

Lincolnshire

Suicide Prevention Strategy

2024 - 2028

Lincolnshire
COUNTY COUNCIL
Working for a better future



Lincolnshire Suicide Prevention Steering Group (SPSG) is comprised of:

- Amparo
- Bishop Grosseteste University
- British Transport Police
- Carers First
- Department for Work and Pensions
- Lincoln College
- Lincolnshire County Council
- Lincolnshire District Councils
- Lincolnshire Fire and Rescue
- Lincolnshire Integrated Care Board
- Lincolnshire Partnership Foundation NHS Trust
- Lincolnshire Police
- Lincolnshire Police and Crime Commissioner
- Lincolnshire Road Safety Partnership
- Lincolnshire Rural Support Network
- National Highways
- National Probation Service
- NW Counselling Hub
- OpCourage
- Samaritans
- Shine Lincolnshire
- Survivors of Bereavement by Suicide
- United Lincolnshire Hospitals NHS Trust
- University of Lincoln
- With You

With thanks to the National Suicide Prevention Alliance (NSPA) and NSPA lived experience influencers for their support in the development of this strategy.

Foreword

In the UK, thousands of people end their lives by suicide each year, and suicide is the leading cause of death for men under 50. In England, one in five of us will think about suicide in our lifetime, and one person dies by suicide every two hours.

Suicide is a very tragic response to difficult situations and feelings. Suicide can affect anybody at any time, although certain circumstances or characteristics may increase personal risk. Every suicide has a devastating impact upon family, friends, and the wider community. In Lincolnshire, around 80 people die by suicide each year and these deaths are estimated to affect up to 10,800 people.

Suicide is not inevitable. There are many actions that can be taken by individuals, organisations, and communities to prevent deaths by suicide.

The Lincolnshire SPSG have come together with partners across the county and people with lived experience of suicide to co-produce this suicide prevention strategy. The strategy has been informed by local knowledge and intelligence, national evidence, published evidence, and the voice of people with lived experience. The strategy builds upon the successes of the previous strategy (2020-2023) and sets out our vision, guiding principles, and commitments for the next five years.

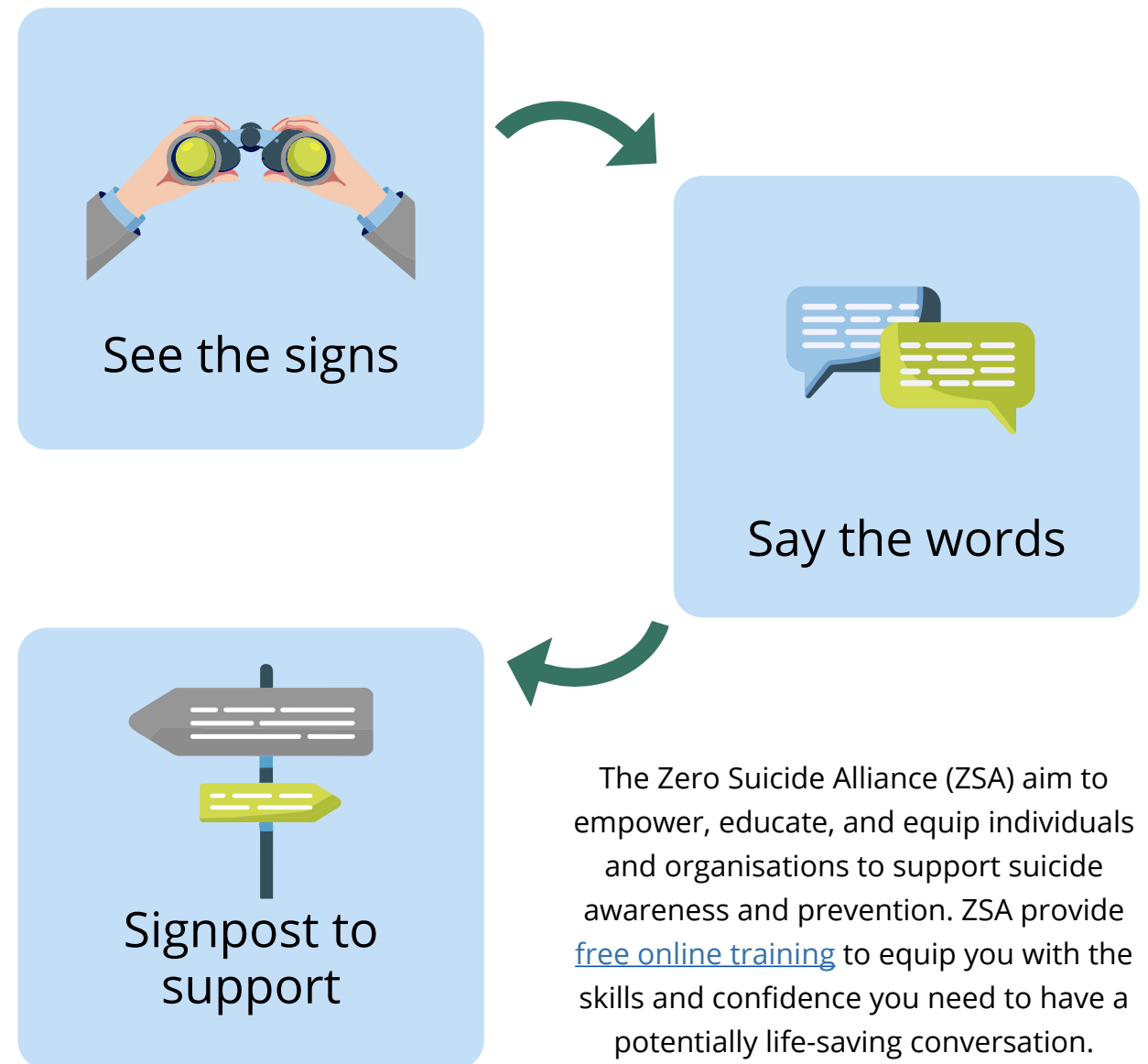
The strategy will be underpinned by an annual action plan which details the actions we will take to reduce deaths by suicide in Lincolnshire and ensure that everybody affected by suicide in Lincolnshire receives the help and support that they need, when they need it.



Councillor Wendy Bowkett,
Executive Councillor for Adult
Care and Public Health

Our vision

Lincolnshire is a place where there are fewer deaths from suicide; where people have hope, feel able to speak openly about suicide, and everybody receives the support they need.



Why do we need a suicide prevention strategy?

Thousands of people in the UK end their lives by suicide every year, and one in five of us will think about suicide in our lifetime.

Every suicide is an individual tragedy and has a devastating impact upon family, friends, and the wider community. There is no single reason why people die by suicide, and it is often a very tragic response to difficult situations and feelings, including despair and a lack of hope. Having suicidal thoughts or attempting suicide does not mean that someone has a mental illness, although having a mental health condition is one recognised risk factor for suicide.

Risk factors include, but are not limited to:

- Difficult life events such as experiencing trauma or abuse
- upsetting or life-changing events e.g. relationship breakdown, bereavement or job loss
- drug or alcohol use
- social isolation
- mental health conditions including depression
- history of self-harm
- physical health conditions including chronic pain or a serious disability
- financial difficulty and economic adversity.



Whilst anyone can experience suicidal thoughts or attempt suicide, some characteristics and risk factors are known to put some people at higher risk than others. In England, men are three times more likely to die by suicide than women, and suicide rates are highest in people aged 45 to 54 years old. Rates in England have recently increased in women, particularly those aged 24 and under (Office for National Statistics (ONS), Suicides in England and Wales: 2021 registrations).

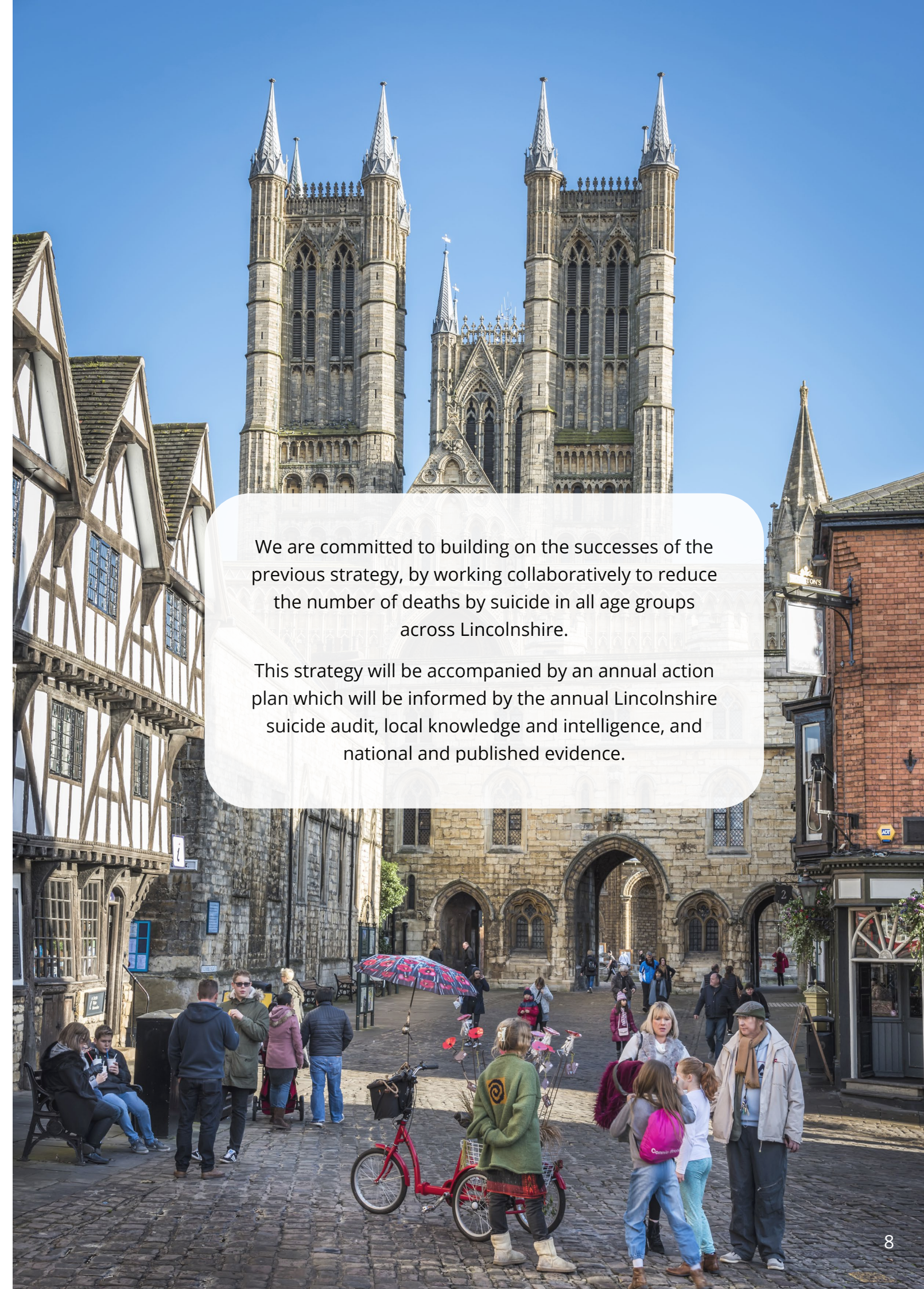
Whilst one person alone might not be able to prevent a particular suicide, if we work together as a community, suicide is preventable. We therefore need to co-ordinate efforts across Lincolnshire and agree the direction of travel for suicide prevention over the next five years

Every local authority in England is required to have a suicide prevention strategy and to produce an annual suicide audit and action plan. In Lincolnshire, the SPSG is a multi-agency partnership who are committed to reducing the number of deaths by suicide, and the number of people affected and bereaved by suicide. The SPSG work together on all elements of suicide prevention, intervention and postvention (support after suicide) and to implement the Lincolnshire suicide prevention strategy.

The previous Lincolnshire suicide prevention strategy (2020 – 2023) had five key objectives:

1. Develop a local suicide prevention core offer
2. target high risk groups
3. support children and young people and their families
4. develop our knowledge and intelligence
5. raise awareness and improve training.

Significant progress has been made against these objectives, including funding various community projects through Mental Health Transformation funding, the establishment of a dedicated suicide bereavement service, and promotion of free suicide prevention training. Despite this, suicide rates in England and Lincolnshire have remained at similar levels over the last decade. It is important to note that during this time there have been several external factors which are likely to have had a negative impact upon people's mental health and financial situation, both of which are known risk factors for suicide. These include the COVID-19 pandemic and the current cost of living crisis.



We are committed to building on the successes of the previous strategy, by working collaboratively to reduce the number of deaths by suicide in all age groups across Lincolnshire.

This strategy will be accompanied by an annual action plan which will be informed by the annual Lincolnshire suicide audit, local knowledge and intelligence, and national and published evidence.

Understanding suicide in Lincolnshire

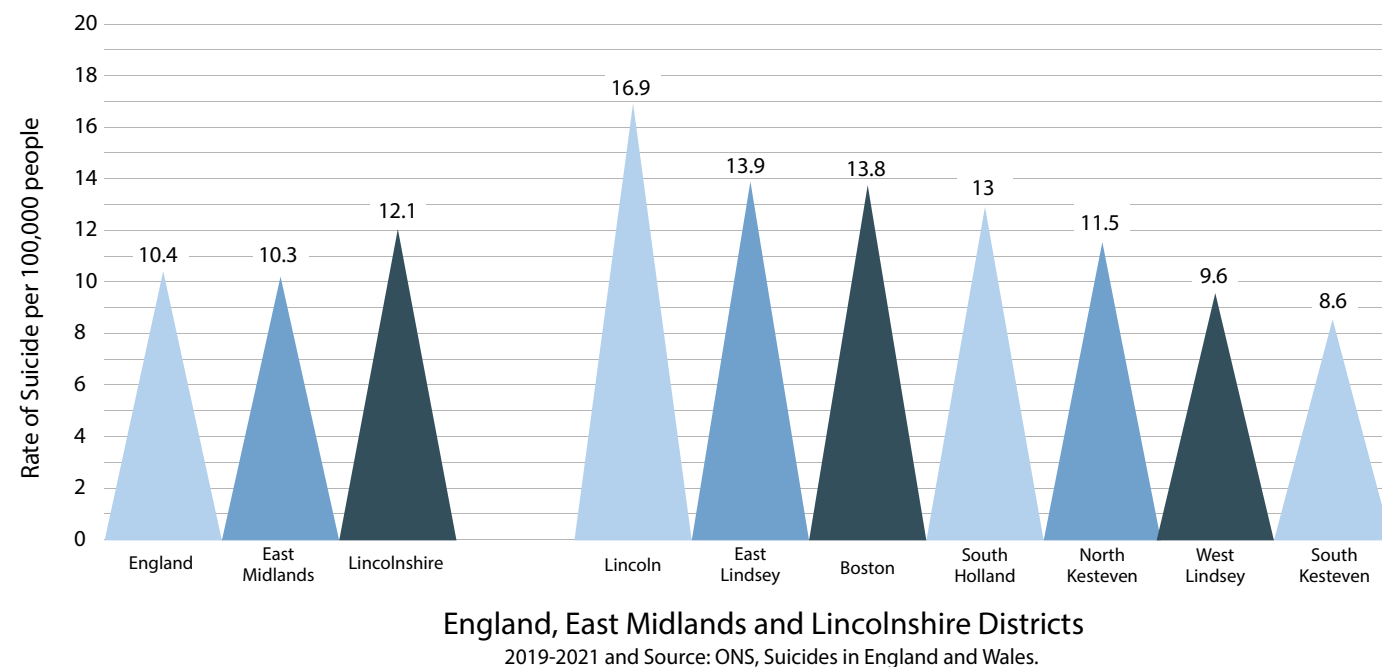
Behind every statistic is a person who has tragically lost their life, leaving bereaved survivors with an immeasurable emotional cost.

Monitoring national and local data is imperative to informing prevention. It helps us to understand the predictors, stressors, triggers and risk factors that mean someone may be at higher risk of suicide, and allows us to identify new and emerging patterns, trends, and potential clusters of suicide.

We are therefore able to learn from previous deaths, respond accordingly and focus our work where it is most needed. Local data also enables us to identify individuals affected by a suicide and ensure that they are referred to relevant services including suicide bereavement services.


Information shared and analysed by local partners enables us to construct an understanding of suicide across Lincolnshire. At the time of this publication, suicide rates in Lincolnshire are higher than the national and regional averages, with the highest rate in Lincoln. There has been no significant reduction in suicide rates in recent times (ONS, Suicides in England and Wales: 2021 registrations).

- The rate of suicide in Lincolnshire (12.1 per 100,000 people) is higher than the average rates in England (10.4) and the East Midlands (10.3)
- across Lincolnshire, the highest rate is in Lincoln (16.9 per 100,000 people) followed by East Lindsey (13.9), Boston (13.8), South Holland (13), North Kesteven (11.5), West Lindsey (9.6) and South Kesteven (8.6).



Recent analysis of local data for the [Lincolnshire suicide audit](#) has highlighted clusters of fatalities occurring in more deprived areas of Lincolnshire, particularly along the east coast and in Lincoln. Individuals living in deprived rural areas are five times more likely to die by suicide compared to those in the least deprived parts of the county. The number of deaths among individuals born outside the UK appears to be in line with the estimated size of this population group. Around one quarter of people who died by suicide worked in skilled trade occupations.


A significant proportion of those who died by suicide in Lincolnshire had previous suicide attempts, and experienced mental health issues. Many had contact with mental health services, the police, or other support systems before their death, highlighting the need to integrate prevention efforts across various sectors.

37% 

of People who died by suicide made at least one previous attempt.

64% 

were known to have experienced some form of mental ill health.

56% 

were in contact with Mental Health Services at the time of their death.



Photo by: Brotherhood Project UK

Men are approximately three times more likely than women to die by suicide. Recent trends reveal the greatest increases in mortality in Lincolnshire are among younger men aged 20-24 and women aged 40-44.

Guiding principles

- Suicide is not inevitable
- this is an all-age strategy and must consider the needs of children and young people (CYP), working-age adults and older adults
- the strategy, and the actions flowing from it, must be co-produced with people who have lived experience of suicide
- the strategy must be evidence-based and informed by local knowledge and intelligence
- the strategy should strive to achieve equity, with actions and interventions based on need
- organisations and the wider community must work collaboratively and in partnership to develop and implement the strategy.



Our commitments

We are committed to working together in partnership to reduce the number of deaths by suicide across Lincolnshire.

To achieve this, we commit to the following:

1. We will embed the voice of people with lived experience within all areas of suicide prevention, intervention and postvention.

We are committed to working in collaboration with people who have lived experience of suicide including people who:

- have suicidal thoughts or have attempted suicide
- live with, or care for, someone who has suicidal thoughts or has attempted suicide
- have been bereaved by suicide.

We will build on the co-production approach used in the development of this strategy and develop a framework for working with people with lived experience.

We will develop a Lincolnshire network of people with lived experience who will be invited to be involved in all aspects of the work of the SPSG.

2. We will encourage open conversations and reduce the stigma of suicide.

We will work together to reduce the stigma of suicide across Lincolnshire.

We will seek to understand the actions and interventions that work to reduce the stigma of suicide. To do this, we will review published literature for evidence-based interventions and consult people with lived experience.

We will explore different approaches to increasing awareness of suicide and encouraging open conversations about suicide, with a view to developing a proactive suicide prevention campaign across Lincolnshire.

We will encourage and support everyone in Lincolnshire to access free online suicide prevention training. We will do this by engaging with local organisations, workplaces and the wider community to raise awareness of the training.



3. We will review the recognised characteristics and risk factors that increase the risk of suicide, and will map the current work ongoing in these areas.

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Many risk factors and characteristics may mean that someone is at greater risk of suicide. Intersectionality of two or more factors can also significantly increase the risk of suicide for some people. We will therefore carry out a review and mapping exercise of these characteristics and risk factors. We will map the current work ongoing in each of these areas and consider what specific actions need to be taken in each area to strengthen suicide prevention.

We will ensure that we review new and emerging risk factors as and when they are identified in local or national evidence, or in the national suicide prevention strategy.

We will review and update the risk-factor data currently collected by the Lincolnshire Coroners service.



Photo credit: Tonic Health



Photo credit: Magna Vitae

4. We will use an evidence-based approach to action.

We will continue to use national and local knowledge and intelligence to:

- understand patterns and causes of suicides in Lincolnshire, including in children and young people
- identify and respond to potential emerging trends
- identify and respond to potential clusters of suicide
- identify gaps in knowledge and gaps in services
- develop targeted intervention and support
- allocate resources where they are most needed
- inform commissioning of services
- inform the annual action plan which sits underneath this strategy
- evaluate interventions.

We will develop population health management tools to supplement current sources of data.



5. We will work to reduce inequalities across suicide prevention.

Health inequalities are avoidable, unfair and systematic differences in health. Health inequalities mean that some population groups have significantly worse health outcomes, access to care and experience of care than others (The King's Fund).

Health inequalities are understood and analysed across four, often inter-related, factors:

- socio-economic factors such as income
- geographic factors such as the area where people live
- specific characteristics such as ethnicity, disability or sexual orientation
- excluded groups such as people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, and people in contact with the justice system.

We will ensure that we consider health inequalities, including the four factors above, in all the work that we do. This includes development of future strategies and action plans, and in the planning, commissioning and evaluation of services.

6. We will improve support for children and young people who are impacted or bereaved by suicide.

We will work together with partners to understand the recent increase in suspected suicides of children and young people.

We will continue to work with schools and education settings to prevent suicides amongst children and young people and provide support to staff and pupils affected by the suicide of a child or young person.

We will work with schools and education settings to increase children and young people's confidence to have conversations about suicide and to see, say and signpost it.

We will work to increase awareness of, and referrals to, the specialist suicide bereavement service which supports children and young people who have been bereaved by suicide.

7. We will improve support for people who have attempted suicide and their friends and family.

We will explore options to enhance the current support available for individuals who have attempted suicide or feel suicidal.

We will improve support for the family, friends and carers of people who have suicidal thoughts and/or have attempted suicide.

8. We will ensure that all key organisations provide suicide prevention and postvention support for staff and colleagues.

We will work together to ensure that all key partner organisations (including Lincolnshire County Council (LCC), United Lincolnshire Hospitals Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPFT) and blue light services provide suicide prevention and postvention support for all staff and colleagues.

We will support NHS organisations in Lincolnshire to embed the NHS Confederations NHS employee suicide postvention toolkit within their organisation.

We will encourage and support other organisations across Lincolnshire to implement suicide prevention toolkits within their workplace, and to complete free online suicide prevention training.

Call to action

Do you know how to spot the signs, ask the question, and signpost someone feeling suicidal to support?

Asking about suicide doesn't increase the risk of suicide, and it could save their life.

Free online training is available from the [Zero Suicide Alliance](#). It only takes 20 minutes and specific versions are available for taxi drivers, veterans and university students.

Further reading and support

For more information about suicides in Lincolnshire, please refer to [Lincolnshire Suicide Audit 2022](#).

To find sources of support in Lincolnshire, please visit the [H.A.Y. Lincolnshire website](#).

[Support After Suicide](#)

With thanks to Brotherhood Project UK, Buddies dementia cafe, Magna Vitae and Tonic Health for use of their images in this strategy.

