

Rethink Mental Illness.

GRASSROOTS SUICIDE PREVENTION Working Together to Change the Narrative on Suicide

#StarttheConversation





Change the narrative on suicide

Start the Conversation: Inspire individuals, communities, organisations, and governments to engage in open and honest discussions about suicide and suicidal behaviour

For you to set up partnerships and multi-agency working in your areas encouraged by today's speakers





Agenda



Lourdes Colclough
Rethink Mental Illness

Findings from NHS funded Suicide Prevention Programme



Rachael Swann

Grassroots Suicide Prevention

 Women and suicide, and an introduction to their new Women's Suicide Prevention Hub



Video - Gemma Bessant and Vanessa (EBE)

Rethink Mental Illness

Interview: A journey with autism and suicidal ideation





Wendy Robinson

Rethink Mental Illness

Themes from our service: Suicidal thoughts & people in contact with the Criminal Justice System



Brooke Joyce

UOK Brighton & Hove (Southdown)

Partnership working and a community approach to suicide prevention



Richard – A summary and resources to share





North West London Suicide Prevention Programme :

A social response to suicide prevention

Lourdes Colclough

(Head of Suicide Prevention)











Gold winner Best Mental Health Partnership with the NHS Example of best practice to shape and influence future collaborations in the NHS



58 community projects funded worth £750k

93 Suicide Awareness Training sessions1215 trained

10 Steering Groups

2 Suicide Prevention Network Meetings

Action Learning Sets: Live Multi-agency Plan





Thank you to our Experts by Experience

Renuka

Salma

Ashley

Miz

Anthi

• Amelia

Kush

Aurelia

Marina

Gordon

Mark

Jordan

Rhinal

• Ranna

Taylor

Turnanem

• Esther

Pratik

Owen

Niloufar

• Alex

Richard

• John

• Rishi

• Sue

Sue

e

Outputs: 105,419 connections

• Tom

Syreeta

Kenny

Ben

Isobel

• Grace







Challenges working with Experts by Experience

- Time consuming
- High turnover of E-by-Es
- Support needed for varied roles
- E-by Es struggled using co-produced evaluation tools
- Engagement and responses uneven across projects
- Grassroots organisations no infrastructure for evaluation
- Proving preventative grants impact on suicide rates complex





Grant Panel

Discussion-based panel

"It was so helpful to receive timely feedback and get a chance to amend our application, I've never received that support before" Amelia, Suicide and Co.



Live Multi-Agency Suicide Prevention Plan



The circle of support after a suicide attempt: 502

Addiction and suicide prevention: 600

Bereavement after suicide: 347

Innovative approaches to suicide prevention: 1135

Shifting Power through stories Conference: 415





Co-produced Safety Plan

- Suicide Prevention is everyone's responsibility
- Template from Every Life Matters
- Worked with 20 organisations
- QR code with resources



Co-produced Suicide Prevention Plan Ealing



- CAPE
- 80 stakeholders

Outcomes:

- Project for Polish Men
- E by E set up group with SoBS



Collaboration and Innovation



recoverycollege











Challenges to evaluation

- Collected data over 3 years: surveys, questionnaires, focus groups, video diaries, registers of attendance, quotes and photos
- Worked closely with Experts by Experience (n32)
- Co-produced evaluation tools in partnership with Nurture Development



Key findings and legacy

from grants

Improved physical and mental health

Skill development

Improved selfconfidence and selfworth

Service adaptations

Increased levels of empathy, emotional understanding and vulnerability

Increased ability to share own experience and have conversations about suicide and selfharm

Strengthening of social resources: creating and maintaining social networks

Resource development

Capacity for future impact







Key findings

- New and different ways of coping/expressing selves
- Social connections
- Safe/local places to share and release emotions outside clinical settings
- Opportunity to meet people with similar experiences/situation
- Support that demonstrates the benefit of support
- Reduced self-harm and visits to A&E
- Professionals being better able to support someone experiencing suicidal thoughts
- Partnerships between NHS and grassroots organisations helps reach those who would not access traditional services

"For me it was getting into stuff therapists haven't been able to communicate clearly or as entertainingly" Participant Comedy Course



Recommendations

Future provision of NHS funding given to grass roots community organisations

Paid Experts by Experience integral at every level

Give VCSE and NHS staff tools - free suicide awareness training builds resilience and trust

VCSEs et al co-produce own solutions – culturally appropriate

Multi-agency working upstream key

Future measurement on impact on Acute/Emergency settings

Future proofing: capacity building and establishing connections between VCSE and NHS system

The Women's Suicide Prevention Hub

Rachael Swann, CEO

prevent-suicide.co.uk/womens-hub



GRASSROOTS SUICIDE PREVENTION

Inclusivity

- When we use the word 'women', we mean any self-identifying woman.
- We are committed to recognising and validating everyone's gender identity. We also know that some of the issues mentioned here are not exclusive to women.
- We encourage you to visit the Women's Suicide Prevention Hub and use the help and resources listed if you need to.



Suicide rates in women

 Women are twice as likely to try and end their lives. Globally, over 250,000 women take their own lives each year.



- In recent years, suicide among women under 25 has almost doubled.
- In England and Wales the number of suicides have increased to their highest level since 1994 (ONS, 2023) with women aged 50 –54-showing the highest rates.
- Mental health support services, like front-line text service Shout reported that 48% of service users were girls or women under the age of 25 and 37% of their conversations were about suicide (2021).
- Research by Mind in 2022 found that 77% of women experiencing poor mental health did not seek support from mental health charities, 70% did not seek help online resources and 56% did not speak to their GP.

So why are so many more women struggling with suicidal thoughts and reaching crisis?

- Suicide is a complex issue which affects 1 in 5 of us. It's the leading cause of death in under 35s. People often reach the point of crisis having experienced a wide range of struggles and challenges in their lives such as bullied at school, family breakdown, domestic abuse, problems at work, mental health issues.
- WHO report shows depression and anxiety affect a greater proportion of women than
 men, and post-pandemic research from the University of Glasgow showed a significant
 increase in suicidal thoughts among women in the first six weeks of COVID-19. The
 pandemic brought additional financial stress, increase in domestic abuse, and caregiving
 responsibilities and in many cases, sudden grief.

So why are so many more women struggling with suicidal thoughts and reaching crisis?

• Women aged 45-64, are often called the 'sandwich generation', juggling between caring for elderly parents and young children simultaneously, juggling caregiving and careers with no time for mental or physical self-care. In fact, 1 in 6 carers say they are contemplating suicide and 1 in 10 say they've already attempted suicide (Dr Siobhan O'Dwyer).

Risk factors covered

- Menopause and perimenopause
- Domestic violence and abuse
- Perinatal
- Postpartum period
- Childhood abuse
- Sexual violence
- Eating disorders and body image
- Premenstrual syndromes
- When global challenges like COVID 19 combine with ongoing societal pressures and known risk factors, it's understandable that_women are being pushed towards the point of crisis.

















There is always hope, recovery is possible with timely intervention and support

- Often people who are thinking about suicide want their pain to end but not their lives.
- We are all unique and there is a spectrum of pain. Some people live with complex conditions and ongoing suicidal ideation. What works for you may not work for someone else – my lived experience.
- If you are struggling, please reach out for support. This could be your first step on your road to recovery you are not alone.
- If you know someone who is struggling, please reach out to them.
- Download the Stay Alive app for more help and resources.

There is always hope, recovery is possible with timely intervention and support

Recognise the signs

Ask about suicide

Listen and understand

Get help

Hub resources

- Mental health tips for women and ways to support the mental health of women in your life
- Warning signs to look for
- How to talk to women about suicide
- What to say and what not to say
- Myths about suicide
- Stay Alive app
- How to support our work with your lived experience, raising awareness, volunteering, training and donating

Thank you!

Any questions?

rachael@prevent-suicide.org.uk



GRASSROOTS SUICIDE PREVENTION

Rethink Mental Illness
Part of UOK
Psychosocial Network

SOS & MENDOS
Service
&
NHS
Bereavement
Support





Suicide prevention and MENDOS (a unique social response)

Thank you to Ben for Volunteering to speak about your experience of using our MENDOS service 2023 -2024

Why are people in prison and people who have recently left prison at increased risk of suicide?

Suicide is always complex and rarely caused by one factor alone. International evidence shows that the increased risk of suicide in people in prison is due to a unique combination of pre-existing factors and the prison environment

(Samaritans) & (verbal recognition; World Health Organization)



Introducing Ben

MENDOS (Meaningful Discussions)

MENDOS Service Psycho-social support.

The MENDOS service assists those who have current or historic offending history and a mental health diagnosis

We support in the community both pre & post probation or prison.

We do this by offering information, practical & emotional support, signposting and advocacy.

Working flexibly with other services.

It saved my life to have support where I could just reflect and be myself

Quote from Discussion with Ben;

I needed longer support and was referred by UOK to Rethink MENDOS.

I had been brooding and isolated myself. I came close to suicide and without this support I know I wouldn't be here.

I didn't see a future but the space at MENDOS helped me see that I do have a future

Part of support was me accepting my situation and engaging in support offered ie; other external group. That things can change.

I found the preparation for what to expect in court valuable, it reduced anxiety ie re pre sentence reports, and understand types of sentencing.

MENDOS stayed with me until post court and that meant a lot to me. That flexibility assisted me.

I don't have the thought's I had before MENDOS but aware to speak to my GP or other if feeling I am becoming anxious.

What is your message to others?

Reach out

I see a future my Quality of life has improved

This did save my life

A Final Thought

Suicide Prevention;

If you see someone struggling;

Say something, make time, it might not mean a lot to you but it may mean everything to the other person

Suicide is preventable. Let's start the conversation to let people know they are not on their own.

Resources;

World Health Organisation 2024 Suicide and Criminal Justice

Samaritans - Prisons and suicide | Suicide in prison report - Samaritans

Partnership working and a community approach to suicide prevention

UOK Brighton & Hove = a network of local, community-based organisations working in partnership to support good mental health

Power of partnerships - no one organisation can address the complex issue of suicide prevention alone

Suicide prevention is everyone's responsibility.









































YMCA DOWNSLINK GROUP











Suicide Prevention's most effective tool = People

We can always achieve more together

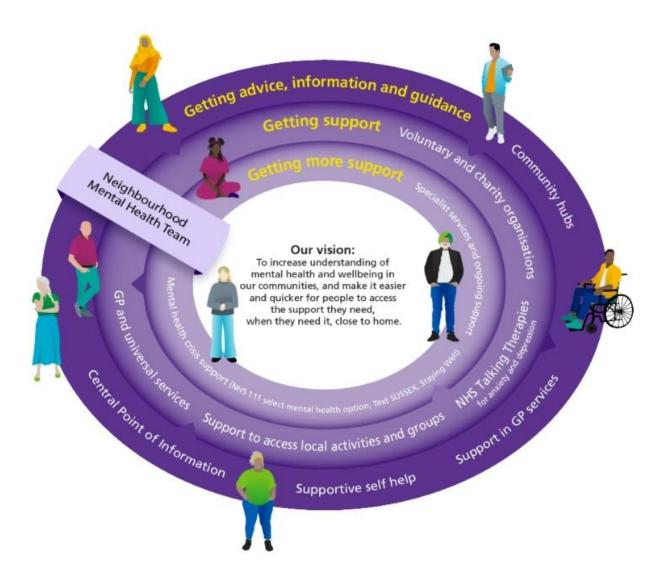
Strong, collaborative relationships, bringing unique expertise







Community Mental Health Transformation





How can partnership working help to prevent suicides?

Improved access to services - Partnerships between healthcare providers, mental health services, and community organisations that will happen through the Neighbourhood Mental Health teams and the partnerships you all create, can ensure that people have easier access to the support they need. This coordinated approach can identify and help those at risk.

Open conversations - Working in partnership and building relationships can help to open up honest conversations. Start the conversation about suicide prevention, talk, share, and ask others about what they're doing. Perhaps you can suggest ways to work together to achieve more.

Sharing experience, best practice, tools, resources and training - Sharing experience, best practice, resources and tools can help to educate our communities about mental health and the warning signs of suicide. By spreading awareness, we can bring people the knowledge to recognise when someone might be struggling, and how to offer support.

Reducing stigma, together - As we all know, stigma around mental health can prevent people from finding the help they need. By challenging this, we can create a more accepting environment where people feel safe to seek help.



A community approach to suicide prevention is...

...building an environment where mental health is openly discussed, free of stigma and help is accessible.

Improve access - Use partnerships to ensure access to the right support at the right time.

If you work for an organisation that supports people, question whether people who might need you would access your service directly. Maybe they would trust being referred by a partner organisation they're already connected with?

Share and educate - Share resources and reduce stigma through education and shared training. Is there a training exchange you can do with another organisation?

Encourage conversations - Have open conversations about mental health and suicide and collaborate to ensure the most amount of impact for your community.



Please get in touch with UOK if you live in Brighton & Hove or East Sussex, and you or someone you know needs support.

0808 196 1768

All calls are free, and lines are open Monday to Friday, 9am to 5pm

Visit our website: www.uok.org.uk

Or email: chat@uok.org.uk





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/showcase/uok-brighton-hove/



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Please scan for resources



