



# Oxfordshire Suicide and Self-Harm Prevention Strategy

2020-2024

Working together to reduce suicide and self-harm in Oxfordshire

Developed by Oxfordshire Public Health, on behalf of the Oxfordshire Suicide Prevention Multi-Agency Group, March 2020.

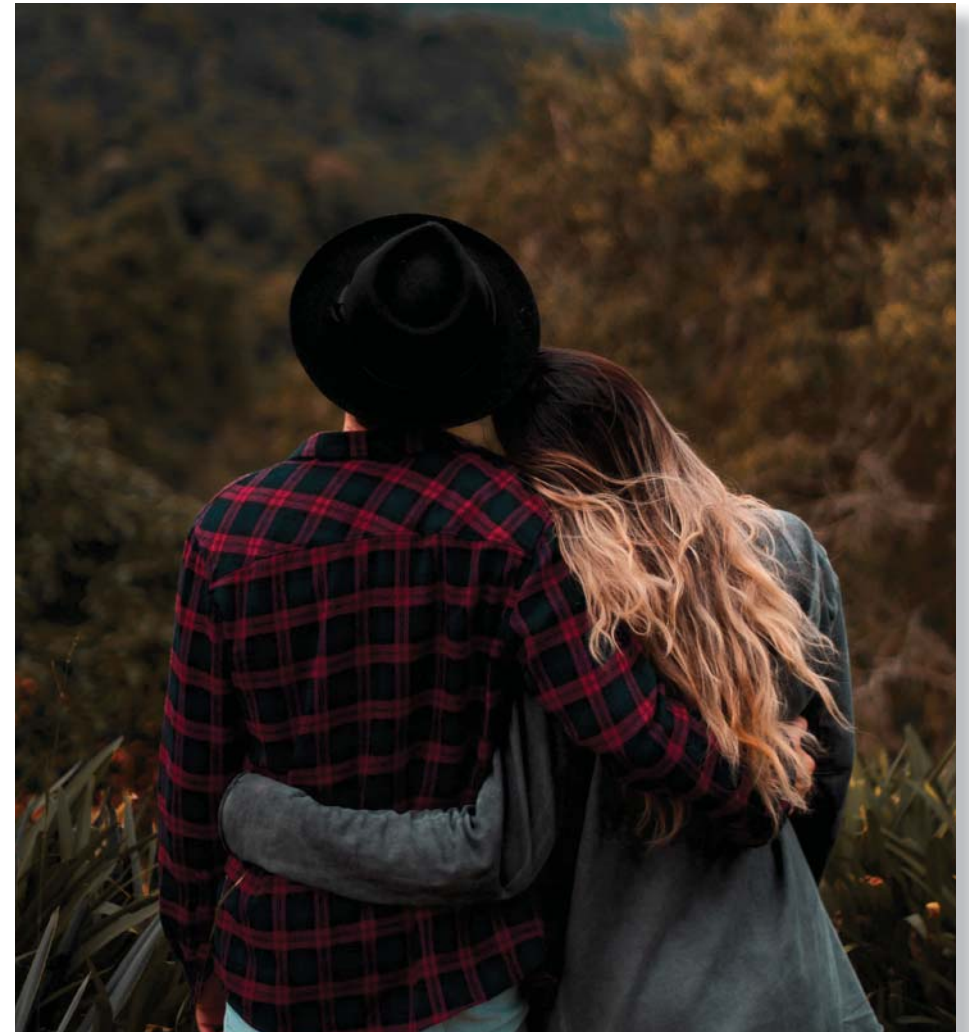
# Foreword

by Donna Husband, Chair of Oxfordshire's  
Suicide Prevention Multi-Agency Group

I am proud to present this strategic plan that sets out our partnership commitment and action to reduce suicide and self-harm over the next 4 years. This will require a dedicated and long-term focus and a commitment to continue to work together so that suicide and self-harm prevention truly becomes everyone's business. You will read within this document the progress that the partnership has made so far but there is still more that can be done to align our efforts to offer the right support, at the right time, to those in need.

Not only is improving people's mental health a priority for the Oxfordshire's Health and Wellbeing Board, but it is also a mission to support the whole population's mental wellbeing. The fact that a majority of people (two thirds) who die by suicide in Oxfordshire are not in contact with mental health services means that suicide prevention is a shared public health and mental health service priority.

Please join all of us in Oxfordshire in embracing the strategy as we aim to reduce the terrible impact that deaths by suicide have on our community.



# Executive Summary

In Oxfordshire, on average, just under 60 people die by suicide each year. Every Oxfordshire life matters, and our local suicide and self-harm prevention strategy aims to prevent these early deaths.

Suicide impacts broadly; not only on immediate family and close friends, but also on colleagues and wider society.

Preventing suicide is everyone's business, and no single organisation or community group can do this in isolation. Oxfordshire has a wide-ranging, well-established multi-agency group (MAG) that is dedicated to preventing suicide and self-harm. These range from public and private sectors, to national and local charity sector organisations, who have all made a commitment to both the development and delivery of this strategy.

## THE STRATEGY

Oxfordshire's approach is based on national strategy recommendations, combined with the local knowledge and insight that our work since 2014 has given us. The four-year strategy, running from 2020-2024, has four focus areas.

The focus areas are underpinned by four action areas, with the detail of this being delivered by all members of the MAG. Progress will be monitored and reported to the Oxfordshire Health Improvement Board, who deliver on the joint Health and Wellbeing Strategy for Oxfordshire.

## 1. Suicide & self-harm safer communities

Building resilience within communities, schools, local business and employers and grass roots projects to make suicide prevention everyone's business.

## 2. Suicide & self-harm safer professionals & work settings

Ensure that professionals are upskilled so if they are worried about someone – a client, friend, co-worker or a loved one - they feel confident to ask about their mental wellbeing. This will include digital literacy to raise awareness of the risks of social media on suicidality.

## 3. Accessible support for those effected by suicide & self-harm

Our well-established approach to real time surveillance is key in providing our bereaved family and friends with almost immediate supportive signposting and support.

## 4. Strong, integrated suicide & self-harm network

We plan to reinforce new and emerging relationships over the lifetime of the strategy, e.g. with self-harm networks and substance misuse organisations. We will learn from those bereaved by suicide and those with lived experience by integration to our MAG.

# Introduction

Suicide and self-harm are preventable actions, yet 6507 people in the UK took their own lives in 2018 <sup>1</sup>, equivalent to 13 suicides per day in England <sup>2</sup>. Whilst most people who self-harm do not die by suicide, at least 50% of people who die by suicide have a history of self-harm <sup>3</sup>.

Suicide impacts broadly; not only on immediate family and close friends, but also on colleagues and wider society. Those bereaved by suicide have an increased risk of suicide and are more likely to experience poor mental health <sup>4</sup>.

The financial cost of each suicide is estimated at £1.67million, with the majority of this attributed to the reduction in quality of life of those bereaved <sup>5</sup>. In addition, research suggests the hospital costs of self-harm treatment to the NHS at £162million per year <sup>6</sup>.

Suicide is both a public health concern and everyone's business; this is why we have written a joint multi-agency and lived experience strategy and action plan that strives to reduce suicide and self-harm rates in Oxfordshire. We plan to focus on developing safer communities and front line professionals and settings, supporting for those bereaved by suicide, and build on the success of an integrated prevention network.



# Oxfordshire Suicide & Self-Harm - The Local Picture



## MENTAL HEALTH SERVICE INVOLVEMENT AT TIME OF DEATH IN 2017 AND 2018



OVER ONE **3<sup>RD</sup>** OF PEOPLE HAD **NO MENTAL HEALTH CARE** AT TIME OF **DEATH**



APPROXIMATELY A **QUARTER** HAD CURRENT MENTAL HEALTH CARE AT TIME OF DEATH



LESS THAN ONE **5<sup>TH</sup>** HAD A HISTORY OF PREVIOUS MENTAL HEALTH **CARE**

## AMONG

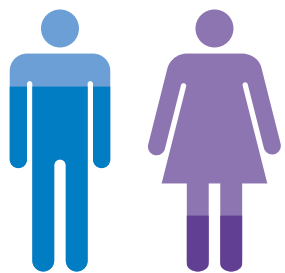
YOUNG PEOPLE **AGED 12-17** IN ENGLAND

**IT IS** ESTIMATED THAT <sup>8.</sup>



**SELF-HARM**

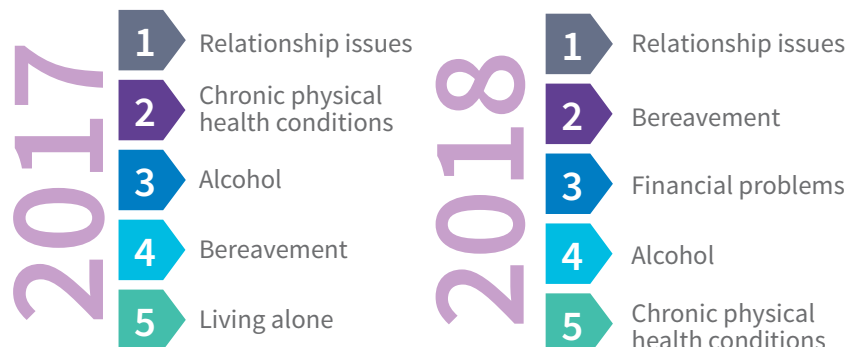
OXFORDSHIRE MALE FEMALE



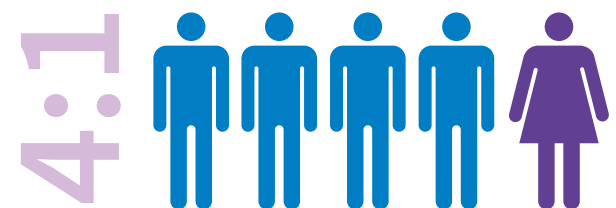
**81%** **19%**

DEATHS FROM SUICIDE IN 2016-18 <sup>7.</sup>

## MOST COMMONLY IDENTIFIED CONTRIBUTING FACTORS



**MEN : WOMEN**  
IN 2018 THE RATIO OF DEATHS WAS



# Oxfordshire Suicide & Self-Harm - The Local Picture

2016-2018



ADMISSIONS TO A&E FOR SELF-HARM IS HIGHEST IN 15-19 YEAR OLDS IN OXFORDSHIRE

THIS IS ABOVE THE AVERAGE IN ENGLAND

## 2018 OXFORDSHIRE DEATHS

65%

WERE BETWEEN THE AGES 20 AND 49  
AGES 30-39 AND 40-49 HAD THE HIGHEST NUMBER OF DEATHS

2016-2018

IN OXFORDSHIRE

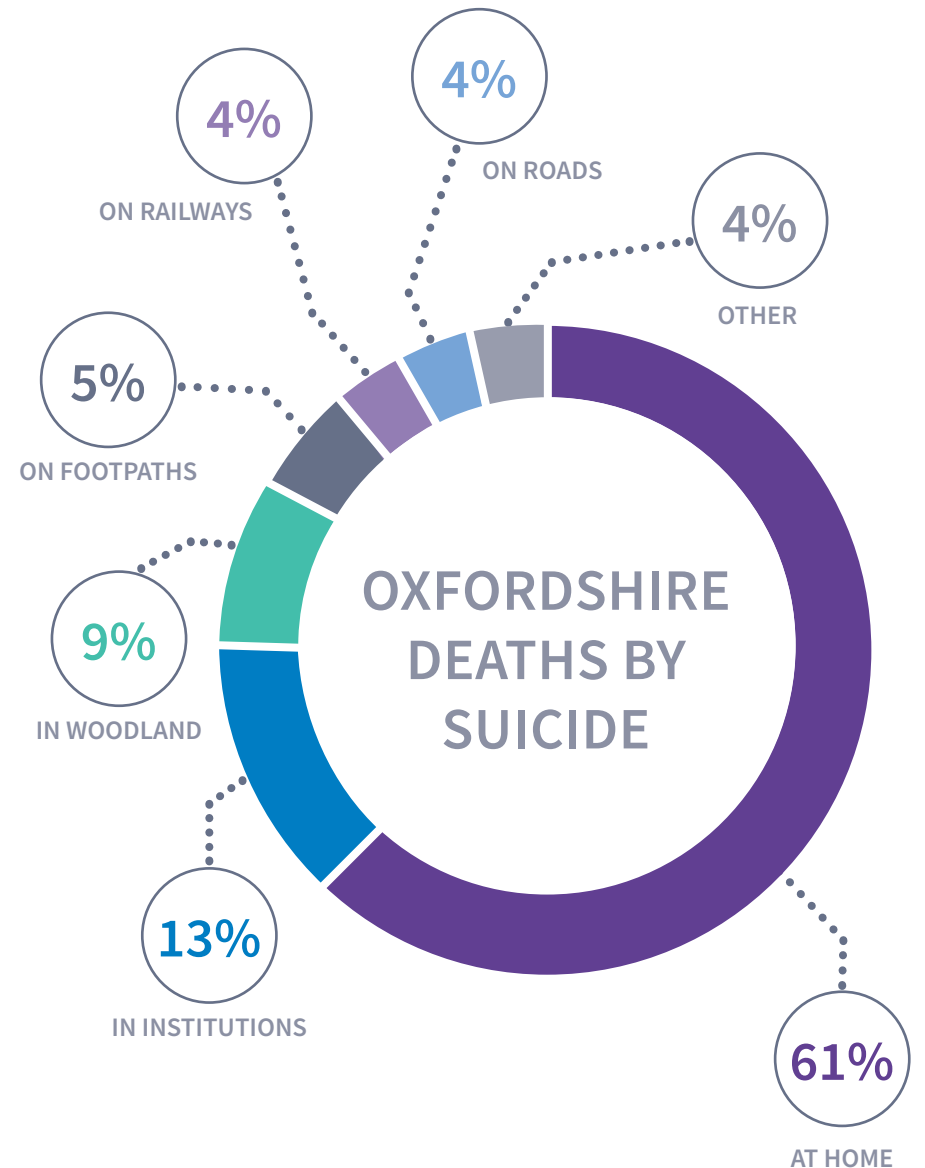
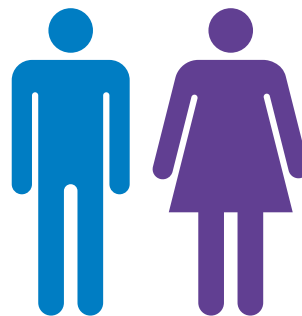
8.6

PEOPLE PER 100,000 DIED BY SUICIDE

IN ENGLAND

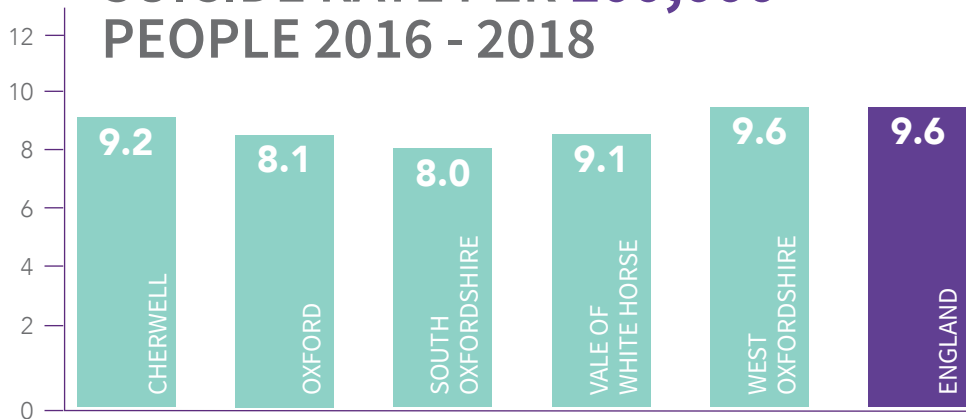
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PEOPLE PER 100,000 DIED BY SUICIDE

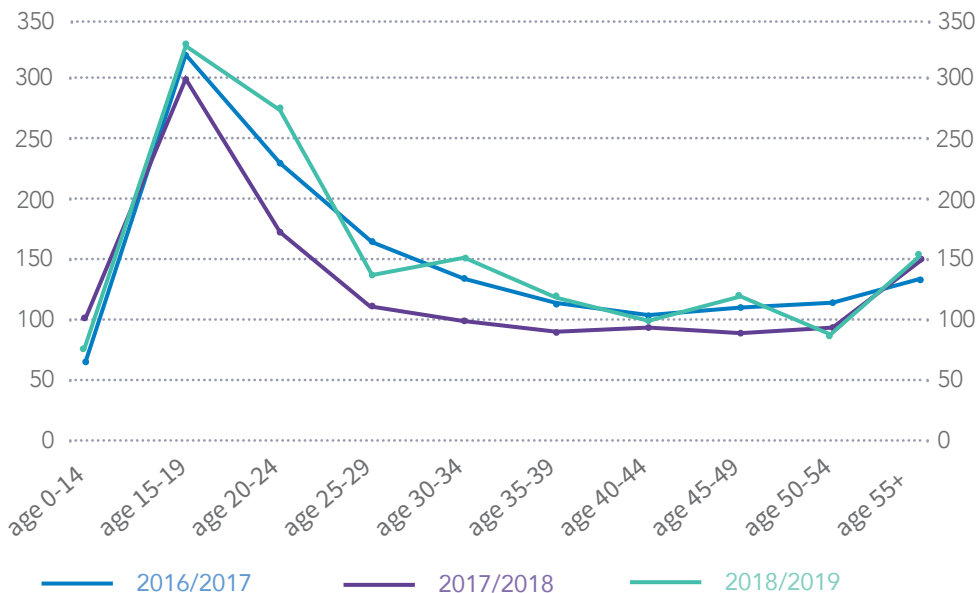


# Oxfordshire Suicide & Self-Harm - The Local Picture

## SUICIDE RATE PER 100,000 PEOPLE 2016 - 2018



## NUMBER OF ADMISSIONS TO A&E FOR SELF-HARM IN OXFORDSHIRE BY AGE GROUP



The Oxford Centre for Suicide Research tells us<sup>9</sup>:

15-24 YEAR OLDS FEMALE HAVE THE HIGHEST RATE OF SELF-HARM



ALCOHOL AND DRUG USE ARE COMMON IN PEOPLE WHO PRESENT WITH SELF-HARM

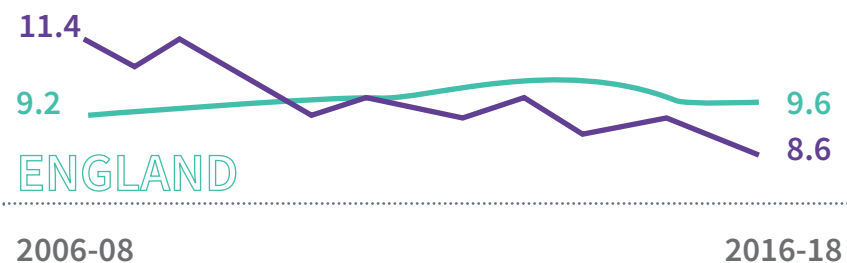


RELATIONSHIP DIFFICULTIES, PSYCHIATRIC DISORDERS, EMPLOYMENT AND/OR STUDY PRESSURE WERE THE MOST COMMON PROBLEMS PRECEDING SELF-HARM



SUICIDE IS MORE COMMONLY THE MOTIVE OF SELF-HARM AMONGST OLDER AGE ADULTS

## SUICIDE RATE PER 100,000 PEOPLE OXFORDSHIRE



# What have we done so far?

The Oxfordshire Suicide Prevention Multi-Agency Group have been working together since 2014; below is a summary of our headline achievements since 2017.

## LEADERSHIP

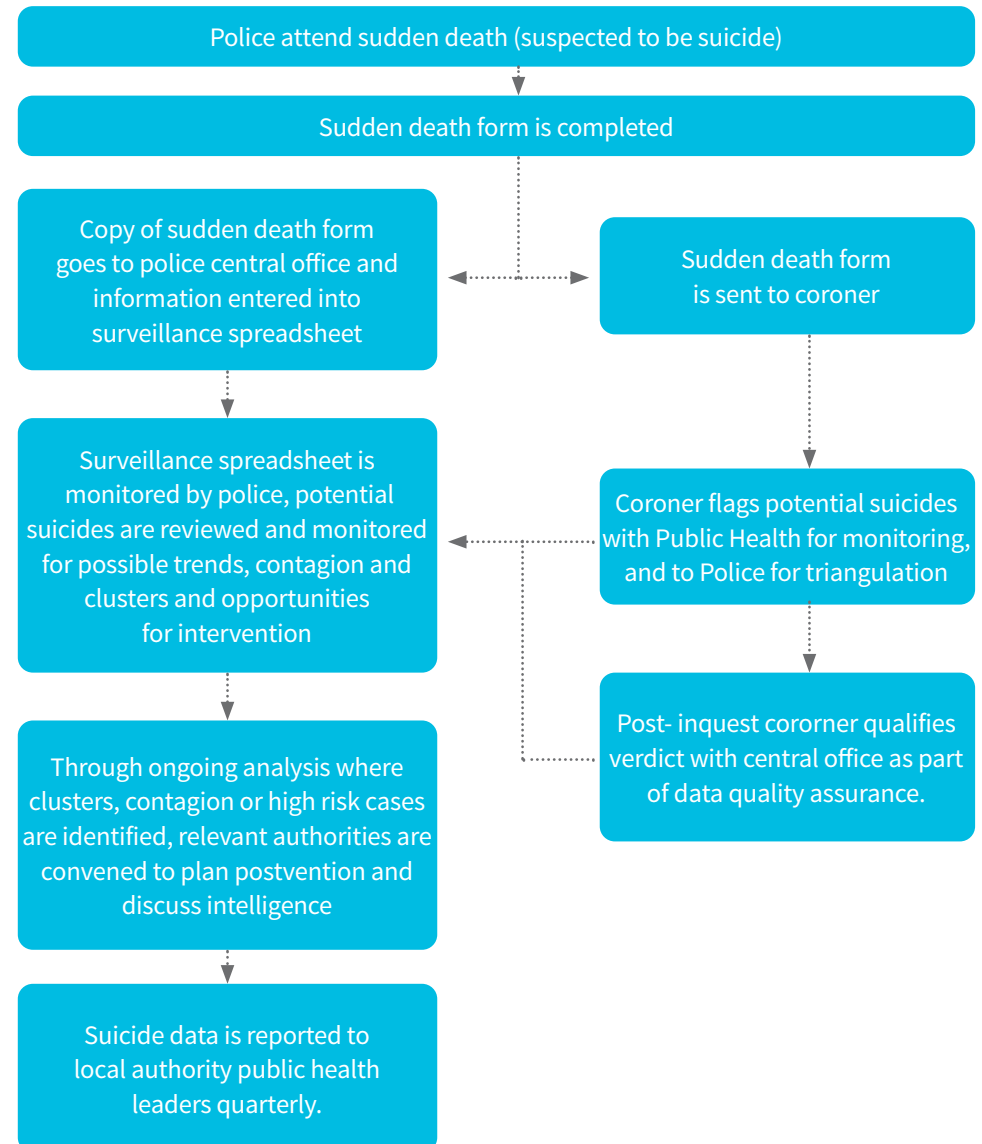
Oxfordshire continues to have a well established and engaged multi-agency group (MAG). New partnerships have been formed, with buy in from all members for the development of this strategy. The Health and Wellbeing Board have signed up to the Public Health England Mental Health Prevention Concordat, as well as the Health Improvement Board taking on mental wellbeing as a priority. Senior leaders across key organisations worked together to submit a successful bid for national funding for mental health support teams in schools.

Oxford Health NHS Foundation Trust have developed and published their suicide prevention plan, as have the South West (including Oxfordshire) Probation Service.

## EVIDENCE, DATA & INTELLIGENCE

Since November 2016 Oxfordshire Public Health has worked in partnership with Thames Valley Police and the Coroner to develop and implement a real-time triangulated surveillance system of recording suicides (see diagram 1). This has been used as a marker of best practice at the National Suicide Prevention Alliance (NSPA) conference in 2018 and to regional suicide leads in other parts of the country.

Diagram 1 – Oxfordshire suicide surveillance process





The data has informed the direction of work of the multi-agency group, and reported to local Boards; Health Improvement, Adult and Children's Safeguarding, and the Clinical Commissioning Group Quality & Performance. It has enabled rapid response task and finish groups to investigate potential suicide clusters and draw on local soft intelligence from key local partners (see case study pg 8).

## EVALUATION & DISSEMINATION

Our local surveillance reports have been shared with a broad range of partners and we have incorporated this into the Oxfordshire Joint Strategic Needs Assessment. Oxfordshire partners have been involved in revising national PHE Guidance on responding to suicide clusters. In addition, Oxford Health NHS Foundation Trust and the Oxford Centre for Suicide Research work collaboratively to collect data for the annual reports on self-harm trends for the Multicentre Study of Self-Harm. Suicide & self-harm researchers from the County give evidence to the All-Party Parliamentary Group on Suicide and Self-Harm prevention and are part of the National Suicide Prevention Strategy for England Advisory Group.

## POSTVENTION

Immediate supportive signposting for those bereaved by suicide has been built into the Oxfordshire surveillance process with our local Cruse charity. Oxfordshire was part of a successful bid from the Buckinghamshire, Oxfordshire and Berkshire Sustainable Transformation Partnership (STP) area for NHS England funding to enhance the supportive signposting offer, and to further develop psychological assessment & self-harm aftercare within hospitals.

Support within schools for professionals, young people and families has been given by See Saw (bereavement support for children & families), CAMHS and School Health Nurses with on-going strategy meetings involving communities around the school, where the death of a young person has taken place. This extends to specific support groups and 1:1 sessions in the Higher Education settings in Oxfordshire.

We worked with the National Suicide Prevention Alliance (NSPA) and Institute of Public Care to hold a focus group for individuals with lived experience of suicide. This has led to ongoing engagement and representation on the MAG with these members of our community.



## TRAINING

Training to professionals is wide and varied across the County; targeted postvention training to GP practices that have experienced a patient suicide has been delivered; Oxfordshire County Council trained 70 mental wellbeing champions; Papyrus & Connect 5 training delivered in South Oxfordshire; South West Prison & Probation staff received suicide awareness training; PHE/NHSE online suicide awareness training disseminated across professional networks and NHS training rolled out Merseycare online training throughout the Fire and Rescue Service.

Networks on self-harm for professionals working with young people continue to run across the county, providing informal learning, peer support and no-name consultation.

## SUICIDE INTERVENTION & CLINICAL SUPPORT SERVICES

Funding for the Oxford Safe Haven, providing crisis support for those with mental health problems, has been continued and operating hours extended.

Both Universities in Oxford have Consultant Psychiatrists as part of their offer of mental wellbeing and counselling to students.

Oxford Health NHSFT provide care in the emergency department for individuals attending who have self-harmed; the Psychological Medicine Service continues this care for those who are then admitted onto a ward.

## SUICIDE PREVENTION & AWARENESS

Oxfordshire Public Health developed and delivered a successful geo-targeted GoogleAds suicide prevention campaign in response to a geographical suicide cluster, signposting to key local services.

A conference for professionals on self-harm awareness took place on behalf of the Oxfordshire Children's Trust, with high profile speakers & organisations in attendance.

Samaritans continue to provide signage for Network Rail at high-risk areas on the rail network, and with other locations identified as high risk. To encourage responsible reporting of deaths by suicide, the national Samaritans media team have been commissioned to monitor publications, work with the Coroner and provide training to local press, media and comms teams.

## MENTAL HEALTH & WELLBEING PROMOTION

Samaritans listening hours have increased, along with the number of outreach talks to businesses and communities. A range of partners have delivered mental wellbeing days in South Oxfordshire reaching members of the community.

2019 saw the fourth year of 'Under my Skin' play performed by Pegasus Theatre across Oxfordshire secondary schools to Year 8 and 9 pupils, highlighting the risks of self-harm, and how to access local support. Partnership work incorporated training on self-harm from CAMHS for school staff and post show tutorials for pupils delivered by School Health Nurses.

The Oxford Centre for Suicide Research worked in collaboration with Oxford Health NHSFT and Charlie Waller Memorial Trust to develop support guides for professionals, and for parents/carers of young people who self-harm.

A 5 Ways to Wellbeing campaign was run by the County Council, reaching communities through partnerships with Oxfordshire Mind and the library service. The local bereavement guide was updated to align with this and other information on support after suicide.

### SUSTAINING & INCREASING ACTION

The Oxfordshire MAG members are dedicated to continuing to build on the successes of this progress and plan to incorporate these work topics into our future focus areas and action plan for 2020-2024.



## Case Study

Oxfordshire Samaritans identified potential areas of risk to Public Health within the Oxford Westgate shopping centre following some calls from individuals in crisis. Public Health convened a meeting with Landsec, the commercial property owners, and Samaritans who all agreed to work together to identify approaches to reduce this risk. As per PHE guidance <sup>10</sup> the progress to date has included:

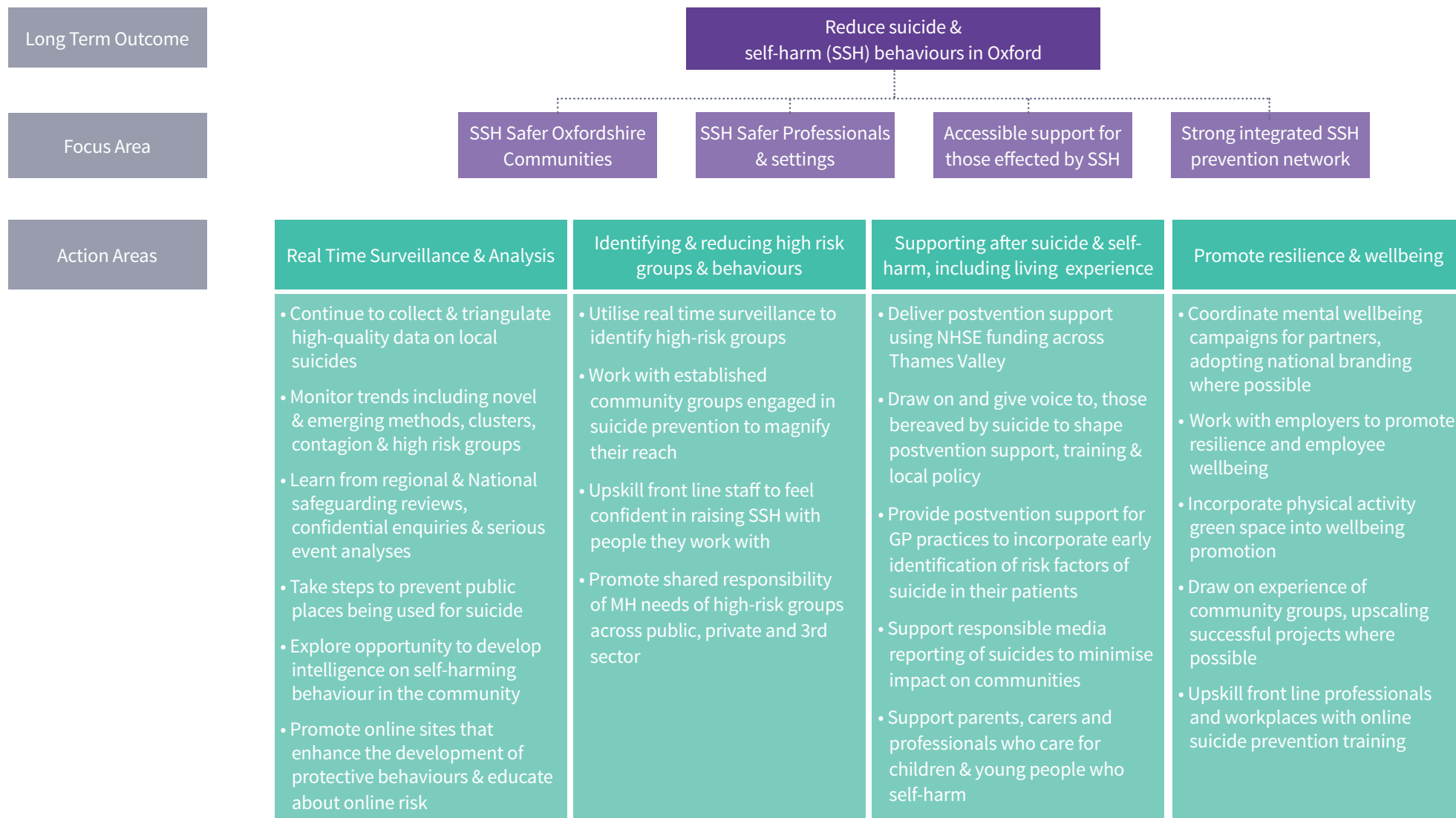
- Increased branded Samaritans signage in areas of high risk
- Samaritans training for brand partner managers and security staff
- Access to NHSE We Need to Talk About Suicide online training
- Increased security patrols
- Guidance on postvention\* support for staff
- Landsec convening work with national retail partners on the development on a suicide prevention plan

Future plans include more detailed training to individual brand partner staff, and pop-up events to engage with the general public. This case study is being used as a marker of best practice in reducing suicide in public places at the NSPA conference in 2020.

\*postvention can be defined as supporting bereaved survivors, caregivers, and health care providers, assisting with the recovery process and reducing contagion through prevention <sup>11</sup>.

# Oxfordshire Suicide and Self-Harm Prevention Strategy & Plan Overview

## OXFORDSHIRE SUICIDE AND SELF-HARM PREVENTION STRATEGY & PLAN – HIGH LEVEL



## OXFORDSHIRE FOCUS AREAS 2020-2024

The national suicide prevention work plan<sup>2</sup> identifies 7 priority areas to work towards reducing suicide across England. A 2019 independent progress report on suicide prevention plans highlighted that local areas should adopt these priorities where possible, but also focus on those in which they have already have some momentum through established partnerships<sup>12</sup>.

This will ensure that Oxfordshire is not reinventing the wheel by spending resources on actions being delivered nationally or where other areas have already worked out the best way to deliver action.

The Oxfordshire focus and action areas have been developed after reviewing local data and intelligence; holding focus groups and an engagement survey for local residents and professionals. We ran an Oxfordshire wide suicide and self-harm prevention campaign to raise awareness and signpost people to complete the engagement survey (see summary box on right of page). Figure 1 demonstrates how the Oxfordshire Focus & Action areas feed into national suicide prevention priorities areas feed into National Suicide Prevention Priorities.

## SUICIDE & SELF-HARM PREVENTION CAMPAIGN



Total reach  
282,796



Total impressions  
815,573



Total link clicks  
7,586



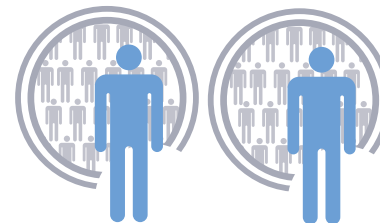
Total video views  
9,222

## STRATEGY ENGAGEMENT

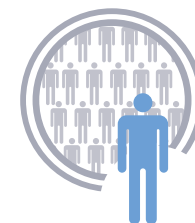
632

responses to  
the survey

### 3 FOCUS GROUPS



2 with just adult attendees

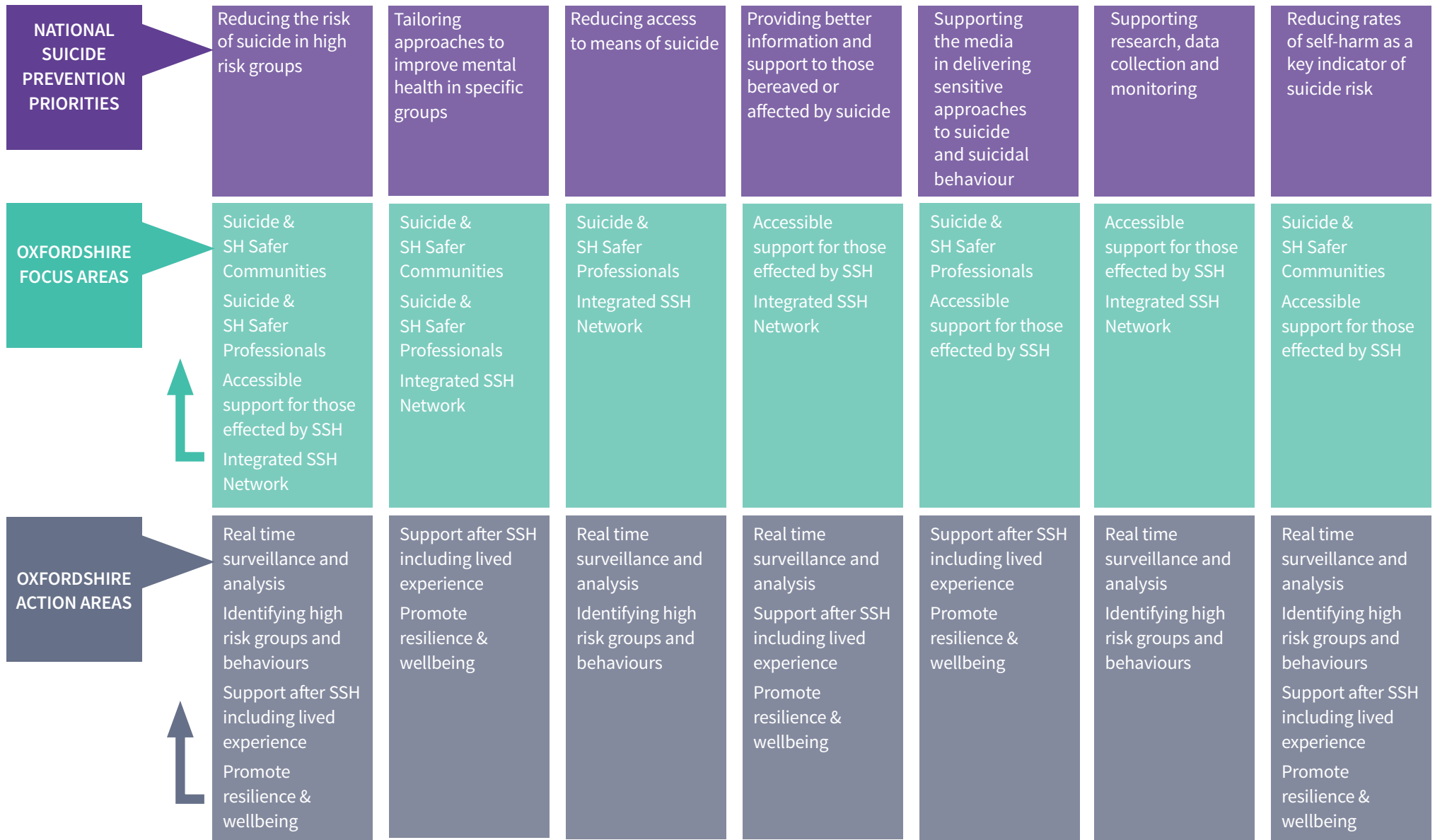


1 with young people

### Main themes from questionnaire and focus groups:

- Male specific support needed
- Training for professionals, community groups and communities
- Training for workplaces to reduce stigma of mental ill health
- Less clinical approach to support e.g. peer to peer group
- Development of a 'catchy' national suicide prevention campaign

# Figure 1 National and Local Suicide & Self-Harm Prevention Priorities



## SUICIDE AND SELF-HARM SAFER COMMUNITIES

Oxfordshire was the first area in the South East of England to sign up to the Public Health England Prevention Concordat for Better Mental Health<sup>13</sup>, demonstrating the commitment from a broad range of partners to improving mental wellbeing of our local population. Oxfordshire Joint Health and Wellbeing Strategy aims for adults to be able to access the support they need to live as healthily and safely as possible, improve mental wellbeing and reduce the number of suicides in Oxfordshire<sup>14</sup>.

We want to make suicide prevention everyone's business through building resilience within communities, schools, local business and employers and grass roots projects. We hope to reach group who are potentially vulnerable within our community; middle to older aged men, socially isolated, people who self-harm and those with long term health conditions; as well as improve mental wellbeing across the lifecourse. Embedding this strategy and action plan across communities will support this work<sup>15</sup>.

## SUICIDE AND SELF-HARM SAFER PROFESSIONALS

Having a conversation about suicide is never easy. Individuals who are seemingly functioning well, can in fact be struggling, and are potentially a missed opportunity for interventions and support<sup>16</sup>. Equipping front line professionals with appropriate and adequate skills to recognise and respond to individuals who are expressing emotional distress, and suicidal or self-harm intentions is a key national priority<sup>17</sup>. The multi-agency partnership will work to ensure that professionals are upskilled so if they are worried about someone – a client, friend, co-worker or a loved one - they feel confident to ask about their mental wellbeing.

Nationally there has been focus on how the impact of social media can increase the frequency that individuals are exposed to self-harm and suicide risk<sup>18</sup>. Incorporating digital literacy into training for professionals, with wider dissemination across communities will work towards this being addressed. Oxfordshire Safeguarding Boards have training on digital safeguarding available for professionals.



## ACCESSIBLE SUPPORT FOR THOSE EFFECTED BY SUICIDE AND SELF-HARM

Improving support for people bereaved by suicide is a key priority of the national suicide prevention strategy for England<sup>2</sup>. Our well-established approach to real time surveillance is key in providing our bereaved family and friends with almost immediate supportive signposting and support.

Providing easily accessible, appropriate support, and learning from those with lived experience is a vital way to enhance the mental wellbeing of our communities and reduce the risk of further suicides and self-harm. We will work to review and evaluate local services to ensure their effectiveness and attempt to enhance this through bids for national funding through the NHS Long Term Plan funding streams for Sustainable Transformation Partnership (STP) areas<sup>19</sup>.



## STRONG INTEGRATED SUICIDE AND SELF-HARM PREVENTION NETWORK

PHE recommend all areas have a multi-agency group addressing suicide prevention<sup>2</sup>. Oxfordshire's MAG is well established, with plans to reinforce new and emerging relationships over the lifetime of the strategy, including extending to our self-harm networks and with substance misuse organisations. Integrating those bereaved by suicide on our MAG will be paramount to learning from their experiences to inform future work.

We look further than our immediate geographical patch, joining up with partners across the Thames Valley through the Suicide Prevention Intervention Network (SPIN) to share emerging themes, learning and collaborating on discrete projects and funding streams. We plan to join the NSPA in 2020 as an organisational member, which will ensure we stay well connected with developments in suicide prevention across the UK, and demonstrate Oxfordshire's commitment to the issue.

Real time data, monitoring and our national research experts who are based in Oxfordshire gives our area in-depth insight into emerging patterns and trends including suicide and self-harm clusters, contagion, access to means. We plan to build on this, ensuring robust data sharing and collection, and use it to inform the work of this strategy and MAG.



# Action Areas 2020-2024

To achieve the four focus areas, we need action to happen.

## REAL-TIME DATA AND SURVEILLANCE

Local summaries of national datasets have an approximate two-year time delay and is likely to underestimate the complexities of different risk factors within each death <sup>20</sup>.

Real-time surveillance of deaths by suicide support early identification of possible emerging trends, locations, methods and other contributory factors. This facilitates the offer of timely support to people bereaved by suicide and gives us the opportunity to instigate a community approach to prevention initiatives and build a broader picture of what is happening locally for our population.

Currently only national data are available on admissions to hospitals as a result of self-harm. It is estimated that for every adolescent suicide, 370 attend hospital for self-harm, and a further estimated 3900 self-harm in the community <sup>21</sup>.

### We plan to:

- Continue to collect and triangulate high-quality data on Oxfordshire suicides to inform pathways of work and to share with relevant local and national partners, Boards and Governance structures
- Monitor trends, including novel & emerging methods of self-harm and suicide, identify possible suicide clusters contagion and potentially vulnerable groups

- Learn from regional and national safeguarding reviews and confidential enquiries
- Take steps to prevent suicides at public places
- Explore the opportunity to develop local intelligence on self-harm within the community to target resources and interventions appropriately.
- Link the suicide prevention work with the established self-harm prevention networks.
- Promote best practice including online sites that enhance the development of protective behaviours & educate about online risk



## IDENTIFYING VULNERABLE GROUPS & AND REDUCING HIGH RISK BEHAVIOURS

We know that there are a wide range of contributing factors to suicide; the more of these an individual experience can increase their risk of suicide. Nationally, individuals with mental health issues, a history of self-harm, socially isolated, physical health issues/conditions and LGBTQ+ have been identified as high risk for suicide (this list is not exhaustive) <sup>22</sup>. Our local surveillance allows us to drill down further into contributing risk factors for our local population, providing more tailored approaches to prevention and postvention.

### We plan to:

- Utilise the real time surveillance system to identify high risk groups within Oxfordshire
- Work with established grassroots/community organisations already engaged in suicide and self-harm prevention to magnify their reach
- Work with front line staff to be able to easily identify risk factors in an individual and upskill them to feel confident to raise the issue of suicide or self-harm.
- Promote shared responsibility for mental health needs of high-risk groups across public, private and 3rd sector organisations.

## SUPPORT AFTER SUICIDE, SUICIDE CRISIS, AND SELF-HARM

We know that those bereaved by suicide are at increased risk of poor mental health, substance misuse and suicide <sup>23</sup>. Providing specialist support at these times can help to achieve more positive outcomes for the bereaved. We have opportunities to learn from people bereaved by suicide and those with lived experience of suicide in Oxfordshire, which will be pertinent to how support is shaped locally.

The national and local media influences public attitudes and behaviours; sensationalised or detailed reporting of suicides can increase risk of suicide and self-harm <sup>24</sup>, as well as causing distress to those effected. The Independent Press Standards Organisation (IPSO) and Samaritans have guidelines for the media on responsible reporting of suicide <sup>25,26</sup>.

### We plan to:

- Deliver a pilot in postvention coordination and support with trailblazer wave 1 funding from NHSE, building on the success of Oxfordshire's current postvention offer
- Draw on the experiences of those bereaved by suicide to shape postvention support, training and local policy
- Provide postvention support for GP practices to incorporate early identification of risk factors for suicide in their patients
- Upskill organisations who experience a suicide to develop a postvention action plan
- Upskill local media, press and comms teams
- Support parents, carers and professionals who care for children and adolescents who self-harm
- Work with Samaritans, local media and communication teams in suicide awareness to reduce the risk of contagion through appropriate reporting of deaths.
- Monitor media reporting of suicides and encourage adoption of IPSO and Samaritans guidelines through training opportunities for journalists and communication teams.



## PROMOTE RESILIENCE AND WELLBEING

Promotion of mental wellbeing by supporting both individual resilience<sup>27</sup> and facilitating community support networks can support the aim of reducing self-harm and suicide. Although increases in diagnoses of mental health conditions may partly represent heightened levels of awareness, mental health conditions continue to be under-estimated<sup>28</sup>.

Nationally we know that living alone, unemployment, poor physical health and being LGBTQ+ can increase the risk of having a mental illness<sup>29</sup>. Levels of depression and anxiety in Oxfordshire adults is increasing, as are the social, emotional and mental health needs in children and young people.

### We plan to:

- Have a coordinated approach across partners to mental wellbeing campaigns for Oxfordshire, adopting national branding where appropriate
- Promote resilience and employee wellbeing across organisations in Oxfordshire, utilising existing networks and partnerships
- Implement Mental Health Support Teams in schools through the NHS
- Incorporate physical activity and green space into wellbeing promotion<sup>30</sup>
- Draw on the experience of our grassroots sector and upscale successful interventions where possible
- Upskill front line professionals and workplaces with online suicide prevention training to support development of healthy place shaping in Oxfordshire

# Who will deliver this strategy and action plan

## OXFORDSHIRE MAG BOARD MEMBERSHIP

(correct at time of publish)

Terms of reference, governance and accountability structures are in place to ensure effectiveness and sustainability of the group.





This approach of working across the system to reduce suicide and self-harm in Oxfordshire allows for reporting and accountability through the following routes;

- Director of Public Health
- Health & Wellbeing Board
- Health Improvement Partnership Board
- Children's Trust
- Oxfordshire Safeguarding Boards for Children and Adults
- Oxfordshire Clinical Commissioning Group Quality Committee
- Oxfordshire Five Year Forward View Mental Health

The quality criteria for self-assessment of Oxfordshire's local planning will be based on the recommendations from Samaritans and the University of Exeter. The renewed detailed action plan will include both input and output measures and have a RAG rated monitoring framework for reporting to the multi-agency group at each meeting.

Both learning and trends in data and risk factors will also be shared regionally through the Thames Valley Suicide Prevention Intervention Network (SPIN) and nationally to contribute to the knowledge base.

It is acknowledged that this work has many additional links to other organisations' strategies in broader approaches to whole systems public mental health planning. These have not been listed here but are available from individual organisations.

# References

1. ONS (2019) Suicides in the UK: 2018 Registrations. Available [here](#)
2. PHE (2019) Preventing suicide in England: Fourth progress report. Available [here](#)
3. Mackley A. (2018) Suicide Prevention: Policy and Strategy Briefing. Available [here](#)
4. Pitman et al (2017) Support received after bereavement by suicide and other sudden deaths: a cross-sectional UK study of 3432 young bereaved adults. *BMJ Open*, 7: e014487.
5. DH (2016) SPR0110 Written evidence to All Select Committee. Available [here](#)
6. Tsiachristas et al (2017) General hospital costs in England of medical and psychiatric care for patients who self-harm: a retrospective analysis  
PHE (2019) Suicide Prevention Profile. Available [here](#)
7. Mental Health of Children and Young People in England, NHS Digital
8. Oxford Centre for Suicide Research 2016 OMS Annual Report
9. PHE (2015) Preventing suicides in public places. Available [here](#)
10. Erlich et al (2017) Why we need to enhance suicide postvention, *The Journal of Nervous and Mental Disease*, 205(7), 507–511. Available [here](#)
11. Samaritans (2019) Local Suicide Prevention Planning in England: An independent progress report. Available [here](#)
12. PHE (2018) Prevention Concordat for Better Mental Health. Available [here](#)
13. Oxfordshire Joint Health and Wellbeing Strategy 2015-2019. Available [here](#)
14. HM Government (2019) Cross government suicide prevention workplan. Available [here](#)
15. NHS (2019) NHS Long Term Plan. Available [here](#)
16. HEE (2018) Self-harm and suicide prevention frameworks. Available [here](#)
17. HM Gvt (2017) Internet Strategy Green Paper. Available [here](#)
18. NHS (2019) NHS Long Term Plan. Available [here](#)
19. Ikeda et al (2014) Improving national data systems for surveillance of suiciderelated events. Available [here](#)
20. Geulayov et al (2017) Incidence of suicide, hospital-presenting non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in England (the iceberg model of self-harm): a retrospective study. Available [here](#)
21. NatCen Social Research (2019) Suicide and self-harm survey. Available [here](#)
22. Pitman et al (2014) Effects of suicide bereavement on mental health and suicide risk. Available [here](#)
23. Zalsman et al (2016) Suicide prevention strategies revisited: 10-year systematic review. Available [here](#)
24. IPSO (2018) Guidance on reporting suicides. Available [here](#)
25. Samaritans (2013) Media Guidelines for reporting suicide. Available [here](#)
26. Hu et al (2014) a meta-analysis of trait resilience and mental health. Available [here](#)
27. Oxfordshire Joint Strategic Needs Assessment (2019) Available [here](#)
28. NHSD (2014) Adult psychiatric morbidity survey. Available [here](#)
29. IHE (2014) Improving access to green spaces. Available [here](#)

# Organisations who can support



**Samaritans** – for everyone  
Call: 116 123



**Oxfordshire MIND** – for everyone  
Call: 01865 247788



**Campaign Against Living Miserably (CALM)** – for men  
Call: 0800 58 58 58



**Papyrus** – for people under 35  
Call: 0800 068 41 41



**Childline** – for people under 19  
Call: 0800 1111



**The Silver Line** – for older people  
Call: 0800 4 70 80 90



**Support After Suicide Partnership** - support for people bereaved or effected by suicide.



**Survivors of Bereaved by Suicide (SOBS)**  
Group, phone and email support.



**Charlie Waller Memorial Trust** – resources and training on mental wellbeing, depression and suicide prevention



**Suicide Bereavement UK** – training and research in suicide bereavement



**Oxfordshire Cruse** – bereavement support, including those bereaved by suicide Call: 01865 245398



**See Saw** – grief support for children and young people in Oxfordshire Call: 01865 744768



**Oxford Safe Haven** – weekend out of hours mental health crisis support Call: 01865 903 037



**Oxfordshire Mental Health Partnership** – six mental health organisations across NHS and charity sector



**Rethink Oxfordshire Carers Support Service**  
Call: 01865 904499

**Banbury Safe Haven** - weekend out of hours mental health support (non-clinical)  
Call: 01295 270004/07851 246546

**Oxfordshire Mind Wellbeing Service** – support and options discussions around mental health and wellbeing Call: 01865 247778

**Oxfordshire Live Well**  
support services information for adults, families and carers



**The NHS** – for everyone

- Call your GP
- Call 111 (if you need medical help fast but it is not an emergency)
- Call 999 (if you think a life is at immediate risk)

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