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Agenda

Name of meeting	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	MONDAY 5 JUNE 2023
Time	5.00 PM
Venue	COUNCIL CHAMBER, COUNTY HALL, ISLE OF WIGHT
Members of the committee	Cllrs M Lilley (Chairman), J Nicholson (Vice-Chairman), R Downer, W Drew, J Lever, J Medland and J Robertson
Co-opted	C Orchin (Healthwatch Isle of Wight)
	Democratic Services Officer: Megan Tuckwell democratic.services@iow.gov.uk

10. **Mental Health and Suicide Prevention Update** (Pages 3 - 72)

In November 2021 the committee received a report on Suicide Prevention which outlined the key suicide prevention activities on the Island since January 2020. It was agreed that a further progress report would be submitted to the Committee in a future workplan item.

Find attached the outstanding three documents in relation to the above agenda item.

- Appendix 2 - Island Mental Wellbeing Plan 2023-28
- Appendix 3 - Island Mental Wellbeing Plan 2023-28 - Equality Impact Assessment
- Appendix 4 - Island Suicide Prevention Plan 2023-28

CHRISTOPHER POTTER
Monitoring Officer
Thursday, 25 May 2023



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Isle of Wight mental wellbeing plan

2023 to 2028

Contents

3	Foreword
4	Introduction
6	Glossary
9	Vision
15	Priority outcomes
37	Partners
40	Endnotes

Foreword

We are delighted to present the Isle of Wight's mental wellbeing plan, which sets out how we can improve our own and others' mental wellbeing across the Island. This plan identifies priorities where the Mental Health and Suicide Prevention Partnership (MHSP) believe that we can drive forward significant improvements in Islander's mental wellbeing and prevent death by suicide, by working together. It sets out the achievable steps we will take as a partnership to get there.

Everyone has mental health and wellbeing, just as we all have physical wellbeing, and everyone has the right to positive mental wellbeing. However, we know that some groups of people are more likely to experience poorer mental wellbeing compared to others. This plan will focus on the mental wellbeing of adults on the Island, whilst recognising the importance of working across the life course, and of ensuring that mental and physical wellbeing are given equal importance. The plan will focus not on mental health services, but on the actions required to support people before they require services or reach crisis point. It will set out the partnership's commitment to working collaboratively to prevent mental ill health, promote positive mental wellbeing and reduce death by suicide, irrespective of anyone's circumstances.

Chair of the Mental Health and Suicide Prevention Partnership

On behalf of the Isle of Wight Mental Health and Suicide Prevention Partnership

Introduction

This plan has been developed in partnership across both the Mental Health and Suicide Prevention Partnership and the Mental Health Alliance. The combination of both these groups means a true multi-agency strategic and operational view has been incorporated from the many key players that contribute to improving the mental health and wellbeing of the Island's population. Additionally, the voice of local people has steered the direction of the development of this plan through the recent community resilience survey and continued voluntary and community sector involvement, ensuring a continued emphasis on listening and responding at a local level.

We recognise that different approaches and ways of working will suit different groups of people. Adapting how we work, individually as partners as well as collectively, means adopting new ways to ensure the people who need support most are getting it in a way that is relevant and appropriate to them. It is important for all the Island's partners to take a positive approach to mental health and wellbeing and not to focus on merely the absence of a mental illness or the provision of acute mental health services.

This plan aims to take a preventative approach, recognising the wider factors that influence mental wellbeing, such as the natural environment and employment. It reinforces the links between people's mental and physical wellbeing, as well as the interrelationship with deprivation and financial anxiety. It summarises information about the differences in wellbeing across various population groups and areas on the Island and shows how we will work in partnership to address these inequalities. The plan also seeks to reduce death by suicide through a partnership approach to prevention, by raising awareness and listening to those affected by suicide. It is key that learning is taken from every death by suicide to prevent suicides and build stronger, more connected communities.

"The Isle of Wight Council's public health department are committed to ensuring this plan makes a real difference to the lives of people on the Island. We are focused on developing an approach that not only listens to the experience of people but also works with our communities and builds our assets. These assets include our vibrant voluntary sector, our community hubs and local community groups as well as our natural environment. We will continue to work in partnership with others on the Island to drive progress on the priorities set out in the plan, making sure we work together to improve mental wellbeing in ways that make a difference to local people."

Simon Bryant, Director of Public Health

"Isorropia Foundation is committed to improving the Isle of Wight community's mental health and wellbeing through the delivery of our organisational activities whereby Islanders can self-refer to our unique model of transformation, based on learning new skills and empowerment, facilitated by our team of wellbeing coaches with lived experience."

Isorropia Foundation CIC

"Hampshire and Isle of Wight Constabulary are looking forward to working with partners and key stakeholders in delivering the Mental Wellbeing Plan for residents of the Isle of Wight."

Hampshire and Isle of Wight Constabulary

"As a voluntary sector partner we are committed to supporting this plan, to ensure that the older people on the Isle of Wight can enjoy and live a better life that will lead to improved mental wellbeing."

Age UK Isle of Wight

"We are committed to the collaborative and co-produced approach set out in this plan. We are developing trauma informed services and continue to foster a culture of thoughtfulness and compassion, flexing and adapting to the diverse needs of the individuals we work with. We will work in partnership with Island based organisations to ensure that the priorities set out are addressed, and hold each other to account, to ensure that actions bring about positive change."

The Isle of Wight Trust's Mental Health and Learning Disability Division

Glossary

We all use different words to describe our mental wellbeing. We have clarified the intended meaning of the words used in this plan below.

Mental wellbeing includes both our feelings, such as contentment and enjoyment, our ability to function well in our lives and to engage with the world. It could be summarised as living in a way that is good for ourselves and for others. 'No health without mental health' defines mental wellbeing as: 'a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.'¹ Positive mental wellbeing is more than the absence of mental illness. 'Mental wellbeing' and 'mental health' are often used interchangeably, though mental health is more often used in a context where mental illness is being discussed, for example, to describe treatment or support services.

Happiness and contentment

Feelings of happiness, joy and pleasure are characteristic of someone who has a positive experience of their life, contentment is an ease of one's situation.

Emotional resilience

Emotional resilience is about the ability to react positively to adverse events. It is the ability to cope with upsetting or difficult life events, to learn from or accept mistakes and bad experiences and move on. Another description of resilience is 'doing better than expected in the face of adversity'. Strong emotional resilience doesn't preclude feeling sad or upset but it does enable us to cope better with the challenges we face. Feeling connected and able to contribute to our community is an important aspect of this.

Mental illness or ill health

Mental illness refers to all diagnosable mental health conditions – they can involve both small and significant changes to thinking, emotion, and behaviour. Some common conditions include anxiety and depression, more severe conditions can include schizophrenia and bipolar disorder.

Inequalities

Everyone in society should have the opportunity to make healthy choices, live healthy lives and access high quality health and social care services, however, inequalities in power, money and resources at local and national levels can make people's daily lives more challenging. In turn, this can make people more vulnerable to poor health.

Inclusion

Giving equal access and opportunities, getting rid of discrimination and intolerance.

Diversity

Respecting and appreciating what makes people different.

Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

Adverse childhood experiences

Adverse childhood experiences (ACEs) are known as traumatic events occurring before the age of 18 years old. High or frequent exposure to ACEs, without the support of a trusted adult can lead to toxic stress. These can include various forms of abuse, neglect, witnessing or otherwise experiencing violence, having one's parents separate and living with parents who are afflicted by mental illness or addiction, among other adversities. Survey findings indicate that multiple ACEs can impact into adulthood with those experiencing four or more ACEs more likely to have poorer mental wellbeing, have a limiting long-term condition, smoke, be obese and be less physically active², with further research indicating an increased likelihood of being a high-risk drinker or drug taker, committing violence or be the victim of violence³.

No Wrong Door

No Wrong Door (NWD) is the adult community mental health transformation programme across Hampshire, Southampton, Isle of Wight, and Portsmouth. It is aligned to the delivery of the Community Mental Health Framework outlined in the NHS Long Term Plan.

Suicide prevention

Deaths from suicide are tragic and have a devastating effect on families, friends and communities. They are often the end point in a complex history of events and risk factors. Suicide prevention requires work across a range of settings targeting a wide variety of audiences. Given this complexity, the combined knowledge, expertise and resources of organisations across the public, private and voluntary sectors is essential. No single agency is likely to be able to deliver effective suicide prevention alone.

Vision

The Isle of Wight Mental Health and Suicide Prevention Partnership have come together to formulate a shared vision for the Island over the next five years. The partnership will work together to put people and prevention at the heart of this plan, promoting mental wellbeing and supporting all of us on the Isle of Wight to have the best mental wellbeing that we can.

We will:

- work together to improve the mental wellbeing of all Isle of Wight residents and ensure prevention of mental ill health is at the heart of what we do;
- enable all Islanders to seek support when needed, without judgement; to feel enough resilience to cope and to experience joy and contentment;
- acknowledge the major influence that outside factors (such as our jobs, housing, life etc.) have on mental health and wellbeing and endeavour to make these aspects part of the solution.

Aim

Delivery of this plan will happen in partnership; through many layers of activity and a range of organisations being involved, coordinating action to improve mental wellbeing on the Island.

The drive to achieve a shared understanding of our Island's mental wellbeing, enhance our ability to self-care and improve mental health interventions at the right time, in the right place, focusing on those with the greatest need is central to many of the Island's strategies and work programmes. This plan will sit alongside these strategies⁴ and aim to pull this work together, enabling the required focus to achieve the vision set out above. The plan does not focus on mental health services, however links closely with many other key policies and programmes of work across the Island which are being used to create resilient services, including aspects of transformation that are currently happening to improve mental health support for local people.

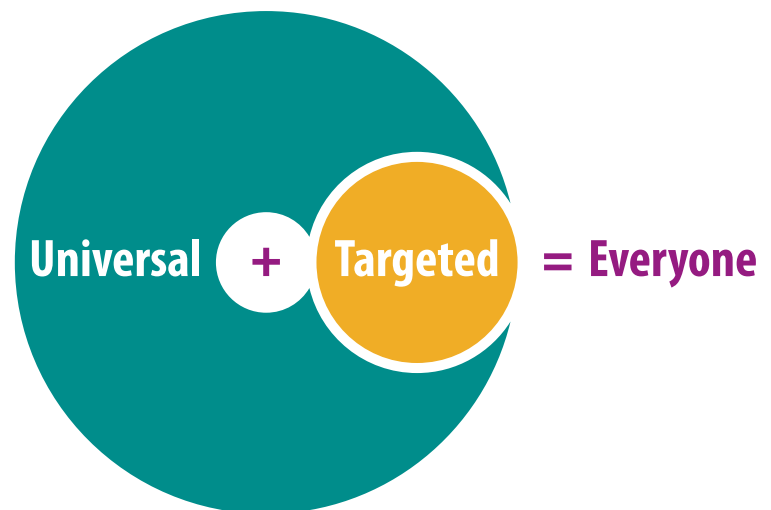
The Isle of Wight Mental Health and Suicide Prevention Partnership will remain committed to ensuring that work to promote positive mental wellbeing and prevent mental ill health takes place in a coordinated way, and that strategies outlining work on mental health and wellbeing co-exist and overlap as part of a broad network that affect the way we live, how we take care of ourselves and our families, and our access to support from professionals. The partnership view this as a unique strength of the Island's ability for effective partnership working.

This strategy will adopt a two-pronged approach:

- **Universal approach** to encourage good mental wellbeing, emotional resilience and self-care across the whole Island population.
- **Targeted approach** to tackle mental wellbeing inequalities to reach, engage and improve the mental wellbeing of those at an increased risk of trauma and those at risk of poor mental health and wellbeing outcomes.

Underlying principles

All partners have committed to a number of principles that underpin this strategy and the actions within it. Each partner adopting these principles as part of their business-as-usual work, enables the Isle of Wight system to achieve sign-up to the Mental Wellbeing Prevention Concordat which focuses on achieving strategic and system-wide engagement and delivery.



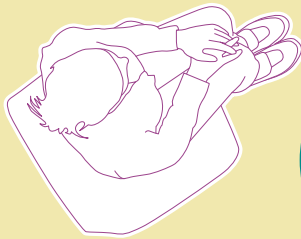
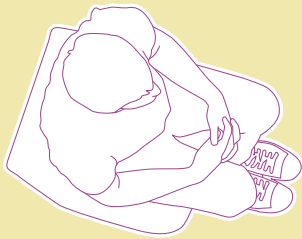
As a mental health and suicide prevention partnership we will:

- recognise the **wide range of social and economic factors** that affect an individual's mental wellbeing and resilience such as connectedness, housing, income, education and employment;
- recognise **inequalities** in mental health and wellbeing, experienced by different groups and that different groups require **different approaches**;
- value mental wellbeing **equally** to physical health and recognise they are interlinked;
- engage with the **whole person** by listening and responding in a way that respects their experiences and state of wellbeing;
- focus on **partnership and cross-organisational working** to ensure the right support at the right time, recognising the value and expertise of the **voluntary and community sector** alongside statutory services as integral partners;
- prevent and reduce the impact of **trauma** and break the cycle of **adversity** on people's mental health and wellbeing, building on existing trauma informed and restorative practice;
- proactively address issues of **inclusion and diversity**;
- use the **latest evidence**, data, professional good practice, living experience and Islanders views to drive decisions and shape local approaches;

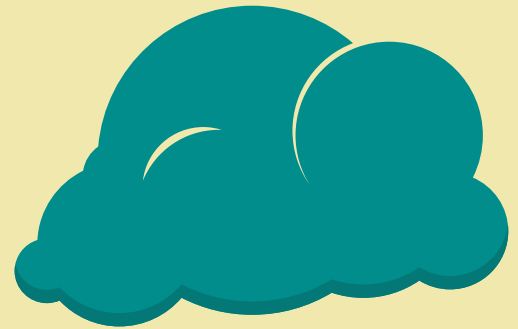
- **build protective factors** for mental wellbeing, alongside reducing risk factors;
- challenge **stigma and prejudice** at all levels by creating an Island where positive and open conversations about mental health and wellbeing are normalised;
- ensure this strategy does not stand alone, but is firmly embedded across the **Hampshire and Isle of Wight (HIOW) Integrated Care System** and links to the Hampshire, Portsmouth and Southampton's mental wellbeing workstreams.

What we know

Nationally, **one in four** adults (16 and over) experience a mental health problem of some kind each year⁵.



This equates to around **30,000** adults on the Isle of Wight



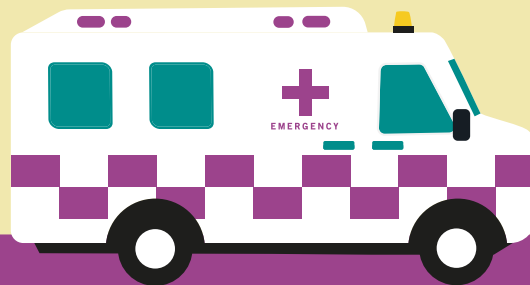
Just over **12 per cent** of the Island's population has depression, equating to around

15,000 people⁶



Around **one in ten** people on the Isle of Wight reported a low happiness score⁷

Nearly a quarter of residents self-reported a high anxiety score⁸

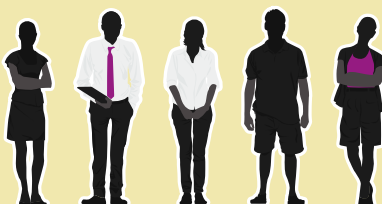


Emergency hospital admissions for intentional self-harm is **237.3 per 100,000** and is statistically higher than the national average (181.2 per 100,000)⁹

The suicide rate for the Island (2019 to 2021) is

13.8
per 100,000

which is statistically similar to the national average of 10.4 per 100,000^b.



Being employed is a protective factor for mental wellbeing the Island has a lower than national average employment rate national average.

The suicide rate for men in this period was **four times higher than the rate for women**¹⁰

A wide range of information is available on the risk of poor mental wellbeing associated with demographic variables, geographic wards and life circumstances, including:

- people who are insecurely housed or homeless: homelessness services on the Island saw 1,706 presentations in 2021/22¹¹;
- older people living alone and socially isolated: over a fifth of the Island's population is aged 70 years and over. People living in rural areas are at an increased risk of limited access to services, fuel poverty and social isolation¹²;
- people who identify as LGBTQ+, who are at higher risk of experiencing common mental health problems and poorer mental wellbeing than heterosexual people, particularly those over the age of 55 years old and under 35 years old¹³;
- veterans and military personnel, who can face unique risks and challenges to their mental health and wellbeing. Exposure to highly stressful situations, long periods away from home and the difficulty of adjusting to civilian life can all affect mental health and wellbeing¹⁴. There are around 7,000 veterans living on the Isle of Wight¹⁵;
- carers: Census data indicates that one in ten people on the Isle of Wight (around 13,000 people) are currently providing unpaid support to family or friends¹⁶. Carers UK 2022 survey found that carers rate their life satisfaction as significantly lower than the national average¹⁷;
- residents involved with the criminal justice system: The prevalence of mental illness and poor mental health is higher in those in contact with the criminal justice system, compared to the general population, and they are more likely to have other risk factors for poor mental health such as adverse childhood experiences¹⁸;
- residents with a drug and alcohol dependence: National research shows that mental health problems are experienced by the majority of drug (70 per cent) and alcohol (86 per cent) users in community substance misuse treatment services¹⁹;
- residents who are experiencing or have experienced domestic abuse: National research indicates that women are more likely to have experienced domestic abuse in their lifetimes compared to men and this is strongly associated with self-harm and suicidality²⁰.

The Joint Strategic Needs Assessment²¹ (JSNA) presents more information on the distribution of these factors across the Island's geography.

It is noteworthy that one person may fall into all these groups. National research in 2015 found that around 40 per cent of people in England with overlapping problems including homelessness, substance misuse and contact with the criminal justice system in any given year also have a diagnosed mental health problem²².

The impact of COVID-19 and associated legislation has also affected people's mental wellbeing with loneliness increasing in all ages. This impact was disproportionately experienced by people living in deprived areas, exacerbating existing inequalities in mental wellbeing across the Island²³.

Importantly, the Isle of Wight has many assets. It has a rich and diverse natural landscape, as well as a vibrant creative and modern manufacturing sector. In 2019, it became a UNESCO Biosphere, ensuring the preservation of the unique and diverse ecosystems, and enabling local ways to live harmoniously within them. Access to green spaces is a positive protective factor for mental wellbeing, and this should be celebrated.

Priority outcomes

This section outlines the priority outcomes for the Island, showing how we will work together and focus efforts to improve mental wellbeing, prevent mental ill health and reduce death by suicide for all residents. This is followed by next steps to make sure there is specific focus on what needs to be done to make this happen. This shows the commitment needed to ensure we are always working collectively towards our end goal of improving the mental wellbeing of our Island population.

- 1 Islanders will live, work and thrive on a unique island where partners are committed to working together and differently to ensure positive improvements to mental wellbeing are made (**focus on partnership working**).
- 2 Islanders will benefit from the positive aspects of being part of their community and know where to access information and support to build both individual and community resilience (**focus on and building resilience**).
- 3 Islanders will be comfortable talking about their mental health and wellbeing and be able to challenge prejudice around poor mental health (**focus on reducing stigma and discrimination**).
- 4 Islanders will feel assured that all partners are working together on suicide prevention and supporting those lives that are impacted by suicide (**focus on suicide prevention**).
- 5 Islanders will experience positive mental wellbeing, irrespective of their background, where they live or their life circumstances and value their mental wellbeing alongside their physical health (**focus on reducing inequalities and wider determinants**).

The Mental Health and Suicide Prevention Partnership understand the dynamic and changing context that we all work in with many competing priorities. For this reason, this plan is framed with actions either as 'now' or 'next'. This provides a direction of travel for the next five years for partners both in the short and longer term, however it is not rigid and encourages regular review by the Island Mental Health and Suicide Prevention Partnership to ensure the right action is being focused on at the right time. Each priority also states the indicators of success, so that the Mental Health and Suicide Prevention Partnership can monitor progress over the five-year duration of the plan.

Next steps to make this happen

Priority 1

Islanders will live, work and thrive on a unique island where partners are committed to working together to ensure positive improvements to mental wellbeing are made.

1.1 – now

We will

Use the Mental Health and Suicide Prevention Partnership to influence change and improve outcomes via existing mechanisms such as the NHS Community Transformation Programme, the No Wrong Door Programme, the Crisis Care workstream, and Isle of Wight Health and Wellbeing Board.

How we'll know when we get there

The Mental Health and Suicide Prevention Partnership will enable alignment of this plan with key strategies and workstreams across Isle of Wight Council, the NHS and the community and voluntary sector.

Who?

Mental Health and Suicide Prevention Partnership

1.2 – now

We will

Continue to strengthen the Mental Health Alliance, providing a forum for a range of organisations supporting mental wellbeing to share good practice and increase awareness.

How we'll know when we get there

- Increased awareness of support available and greater links forged.
- Improvements in the skills and knowledge of the wider workforce.

Who?

Mental Health and Suicide Prevention Partnership

1.3 – now

We will

Promote, increase access to and enable currency of Mental Health First Aid and other appropriate mental wellbeing and suicide prevention training for all partners, to raise awareness, enable conversations and provide tools for managers, elected members, employees, and volunteers.

How we'll know when we get there

- Increased number of people attending mental health and wellbeing training activities.
- System-wide awareness of available prevention and mental wellbeing support.
- Increase in confidence to discuss mental health and wellbeing and signpost on to further support, if required.
- Number of organisations integrating mental health and wellbeing into their service delivery.
- Outcomes recorded by health and care professionals using the Everyday Interactions: measuring public health impact.

Who?

Partners human resources and training leads
Mental Health Alliance members
No Wrong Door

1.4 – now

We will

Encourage continual professional learning and networking to update mental wellbeing knowledge and local opportunities via a new MHSPP e-bulletin to be cascaded widely.

How we'll know when we get there

Organisations represented in the Mental Health and Suicide Prevention Partnership and Mental Health Alliance will have a mechanism to share good practice and transfer learning.

Who?

Isle of Wight Council public health

1.5 – now

We will

Work with People with Living Experience of Suicide as an integral part of developing new policies, work programmes, for example as guest speakers on training courses

How we'll know when we get there

- Increased understanding of mental ill health and suicide, the impact this has on people's lives and how to better support people.
- Evidence that people's voices and experiences are influencing learning, policy, services, and actions.
- The existing People with Living Experience of Suicide Voices Collaborative will include specific representation from the Island.
- Bi-annual 'Voices' input to Mental Health and Suicide Prevention Partnership.
- Increase links with current NHS led service user groups.

Who?

People with Living Experience of Suicide
No Wrong Door

1.6 – now

We will

Embed multi-agency approach in the communications plan to increase consistency using insight, and co-produced with People with Living Experience and those from groups identified as most at risk of poor mental health and wellbeing (priority 5).

How we'll know when we get there

- Continue to refresh multi-agency communications plan.
- Feedback surveys used to inform understanding of communications effectiveness demonstrate that Islanders have increased awareness in how to protect their mental wellbeing utilising the Island's assets, can identify when a mental health need arises and feel empowered to access appropriate early help or support themselves.

Who?

Multi-agency Mental Health Alliance communications group

1.7 – now

We will

Partners lead by example, promoting and protecting the mental wellbeing of their workforce, both paid staff and volunteers.

How we'll know when we get there

- Partner organisations audit themselves against a set of workplace mental wellbeing standards, such as NICE Mental wellbeing at work
- Partner organisations have a plan to promote and protect workforce mental wellbeing.

Who?

Mental Health and Suicide Prevention Partnership
Mental Health Alliance working group

1.8 – now

We will

Develop a workforce that supports joined-up care delivery between NHS primary and secondary care, and between community resources including 3rd sector and wider community partners

How we'll know when we get there

Increase in delivery of personalised, place based and well-coordinated care.

Who?

No Wrong Door Programme

1.9 – now

We will

Embed trauma-informed and restorative practice across Isle of Wight Council services to promote early intervention and prevention support, working towards becoming psychologically informed services, taking into account the psychological makeup including the thinking, emotions, personalities and past experience of participants.

How we'll know when we get there

Psychologically informed environments self-assessment tool.
Domestic Abuse Housing Alliance accreditation.

Who?

Homeless Improvement Support Team

1.10 – next

We will

Submit an application to the national Mental Health Prevention Concordat

How we'll know when we get there

- Receive the national Mental Health Prevention Concordat
- The Island to be recognised for best practice in promoting mental health and wellbeing in a collective partnership way

Who?

Mental Health and Suicide Prevention Partnership

1.11 – next

We will

Develop a consistent understanding and approach across agencies and partners of what is meant by a trauma-informed approach; setting out the essential knowledge and skills to operate at all practice levels to support and help people affected by traumatic events.

How we'll know when we get there

Numbers trained in trauma informed approach.

Who?

Homeless Improvement Support Team

Priority 2

Islanders will benefit from the positive aspects of being part of their community and know where to access information and support to build both individual and community resilience.

2.1 - now

We will

Build on existing place-based information of support available to Islanders, working in partnership to gain insight, adapt and develop messaging and accessibility where possible.

How we'll know when we get there

Islanders have the knowledge to support themselves, colleagues and family experiencing poor mental health.

Who?

No Wrong Door
Mental Health Alliance

2.2 – now

We will

Develop and deliver a mental health transformation programme which is embedded in the needs of the Isle of Wight's population and the assets available on a place basis across the statutory, voluntary, primary care sectors along with people with lived experience of mental health issues.

These workstreams will include: Delivering the No Wrong Door community mental health framework programme at locality level to ensure an integrated service for people experiencing severe mental illness; improving access to services for children and young people; improved crisis services (linked to the suicide prevention programme); new pathways to support people with neurodevelopmental issues.

How we'll know when we get there

Islanders are supported with both their physical and mental health needs, enabling them to reach their full potential recovery.

New place-based pathways are developed and implemented aligned to ICB priorities and the final year (23/24) of national Mental Health Investment Standard (MHIS) funding which best meet local population need and build on the assets of local partners and stakeholders working together to improve local access to support.

Who?

No Wrong Door

2.3 – now

We will

Work with partners including regeneration, housing, Citizens Advice and voluntary sector to raise awareness of wider support available, as well as signposting to mental health and wellbeing support.

How we'll know when we get there

Frontline services signpost to assets, support, and services available including housing, financial services and support available from the community and voluntary sector.

Who?

Mental Health and Suicide Prevention Partnership

2.4 – now

We will

Embed trauma informed language through:

- links with wider council to update website to ensure that all of the information on there is easily accessible and trauma informed;
- links with the homeless intervention and support team to amplify information to stakeholders from quaterly newsletter;
- partner agencies who will provide a drop-in service for homeless people which has been commissioned by the IWC for those who are rough sleeping and sofa surfing, where they will be able to access advice from numerous professionals under one roof, delivered in an accessible way.

How we'll know when we get there

- KPIs will monitor an increase of people accessing the support available and record the rate people represent to housing with the same needs.
- Website hits.
- Referral numbers.
- The newsletter tracks how many people read and access the publication.

Who?

Homeless Intervention and Support Team

2.5 – now

We will

Strengthen links with libraries, Safe Places, carers support, community hubs and Advice First Aider network to provide information to people who don't have digital access.

How we'll know when we get there

People without digital access are aware of support available in the community

Who?

Mental Health and Suicide Prevention Partnership

2.6 – next

Who?

Targeting communications around resilience and self-help for specific groups (to be identified).

How we'll know when we get there

Insights from campaigns used to inform communications and increase effectiveness of messaging.

Who?

Mental Health Alliance communications

2.7 – next

Who?

Influence the building of local capacity to ensure sustainability of skills and knowledge, building community resilience programmes that promote mental wellbeing on the Island.

How we'll know when we get there

- Community and voluntary sector partners shape plans to improve their capacity to promote mental wellbeing.
- Annual feedback on what is working well and how to improve.

Who?

Mental Health Alliance

Priority 3

Islanders will be comfortable talking about their mental health and wellbeing and be able to challenge prejudice around poor mental health.

3.1 – now

We will

Deliver a co-ordinated multi-agency Mental Health Awareness Week annually to raise awareness for all Islanders (both residents and professionals), which aligns with the multi-agency communications plan.

How we'll know when we get there

People know where to go for advice and support, how to support themselves and others and spot signs of early mental ill health.

Who?

Mental Health Alliance communications group

3.2 – now

We will

Learn from all agencies to share good practice of support for mental wellbeing within the workforce.

How we'll know when we get there

- Workforce feel able to talk about mental wellbeing and know where to go for support.
- Reduction in absence levels due to mental health issues.

Who?

Mental Health and Suicide Prevention Partnership
Mental Health working group

3.3 – now

We will

Roll out Mental Health First Aid and other appropriate training to community leaders and members to help make mental health an everyday conversation.

How we'll know when we get there

- Number of community leaders and members attending mental health and wellbeing training activities.
- Increase in confidence across the community to talk about mental health and wellbeing.

Who?

Mental Health and Suicide Prevention Partnership

3.4 – now

We will

Work with schools and educational settings through the Partnership for Education, Attainment and Children's Health (PEACH), the mental health support teams and other mental health support to reduce stigma and work in a trauma informed way to encourage all to talk about mental wellbeing.

How we'll know when we get there

Findings from school's survey indicating awareness of where to go for support and having someone to talk to.

Who?

Mental Health and Suicide Prevention Partnership (MHSP)

3.5 – next

We will

Develop a Mental Health First Aider network for the wider workforce across the Island.

How we'll know when we get there

- Meeting bi-annually to share good practice and learn from examples.
- Community feel empowered and supported to talk about mental wellbeing and signpost to support where appropriate.

Who?

Mental Health and Suicide Prevention Partnership

Priority 4

Islanders will feel assured that all partners are working together on suicide prevention and support for those lives that are impacted by suicide.

4.1 – now

We will

Raise awareness that promoting support for positive mental wellbeing will help in suicide prevention.

How we'll know when we get there

People will know where to go for support and will be aware of signs of mental ill health in themselves, friends, family and others.

Who?

Mental Health and Suicide Prevention Partnership

4.2 – now

We will

Have a partnership co-ordinated mental health communications plan which regularly focuses on suicide prevention e.g., marking suicide awareness days, promoting support and working with partners to gain insight.

How we'll know when we get there

People will know where to go for support with preventing suicide.

Who?

Mental Health and Suicide Prevention Partnership
Mental Health Alliance communications partnership

4.3 – now

We will

Support in People with Living Experience of Suicide 'Voices' so that Island voices are heard.

How we'll know when we get there

- People with living experience will feel heard and insights will better inform future delivery.
- The existing Voices collaborative will include specific representation from the Island.
- Bi-annual Voices input to Mental Health and Suicide Prevention Partnership.

Who?

People with Living Experience of Suicide

4.4 – now

We will

Work in partnership with schools and other key partners to support young people who are self-harming, or at high risk such as children in care and care leavers, those who have low mental wellbeing or suicide ideation to learn positive coping skills and know where to go for support. For example, through; the Partnership for Education, Attainment & Children's Health (PEACH) programme; with schools' Mental Health Support Teams; the Suicide Postvention Protocol; Inclusion IOW youth team

How we'll know when we get there

- Young people will know where to go for support.
- Schools will be able to evidence they have embedded the suicide postvention protocol.

Who?

Schools

Mental health support teams

Inclusion IOW

4.5 – now

We will

Promote and increase access to suicide prevention training, so that partners, eg: frontline services, voluntary and community groups, elected members, employees are able to have conversations with people in times of need and signpost to appropriate resources such as Samaritans, Isorropia, NHS services and online support such as Ripple.

How we'll know when we get there

- Number of people attending suicide prevention training activities.
- System-wide awareness of current, readily available information and support for suicide prevention.
- Increase in confidence to support when individuals are in need.

Who?

System training leads

Mental Health Alliance members

Community and MHLA transformation programmes

4.6 – now

We will

Embed and expand the multi-agency HIOW Real Time Surveillance (RTS) of suspected suicides to ensure timely prevention, postvention and ongoing surveillance takes place.

We will:

- develop a HIOW Suicide Cluster Response Plan with strategic sign-up and operational resource from all partners;
- identify and address data gaps to ensure all relevant data is available;
- review the children and young people response pathway for individual suspected suicides to ensure timely and appropriate responses are mobilised.

How we'll know when we get there

- Increase in active partners in Real Time Surveillance Working Group.
- Postvention protocols mobilised for all suspected suicides (both adult and children and young people).
- Identification of Suicide Cluster Response Plan individual by each partner.
- Being system prepared by having the ability to mobilise a multi-agency rapid response to a suspected cluster of suicides if ever required.
- All partners are aware of children and young people postvention response for an individual suspected suicide.
- Co-ordinated communications via the media are agreed and disseminated in a sensitive and responsible manner.

Who?

HIOW Real Time Surveillance Working Group

4.7 now

We will

Integrate suicide prevention updates and emerging evidence via national and regional networks to inform local practice.

How we'll know when we get there

- Updates and emerging evidence are shared with the IOW Mental Health and Suicide Prevention Partnership and the Mental Health Alliance.
- Practice/policy and action plans are evidence based and updated in light of updates.

Who?

HIOW Suicide Prevention Steering Group
Partners who have a lead for suicide prevention

4.8 – now

We will

Monitor the Island utilisation of support set up through joint working across the ICS e.g. the HIOW Suicide Bereavement Support Service, self-harm support to ensure Islanders are accessing adequate support.

How we'll know when we get there

- Numbers of Islanders accessing the services available

Who?

HIOW Real Time Surveillance working group

4.9 – next

We will

Use data to inform work with partners to reduce access and means to die by suicide

How we'll know when we get there

- Reduction in deaths by suicide.

Who?

Mental Health and Suicide Prevention Partnership

4.10 – next

We will

Work with voluntary, private and community sector experts to support in postvention plans roll out

How we'll know when we get there

- Numbers of protocols in place, with evidence that they are embedded in their organisation.

Who?

Mental Health and Suicide Prevention Partnership

4.11 – next

We will

Work with media through awareness raising and training to ensure the importance of language is recognised with ethical and safe reporting of matters around suicide.

How we'll know when we get there

- Media coverage of suicide and suicide related matters are always undertaken in a safe and ethical format.
- Media outlets engaged in comms specific suicide prevention training.

Who?

Mental Health and Suicide Prevention Partnership

Priority 5

Islanders will experience positive mental wellbeing, irrespective of their background, where they live or their life circumstances and value their mental health and wellbeing alongside their physical health.

5.1 – now

We will

Ensure the NHS Community Transformation Programme orientates focused delivery of services to identified groups most at risk of poor mental wellbeing, in conjunction with Mental Health and Suicide Prevention Partnership and Mental Health Alliance.

How we'll know when we get there

Coordinated efforts by different organisations will be focused on vulnerable populations.

Who?

NHS Community Transformation Programme

5.2 – now

We will

Build on data and work with partners to better understand groups most at risk of poor wellbeing and how best to target messages identifying support available – including:

- insecurely housed and homeless people;
- older people who are socially isolated;
- LGBTQ+ groups, veterans, carers;
- those in contact with the criminal justice system;
- those with drug or alcohol dependency;
- those who have experienced domestic abuse;
- young people accessing support services transitioning to adults.

How we'll know when we get there

Vulnerable groups will know how to look after their mental wellbeing and where to access advice and support.

Who?

Mental Health and Suicide Prevention Partnership

5.3 – now

We will

Prioritise engagement with those groups identified at most risk to better understand their needs, assets and barriers to services and support.

How we'll know when we get there

Annual stocktake with the MHA demonstrates improvement in identification of needs, assets and barriers to services and support in those groups identified at most risk.

Who?

Mental Health and Suicide Prevention Partnership
Mental Health Alliance comms

5.4 – now

We will

All homelessness and support services will take a harm reduction approach where people are supported holistically. Staff support individuals who use substances to reduce immediate and ongoing harm to their health, who self-harm to undertake practices which minimise risk of greater harm, support individuals to undertake practices that reduce harm and promote recovery in other areas of physical and mental health and wellbeing.

How we'll know when we get there

Outcomes measured as part of service KPIs:

- Quarterly: Number of people who support needs met within six months.
- Number of people with support needs met within 12 months.
- Number of people who support needs met within 12 or more months.
- Percentage of positive responses on annual survey.
- Percentage of people who have achieved their desired outcomes when cases are closed.

Who?

Homeless Intervention and Support Team

5.5 – now

We will

Work in collaboration with those groups most at risk to adapt interventions to better meet their needs. This includes:

- adapting communications, or developing materials specifically to meet the needs of under-represented groups;
- address barriers to access.

How we'll know when we get there

People in those groups most at risk, feel that they have meaningfully contributed to enable interventions to better meet their needs.

Who?

Mental Health and Suicide Prevention Partnership

5.6 – now

We will

Learn and more widely implement Psychologically Informed Environment (PIE) framework currently used by Homelessness and support services which takes into account the psychological makeup, thinking, emotions, personalities and past experience of both its staff and individuals using their services and recognises the possibility for positive change.

How we'll know when we get there

Monitored as part of positive outcomes in KPI's and via service user services as part of a service review.

Who?

Homeless Intervention and Support Team

5.7 – now

We will

Recognise and build on the Homelessness and support services approach to increase positive social impact on client's lives, their families, and the wider community. The benefits for Islanders will include improved health (physical and mental), stability and social functioning, crime reduction and reducing the organisations carbon footprint. The service should build individual resilience and support networks that will sustain independence in the community.

How we'll know when we get there

Monitored as part service user services as part of a service review, using a newly developed PIE self-assessment tool.

Who?

Homeless Intervention and Support Team

5.8 – next

We will

Ensure alignment with this plan and the Island's children and young people's plans, including the Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (LTP), with an emphasis on transition from childhood to adulthood.

How we'll know when we get there

Children and young people's mental wellbeing plans align with adult plans and the transition between the two is clear.

Who?

Mental Health and Suicide Prevention Partnership

Partners

This strategy has been developed by members of the Isle of Wight Mental Health and Suicide Prevention Partnership and the Isle of Wight Mental Health Alliance.

Isle of Wight Mental Health and Suicide Prevention Partnership



Isle of Wight Council



Isorropia Foundation



NHS Trust



The Youth Trust



Age UK Isle of Wight



Hampshire and Isle of Wight Constabulary



Hampshire and Isle of Wight



The Probation Service



Healthwatch Isle of Wight



The Samaritans



HM Prison Service



Op Courage

Isle of Wight Mental Health Alliance

Age UK IOW – ageuk.org.uk/isleofwight

Aspire – aspireryde.org.uk

Autism Inclusion Matters – autism.org.uk/directory/a/aim-autism-inclusion-matters

Barnardos – barnardos.org.uk/what-we-do/services/isle-wight-family-centres-early-help-support-services

Men in sheds

- Brading – bradingshed.uk
- Cowes – www.storerroom.org.uk/cowes-mens-shed

Breakout Youth – breakoutyouth.org.uk

Carers IW – carersiw.org.uk

Citizens Advice – citizensadviceiw.org.uk

Community Action IW – communityactionisleofwight.org.uk

Community Spirited – www.communityspirited.com

Equals IW – equalsiw.org.uk

Healthwatch – healthwatchisleofwight.co.uk

Independent Arts – independentarts.org.uk

Isle of Wight Council

- Adult social care and community wellbeing – iow.gov.uk/adults
- Children’s services (early help) – iow.gov.uk/Residents/care-and-Support/Childrens-Services/Support-and-Advice-for-Families/About-Early-Help
- Communications and engagement – iow.gov.uk/mediarelations
- Housing – iow.gov.uk/housing
- Learning and development – iow.gov.uk/Residents/schools-and-learning/Education-Learning-and-Development

Isorropia – isorropia.uk

Maritime and Coastguard Agency – gov.uk/government/organisations/maritime-and-coastguard-agency

Men Only Isle of Wight – menonlyiow.co.uk

Natural Enterprise – naturalenterprise.co.uk

Nature Therapy – naturetherapyonline.com

NHS / ICB – hantsiowhealthandcare.org.uk

OSEL IOW – oseliow.org.uk

Our Place – westwight.org.uk/community/our-place

People Matter – www.peoplesmatteriw.org

Pigsty farm

Hampshire and Isle of Wight Constabulary – www.hampshire.police.uk

Prostate support group – iwpcsg.org

Safe Places – safeplacesiow.com

Samaritans – samaritans.org/branches/isle-of-wight

Sensory Space – facebook.com/sensoryspaceicic

Solent NHS – solent.nhs.uk

St Marys NHS – iow.nhs.uk

Stonecrabs – stonecrabs.co.uk/out-on-an-island-lgbtq-heritage-on-the-isle-of-wight

The Island Collection – islandcollection.org.uk

Tidal Family Support – tidalfamilysupport.org.uk

Two Saints – twosaints.org.uk

Ventnor Town Council – ventnortowncouncil.gov.uk

Veterans Hub – veteranshubiw.co.uk

Veterans Outreach Support – vosuk.org/drop-in/iow

Wight Dash – wightdash.co.uk

You Trust – theyoustrust.org.uk

Youth Trust – iowyouthtrust.co.uk

Endnotes

Page 6

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Page 7

- 2 Scottish Health Survey 2019: summary report - gov.scot/publications/scottish-health-survey-2019-summary-report
- 3 phw.nhs.wales/files/aces/infographic-aces-and-their-impact-on-health-harming-behaviours-in-the-welsh-adult-population/

Page 9

- 4 Including, but not limited to The Health and Wellbeing Plan, The Isle of Wight Health and Care Plan, The Homelessness Plan, The Trauma Informed Concordat, Isle of Wight Dementia Strategy, Mental Health and Learning Disabilities Strategy 2020 - 2025 the NHS Long Term Plan for Adult Mental Health Services, the No Wrong Door programme, ICS Crisis Care Boards, LD programmes of work 'Transforming Care' (england.nhs.uk/wp-content/uploads/2017/02/model-service-spec-2017.pdf) and 'Building the Right Support' england.nhs.uk/learning-disabilities/care.

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- 5 Adult psychiatric morbidity in England, 2007, NHS digital digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-in-england-2007-results-of-a-household-survey
- 6 Public Health Profiles, OHID fingertips.phe.org.uk/search/depression#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/848/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0
- 7 Public Health Profiles, OHID fingertips.phe.org.uk/search/happiness#page/1/gid/1/pat/6/ati/402/are/E06000046/iid/22301/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1
- 8 Public Health Profiles, OHID fingertips.phe.org.uk/search/anxiety#page/4/gid/1/pat/6/ati/402/are/E06000046/iid/22304/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1
- 9 Public Health Profiles, OHID fingertips.phe.org.uk/search/self-harm#page/4/gid/1/pat/6/par/E12000008/ati/401/are/E06000046/iid/21001/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0
- 10 Public Health Profiles, OHID fingertips.phe.org.uk/search/suicide#page/4/gid/1938132828/pat/6/par/E12000008/ati/402/are/E06000046/iid/41001/age/285/sex/1/cat/-1/ctp/-1/yr/3/

Page 13

- 11 Labour Market Profile, Isle of Wight, NOMIS www.nomisweb.co.uk/reports/lmp/la/1946157281/report.aspx
- 12 This count is for presentations rather than individuals due to the way the data is stored. Some people may access services a number of times during the year.
Isle of Wight Council, homelessness services, 2021/22, unpublished
- 13 Semlyen, J., King, M., Varney, J. et al. Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. BMC Psychiatry 16, 67 (2016)
- 14 Armed forces and mental health mentalhealth.org.uk/explore-mental-health/a-z-topics/armed-forces-and-mental-health
- 15 UK armed forces veterans: England and Wales ONS, Census 2021 ons.gov.uk/releases/ukarmedforcesveteranscensus2021inenglandandwales
- 16 Unpaid care, England and Wales by local authority, usual residents aged five years and over: ONS, Census 2021 ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/unpaidcareenglandandwales/census2021#:~:text=678%2C000%20people%20who%20provided%2010,of%20unpaid%20care%20a%20week
- 17 State of Caring, 2022, Carers UK carersuk.org/media/vgrlxkcs/soc22_final_web.pdf
- 18 CJI, CQC, 2021 A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders justiceinspectorates.gov.uk/cji/wp-content/uploads/sites/2/2021/11/Mental-health-joint-thematic-report.pdf
- 19 Weaver et al (2003) Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. The British Journal of Psychiatry Sep 2003, 183 (4) 304-313, in PHE, 2017 Better care for people with co-occurring mental health and alcohol/drug use conditions A guide for commissioners and service providers assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf
- 20 McManus et a (2022) Intimate partner violence, suicidality and self-harm: a probability sample survey of the general population in England, The Lancet Psychiatry Jul 2022, (7) 574 - 583 [thelancet.com/journals/lanpsy/article/PIIS2215-0366\(22\)00151-1/fulltext](http://thelancet.com/journals/lanpsy/article/PIIS2215-0366(22)00151-1/fulltext)
- 21 iow.gov.uk/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Current-JSNA
- 22 Lankelly Chase Foundation (2015) Hard Edges: Mapping severe and multiple disadvantage. lankellychase.org.uk/publication/hard-edges/

Page 14

- 23 iow.gov.uk/azservices/documents/2552-JSNA-Healthy-People-Report-IOW-2022.pdf

If you have difficulty in understanding this document, please contact us on 01983 821000 and we will do our best to help you.

Isle of Wight mental wellbeing plan

2023 to 2028

Equality Impact Assessment Template

Before carrying out an Equalities Impact Assessment (EIA), you should familiarise yourself with the [guidance](#). This document should be in **plain English**, include **Stakeholder** involvement and be able to stand up to **scrutiny** (local and/or court) if/when challenged to ensure we have met the councils public sector equality duty.

An Equality Impact Assessment (EIA) should be completed when you are considering:

- developing, reviewing or removing policies
- developing, reviewing or removing strategies
- developing, reviewing or removing services
- developing, reviewing or removing a council function/system
- commencing any project/programme

Assessor(s) Name and job title:

Sharon Kingsman, Public Health Principal

Directorate and Team/School Name:

Public Health

Name, aim, objective and expected outcome of the programme/ activity:

Name: Isle of Wight Mental Wellbeing Plan 2023 to 2028

Vision

The Isle of Wight Mental Health and Suicide Prevention Partnership (MHSP) have come together to formulate a shared vision for the Island over the next five years. The partnership will work together to put people and prevention at the heart of this plan, promoting mental wellbeing and supporting everyone on the Isle of Wight to have the best mental wellbeing they can.

The MHSP will:

- Work together to improve the mental wellbeing of all Isle of Wight residents and ensure prevention of mental ill health is at the heart of what they do.
- Enable all Islanders to seek support when needed, without judgement; to feel enough resilience to cope and to experience joy and contentment.
- Acknowledge the major influence that outside factors (such as jobs, housing, life etc.) have on mental health and wellbeing and endeavour to make these aspects part of the solution.

Aim of the Plan

Delivery of the plan will be carried out in partnership; through many layers of activity and a range of organisations being involved, coordinating action to improve mental wellbeing on the Island.

The drive to achieve a shared understanding of our Island's mental wellbeing, enhance our ability to self-care and improve mental health interventions at the right time, in the right place, focusing on those with the greatest need is central to many of the Island's strategies and work programmes. The plan will sit alongside these strategies and aim to pull this work together, enabling the required focus to achieve the vision set out above. The plan does not focus on mental health services, however links closely with many other key policies and programmes of work across the Island which are being used to create resilient services, including aspects of transformation that are currently happening to improve mental health support for local people.

The plan will adopt a two-pronged approach:

- **Universal approach** to encourage good mental wellbeing, emotional resilience and self-care across the whole Island population
- **Targeted approach** to tackle mental wellbeing inequalities to reach, engage and improve the mental wellbeing of those at an increased risk of trauma and those at risk of poor mental health and wellbeing outcomes.

Objectives of the Plan

- Recognise the wide range of social and economic factors that affect an individual's mental wellbeing and resilience such as connectedness, housing, income, education and employment.
- Recognise inequalities in mental health and wellbeing, experienced by different groups and that different groups require different approaches.
- Value mental wellbeing equally to physical health and recognise they are interlinked
- Engage with the whole person by listening and responding in a way that respects their experiences and state of wellbeing
- Focus on partnership and cross-organisational working to ensure the right support at the right time, recognising the value and expertise of the voluntary and community sector alongside statutory services as integral partners
- Prevent and reduce the impact of trauma and break the cycle of adversity on people's mental health and wellbeing, building on existing trauma informed and restorative practice
- Proactively address issues of inclusion and diversity
- Use the latest evidence, data, professional good practice, living experience and Islanders views to drive decisions and shape local approaches.
- Build protective factors for mental wellbeing, alongside reducing risk factors
- Challenge stigma and prejudice at all levels by creating an Island where positive and open conversations about mental health and wellbeing are normalised
- Ensure the plan does not stand alone, but is firmly embedded across the Hampshire and Isle of Wight (HIOW) Integrated Care System and links to the Hampshire, Portsmouth and Southampton's mental wellbeing workstreams

Priority outcomes

The MHSP is committed to working together and focusing efforts to improve mental wellbeing, prevent mental ill health and reduce death by suicide for all residents. The plan shows the commitment needed to ensure we are always working collectively towards our end goal of improving the mental wellbeing of the Island population.

There are 5 priority outcomes.

- 1) **Focus on partnership working**- Islanders will live, work and thrive on a unique island where partners are committed to working together and differently to ensure positive improvements to mental wellbeing are made.
- 2) **Focus on and building resilience** - Islanders will benefit from the positive aspects of being part of their community and know where to access information and support to build both individual and community resilience.

- 3) **Focus on reducing stigma and discrimination** - Islanders will be comfortable talking about their mental health and wellbeing and be able to challenge prejudice around poor mental health.
- 4) **Focus on suicide prevention** - Islanders will feel assured that all partners are working together on suicide prevention and supporting those lives that are impacted by suicide.
- 5) **Focus on reducing inequalities and wider determinants**- Islanders will experience positive mental wellbeing, irrespective of their background, where they live or their life circumstances and value their mental wellbeing alongside their physical health.

Reason for Equality Impact Assessment (tick as appropriate)

This is a **new** policy/strategy/service/system function proposal

X

This is a proposal for a **change** to a policy/strategy/service/system function proposal function (*check whether the original decision was equality impact assessed*)

Removal of a policy/strategy/service/system function proposal

Commencing any project/programme

Equality and Diversity considerations

Describe the ways in which the groups below may be impacted by your activity (**prior to mitigation**). The impact may be negative, positive or no impact.

Protected Characteristic	Negative, positive or no impact (before mitigation/intervention) and why?	Does the proposal have the potential to cause unlawful discrimination (is it possible that the proposal may exclude/restrict this group from obtaining services or limit their participation in any aspect of public life?)	How will you advance the equality of opportunity and to foster good relations between people who share a protected characteristic and people who do not.	What concerns have been raised to date during consultation (or early discussions) and what action taken to date?	What evidence, analysis or data has been used to substantiate your answer?	Are there any gaps in evidence to properly assess the impact? How will this be addressed?	How will you make communication accessible for this group?	What adjustments have been put in place to reduce/advance the inequality? (Where it cannot be diminished, can this be legally justified?)
Age (restriction s/difficultie	Positive Impact: Mental Wellbeing Plan (MWB plan) is focused on adults	The plan complies with the Equality Act 2010. The plan supports equitable	The plan supports equitable and targetted help to meet the needs of a diverse range of people aged 18 and over.	Ensuring the voice of people with lived/living experience is heard. Throughout the development of the plan	The Public Health Team undertook a needs	None	Communication about the plan and more generally about mental wellbeing is approached in both a targetted and universal way.	The plan complies with the Equality Act 2010. The plan is aimed at

Page 7

s both younger/older)	only (18 years and over). The MWB plan will contribute to improvement in mental wellbeing for adults through the two-pronged approach mentioned above (universal and targeted). The plan is compliant with the Equality Act 2010.	and targeted help to meet the needs of a diverse range of people aged 18 and over. Plans are developed to support mental wellbeing of those under the of 18 by other agencies e.g. Integrated Care Board, NHS Trust, Childrens Services, Youth Trust, educational settings.	The partnership approach also supports fostering good relations between groups of people as the various partners represent groups often with protected characteristics e.g. Age UK IOW, Veterans, Carers	Healthwatch IOW was engaged and the data they gathered from a listening tour (carried out with the IWC Mental Health Lead Councillor) informed this process. We acknowledge there is more work to be done and plan to engage existing groups (e.g. patients experience, veterans and carers groups) as well as considering how we can listen and understand peoples' experience better.	assessment in Autumn 2022 which consisted of a desktop review of local and national data. Ongoing analysis of data is carried out and published in the Joint Strategic Needs Assessment. An analysis of the impact of covid carried out in 2022 also featured mental health and wellbeing		Assets are developed with the audience in mind and expertise of comms colleagues. Any materials are assessed for accessibility of format, use everyday, jargon-free language and will explain any technical terms. All comms will be considered for the person's age (or other protected characteristic), and any specific communication needs (for example because of learning disabilities, physical disabilities, cognitive impairments due to neurological conditions, race).	reducing inequalities as detailed in priority 5 above.
Disability a) Physical b) Mental Health (must respond to both a & b)	Positive Impact: Although the focus for the plan is on mental health people with physical impairment and long-term conditions will also be better supported as mental and physical wellbeing are inextricably linked.	The plan complies with the Equality Act 2010. The plan supports equitable and targeted help to meet the needs of a diverse range of people aged 18 and over regardless of disability.	The plan supports equitable and targeted help to meet the needs of a diverse range of adults. The partnership approach also supports fostering good relations between groups of people as the various partners represent groups often with protected characteristics e.g. Age UK IOW, Veterans, Carers, sensory impairment, neurodiversity	As above	As above	None	As above	As above
Race (including ethnicity and nationality)	Positive Impact: The plan will contribute to improvement in mental wellbeing for adults through the two-pronged approach mentioned above (universal and targeted).	The plan complies with the Equality Act 2010. The plan supports equitable and targeted help to meet the needs of a diverse range of people aged 18 and over regardless of race.	The plan supports equitable and targeted help to meet the needs of a diverse range of adults regardless of race. The partnership approach also supports fostering good relations between groups of people as the various partners represent groups often with protected characteristics e.g. Age UK IOW, Veterans, Carers,	As above	As above	None	As above	As above

			sensory impairment, neurodiversity					
Religion or belief (different faith groups/those without a faith)	Positive Impact: The plan will contribute to improvement in mental wellbeing for adults through the two-pronged approach mentioned above (universal and targeted).	The plan complies with the Equality Act 2010. The plan supports equitable and targeted help to meet the needs of a diverse range of people aged 18 and over regardless of religion or belief.	The plan supports equitable and targeted help to meet the needs of a diverse range of adults regardless of religion or belief. The partnership approach also supports fostering good relations between groups of people as the various partners represent groups often with protected characteristics e.g. Age UK IOW, Veterans, Carers, sensory impairment, neurodiversity	As above plus we plan to engage more with faith groups/places of worship to ensure a wide variety of lived/living experiences shape future actions.	As above	None	As above	As above
Sex (Including Trans and non-binary – is your language inclusive of trans and non-binary people?)	Positive Impact: The plan will contribute to improvement in mental wellbeing for adults through the two-pronged approach mentioned above (universal and targeted).	The plan complies with the Equality Act 2010. The plan supports equitable and targeted help to meet the needs of a diverse range of people aged 18 and over regardless of sex.	The plan supports equitable and targeted help to meet the needs of a diverse range of adults regardless of sex. The partnership approach also supports fostering good relations between groups of people as the various partners represent groups often with protected characteristics e.g. Age UK IOW, Veterans, Carers.	Ensuring the voice of people with lived/living experience is heard. Throughout the development of the plan Healthwatch IOW was engaged and the data they gathered from a listening tour (carried out with the IWC Mental Health Lead Councillor) informed this process. We acknowledge there is more work to be done and plan to engage existing groups (e.g. patients experience, veterans and carers groups) as well as considering how we can listen and understand peoples' experience better.	As above	None	As above	As above
Sexual orientation (is your language inclusive of LGB groups?)	Positive Impact: The plan will contribute to improvement in mental wellbeing for adults through the two-pronged approach mentioned above (universal and targeted).	The plan complies with the Equality Act 2010. The plan supports equitable and targeted help to meet the needs of a diverse range of people aged 18 and over regardless of sexual orientation.	The plan supports equitable and targeted help to meet the needs of a diverse range of adults regardless of sexual orientation. The partnership approach also supports fostering good relations between groups of people as the various partners represent groups often with protected	As above plus there is work to be carried out to understand better, the lived experience of people regarding sexual orientation and mental wellbeing.	As above	None	As above	As above

			characteristics e.g. Age UK IOW, Veterans, Carers.					
Pregnancy and maternity	Positive Impact: The plan will contribute to improvement in mental wellbeing for adults through the two-pronged approach mentioned above (universal and targetted).	The plan complies with the Equality Act 2010. The plan supports equitable and targetted help to meet the needs of a diverse range of people aged 18 and over regardless of pregnancy or maternity.	The plan supports equitable and targetted help to meet the needs of a diverse range of adults regardless of pregnancy or maternity. The partnership approach also supports fostering good relations between groups of people as the various partners represent groups often with protected characteristics e.g. Age UK IOW, Veterans, Carers, sensory impairment, neurodiversity	Ensuring the voice of people with lived/living experience is heard. Throughout the development of the plan Healthwatch IOW was engaged and the data they gathered from a listening tour (carried out with the IWC Mental Health Lead Councillor) informed this process. We acknowledge there is more work to be done and plan to engage existing groups (e.g. patients experience, veterans and carers groups) as well as considering how we can listen and understand peoples' experience better.	As above	None	As above	As above
Marriage and Civil Partnership	Positive Impact: The plan will contribute to improvement in mental wellbeing for adults through the two-pronged approach mentioned above (universal and targetted).	The plan complies with the Equality Act 2010. The plan supports equitable and targetted help to meet the needs of a diverse range of people aged 18 and over regardless of a person's marriage or civil partnership status.	The plan supports equitable and targetted help to meet the needs of a diverse range of adults regardless of a person's marriage or civil partnership status. The partnership approach also supports fostering good relations between groups of people as the various partners represent groups often with protected characteristics e.g. Age UK IOW, Veterans, Carers, sensory impairment, neurodiversity	As above	As above	None	As above	As above
Gender reassignment	Positive Impact: The plan will contribute to improvement in mental wellbeing for adults through the two-pronged approach mentioned above	The plan complies with the Equality Act 2010. The plan supports equitable and targetted help to meet the needs of a diverse range of people aged 18 and over regardless	The plan supports equitable and targetted help to meet the needs of a diverse range of adults regardless of gender reassignment. The partnership approach also supports fostering good relations between groups of people as the various	As above plus there is work to be carried out to understand better, the lived experience of people regarding gender reassignment and mental wellbeing.	As above	None	As above	As above

	(universal and targetted).	of a person's status regarding gender reassignment.	partners represent groups often with protected characteristics e.g. Age UK IOW, Veterans, Carers, sensory impairment, neurodiversity					
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In order to identify the needs of the groups, you will need to review data, statistics, user feedback, population data, complaints data, staffing data (SAPHRreports@iow.gov.uk), community/client data, feedback from focus groups etc. When assessing the impact, the assessment should come from an evidence base and not through opinion or self-knowledge.

H. Review

How are you engaging people with a wide range of protected characteristics in the development, review and/or monitoring of the programme/ activity?

The detailed activity to be carried out under the Mental Wellbeing plan is still in development but as evidenced above, the vision, aims and outcomes all focus on improving the mental wellbeing of the whole Island population. There is some targetted work aimed at higher risk cohorts and more work to be carried out regarding involving people with lived/living experience. When developing this work, we intend to ensure we seek involvement with people from a wide variety of backgrounds and communities to ensure protected characteristics are represented. This will enable our plan to be fully inclusive and make a positive difference to the lives of all Island residents.

The progress of the plan will be monitored by the Mental Health and Suicide Prevention Partnership and reported to the Isle of Wight Health and Wellbeing Board.

Date of next review: April 2028

H. Sign-off

Head of Service/Director/Headteacher sign off & date:



Name: Eleanor Reed, Service Manager
Date: 13/04/2023

Legal sign off & date: Judy Mason (by email)

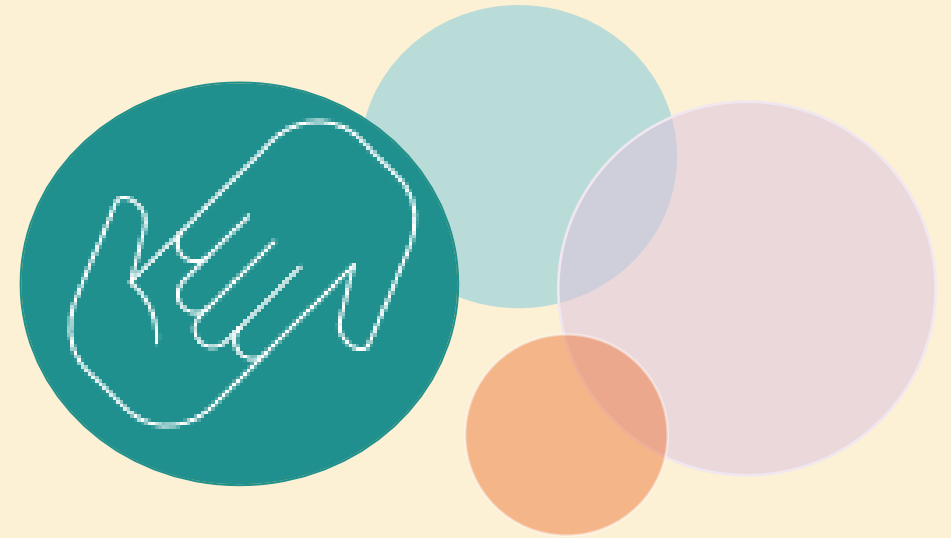
Name: Judy Mason, Strategic Manager of Human Resources and Employment Lawyer
Date: 12/04/2023

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Isle of Wight Suicide Prevention Plan

Page 53

2023-2028



***Ambition:** Islanders will feel assured that all partners are working together on suicide prevention and supporting those lives that are impacted by suicide*

Contents

1. Introduction (including data)

2. Background

3. Governance

4. Our Progress So Far...

5. Guiding Principles

6. Timescales, Monitoring, Reviewing

7. Areas of Action

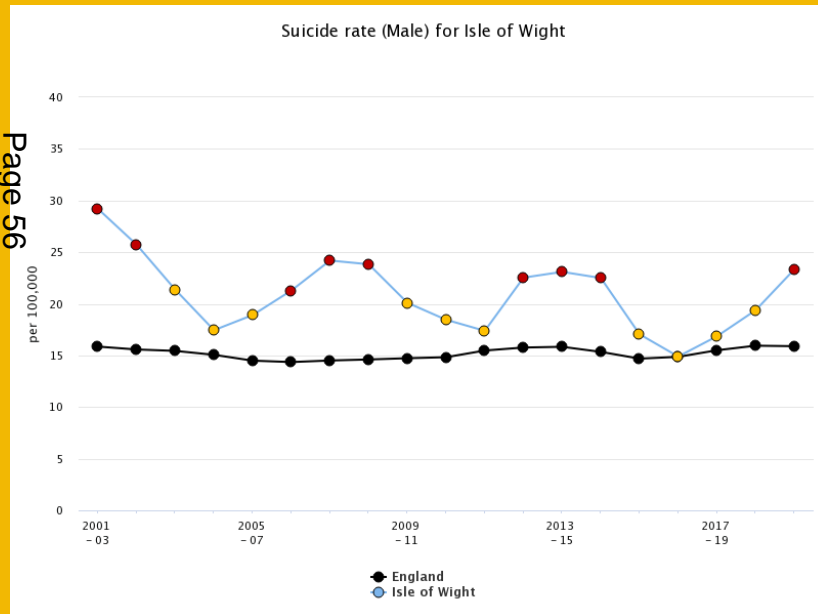
Introduction

The impact of suicide on family, friends, workplaces, schools and communities can be devastating; suicide is a major issue for society and a leading cause of years of life lost.

Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can prevent suicides.

It is recognised that suicide prevention and mental wellbeing are intertwined and supporting both is essential; therefore this refreshed Isle of Wight Suicide Prevention plan is underpinned by our Mental Wellbeing Plan which was developed collaboratively with a wide range of partners.

The Mental Health and Suicide Prevention Partnership is committed to our joint aim that **Islanders will feel assured that all partners are working together on suicide prevention and support for those lives that are impacted by suicide.**



Suicide Rate:

13.8 per 100,000 (48 people) statistically similar to national average 10.4 per 100,000 (2019 – 2021)

Male: 23.3 per 100,000 (39 men) statistically significantly higher than national average 15.9 per 100,000

Emergency hospital admissions for intentional self-harm:

279.3 per 100,000 (2021/22) statistically significantly higher than national average 163.9 per 100,000

Background

The Isle of Wight Mental Wellbeing Plan 2023 to 2028 sets out our vision for how we can improve our own and others' mental wellbeing across the Island. The strategy identifies suicide prevention as an area for focused attention, setting out our ambition to work in partnership to prevent suicide and support those lives impacted by suicide. Actions from the Mental Wellbeing Plan which support this priority are as follows:

- 1. Partnership Working:** Islanders will live, work and thrive on a unique island where partners are committed to working together and differently to ensure positive improvements to mental wellbeing are made.
- 2. Building Resilience:** Islanders will benefit from the positive aspects of being part of their community and know where to access information and support to build both individual and community resilience.
- 3. Reducing stigma and discrimination:** Islanders will be comfortable talking about their mental health and wellbeing and be able to challenge prejudice around poor mental health.
- 4. Suicide prevention:** Islanders will feel assured that all partners are working together on suicide prevention and supporting those lives that are impacted by suicide.
- 5. Reducing inequalities and wider determinants:** Islanders will experience positive mental wellbeing, irrespective of their background, where they live or their life circumstances and value their mental wellbeing alongside their physical health

Page 57

The main mechanism for coordinating and implementing these actions is through the development and implementation of a Suicide Prevention Action Plan for the Island

Background

In addition to our local strategy, the national [Preventing Suicide in England Outcomes Strategy](#) has the overall aim of reducing the suicide rate in the general population in England. It identifies six key areas of work that local suicide prevention plans should address:

Six Areas for Action Nationally and Locally:

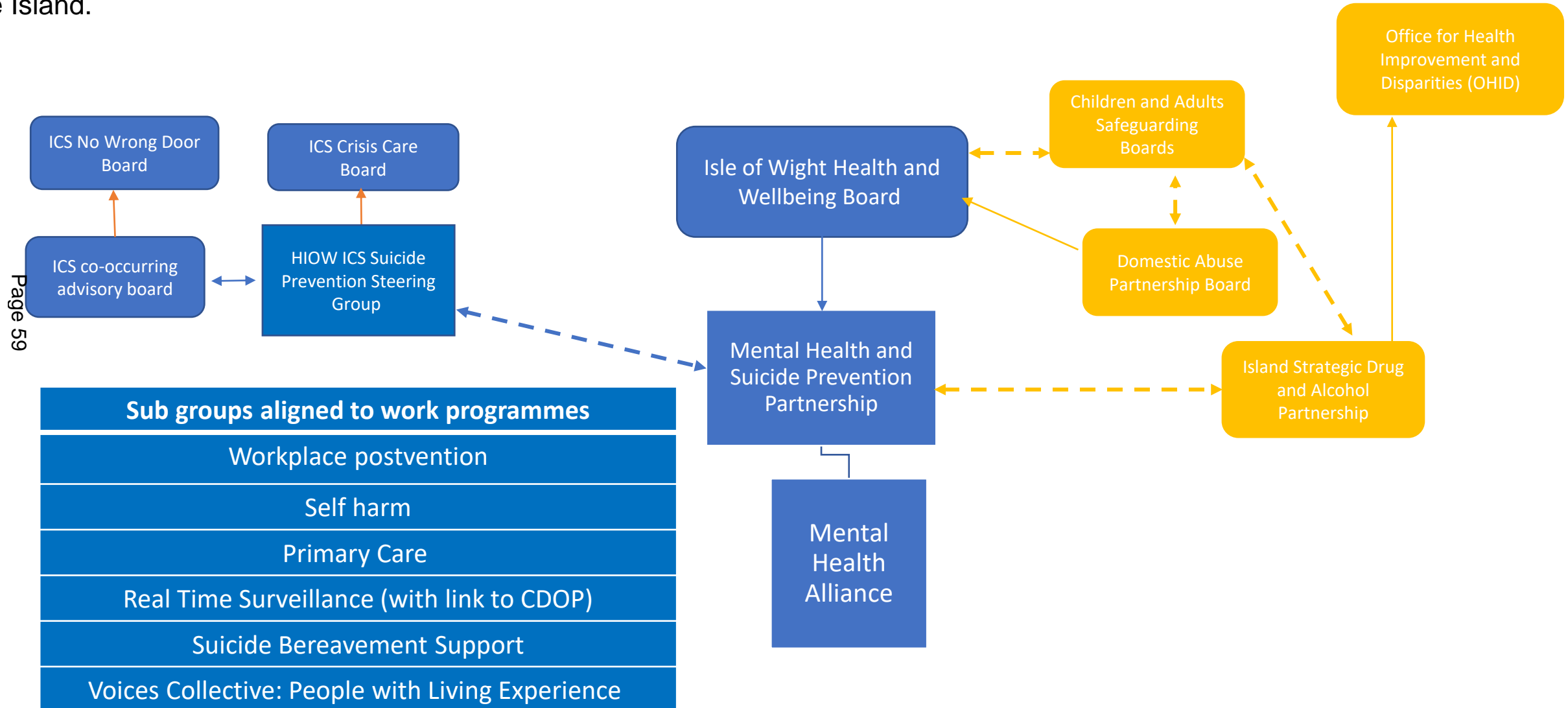
1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to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

This strategy also outlines the responsibilities of local public health teams for developing local all-age suicide prevention action plans and for hosting multi-agency suicide prevention partnerships.

A revised National Strategy is due in summer 2023. The approach for the Island outlined in this document will be reviewed and amended accordingly.

Governance

The Isle of Wight Mental Health and Suicide Prevention Partnership is integral to the monitoring of suicide prevention actions across the Island.



Our progress so far...

Since the publication of the Isle of Wight Suicide Prevention Strategy 2018-2021, mental health, wellbeing and suicide prevention have been a focus of the Mental Health and Suicide Prevention Partnership with represented organisations working together to coordinate the Island's approach to suicide prevention and early intervention. Below outlines some of the achievements over the last four years, in partnership with the ICS.

Work in partnership to roll out a Local Real Time Surveillance System to strengthen our ability to respond to suspected suicides in a timely manner.

Jointly commissioned Amparo Suicide Bereavement Support Service. Amparo provide practical & emotional support for anyone (all ages) recently or historically affected by suicide.



Mental wellbeing communications plan developed and rolled out, promoting self help, raising awareness of support available and reducing stigma

Strengthened networks and partnership working through the Mental Health and Suicide Prevention Partnership and Mental Health Alliance to promote mental wellbeing, share best practice, provide networking opportunities and link up of services

Work with schools through the PEACH programme (Partnership for education, attainment and childrens health) to raise awareness of mental and physical wellbeing for children, young people and staff; emphasising a whole school ethos of support, including development of a postvention protocol

Workforce Development: the commissioning of free training on mental health first aid, suicide prevention first aid and mental wellbeing for all partners

Guiding Principles

To achieve our vision that *Islanders will feel assured that all partners are working together on suicide prevention and supporting those lives that are impacted by suicide*, we have identified 5 guiding principles that will underpin all actions. These principles compliment those outlined within the Isle of Wight Mental Wellbeing Strategy and National Actions .

- 1. Living experiences:** Actions will be co-designed and developed alongside people with living experience.
- 2. Adopt a lifecourse approach:** Consider how all ages and key transitions are managed and supported by actions.
- 3. Partnership Working:** Partners recognise their roles and responsibilities in implementing actions identified within this plan; working closely across the suicide prevention and mental wellbeing arena.
- 4. Data-led decision making:** Actions must make best use of available insight, intelligence and evidence to maximise effectiveness.
- 5. Language:** All partners and actions promote appropriate and de-stigmatising language when discussing suicide and suicidality.
- 6. Positive mental and physical wellbeing is part of suicide prevention:** work in a trauma informed way, recognising the whole person.

Page 61



Areas for Action

The Isle of Wight Mental Health and Suicide Prevention Partnership has identified the following areas for action for the revised Suicide Prevention Action Plan for the Island:

1. Increase awareness and understanding of the wider determinants that influence suicidality.
2. Tailor approaches to suicide prevention for particular groups and be informed through insights
3. Early intervention and prevention approach through training offer and promotion of mental wellbeing and support available
4. Reduce access of means to suicide by promoting suicide safer communities.
5. Ensure appropriate and sensitive communications of suicide and suicidality across all sectors on the Isle of Wight.
6. Work in partnership to provide the 'right support' at the 'right time' for those individuals and communities affected by a suspected suicide death.
7. Improve research, data sharing and monitoring.

Timescales, Monitoring & Reviewing

TIMESCALES

The following slides provide high-level summary of our proposed actions over the lifetime of this plan. Mirroring the Isle of Wight Mental Wellbeing Plan, actions are grouped into two groups **Now** and **Next**.

- **Now** actions are those that the Mental Health and Suicide Prevention Partnership is committed to delivering by June 2024.
- **Next** actions are those that will be completed within the lifetime of this action plan, but will not commence until 2024 and/or beyond.

MONITORING

The Mental Health and Suicide Prevention Partnership will monitor progress and risks on a quarterly basis. An annual update will also be taken to the Isle of Wight Health and Wellbeing board.

An approach to evaluation of actions will be agreed with the Mental Health and Suicide Prevention Partnership in July 2023.

REVIEWING

National and local suicide prevention priorities are rapidly changing. Therefore, an iterative approach to action implementation and development is needed.

We expect that a review of key actions will be required following the publication of the revised national strategy (expected Summer 2023).

In the medium/long-term, actions will be reviewed on an annual basis to determine key actions for the upcoming year.

1. Increase awareness and understanding of the wider determinants that influence suicidality

Suicidal behaviours are shaped by the social, economic, and physical environments in which we live. In recent years, the impact of financial stress, poor housing, and social isolation on mental ill health and suicidality has been well documented. Effective suicide prevention strategies have a role to play in increasing awareness and advocating for policy and practice changes which allow for earlier intervention and prevention of suicide.

Area	Action	Outputs	Timescales
Training Page 64	Roll out of suicide prevention training and mental wellbeing training to wider workforce to ensure the 'Making Every Contact Count' ethos is embedded Workforce training to link up social and economic factors and mental health and suicidality	Numbers trained and organisations represented Money and mental health training commissioned and numbers trained	Now Next
Trauma informed	Support the roll out of trauma informed practice and psychologically informed environments (PIE) across the Isle of Wight Council, working with housing and the homelessness service	PIE self assessment tool completion and learning	Now
Co-occurring conditions and working with most vulnerable	Whole person approach to delivering support that includes joined up service provision	Increase in those with MH need in treatment accessing MH services Increase in probation care plan	Next

2. Tailor approaches to suicide prevention for particular groups and be informed through insights

While everyone is at risk of suicide, that risk is not distributed equally amongst the population. The [2023 NCISH Annual Report \(2010-2020\)](#) highlights some of the population cohorts at greatest risk of suicide and suicide intent in England. Locally, data is used to identify trends amongst particular groups. We will use a combination of local and national insight and intelligence to target interventions at those with the greatest need.

Area	Action	Outputs	Timescales
Data led	Use the 2023 Suicide Audit to identify which particular groups to focus interventions and support	Potential for projects with representatives to support in mental wellbeing and promotion of support available	Now
Partnership working to protect the most vulnerable	<p>Work with Probation, substance misuse recovery services, domestic abuse services, adults and childrens services, ICB and the voluntary and community sector to ensure mental wellbeing and suicide prevention are incorporated in plans</p> <p>Work in partnership with schools and other key partners to support young people who are self-harming, or at high risk such as children in care and care leavers, those who have low mental wellbeing or suicide ideation to learn positive coping skills and know where to go for support.</p>	<p>Cooccurring conditions pathway Domestic abuse support pathway Increase in percentage people in probation known to support services</p> <p>PEACH Increase in reported wellbeing Increase in reported knowledge of services</p>	Next
Insights and intelligence	Undertake projects to understand local vulnerable groups through the Mental Health Alliance and from people with lived experience	Tailored communications messaging and promotion of support informed by insights	Next

3. Early intervention and prevention approach through training offer and promotion of mental wellbeing and support available

We know the link between physical and mental wellbeing is strong and that positive physical and mental health supports in preventing suicide. However, Insights tell us that people are still unaware of where to go for support, stigma is still a barrier in accessing support and knowledge on self help and positive coping mechanisms is limited.

Area	Action	Outputs	Timescales
Comms	Improved communications and messaging promoting physical and mental health and wellbeing, including promotion of 5 ways to wellbeing and positive coping mechanisms for self care.	Clicks through on islefindit website Clicks through on iwmentalhealth hub website Organisations using 5 ways to wellbeing branding	Now
Training	Roll out of suicide prevention training and mental wellbeing training to wider workforce	Numbers trained in suicide prevention training and mental wellbeing training. Outcome: IWC staff and partner agencies will have knowledge on promotion of positive coping mechanisms, how to have conversations about mental wellbeing and suicide prevention and where to signpost people for support.	Now
Insights Project	Work with the third sector, vulnerable groups and those with lived/living experience to better understand barriers to accessing support and how to overcome them. Based on insights - roll out of 5 Ways to wellbeing branding and information to link physical and mental health	Delivery of targeted comms and increased awareness of support available Increased recognition of 5 ways to wellbeing and use of services promoting this	Next Next

4. Reduce access of means to suicide by promoting suicide safer communities

Reducing access to suicide means is an important component of suicide prevention. The effectiveness of restricting the availability of pharmaceuticals and chemicals, and restricting access to heights and train stations on suicide rates, has been well documented. The National Institute of Health and Care Excellence published an [evidence review](#) (2018) on soft and hard measures aimed at reducing access of means. It highlights key actions that can be taken both nationally and locally. Local insight into lethal suicide methods will also be used to inform priority actions.

Area	Action	Outputs	Timescales
Data led	Use updated analysis of available data and intelligence to inform reduction of access to means	To be identified at a later stage.	Next
Partnership working to reduce access to means	Work with the Coastguard, custodians of the cliffs, licensing, substance misuse services and third sector partners to reduce access and increase awareness of risks	Reduction in underage sale of alcohol	Now
Online Harms	As a proposed theme within the revised national strategy, specific actions will be identified/taken once further guidance is provided	Promotion of R:pple	Next

5. Ensure appropriate and sensitive communications of suicide and suicidality across all sectors on the Isle of Wight

The topic of suicide should be approached with care and compassion. Irrespective of context (engaging in dialogue, talking to someone with living experience, or writing about the issue in a professional setting) it's important we remain mindful of our language to avoid reinforcing the stigma that prevents people from seeking help. It's also important that frontline staff, volunteers, and members of the public feel confident and equipped to intervene and signpost people to the right support, if they are concerned that someone may be at risk of suicide.

Area	Action	Outputs	Timescales
Communications plan Page 68	Have a partnership co-ordinated mental health communications plan which regularly focuses on suicide prevention e.g. marking suicide awareness days, promoting support, reducing stigma and working with partners to gain insight	Increased awareness of support available Reduced stigma and increased reporting of confidence talking about mental ill-health and suicide prevention	Now
Workforce Development	Commissioning of mental wellbeing training and suicide prevention training and promotion to wider workforce	Numbers attending training Number of organisations represented Competent workforce equipped with skills to talk about suicide and suicidality and refer appropriately to services.	Now
Local Media	Work with media through awareness raising and training to ensure the importance of language is recognised with ethical and safe reporting of matters around suicide	Responsible and sensitive reporting on suspected suicide or suicide incident locally which consistently signposts to support.	Next

6. Work in partnership to provide the 'right support' at the 'right time' for those individuals and communities affected by a suspected suicide death

When someone dies by suspected suicide there is an immediate and often devastating effect on the people around them. Suicide has a ripple effect on the community and those affected are 65% more likely to attempt suicide themselves. As a result, providing guidance and support for those navigating this complex grieving process is an important aspect of local suicide prevention plans.

Area	Action	Outputs	Timescales
Education Postvention Protocol	Work with partners to refresh existing postvention protocol & promote new postvention protocol	Increased confidence amongst professionals of the postvention process; process followed where required. Suicide prevention & postvention policy to be included within annual school safeguarding audit	Now
Amparo Bereavement Support Service	Continue to promote and signpost to Amparo support service	Improved pathways of support for people bereaved by suicide: increased awareness and uptake of Amparo service for those that need it.	Now
Workplace Postvention & Suicide Prevention Safety Plans	Work with partners to provide postvention framework for workplaces where identified as need	Number of organisations with suicide prevention and postvention protocol	Next
Data led	Use of data, including through the Real Time Surveillance System (RTSS) to improve prevention and postvention response	Data led plans and actions	Now

7. Improve Research, Data Collection, and Monitoring

A local suicide audit provides us with valuable insight into local needs. Since 2019, the Real Time Surveillance System has allowed us to identify potential suicide contagions and clusters in a timely manner; improving our ability to provide an appropriate, joined-up postvention response. Ongoing work is needed to enhance our understanding of the patterns of suicide, self-harm, and serious suicide attempts.

Area	Action	Outputs	Timescales
Data sharing	Partners on the Mental Health and Suicide Prevention Partnership agree to share data to inform prevention such as ambulance and A&E attendances where appropriate	Identify emerging patterns and priorities for future suicide prevention action across the system.	Next
Real Time Surveillance System (RTSS)	Embed and expand the multi-agency HIOW Real Time Surveillance (RTS) of suspected suicides to ensure timely prevention, postvention and ongoing surveillance takes place	Increase in active partners in Real Time Surveillance Working Group (RTS WG) Identification of Suicide Cluster Response Plan, individual by each partner All partners are aware of children and young people postvention response for an individual suspected suicide	Now
Insights	Develop projects to listen to vulnerable groups and those with living experience to inform prevention and effective comms	Better informed delivery and more effective comms	Next



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