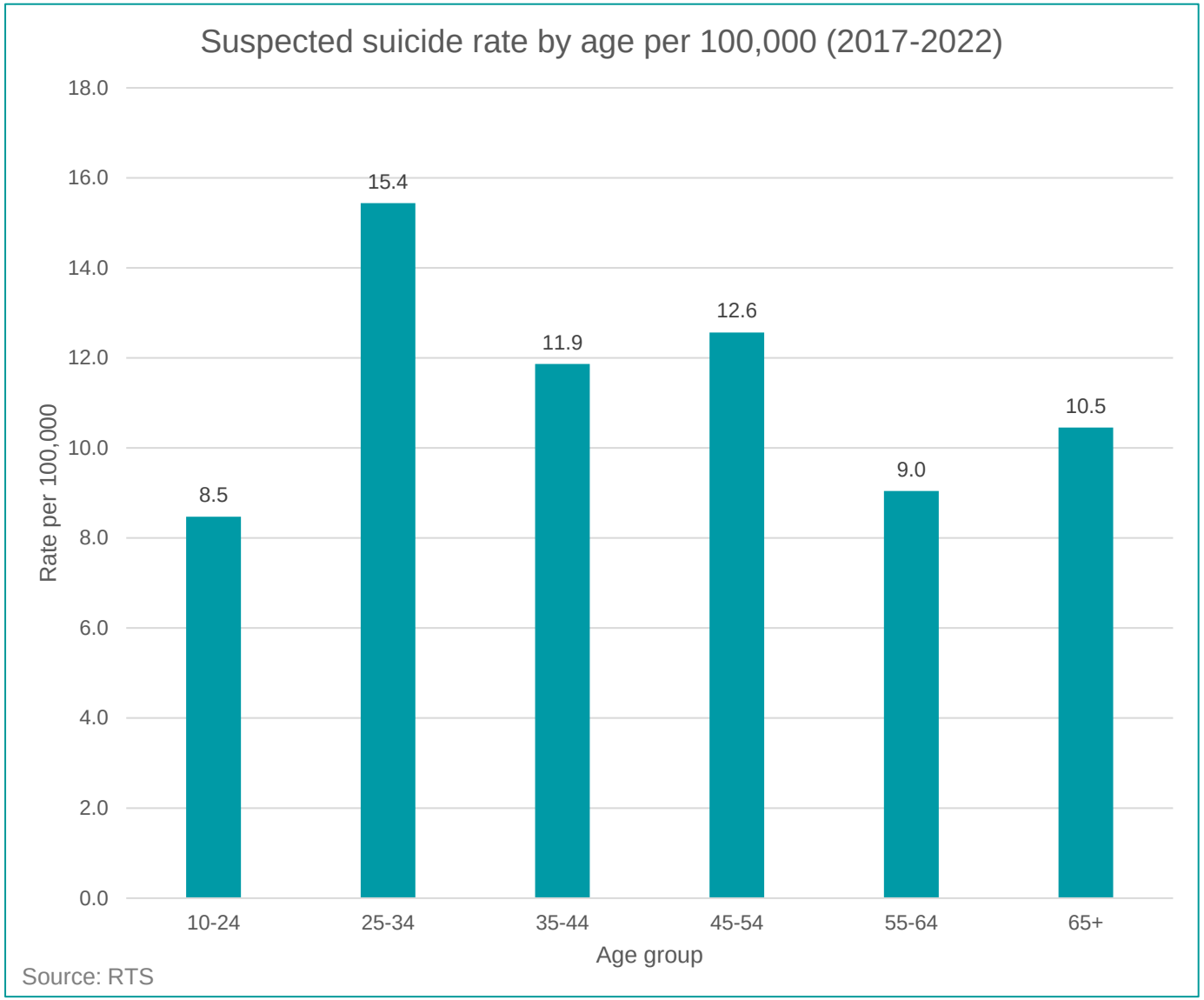


Chart 10

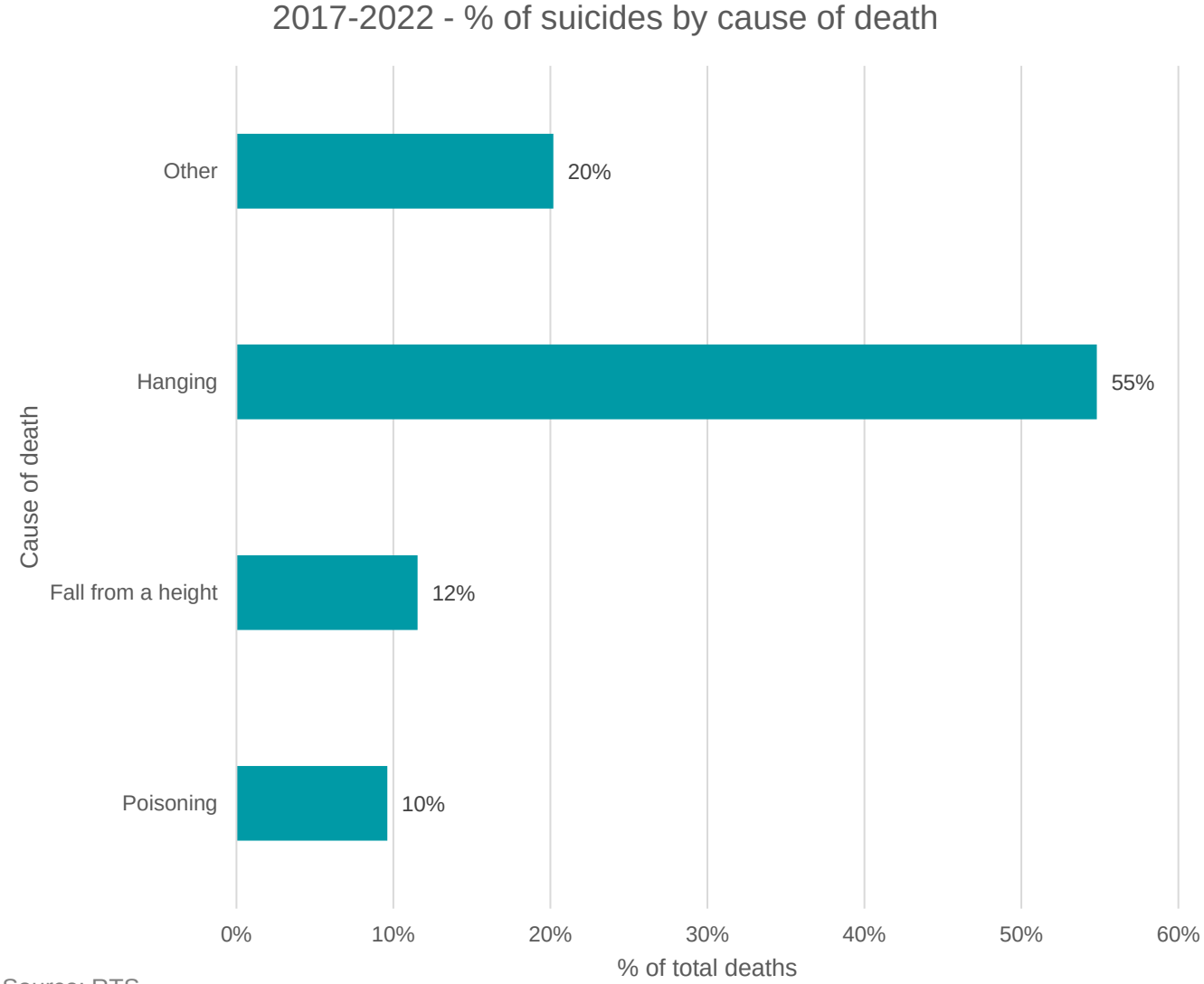


Chart 11

Method

Of total suspected suicides where method was known, hanging accounts for the largest proportion of suspected suicides in North Lincolnshire, with 55% in total. 20% of the total fell within the 'other' category, the cause of deaths within this category are asphyxiation, drowning, gunshots and lacerations. Fall from height was the 2nd highest individual cause of death with 12% of total suspected suicides, with poisoning 3rd at 10%.

Due to low numbers of suspected suicides in females, it is not possible to display the gender split figures within the chart. Hanging is the highest cause of death for males with other second, followed by fall from height and poisoning at lower numbers. Hanging is also the highest for females, closely followed by poisoning, with other and fall from height 3rd and 4th most common. Based on proportion of overall deaths, females were substantially more likely to choose poisoning than males. Similarly, males were much more likely to choose hanging over women.

Locality

The data shown in the chart to the right shows the home locality of suspected suicides between 2017 and 2022. When analysing as rates per 100,000, the rates are consistent across all 5 localities with Barton and District having the highest rate at 11.3 suspected suicides per 100,000. With Scunthorpe North becoming the lower at 9.8 suspected suicides. There were two potential clusters identified in Brigg & District, and Barton & District. A suicide cluster is a situation in which more suicides than expected occur in terms of time, place or both. These are typically 3 suicides, however, 2 suicides occurring in a specific community or setting (a school for example) in a short time period should also be taken seriously[40].

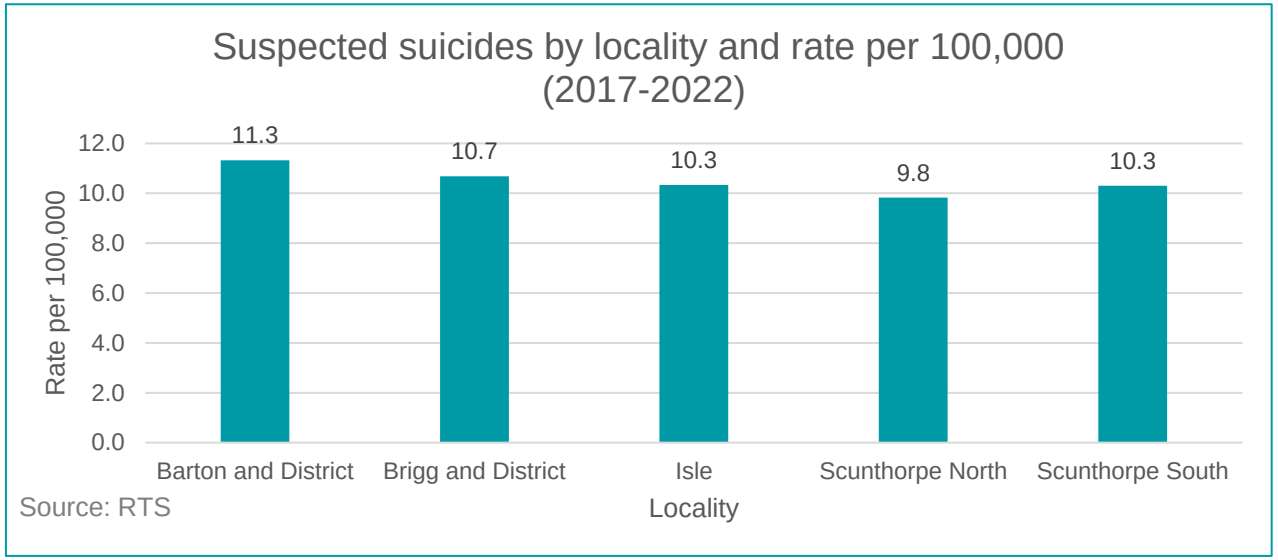


Chart 12

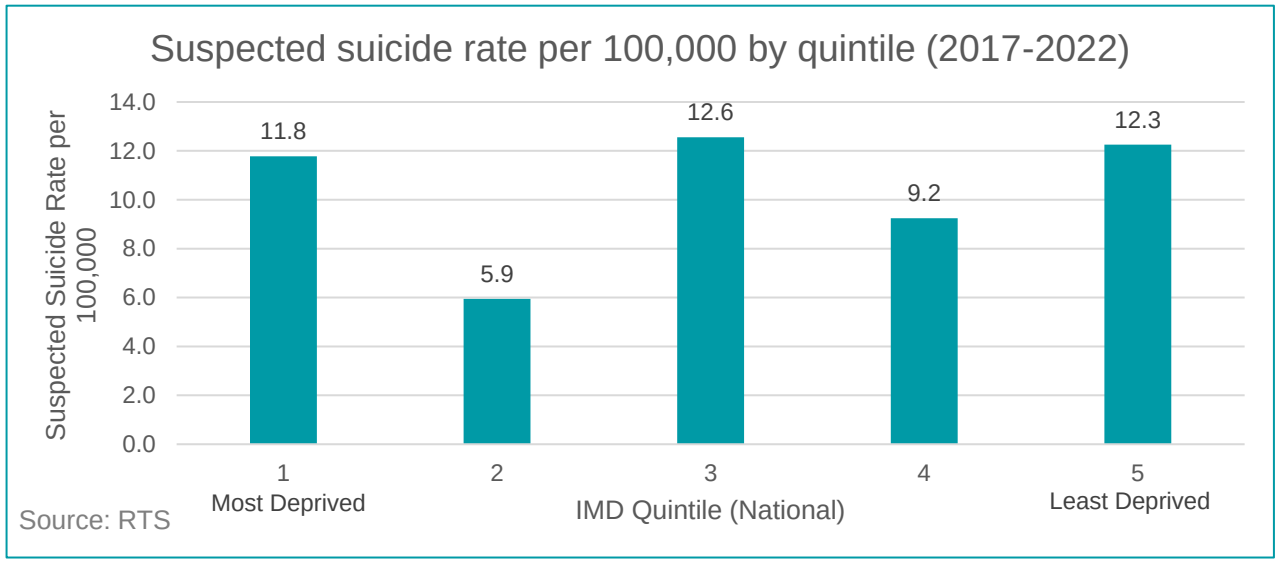
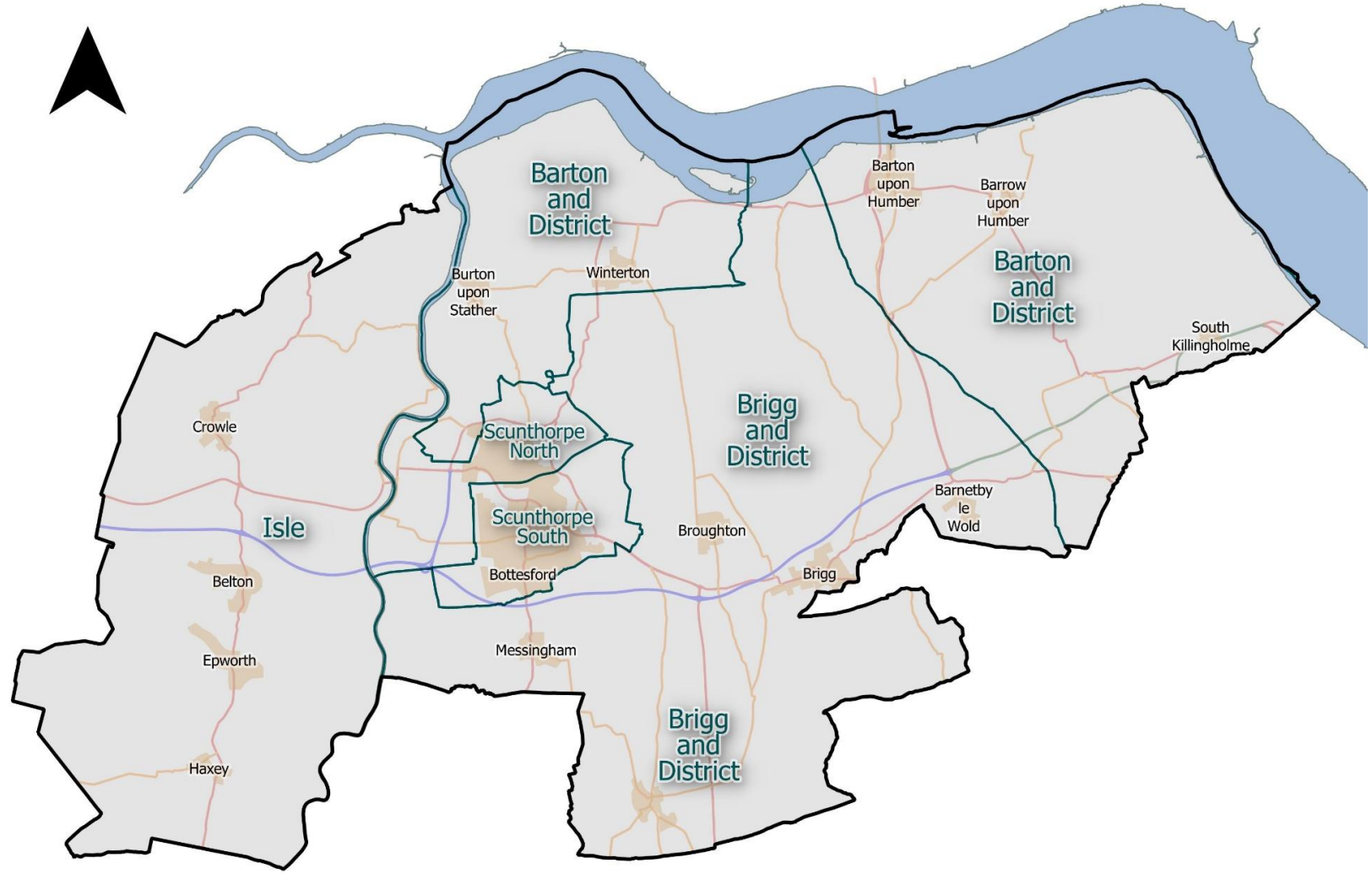


Chart 13

Place of Death and Deprivation

Just over 2/3rd of suspected suicides between 2017 and 2022 took place in private (usual place of residence). This is consistent for both males and females. Analysing deprivation by quintile and further deprivation by quintile and age we found there was little to no pattern between suicide rate and deprivation. Analysing by rate per 100,000 there is very little difference between the most and least deprived areas. With the least deprived areas having more suspected suicides by rate at 12.3 per 100,000, compared to the most deprived at 11.8. The most suspected suicides come in the 3rd quintile at 12.6.

North Lincolnshire Locality Map



Seasonal Trends

There is a common misconception or belief that suicide numbers increase in the winter months. Darker, colder days can lead to issues such as seasonal affective disorder, commonly known as winter depression(7). Winter also has several holidays such as Christmas and New Year, which could increase or lead to loneliness and lower moods. Although these issues are common, research and both national and local data show that suicide numbers in fact are higher in the spring and summer months(8). In 2020, ONS found that male suicide rates were higher between April and June with female suicides higher in the first half of the year(32). Suspected suicides in North Lincolnshire were 28% higher in spring and summer then they were autumn and winter, with the most suspected suicides coming in summer (31 deaths). As seen in the chart, suicides in fact increase during the summer months, until a drop off in September. Although the evidence shows that suspected suicides are higher in summer overall, the pattern is random and there is no real trend.

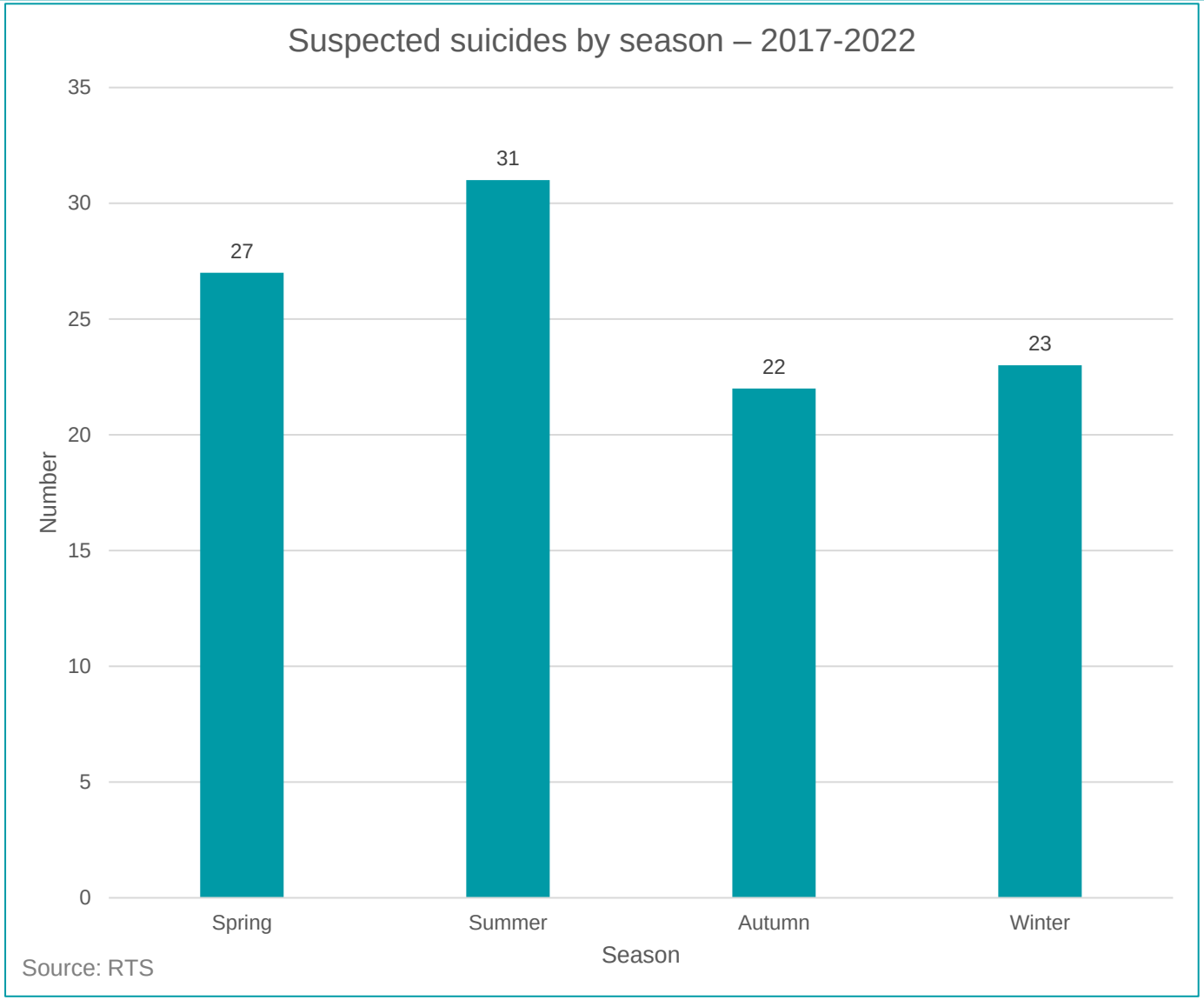
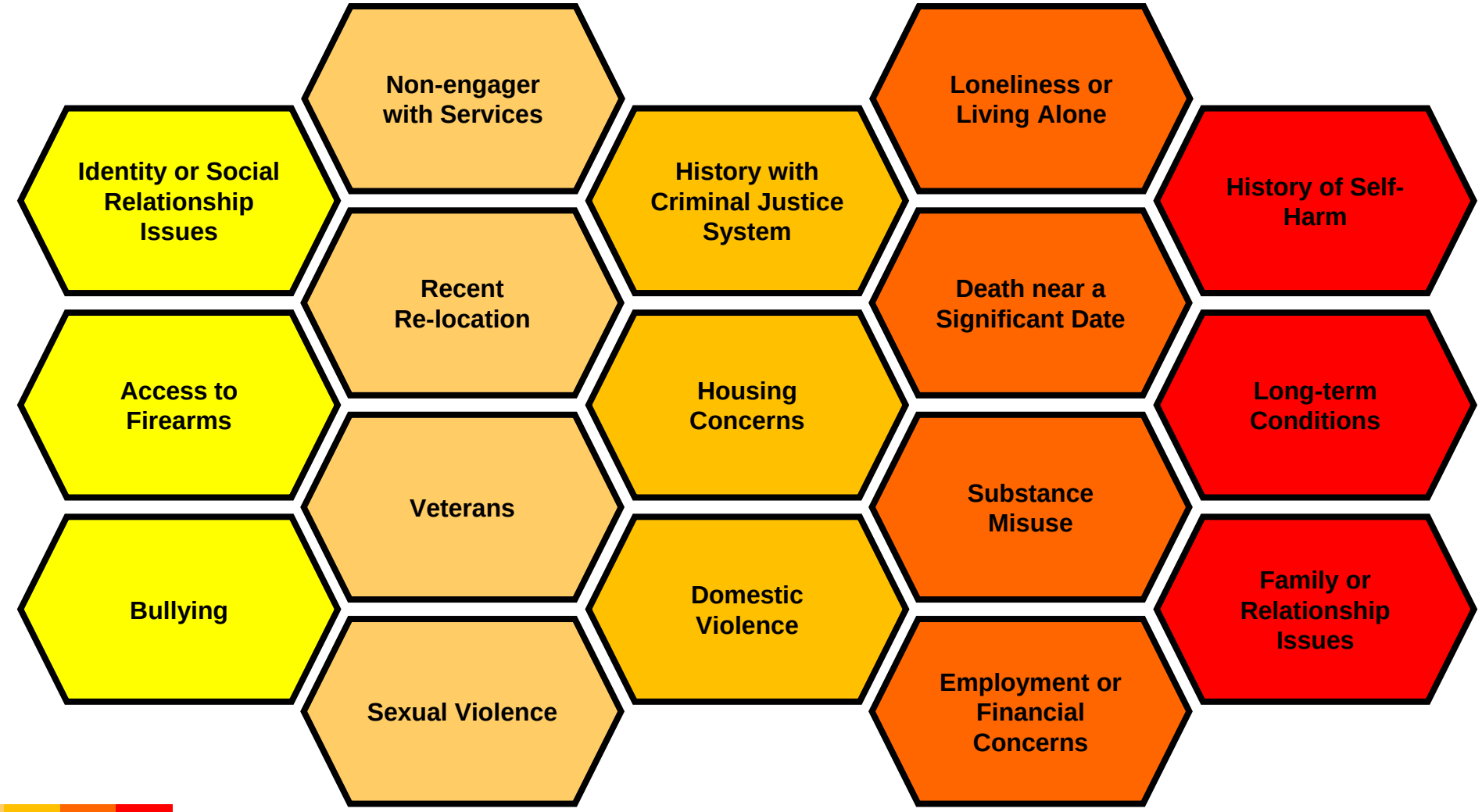


Chart 14

Identified Risk Factors between 2020 and June 2023



Key: Scale shows least to most identified risk factors

4.0 – Risk Factors

Risk Factors & Importance – 2020 to June 2023

In 2021, there were just over 5,500 suicides registered in England and Wales, which was significantly higher than 2020. The suicide rate continued to rise from 2017, with a drop in 2020 due to fewer male suicides during the pandemic and a delay in registering deaths, again due to the pandemic. A report published by ONS in 2020 suggested that during the years of 2001 to 2018 suicide, injury or poisoning of undetermined intent was the leading cause of death to both males and females aged 20-34 and was also the leading cause of death for males aged 35-49 between 2001 and 2015. With suicide rates continuing to rise it is clear this is an important topic for public health teams across the country. Research suggests that suicide is often preventable, through interventions which pursue the opportunity to raise awareness and combat mental health conditions and illness, while improving knowledge of both the recipient and people working with vulnerable groups, while also increasing staff members ability to recognise and manage people in crisis.

Pathway

As part of the real time surveillance data we receive, we also gain extra information regarding the mental health history of the deceased. The information provided, details any previous history of mental health issues, treatment or prescribed medication and whether they were previously known to mental health services. There is a known link between mental health illnesses and suicide, with suggestions that approximately 90% of individuals who die by suicide have a history of mental health illness, although the role mental health plays in suicide differs globally[33]. Along with a link of mental illness and suicide, there is further evidence to support specific mental disorders and suicide, especially in high-income countries[34]. Many suicides occur impulsively during moments of crisis that involve risk factors such as; financial problems, broken relationships, or a failure to cope with life stresses for example; chronic pain or illness. These disorders and risk factors are discussed further in the following slides.

4.0 – Risk Factors

There are several factors which are associated with increased risk of suicide in individuals, these are known as risk factors. Often, when a suicide takes place, there have been one or more risk factors affecting the deceased. It is not possible to determine with certainty that a particular risk factor, or combination of them caused the suicide but it may be inferred that they had influence in the decision. In many cases of suicide not all risk factors are known to anyone but the deceased. A greater understanding of risk factors can support suicide prevention, both at an individual and system wide level.

Through the real time surveillance process, risk factors that are known about the deceased by those contributing to the process can be identified. Of the suspected suicides analysed in North Lincolnshire between 2020 and June 2023, there were 22 different risk factors that were discovered.

Living alone and dealing with **family or relationship issues** were present in just under 40% of suspected suicides. Stravynski and Boyer, 2011[(9)] found a strong link between suicide or parasuicide and loneliness, including those that felt alone frequently or had few friends. 63% of those that lived alone also lived far away from family, which may have added to their feelings of loneliness, a further 53% were also dealing with family or relationship issues. The ending of and dealing with relationship difficulties was found to be associated with suicidal thoughts and behaviours, with divorced men being at the greatest risk of suicide, ONS reported divorced men were 3 times more likely to end their lives than those still married or in civil partnerships[(31)]. The ending of relationships could also increase the feeling of loneliness and separation, 29% of suspected suicides in this time period related to people who were living away from their family, again adding further evidence to the link between loneliness and suicide.

Living with **long-term health conditions** is another significant risk factor, present in just under 40% of the suspected suicides. Dealing with long-term conditions can lead to social isolation, low self-esteem, stigma and discrimination. Individuals may feel tired, stressed or worried when dealing with pain or the frequent testing and treatments that often accompany living with long-term conditions. These can have adverse effects on mental health, with studies suggesting that those dealing with long-term conditions are twice as likely to develop a mental health condition[(12)].

4.0 – Risk Factors

Self-Harm was a risk factor identified in over 45% of suspected suicides between 2020 and June 2023. It has been suggested that self-harm is a strong predictor of future suicide risk, with more than a quarter of women aged 16-24 self-harming at some point in their life, drawing more focus on the younger age groups, in particular young women[35]. Self-harm is a sign of emotional distress and although it there is not a direct link between self-harm and suicide, continued, long term self-harm is associated with developing thoughts of suicide[36]. Both general and emergency hospital admissions in North Lincolnshire are significantly below the England average (per 100,000 people), while further being one of the smallest rates in the local area[37, 38]. Regardless of the lower hospital admission rates, it is clear from the number of times it has been identified within the suspected suicides, that is a risk factor that must be given consideration and those at risk of self-harm must be helped to find the support they require. North Lincolnshire has seen an increase in the number of suicides for older adults (65+), particularly in males. Research conducted by Murphy et al. (2018) found a clear link between self-harm and suicide risk in older adults, the research found that older adults presenting to hospital with self-harm injuries were 67 times higher than the general population of committing suicide. Further, the suicide risk for older adults was 2.8 times higher than younger adults for those with a history of self-harm[39].

Bereavement was a factor found in numerous suspected suicides, it is suggested there is an increased risk of various causes of death, in particular suicide, due to the stress such a life event has on an individual[13]. The suicide risk of a widowed person increases in the first days, weeks and months after a suicide, although it is also suggested that the increased risk of suicide decreases following the first year[14]. This information is supported by de Groot et al. (2013) who found that 26% of those bereaved of suicide considered suicide ideation 2.5 months following the suicide, however, this number fell to just 9% at 8 months following bereavement[15]. This highlights the need for immediate action to support those going through bereavement linked to suicide, in North Lincolnshire we are fortunate enough to have multiple services that support those dealing with the effect of suicide, including, the together service and a service operated by the charity Mind.

4.0 – Risk Factors

Involvement with the criminal justice system was a risk factor found in several suspected suicides in North Lincolnshire. Bryson et al. (2020) studied suicide prevalence in people involved with the criminal justice system. The study found higher 12-month prevalence of suicide attempts in those involved in the criminal justice system to those that were not involved[16]. The prevalence was 2.8% for those who have been involved in the criminal justice system, with 1% for those with no involvement. Involvement included an arrest, probation or parole, with the highest prevalence being those with an arrest in the last 12 months at 3.3%. A second study found suicide risk was most strongly linked to those with psychiatric treatment sentencing and those with charges conditionally withdrawn[17]. It is proposed that confinement, parole or probation conditions and arrest, may precipitate psychological distress, trauma and suicide ideology[18].

Research found an association between depressive symptoms, suicide attempts and **intimate partner violence**, for both men and women[20]. Further research conducted by SafeLives found that victims of domestic violence reported a negative impact on their health. These issues included: a feeling of low esteem and self-worth, in which 90% of participants reported this feeling, a further 88% reported feeling confused, exhausted, anxious, lack of motivation and emotionally withdrawn or shut down. 84% of participants suggested they also felt lonely and isolated with 47% reporting suicidal ideation[21]. Research conducted in Kent found that 63% of domestic abuse victims felt depressed or suicidal, with 19% of suicides in 2020 in the county had been impacted by domestic abuse[22].

There is an association between **sexual violence** and a variety of mental health issues. These include depression, psychosis, substance abuse problems and post-traumatic stress disorder[19]. Research conducted by Khalifeh et al. (2015) found that 40% of patients in contact with secondary mental health services had experiences sexual violence while adults, with 10% of those experiencing it in the last 12 months[23]. More than half that reported having a history of sexual violence had also attempted suicide as a result of their experiences.

4.0 – Risk Factors

Drug and alcohol abuse was a common theme amongst the risk factors for this time period. Alcohol and drug abuse together, was present in over 35% of suspected suicides. Substance abuse can lead to suicide through disinhibition, impulsivity, and poor judgment, but it can also be used as a means of relieving the distress associated with suicidal behaviour[10]. This includes those that use prescribed medication, specifically opioids, as there are strong links between higher prescribed doses of opioids and suicide[11].

Financial strain, including those with employment and unemployment problems, has been identified as another risk factor for suicide, present in a number of suspected suicides in North Lincolnshire. Unemployment is linked with financial concerns as an individual's ability to earn money is limited. Studies suggest a strong link between a multitude of financial concerns and suicide. A study performed in the United States of America found that financial debt and crisis, unemployment, lower income and past homelessness were all associated with suicide attempts, both individually and cumulatively. This study found that if a person demonstrated an issue with all 4 financial strain variables their chance of attempting suicide was 20 times higher compared with respondents demonstrating none of the financial strain variables[24]. Having issues with employment and unemployment was found to have a two to threefold increase in the risk of death by suicide, compared with being employed[29]. Long-term unemployment also has a high risk of suicide, with risk greatest in the first 5-years, persisting at a lower level up to 16 years of unemployment[30]. A charity called Second Step offered a psychological intervention in Bristol, North Somerset and South Gloucestershire, aimed at tackling high suicide rates amongst men experiencing financial and other difficulties. Through this intervention they were able to reduce depression score by 49% and reduce those service users with suicidal ideation from 52.5% to 40.9%. Financial self-efficacy scores also increased by 26%, while qualitative follow ups showed service users to have highly valued the intervention, with one such participant declaring the intervention saved their life[25]. This evidence shows the value of such commissioned interventions and mental health services in tacking suicide and mental health illnesses.

4.0 – Risk Factors

Armed Forces Veterans. A new method of recording veteran suicides in England and Wales has been announced, alongside a 10 year look back to examine veteran deaths through suicide. For the first time, numbers of ex-service personnel who take their lives will be recorded officially by the government, following an agreement between the Office for Veterans' Affairs (OVA), the MOD and the Office for National Statistics (ONS). This data will be used to further understand where there is a need for dedicated services in England and Wales. The data will allow the government to ensure that these targeted services are signposted to veterans, where they are needed most. The new reporting method will use data collected from the recent veteran's question in the 2021 Census and match it with ONS-held data on suicides. This will allow the government to produce a statistic, known as a national measure, of the total number of veterans who die by suicide each year. This is the first time such a figure will be produced. It is expected that the first annual statistics will be published in 2023[26]. Locally, there are 7,651 veterans living within North Lincolnshire, these are broken down into three groups. 6,281 served in the regular armed forces, 1,044 served in the reserves and 326 served in both the reserve and regular forces.

The provision of veterans' health care, including mental health care, is primarily the responsibility of the NHS. Veterans can access all the mental health services available to the general population. On top of that, the NHS provides a wide range of specialist services for veterans. Through the Armed Forces Covenant, Veterans in England, Scotland and Wales receive priority access to NHS secondary care for Service-related conditions, subject to clinical need of all patients. The Armed Forces Covenant ensures that those who serve or have served in the British Armed forces, and their families, are treated fairly, and will not be disadvantaged in accessing public services due to their military service. Levels of Covenant delivery are inconsistent across the UK, and disadvantage remains in some areas, this has been attributed to a lack of awareness of the uniqueness of service in the Armed Forces[28].

4.0 – Risk Factors

The mental health problems experienced by military personnel are the same as the general population, although experiences during service and the transition to civilian life mean that their mental ill health may be triggered by different factors. Post Traumatic Stress Disorder (PTSD), depression, anxiety and substance abuse affect a significant minority of service personnel and veterans. A very recent study of 10,000 serving personnel (83% regulars; 27% reservists) found lower than expected levels of PTSD. Common mental disorders and alcohol misuse were the most frequently reported mental health problems among UK armed forces personnel. Levels of alcohol misuse were substantially higher than in the general population[(27)]. The main findings were as follows:

- 4% reported probable post-traumatic stress disorder.
- 19.7% reported other common mental disorders.
- 13% reported alcohol misuse.
- Regulars deployed to Iraq or Afghanistan were significantly more likely to report alcohol misuse than those not deployed.
- Reservists were more likely to report probable post-traumatic stress disorder than those not deployed.
- Regular personnel in combat roles were more likely than were those in support roles to report probable post-traumatic stress disorder.
- Experience of mental health problems was not linked with number of deployments.

5.0 – What we are currently doing?

Public Health led Suicide Prevention work in North Lincolnshire

Suicide Prevention Steering groups

North Lincolnshire have well established Suicide Prevention Steering groups in place that meet quarterly. The multi-agency groups lead the Suicide Prevention action plans and agenda across the respective areas.

Suspected Suicide Learning Panel (SSLP)

The Suspected Suicide Learning Panel (SSLP) is an important element of the North Lincolnshire Suicide Prevention Strategy, the North Lincolnshire Suicide Prevention Group is the delivery group responsible for this strategy and, together with panel members, will lead on the implementation of actions arising from the panel meetings.

The factors leading to someone taking their own life are complex and no one organisation is able to directly influence them all. However, it is important that lessons are learned from each suspected suicide by reviewing the circumstances and the way in which local professionals and organisations work individually and collectively with an aim to avoid future loss of life.

Proposed aims of the suspected suicide learning panel includes:

- Exploring the circumstances surrounding suspected suicides where common themes may exist and to learn from these circumstances with the aim of preventing further suicides
- Translating the learning into actions with the aim of preventing further suicides.
- Contributing to a better understanding of the nature of suicide and highlight good practice in preventing suicide.

5.0 – What we are currently doing?

Real Time surveillance

A process for gathering real time surveillance is in place across Northern Lincolnshire. This includes data being shared across agencies that help identify trends that help inform the direction of our suicide prevention work. The process for Northern Lincolnshire is - when the police (Humberside Police & British Transport Police) suspect their death to be suicide, the suicide prevention leads in Public Health and Public Health Intelligence are notified. Discovery forms are sent to services who may know the deceased, for example mental health services, drug and alcohol services, GP, hospital, social services. Information is gathered and used to inform suicide prevention work. The advantage is that new patterns can quickly be identified but the disadvantage is that for those not known to services we can't find out as much about them until the audit of coroner's notes (*this can be 1-3 years after their death).*

Contagion Action Plans (CAP)

Contagion Action Plan known as a CAP that is instigated if there is a potential or possible risk of suicide contagion. This will ensure a formal process is followed to limit any further suicides taking place from those connected to the initial case.
We have had to instigate several cap meetings this year.

5.0 – What we are currently doing?

Suicide Prevention Training

Alongside LivingWorks SafeTALK and ASIST the local authority held 8 suicide prevention training courses, attended by 185 people in total. 99% of the attendees found the training informative, useful and would recommend the training to others. Extra funding has been allocated for future training on suicide prevention.

Northern Lincolnshire Stakeholder Partnership workshop - 5th October 2022

A Northern Lincolnshire suicide awareness event was held on October 5th, 2022, to raise awareness of current trends and look at our plans to ascertain what else we need to do across our system partners. The event attracted over 60 stakeholders who participated in a workshop which resulted in an array of rich information that can be used to further enhance our prevention agenda for reducing suicide prevalence locally.

The aims of the event:

- To raise awareness and engagement among system partners about suicide prevention work
- To present the Northern Lincolnshire public health approach and plans to prevent suicides
- To engage with system partners in further development and delivery of plans to present suicides

5.0 – What we are currently doing?

Communication Plan

We have a number of campaigns that we promote throughout the year including promoting September World Suicide Day, October World Mental Health Day, Children Mental Health week, various resources are collated and promoted via comms and shared with local employers/organisations. Communications are shared at times of risk i.e. the recent and previous clusters in Barton to encourage people to talk about their mental health and how to access support. We have organised partners to come together to attend local park runs as part of Suicide Prevention awareness day

Reducing the risk- Suicide Prevention Directory

PH have produced a directory which includes information on early identification of those who could be at risk, promote training, signposting, and promoting 5 steps to wellbeing. This has been shared with partners, voluntary sector, community groups.

HNY Health and Care Partnership LTC/Chronic pain and suicides task/finish group

NLC has led on the development of a working group that aims to respond to the increased risk of suicides among people with long-term conditions or who suffer from chronic pain by participating in a scoping exercise to come up with an evidence-based action plan to reduce the risks of suicides across the patch. This group meets every two months.

Objectives

Share good practice and expertise and develop new or best practice approaches, focusing on priority challenges identified by task/finish group members where there would be added value to collaboration at a regional level.

Identify where new gaps, strategies and initiatives are needed to promote suicide prevention and reduce suicide risk among people diagnosed with LTC/chronic pain across the region. Develop an evidence-based, strategic action plan that influences the role of place and clinicians to promote the importance of suicide awareness among the LTC/chronic pain patients

Together Service Bereavement Support

Support services after suicide (otherwise known as postvention services) are commissioned in line with the National Suicide Prevention Strategy for England in which providing better information and support to those bereaved or affected by suicide is an area for action.

Specific actions for postvention services include providing:

- Effective and timely emotional and practical support for families bereaved or affected by suicide, to help the grieving process and support recovery
- Effective responses to the aftermath of a suicide
- Information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide

Individuals bereaved by suicide are themselves at increased risk of suicide, suicide ideation, depression and poor social functioning. This service will provide comprehensive support for people bereaved or affected by a death by suicide.

Nationally the Support after Suicide Partnership produce a leaflet with information that supports and guides people affected by suicide. This leaflet explains how they may be feelings and what happens during the process of dealing with a suicide, both in terms of official records and requirements, plus the emotions they may experience.

The ‘Together Bereaved by Suicide’ service provides support for individuals of any age who have been affected, witness to or bereaved by a death due to suicide, or suspected suicide. The service is funded by Humber and North Yorkshire Health and Care Partnership with delivery by Hull and East Yorkshire Mind and North and North East Lincolnshire Mind. The ‘together service’ provides this support immediately after a suicide, Humberside Police will obtain consent , and send the referral to The Together Service.

6.0 – What we would like to achieve?

Northern Lincolnshire Strategic Framework for Suicide Prevention Action Plan 2022- 2025

Our Vision: To work towards - Zero deaths by suicide in North Lincolnshire

Strategic Context:	Preventing Suicide in England: a cross-government outcomes strategy to save lives	The NHS 5 Year Forward View	The NHS Long Term Plan	Local Suicide Prevention Planning: a practical resource	The Prevention Concordat for Better Mental Health
Priorities	1.Reduce the risk of suicide and improve the mental health of key high-risk groups	2.Reduce access to means of suicide	3.Communications & support the media in delivering sensitive approaches to suicide and suicidal behaviour	4.Support research, data collection and monitoring	5.Provide better information and support to those bereaved or affected by suicide
Example actions:	• Reduce the risk of suicide in men aged 30-50, by identifying and raising awareness of non-clinical support groups who can support with life events that are linked to increase risk (e.g., relationship breakdown) • Offer appropriate training to community members and professional who are or in contact with individuals of high risk	• Engage with NLC licencing to raise public house and taxi drivers' awareness of signs of suicidal ideation and risk • Develop and empower public houses and taxi drivers in communicating and signposting individuals showing signs of suicidal ideation	• Develop and implement communication plan that increases engagement with protective factors and behaviours • Reduce the stigma to access support and talk about suicide through consistent media communication	• Use Real time Surveillance (RTS) to analyse and understand new patterns and current trends. • Use RTS to help identify clusters and contagion and ensure any response is made in a timely manner	• Engage with partners to determine a process of identifying the children of individuals suspected of completing suicide • Engage with partners to determine a method that ensures bereavement support is made available to all bereaved by suicide
Key outcomes to include:	• Reduction in suspected suicides in high-risk groups • Increased completion of relevant training and sustained impact of training	• Reduction in suspected suicides in which individuals have been in contact with others where communication could have been made to interrupt suicidal intentions	• Evidenced impact of communication campaigns in increasing engagement in support services, protective factors and training uptake	• Continuous analysis within RTS that influences action planning and limits clusters	• All children bereaved by suicide are identified • All individuals bereaved by suicide are aware and able to access bereavement support
Example Enablers	System partners: Primary Care, VCSE, ICB, ICS, LA', providers	Evidence of what works	Communication mechanisms across the system	Public Health Intelligence Unit Data Analysis	Mental Health considered in all policies

7.0 – What do the local people say? The positives to the local suicide prevention plan

- **Collaboration:** The multi-agency approach to suicide prevention allows sharing of ideas and developing new strategies or approaches from other agencies. With the wide range of agencies, there is a wealth of knowledge from all the professionals involved.
- **Information Sharing:** Further to the collaborative approach, information is shared in a timely manner, which further aids support and addresses any potential issues that are found.
- **Real Time Surveillance:** The impact real time surveillance has had on the ability to see trends and clusters in a more efficient way. Further, the information we gain from these forms to gain further insight into the risk factors that surround suicide in the local area.
- **Suicide Cluster and Contagion Meetings:** These meetings are fully engaged, aiding the ability to respond to the highlighted clusters. With continued support within the area the cluster appeared.
- **Community Meetings:** Regular meetings with the community to allow feedback and find new solutions to tackle suicide prevention in that local community.
- **Part of a Larger Suicide Prevention Team:** Being part of the Humber and North Yorkshire Health and Care Partnership suicide prevention steering group enables the local partners to keep abreast of current developments and link in with other partners as a means of promoting the project, thus, helping more people.

"The work that has taken place with North Lincolnshire suicide prevention lead and senior leaders has been amazing. The positive attitudes, the passion, the motivation and the willingness to step outside of the box and go above and beyond has made a real difference and I know that this has also saved lives"

8.0 – Key challenges, issues and unmet needs

After discussion with local partners, the following issues were highlighted:

- **Funding:** One of the key things discussed by a multitude of local partners was the issue of lack of funding and further a lack of resources to help improve suicide prevention.
- **Capacity and Staffing Levels:** Humber and North Yorkshire is a particularly large region, making it difficult to give support to all that require it. Roles require a wider remit than just suicide prevention, therefore, new systems have an impact on posts and their required time to fulfil. Further to this, not all partners can attend meetings, which leads to potential inconsistency and interrupts the flow of progress.
- **Volunteer Numbers:** There is a struggle in this area to recruit volunteers to offer face to face support to those who require it.
- **Signposting and Risk Factors:** Primary care need a greater insight into suicidal risk factors and how to signpost individuals to appropriate services.
- **Training:** A potential unmet need is to offer suicide prevention training to the public, to help save lives and reduce the stigma surrounding suicide.
- **Substance Misuse Complexities:** There is an increasing complex to substance misuse, with differences between adolescent and adult use. Further complexities in cannabis use, with importance given to it's impact on emotional wellbeing and mental health deterioration.
- **Encouraging People to Talk About Mental Health:** Coming together to work on suicide prevention can be a challenge as some communities of people still keep it hidden.
- **Specialist Services:** Engaging and gaining specialist services to ensure better support for those at risk.
- **Improved Real Time Surveillance Forms:** Forms to include questions on the victims children and children's ages if possible.
- **Refined Action Plans:** Action plans tend to be too broad, reducing capacity and increasing the efforts to improve them.

9.0 – Recommendations

After discussion with local partners, the following recommendations were highlighted:

- To work across the place and ICB footprints to influencing partners' plans and agendas to identify opportunities to improve outcomes, particularly around the risk factors groups identified in the report.
- To instigate improvements in the urgency and provision of crisis care support
- Promote and discuss the idea that it is not necessarily always mental health that leads to suicide.
- Feedback from service users indicates that we need to be careful with our use of language and for those who don't use mental health services our vocabulary may be meaningless.
- Lack of low-level support leaves people without a safety net and needs particular attention. Especially those that are isolated or lonely.
- Potentially missed or lack of support for certain groups. Those aged between 16 to 18 have their mental health issues possibly not taken seriously. More work needs doing with LGBTQA groups, those with disabilities and older adults.
- Increased training on how physical conditions and long-term health conditions can increase the risk of suicide.
- A co-ordinated campaign around public health messaging of how and where people can access support when they feel they cannot cope.
- Services for those at risk are under capacity, which leads to gaps in the service they provide. Volunteer and Community Sector attempt to fill those gaps, however, sometimes this is not a suitable option and needs addressing.
- Better information sharing between agencies, allows for a more seamless support network.

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WHERE TO SIGNPOST- SUPPORT FOR ALL AGES

URGENT	If someone is in immediate danger or has harmed themselves, call 999 and ask for an ambulance or take them to A&E. If you need help fast but don't think it is a 999 emergency, call 111 or make an urgent appointment with a GP.
CRISIS SUPPORT	If they need immediate mental health support, encourage them to ring **Samaritans 116 123, open 24/7 or North Lincolnshire Single Point of Access: advice line for routine and urgent referrals and enquiries Tel: 08000150211 or Crisis Support** 03000 216000 The individual can also **text Shout on 85258**
NORTH LINCOLNSHIRE MENTAL HEALTH SUPPORT	• North Lincolnshire Mind offer mental and emotional wellbeing support including individual 1-1 support, Wellness recovery action planning (WRAP), group and peer support sessions. Printers Yard , Fenton Street, Scunthorpe DN15 6QX. Tel: 01724 279 500 Email: support@nlmind.org The Haven - North Lincolnshire MIND Support for people aged 16+ during evenings and weekends Tel: 01724 279500 (4pm to 12 midnight)
OTHER MENTAL HEALTH HELPLINES	• SANEline Tel: 07984967708 (6pm - 11pm) • CALM - Campaign against living miserably Tel: 0800 58 58 58 (5pm - 12pm) • SOS Silence of Suicide Tel: 0300 1020 505 (4pm - 12pm) • Tomorrow Project: www.tomorrowproject.org.uk • Shout Crisis Text Line Text "SHOUT" to 85258
NORTH LINCOLNSHIRE SUPPORT GROUPS AND ACTIVITIES	• Survivors of Bereavement by Suicide (SOBS) Contact Nina Tel: 07528 788 823 • Find local support near you at www.talksuicide.co.uk/get-help • Bearded Fisherman Website: http://www.beardedfishermen.org.uk/ Tel: 0300 365 0019 Email: support@beardedfishermen.org.uk • Andy Mans club: www.andysmanclub.co.uk • Citizens Advice North Lincolnshire aim to help everyone find a way forward, whatever problem they face. Visit: https://citizensadvicenlincs.org.uk/ you can also follow their social prescribing social media page for up-to-date information and news. Visit: https://www.facebook.com/citizensadvicespservice/
BEREAVEMENT	Grieving when someone dies by suicide can be incredibly difficult and support is available: • Together Service – Northeast Lincolnshire MIND Tel: 01472 349991 Email info@nelmind.org.uk • Survivors of Bereavement by Suicide (SoBS)- national helpline Tel: 0300 111 5065 (9am - 9pm 7 days a week) • Help is at Hand NHS booklet for those bereaved by suicide. Search online "Help is at Hand" or follow this link Help is at Hand
HELP WITH OTHER ISSUES.	For help or advice on some of the issues people might be struggling with (such as money, health, family breakdown, loneliness, housing, care, legal, work issues and more) visit www.northlincs.gov.uk/people-health-and-care/

North Lincolnshire Council

WHERE TO SIGNPOST-AGE SPECIFIC; OVER 18s

URGENT	If someone is in immediate danger or has harmed themselves, call 999 and ask for an ambulance or take them to A&E. If you need help fast but don't think it is a 999 emergency, call 111 or make an urgent appointment with a GP.
CRISIS SUPPORT	If they need immediate mental health support, encourage them to ring **Samaritans 116 123, open 24/7 or North Lincolnshire Single Point of Access: advice line for routine and urgent referrals and enquiries TEL: 08000150211** The individual can also **text Shout on 85258**
NORTH LINCOLNSHIRE MENTAL HEALTH SUPPORT	• Adult mental health service – RDASH provide a range of mental health support, including crisis support. In a mental health crisis, they can be called on 03000 216000 Free number for this same line is 0800 015 0211 • NHS North Lincs Talking Therapies provides talking therapies to adults who are experiencing common mental health problems such as depression, stress or anxiety. You can contact the service by contacting NHS North Lincs Talking Therapies on 03000 216 165 or by completing online referral form. https://iapt.rdash.nhs.uk. You can also visit their website which contains a range of self-help guidance at https://iapt.rdash.nhs.uk/
OTHER MENTAL HEALTH HELPLINES	• SANEline Tel: 07984967708 (6pm - 11pm) • CALM - Campaign against living miserably Tel: 0800 58 58 58 (5pm - 12pm) • SOS Silence of Suicide Tel: 0300 1020 505 (4pm - 12pm) • Tomorrow Project www.tomorrowproject.org.uk • Shout Crisis Text Line Text "SHOUT" to 85258 • Andy's Man Club www.andysmanclub.co.uk
NORTH LINCOLNSHIRE SUPPORT GROUPS AND ACTIVITIES	• One for the Lads www.facebook.com/14forthelads • One for the women www.facebook.com/womansupportingwoman • Woman supporting Woman: Peer support group https://www.facebook.com/womansupportingwoman/ • GEO Men's' Talking Group Meet every Tuesday evening at 6pm: Baysgarth School annex, Barton-upon-Humber. Email: enquiries@hull4heroes.org.uk Armed forces hub, 186 High Street Scunthorpe. Email: enquiries@hull4heroes.org.uk • Break The Stigma, The MoveMENt and New Beginnings: Host Men's and Women's Group monthly sessions at New Beginnings Personal Training & Wellness Facility, Unit 2, Davidson House. East Common Lane, Scunthorpe, DN16 LDD. Visit: www.startanewbeginning.co.uk or email: sgnewbeginning@outlook.com
BEREAVEMENT	Grieving when someone dies by suicide can be incredibly difficult and support is available: • Together Service – Northeast Lincolnshire MIND Tel: 01472 349991 Email info@nelmind.org.uk • Survivors of Bereavement by Suicide (SoBS)- national helpline Tel: 0300 111 5065 (9am - 9pm 7 days a week) • Help is at Hand NHS booklet for those bereaved by suicide. Search online "Help is at Hand" or follow this link Help is at Hand • Cruse Bereavement Care Visit: www.cruse.org.uk. Email: south.humber@cruse.org.uk or Tel: 0808 808 1677 (National) or 07488 253 640 (Local)
HELP WITH OTHER ISSUES.	For help or advice on some of the issues people might be struggling with (such as money, health, family breakdown, loneliness, housing, care, legal, work issues and more) visit www.northlincs.gov.uk/people-health-and-care/

WHERE TO SIGNPOST-AGE SPECIFIC; UNDER 18s

URGENT	If someone is in immediate danger or has harmed themselves, call 999 and ask for an ambulance or take them to A&E. If you need help fast but don't think it is a 999 emergency, call 111 or make an urgent appointment with a GP.
CRISIS SUPPORT	If they need immediate mental health support, encourage them to ring **Samaritans 116 123, open 24/7 or North Lincolnshire Single Point of Access: advice line for routine and urgent referrals and enquiries TEL: 08000150211** The individual can also **text Shout on 85258**
NORTH LINCOLNSHIRE MENTAL HEALTH SUPPORT	• Children and Young People's Mental Health Rdash- With Me In Mind : https://www.withmeinmind.co.uk/north-lincolnshire/ • Child and Adolescent Mental Health Service (CAMHS) – This service is also provided by RDaSH. They provide mental health assessments, therapy and intervention for children, young people up to the age of 18 years and their families or identified carers. They can be contacted on: 01724 408460 • Life Central : Help Available Young People: Website & App: Life Central – North Lincolnshire (life-central.org) • Youth Information and Counselling unit (YICU): projects@northlincs.gov.uk, or Tel: 01724 296679 • Educational Psychology: nledpsychology@northlincs.gov.uk • The Haven haven@barnados.org.uk or Tel: 01724 847700
OTHER MENTAL HEALTH HELPLINES	• SANEline 07984967708 (6pm - 11pm) • CALM - Campaign against living miserably 0800 58 58 58 (5pm - 12pm) • SOS Silence of Suicide: 0300 1020 505 (4pm - 12pm) • The Mix - Tel: 0808 808 4994 • Young Minds: Young minds website • Papyrus: https://www.papyrus-uk.org/ • Beyond is a national youth mental health charity tackling the growing mental health crisis in the UK https://wearebeyond.org.uk

WHERE TO SIGNPOST-AGE SPECIFIC; UNDER 18s (continued)

NORTH LINCOLNSHIRE SUPPORT GROUPS AND ACTIVITIES	• **Rubiks Inclusive Counselling Services www.rubiks-counselling.co.uk** • Changing Lives through Changing Minds provide high quality, evidence-based therapy services for children and young people https://changinglives-therapy.org/ • **A variety of clubs and groups are advertised on the LiveWell North Lincolnshire Directory www.livewellnorthlincolnshire.org.uk** • **With Me in Mind North Lincolnshire focus on early prevention and intervention for young people's emotional wellbeing www.withmeinmind.co.uk**
BEREAVEMENT	• Help is at Hand NHS booklet for those bereaved by suicide. Search online "Help is at Hand" or follow this link Help is at Hand • North Lincs Bereavement support bereavementsupport@northlincs.gov.uk • Winston's Wish, free national helpline and online chat: 08088 020 021 • Child bereavement UK, Helpline: 0800 02 888 40. Hope Again www.hopeagain.org.uk. Tel: 0808 808 1677 • Grief encounter www.griefencounter.org.uk or Tel 0808 802 0111 • Bliss: 0808 801 0322 • The Good Grief Trust: hello@thegoodgrieftrust.org • The Lullaby Trust: 0808 802 6868 • SANDS: 0808 164 3332 • Jens Special Place for bereaved children aims to support children in expressing their grief and exploring their feelings in a safe and empathetic environment to improve overall health and wellbeing www.jensspecialplace.co.uk
HELP WITH OTHER ISSUES.	For help or advice on some of the issues people might be struggling with (such as money, health, family breakdown, loneliness, housing, care, legal, work issues and more) visit www.northlincs.gov.uk/people-health-and-care/

Talk Suicide Training

- FREE 20-minute online suicide prevention training
- Learn how to spot suicide warning signs and have a conversation with someone

you're worried about www.talksuicide.co.uk

MECC e-learning

- To understand public health and the factors that impact on a person's health and wellbeing.
- It focuses on how asking questions and listening effectively.
- A 'MECC interaction' takes a matter of minutes and is not intended to add to existing busy workloads, rather it is structured to fit into and complement existing engagement approaches.
- Making Every Contact Count - eLearning for healthcare (e-lfh.org.uk)

SUPPORT FOR CHILDREN AND YOUNG PEOPLE

SANE
SANEline: Children, young people, professionals, carers and parents.
Textcare: ages 16+
0300 304 7000
www.sane.org.uk
support@sane.org.uk

YOUNGMiNDS
Youngminds: Children, young people, professionals, carers and parents
Shout: all young people
www.youngminds.org.uk
Text YM to 85258.

Changing Lives through Changing Minds
Children and young people
www.changinglives-therapy.org
01724 487 337
Mobile: 07809737537
admin@changinglives-therapy.org

WITH ME IN MiND
With Me In Mind: Children, young people, professionals, carers and parents
www.withmeinmind.co.uk/north-lincolnshire

LIFE Central
Lifecentral website and app: Children, young people, professionals, carers and parents
www.life-central.org

mind for better mental health
Talking Minds: 14-17 years
Including online webchat
The Haven: 16 years+
Talking Minds Plus: 18-25 years
01724 279500
www.nlmind.org

Calm Harm: Over 13s
App downloadable from
www.calmharm.co.uk

WINSTON'S WISH
Winston's Wish: under 25 years
Including online webchat
www.winstonswish.org
08088 020 021
ask@winstonswish.org

Papyrus
Papyrus: Children, young people, professionals, carers and parents
HopelineUK: all young people
www.papyrus-uk.org
0800 068 4141

childline
Under 19 years
www.childline.org.uk

Child Bereavement UK
REBUILDING LIVES TOGETHER
Child bereavement UK: under 25 years, parents and wider family
Including online webchat
www.childbereavementuk.org
Email: helpline@childbereavementuk.org
Helpline: 0800 02 888 40

Jen's Special Place
Children, young people, their families and carers
www.jensspecialplace.co.uk
07368224827
enquiries@jensspecialplace.co.uk

THE MIX
The Mix: Under 25's
0808 808 4994

Rotherham Doncaster and South Humber Mental Health NHS
NHS Foundation Trust
E-clinic: 11-19 years
Parent Plus: Parents
NL School Nurse: 11-19 years
https://www.facebook.com/SchoolNursesNLincs/
https://www.instagram.com/nlschoolnurses/

Child and Adolescent Mental Health Services (CAMHS):
under 18 years
01724 408460
https://camhs.rdash.nhs.uk/north-Lincolnshire/

SAMARITANS
Samaritans: Children, young people, professionals, carers and parents
Freephone: 116 123
www.Samaritans.org
jo@samaritans.org
(email not to be used in an emergency)

If someone needs immediate mental health support, encourage them to ring North Lincolnshire Single Point of Access advice line on 0800 015 0211 or, if they are unable to keep themselves safe encourage them to attend A&E