Tameside Metropolitan Borough

Tameside
Integrated Care Partnership

# Tameside Suicide Prevention Strategy

## 2024-2027

September 2024

J006532

# 1. Introduction

When someone dies by suicide, the impact amongst family and friends can be devastating and widespread, affecting many people throughout the local community. Also, for every death by suicide we know that around nine other people will have attempted suicide. We therefore recognise that each suicide is an indication of many individuals who need help and support.

In writing this strategy there are four overarching principles that have been followed:

- Applying a person-centred approach that respects the dignity of Tameside residents.
- Prioritising the involvement and inclusion of those with experience.
- Using an evidence-based approach, with sources from academic, regional and national government alongside information on the lives and experience of those who have died by suicide and those affected by suicide in Tameside.
- Suicide is everyone's business, and everyone has a role to play in suicide prevention; our strategy is partnership owned.

# 2. Corporate links

This new strategy builds and updates the previous Tameside and Glossop Suicide Prevention Strategy 2019-2023. It is also informed by the national strategy[1] published in 2023 and the Greater Manchester strategy 2020-2023[2], as well as local and national data.

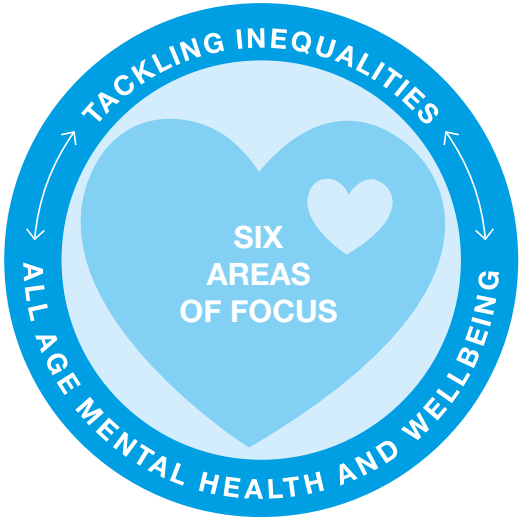
There are strong links with Tameside Council's Corporate Plan 2024-2027, particularly the priority 'Healthy and Active Lives' and its underlying objectives:

- Develop system-wide responses to reduce health inequalities and improve health outcomes for all residents.
- Support people to be as resilient and independent as possible.
- Enhance access to and quality of care for those who need it.
- Provide early support for children and adults at risk of poor mental health and loneliness.
- Encourage and support people towards more healthy behaviours.
- Enhance and promote preventative care.

Also of relevance are the three cross-cutting approaches within the Corporate Plan:

- Reformed and modernised enabling services.
- Early intervention, prevention and resilience – individuals, families and communities.
- Evidence based decision making – voice, demographics, equalities and finance.

In addition, this strategy relates to the Tameside Joint Health & Wellbeing Strategy and Locality Plan: Building Back Fairer, Stronger, Together[3], which includes All-age Mental Health & Wellbeing as a cross cutting thread throughout the strategy and has an overarching priority to reduce the impact and number of suicides in Tameside.



# 3. Key facts, trends and risk factors [4,5]

In Tameside, we lost 25 people to suicide in 2022, 12 people in 2021, 13 people in 2020, 17 people in 2019 and 19 people in 2018. Nationally, there were 5,284 suicides registered in England in 2022.

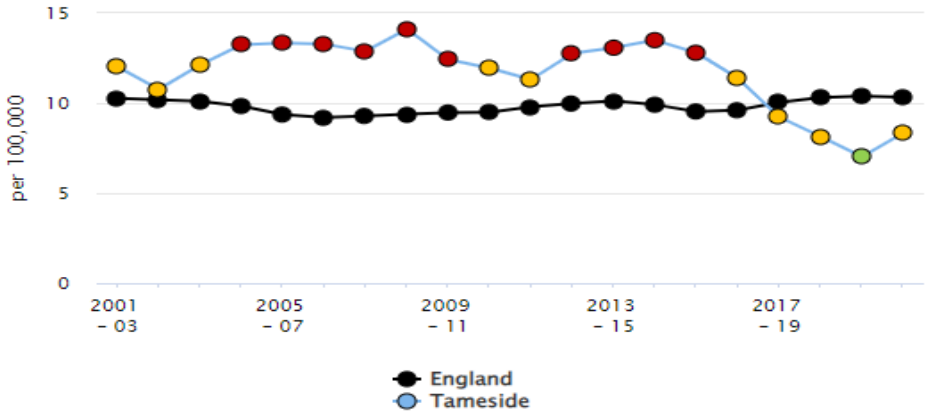
Due to these comparatively small numbers of deaths by suicide in local authority populations, there are annual fluctuations that may/may not indicate longer term trends. To aid comparison and highlight any longer-term trends, local numbers are often converted into rates that cover three or more years at a time.

In 2020-22, the age standardised rate of suicide in Tameside was 8.3 deaths per 100,000 people, compared to 10.9 in Greater Manchester, 11.8 in the North West and 10.3 in England.

Tameside has the 5th lowest local authority rate in the North West, although the North West has the 2nd highest regional rate after the North East.

Of the 147 English local authorities with a published suicide rate for 2020-22, Tameside's rate was the 34th lowest.

**Figure 1: Suicide rate for people aged 10+ years, directly standarised rate per 100,000, 2001-03 to 2020-22.**




Significantly lower than England
Similar to England
Significantly higher than England
Source: Suicide Prevention Profile, Fingertips, Office for National Statistics, 2024.

### 3.1 Risk factors for suicide [6,7,8]

Understanding the key risks in relation to suicide enables targeted approaches to those most in need of support and intervention. However, it is important to understand that although an individual may be exposed to several risk factors at the same time, this does not inevitably mean that they are personally at increased risk of suicide. There is a range of protective factors that can support people and help reduce an individual's risk of suicide, even when they experience stress or a significant adverse event in their life.

Regionally and nationally, the groups with a higher risk of suicide are:

- Men: three quarters of all deaths from suicide are amongst men.
- Men aged 45-64 years.
- Children and young people:
  - actual numbers of deaths amongst this age groups are low.
  - the largest increase in age group related rates between 2010 and 2021 has been amongst 10-24year olds.
  - suicide is the leading cause of death in Greater Manchester for people aged 15 to 29 years.
- People who self-harm.
- People in contact with mental health services.
- People in contact with the justice system.
- People who misuse alcohol and drugs.
- Autistic people.
- Pregnant women and new mothers.
- People working in specific occupations such as doctors, nurses, veterinary workers, farmers and agricultural workers.

Across England and Greater Manchester, the most common risk factors for suicide are:

- physical illness
- financial difficulty and economic adversity
- gambling
- alcohol and drug misuse
- social isolation and loneliness
- domestic abuse
- previous episodes of self-harm
- mental ill health, including depression/stress (which may not have been formally diagnosed)
- living in an area of deprivation
- adverse life events e.g. relationship breakdown, unemployment, bereavement (including by suicide)
- individual vulnerabilities and coping mechanisms.

The strongest predictor of suicide is previous episodes of self-harm.

The most common issues experienced by people who go on to die by suicide are isolation, economic adversity, alcohol and drug misuse, and recent self-harm, with the most common being alcohol use.

**Figure 2: Directly age standardised mortality rate (ASMR) of suicides by age band, for persons in England, 2010 to 2021.**

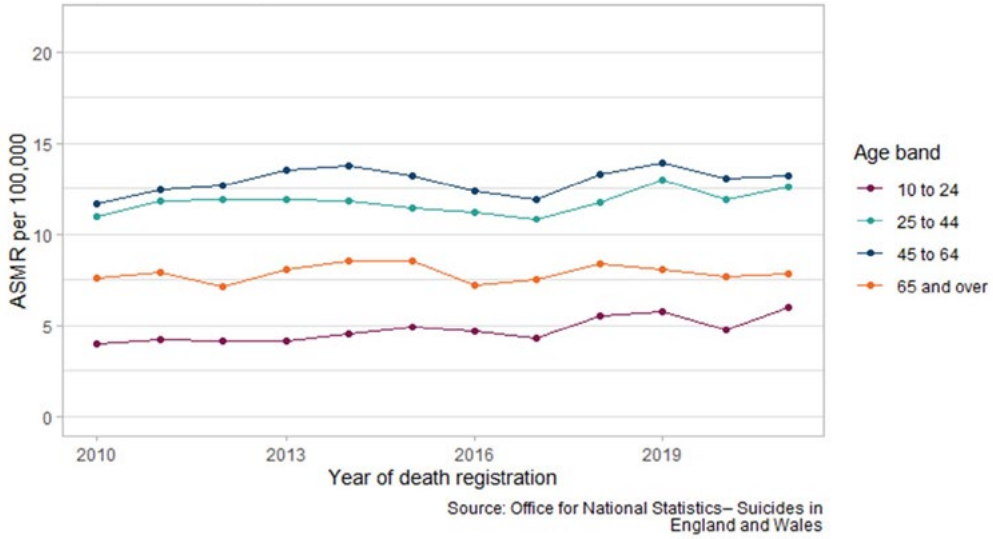
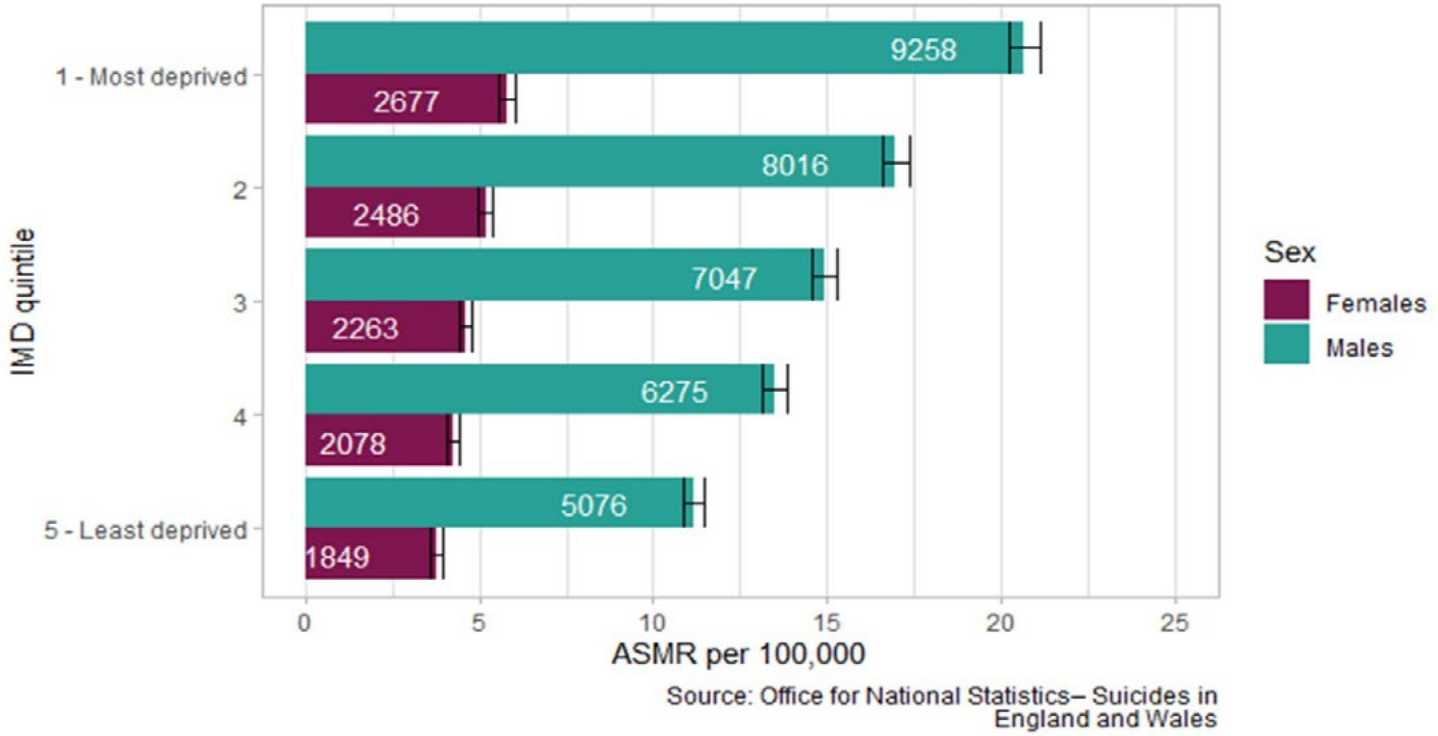


**Figure 3: Numbers and directly standardised rate of suicides by Index of Multiple Deprivation (IMD) quintiles and sex in England, 2010 to 2019.**



# 4. Tameside risk factors

Due to the relatively small numbers of deaths by suicide in Tameside, there is very little published data regarding people that have died by suicide in Tameside, so it can be difficult to identify any local trends that differ from national profiles. Therefore, nationally published data for Tameside, often pooled into rates covering several years, is considered alongside local suspected suicide notifications and coroner's inquest data from local in-depth suicide audits. Using this range of information helps provide a better profile of risk factors for suicide in Tameside.

### 4.1 Nationally published data for Tameside

- The local rate for males aged 10+ years in 2020-22 is 13.5 compared to 15.8 in England.
- During 2018-22, the only age group of men that had a higher, although not significantly higher, suicide rate in Tameside compared to England was 25-44 year olds: 19.9 compared to 19.2.
- The numbers of deaths are too small to calculate an age specific rate for people aged 10-24 years, even when data is pooled across 5 years.

### 4.2 Local suspected suicide notification data (2019-2023)

Specific members of the Tameside Suicide Prevention Partnership receive information from the coroner about suspected suicides. However, the information included in the notifications can be sparse, and therefore notifications are not a reliable source regarding presence or otherwise of a risk factor. Nevertheless, any information regarding a person that has died by suicide can be helpful when developing preventative approaches.

The Tameside Suicide Prevention Partnership regularly reviews notification data to identify any new or emerging trends, develop relevant suicide prevention actions and implement any immediate action as appropriate, for example, ensuring bereavement support is offered or reviewing high risk locations.

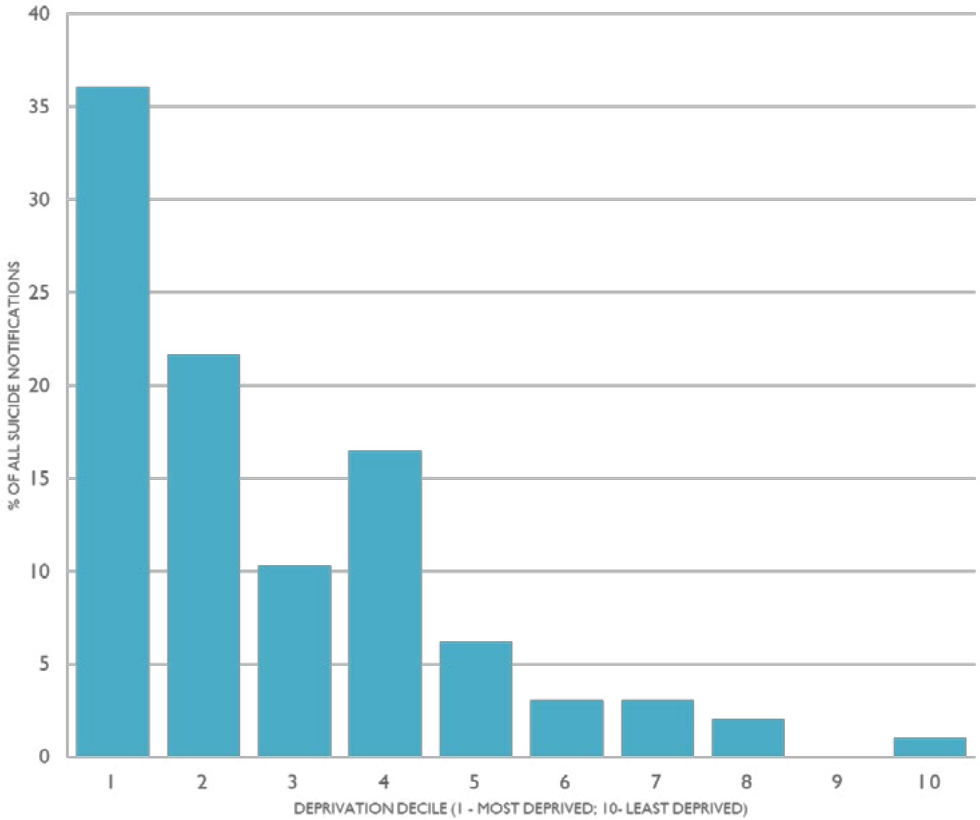
**Sex:** 72.4% male; 27.6% female (note that gender and sex is not differentiated).

**Age:** as a proportion of all suspected suicides, the highest is amongst 35-44 year olds, followed by 45-54 year olds, then 55-64 year olds; the lowest amongst under 25s.

**Deprivation:** The following figure shows there is a much higher proportion of suspected suicides amongst people with a home address in the more deprived parts of Tameside. Deprivation deciles are determined nationally: postcodes in decile 1 are in the most deprived nationally, postcodes in decile 10 are the least deprived.

**Employment type:** 27.6% unemployed, 21% employed, 9.5% retired.

**Figure 4: Suspected suicide notifications by deprivation decile, 2019-2023.**




Source: Coroners suspected suicide notifications

Other risk factors highlighted within the strategy are also present within Tameside's suspected suicide notifications, although again, poor data quality should be recognised.

**Table 1: Most common risk factors mentioned in Coroner Notifications (more than 1 risk factor can be listed within a single notification), 2019-2023.**

| Risk Factor | % of notifications that mentioned risk factor |
|---|---|
| Mental health diagnosis | 50.8 |
| Previous attempts | 36.9 |
| Living alone | 32.3 |
| Drugs | 24.6 |
| Parents | 24.6 |
| Alcohol | 23.1 |
| Bereavement | 23.1 |
| Family/relationship issues | 20.0 |

Other factors and communities mentioned, but within fewer than 20% of notifications, include: debt/finances, homelessness/housing, criminal investigation and people that are LGBTQ+.

**Table 2: Currently known to services, 2019-2023.**

| Service | % of notifications listing contact |
|---|---|
| Known to MH services | 33.8% |
| Under GP support | 39.4% |
| Recent service contact | 28.2 % |

### 4.3 Suicide Prevention Audit – inquest and mortality data

In-depth reviews of inquest reports were conducted at the South Manchester Coroner's Office as part of a Suicide Prevention Audit. Of the 34 inquest reports reviewed, six were from 2019, seven from 2020, 18 from 2021 and three from 2022. The remaining 94 records were coroner mortality data.

The audit concluded that the demographics and contributing factors faced by those who died by suicide in Tameside were generally like those seen nationally, with groups at higher risk of suicide in Tameside being:

- Men.
- People aged between 35 and 55 years.
- People living in areas of deprivation.
- People living with isolation/social disconnection or not in a relationship.
- People not in active employment.

A significant proportion of those who died by suicide had made their intention known, had previously attempted suicide and/or had contact with a service in the weeks before their deaths. This suggests opportunities for intervention are present in the lives of many that are lost to suicide.

However, focussing solely on contact with services does not capture the range of social factors individuals faced or the risk factors affecting their health and their lives. For example, combinations of contributing factors, such as experiencing bereavement, social isolation and financial issues, may considerably increase the risk of suicide.

There also remain considerable gaps in understanding risks within specific populations of Tameside, such as ethnic minority communities, migrant and refugee populations, people with disabilities, LGBTQ+ people, and neurodiverse people.

# 5. Preventative and protective factors

There is a range of coping and protective factors, which if experienced in combination can potentially reduce a person's risk of suicide significantly[9]. It is reasonable to assume that actions which seek to increase these protective factors at a population level are likely to be of benefit in reducing overall risk[10]. Consequently, this strategy considers how best to increase these protective factors at a community and population level to reduce the overall risk of suicide.

These preventative and protective factors include:

- Effective coping and problem-solving skills.
- Presence of reasons for living, hopefulness and optimism.
- Being in control of behaviour, thoughts, emotions.
- High self-efficacy.
- Physical activity.
- Engagement in sport and health.
- Family connectedness.
- Supportive schools.
- Religious belief / traditions.

# 6. Tameside Suicide Prevention Partnership

The Tameside Suicide Prevention Partnership consists of statutory and voluntary sector partners and includes members who have personal experience of bereavement by suicide. The members are committed to working together to take forward the Tameside Suicide Prevention Strategy, with the shared goal of reducing suicide across the locality. However, the Partnership also sees suicide prevention as 'everyone's business' and would encourage everyone to share in the commitment to achieve this goal.

### 6.1 Tameside Suicide Prevention Partnership governance

The Partnership reports to both the Health and Wellbeing Board and the Tameside Provider Partnership via the Mental Health Development group. It is formed by a Strategy Group and an Action Group.

The Strategy Group is made up of leaders from key organisations in Tameside across the NHS, Local Authority and Voluntary, Community and Social Enterprise (VCSE) sector. It has responsibility to set the strategic direction for suicide prevention and ensure the Action Group enjoys sufficient capacity and ability to deliver the annual suicide prevention action plan.

The Action Group is responsible for delivering the annual action plan and challenging the Strategy Group to alleviate any barriers and pressures. The Action Group also includes representation from across the NHS, Local Authority and VCSE sector and will ensure that people's lived experience of being affected by suicide is listened to and informs action.

### 6.2 Action since the previous strategy

Since the release of the previous strategy, Tameside & Glossop Suicide Prevention Strategy 2019 - 2023, the Tameside Suicide Prevention Partnership has worked hard to prevent suicide and improve the local response when a Tameside resident experiences crisis or is lost to suicide.

- In 2018, the 101 days for Mental Health Project involved the co-production of a new model of mental health care. Over the subsequent years, further development of the Mental Health model based upon the Living Well programme has transformed mental health support in Tameside. The new model has brought together different elements of support as well as improved support for those already in contact with services and for those who previously were not accessing services. This is a partnership between the NHS, Local Authority and VCSE organisations in Tameside.

## 6. Tameside Suicide Prevention Partnership

- The Neighbourhood Mental Health Team provides a holistic service including information, advice and guided connection to other services, personalised coaching, mental health assessment, talking therapies and wellbeing and self-care education.
- In 2023, the High Intensity Use service was woven into the mental health provision to support people who access emergency services frequently. The service identifies and supports people to resolve the issues they need and want to address, provides access to the right provision in the community, and reduces the stress and anxiety of Accident and Emergency (A&E) visits by supporting people to manage and reduce moments of crisis.
- Safe Tameside offers a welcoming and comfortable face-to-face alternative to A&E for people in crisis. Without the need to book an appointment, people can drop in to the SAFE Tameside Hub in the centre of Ashton-under-Lyne.
- A Suicide Prevention Audit was completed in 2023. The report was shared with the Suicide Prevention Partnership and an executive summary is being published alongside this strategy.
- The Unlocking Wellbeing Programme included a range of activity targeted toward men, increasing mental health awareness, tackling stigma, reducing barriers to accessing support, increasing activity and reducing isolation. This included the Men's Mental Health and Wellbeing Conference organised by The Anthony Seddon Fund.
- A month of activity marked World Suicide Prevention Day in September and World Mental Health Day in October.
- Living Life Well Mental Health and Wellbeing Conference in February 2023.
- Large-scale consultation and redesign of mental health and wellbeing provision for children and young people has increased engagement with and provision in schools across Tameside.
- NHS GM Integrated Care and Pennine Care have developed perinatal and parent mental health services and awareness working with employers in Tameside, training staff to foster mental health informed workplaces and organisations across Tameside
- The Local Authority has been assessed as Thriving in its approach to the mental wellbeing of staff as part of the Strive Thrive and Flourish Mental Health Alliance.
- Closer ties between the NHS and VCSE sector are in evidence through partnership work such as SAFE Tameside and High Intensity provision.
- The presence of two mental health roles in each PCN is supporting integration between primary care and mental health provision.
- The Anthony Seddon Fund has worked with Survivors of Bereavement by Suicide to develop a local group into a SoBS group.
- Infinity Initiatives delivered the Supporting All in Bereavement and Loss project as part of the Unlocking Wellbeing Programme to support those who experienced a loss during the pandemic.
- Suspected Suicide data has been used to identify key themes, emerging needs, contributing factors and groups who are at elevated risk of suicide.

# 7. Strategic approach to suicide prevention

Each death by suicide has its own context, and it can be difficult for local leaders to identify patterns with relatively low numbers of confirmed suicides each year that can fluctuate. However, if details of local suicides are layered with information from Greater Manchester, the North West and national reports and statistics, similar patterns and risk factors for suicide can be seen. It is therefore important to draw on existing strategies and actions plans to ensure Tameside focuses on the most effective strategies and actions that will really make a difference to residents, whilst still being responsive to local nuances and any emerging issues.

Evidence tells us that suicides are not inevitable and there are many actions that we can collectively take to prevent as many suicides as possible. Ideally, this collective action will prevent people getting to the point where they contemplate taking their own life. However, sometimes crisis, urgent or emergency care is needed, as well as actions to reduce access to methods of suicide and support those who are bereaved by suicide.

Therefore, this strategy sets out keys ways to prevent suicides for everyone, whilst ensuring a continued focus on groups that experience higher suicide rates or concerning trends. The actions for this strategy are informed by the evidence based actions set out within the national and Greater Manchester strategies, whilst also reflecting local priorities and ambitions.

In developing the priorities for this strategy, the Tameside Suicide Prevention Partnership reviewed consultation responses; local, regional and national strategies, data and evidence; and the stories of those who have lost their lives to suicide in Tameside.

Although suicide has often been considered a mental health issue, it is a social issue, with each person that dies by suicide facing multiple challenges in their life. While these challenges sometimes include a mental health diagnosis, this contributes to rather than causes a person to take their own life. Indeed, only a third of those who die by suicide are known to mental health services. Therefore, suicide prevention requires a co-ordinated whole system approach that focusses on:

- Reducing the risk factors for suicide.
- Increasing the protective factors for suicide.
- Providing support for people experiencing crisis.
- Reducing access to the means of suicide.

## 7. Strategic approach to suicide prevention

This strategy takes an all-age approach, recognising that risk varies across the life-course and that prevention requires a range of interventions, some of which are tailored to specific risk factors and some demographic groups.

This strategy sets out broader priorities and objectives, with annual action plans being developed and delivered by the Tameside Suicide Prevention Partnership each year.

# 8. Tameside Priority Themes

The Tameside Suicide Prevention strategy has one overarching vision:

**To ensure local residents never see suicide as their best or only option, with the key ambition of preventing suicide in Tameside.**

Behind this simple ambition, however, is a complicated range of challenges for individuals, communities and organisations. Many of the actions that address risk factors for suicide may particularly benefit specific groups, whilst other groups would benefit from more bespoke support.

Amongst some communities such as middle-aged men, data suggests relatively high numbers and rates of suicides, which are remaining fairly stable; whereas other groups, such as children and young people, experience low numbers, but rates that have increased in recent years. It is therefore crucial that actions, resources and services are targeted appropriately.

The Partnership reviewed progress against the previous strategy and alongside research and consultation, identified seven core themes for this strategy.

1. **Get support to where it is needed most**: Target support, campaigns and service design to reach the communities and areas most at risk of suicide.
2. **Provide more opportunities for people to connect with and find support in their community:** Reduce isolation by connecting people with friends, family and the wider community.
3. **Foster a mental health aware community:** Tackle stigma and increase people's confidence and willingness to have conversations about mental wellbeing, mental health and suicide.
4. **Ensure a safer Tameside for those who experience crisis:** Improve access to, and awareness of, welcoming and appropriate support for people in crisis; ensure our hospital-based support is safe; reduce access to the means of suicide where possible.
5. **Develop financial wellbeing in the Tameside population:** Increase financial resilience in Tameside by making quality information and advice available to those beginning to struggle.
6. **Work together effectively to support people:** Improve the ways that the different parts of the support system work together to provide people with what they need when, where and how they need it.
7. **Promote trauma awareness and nurture protective factors:** Increase awareness of the impact of childhood and adult trauma, and support protective factors such as strong relationships and social and emotional capacity.

### 8.1 Theme1: Get support to where it's needed most

There are communities in Tameside that experience higher numbers and proportions of people that die by suicide. To have the most impact, we will increase suicide awareness in these communities and make sure residents from these communities can access and feel accepted in groups and services that support their wellbeing.

- Men, particularly between the ages of 35 and 55.
- Those not in employment or study.
- People living in the most deprived areas and areas with higher numbers of suicides.
- Those involved with a criminal investigation.
- Survivors and perpetrators of domestic abuse.
- Those living alone and isolated.
- Bereaved people.
- People with long-term health conditions.

More evidence is needed regarding being at higher risk of suicide, but it is thought that targeted support is also needed for:

- People from ethnic minorities.
- Neurodivergent people.
- People from the LGBTQ+ community.
- People with disabilities.

**Goal:** Target support, campaigns and service design to reach the communities and areas most at risk of suicide.

**Actions**

- Review and develop the ways services and organisations reach out to and work with communities in which the risk is higher.
- Learn from the communities themselves about how to improve support.
- Increase partnerships with organisations that already work with under-supported communities.

### 8.2 Theme 2: Provide more opportunities for people to connect with and find support in their community

Social connection is very important for short and long term mental health and wellbeing, and is a preventative factor against suicide. However, we have recognised from the stories of those who have died by suicide, from the impact of the pandemic and the differences in the way we live now, that social connections can be harder to make and maintain. There is a need to encourage, enable and empower circles of support within communities to reduce isolation. Nevertheless, isolation is not one thing and there are different types and different circumstances that contribute to it. The stories of those who died by suicide in Tameside often include a number of circumstances that left the person isolated and disconnected from their communities, such as:

- Bereavement.
- The absence or breakdown of a relationship.
- Unemployment or long-term absence from work.
- Living alone without social connection.
- Living away from and disconnection from children.

**Goal:** Reduce isolation by connecting people with friends, family and the wider community.

**Actions**

- Promote people's connection with family and friends, as well as new connections.
- Support and encourage peer support - groups run by the community in the community for the community with support from services.
- Promote groups, events and campaigns in the community which support connection alongside raising awareness of existing activities.
- Raise awareness of bereavement support services and peer groups.

### 8.3 Theme 3: Foster a mental health & wellbeing aware community

In communities and across networks of support, people can feel uncomfortable talking about mental wellbeing and suicide[12] as there is still considerable stigma[13]. Certain groups of people are less likely to ask for help when they need it, or don't recognise they deserve and would benefit from support; and many people never seek help or only receive help when they have reached crisis point. In addition, others may not understand how people in crisis are feeling or how to help them.

A mental health and wellbeing aware community is one where people understand their own mental wellbeing and how it affects those around them, and one in which people feel comfortable talking about their challenges and the opportunity to positively affect those around them.

**Goal:** Tackle stigma and increase people's confidence and willingness to have conversations about mental wellbeing, mental health and suicide. Establish safe and well-publicised spaces for people to talk.

**Actions**

- Promote appropriate suicide prevention and mental wellbeing training for people living and working in the community.
- Promote campaigns about suicide prevention and crisis, including targeted campaigns for those more at risk and those less likely to reach out for support.
- Encourage and recognise Tameside organisations that support their staff's mental health and wellbeing and promote suicide awareness.
- Promote resources and campaigns that encourage the safe use of social media, particularly among children and young people.

### 8.4 Theme 4: Ensure a safer Tameside for those who experience crisis

While this strategy aims to prevent Tameside residents from reaching crisis point, we also want to ensure that Tameside is a safe space for those who do experience crisis and need the right support straight away. However, when experiencing crisis, people sometimes do not know where to go, don't reach out for support, and seek the means to end their lives. They may also go to Accident & Emergency (A&E) departments, which are not comfortable places for people experiencing an overwhelming crisis.

A safer Tameside involves reducing access to the means of suicide where possible and ensuring people have and are aware of a comfortable and safe place to go in crisis, such as SAFE Tameside, which provides a comfortable and welcoming community alternative to A&E.

**Goal:** Improve access to, and awareness of, welcoming and appropriate support for people in crisis; ensure our hospital-based support is safe; reduce access to the means of suicide where possible.

**Actions**

- Encourage regular prescription reviews.
- Continue partnership work with the Greater Manchester Combined Authority, National Highways and Greater Manchester Police in understanding and reducing risk along the motorways which run through Tameside.
- Review and support crisis response in Tameside.

### 8.5 Theme 5: Develop financial wellbeing in the Tameside population

Both locally and nationally, the number of people dying by suicide for whom financial adversity was a contributing factor has increased over the last five years[14]. Financial problems can be an indicator of other issues (such as employment or benefit issues) or cause a person's situation to worsen (debt, housing instability). The pandemic affected the lowest paid people the most and the cost-of-living pressures are worsening the circumstances of communities in Tameside.

Financial stability is one part of a person's wellbeing because it is associated with many parts of our life: housing insecurity; child and family poverty; the food we eat; fuel poverty; the way we can support ourselves and others.

**Goal:** Increase financial resilience in Tameside by making quality information and advice available to those beginning to struggle.

**Actions**

- Alignment with the 'Building Resilience' Anti-poverty Strategy.
- Access to appropriate information and support.
- Training and resources for the wider system to support people with financial wellbeing.
- Increase knowledge of rights and opportunities within the community.

### 8.6 Theme 6: Work together effectively to support the whole person

The range and combination of factors that contribute to a person's risk of suicide indicates that the network of support needs to work together better. Multiple needs and complexities mean an individual is working with more than one service, team or organisation. However, too often people fall between services; are dealt with on a single 'issue' basis by different services; are left to navigate a complicated system on their own; or the practical problems such as money issues, relationship breakdown, housing problems are not considered as risk factors during discussions about suicide risk or a mental health diagnosis.

**Goal:** Improve the ways that the different parts of the support system work together to provide people with what they need when, where and how they need it.

**Actions**

- Ensure crisis assessments consider all areas of a person's life, not just mental health.
- Ensure urgent, practical responses to the life challenges of people in crisis.
- Develop a new record, containing a person's story, which is owned by them that they can share with services when they want to.
- Improve the way we share data if a person is at risk of suicide.
- Involve community, voluntary and faith organisations.

### 8.7 Theme 7: Promote trauma awareness and nurture protective factors

The impact of trauma, whether in childhood or adulthood, can remain with an individual for years or decades, disrupting many aspects of their day-to-day life and relationships. Many of the factors which contribute to suicide are associated with trauma: for example, bereavement, abuse and adverse childhood experiences (ACEs). ACEs in particular are associated with a significantly elevated risk of suicide and suicidal ideation. Trauma and ACEs are associated with wider determinants of health and are more common in areas of higher deprivation. It is also likely that trauma, particularly childhood trauma, is under-reported and may contribute to more suicides than we are aware of.

Services and communities that understand trauma, its effects and the things that reduce its impact can support people who experience suicide, reducing the risk of crisis and suicide.

- Traumatic experiences in early life can have a lifelong impact on someone's mental and physical health.
- Those experiencing trauma are more at risk of a number of factors associated with crisis and suicide.
- Trauma can have generational effects.

**Goal:** Increase awareness of the impact of childhood and adult trauma, and support protective factors such as strong relationships and social and emotional capacity.

**Actions**

- Ensure a trauma-informed approach in services.
- Develop an approach which considers residents, volunteers and workers.
- Develop a training programme for residents and those supporting people.

# Appendix 1

## Tameside Suicide Prevention Plan on a Page 2024-2027

**Vision:** To ensure local residents never see suicide as their best or only option, with the key ambition of preventing suicide in Tameside.

**Key risk factors:**

- Being aged 35 to 54.
- Being male, especially aged 25-44.
- Living in more deprived areas, experiencing financial difficulty or economic adversity.
- Living alone, being isolated or lonely.
- Being affected by domestic abuse.
- Adverse life events e.g. relationship breakdown, unemployment, bereavement (including by suicide).
- Alcohol and drug misuse and gambling.
- Physical and mental ill health, including people that self-harm.
- People in contact with the justice system.
- Children and young people.
- Pregnant women and new mothers.
- Being autistic.

**Key themes:**

1. **Get support to where it is needed most:** Target support, campaigns and service design to reach the groups and areas most at risk of suicide.
2. **Provide more opportunities for people to connect with and find support in their community:** Reduce isolation by connecting people with friends, family and the wider community.
3. **Foster a mental health aware community:** Tackle stigma and increase people's confidence and willingness to have conversations about mental wellbeing, mental health and suicide.
4. **Ensure a safer Tameside for those who experience crisis:** Improve access to, and awareness of, welcoming and appropriate support for people in crisis; ensure our hospital-based support is safe; reduce access to the means of suicide where possible.
5. **Develop financial wellbeing in the Tameside population:** Increase financial resilience in Tameside by making quality information and advice available to those beginning to struggle.
6. **Work together effectively to support people:** Improve the ways that the different parts of the support system work together to provide people with what they need when, where and how they need it.
7. **Promote trauma awareness and nurture protective factors:** Increase awareness of the impact of childhood and adult trauma, and support protective factors such as strong relationships and social and emotional capacity.

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