
Trafford Suicide Prevention Strategy 2022-2025

Reflect, Review, Refocus and Recover

In 2019 Trafford produced a Suicide Prevention plan with key partners and in 2021 we updated our priorities.

Trafford Council with partners has continued its relentless focus on preventing suicide.

This document updates the strategy and highlights what we have achieved and our continuing priorities. It reflects the comments we have previously received when we consulted on the first strategy.

COVID 19 has had, and will continue to have, a significant impact on our residents' mental health and wellbeing and we have set out our plans to support and help them recover from the adverse effects of COVID 19.

Our vision

We are committed to making Trafford a place where suicide prevention is everyone's business and where people should not feel like suicide is their only option. We will create a supportive environment to live, learn and work and where people can receive support and advice when they need it.

We will take both a universal and targeted approach to suicide prevention, prioritising groups at high risk as well as ensuring a broad reach to all our residents. We will collaborate with all our key partners across Trafford to achieve this ambition and reach out to the wider community to ask for their support as to how we develop and deliver on our plan.

Our priorities

1. Provide appropriate **information, signposting and support** for mental wellbeing and suicide prevention
2. Ensure our workforce and residents feel **confident and skilled** to have conversations about mental health and suicide
3. Raise **awareness** of the risk of suicide and self-harm in specific groups
4. Ensure approaches are co-produced **with communities** and draw on local assets
5. Provide information and support to those **bereaved** or affected by suicide
6. Work in **partnership** to ensure that we are responding to the needs of service users
7. Ensure organisations that work with **young people** promote prevention and resilience building
8. Use **research, data, and monitoring** to inform plans and target certain areas or groups

Why prevention is critical - risk factors

Definitions

Suicide is the act of intentionally taking your own life. In the UK, official suicide statistics take into account deaths with a recorded underlying cause of “intentional self-harm” (ages 10 years and over) or “event of undetermined intent” (ages 15 and over; Office for National Statistics [ONS], 2019).

Suicide is a major public health issue – more than 6000 people take their own lives in the UK and Republic of Ireland each year, and it is the leading cause of death in adults aged between 20 and 34 (ONS, 2020; Samaritans, 2020).

Understanding the underlying risk factors can promote co-ordinated, targeted interventions to reduce suicide rates and other self-harming behaviours.

Who is at risk

Anybody can experience suicidal thoughts, feelings, and behaviour. However, there are key factors associated with an increased risk of suicide.

1. *Gender* – three quarters of suicides in the UK are male. Men aged 45-49 have the highest suicide rate (Samaritans, 2020).
2. *Socioeconomic disadvantage* – this includes low income, debt, poor housing conditions, unstable employment, and living in a socioeconomically deprived area (Samaritans, 2017).
3. *Previous history of self-harm* – the risk of suicide is 50-100 times higher amongst individuals who have self-harmed in the past (Samaritans, 2020b).
4. *Mental health issues* – depression and schizophrenia are the mental health issues associated with the highest risk of suicide (South West London and St George’s Trust, 2019).
5. *Physical health issues* – studies have suggested that suicide risk is predicted by the effect that a physical illness has on a person’s life, in terms of disruption to their daily activities (Onyeka et al., 2020).

6. *Alcohol and substance misuse* – both long-term dependence and acute intoxication is associated with an increased likelihood of attempting suicide (Kalk et al., 2018)
7. *Social isolation and loneliness* – over the course of a person’s life, both factors have been linked to an increased risk of early death, carrying a similar mortality risk to obesity (Holt-Lunstad et al., 2015).
8. *Domestic abuse* – it has been reported that 30% of women who take their own lives have experienced domestic abuse (Walby, 2004). LGBT+ victims of domestic abuse are also twice as likely to attempt suicide (Safelives, 2018).

Key cohorts

LGBTQ+

Based on a UK meta-analysis, LGB adults are approximately twice as likely to attempt suicide, compared to heterosexual adults (Semlen et al., 2016). They are also around twice as likely to experience mental health issues, with the prevalence of depression and anxiety disorders being around 1.5 times higher (Semlen et al., 2016).

LGBT Health’s (2018) paper collated evidence on significant mental health inequalities experienced by LGT people, including mental health issues. With respects to trans adults, it was highlighted that the majority of population studies fail to adequately capture information around gender identity, which means specific statistics around trans people’s mental health is missing from research. However, based on available data, they reported that:

- 53% of trans people have self-harmed and 35% have attempted suicide at least once, compared with 7% of the general population in England (Trans Mental Health Study, 2012).
- 88% and 75% of trans adults show symptoms of depression and anxiety, respectively (Trans Mental Health Study, 2012).

Domestic Abuse

Trafford Domestic Abuse Services (TDAS) reported increased complexity in cases during COVID-19. The most common issues included:

- Substance misuse (30% of victims in 2020)
- Mental health needs (64% in 2020)
- Multiple vulnerabilities (40% in 2020)
- “Toxic trio” of substance misuse, mental health issues, and domestic abuse (18% of victims in 2020)

Self-harming, attempting suicide, cultural needs, and English as a second language were also reported as increasingly common vulnerabilities. Similar to national reports, local victims have reported that Covid-19 has increased levels of isolation.

SafeLives (2018) report ‘Free to be safe: LGBT+ people experiencing domestic abuse’ found a number of notable findings in relation to victims and survivors identifying as lesbian, gay, bisexual, transgender, or queer/questioning such as;

- LGBT+ victims of domestic abuse are almost twice as likely to have attempted suicide
- LGBT+ victims are more than twice as likely to have self-harmed

Ethnically diverse communities

Rates of mental health problems can be higher for some ethnically diverse groups than for White people. [Mental Health Foundation \(2021\)](#)

For reasons such as racism and discrimination, social and economic inequalities and stigma around mental health.

For example:

- Black men are more likely to have experienced a psychotic disorder in the last year than White men
- Black people are four times more likely to be detained under the Mental Health Act than White people
- Older South Asian women are an at-risk group for suicide
- Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety and PTSD.

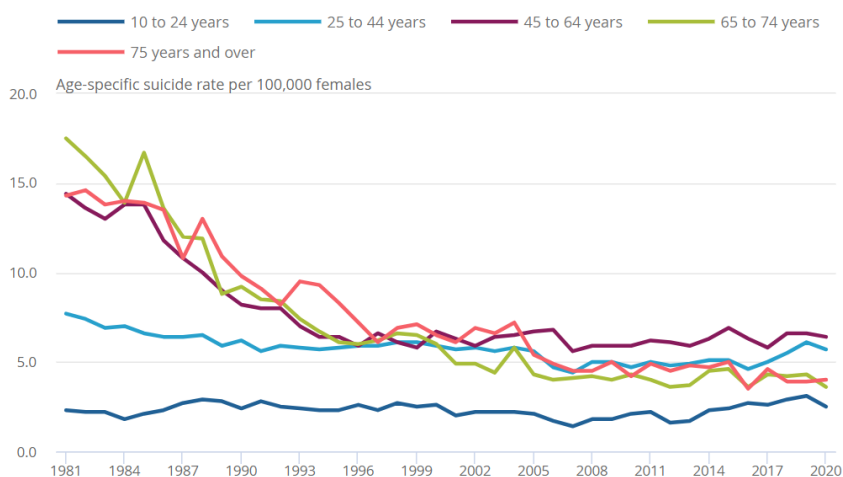
Financial insecurity

Poverty is a risk factor for suicide, but only when there is great disparity in wealth: when some people are in poverty, but others nearby are wealthy. Personal debt is a risk factor, and suicide rates increase when the economy is in bad shape, so this is an important priority with the current cost of living crisis. [Saxby \(2012\)](#)

Menopause and Perimenopausal

Of women and girls who completed suicide in England & Wales in 2020, those aged 45 to 64 years had the highest rate (6.4 deaths per 100,000 females).

Age-specific suicide rates by broad age groups, females, England and Wales, registered between 1981 and 2020



Suicide rates in women of perimenopausal or menopausal aged 45–54 years have increased according by 6% in the last 20 years according to ONS figures (ONS: 2020). This may be related to the biological changes associated with the menopause. Mental illness is very prevalent, in women at this stage. The risk of serious depression is significantly increased in perimenopausal women. The adverse impact also affects her family and society. [Kulkarni, J. \(2018\)](#)

Research specifically targeting the mental health of perimenopausal women is lacking. There is a gap in the recognition and provision of appropriate treatments for middle-aged women experiencing depression related to the hormonal changes of the menopause.

Young People and families

Young people are identified as an at-risk group with latest available data reporting suicide as the main cause of death in young people under the age of 35 in the UK, this equates to over 200 school aged children are lost to suicide every year in the UK (Papyrus, 2022). Despite there being a low number of young female deaths, the suicide rate among

females age 10-24 years has increased by 83% between 2012-2018. With approximately 3.3 deaths per 100,000 10–24-year-olds (ONS, 2018). In 2019 a systematic review found that males aged 12-26 years have a higher risk of suicide death, however females aged 12-24 years have a higher lifetime prevalence of suicide attempts. The review also found common risk factors across the two genders which included mental or substance abuse disorders and exposure to interpersonal violence (Miranda-Mendizabal et al, 2019)

We know some young people are at higher risk of suicidal thoughts and feelings. Loneliness, an emotion which can impact our general health and wellbeing may also be associated with suicidal thoughts. Samaritans (2019) reported young people in the UK (aged 16-24 report) feeling lonelier compared to older age groups. In 2022, Beewell published a wellbeing survey which was completed by 37,713 Greater Manchester secondary school pupils, of which 3,531 Trafford pupils in years 8 and 10 responded. The study found Trafford pupils attending schools in the North, Central and West neighbourhoods are reporting within the average levels of loneliness compared to the Greater Manchester neighbourhood scores when asked “How often they feel lonely”. However, Trafford South pupils showed higher than average levels of loneliness, suggesting that they feel lonely more often than other students across the borough.

LGBTQ+ Youth

Just Like Us (2021) commissioned a survey of almost 3000 LGBT+ pupils aged 11-18. Compared to a non-LGBT control group, they found that LGBT pupils were:

- Twice as likely to contemplate suicide (68% of respondents). Black LGBT+ young people were three times more likely.
- Three times more likely to self-harm (31% of respondents).
- Twice as likely to have experienced depression (47%), panic attacks (31%), or an eating disorder (31%).

In 2021, Just Like Us published a report exploring the impact of school, home and covid on LGBT+ young people. They completed a survey with 2,934 pupils aged 11-18 years from 375 schools, with 39% (1,140) of the pupils who identified as LGBT+.

From this study, it was evidenced that over two thirds (68%) of LGBT+ young people say they have experienced suicidal thoughts and feelings. On average, LGBT+ young people are more than twice as likely to experience suicidal thoughts as non-LGBT+ young people (29%). The report also highlighted that 89% of Black LGBT+ pupils have contemplated suicide.

New mums

A report produced by Oxford University highlighted Maternal suicide remains the leading cause of deaths occurring within a year after the end of pregnancy in the UK (MBRRACE-UK, 2021). For some people the new pressure of having a child can impact their mental health and wellbeing, finances, and relationships. However, those mothers who gave birth during covid faced additional challenges and experienced a lack of face-to-face support from professionals, peers, and family and friends due to covid restrictions. Their increased isolation may have affected their mental health and resilience during an already challenging time, as well as impacting the opportunities for their babies to develop their social and emotional skills. It was evidenced in the Babies in Lockdown report (2020) that parents who are younger, have lower incomes, or come from a Black, Asian, or Minority Ethnic (BAME) background were more likely to have experienced difficulties and have been unable to access services.

Autism

Autistic people are at significantly higher risk of suicidal thoughts and behaviours compared with non-autistic people. Those with high-functioning autism were at greater risk than the general population. Women were more at risk than men (in contrast to suicide rates more generally, where men are three times more likely than women to die by suicide). (Parkin and Mackley: 2017)

Many people with autism also have common mental health disorders:

- 30-50% of adults with autism have depression, and 30% of children
- 50% of adults with autism have anxiety, and 40% of children

Many autistic people remain undiagnosed, with increased risk of attempting suicide. However, no studies have yet explored potentially undiagnosed autism or attempted to quantify autistic traits in those who have died by suicide. 372 Coroners' inquest records, covering the period 1 January 2014 to 31 December 2017 from two regions of England, were analysed for evidence that the person who died had diagnosed autism or undiagnosed possible autism (elevated autistic traits), and identified risk markers. Evidence of autism (10.8%) was significantly higher in those who died by suicide than the 1.1% prevalence expected in the UK general alive population (Cassidy et al. 2022).

Disabilities

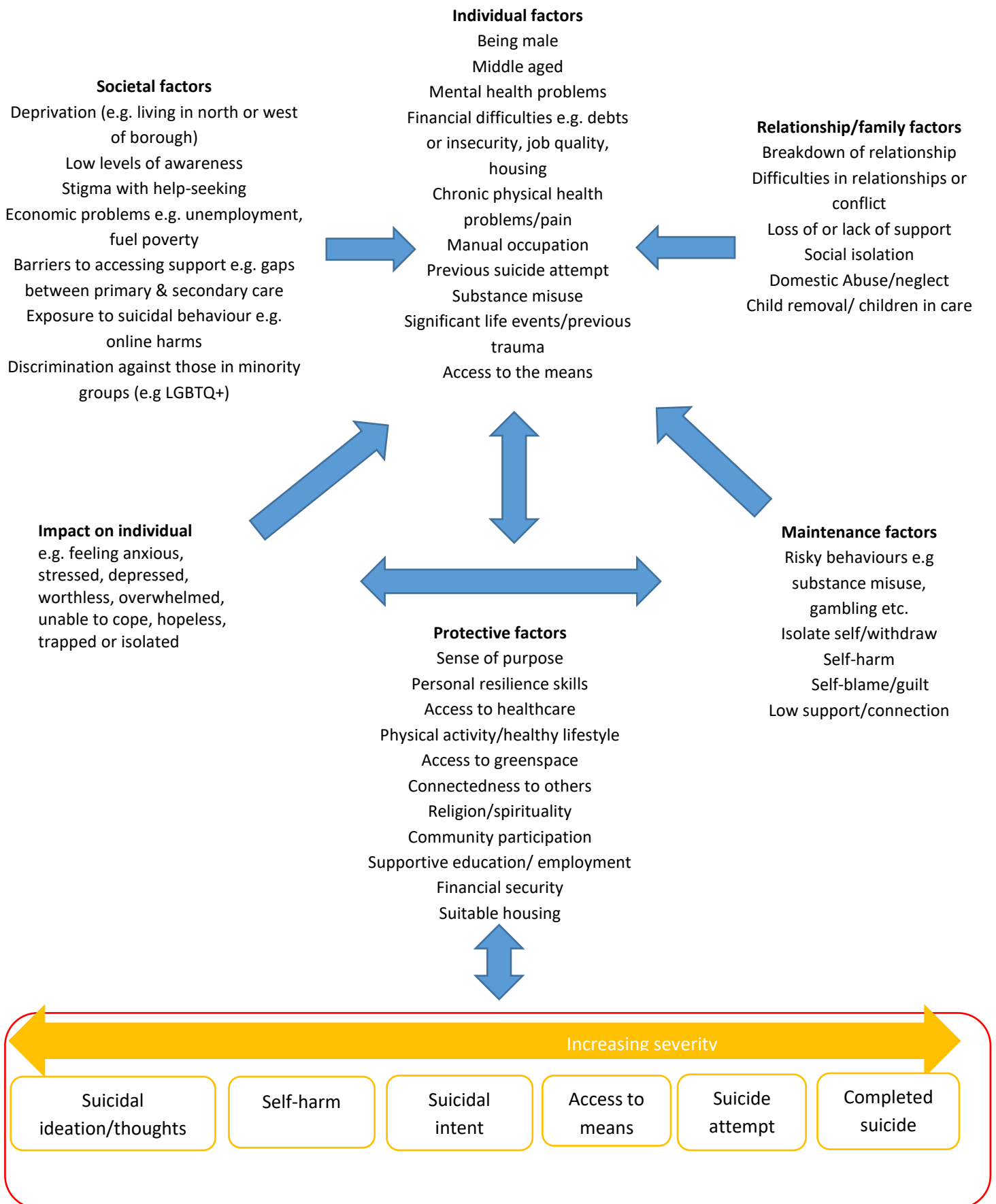
A 2016 study by Fuller-Thomson et al, found that people with severe learning disabilities who experienced adverse childhood experiences (ACEs), which included childhood sexual abuse and witnessing domestic violence, were known to be at greater risk of suicide attempts. A more recent study evidenced an increase in risk of suicidal behaviour from people diagnosed with attention-deficit hyperactivity disorder [ADHD] (Fitzgerald et al, 2019).

In a study of 21,744 community-dwelling Canadians, of whom 745 reported they had been diagnosed with learning disabilities. The lifetime prevalence of suicide attempts was much higher for women who had been diagnosed with learning disabilities (16.6 percent) compared to women who had not (3.3 percent). Men with learning disabilities also were more likely to have attempted suicide compared to men without learning disorders (7.7 percent vs 2.1 percent) (Fuller-Thomson et al: 2017). Those who had experienced trauma or Adverse Childhood Events were at an increased risk.

Suicide Risk Formulation

As outlined above, there are a complex range of inter-related social, interpersonal and individual factors that contribute to, maintain and exacerbate the risk of suicide. Furthermore, suicidal thoughts and behaviours exist on a fluid continuum and are important to consider as distinct opportunities for intervention in order to reduce suicides. Understanding the key risks and protective factors in relation to suicide can facilitate appropriate, targeted interventions. Importantly, increasing protective factors at a population level is likely to reduce overall risk through improvements in mental health and wellbeing.

Risk Formulation (non-exhaustive)



The impact of the Covid 19 Pandemic

A recent article on the effect of COVID-19 on suicide rates (Appleby, 2021) concludes that suicide rates haven't risen, but we should be cautious, particularly given the economic stressors many face during the cost of living crisis. No suicide rate, whether high or low, rising or falling, is acceptable. Even before covid-19, there were over 6000 deaths by suicide per year in the UK.

From the earliest days of the pandemic there was concern that suicide might increase due to anxiety about infection, isolation, disrupted care, domestic violence, alcohol, financial concerns. In 2021, there were 5,583 suicides registered in England and Wales, equivalent to a rate of 10.7 deaths per 100,000 people; while this was statistically significantly higher than the 2020 rate of 10.0 deaths per 100,000 people, it was consistent with the pre-coronavirus (COVID-19) pandemic rates in 2019 and 2018. The fall in the suicide rate in 2020 was likely to have been driven by a decrease in male suicides at the start of the coronavirus pandemic, and delays in death registrations because of the pandemic (ONS 2022).

The latest evidence from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH, 2021) and the Centre for Mental Health and Safety at the University of Manchester did not find a rise in suicide rates in England in the 12 months following the first national lockdown in 2020, despite evidence of greater distress.

Beneath the overall numbers there may be variations between demographic groups or geographical areas. The impact of covid-19 has not been uniform across communities, and it is important to recognise the continuing risk as the pandemic is replaced by the cost of living crisis as a prominent determinant of suicide risk. Both crises have disproportionately affected the most economically vulnerable; with an estimated 30% of property renters already behind with payments, and 41% of agency workers and 38% of 0-hours contract workers falling behind on bills (Stevenson & Wakefield, 2021). Increasing food prices and the rising cost of living means more people are experiencing food insecurity and visiting food banks. The Trussell Trust saw a 22% increase in demand for food parcels in January to February 2022 compared to the same period in 2020.

COVID-19 has exposed inequalities based on deprivation, ethnicity, disability and stigma. The restrictions that were necessary to tackle the pandemic have brought their own risks, especially for young people whose education and opportunities have been curtailed. In 21 countries, roughly 1 in 5 young people aged 15-24 said they often feel depressed or have little interest in doing things (UNICEF, 2021).

Social distancing and quarantining infection control measures have caused considerable social disruption to the majority of people, leading to an upsurge in loneliness among the most vulnerable, including those in poor health, the disabled, adults living alone and those in rented accommodation (ONS, 2020b).

Recovery can be a dangerous time—as restrictions are lifted and we look at our lives in a new way. Support needs to be available for anyone lonely or mentally ill, in turmoil or financial hardship. There is an opportunity to rediscover the values that unite us and the benefits of mutual support. And we need to strive for a better, fairer, more compassionate society as we recover from the pandemic and find ways of coping with the economic crisis that has followed.

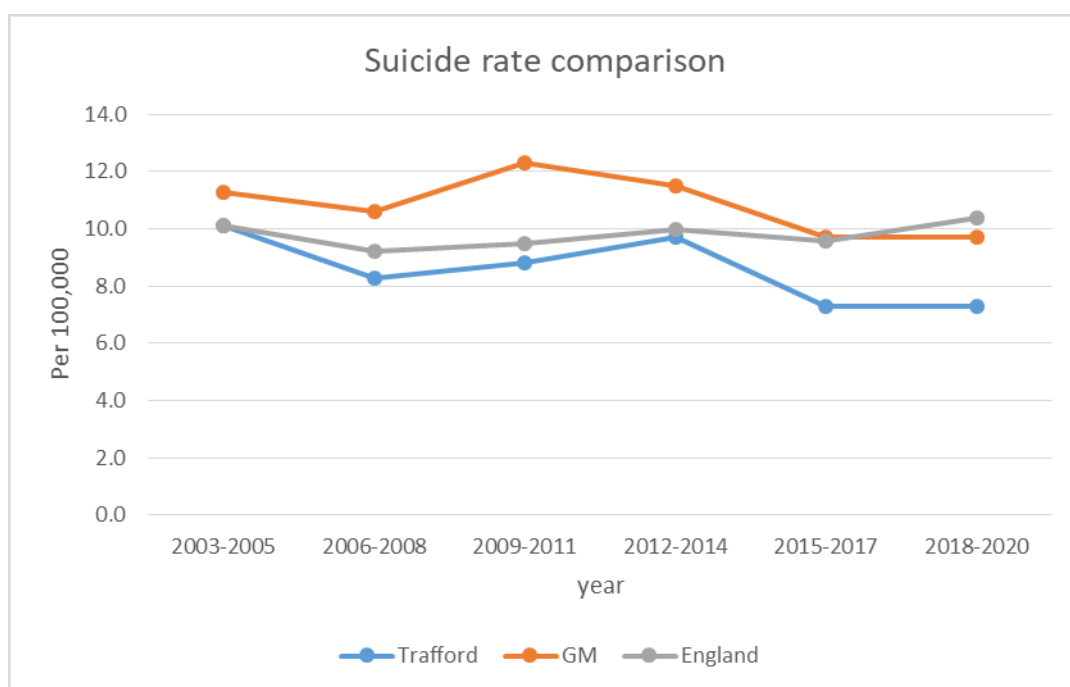
Suicide rates in Trafford

Trafford is participating in in the Real Time Suspected Suicide Data (RTSD) Pilot alongside Stockport and Tameside. The pilot began in June 2019. The Trafford public health team is alerted to a suspected suicide by the South Manchester coroner via an analyst from the Rochdale public health team. The data supports the identification of

high risk locations or locations at which safety improvements could prevent suicides. Reports from the RTSSD pilot are provided on a quarterly basis to the Trafford Suicide Prevention Partnership. These reports outline the number of suspected suicides, themes, trends and actions taken. Additional actions may also be identified through review of these reports by the partnership group.

We are not aware of any locations identified as high risk (>1 suicide) in Trafford at present from the data available. However, the ongoing RTSSD pilot may identify locations where steps could be taken to reduce risk and this will be actively monitored in line with the Standard Operating Procedure for this work.

Monitoring self-harm can be considered as a proxy measure for suicide. Self-harm is when somebody intentionally damages or injures their body. Chan et al (2016) suggests there is evidence of a clear link between suicide or suicidal thoughts and people who have previously self-harmed. However not everyone who self-harms wants to end their life. Some people describe their self-harm as a way of staying alive by responding to or coping with severe emotional distress. We do collect data in relation to admissions with self-harm; such as those who present at accident and emergency for self-harm or drug and alcohol related issues.



- In Trafford, there are on average, 15 people per year who die by suicide.
- The suicide rate in Trafford has remained below England and Greater Manchester average since 2003-2005.
- There was a small increase in suicides in the most recent period, however the rate of suicides in Trafford remains much lower than the historic peak of 10.1 per 100,000 in 2003-2005.

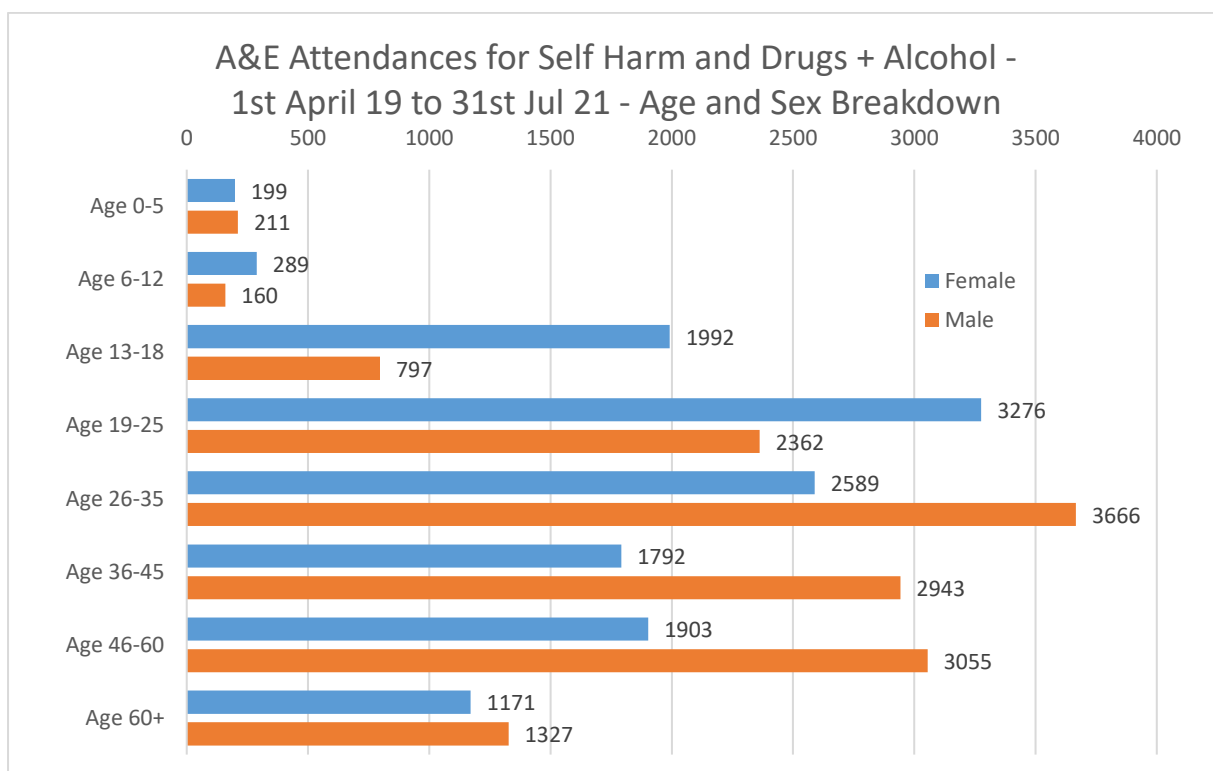
Analysis of data from the Real Time Suicide Database (June 2019 – December 2021)

- The number of reported suicide cases in males was almost twice that of females.
- The highest rates of suicides were recorded in the 45-49 age group, followed by the 60-64 age group. The lowest rates were reported for the 20-24, and 75-84 age groups.
- Most suicides were completed in the summer months.
- The number of reported cases almost doubled between 2020 and 2021, possibly to Covid-19 related issues. However, it is noted that pressures on the civil registration and coroner's system linked to Covid could mean that some deaths occurring in 2020 may not have been registered until 2021 and therefore will fall into 2021

figures. Also, it is difficult to compare to 2019 as the RTSD project figures are only able to show the latter half of the year.

- The southern neighbourhood, which is the most affluent in Trafford, recorded the most suicide cases (36.7%).
- In terms of locality, Altrincham recorded the most suicide cases in Trafford. It was notable that the majority were male and single, and mental health input was reported in only one case.

Our data suggests that presentations of self-harm in A&E are higher in females in teenage years to early adulthood and men entering middle age.



What have we achieved since the last Strategy?

Training

We continue to promote the Greater Manchester ‘Shining a light on suicide’ campaign to the local community through our public facing websites and social media channels including a brief online training package developed by the Greater Manchester Suicide Prevention Partnership “Suicide, Let’s Talk” to increase awareness of suicide and reduce stigma.

We have rolled-out a ‘Mental Health in the Workplace’ e-learning package to all Trafford Council staff with managerial responsibilities to increase recognition and support for mental wellbeing in the workplace. Health Education England have produced an e-learning package called ‘We need to talk about Suicide’ which is now part of the mandatory induction process for all new starters to the Council.

As part of Greater Manchester Health Social Care Partnership roll out of Connect 5 Train the trainer programme during 2020/21, twelve trainers across the Council and VCSFE sector were trained in Trafford to cascade training to frontline staff to feel more confident to have mental wellbeing conversations with the general public. In 2021, direct

delivery of Connect 5 has been delivered to thirteen staff across Primary Care including Practice Managers and Healthcare Assistants.

In 2020 the GMHSCP trained staff across Greater Manchester on the GM Suicide First Aid Lite programme including Citizens Advice, DWP, Ministry of Justice, GM Police, North West Ambulance Service, GM Fire, Mind, local councils and the VSFE. 50 Trafford staff were trained as part of this roll out. The GMHSCP are looking to roll out further training during 2022 focusing on priority areas such as upskilling domestic abuse services, services who work with care leavers and social prescribing teams.

Trafford CCG secured some funding from Trafford Housing Crisis Fund as part of their mental health training ring-fenced funding to commission a pilot mental health training and awareness in the community course in autumn 2021. This course is developed by Royal Society of Public Health and called Making Every Contact Count (MECC) and is to be delivered by Blue Sci who currently run our wellbeing centres within Trafford. This Train the Trainer programme currently has 8 trainers from Adult Social Care Link Workers and/or other nominated Adult social Care staff, community hub leads, Trafford Community Collective representatives and Library Assistants so they can train more end-users in community organisations / front-line roles to increase the reach across the borough.

Communications

Over the Christmas period 2021 we pulled together some emergency communications on service opening times over the holiday period that was shared via our partners for a broader reach.

Our Trafford local wellbeing campaign for New Year 2022 reached 50,000 people in the first week of January, and was supported by the partnership board and across the VCFSE. The campaign involved local signposting and gave advice on how residents could support their wellbeing during the winter months.

Partners on the board have used their social media channels to promote the IAPT talking therapies service via the national NHS Better Mental Health 'Help' campaign, Every Mind Matters 'Life someone out of loneliness' campaign and the Greater Manchester older people's mental health campaign 'Don't brush it under the carpet'. Age UK Trafford were a key partner in supporting the local distribution of printed materials relating to the campaign. Local messages and signposting has the biggest imprint in terms of engagement with the public.

We support the work the Greater Manchester Suicide Prevention Partnership is undertaking with local media outlets e.g. the Manchester Evening News to ensure compliance with national guidance developed by the Samaritans on the responsible reporting of suicides in the media.

Real time data

We are collating data on suicide risk by profession as part of the real time data pilot to enable more effective targeting of messages towards those at greatest risk locally. However, we will aim to target the high-risk professions identified as at risk nationally e.g. low-skilled manual occupations and nurses.

We also aim to support the inclusion of questions regarding mental health/suicidal ideation as part of initial tenancy interviews completed by local housing groups (e.g. Irwell Valley Homes and Your Housing Group) and ensure staff are aware of support available in Trafford to signpost to.

The South Manchester Coroner is supportive of preventative action at a local level and is a member of the partnership group in Trafford. The coroner is part of the real time suicide data pilot, which is providing timely data that can be rapidly actioned e.g., a suitable support response at a system level such as for schools or workplaces. This data also facilitates the identification of patterns and trends in real-time such as suicide clusters or new and emerging methods of suicide.

The partnership

The partnership Board has been chaired by Councillor Joanne Harding for the past two years who was executive member for Adult Social Care. The Greater Manchester Fire and Rescue Service, Greater Manchester Police and Northwest Ambulance Service are all supportive of preventative action and are represented on the Trafford suicide prevention partnership group. Sharing of knowledge and data will be key to preventative action and this has been agreed as an action at the most recent partnership meeting. Key national organisations with responsibility for high-risk locations, including Network Rail and Highways England work with the council through the Greater Manchester Suicide Prevention Executive.

Crisis support

Six Community Response Hubs were established in Trafford as an immediate response to the situation created by Covid-19. Each Hub led by VCFSE organisation and they had Borough wide coverage. They were able to assist people who were unable to leave their accommodation with essentials such as groceries, medication and were also able to reach out to those who were lonely or isolated and just needed someone to talk to. In November 2020 the hubs had helped 3730 residents and dealt with 22,200 phone calls.

As part of their response to the pandemic, within a week all NHS mental health trusts in England opened crisis lines in May 2020. Greater Manchester Mental Health Trust has a free 24 hour helpline 7 days a week and residents have access to a team of mental health professionals offering information, advice, brief psychological interventions and a crisis response where needed. In their first ten days, over 1,500 calls were received, and during the height of the pandemic the call handlers received almost 550 calls per day.

As part of our community mental health offer during the pandemic, Blu Sci crisis café opened 7 days a week for out of hours support for anyone in emotional distress or experiencing a mental health crisis. The service is based at one of four of Trafford's Wellbeing Centres. Since 2021, they have had 408 client contacts. 95% of clients received emotional support and signposting, and 5% received support with respects to discharge planning, physical care for self-harm, housing and/or welfare rights.

In 2022 MIND, Greater Manchester Police (GMP), the NHS and the Crisis café are due to embark on a project to develop a more coordinated approach to improve pathways. The project hopes to improve GMP response and pathway from the Force Contact Centre Improving, GMP response and pathway when officers have been deployed and to improve training, raising awareness and building trust.

Mental Health

In 2021 a Trafford all age Mental Health and Wellbeing Strategy was produced to outline our ambitions to support the mental wellbeing of Trafford residents to incorporate how we aim to tackle inequalities highlighted by the pandemic.

In 2022 we are refreshing our Mental Health JSNA to include a more comprehensive picture of mental health needs in Trafford. The JSNA in Trafford is an accessible high level summary of health and wellbeing in Trafford, and identifies needs rather than specific actions. It highlights mental health as a key priority with which the suicide prevention strategy aligns.

To deliver the Trafford Together Locality Plan, Trafford Council and NHS Trafford CCG have embarked on an ambitious joint transformation programme to improve outcomes for Trafford residents who are experiencing mental health issues.

The programme consists of 3 key elements:

- A new integrated Mental Health Strategy for Trafford using the All Age Thrive Framework to redesign and refocus mental health services

- A review of social work within integrated community mental health teams (Social Work for Better Mental Health)

A review of the existing s75 Partnership Agreement between GMMH and the Council

We are also currently developing a Mental Health and Wellbeing dashboard which will display key performance indicators and help us identify trends to make decisions on current and future health and care needs of local populations. In 2021, Trafford Council has been successful in receiving funding for a Public Health post to support the preventative work and will work across the both mental health and suicide prevention agendas.

The Primary Care Mental Health and Wellbeing Service (PCMHWB) in Trafford provides an integrated, whole systems approach for individuals with inter-related health and social problems (e.g. debt, employment, housing) in the community. This service also supports links between people and their communities through a social prescribing model. This will further increase opportunities to identify and support people at risk of suicide in primary care.

Trafford now has two year funding for Mental Health practitioners based in three of our five Primary Care Networks and Age UK Trafford has two Mental Health workers.

We now commission Kooth's adult counterpart service, Qwell. Trafford residents, as of 1st April 2022, have access to wraparound digital support via Kooth and Qwell for those aged 11 years old upwards.

We are embarking on developing a whole system approach to inequalities in mental health & wellbeing in Trafford with stakeholder engagement beginning in the summer of 2022.

Children and Young people

Partners such as 42nd Street, Papyrus, Talk Shop and the Youth Offending Service raise awareness of mental health problems and suicide prevention through training to their staff and staff working with Children & Young People in mental health services, schools, colleges and universities.

The Greater Manchester I-THRIVE programme continues to promote and provide children and young people with psychological support through health services (e.g. CAMHS), schools and early help hubs, reducing stigma and improving emotional wellbeing for young people.

We also commission Kooth, a popular online counselling service for people aged under-25 which can provide free and timely psychological support. This service also provides in reach to schools to raise awareness of mental health issues and the services available. Since Oct 2017 to December 2021 there have been 5677 registrations with Kooth in Trafford.

Since the start of the pandemic, as part of National and local funding, Trafford have commissioned Mental Health support teams and the Mental Health in Education programmes which are supporting schools with evidence based interventions with young people with mild to moderate mental health problems. They are supporting mental health and wellbeing leads to introduce or develop a whole school approach to mental health and wellbeing. These teams are currently assisting all secondary schools and one third of primary schools across Trafford.

Chat health was launched nationally in March 2022 and is an anonymous messaging service which a young person between 11-16 years old can contact school nurses on a range of health topics including mental health and wellbeing.

The RTSSD pilot has increased opportunities to provide timely support to organisations such as schools and workplaces affected by a suicide. We signpost to resources produced by the Samaritans e.g. the "Step by Step" guidance for schools and colleges and resources available through the Greater Manchester "Shining a light on Suicide" website.

Men

In autumn 2020, Greater Manchester commissioned the Lions Barber Collective charity to offer free training for barbers in the area. They have developed an initiative – BarberTalk – which gives barbers the skills to recognise the signs that someone may be struggling with their mental health and how to help clients get the support they need. 40 barbers in Greater Manchester were given training online as part of this project and Trafford has barbers

trained in both Urmston and Altrincham They will be added to the Lions Barber Collective 'Locate a Lion' map and listed on Greater Manchester's Shining a Light on Suicide

As a result of the pandemic response team's work we had closer links with close contact services so we were able to circulate the Shining a Light on Suicide e-learning 'Learn to save a life' to hairdressers, barbers and tattooists.

In Trafford we currently have weekly drop in support groups aimed at men to encourage them to talk about things that are affecting them, provide support and teach strategies to deal with issues faced. Groups are currently meeting in Old Trafford, Sale, Timperley, Altrincham and Partington.

Bereavement

We have established links with the Greater Manchester Suicide Bereavement Service (GMBS) to ensure Trafford residents affected by suicide have access to accurate information on where they can access support in Trafford. We will ensure local service information is up-to-date and accessible.

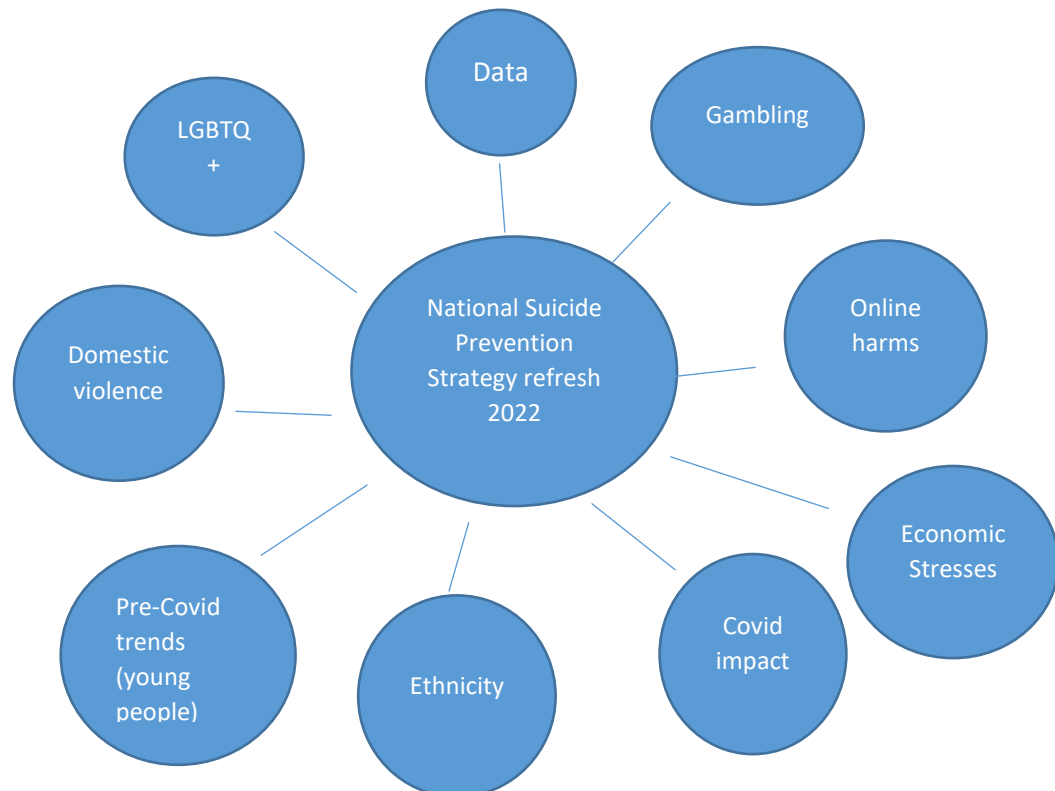
- 6% of service users that accessed GMBS were Trafford residents
- Trafford is the 5th most common locality of residence reported by service users accessing GMBS
- Trafford regularly distribute promotional material on behalf of GMBS.

The Trafford Wellbeing Counselling Service based at the Macmillan Wellbeing Centre can offer bereavement counselling to people who are bereaved by suicide. Individuals can be signposted to this service directly or via the Greater Manchester Suicide Bereavement Information Service.

National and Greater Manchester priorities

It is important to align our priorities with those detailed in both the National and Greater Manchester strategies. The National strategy is due to be refreshed in 2022. See below key themes from its updated priorities.

2017 National Suicide Prevention Strategy priorities	The Greater Manchester Suicide Prevention Strategy 2020-2023 priorities
<ul style="list-style-type: none"> • Reduce suicide in high risk groups; middle aged men, people in the care of mental health services, people in contact with the criminal justice system, specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers, people with a history of self-harm • Tailor approaches to improve mental health in specific groups • Reduce access to means of suicide • Provide better information and support to those bereaved or affected by suicide • Support the media to deliver sensitive approaches to suicide and suicidal behaviour • Supporting research data collection and information 	<ul style="list-style-type: none"> • Reducing the risk in men • Preventing and responding to self-harm • Children, young people and women during pregnancy and postnatally • Treating Depression in Primary Care • Acute Mental Health Care Settings • Tackling High Frequency Locations • Reducing Isolation and Loneliness • Bereavement Support/Postvention



Our priorities for 2022-25

Provide appropriate information, signposting and support for mental wellbeing and suicide prevention	Raise awareness of the risk of suicide and self-harm in specific groups	Ensure our workforce and residents feel confident and skilled to have conversations about mental health and suicide
Tailor approaches to improve mental health, reduce the risk of self-harm and suicide in specific groups	Ensure approaches are co-produced with communities and draw on local assets	Provide information and support to those bereaved or affected by suicide
Work in partnership to ensure that we are responding to the needs of service users	Ensure organisations that work with young people promote prevention and resilience building	Use research, data, and monitoring to inform plans and target certain areas or groups

What happens next...

These programmes are now detailed below. Each section includes

- Why this is important
- What have we learnt?
- What we plan to do to address this

Tailor approaches to improve mental health, reduce the risk of self-harm and suicide in specific groups

Why this is important?

Throughout the pandemic there have been significant risks to mental health - from anxiety, isolation, loss of support and disruption to care.

What have we learnt?

- Trafford Council has played an important role alongside partners in preventing and mitigating the impacts of COVID-19 on their local communities' mental health and wellbeing, all of which contributes to wider suicide prevention measures.
- Throughout, voluntary and community sector organisations have demonstrated significant flexibility by shifting their ways of working to accommodate individuals in need of support throughout the pandemic.
- However, everyone recognises that the impact has been huge and will last for a long time

What we plan to do to address this

- We intend to develop a system wide approach to tackling Mental health inequalities, most of which have been exacerbated by the pandemic.
- We will continue to liaise regularly with VCSFE organisations to understand themes and issues coming through from high-risk groups.

Provide appropriate information, signposting and support for mental wellbeing and suicide prevention

Why is this important?

It is crucial to raise awareness of the support that is available, so that as many people as possible understand where support is available and feel able to access and signpost to it whenever they need.

What have we learnt?

- Build on local residents' narrative such as the How's Your Head programme
- Use our VCFSE to tailor messages that meet the needs of their communities – use local radio stations, local what's app groups and social media
- Keep messages simple and direct with local signposting

What we plan to do to address this?

- Promote the Shining a Light on Suicide campaign as widely as possible and target those most at risk
- Develop targeted local campaigns and messages appropriate to priority groups and communities.
- Share National and Greater Manchester campaigns through our communication channels with a local signposting where possible.
- Develop or contribute to regular e-bulletin for partners to share activities, learning and opportunities for engagement and networking

Ensure our workforce and residents feel confident and skilled to have conversations about mental health and suicide

Why this is important?

It is vital that we ensure that suicide prevention training is available to all staff groups, voluntary workers and members of our community

What have we learnt?

- There are some good training sessions available and staff report feeling more knowledgeable and confident after training
- However, staff need to be given the time and encouragement to attend training sessions – including suicide prevention training as either mandatory or within individual PDR's is critical
- Holding seminars on specialist topic areas with outside speakers is very powerful

What we plan to do to address this?

- Develop a comprehensive workforce development strategy to ensure training is embedded across organisations and communities informed by Health Education England competence frameworks
- Develop a format to promote mental health and suicide awareness sessions and providers to inform partners
- Promote mental health first aiders

Raise awareness of the risk of suicide and self-harm in specific groups

Why this is important?

People with a mental illness have a significantly higher risk of suicide. Exacerbation of pre-existing mental health conditions and a lack of access to mental health support to address this, was intensified throughout the pandemic.

What have we learnt?

- We know that our current channels of communication on self-care and support signposting do not reach all groups and we need to better understand the needs of these groups, and the ways they receive information, advice and guidance.

What we plan to do to address this?

- Ensure that clinical pathways are robust from primary and secondary care for people in crisis
- Ensure we have effective clinical services that meet the needs of people who may experience suicidal distress focusing on the following priorities: -
 - Managing distressing thoughts
 - Long term conditions and chronic pain
 - Self-Harm
 - Those misusing substances
 - Children and young people
 - Older people

NHS long term plan implementing a new Safety Improvement Programme across all mental health trusts and setting out important measures to improve crisis care services.

Ensure approaches are co-produced with communities and draw on local assets

Why this is important

Whilst high-quality, timely data is crucial, we also need to ensure that we do not lose sight of the value of personal experiences, local intelligence, information and evidence from our local communities.

What have we learnt?

During the pandemic it has been ever more evident that closer working with communities and user groups enables us to reflect their views into strategic planning and have a more of responsive, flexible, innovative approach to suicide prevention.

What we plan to do to address this

- Providing space at the partnership group for members to share their service or community experience ensures that our agenda is grounded in local intelligence and enables us to refocus on current or pressing issues
- Co-production with Trafford Citizen Forum and the PCREIF (Patient Carer Race Equality Inclusion Framework) will include access and experience in Mental Health and will help inform next steps as part of the Integrated Mental Health Transformation Programme.
- Collaborative working with service providers and the Community Collective can give us qualitative feedback on any issues or opportunities that arise in real time and help support a more strategic approach.

Provide information and support to those bereaved or affected by suicide

Why this is important

Every suicide is a tragedy, which causes devastating and permanent impacts on families, friends and broader communities.

What have we learnt?

The Greater Manchester Bereavement Service (GMBS) is an excellent resource for Trafford residents and promoting the service is critical. Data collected from GMBS indicated that:

- 6% of service users that accessed GMBS were Trafford residents
- Trafford was the 5th most common locality of residence reported by service users accessing GMBS

What we plan to do to address this

- Promote the Greater Manchester Suicide Bereavement Service to increase referrals and self-referrals for those who need support.
- Work with the GM service to identify gaps in support for those bereaved by suicide and how needs can be met
- Develop a support package that can be offered to organisations if one of their service users or members of staff are impacted by a suicide incident at their setting
- Ensure that staff have the awareness and confidence to provide compassionate support to people bereaved by suicide

Work in partnership to ensure that we are responding to the needs of service users

Why this is important

Our voluntary sector partners regularly inform us about the increase in people who have been seeking support, and the complexity of needs, that residents are presenting with. Throughout the pandemic, the VCFSE sector has played a vital role in supporting people with their mental health, including people who are experiencing a crisis or suicidal thoughts.

What have we learnt?

THE VCFSE in Trafford have been incredibly agile in responding to the increased demands on their services but this has had an impact on staff resilience and support is crucial

What we plan to do to address this

- Develop regular briefings for VCFSE staff so that they are aware of the ranges of support and training that is on offer
- Provide annual seminars for VCFSE staff with key speakers to raise awareness of suicide prevention and the support that is available
- Work with the VCFSE to identify future funding opportunities to support their suicide prevention work.

Ensure organisations that work with young people promote prevention and resilience building
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Why this is important

Nationally Suicide in people under the age of 25, is also rising. In 2019 there were 565 suicides registered in this age group - one of the largest rises of the last decade. These increases are steepest in females, amongst whom suicide rates have doubled since 2011, although their rates still remain half of those seen in males.

Increased rates have been linked to issues such as bullying, internet use and bereavement and there is speculation that factors such as greater academic pressures, increasing social media use, rising rates of family instability, growing concerns about the environment, and drug dependence may contribute. There is no doubt that the COVID pandemic has contributed significantly to an increase in young people's mental health issues.

What have we learnt?

- There is a considerable amount of the support in place for children and young people, particularly since the start of the pandemic, as part of our I-THRIVE model. We need to assess any opportunities and gaps to focus more on the preventative end of the spectrum. We've learnt from the Bee Well Survey that there are significant inequalities for children and young people across Greater Manchester in terms of their wellbeing.

What we plan to do to address this?

- Training for workers and young people: including suicide awareness and risk factors, mental health first aid, online safety, resilience, adverse childhood experiences (ACEs), supporting young people with physical conditions
- Social media: including online safety, learning from good practice, tackling cyber bullying, equipping young people to respond to communications from other young people
- Support and resources: promoting resources and services available for professionals and young people from approved providers
- Transition: considering suicide risk during transition and passing on relevant information from school to college that could increase risk e.g. bereavement by suicide
- Robust postvention response to an incident: including 'team around the school', bereavement support, use of existing expert materials and support provided by Samaritans and Papyrus
- Clinical services and assessments: robust pathways for young people in crisis, effective management of self-harm, incorporating broader risk factors into assessments e.g. family mental illness

- Awareness and campaigns: including targeting young people at festivals and events, promoting services and self-help resources, raising awareness about how to support friends expressing distress and sharing concerns
- Safeguarding and information sharing: include Papyrus or Samaritans support pack in safeguarding materials for schools, multi-agency risk assessment and safety planning
- Colleges and universities: including strengthening health links to further education, ensuring students sign up with a GP, partnership work with universities and student mental health services to understand issues and share learning, including sixth form

Use research, data, and monitoring to inform plans and target certain areas or groups

Why this is important

Access to early data can help local areas to better monitor suicide rates in real time and identify patterns of risk and causal factors

What have we learnt?

That the RTD data is very powerful in helping us inform our approaches and be dynamic in our response to emerging risks and themes

What we plan to do to address this

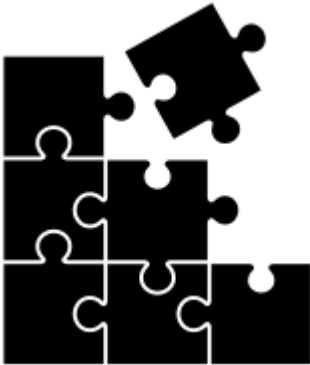
- Continue to work with GM and local coroners to improve that quality of data presented in the RTSD notifications including expanding demographic fields.
- Commission small scale research into particular areas of concerns and trends
- Participate in any GM, national research and audits

Governance

<p>Strategic Accountable Oversight</p> <p>Reporting to</p>	<p>Trafford Health and Well Being Board</p> <p>Trafford Live Well Board</p> <p>Trafford Age Well Board</p> <p>Trafford Living Well at Home Board</p> <p>JQI</p>
<p>Operational Implementation</p>	<p>Trafford Suicide prevention Partnership</p>

Membership of Suicide prevention Partnership

Links with other strategies



These are some of the strategies we are already working across where there is overlap. There will be more that we will work with, in the future, to ensure effective partnership working to meet mutual objectives, as well as to highlight the needs of people living with dementia within these strategic work programmes, if this has not been explicitly considered.

- Corporate plan [Corporate-Plan-2021-2024.pdf \(trafford.gov.uk\)](#)
- Trafford Integrated Mental Health Transformation strategy
- Trafford Health and Wellbeing Strategy [Trafford Health and Wellbeing Strategy 2019.pdf](#)
- Trafford Together Locality Plan [TT Locality Plan 2019-24 Refresh.pdf \(trafford.gov.uk\)](#)
- Trafford Mental Health and Wellbeing Strategy [PowerPoint Presentation \(trafford.gov.uk\)](#)
- Trafford Locality Plan [Trafford Together Locality Plan \(traffordpartnership.org\)](#)
- Domestic Abuse [Item 12 - Trafford Domestic Abuse Strategy Final 2018.pdf](#)
- Children and young people Long Term Plan [Trafford LTP Document 2019-20 refresh \(traffordccg.nhs.uk\)](#)
- GM Suicide Prevention Strategy 2017-22 [GM-Suicide-Prevention-24.02.17.pdf \(gmhsc.org.uk\)](#)
- National Suicide Prevention Strategy [Suicide prevention strategy for England - GOV.UK \(www.gov.uk\)](#)

Next Steps



This revised Strategy will be presented to key Boards for their approval.

We will develop an Action Plans for each of the identified themes. These will include the development of SMART objectives and the development of measurable outcomes for delivery.

The Trafford Suicide Prevention Partnership will review each of the Action Plans at their meetings and reports on progress will be submitted to the relevant Boards

We are really keen that there is genuine engagement with those families affected by suicide. We will seek their views, and also ensure we feedback progress and seek their help to continue to improve. Our local services and community groups will be constantly updated on our work and their views, ideas for improvements and experiences will be actively sought.

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