



World Suicide Prevention Day (September 10, 2024)

Q&A from our webinar titled 'Changing the Narrative on Suicide'

Q) 20 years ago I co- produced a performance with young people for a national conference on the prevention of young suicide. Sadly funding to continue this work - using arts practitioners is very difficult to access. hence having to retrain. I would like advice on how to continue with this work...

A: It sounds like the work you did was excellent – please try the following links for funding:

<https://www.tnlcommunityfund.org.uk/funding/programmes/national-lottery-awards-for-all-england>

Arts Council

<https://www.artscouncil.org.uk/our-open-funds>

Funds for all- has lots of funders listed so they would need to look

<https://fundingforall.org.uk/find-funds/>

Rachael will be to happy to have a chat with the person who asked this question. Please get it touch with her: rachael@prevent-suicide.org.uk

Q) Can you provide more information on Suicide Prevention Training.

A) Grassroots Suicide Prevention has been delivering suicide prevention, self-harm and mental health training for the past 20 years. We offer consultation and training courses, many of them tailored and co designed to support individuals and organisations to develop the skills to help save lives. We have trained over 60,000 people to date and 70% of people who do our training go on to use the skills they learn within six months of their course.

We have a wide portfolio of training from awareness, foundation, intermediate and advanced courses. We offer standard, tailored and bespoke courses. We have some free and subsidised courses in certain areas of the UK which includes Sussex.

We also have a free 'Real Talk' interactive film on our website www.prevent-suicide.org.uk

If you would like to find out more please contact us on training@prevent-suicide.org.uk

Q) Is MENDOS available throughout the UK via Rethink?

A) MENDOS only serves the Brighton area however Rethink Mental llness also offers:

Talking therapies within integrated mental health teams inside the prison

- Navigation services supporting people to successfully transition back to community
- Probation framework – personal wellbeing support
- Probation framework – finance, benefit, and debt support
- Criminal Justice CoProduction
- Specialist Forensic Inpatient, wellbeing coach work

Q) What is the relationship between suicide and social isolation among the BAME and Asylum seekers?

A) We would recommend reading [Ethnicity and suicide | Samaritans](#)

Q) Would be interested to know more about how the experts by experience (E by Es) were found and brought on board please.

A) Rethink Mental Illness: Outreach was conducted in the boroughs finding dynamic VCSE organisations and their leaders, social media was also used to recruit E by Es, it was light tough with a simple application form and a chat. All E by Es had a network they tapped into, so it was not just one person's view. Various roles were offered, and E by Es could come and go when it suited them, they did not have to work with us for a set amount of time however if they agreed to work with a project we encouraged them to see this through to the end. A handbook was created and information on co-production given to all E by Es. All E by Es were paid.

Grassroots Suicide Prevention and Possibility People have partnered to develop a Suicide Prevention Lived Experience Advisory Group and Feedback Group which helps co-produce and inform all of GSP work and also influences on a local, regional and national level. If you would like to get involved or find out more then please go to [Lived Experience Groups - Grassroots Suicide Prevention \(prevent-suicide.org.uk\)](#) and contact livedexperience@prevent-suicide.org.uk

Q) Why is suicide relatively prevalent among the male folks?

A) Middle aged men are more likely to die by suicide than any other age group. There has been a lot of research on male suicide. Experts suggest that the higher suicide rate among men is related to a range of factors such as having more access to lethal means, more reluctant to seek support (but this is changing) and that they are more affected by relationship breakdowns. There is also evidence of social change as a cause, where males are caught between traditional societal norms e.g. silent, strong, austere, masculine and modern-day norms such as being progressive, open and individualistic.

We would recommend reading the [Men and Suicide](#) report from the Samaritans.

Q) I would be interested to know more about differences in how neurodivergent people process grief.

A) We would recommend reading Understanding the Neurodiversity of Grief: A Systematic Literature Review of Experiences of Grief and Loss in the Context of Neurodevelopmental Disorders (Review Journal of Autism and Developmental Disorders, 2024) [Understanding the Neurodiversity of Grief: A Systematic Literature Review of Experiences of Grief and Loss in the Context of Neurodevelopmental Disorders \(ed.ac.uk\)](#)

Q) Do you have any specific figures around neurodivergent females?

A) Autistic females are at a higher risk of suicide attempts and self-harm than autistic males, but suicide mortality and ideation are similar amongst males and females (Kirby et al, 2024).

Q) What did you class as a "Social Connection" (asked during Lourdes segment)

A) For evaluation purposes a social connection was a “meaningful contact and connection with others”, this was face to face, via Teams, in groups or 1:1 contacts, it could also be a short intervention. We had a social media campaign conducted by Suicide and Co where people wrote a letter to someone they had lost to suicide. Any social media responses to this were also counted as a social connection.

Q) Share the link to the Women’s Suicide Prevention Hub.

A) The Women’s Suicide Prevention Hub link is www.prevent-suicide.org.uk/womens-suicide-prevention-hub/

Q) You mentioned that women are twice as likely to suicide/attempt suicide. Is this compared to men? If so, why is the national discourse so focused on men?

A) The rates of women suicides has increased to the highest level since 1994. Between 2012 and 2022, there was a 32% rise in women's suicides in the UK (ONS data).

Male suicides continue to account for around three quarters of suicide deaths, a trend seen since the mid 1990s.

In my personal opinion (Rachael Swann's) because of the higher number of deaths in males, more research and lobbying has been focused on male suicide. I think we need more lobbying around women suicides. I also think there should be more lobbying around the devastating impact of losing anyone to suicide with more sustainable and long term funding available to provide support early so that we can save more lives.

All resources from our webinar can be found on our webpage:

<https://www.uok.org.uk/news/item/world-suicide-prevention-day-webinar-resources-and-toolkits/>
