

**Consultation on
Lambeth Suicide Prevention Strategy
2022-2025**

Consultation Report

Date January 2022

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1. Introduction

1.1 Background

Suicide is the leading cause of death among young people aged 20-34 years in the UK (ONS 2015), accounting for 24% of deaths in this age group in men and 12% in women. It is also the leading cause of death among men aged 35-49 (followed closely by heart disease).

Lambeth has a higher prevalence of some of the key risk factors for suicide than the benchmark for England (including severe mental illness and substance misuse).

Many of the risk factors and social determinants which make people vulnerable to suicide are more prevalent in times of economic instability: loss of employment, debt, relationship breakdown, substance misuse and loneliness are known contributory factors for suicide.

The pandemic has contributed to increase the risk of mental ill health and suicide for many people.

We therefore need to ensure that all those who are in known “at risk” groups receive the support they need to build up protective factors and to ensure that they have access to help in times of crisis. Suicide prevention needs to be part of a wider effort to promote mental wellbeing and to improve individual and community resilience.

1.2 Our proposals

We were seeking views on Lambeth’s Suicide Prevention Strategy and Action Plan 2022-2025, which sets out how we plan to prevent suicide in Lambeth over the next 3 years, including highlighting the key priorities for Year One (2022 – 2023). The purpose of this strategy is to provide a multi-agency framework for action across the life-course to prevent avoidable loss of life through suicide. It draws on local experience and research evidence, aiming to prevent suicide and promote mental health and wellbeing.

Our key priority groups will be:

1. People who are vulnerable due to economic circumstances
2. Children and young people
3. People who are socially isolated
4. LGBTQ+ people
5. People who misuse substances
6. People in the care of mental health services
7. BME groups, migrants and asylum seekers
8. People in the prison system.

The strategy is set out over three years with annual action plans. The proposed priorities for the Year 1 action plan are:

- Raise awareness of available mental health crisis support
- Deliver the Pride in Practice programme to voluntary sector organisations
- Provide regular suicide prevention training for frontline staff and community groups
- Advertise existing support for people bereaved by suicide – i.e. SEL Suicide Bereavement Service
- Work with Cruse to provide a ‘Facing the Future’ group to support adults bereaved by suicide
- Gain access to Thrive LDN suicide surveillance data
- Conduct an audit of meaningful data to improve near time reporting of suicide, attempted suicide and self-harm highlighting prevalence among stated strategic target groups and other local vulnerable groups.
- Work with local media and comms to ensure suicide is treated sensibly and appropriately

- Locally appropriate communications and media campaigns aimed at normalising talking about mental health and suicide to be co-developed
- Work collaboratively with colleagues from the SE London ICS to improve the self-harm pathway both in terms of improved data collection and improved experience of care

2. The consultation

2.1 Consultation objectives

Every life lost to suicide is a tragedy and suicide prevention is a public health priority. Over the years, the Public Health team has engaged and worked in partnership with stakeholders, and communities to identify the key issues and potential solutions.

The purpose of the consultation was to obtain the views from people living and working in borough on the proposed plan and to have a shared understanding of the challenges faced in preventing suicides. The focus was on consulting local people including residents, community, statutory and non-statutory organisations and stakeholders.

2.2 Who we consulted

Suicide risk reflects wider inequalities as there are marked differences in suicide rates according to people's social and economic circumstances, with those in poorer communities more likely to be affected. Through surveys and engagement activities we have identified that in Lambeth certain sections of the population are significantly more at risk of suicide than others, such as:

- People who are vulnerable due to economic circumstances,
- Children and young people,
- People who are socially isolated,
- Men
- LGBTQ+ people,
- People who misuse substances,
- People in the care of mental health services,
- BME groups, migrants and asylum seekers,
- People in the prison system

The focus was on consulting local people including residents, community, statutory and non-statutory organisations.

2.3 When we consulted

The on-line consultation ran for four weeks, from 19th November to 19th December 2021. Additionally, a series of presentations and signposting to the draft plan were carried out via the different internal and external stakeholders' networks.

2.4 How we consulted

The draft Lambeth Suicide Prevention Strategy and Action Plan proposals have been widely consulted using different methodologies.

The different methods consisted of:

- An on-line four weeks' consultation
- Presentations at meetings and forums both with external and internal stakeholders

The SEL CCG have been sighted on the proposals formally via the Lambeth Suicide Prevention Partnership Group and individual programme leads from within Lambeth Together and the local authority are working with public health specialists on understanding the specifics of the plans, providing critical feedback, and ensuring that actions proposed will maximise the benefit and outcome for our Lambeth communities

2.4.1 Press activity

A Love Lambeth article was published on the [website](#) on the 25th of November 2021.

2.4.2 Digital activity

A questionnaire was created via survey monkey and accessible on the Lambeth Council website for participation <https://beta.lambeth.gov.uk/consultations/have-your-say-lambeths-suicide-prevention-strategy-2022-25>. An email containing supporting documents and the question was sent to Lambeth stakeholders. Links to the consultation were shared with key organisations for onward promotion and participation; these included:

- The Lambeth Living Well Collaborative
- The Lambeth Neighbourhood and Wellbeing Alliance
- The Vassal and Coldharbour Health and Wellbeing Working Group
- Healthwatch

2.4.3 Print activity

There were no printed materials to support this consultation

2.4.4 Event activity

Below is a list of the activities carried out during the consultation period:

Consultation event at the Fiveways PCN Health Day Community Event	4.11.2021
Discussions at Adults and Health CMB	16.11.2021
Discussions at the Staying Healthy Partnership Board	16.11.2021
Discussions at Lambeth Living Well Collaborative	25.11.2021
Discussions at Lambeth Neighbourhood and Wellbeing Alliance	9.12.2021
Discussions at the Children Senior Management Team	14.12.2021

3. Responses from members of the public

3.1 Summary of results

14 responses were received

Of these respondents, 10 agreed or strongly agreed with the overall aims of the strategy

3.2 Summary of post code analysis and demographics

Due to the small number of respondents, and the fact that a significant minority of these chose not to answer the questions in the 'About You' section of the survey, there is not enough demographic information to report on.

3.3 Additional comments

Whilst there were a small number of responses, those who did take part provided a range of comments which are not reproduced in full here, but will be fully considered as part of the action plan going forward. These are a small sample of the comments received:

'I agree with the action plan, but there should be more emphasis on the provision of face to face counselling, provided through GPs, CAMHS, and other mental health providers. There should be more help for students, those living away from home, but also the home-based'

'I'm a psychiatrist and psychoanalyst. There is an epidemic of suicide in Lambeth. this is a great idea'

'Important across a range of groups, but suicide is often the extreme end of a range of issues - what more can be done to reduce even the consideration of suicide?'

'It's not clear to me how exactly you intend to reach out to those most vulnerable. Raising awareness in itself is not going to make those desperate enough to contemplate suicide, to stop themselves'

'I think you could think about how you would actually reach out to distressed individuals who may not be known to the community groups etc. It's also important to increase the number of counsellors and therapists to work with people in high-risk groups'

4. Responses from statutory bodies and other stakeholders

In addition to the responses received through the online survey, the Public Health team received written and verbal feedback collected through a series of engagement meetings and discussions. The Suicide Prevention Strategy and Action Plan was presented at various statutory and non-statutory fora, where additional feedback was received. The written and verbal responses further reinforced the key messages outlined in the online survey.

The following quotes illustrate the main points highlighted in the engagement sessions:

"The list of priority groups should include men in their 50's, bearing in mind that 75% of completed suicides are men and there is a definite spike by age group. Of our 13000 referrals of suicidal people, we have sadly experienced 8 such deaths and only one of them fall into the categories above that you have mentioned, in so far he killed himself whilst in an NHS Crisis

House. All of them have had close loving families and they felt they didn't want to be a burden on them. I say this, because I think your 3rd point is what people think and I'm not sure of the evidence for this.

Bearing in mind this point I do think there is an action point around making services/intermediaries easy to access to vulnerable men. We know that only a third of people who kill themselves have been in touch with secondary mental health services in the year before they died."

"Among women, those of menopausal age are most at risk of suicide. And recent studies have found that twice as many women who became perimenopausal had clinically significant depressive symptoms compared with women who had not yet entered the transition phase. This is thought to be due to the hormonal changes occurring in menopause and should be treated with both psychological and hormonal therapy. However, menopausal women are often only offered psychological therapy. It is important to raise awareness of the effects of menopause on mental health among both women and clinicians."

We also received a proposal to open a Men's Shed in Lambeth, to provide a community space to help address key concerns identified in consultation with local residents about the local area including: mental health, particularly male suicide and depression; Isolation and dementia; Employment, training and skill-building (inc work experience for young people not in school); Fostering creative skills (design from discarded parts); To encourage repair and reuse & eradicate a "throwaway economy".

5. Next steps

The action plan has been revised taking into account the feedback from the consultation.