

North Somerset Suicide Prevention and Self Harm Action Plan *2023/24- 2026/27*

A local action plan which supports the National Suicide Prevention Strategy

Contents

| | |
|---|----|
| Chapter 1 Introduction | 1 |
| 1.1 Guidance for local suicide prevention planning | 1 |
| Chapter 2 Progress to date | 2 |
| 2.1 Reduce the risk of suicide in men | 2 |
| 2.2 People in crisis..... | 2 |
| 2.3 Reduce the stigma around mental health and promote wellbeing..... | 2 |
| 2.4 Tailor approaches to improve mental health in Children and young people | 2 |
| 2.5 Reduce access to the means of suicide..... | 3 |
| 2.6 Provide better information and support to those bereaved or affected by suicide | 3 |
| 2.7 Supporting research, data collection and monitoring | 3 |
| Chapter 3 Local Picture across North Somerset | 4 |
| 3.1 Changes to the standard of proof for registering suicides. | 4 |
| 3.2 Note on methodology | 4 |
| 3.3 Suicides | 4 |
| 3.4 Deprivation and Geography..... | 6 |
| 3.5 Methods and place of suicide | 7 |
| 3.6 Access to help and support..... | 7 |
| 3.7 Contributing factors | 8 |
| Contributory factors in suicides across Avon (2016/19)..... | 8 |
| 3.8 Self-harm..... | 8 |
| 3.9 Admissions to hospital for self-harm | 8 |
| 3.10 Impact of Covid 19 | 9 |
| 3.11 Economic recession and suicide | 10 |
| Chapter 4: North Somerset Suicide Prevention Action Plan 2022/23-2024/25 | 11 |

Chapter 1 Introduction

The North Somerset Suicide Prevention Steering Group was set up in June 2015. It is chaired by Public Health and has representation from key stakeholders including Avon and Wiltshire Mental Health Partnership NHS Trust, the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB), Highways England, and mental health charities such as the Samaritans.

1.1 Guidance for local suicide prevention planning

North Somerset has adopted the National Suicide Prevention Strategy which outlines two principal aims: reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide.

In 2019 the Samaritans and University of Exeter independent progress report on local suicide prevention planning in England recommended that local areas should avoid spreading their resources too thinly by trying to cover all areas of the national strategy too soon. They suggested that those at the earlier stages of their response may benefit from embedding and improving the quality of activity already taking place, rather than implementing multiple new activities. Considering these principles, the Action Plan will focus on seven priority areas:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce rates of self-harm as a key indicator of suicide risk

The plan will aim to complement the work happening at a system wide level and among key partners including Avon and Wiltshire Mental Health Partnership NHS Trust. The latest action plan covers planned activity over the next three years and has been reviewed against the Sector Led Improvement Audit across the Southwest. The plan is a live document with progress monitored every six months.

Chapter 2 Progress to date

In North Somerset there has been a suicide prevention action plan in place since 2015. Outlined below is an update on progress from the previous action plan which covered the period 2018-2022.

2.1 Reduce the risk of suicide in men

With males accounting for over two thirds of suicides nationally, male mental health was identified as a priority in the previous action plan. As part of this work, we relaunched the [North Somerset Male Health Stakeholder group](#) and offered male health champions training to professionals working within North Somerset. The training was successful and led to a resurgence in the membership of the stakeholder group. Three years later, this group is now 75 members strong and is an important voice advocating for male health issues across North Somerset.

One of the aims of the Stakeholder group is to actively encourage organisations to work together to improve the health and wellbeing of men in North Somerset. One such example is the introduction of [Talk Club](#), a listening group for men. The chair of the Male Health Stakeholder group has been instrumental in supporting and promoting the organisers to launch groups across North Somerset. Five groups are now running and in 2022 alone, over 400 men have attended one of these groups.

In 2018/19 the Bristol North Somerset and South Gloucestershire Sustainability and Transformation Partnerships (STP) area were awarded Government funding to develop a suicide prevention programme of work. Some of the funding was used to commission a male specific suicide prevention project across the three local authority areas. The project called [HOPE](#), provides short-term emotional and practical support for men aged 30-64. Whilst this funding stream has now ended, BNSSG Integrated Care Board have committed to fund this project on a recurring basis.

2.2 People in crisis

In 2021 a new service, the [Safe Haven Crisis & Recovery Centre](#) was opened in the centre of Weston-Super-Mare. The service provides a safe space for people in acute emotional distress. It is the first of its kind for North Somerset and was co-designed with input from people with experience of using local mental health services. The service is a mix of remote and face to face support and supports 12 people per evening.

2.3 Reduce the stigma around mental health and promote wellbeing

The Public Health Team has a well-established mental health training programme. Courses are geared at improving the skills, knowledge, and confidence of those who work or volunteer in North Somerset. Over the last three years we have delivered training on a variety of topics including mental health awareness, suicide prevention, and safety planning, reaching over 1000 people.

2.4 Tailor approaches to improve mental health in Children and young people

During 2019 Public Health established the North Somerset Healthy Schools Network. This is a free health and wellbeing programme for primary schools in North Somerset. It supports

schools to identify their own needs, make plans to address them and review progress. Schools are guided towards positive change by addressing issues such as mental health.

Activity undertaken under the banner of the Healthy Schools programme which aims to reduce self-harm amongst high-risk children and young people has included delivery of a range of mental health training courses, the development of a trauma toolkit for schools and the development of the Domestic abuse and Recovering Together (DART) programme to support children experiencing domestic abuse.

North Somerset Mental Health and Wellbeing Directory of services for children and young people was revised in 2021 into a common format across North Somerset, Bristol and South Gloucestershire making it easier for professionals working with children and young people to access the support that is needed.

The Young People Who Self Harm Guide (2016) was developed by researchers and clinicians at the University of Oxford for school staff who may have contact with students who have self-harmed or are at risk of self-harm. In 2021 a summary of the University of Oxford guidance was produced and disseminated to all local schools in the Bristol, South Gloucestershire, and North Somerset area, alongside a list of local support services.

2.5 Reduce access to the means of suicide

The Weston-Super-Mare branch of the Samaritans over the last few years have undertaken suicide prevention work with staff and passengers at local priority railway stations. This has included staff training on how to manage suicidal contact, trauma support and awareness campaigns.

2.6 Provide better information and support to those bereaved or affected by suicide

Suicide bereavement support was recognised as a priority in the NHS forward plan and national funding allocated to the Bristol, North Somerset, and South Gloucestershire area to improve provision. In 2020, the [Beside Project](#) was commissioned to support people who had recently lost a loved one to suicide. They offer tailored emotional and practical face to face and telephone support to people within 72 hours from receiving the referral from the Real Time Surveillance System. Between July 2021 and March 2022, they supported 10 North Somerset residents who had been bereaved from suicide.

2.7 Supporting research, data collection and monitoring

Collecting and analysing data on local deaths from suicide can help to identify high-risk groups, locations of concern, patterns, and trends, provide evidence for targeted interventions and contribute to the monitoring and evaluation of outcomes from local work.

National data only provides very limited information and so the best source for this at a local level is from the Coroner's Office. In 2019 the Mental Public health leads across the West of England commissioned Avon and Wiltshire Mental Health Partnership to analyse suspected suicides across the Bath, Bristol, North Somerset, and South Gloucestershire area. The findings of which have been drawn upon in this report and have helped shape the refreshed action plan.

Chapter 3 Local Picture across North Somerset

3.1 Changes to the standard of proof for registering suicides.

In England and Wales, all unnatural deaths are investigated by coroners to establish the cause and circumstances of the death. The investigation, known as an inquest, compiles evidence such as the post-mortem, toxicology reports, and interviews with relatives and friends. Once all the available evidence has been collected, a coroner will then determine the cause of death, manner of death and surrounding circumstances.

In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide, changed. Previously, the “criminal standard” was applied, meaning that the coroner required evidence “beyond all reasonable doubt” that a death was caused by suicide. Since July 2018, the “civil standard” has been applied meaning that it must be shown on the “balance of probability” that a death was caused by suicide.

The ONS carried out an investigation into the impact of the change of standard of proof used by coroners for suicide death registrations in England and Wales. In summary, this investigation found that the legal change did not result in any significant change in the reported suicide rate in England and Wales. Concluding that, recently observed increases in suicide among males and females in England, and females in Wales, began before the standard of proof was lowered¹.

3.2 Note on methodology

National data provides timely but limited information on suicides. Locally we have invested in an Avon wide Real Time Surveillance System to monitor suspected suicides and obtain more detailed information to enable us to spot local trends and identify vulnerable groups. However, it is in its infancy, so it is too soon to capture trends for this refresh. Therefore, the following analysis is taken from an audit of all suicides that occurred between 2016 and 2018 using information from the Avon Coroner Office.

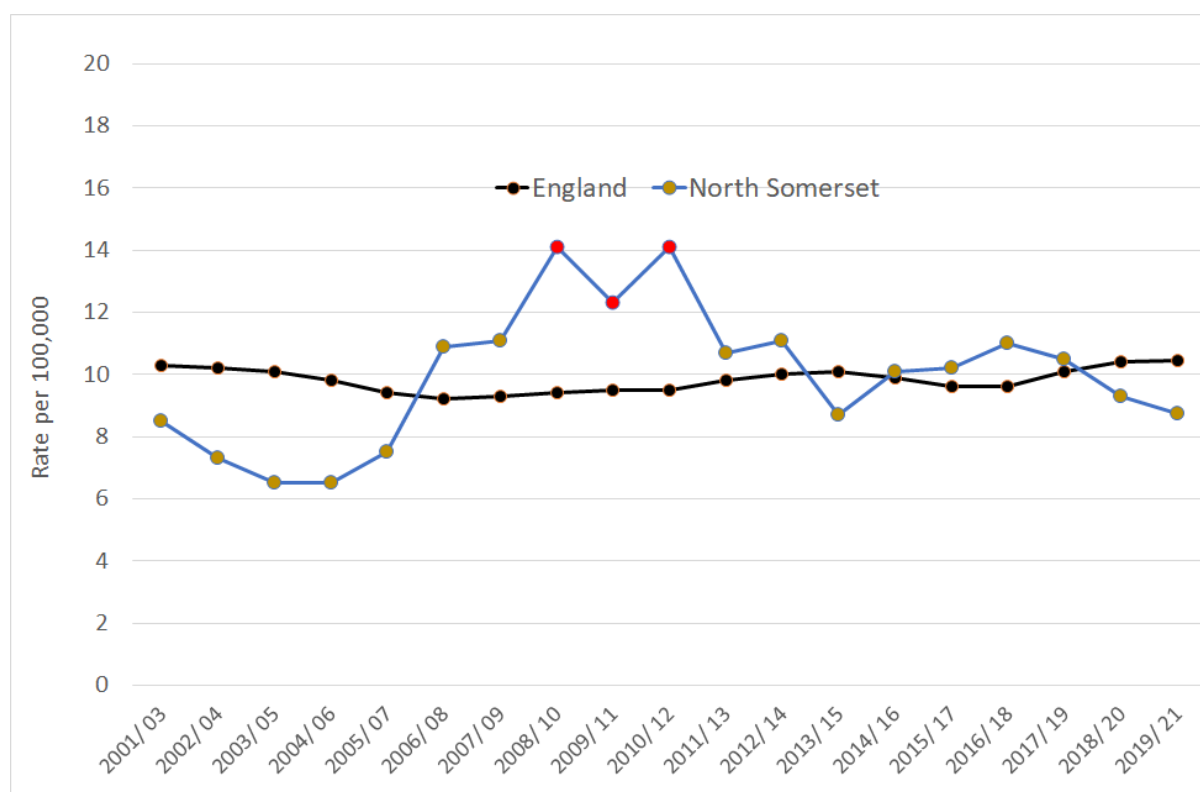
Using data from Coroner records shows someone who has died from suicide is most likely to be male, single, and living alone. If they are male, they are more likely to be aged 35 - 64 years old and working. If they are female, they are more likely to be younger (aged 30-44 years) and have had a history of self-harm

3.3 Suicides

There were 51 suicides amongst North Somerset residents (all ages) between 2019 and 2021, equivalent to a rate of 8.7 per 100,00 population. After significantly high rates of suicide between 2008/12, rates have fallen and remained flat with an all-person rate roughly equal to the national average (see chart below).

¹ Office for National Statistics (2020) Change in the standard of proof used by coroners and the impact on suicide death registrations data in England and Wales. Accessed [here](#) (Nov 18th 2022)

The rate of mortality due to suicide, per 100,000 people in North Somerset over time



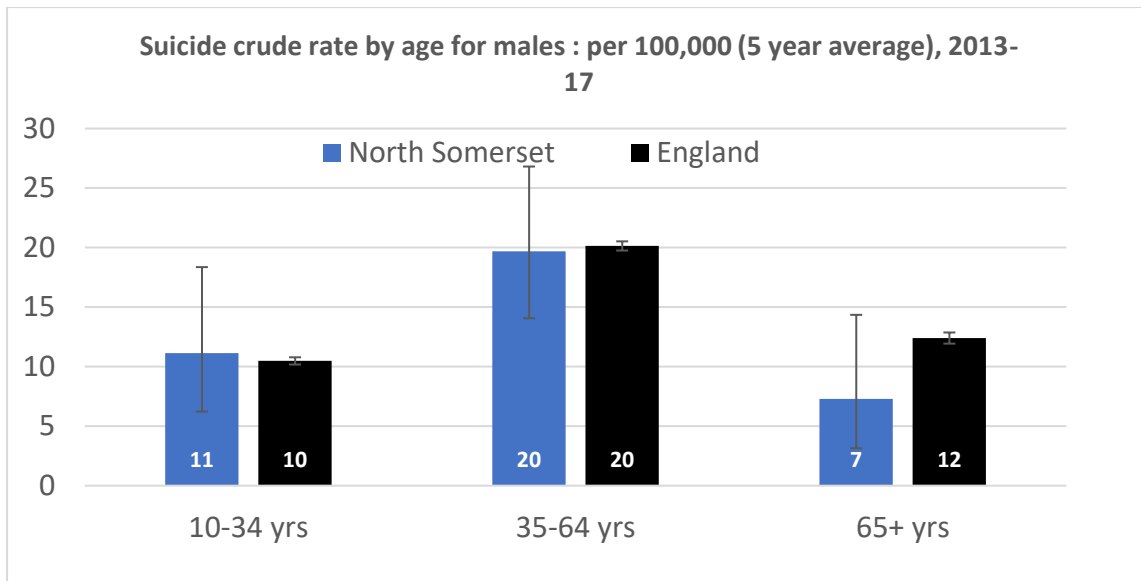
There are well documented national variations in the rate of suicide amongst males and females. This is a finding which is also reflected in the North Somerset population; males are more than 3 times as likely to die from suicide in North Somerset than females, as outlined in the table below.

Suicide rates per 100,000 population (2019-2021), standardised by age

| Males | | |
|----------------|------------------|---------|
| North Somerset | Southwest Region | England |
| 12.4 | 18.3 | 15.9 |

| Females | | |
|----------------|------------------|---------|
| North Somerset | Southwest Region | England |
| 5.4 | 5.9 | 5.2 |

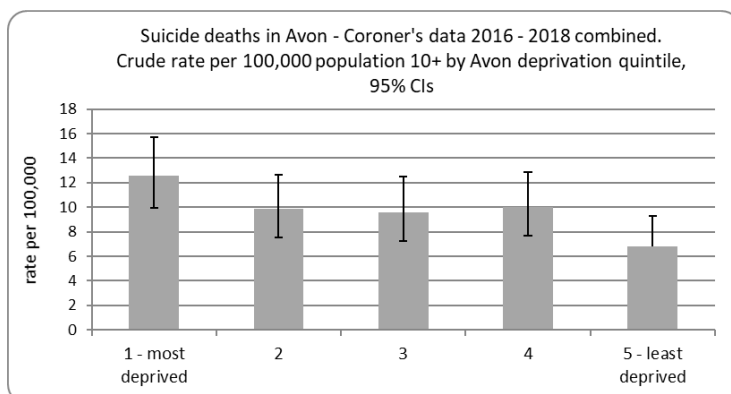
The highest rates of suicide amongst men are those aged 35-64, at the North Somerset level, none of the age specific rates are significantly different from one another or the England average.



A research paper from Friends, Families and Travellers identified that the suicide rate for members of the Traveller community is six times higher than the general population. There is limited data about this population and the impact of suicide at a local level. The latest census results demonstrated that across North Somerset there were 187 people who identified a White Gypsy or Irish Traveller and 169 who identified as white Roma this is likely to be an underestimate of the number of people from this community.

3.4 Deprivation and Geography

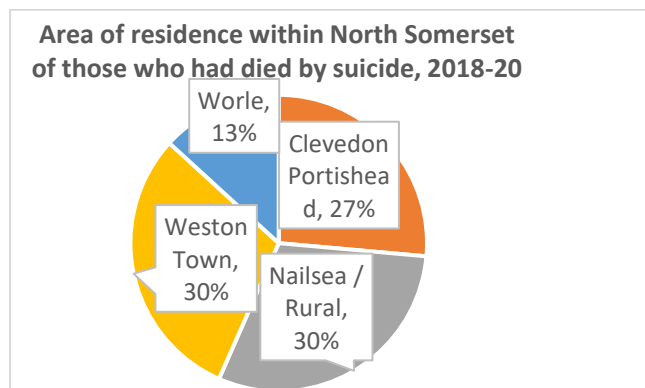
Using data from Coroner records from 2016-18 across Avon, there is a possible association between deprivation levels and suicide rates. The figure below shows that the most deprived fifth of the Avon population experienced a significantly higher rate of suicide at 12.6 deaths per 100,000 population (95% CI 9.9 to 15.7) than the least deprived fifth with 6.8 deaths per 100,000 population (95% CI 4.9 to 9.3).



Source: Coroner Audit data

Findings from the Primary Care Mortality file from 2018-20 show that there were 53 recorded suicides to people living in North Somerset. Suicides occurred in 27 out of our 35 wards. Just under two thirds of suicides occurred in either Weston super Mare, Nailsea or a rural area, the remaining were from either Clevedon and Portishead (27%) or Worle (13%).

These proportions were in line with the general population figures from these areas, highlighting, sadly, that suicide occurs in every area of North Somerset.



Source: Primary Care Mortality File.

3.5 Methods and place of suicide

In line with national trends, the three most common methods of suicide were hanging / strangulation (63%), self-poisoning (12%) and jumping/lying before a train/road vehicle (10%). We can't track trends over time at a local level, but national trends have shown that deaths by hanging, and strangulation have increased. National data demonstrates that after a fall in 2009; there was a 12% increase in the number of these deaths in 2018 compared to 2017. The increase in hanging/strangulation was in men and women, and in those aged under 25, aged 45-64 and aged 65 and over.

The most common location for suicide was the person's home, 69% across Avon, followed by inland bridges and cliffs (6%).

3.6 Access to help and support

People with mental health problems have been identified as a high-risk group in relation to suicide ([Preventing suicide in England, 2012](#)). Findings from the coroner audit highlighted that 70% of people who had died from suicide had been identified as experiencing some form of diagnosable mental and/or physical health problem prior to their death.

It should be noted that despite the very high levels of diagnosable mental health problems within this group of people, only one in four people had been in contact with secondary mental health services, 12 months prior to their death. This figure is similar to the most recent national figures² which identified that 27% of suicides were identified as patients.

A further 38% of people had been in contact with some sort of 'counselling' or other primary care-based psychological care service in the community, meaning that, in total, 63% of people locally were either currently engaged in seeking psychological help, or had accessed such help within 12 months of their death.

²National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2022: UK patient and general population data 2009-2019, and real-time surveillance data <https://documents.manchester.ac.uk/display.aspx?DocID=60521>

3.7 Contributing factors

Information was extracted from the coroner’s records and/or noting the narrative conclusion reached by the coroner to ascertain contributory factors in suicides across Avon. In 16% of deaths, drug abuse and dependency were contributing factors, with a further 10% citing alcohol misuse. Physical illness (16%), family issues (12%) and relationship breakdowns (10%) were also cited in at least one in ten deaths.

Contributory factors in suicides across Avon (2016/19)

| Contributing factors | % of total deaths |
|--|-------------------|
| Drug abuse/dependency | 16% |
| Physical illness | 16% |
| Family issues | 12% |
| Relationship breakdown | 10% |
| Depression/low mood | 10% |
| Alcohol misuse | 10% |
| Work issues/loss of job | 9% |
| Bereavement | 8% |
| Anxiety | 7% |
| Previous suicidal ideation or attempt | 6% |
| Financial worries | 6% |
| Other stressors | 6% |
| Isolation | 6% |
| Recent contact with mental health services | 6% |

Source: Coroner Audit data

3.8 Self-harm

Intentional self-harm can demonstrate an extension of a person’s mental distress. It is an important measure to consider, as self-harm is a risk factor for suicide attempts.³

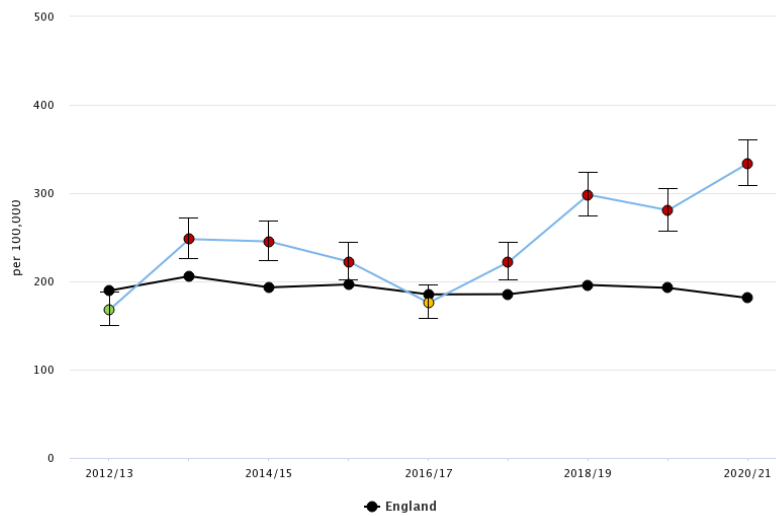
3.9 Admissions to hospital for self-harm

The rate of emergency hospital admissions for self-harm is arguably the most accurate measure of self-harm prevalence that exists. Importantly, this metric will underestimate the true prevalence, given that most instances of self-harm will not require hospital admission. But it does demonstrate the impact that self-harm can have, and how areas are likely to vary in their prevalence of ‘hidden’ self-harm.

Nationally, rates of self-harm (all ages) have been relatively consistent over recent years at around 200 admissions per 100,000 population. North Somerset has persistently higher rates of self-harm compared to the England average; there were 334 emergency hospital admissions for intentional self-harm per 100,000 population in 2020/21. The chart below shows how this rate has fluctuated in recent years, but with an increasing trend since 2016/17.

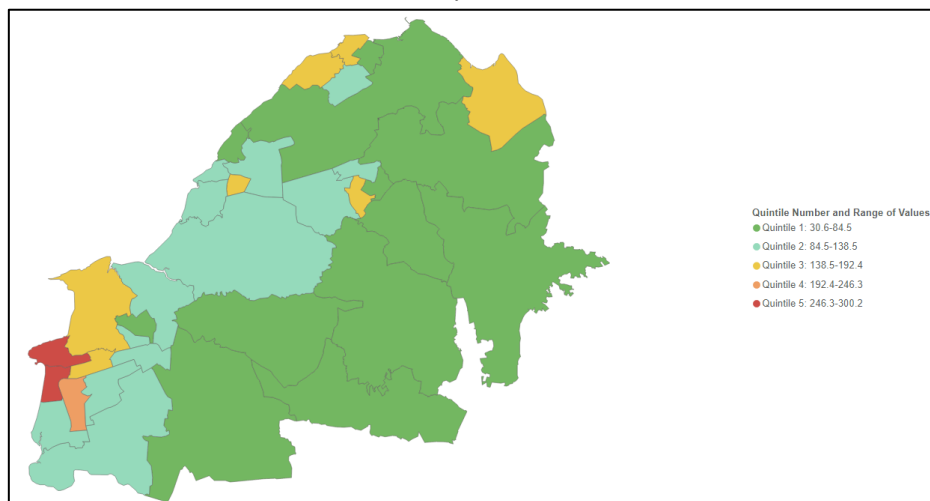
³ Mental Health Foundation, “Suicide,” [Online]. Available: <https://www.mentalhealth.org.uk/a-to-z/s/suicide>. [Accessed October 2022]

Emergency hospital admission for self-harm, per 100,000 population in North Somerset



To allow for ward level comparisons with North Somerset, ‘standardised admission ratios’ have been calculated and mapped for the years 2015-2019⁴. These ratios compare admissions for residents in each ward (all ages), to the England average. The wards of Weston-Super-Mare (WSM) Central and WSM Hillside have the highest rates (300 and 257 per 100,000 respectively); Gordano Valley has the lowest (31 per 100,000).

Emergency hospital admission for self-harm, standardised admissions ratio, by ward (2015-19) [12]



3.10 Impact of Covid 19

At the beginning of the Coronavirus pandemic there was considerable public and professional concern about the impact the pandemic would have on people’s mental health and overall suicide rates. With anxieties about infection, enforced social isolation, disrupted care, and a possible recession, it isn’t hard to understand why.

⁴ Public Health England, “Local Health,” PHE, [Online]. Available: <https://www.localhealth.org.uk>

The Social Biobehavioural Research Group at University College London launched the COVID-19 Social Study in March 2020 with the aim of identifying the psychological and social effects of the pandemic on the UK population. It was a large mixed method panel study comprising online data collection from over 70,000 adults in the UK.

Their findings demonstrated that whilst on average self-harm thoughts and behaviours did not change significantly throughout the pandemic a year into the pandemic, nearly one quarter of adults reported experiencing thoughts of self-harm and nearly 8% had engaged in self-harming behaviours at least once during the pandemic. Those particularly at risk included young adults, women, those with lower Socio-Economic Status, unemployed individuals, and people with disabilities, chronic physical illnesses, and a mental health condition.

However, this data is not prevalence data and findings from the Office for National Statistics which tracks death registration figures has demonstrated that there is no evidence that the number of suicides across England and Wales increased during the coronavirus (COVID-19) pandemic. There were 3,828 suicides between April and December 2020, this was 9% less than the corresponding 2019 period, and 4.7% less than the five-year average of 4,016 suicides. The lower suicide rate was primarily driven by a decrease in male suicides which were significantly lower during this period (14.8 deaths per 100,000 males) compared with the same periods between 2018 and 2019. Female rates during the same 2020 period (5.0 deaths per 100,000 females) showed no statistically significant changes.

3.11 Economic recession and suicide

It has long been known that economic conditions can influence suicide rates. The depression of the late 1920s to early 1930s was associated with marked rises in suicide. During the 2008 and 2010 world recession, research by Barr et al (2012) found 846 (95% confidence interval 818 to 877) more suicides among men than would have been expected based on historical trends, and 155 (121 to 189) more suicides among women living in England. They estimated that each 10% increase in the number of unemployed men was significantly associated with a 1.4% (0.5% to 2.3%) increase in male suicides.

Since 2021 the UK population has experienced a fall in disposable income. Fuelled by high energy and food prices, inflation rose to a 40 year high in October 2022. This has left many to raise concerns about the impact this could have on people's mental health and wellbeing. It is too early to identify any increases in suicide rates due to current economic concern.

When writing this action plan, we have been mindful to take into consideration the possible long-term impact of Covid-19 and the burgeoning increase in the cost of living that is affecting many households which could have a detrimental effect on people's wellbeing.

Chapter 4: North Somerset Suicide Prevention Action Plan 2022/23-2024/25

| Area of focus | What we will do (Action) | By when (Timeline) | Delivery Lead |
|---|---|-----------------------|--|
| Reduce the risk of suicide in key high-risk groups | | | |
| Men | Develop a multi-agency action plan to improve the health and wellbeing of men living in North Somerset | 2023/24 | NS Male Health Stakeholder group |
| | Deliver the BNSSG HOPE project in North Somerset ensuring that organisations are aware and refer into the service. | Ongoing | Second Step |
| | Evaluate the impact of the project and implement recommendations for its future development. | 2024/25 | BNSSG Integrated Care Board |
| People with mental health problems | Continue to develop and monitor the '10 Ways to improve patient safety' recommendations from the National Confidential Inquiry into Suicide and Safety on Mental Health (NCISH, 2018) | Ongoing | Avon and Wiltshire Mental Health Partnership |
| | Deliver a public mental health training programme targeted at professionals who support at risk individuals. | Ongoing | North Somerset Public Health Team |
| | Development of a how to talk about suicide leaflet | 2023/24 | North Somerset Public Health Team |
| Those in contact with the Criminal Justice System | Ensure that all new starters in the Youth Offending Service attend ASIST training. With refresh training given every two years to existing staff. | 2023/24 | Youth Offending Service |
| High risk occupations | To support the mental health and wellbeing of | Ongoing | Farming Community Network |

| Area of focus | What we will do (Action) | By when (Timeline) | Delivery Lead |
|--------------------------------------|--|-------------------------------|--|
| | Farmers in North Somerset | | |
| | Through North Somerset's Healthy Workplace Accreditation scheme encourage signing up to the Mental Health at Work Commitment pledge. | 2023/24 | North Somerset Public Health Team |
| | Roll out the Zero Suicide Alliance training module to North Somerset taxi companies. | 2023/24 | NS Male Health Stakeholder group |
| Those who self-harm | Support the delivery of the Self-Injury A&E Follow-Up Service for those who self-harm. | Ongoing | Integrated Care Board |
| | Evaluate the impact of the service and implement recommendations for its future development. | | |
| | Review hospital admissions for self-harm and identify opportunities for additional support. | 2023/24 | Integrated Care Board |
| | Review the Self-harm: assessment, management and preventing recurrence NICE guidance and ensure compliance locally across local providers | 2023/24 | Integrated Care Board |
| | Review the Self-harm: assessment, management and preventing recurrence NICE guidance and ensure compliance locally within Avon and Wilshire Mental Health Trust. | 2023/24 | AWP |
| | Review options around automating the self-harm register and agree outcomes and governance for the new system. | 2023/24 24/25 implement | Integrated Care Board |
| Gypsy Roma Traveller (GRT) Community | Link with NSC Corporate Gypsy and Traveller Working Group to highlight the higher suicide risk amongst this population and identify further areas of work. | 2023/24 | North Somerset Gypsy and Traveller Group |

| Area of focus | What we will do (Action) | By when (Timeline) | Delivery Lead |
|---|---|--------------------|-----------------------------------|
| | Through the real time surveillance system monitor the number of suspected suicides from the GRT community. | Ongoing | North Somerset Public Health Team |
| Raising awareness | Run up to three mental health awareness raising campaigns across the year. | Ongoing | North Somerset Public Health Team |
| | Deliver talks and raise awareness to interested parties on the issue of suicide and the work of the Samaritans. | Ongoing | Samaritans |
| Tailoring approaches to improve mental health in specific groups | | | |
| Children and young people | Development of guidance on how to respond to a suspected suicide in schools. | 2024/25 | North Somerset Public Health Team |
| | Provide support for improving mental health among children and young people in schools and support the delivery of mental health support teams | 2023/24 | North Somerset Council |
| | Pilot work with secondary schools that promote resilience amongst its pupils | 2023/24 | North Somerset Council |
| | Develop a mental health training programme for professionals working within the children and young people field. | 2023/24 | North Somerset Council |
| | Deliver a suicide prevention training programme to staff working in Weston College. | Ongoing | Weston College |
| Those who are economically vulnerable | Support delivery and implementation of the North Somerset Cost of Living Working Group Action Plan, ensuring that the health and wellbeing impacts of the rising cost of living are addressed through partnership action. | Ongoing | North Somerset Public Health Team |

| Area of focus | What we will do (Action) | By when (Timeline) | Delivery Lead |
|---|--|--------------------|---|
| Reduce access to the means of suicide | | | |
| Railways | Quarterly reporting of suspected suicides and incidents on the railway Network. Work with partners to identify preventative actions. | Ongoing | British Transport Police |
| | Work with local railway stations to raise awareness around suicide prevention. | Ongoing | Samaritans |
| Highways | Quarterly reporting of suspected suicides on the Highway Network. Work with partners to identify preventative actions. | Ongoing | National Highways |
| Prescribing | Monitor the prescribing of those drug classes and medicines highlighted in the National Strategy. | Ongoing | Integrated Care Board |
| | Promote knowledge and understanding amongst prescribers within BNSSG of the risks associated with those drug classes and medicines highlighted in the National Strategy. | Ongoing | Integrated Care Board |
| Provide information and support to those bereaved or affected by suicide | | | |
| Support | Continue to deliver the BNSSG Bereavement Support Service, Beside, which offers tailored emotional and practical support to people who have been bereaved by suicide. Evaluate the impact of the BNSSG Bereavement Support Service. | Ongoing | Second Step ICB |
| | Continue to deliver local support groups for people bereaved by suicide. | Ongoing | Pete's Dragons Survivors of bereavement by suicide |
| | Continue to run the AWP Family Liaison Service | Ongoing | Avon and Wiltshire Mental Health Partnership |
| | Embed the bereaved by suicide local support groups, raising awareness of the service amongst | 2023/24 | Pete's Dragons Survivors of bereavement by suicide |

| Area of focus | What we will do (Action) | By when (Timeline) | Delivery Lead |
|---|--|--------------------|--|
| | partners and the general population. | | |
| Resources | Promote the Help is at Hand resource (Public Health England 2015a), ensuring the z-cards and if possible, the full resource is being given out by first responders and bereaved by suicide projects. | Ongoing | North Somerset Public Health Team and partners |
| Support the media in delivering sensitive approaches to suicide and suicidal behaviour | | | |
| Media reporting | When issues of local reporting on suicide are highlighted, the Samaritans will issue the Guidance for media reporting of suicide. | Ongoing | Samaritans |
| Supporting research, data collection and monitoring | | | |
| Governance | Embed the new Real time Suicide surveillance system and amalgamate with the substance misuse module, and into local reporting processes, aiming to bring partners into the system. | 22024/25 | North Somerset Public Health Team |
| Analysis | Monitor the data from Avon Real Time Suicide Surveillance System for any new or emerging trends and/or risk factors. | Ongoing | North Somerset Public Health Team |