

HAMMERSMITH AND FULHAM SUICIDE PREVENTION STRATEGY 2024–2027

FOREWORD

In Hammersmith & Fulham, we are committed to supporting residents to live happy and healthy lives, and as part of this, we are working to prevent deaths by suicide in the borough. This strategy sets out our commitment and plans to understand (SEE) challenges that our residents might be experiencing; share these learnings with key stakeholders such as mental health services, police and charities (SAY); and create a system which reduces barriers for residents in accessing support services (SIGNPOST).

We are fortunate to have a local system of services who share this commitment to support the mental wellbeing of residents, and significant work is already underway to drive down the suicide rate in the borough. This has included:

- **investing in local support services:** we have funded local charity The Listening Place to expand capacity to support more residents who might be struggling
- **delivering a communications campaign** providing clear information on local services available to residents who might need extra support—and taking the campaign beyond traditional media outlets and into spaces such as pubs and gyms
- **strengthening referral pathways** between stakeholders so that residents experience a ‘no wrong door’ approach and receive support tailored to their needs
- **providing suicide awareness training** for frontline Council officers; Police; and local enforcement teams, so that a wider network of people are able to assist if they encounter a resident in crisis.

Suicide is everyone’s business. The multi-agency partnership approach outlined in this strategy encompasses the collaboration that is required to make a difference. We must make sure that there is no ‘wrong door’ for someone experiencing suicidal crisis, and we must, together, endeavour to see what is happening in our borough, speak to each other about suicide, and signpost those at risk to the right services.

Councillor Alex Sanderson
Deputy Leader, Hammersmith & Fulham Council

INTRODUCTION

Every life lost to suicide is a tragedy, with devastating impacts on the lives of many, and nationally, rates are the highest they have been since 1999 - with 6,069 suicides registered in England and Wales during 2023. Regrettably, during 2021–2023, Hammersmith and Fulham (H&F) had the highest suicide rate of any London borough, with 58 deaths registered as suicides, equating to a rate of 10.7 per 100,000 residents¹. This compared with 7.0 per 100,000 people for London and was the same as the England average of 10.7 per 100,000 people.

Causes of deaths by suicide are complex and unique to the individual, though often it is possible to find common threads. This new H&F strategy represents an ongoing process that is framed around three main concepts:

SEE, SAY, SIGNPOST

We must **SEE** what is happening in our borough, monitoring and understanding local suicide data and recognising the factors that increase the risk of suicidality. Being familiar with local demography means that we can identify risk factors and target groups at greater risk and provide focussed support.

We must **SAY** what is happening. Sharing information with a multi-agency partnership that will take a communal responsibility for reducing the local suicide rate by way of capitalising on individual expertise and resident touch points.

We will **SIGNPOST** residents to appropriate and effective support that is suitable to their needs. This cannot be a 'one size fits all' approach and instead we must ensure that a range of services are available and accessible, addressing the risk factors that we see locally. We will strengthen referral routes between services and make sure that the right support can be proactively signposted to by any service with whom the resident has contact.

Suicide prevention in H&F is predicated on the belief that suicide is not inevitable, and that working to reduce the rate of deaths by suicide is everybody's business. We have a shared vision for suicide prevention in the borough, and for residents to know how to get help and receive appropriate and effective support to stay safe.

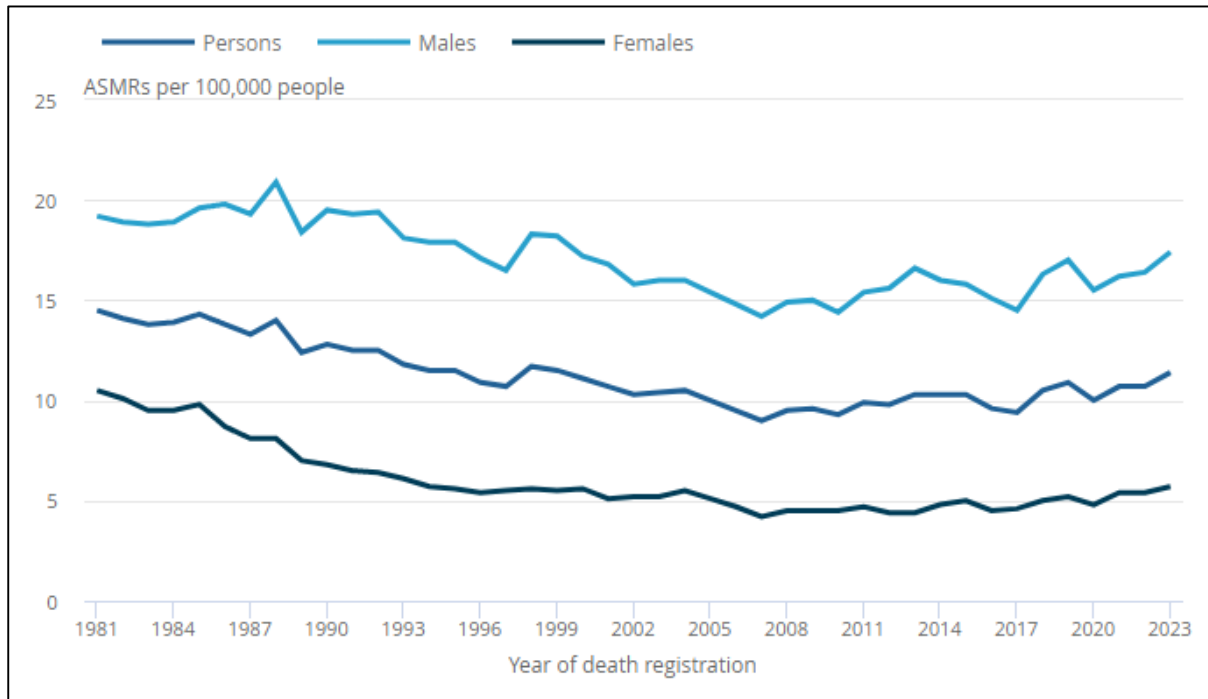
¹ [Fingertips | Department of Health and Social Care](#)

Part one: SEE

NATIONAL CONTEXT

Suicide prevention is a matter of national urgency, with 2023 suicide rates across England and Wales increasing to the highest they have been since 1999 (Figure 1)².

Figure 1: Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2023.



Source: Office for National Statistics (ONS), [Suicides in England and Wales](#) tables, Table 1.

Age and sex

According to data published in January 2024 by the House of Commons³, men in England and Wales are three times more likely to die by suicide than women, and this gap in sex-specific rates has become more significant with time. Despite evidence that women are more likely to self-harm and report suicidal feelings compared to men, since 1981, the suicide rate among women has halved, whilst among men it has reduced by just 20 per cent, based on deaths by suicide registered up to and including 2023. Samaritans attempt to understand this 'gender paradox' through the role of 'gendered stigma' which makes it more difficult for boys and men to seek help, and the fact that men tend to choose comparatively more lethal means of suicide than women. Furthermore, they suggest that protective factors such as social and family

² [Suicide prevention policy - House of Commons Library \(parliament.uk\)](#)

³ [Suicide statistics - House of Commons Library \(parliament.uk\)](#)

support, in addition to being more likely to access healthcare services, may reduce the risk of suicide more significantly in women than men⁴.

Suicide rates tend to be highest among those aged 45 to 54 and lowest among those under 20 and over 70, for both men and women⁵. Data show that the age-standardised rate for suicide in England during years 2018–2022 was lowest amongst people aged 10-24 years⁵.

Considering both age and sex in relation to suicide risk, it is middle-aged men who are seen nationally as having the greatest risk of dying by suicide.

Deprivation

Data show that suicide rates are higher in areas with greater deprivation. Based on the most recent data available that is disaggregated by deprivation, in 2017–2019, the suicide rate in the most deprived 10 per cent of areas was 14.1 per 100,000 compared to a rate of 7.4 in the least deprived 10 per cent of areas⁶.

National risk factors

UK-based organisation The Zero Suicide Alliance outlines some commonly observed risk factors amongst people who die by suicide⁷. These include:

- Previous suicide attempt
- Mental health conditions (such as depression)
- Traumatic experiences in childhood or adulthood (such as abuse, violence)
- Substance misuse (such as drugs or alcohol)
- Social isolation
- Job or financial issues
- Relationship problems
- Serious illness and chronic pain
- Barriers to support or care and stigma.

It is important to note that this is not an exhaustive list, and a person may experience these circumstances without experiencing suicidality and vice versa. Identifying these factors is helpful in improving access to preventative support services.

The National Strategy

⁴ [ResearchBriefingGenderSuicide_2021_v7.pdf](#)

⁵ [Suicide Prevention | Fingertips | Department of Health and Social Care](#)

⁶ [Suicide Prevention - Data | Fingertips | Department of Health and Social Care](#)

⁷ [Suicide incidence :: Zero Suicide Alliance](#)

In September 2023, the Department of Health and Social Care published the National Suicide Prevention 5-year Cross-Sector Strategy and accompanying Action Plan⁸. This provides local authorities with a foundation on which to base our work, outlining the Government's intentions regarding suicide prevention over the next five years and requiring that local authorities facilitate its implementation.

The National Strategy outlines eight key priorities:

1. Improving data and evidence
2. Tailored, targeted support to priority groups
3. Addressing common risk factors
4. Promoting online safety and responsible media content
5. Providing effective crisis support
6. Reducing access to means and methods of suicide
7. Providing effective bereavement support to those affected by suicide
8. Making suicide everybody's business.

The National Strategy also identifies the following priority groups:

1. Middle-aged men
2. People who have self-harmed
3. People in contact with mental health services
4. People in contact with the criminal justice system
5. Autistic people
6. Pregnant women and new mothers
7. Children and young people.

This national guidance and intelligence inform our local work and complement the H&F Suicide Prevention Strategy. The National Strategy has been beneficial as a navigation tool in identifying local priorities upon which our strategy will focus, and our work on suicide prevention and improvement of health and wellbeing will respond to all themes highlighted in the Government's strategy.

LOCAL CONTEXT

The Hammersmith and Fulham Suicide Prevention Needs Assessment 2021 – 2024⁹ provides an in-depth examination of local suicide data and risk. The development of the Needs Assessment was the first stage in establishing a strategic approach to reducing suicide.








⁸ [Suicide prevention strategy for England: 2023 to 2028 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115442/suicide-prevention-strategy-for-england-2023-to-2028.pdf)

⁹ [H&F Suicide Prevention Needs Assessment 2022](#)

Suicide data

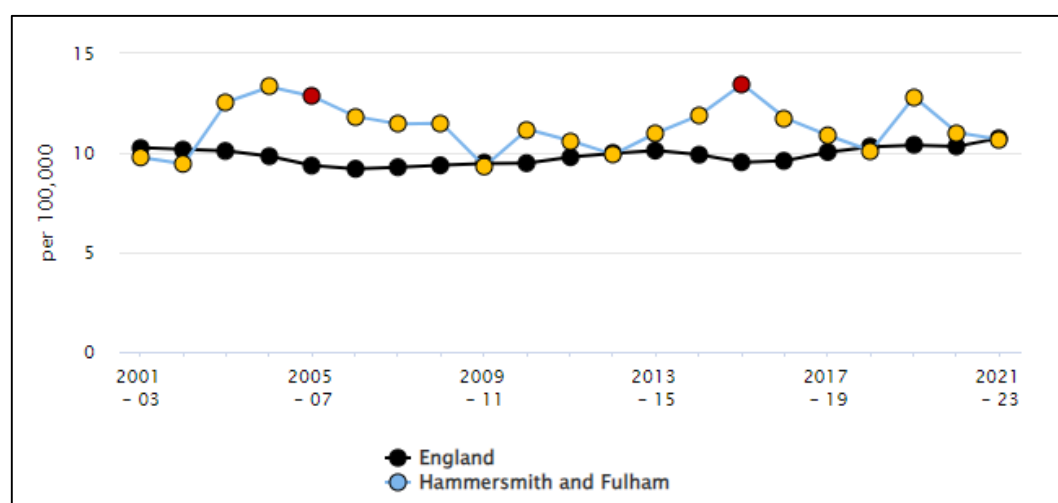
Regrettably, based on the most recent data from deaths by suicide registered in 2021–2023, H&F has the highest local suicide rate in London, at 10.7 deaths by suicide per 100,000 residents (Figure 2), and data from the ONS show that the rate has generally been higher than the England average over the past 20 years (Figure 3).

Figure 2: Directly standardised suicide rate (per 100,000) for people aged 10+, London region and the five London boroughs with the highest rates, 2021–23.

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	–	16,159	10.7		10.6	10.9
London region (statistical)	–	1,626	7.0		6.7	7.4
Hammersmith and Fulham	–	58	10.7		8.0	13.9
Islington	–	51	10.6		7.6	14.2
Kensington and Chelsea	–	40	10.3		7.3	14.1
Hillingdon	–	74	9.5		7.4	12.0
Hackney	–	57	9.1		6.7	12.1

Source: OHID Fingertips¹⁰

Figure 3: Directly standardised suicide rate (per 100,000) for people aged 10+, Hammersmith and Fulham and England, 2001–03 to 2021–23.



Source: OHID Fingertips¹¹

It should be noted that ONS data is based on the date of inquest into a death, which can take place a year after the event, and as such does not give an up-to-date picture of the current suicide rate at any given time. Therefore, it has been critical to take advantage of real-time surveillance databases provided by Thrive LDN, based on reporting of suspected suicides from Police and other partners. This has allowed us to

¹⁰ Fingertips | Department of Health and Social Care (phe.org.uk)

¹¹ Fingertips | Department of Health and Social Care

keep up to date with suspected suicides and work proactively to tackle emerging trends and risk factors in real time, without the delay of ONS data.

Using Thrive LDN real-time surveillance, we have monitored an increase in suspected deaths by suicide in H&F that were uploaded to the system throughout 2023. Given that not all these deaths have yet been through inquest, it is important to note that these are considered 'suspected suicides' and may be ruled otherwise. Therefore, these data will not be shared in this document. However, the information gathered through Thrive LDN has allowed us to establish common themes amongst suspected suicides and from there identify key risk factors and target groups within the borough who are most frequently represented within the data.

Demographics of local residents who have died by suicide

Based on data from Thrive LDN, the average demographic of Hammersmith & Fulham residents who have died by suicide during 2023 are:

- **Male**
- **IC1 White¹²**
- **Aged around 41 years.**

There are others who have died by suicide that do not fit this demographic, and we endeavour to reduce suicide risk amongst all population groups—accounting for all ages, genders, and ethnic backgrounds. However, it is important to identify those who are over-represented in the data and who should therefore be targeted in local suicide prevention work. Fortunately, there have not been any deaths by suicide amongst children and young people in H&F aged under 18 years.

Themes from the local data

Some of the recurring themes that we have identified in local data include:

- **Drug or alcohol misuse**
- **Mental illness**
- **Financial and employment difficulties**
- **Contact with mental health services**
- **Interaction with the criminal justice system**
- **Long term physical health conditions**
- **Social isolation and relationship breakdown**
 - **Domestic violence.**

¹² IC1 is an identification code used to describe a person's ethnicity as white, north European.

Having identified these risk factors, we must ensure that support is available and accessible for all residents at risk of any of these wider determinants, and that links are strengthened and maintained between mental health services and any local services working in these areas.

EPIDEMIOLOGY ON LOCAL RISK FACTORS

To target our support accurately it is necessary to understand the data related to risk factors within the borough. Our 2021–2024 H&F Suicide Prevention Needs Assessment¹³, the 2021 Census¹⁴ and OHID Fingertips data highlight the prevalence of several risk factors, including those below.

1. Common mental disorders, mental illness, and suicidality

Based on the most recent data (from 2019), 1 in 5 (20.4%) H&F residents aged 16 and over suffer from depression and/or anxiety (defined as a common mental disorder). This is similar to the prevalence across the London region (19.3%) and higher than the England average (16.9%)¹⁵. The prevalence of other Severe Mental Illness in H&F is equal to the London average (both 1.1%), and again, higher than the England average (0.9%).

2. Self-harm

Self-harm can be a predictor of suicide. In 2021–22, the rate of emergency hospital admissions for intentional self-harm across England was 163.7 per 100,000 people. In London, the rate was 79.8 per 100,000, whilst in H&F it was 75.7 per 100,000¹⁶.

Between 2016–2021, 60 per cent of patients admitted for intentional self-harm were female. Over half (54%) were 'white British'; 20 per cent were from 'other white backgrounds'; and fewer than 5 per cent were from 'other ethnic backgrounds'.

The majority of residents who were admitted for self-harm came from more deprived areas within H&F. Almost half (46%) of emergency hospital admissions for self-harm since between 2016–2021 were residents living in the three most deprived deciles of H&F¹⁷.

Collaborative work and data sharing with Accident and Emergency Departments within the borough means that we can ensure that residents who present with self-harm are seen by appropriate clinicians and are signposted for further mental health support.

¹³ [hf-suicide-prevention-needs-assessment-2022.pdf](#)

¹⁴ [Census - Office for National Statistics](#)

¹⁵ [Fingertips | Department of Health and Social Care](#)

¹⁶ [Fingertips | Department of Health and Social Care \(phe.org.uk\)](#)

¹⁷ [hf-suicide-prevention-needs-assessment-2022.pdf](#)

We will also work with schools to provide signposting for young people around self-harm.

Whilst there are higher rates of self-harm in females than males, it is male residents who are dying by suicide at a significantly higher rate. Despite our focus on men, we must ensure that support is available, accessible, and proactively signposted to women as well.

3. Substance misuse

In quarter one of 2024–25, there were 1,379 adults in treatment in H&F for opiates, non-opiates, and alcohol. This is in line with trends seen regionally across London. The majority of substance misuse clients (35%) in H&F are in treatment for opiate use, with a further 34 per cent in treatment for alcohol misuse.

Two-thirds (67%) of residents entering drug and alcohol misuse services in H&F in 2023–24 were also assessed as having mental health needs. This proportion has increased over time but is slightly lower than the London average (70.6%).

4. Interaction with the criminal justice system

Interaction with the criminal justice system can be a risk factor in suicidality. Between January 2023 and January 2024, the London region had a crime rate of 124.8 per 1,000 population whilst H&F had a rate of 151.8 per 1,000 population.

Police officers can often be a key point of contact for people who are at risk of self-harm or suicide. Between 2018–2022, there was an average of 61 interactions annually between H&F residents at risk of self-harm or suicide and the Metropolitan Police. 32 interactions include being sectioned and taken to a place of safety, as well as engaging with individuals who have demonstrated suicidal ideation¹⁸¹⁹.

HMP Wormwood Scrubs is a Category B men's local prison located in the north of the borough, and in recent years, a small number of people have died by suicide whilst incarcerated in the prison. The prison has its own internal governance around suicide, and a wraparound mental health and wellbeing service, with whom we are sharing data and insights to ensure a joined-up approach across the borough.

The Right Care Right Person scheme means that as of October 2023, Metropolitan Police are no longer attending the majority of mental health-related incidents²⁰. This should mean that residents experiencing a mental health crisis will receive more appropriate support and will affect the number of interactions that people at risk of self-harm or suicide have with the police and criminal justice system.

¹⁸ [Crime data dashboard | Metropolitan Police](#)

¹⁹ [hf-suicide-prevention-needs-assessment-2022.pdf](#)

²⁰ [Right Care, Right Person: Policing and mental health and welfare checks | Local Government Association](#)

5. Unemployment and deprivation

The relationship between mental health and unemployment is bi-directional. In 2023, the unemployment rate in H&F was 4.8 per cent according to model-based data. This is higher than the England average of 3.7 per cent but lower than the London region average of 5.0 per cent²¹. Out of the 33 London Boroughs, H&F ranks 15th highest in term of unemployment and the 34th highest in England.

Based on the most recent data from 2021–2022, 6.7 per cent of the working-age population in H&F were claiming out-of-work benefits in that year, compared to the England average of 5.0 per cent.²²

There are significant variations in the level of deprivation across the borough, with indices showing the North of the borough to be significantly more deprived than the South. However, there are pockets of higher deprivation throughout the borough, with the Clement Attlee estate being in the top 10 per cent most deprived areas nationally. Around a third (10,820) of children aged 0–5 live in income-deprived families in H&F.

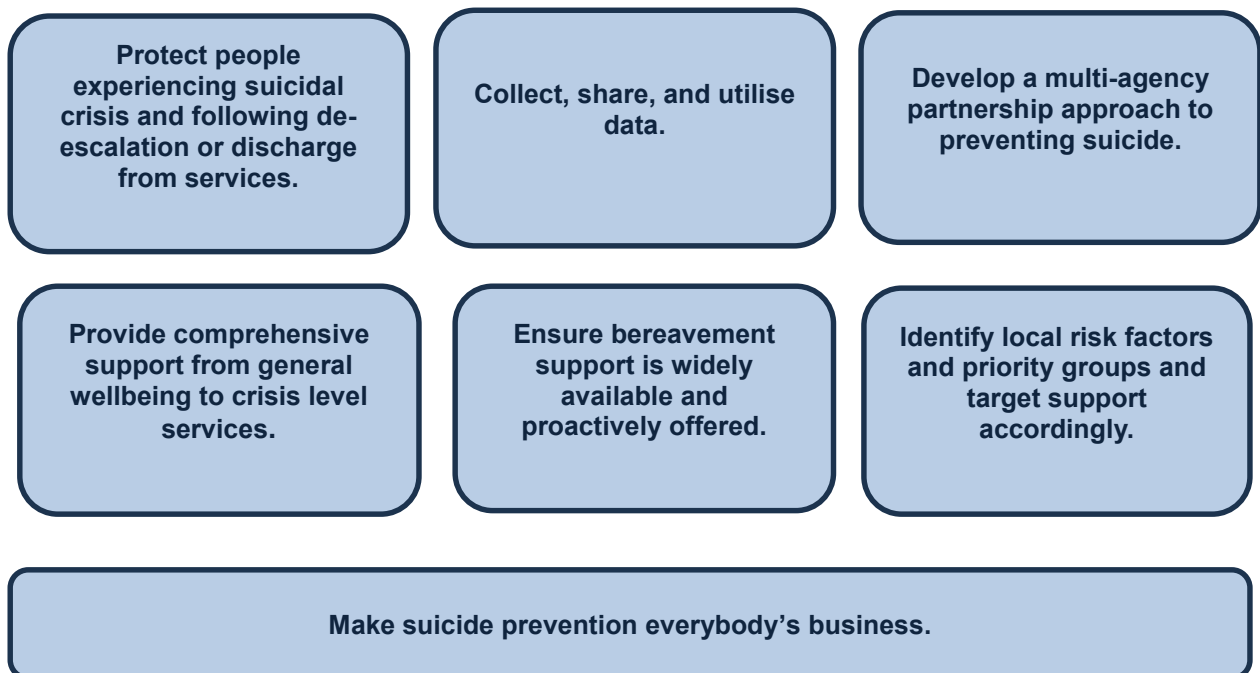
²¹ [Fingertips | Department of Health and Social Care \(phe.org.uk\)](https://www.phe.org.uk)

²² [Fingertips | Department of Health and Social Care \(phe.org.uk\)](https://www.phe.org.uk)

Part two: SAY

PRIORITIES

Having reviewed and discussed local data with partners from agencies working in suicide prevention, we have together produced seven priorities which encapsulate the objectives of our H&F strategy. These priorities, whilst not accounting for the full scope of the work happening in suicide prevention, will be met through actions outlined in a separate annual action plan, with responsibilities for delivery shared amongst partners.



TARGET GROUPS

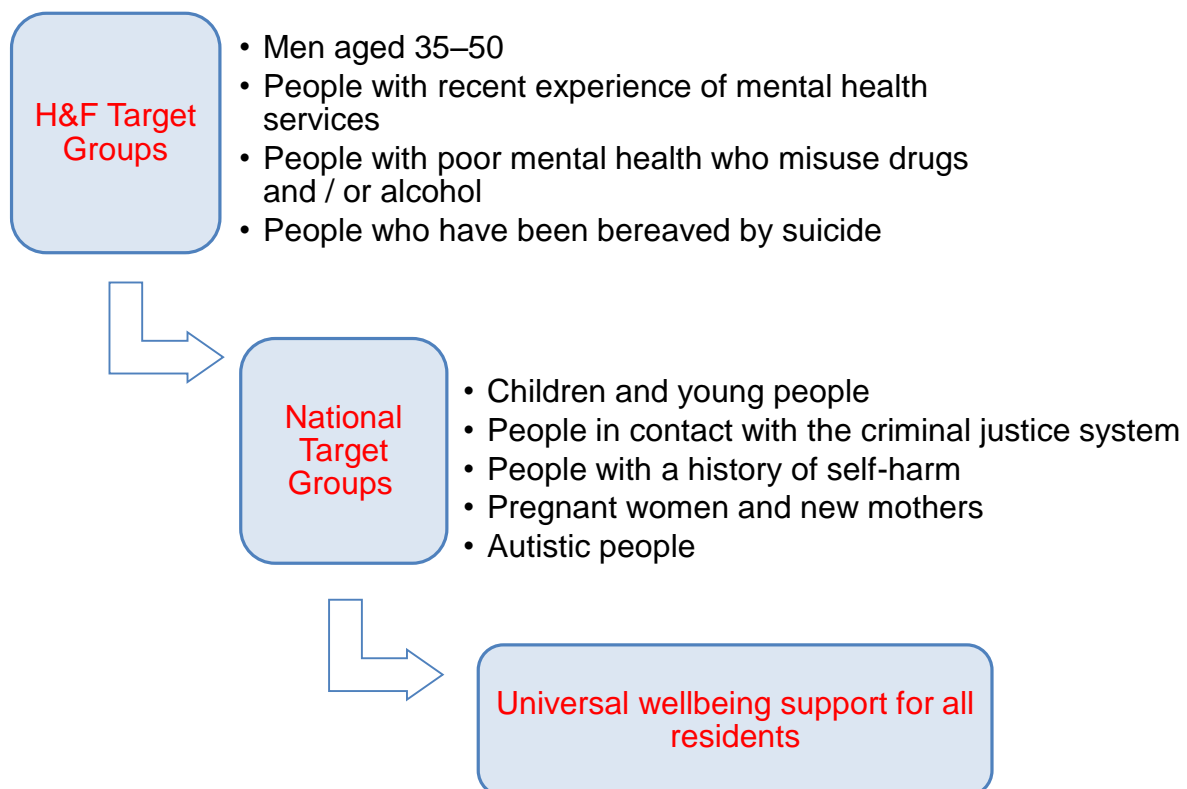
We have used local data to identify priority groups for whom it is most essential that support is available and accessible. Whilst support and relevant communications will be inclusive of all residents, the following groups have been identified as being over-represented in local data and as such are prioritised.

- Men – specifically those 24–35 and 44–55
- People with recent experience of mental health services
- People with poor mental health who misuse drugs and/or alcohol
- People who have been bereaved by suicide.

This list does not represent all residents who will be accounted for in this strategy, and there are several other groups identified who are less represented in recent local data but may still be at an increased risk of suicide. This includes LGBTQ+ residents,

veterans, residents from different ethnic and faith backgrounds, and groups identified as being at risk in the Government's National Strategy, including residents with Autism and expectant and new mothers.

The following diagram indicates risk groupings for different population groups that will help guide the prioritisation of local actions to reduce deaths by suicide in H&F, recognising that universal support remains fundamental to suicide prevention.



LOCAL WORK TO DATE

Across the borough there has been extensive work happening around suicide prevention, both within the Council and amongst external partners. Some of these key pieces of work have been set out below.

Borough-based and regional plans

Health and Wellbeing Strategy²³

The 2024–2029 H&F Health and Wellbeing Strategy commits to working in partnership to address the inequities that negatively impact mental health and wellbeing and to improve access to responsive, appropriate and compassionate mental health support and services.

Northwest London Sustainability and Transformation Partnership (NWL STP):

The NWL STP 2019/20–2023/24 plan supports the Long-Term Plan Mental Health Implementation Framework.

Key mental health priorities included in the plan are:

- Enhancing the mental health crisis model, so anyone experiencing a crisis can call NHS 111 and have access to 24/7 mental health support
- Expand specialist perinatal mental health services
- Specialist community teams to support children and young people with autism and their families
- Integrated models of primary and community mental health care
- Support for individuals who self-harm
- Focus on suicide prevention and reduction for mental health inpatients
- Put in place suicide bereavement support.

West London NHS trust (WLHT):

In 2021, WLHT developed a 2021–2024 Suicide Prevention Strategy for the three boroughs that they support (H&F, Ealing and Hounslow).

The aims set out in the strategy support their ambition in reaching a zero-suicide rate amongst patients who come into contact with services provided by the Trust. They also commit to working with local partners to support suicide prevention across North-West London.

The strategy focuses on the seven key areas of action from the national strategy.

North-West London Suicide Prevention Plan – Rethink Mental Illness:

²³ [1378 - H&F Health & Wellbeing Strategy 2024-2029 proof 7.indd](#)

Rethink Mental Illness (RMI) is working with the North-West London Integrated Care System to develop a multi-agency suicide prevention plan. It aims to bring together resources to join up health, social care, voluntary sector and grassroots organisations to work collaboratively and reach under-served groups.

RMI is working to roll-out suicide awareness training for professionals and implement innovative projects and pilots for the local population.

The training will target those who are most likely to encounter people who are at risk of suicide. And aims to increase overall awareness and literacy around suicide.

Suicide Prevention Training

Since 2023, H&F Public Health team have commissioned The Listening Place to run suicide prevention intervention training sessions for resident-facing teams within the Council. The training provides staff with the appropriate skills required for situations where they might encounter a resident in distress and enables them to safely and effectively intervene and signpost the resident onto appropriate support. At present, training has been offered to:

- All Conway construction staff working on Hammersmith Bridge
- All H&F Law Enforcement Team Officers
- All H&F Gangs, Violence, and Exploitation Unit Officers
- All H&F Housing Officers.

We are also promoting the free, twenty-minute Zero Suicide Alliance online suicide prevention training both internally and externally to broaden access to training for as many people as possible.

H&F Suicide Prevention Multi-Agency Partnership Approach

Whilst the National Suicide Prevention Strategy stipulates that local authorities take responsibility for local suicide prevention; it also recommends that work is aligned with other local services working in the field. The National Suicide Prevention Alliance advises that there should be a 'wider network that feeds into a multi-agency group for specific projects or on specific topics'.

In H&F, we have adopted a multi-agency partnership approach whereby work is led by Public Health, but data and expertise are shared across organisations and actions delegated to those services best placed to support residents.

The members of this partnership work across two core governance groups:

- **The H&F Suspected Suicide Case Review and Learning Panel**
- **The H&F Suicide Prevention Strategy Steering Group**



Part three: SIGNPOST

COMPREHENSIVE SUPPORT

Having identified the relevant risk factors and priority groups within the borough, our key objective is to ensure that effective and comprehensive support is available to residents. It is necessary that local support is accessible, and that services vary from those offering universal wellbeing support to those that are specific and targeted, covering the range of themes previously identified as putting residents at an increased risk of suicidality.

Strengthening referral pathways

We will take a proactive approach to supporting residents to access services when needed, as we know it can be difficult for people in distress to navigate their way through a complex web of services. Taking a partnership approach to suicide prevention means that connections can be forged between services to strengthen referral pathways.

The National Strategy outlines taking a “no wrong door” approach, which has been strongly endorsed by Samaritans. This relates to people being unable to access support due to exclusion criteria of some services or because they aren’t looking in the right place. Often, people who have died by suicide or are experiencing suicidality will be in touch with some kind of local service, be it for mental health or other trigger factors, and it is essential that these services are aware of what other support is available locally and are signposting or referring these residents as needed. It is one of our core priorities to ‘make suicide everyone’s business’, embedding a collective responsibility to share resources and strengthen referral pathways. Working with the community is essential to ensure that residents understand what services are available and how to access them.

The diagram below shows the network of services that we are connecting with one another locally. Crucially, all services related to the wider determinants of suicidality will be introduced to local crisis support services, and mutual referral links will be forged between them.



Support that is sensitive to all identities

Given the diverse communities that live within H&F, it is essential that support is available that is culturally sensitive to different ethnic and religious backgrounds. Research shows that people from racial and/or ethnic minority backgrounds often face stigma around mental health and suicide, and this can impact their capacity or willingness to access support²⁴. We must commit to working with different communities to alleviate stigma and encourage access to services.

There must also be services that are inclusive of all residents' genders and sexualities. Men are overrepresented in local suicide data and thus, campaigns and services that target men must be promoted. Notwithstanding, it is important that women can access support too, as well as non-binary and transgender residents whose support needs may differ from that of cis gendered residents.

Children and Young People

Children and young people are less likely to die by suicide and have not appeared in recent local data. However, we recognise the need to support the mental health of young people, and that early intervention can be effective in protecting people from suicidality later in life.

Therefore, we are working with colleagues in Children's Services and Education to ensure that children in H&F have the tools and support available to them to maintain strong emotional wellbeing.

²⁴ [Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis | BMC Public Health | Full Text](#)

Mental health support must be embedded in schools, and we will collectively work to minimise the impact of negative childhood experiences on young people's mental health. School-based support, signposting to support services for wellbeing, mental health, and bereavement, and working with schools to routinely promote positive messaging around themes such as bullying, social media, and drugs and alcohol, will help to maintain good mental health in young people.

In Hammersmith & Fulham, we recognise Care Experience as a protected characteristic due to the barriers that Care-Experienced people are more likely to face throughout their lives. This adversity contributes to those who have been in Care being five times more likely to have a mental health disorder²⁵. Therefore, we must work with Children's Services to ensure that when young people leave our services, they are equipped with the skills and support to maintain good mental wellbeing, and that local mental health support services understand Care Experience as a protected characteristic.

People With Experience of Mental Health Services

Compared to the national average, people who have died by suicide after recently having had contact with mental health services (this means within the previous 12 months) are overrepresented in H&F suicide data. We are therefore working closely with West London NHS Trust to ensure that support is proactively offered to residents upon disengagement or discharge from services.

One element of this work has been the creation of '**Discharge Packs**' to be provided to all residents upon the close of their support. This provides residents with information on key local services to support them with their return to the community. This includes signposting to crisis support services as well as services supporting with tackling wider determinants. This will mean that when residents are in a period of heightened risk within the community, support is as accessible as possible.

Postvention

Guidance from Samaritans and the National Suicide Prevention Strategy highlights the importance of bereavement support. The impact of a death by suicide on family and friends of the deceased is immeasurable, and effects can be far-reaching. It is well documented that people who are bereaved by suicide are at an increased risk of experiencing suicidal ideation.

Therefore, when a resident of H&F dies by suicide, their next of kin will be contacted by local Metropolitan Police officers within 72 hours and provided with the National Suicide Prevention Alliance 'Help at Hand' resource and offered bereavement support as commissioned by NHS North-West London Integrated Care Board.

²⁵ [ReThink: Mental health and transitions for care-experienced young people - ARC West](#)

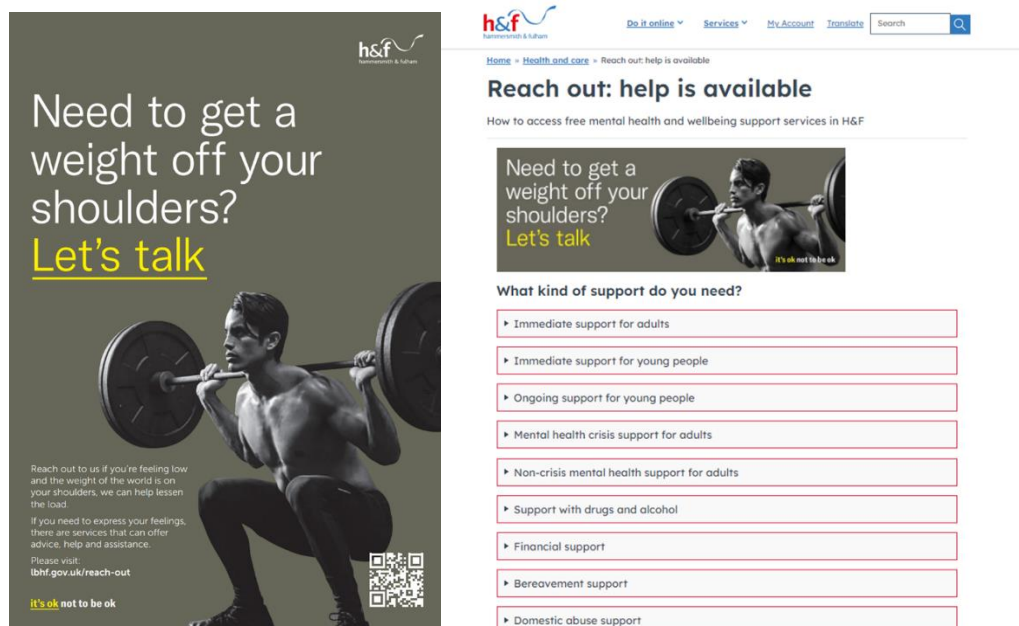
COMMUNICATIONS CAMPAIGN

In September 2024, H&F Council launched a suicide prevention communications campaign to increase awareness of local services and to encourage residents, especially men, to reach out for support. Posters were developed to be deliberately non-specific given the complex and multi-faceted nature of suicidality, and to associate reaching out for help with strength (Figure 4). The QR codes on the posters link to a webpage on the Council website which has an easy-to-navigate, concise selection of local services in key risk areas identified through the Suspected Suicide Prevention Case Review and Learning Panel.

We worked with Fuller's Pubs & Hotels for this campaign, with the posters displayed in 11 of their pubs across the borough as well as gyms, parks, and online. Fuller's team members have added the Zero Suicide Alliance suicide prevention training to their staff training portal, too, so that their staff are appropriately equipped to handle a resident in crisis should they encounter such a situation in one of their sites.

This package will be rolled out to local businesses and hospitality across the borough, and bespoke 'toolkits' will be provided to people working in high-risk locations such as hotels and public transport stations.

Figure 4: Example poster from H&F's Reach Out suicide prevention campaign, and the Reach Out webpage on the H&F website.



SUMMARY

This 2024–27 Suicide Prevention Strategy brings together the data, research and local experience that have informed the targeted and universal approaches for our suicide prevention work in H&F; and describes some of the work that has already started. This strategy will be accompanied by an action plan based on the priorities in this document and kept up to date as we monitor trends in local data and implement actions based on current best practice. It is hoped that as we continue to prioritise suicide prevention in H&F through our partnership work, we will reduce the suicide rate for the borough.