Public Consultation Report

Havering All-age Suicide Prevention Strategy 2025-2030

Working together to save lives

December 2024

London Borough of Havering

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Content warning: The content of this needs assessment may be emotionally challenging as it discusses suicidality and self-harm.
Support is available:
Samaritans – a listening service which is open 24/7 for anyone who needs to talk. #
Campaign Against Living Miserably (CALM) - CALM's confidential helpline and live chat are open from 5pm to midnight every day.
Shout – a free confidential 24/7 text service offering support if you're in crisis and need immediate help.

Executive Summary

Citizen Space Survey

The Citizen Space Survey received responses from 66 participants, with 56% being Havering residents and 14% having lived experience of suicidal ideation and/or suicide attempts. An overwhelming 97% of respondents expressed support the Havering Suicide Prevention Strategy, its priorities and its objectives.

Key concerns raised included the need for greater inclusion of specific populations, such as autistic and neurodivergent individuals. Respondents also called for improved crisis and bereavement support services and pathways, alongside improvements in mental health services. Additionally, many suggested strengthening the strategy's focus on children and young people, particularly around the life-course and self-harm to create a more comprehensive "all-age" approach. Accessibility and inclusivity were also areas requiring further attention.

Focus Groups

To ensure the strategy addresses both its role in primary care and the needs of all age groups, focus groups were conducted with Primary Care Networks, the Havering Youth Council and schools. This engagement sought specific feedback from these key stakeholders to bridge gaps in support.

Summary of Findings

Public Consultation on Citizen Space

Local actions to focus on, based on feedback::

- Open Discussions, Safe Spaces and Stigma Reduction
- Crisis Support and Immediate Response
- Improving Services and Reducing Barriers to Care
- Preventive and Proactive Support
- Addressing Broader Contexts and Risk Factors

Main changes to strengthen strategy, based on feedback:

- Scope of strategy and role of public health
- Fill in missing attention areas, groups and risk factors
- Expand sections on crisis support and prevention
- Strengthen children and young people and self-harm sections

Focus Groups

- Primary Care Networks engagement highlighted the need for better training, resources and crisis pathways in primary care.
- Young people expressed a need for more empathetic support and accessible mental health resources.
- Schools highlighted the importance of tailored training for both parents and teacher, as well as the need to normalise stress and help students build resilience.

Introduction

Havering is refreshing its Suicide Prevention Strategy for 2025-2030, aiming to improve effectiveness of suicide prevention efforts within the borough and reduce the number of deaths by suicide over the next five years. The strategy's goals will be achieved through objectives that focus on:

- Identifying those at increased risk and applying the most effective, evidence-based interventions
- Promoting prevention activities across the system, including increasing knowledge and reducing stigma
- Providing support at both individual and population levels, addressing the needs of those at risk of suicide and the bereaved

To develop this strategy, the Suicide Prevention Stakeholder Group was established, which sharped the strategy and defined the actions aligned with the key objectives.

A public consultation was conducted to gather feedback from residents and suicide prevention stakeholders before the strategy is finalised. This consultation included a public online survey and focus groups with key groups: primary care networks, youth and primary and secondary school networks and the Havering Youth Council.

The results and key themes of the consultation are discussed below. The final strategy will be updated to reflect the concerns raised in the survey and feedback from the focus groups.

Methodology

The public consultation was carried out via Citizen Space – an online survey platform used by the London Borough of Havering. The survey was open from September 10th, 2024 to October 18th, 2024. The questions were designed by the suicide prevention team, with a mix of quantitative questions and space for qualitative follow-ups.

Citizen Space generated the survey results. Themes were captured from each question. In addition, themes from the focus groups, which included two primary care networks, a primary school network, a secondary school network and the Havering Youth Council, are included in this report.

Summary from Public Consultation

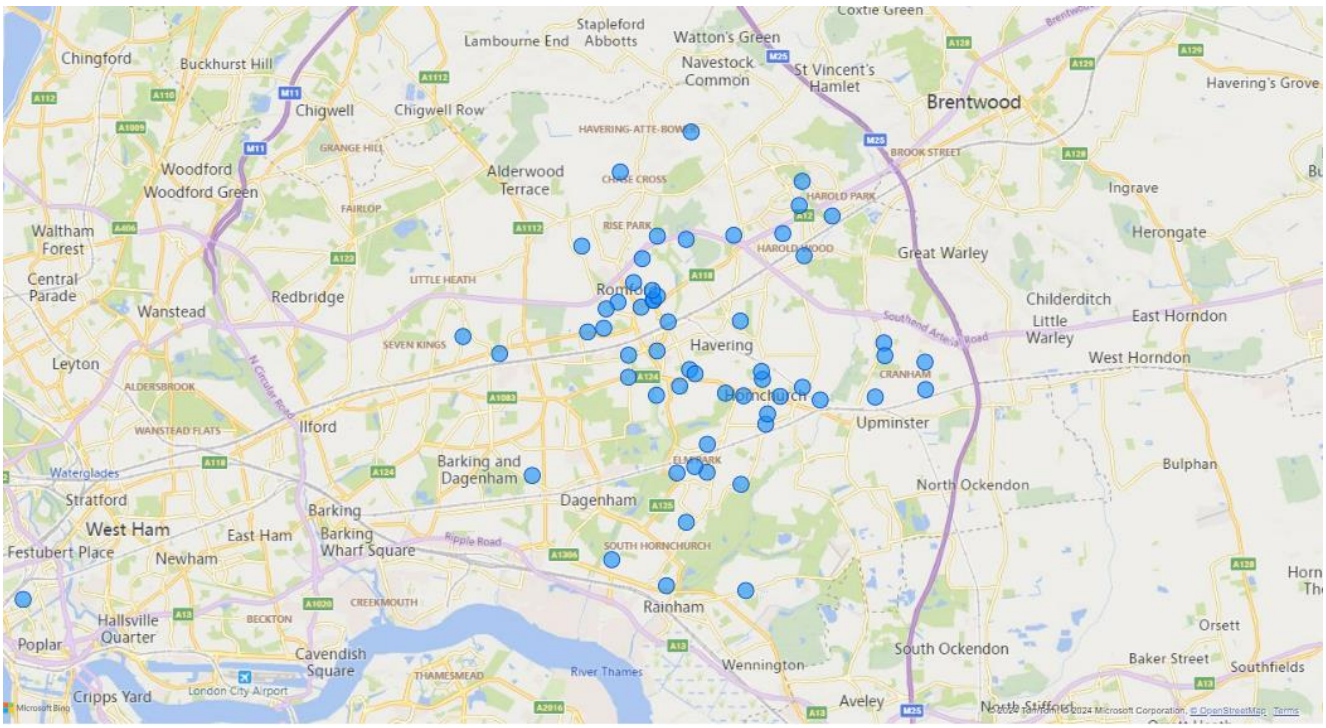
Citizen Space Survey

This section of the report will detail the response counts to each question, share analysis of questions and highlight relevant themes. 66 survey responses were received.

Questions

Question 1. Please tell us your postcode (either where you live, or where you work in the borough)

100% of respondents answered this question.



- 57/66 (86.4%) of the provided postcodes within the borough of Havering.
- 5/66 (7.6%) respondents listed postcodes associated with Havering Town Hall (RM1 3BB, RM1 4GR, RM1 3BD, RM1 3BB), suggesting these responses may be from council employees who do not reside in the borough.
- No respondents provided postcodes from hospitals.

Question 2. Please tell us in what capacity you are completing this consultation:

100% of respondents answered this question.

- 56% of respondents were residents.
- 1 respondent was a Councillor.
- 36% of respondents worked for a public sector organisation

- 17% of respondents worked for a community group or charity.
- 5% of respondents represented a public sector organisation.
- 8% of respondents represented a community group or a charity.

Question 3. What capacity are you responding in?

100% of respondents answered this question.

- 14% of respondents have living experience.
- 36% are responding as a close friend or family member relating to suicide.
- 3% of respondents (two individuals) were carers.
- 15% are responding as a neighbour/acquaintance/work colleague relating to suicide.
- 9% have witnessed a death by suicide.
- 24% work in suicide prevention.
- 21% have not been personally affected.

Question 4: Do you think it is important to have an approach that focuses on preventing suicide, such as this strategy?

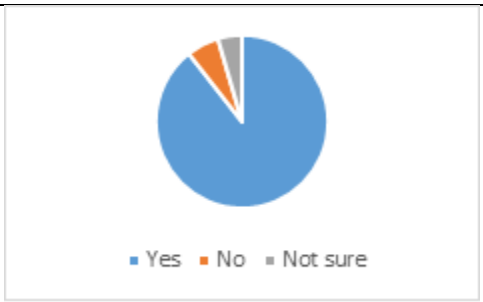
100% of respondents answered this question.

- 64/66 (97%) respondents believed it is important to have an approach that focuses on preventing suicide, such as this strategy.
- 2 respondents (3%) were not sure.
- 0 respondents (0%) answered no or somewhat.

Questions 5, 6, 7, 8: Do you support the following in Havering?

100% of respondents answered these questions.

Question	Action	Responses	Chart
5	Increasing suicide prevention awareness and knowledge	59 (89%) respondents said yes. 5 (8%) respondents said no. 2 (3%) respondents were not sure.	

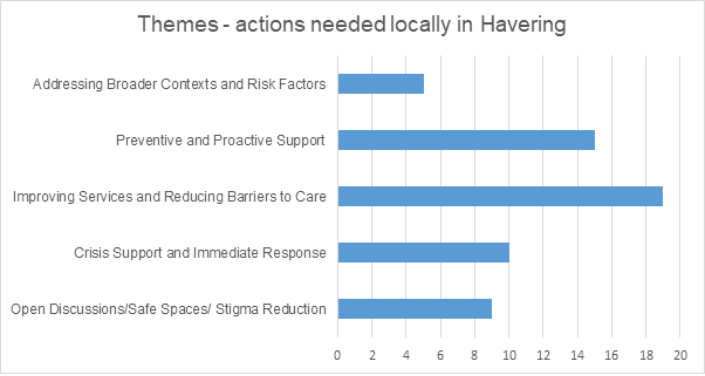
6	Reducing stigma (Making it easier to talk about suicide and help others)	59 (89%) respondents said yes. 5 (8%) respondents said no. 2 (3%) respondents were not sure.	
7	Helping people (those bereaved, those engaging in self-harm, those with suicidal thoughts, those who have survived suicide attempts) early and with the right support for them	58 (88%) respondents said yes. 5 (8%) respondents said no. 3 (5%) respondents were not sure.	
8	Improving signposting and messaging about suicide prevention	59 (89%) respondents said yes. 4 (6%) respondents said no. 3 (5%) respondents were not sure.	

Follow-up to Questions 5, 6, 7, 8: ***You can use this space for any additional actions that you feel are needed locally.***

50% of respondents answered this follow-up question.

Themes identified included:

- Open Discussions/Safe Spaces/ Stigma Reduction
- Crisis Support and Immediate Response
- Improving Services and Reducing Barriers to Care
- Preventive and Proactive Support
- Addressing Broader Contexts and Risk Factors



Overview of feedback from respondents:

1. **Open Discussions, Safe Spaces and Stigma Reduction**

- Have open discussions on suicide and mental health to create awareness and reduce stigma.
- Establish safe spaces for people to notice their feelings and manage them, especially during crises.
- Suicide can be a difficult subject to discuss; a positive framework needs to be established to enable people to understand, discuss, learn, and find support.
- Demystify the stigma of language around suicide.
- Establish 'listeners' in schools and workplaces—trained individuals whom students and employees can approach if experiencing suicidal thoughts.
- Raise awareness of cultural organizations for suicide prevention and assistance.
- Encourage community-wide responsibility, emphasizing that tackling suicide is everybody's business.

2. Crisis Support and Immediate Response

- Develop resources to help someone in crisis without referring them to ambulance or police services. Establish a dedicated team for mental health crises.
- Post-vention strategies for individuals who have attempted suicide or presented at A&E with suicidal ideations.
- Actions focused on those who have attempted suicide and survived—how to identify and support them.
- Establish alternative safe havens for those in crisis and their carers as an alternative to emergency departments.
- Provide crisis support hubs with robust funding and staffing.
- Address the lack of training in crisis teams; undertrained professionals can cause more harm than good.
- Act quickly to address stimuli that trigger suicidal ideation.
- Having severe OCD, many find that undertrained crisis teams can cause harm instead of helping.
- Significant waiting lists to access mental health support mean many cannot receive help until they reach a crisis.

3. Improving Services and Reducing Barriers to Care

- Non-engagement should be treated as a symptom requiring tailored support, not a reason for professional agencies to discharge patients.
- Address long waiting times for mental health services following a suicide attempt; people need immediate therapy, not delays of months or years.
- Mental health services are often too quick to discharge patients and may refuse to re-engage them when needed—this must change.
- Ensure NHS community services have adequate resources to reduce care coordinators' caseloads, which are often unmanageable.
- Improve quality and accessibility of free counselling for young adults.
- Ensure psychological teams are available specifically for those who have attempted suicide.
- Expand the network beyond volunteer-led services; provide more structured support for long-term conditions and challenges.
- Reduce digital exclusion to ensure equitable access to mental health services.
- Address issues with premature discharge and lack of re-engagement with patients.
- Join up charities to provide wider support and signpost to registered private therapists (e.g., BACP) and NHS services.
- Long waiting times for Talking Therapies are too long, and there is little to no interim advice or support.

- Increase resources to manage caseloads for care coordinators and primary workers in Mental Health and Wellness Teams, where typical caseloads exceed 30.
- Walk-in centres are needed to provide immediate mental health support.

4. Preventive and Proactive Support

- This needs a proactive, life-course approach that starts early—teaching what good mental and physical well-being is and is not.
- Implement early intervention education on mental health and coping mechanisms.
- Develop trained mental health champions in communities to identify those at risk.
- Join up charities to provide wider support and signpost individuals to registered therapists and NHS services.
- Make people aware of available support to reduce feelings of isolation and improve access to care.
- Reduce access to means of suicide by implementing preventive measures.
- Raise awareness of coping mechanisms (e.g., addictions, eating disorders) and their links to suicidality.
- Ensure specific support for people with life-limiting illnesses and those recently bereaved.
- Focus on societal stresses that lead to suicidal thoughts (e.g., housing, cost of living).
- More funds are required for free counselling services for young adults to ensure high quality and accessibility.

5. Addressing Broader Contexts and Risk Factors

- Suicide prevention policy must encompass all departments, including housing and socioeconomic services, to address systemic root causes.
- Ensure individuals with mental health challenges are not moved away from their support systems, families, or NHS teams due to housing policies.
- Living in unsuitable, poor-quality supported accommodation can exacerbate poor health and depression, contributing to suicide risk.
- Address local issues driving residents to the brink, such as anti-social behaviour, barking dogs, drug dens, and loud music disrupting sleep.
- Address societal stresses such as housing challenges, the cost of living, and access to affordable care.
- Provide more robust community services to engage and support individuals who may feel there is no other option than suicide.
- Consider diversity and ensure cultural sensitivity in all suicide prevention strategies.
- The diversity of communities, including those in Havering, should be considered when designing suicide prevention strategies.

6. Other

- Needs more than 200 characters to explain complex situations and interventions fully.

Question 9: In the strategy, we explain that some people have more risk factors for suicide, compared to others. Do you have any comments about how to reduce this inequality? If yes, please describe here:

25 responses (40% of participants) answered this follow-up question.

Overview of feedback from respondents:

1. **Specific Groups**

- Older people with undiagnosed conditions like dementia may struggle to manage their health and require focused support.
- Increase mental health support specifically targeted at groups like autistic individuals, with therapies tailored to their needs (e.g., autism-centred therapy instead of generic CBT).
- Be culturally aware and sensitive in designing strategies, considering how suicide is perceived differently across cultures.
- Address the lack of awareness and stigma toward middle-aged individuals at risk of suicide.
- Better understanding of autistic individuals' suicide ideation and the increased risks during perimenopause.
- Men-specific initiatives, such as BarberTalk and local walks, to engage men in conversations about mental health.
- Focus on prevention by targeting young people, as they will become adults, and early intervention can reduce risks.
- Develop equity in care to ensure all individuals receive proper attention regardless of circumstances, particularly those with conditions like autism or learning disabilities.

2. **Improving Services and Accessibility**

- Easier and earlier access to mental health counselling to reduce long wait times.
- Accept self-referrals for mental health services to make access easier for people with communication challenges.
- Provide highly private services, such as text-based crisis support, for individuals who prefer discreet access.
- Improve training for council staff across all departments to create a complete support package and improve accessibility.
- Increase mental health professionals in A&E to address crises related to addiction, self-harm, and anxiety.
- Enhance communication about services to meet the equality and diversity needs of the population (e.g., translations, varied formats).
- Ensure access to information on mental health services beyond unofficial channels like Facebook.
- Increase surveillance in colleges and other institutions to intervene swiftly and prevent contagion effects.
- Collaborate more effectively between services (e.g., learning disabilities and mental health) to provide holistic care.
- Ensure all groups have equitable access to culturally appropriate resources and services.

3. **Raising Awareness and Reducing Stigma**

- Promote targeted campaigns to normalise therapy and combat the stigma around mental health and suicide.
- Continual promotion of mental health services using all communication outlets, including in different languages.
- Organise events to bring communities together to discuss suicide and break taboos.

- Education and awareness campaigns tailored to specific cultural communities to encourage engagement.
- Include mental health discussions in "well-being" days in schools and workplaces, with an emphasis on high-risk industries like construction.
- Encourage faith leaders to demystify negative associations with mental health within their communities.
- Promote the idea that being in therapy is normal and that talking about mental health openly is vital.
- Focus on breaking inherent cultural imbalances and systemic inequalities that perpetuate stigma.

4. Expand Prevention

- Research to identify those most at risk of suicide and proactively create intervention plans.
- Deliver parenting courses to help families reduce stressors and provide better support for children.
- Expand community groups and initiatives, like Local Area Coordinators, to reduce loneliness and social isolation.
- Increase support and monitoring for postnatal women to identify mental health challenges early, beyond routine check-ups at health centres.
- Address underlying socioeconomic factors like poverty, housing, and inequality to reduce mental health risks.
- Provide support for those influenced by the suicide of a friend, relative, or celebrity, as this can increase the risk of imitation.
- Include parenting education for stressed parents of truanting children or those with behavioural issues to create healthier environments.
- Reduce life and health inequalities by focusing on vulnerable populations across services.
- Expand access to support networks, including groups for people expected to cope with significant life challenges.
- Ensure better housing options to reduce stress and improve mental health.

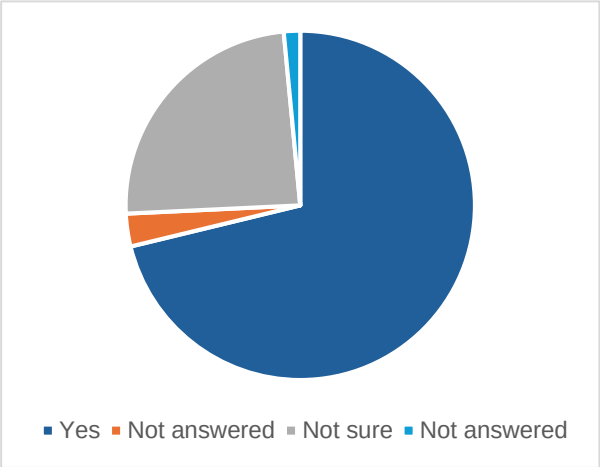
5. Other

- Graphics in maternity settings should address mental health (e.g., postpartum depression, anxiety) alongside physical health topics like breastfeeding.
- Bring all groups together for shared events to foster community and reduce inequality.
- Dependence on social media for support indicates a need for reliable and accessible formal support systems.
- Develop comprehensive and integrated solutions rather than siloed approaches to mental health care.

Question 10: Does the strategy clearly explain why suicide prevention is a priority for Havering and should be everyone's business?

100% of respondents answered this question.

- 47 (71%) respondents believe the strategy clearly explains why suicide prevention is a priority for Havering.
- 2 (3%) respondents believe the strategy does not clearly explain why suicide prevention is a priority for Havering and should be everyone's business.
    - "Needs more than 200 characters."
    - "No I'm still unclear."
- 16 (24%) of respondents were not sure if the strategy clearly explains why suicide prevention is a priority for Havering and should be everyone's business.



Question 11: There are 3 overarching objectives of the strategy, do you agree that these objectives are the right ones?

100% of respondents answered this question.

- 25 (38%) of respondents strongly agreed that the 3 overarching objectives were the right ones.
- 30 (45%) of respondents agreed that the 3 overarching objectives were the right ones.
- 6 (9%) of respondents neither agreed nor disagreed that the 3 overarching objectives were the right ones.
- 2 (3%) of respondents disagreed that the 3 overarching objectives were the right ones.
- 3 (5%) of respondents strongly disagreed that the 3 overarching objectives were the right ones.

Those who disagreed used the space to explain further.

11 responses (17% of participants) answered this text-box follow-up question.

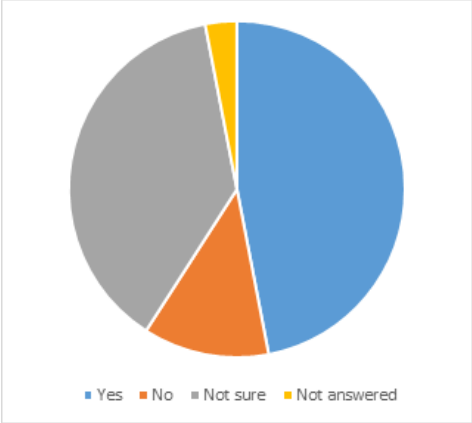
Overview of feedback from respondents:

- Did not understand how prevention works for stopping someone from harming or ending their life.
- Existing resources exist, such as bereavement support groups for those affected by suicide.
- Prevention may not be necessary if individuals receive timely and appropriate support.
- Broaden the identification process to include referrals from charities, friends, and family.
- Prioritise increased access to prompt and effective support over reducing access to means of harm.
- Clarify the ambiguous language around "reducing access to method of death" and focus on actionable solutions.
- Strengthen partnership working as a core element of all objectives within the strategy.

- Address gaps in support for individuals who have previously attempted suicide or those with comorbidities.
- Provide greater support for individuals already known to mental health services to avoid recurrence of crises.
- Ensure that the policy is implemented effectively and consistently by all stakeholders.
- Place more emphasis on supporting individuals before they reach a crisis stage—proactive, not reactive, interventions.
- Highlight the need for increased resources in NHS mental health services to meet demand effectively.
- Two respondents said there wasn't enough room to give detailed feedback with a 200 character limit.

Question 12: This is an all-age strategy. When we talk about "our population", we include children and young people, adults and older adults. Do you feel the strategy is clear about how it delivers for different age groups?

64 responses (97% of participants) answered this question.



- 31 (47%) of respondents felt that the strategy is clear in how it delivers for different age groups.
- 8 (12%) of respondents felt that the strategy is not clear in how it delivers for different age groups.
- 25 (38%) were not sure.
- 2 did not respond.

If participants answered, no, they could use a space to explain further.

15 responses (23% of participants) answered this text-box follow-up question.

Overview of feedback from respondents:

- High-risk groups are identified, but older adults are not explicitly mentioned.
- More specific details are needed to explain how the strategy plans to reach school-age children and those around them.
- The strategy mentions exploring children and young people but lacks set standards for prevention at present.
- Children are part of statistics but are not explicitly included in terms of preventative measures or support. For example, how can lived experience be integrated to support children?
- There is insufficient detail on self-harm among children and young people. More focus is needed on this issue.
- Children and young people (CYP) have different needs and ways of communicating compared to adults, including language and service access.
- The strategy is unclear regarding how it addresses the needs of children and the risks they face.
- A clear, all-ages policy is needed, with more information on which age groups or job roles are most affected.

- Uncertainty exists around how the strategy specifically addresses children's needs and risks.
- Consider support for children who experience multi-generational loss by suicide to help identify and provide appropriate support.
- The strategy lacks specified interventions for different age groups, especially under 18s.
- There should be more emphasis on under-18s in the strategy; it currently seems to be focused on adults.
- The language used may not be reader-friendly for younger children. The strategy should be accessible to children as young as 10, particularly those who may be self-harming.
- Schools may talk about compassion, but they do not always model it. Yellow Days are a good start, but therapists should be brought in to educate and speak at assemblies.

Question 13: Please use this space below if you have any further comments about suicide prevention in Havering or the draft strategy - additional comments

37 responses (56% of participants) answered this text-box follow-up question.

Overview of feedback from respondents:

1. **Awareness**
   - Work with schools to encourage self-worth among pupils and combat bullying, both in-person and online. Provide more support for RSHE (Relationships, Sex, and Health Education) that addresses prevention and support for all three main objectives.
   - More awareness and local promotional campaigns aimed at prevention rather than focusing only on support following suicide. Work on preventing suicide from becoming an option for the local community.
   - Awareness raising is key to reducing people's fear of discussing the topic of suicide.
   - Public events to talk about the topic more openly and change the approach to discussing suicide.
   - Advice for employers to know what warning signs to look out for in employees at risk of suicide.
   - The wider the circulation of this strategy, the better. There needs to be greater communication within organisations to ensure information about mental health strategies is accessible.

2. **Inclusive and comprehensive support**
   - We need a service that helps people in crisis and has a clear route to referring individuals to longer-term care that isn't an overstretched charity, with enough resources to follow up.
   - Not everyone can or wants to travel to group settings. There needs to be more person-centred care. Not everyone who is suicidal is unemployed or unwell—stop generalizing.
   - Menopause support centres in relation to mental health, particularly understanding links between hormones and mental health, as well as addressing intrusive thoughts and suicidal thoughts.
   - High-risk groups have been identified, but older adults are not explicitly mentioned in the strategy.

- More specific detail is needed to explain how the strategy plans to reach school-age children and those around them.

3. **Improving services and reducing barriers**
   - NHS needs to employ more mental health professionals to minimise waiting times, which can have detrimental effects on individuals in crisis.
   - People need to know that if they reach out for help, there is a facility available—many people are currently sent to A&E and then released a few hours later with little to no follow-up support.
   - The strategy should address the need for better training of mental health support staff. Many professionals in the field lack experience in dealing with individuals at risk of suicide.
   - There's a need for more consistent services that focus on the individual's needs.
   - You can have all the strategies and policies in place, but without increased funding and a significant reduction in waiting lists, it won't make a meaningful difference.
   - When my parent was suffering, they were not previously known to mental health services. This was used as an excuse, and the crisis team refused to visit. They later took their own life.

4. **Collaboration**
   - The discourse around "voluntary" sectors undermines the importance of paid professionals who have the knowledge and experience to support the community and provide feedback.
   - Each sector should review their input when a person dies by suicide, but why don't we have joint reviews for shared learning and breaking barriers down across sectors?
   - This is a critical area that requires the whole health and care team working as one, alongside the community, ensuring co-design with users.

5. **Other**
   - Difficult to comment due to lived experience.
   - I was a Samaritan and am now a therapist, so I would be happy to get involved in supporting this initiative.
   - It is difficult to give feedback in 200 characters.
   - Tackle growing neurodivergent excuses for emotional distress. Teach more life skills and encourage resilience. Not everyone’s hardship is life threatening—it is important to support realistic coping mechanisms.
   - There needs to be more focus on learning from local experiences and ensuring that services reach the right people.
   - Add more detail is needed about how the voice of the child will be incorporated into the plan.
   - Isolation and loneliness need to be reduced to provide better support for vulnerable individuals.

Changes to Strategy and Action Plan

Feedback from the Citizen Space Survey has resulted in the following changes.

1. **Scope of strategy and role of public health**

- Improved clarity around the scope of the strategy versus a detailed implementation plan.
- Clearly defined the roles of Public Health and Local Authority compared to NHS and clinical service provision.
- Clarified public health's role in collaboration with relevant suicide prevention partners, including encouraging partners, especially in reviews, to treat non-engagement with services as a symptom, not a reason to discontinue professional involvement.

2. **Missing Attention Areas, Groups and Risk Factors**

- Attention Areas
    - Addressed support for individuals already known to mental health services.
    - Linked to both premature discharge discussions and waiting lists.
    - Added action to address digital exclusion and cultural differences by making promotional information available in multiple languages and accessible formats.
    - Added more detail of self-harm association and support measures.
- Groups
    - Expanded focus from autistic to neurodivergent individuals (including ADHD).
    - Strengthened children and young people section and life-course approach.
    - Added to target self-employed individuals, including construction workers.
- Risk Factors
    - Added section on comorbidities.
    - Explicitly mentioned partnerships addressing wider determinants of health (housing, council tax, etc.).
    - Addressed social isolation and loneliness.
    - Added substance misuse.

3. **Crisis support**

- Added action to support NELFT with implementation of Crisis Hub, which aligns with the Adult Mental Health JSNA Recommendation.
- Discussed the need for support for those identified at A&E or who survive attempted suicide.
- Added action to improve pathways for bereavement support for those affected by suicide.

4. **Children and Young People**

- Strengthened "all-age" aspect of the strategy by clarifying the life course approach.
- Mentioned risks of both bullying and cyberbullying.
- Added detail on mental health support in schools for action plan: self-worth training for younger children and resources for teachers and parents.
- Highlighted the involvement of the child's voice via the youth council engagements and quotes.
- Added the promotion of accessibility for children and young people through easy-read version.

5. **Prevention**

- Made prevention objectives clearer using a primary/secondary/tertiary prevention framework.
- Highlighted prevention strategies before crises, including public awareness campaigns and events.
- Clarified plans for reducing access to means and the role public health can have in that (e.g., modifying public places).

Focus Groups

Primary Care Networks (PCNs)

The Havering Crest PCN meeting allowed for extended engagement with detailed questions posed for three objectives (see Appendix A). The Liberty PCN meeting had a shorter engagement time, so only objective was focused on (see Appendix B).

Key points from Havering Crest PCN included:

- General practitioners (GPs) expressed uncertainty about their role in suicide prevention.
- Some GPs felt suicidal individuals or their families might not approach GPs, making tools like posters in practices more relevant.
- Questions were raised about operational feasibility and confidentiality around the suspected suicide review panel; GPs were sceptical about the relevance of suicide review panels to their work and concerns over confidentiality were raised.
- None of the attendees had formal suicide prevention training and acknowledged a need for guidance; GPs suggested a suicide prevention education session during monthly meetings or practice manager meetings but emphasised keeping sessions concise.
- GPs reported patients with suicidal ideation often return multiple times while on mental health waiting lists, leaving GPs unsure of next steps.
- Referrals to crisis teams or A&E are common but lack follow-up mechanisms to ensure effective support.
- Suggestions for improvement:
    - Use existing forums such as practice managers' meetings and the social prescribing network for collaboration and education.
    - Provide more direct tools and training for GPs to handle patients in crisis and improve signposting to relevant services.
    - Distribute posters and educational materials in practices to raise awareness for both patients and their families.

Key points from Havering Liberty PCN included:

- GPs noted A&E is often viewed as a "safe option" by the health system but not suitable for mental health crises; this creates a chaotic experience where patients can easily feel lost or self-discharge to long waiting times.
- GPs emphasised the need for updated suicide prevention training to handle initial management and support effectively.
- GPs felt capable of providing initial support but identified gaps in where they know to signpost patients to.

- Primary care staff expressed feeling excluded from discussions about suicide prevention despite their role in patient care; they suggested being part of roundtable events and emphasised the need for support when they lose a patient to suicide.
- Some GPs receive coronial emails requesting data but are unsure of their purpose or how to respond.
- One participant noted that many patients feel GPs provide little beyond referrals, often leaving them feeling let down and worsening their mood.
- Positive feedback was shared about the LBH suicide prevention information session on World Suicide Prevention Day and requested more sessions like that to be conducted.

Youth Council

The Havering Youth Council participated in a session where the suicide prevention team presented a summary of the draft Havering Suicide Prevention Strategy. Following the presentation, the Youth Council was asked a series of questions and used sticky notes to record their responses. These answers were then discussed collectively. For a detailed list of questions posed to the Youth Council and their quoted responses, please refer to Appendix C.

Key points from the engagement with the Youth Council include:

1. **Impact of loss and needed support**

- Loss of a loved one leaves young people feeling confused, angry, isolated, and potentially lost in life.
- Can lead to long-term effects, including mental health issues like anxiety and depression.
- Support should include validating their feelings, ensuring they don't feel alone or to blame, and fostering a culture of empathy.
- Young people benefit from understanding friends, reassurance, and counseling to help them cope.
- Many young people lack awareness of available support services, and their diverse needs make a one-size-fits-all approach ineffective.

2. **Communicating with young people**

- Use comforting, direct, and non-judgmental language to avoid undermining or pressuring young people.
- Destigmatise mental health by avoiding language that implies abnormality or weakness.
- Education should start at a younger age and include frequent, open discussions to normalise the topics.
- Balance is key—sugarcoating can lead to misunderstanding, but severity should be communicated appropriately.

3. **Preferred sources for seeking help self-harm and/or suicidal thoughts**

- Young people often turn to trusted friends, close family members, or school wellbeing teams for help.
- Online platforms and resources provide comfort through anonymity and reduce fear or shame.
- Conversations via messaging, calls, or video platforms are also seen as helpful.

4. **What schools can do better**

- Schools should create systems for anonymous help-seeking and better advertise mental health services.
- Teachers should adopt a welcoming and supportive attitude, treating students with empathy and understanding.
- Educate both students and parents about mental health, providing tools, statistics, and workshops to reduce stigma.
- Create peer-support systems to help students feel less isolated and more connected.
- Acknowledge the impact of academic stress on mental health and address it openly.
- Offer interactive sessions on self-harm and suicide to actively engage students.
- Schools should proactively discuss these topics to counter toxic and unhealthy narratives often encountered online.

Primary and Secondary School Networks

As part of the consultation process, the suicide prevention team met with both the primary school network (PSHE network) and secondary school network (BAP network). The suicide prevention team presented the draft Havering Suicide Prevention Strategy-on-a-page, discussed the importance of mental health and suicide prevention for children and young people, and shared key insights from the engagement with the Havering Youth Council. Please refer to Appendix D for the PSHE questions and Appendix E for BAP questions.

Primary School Network: PSHE Meeting

Key points:

- **Resilience and Emotional Support**
  - Teachers find it challenging to address resilience in students while managing other responsibilities.
  - Emotional literacy support is currently offered to students with greater concerns only, but teachers feel that this support would benefit all students.
- **Positive self-talk and body image**
  - Positive self-talk is covered in PSHE lessons for older students. Body image awareness is starting earlier, with related lessons in Years 5 and 6 promoting positive perceptions.
- **Need for training**
  - Teachers feel underprepared to address mental health and resilience; they would welcome additional training and support.
  - Schools often rely on teaching assistants, learning mentors or external emotional support teams to handle these areas.

Secondary School Network: BAP Meeting

Key points:

- **Training for parents and teachers**
    - Head teachers highlighted that students who engage in self-harm often form trusting relationships with staff members who provide harm-reduction support, such as wound care. However, challenges arise when communicating with parents, who may struggle to understand or respond effectively. It was suggested that a tailored training package for parents be developed to assist with self-harm prevention and equip them to handle difficult conversations.
    - External training for parents was seen as valuable, as it provides information from experts rather than internal school sources.
    - Teachers already conduct online safety training but additional external training could be valuable.
    - It was emphasised that training for teachers should be separate from training for parents, as their needs differ.
- **Student Mental Health**
    - Head teachers noted that students often view stress and anxiety as abnormal and overthink negative feelings; there is a need to normalise such emotions and promote healthy coping mechanisms early in students' education.

Conclusion

Overall, there was broad agreement with the draft strategy, though several areas of concern were raised that will be addressed by the suicide prevention team. Although the survey received a relatively small number of responses, and therefore cannot be considered fully representative of all residents, it provides valuable feedback that will inform future actions. The Citizen Space survey helped identify gaps and areas for strengthening, while the focus group engagements highlighted additional opportunities to improve suicide prevention efforts.

GPs stressed the need for better training and improved crisis pathways, while the Youth Council emphasised empathetic, accessible support for young people. Schools pointed to the significance of resilience-building, mental health education and tailored training for both parents and teachers. As the strategy is developed and implemented, ongoing engagement with key stakeholders will continue.

Appendix

Appendix A: Questions for Havering Crest PCN

Questions on Objective 1

We have initiated a process where when there is a death by suspected suicide, we reach out to relevant stakeholders to see what services they were known to, and to deem then if a pre-coronial review is necessary.

We want to know what GP practice each case was registered to. Relevant stakeholders including contact from PCN, Housing Services, Community Safety, Change Grow Live (addiction services), Adult Social Care

-What do you think about this objective?
-Is this feasible?

Questions on Objective 2

-What are your views on the current partnership working?
-How often do you engage with partners across NE London?
-In what ways do you think this subregional partnership could be strengthened?

Questions on Objective 3

-Do you have any feedback on the current access to services for those expressing suicidal ideation or clearly at risk?

Appendix B: Questions for Liberty PCN

Questions on Objective 5:

-Do you have any feedback on the current access to services for those expressing suicidal ideation or clearly at risk?
-Have you been trained in suicide prevention?
-Do you think suicide prevention is relevant in GP practices? If yes, how? If no, why not?

Appendix C: Questions to Youth Council with quoted answers

1. How do you think the loss of a friend or family member affects young people? What support do they need most during this time?

- The young person should know their feelings are valid and they are not to blame.
- It affects young people as it could leave them feeling confused and angry. To support them you should let them know you support them no matter what.

- That they are not alone although they are going through a difficult time there are always people to support them
- You should ensure that they know that they will get past this bereavement and it is not the end of the world.
- The loss of a loved one changes you as a person.
- There should be an ongoing, widespread culture of empathy, as not all of those around us may have good understanding of empathy, especially in those situations.
- The young people mourning for a loved one may feel lost. They may find it difficult to live their life without their loved one
- They need a close understanding friend to talk about how they feel
- I think it would make them feel isolated as they would be overcome with negative emotions. I think they need to be reassured
- Confusion, lack of understanding of what happened
- Excluded from conversations about death or person of loss
- Some young people don't know about services
- Young peoples needs are diverse so its hard to pinpoint support
- Young people will struggle to cope and deal with the loss of a friend or family member as they won't know how to cope with it and I would suggest that if a young person is ever in that situation then they should go counselling to learn how to cope with it
- The loss of a friend or family member would affect a young person for the rest of their lives and could possibly even lead to mental health issues such as depression or anxiety. I also feel like its most overwhelming for young people as when your young you don't expect it

2. What are the most effective ways to communicate to young people about sensitive topics like suicide and mental health? [Any preferred language?]

- I think the best way to communicate to young people about sensitive topics is by talking to the young people in a comforting and enthusiastic manner because young people may feel undermined or told off when being asked to speak about these topics, and shouldn't feel pressured when speaking about how they feel
- Education on these topics from a younger age
- Some way of having a discussion with young people
- Educate people through school, can be spoke about more frequently so people are more aware and can feel comfortable talking and speaking out if ever struggling as they will then know support is there.
- The most effective way to communicate to young people about sensitive subjects is being direct as sugarcoating may lead to them misunderstanding the seriousness of the situation.
- I think trying to destigmatise mental health with the language we use to describe it is very important eg ensuring young people don't feel they are abnormal when they are going through something
- Sometimes you may need to stress the severity of the situation as some young people may not take it seriously enough

3. Where do you think young people feel most comfortable in seeking help if having thoughts of self-harm or suicide?

- Friends which they trust
- I think that the easiest way for young people feel most comfortable in seeking help is through talking to close family/friends and young people would find it easier to get professional help from a wellbeing team at school
- Young people feel most comfortable in seeking help from their friends if having thoughts of self-harm or suicide. Maybe would also seek help from family or the school dependent on the person or the situation
- I think young people feel most comfortable talking to their friends about mental health as they do not feel judged
- Conversations through a screen –message –calls –Zoom –etc
- I think we would feel most comfortable talking to our friends or trusted adult. I think online resources are good too because it removes the aspect of fear and possible shame that comes along with talking about your situation
- Many people may feel a lot more comfortable talking about their feelings online because they do not feel as exposed as it can be more anonymous

4. What can schools do better to educate and communicate with young people about the risks of self-harm/suicide and the importance of seeking help?

- Speaking to young people before parents
- Having a way to anonymously seek help
- Advertising mental health services
- Teachers should be less strict and more welcoming. Reminding children that they are humans too and are willing to support and be there for them
- Educate parents on mental health. Show statistics to children to highlight the reality of it. Have a support system in place. Have conversations about these topics
- Inform children of what to do if struggling, give them alternative resources. Speak more about mental health, making it more important
- Emphasise to us that they are not alone and they should not suffer in silence. Maybe they could volunteer to lend an ear to other pupils so that they can get comfort and guidance from someone who is more similar to them than a teacher
- Schools could treat students a bit more like adults as how can a young person be expected to talk about grown up issues in an environment where they're treated like a child?
- Schools can acknowledge how academic stress can lead to worse mental health as feeling seen helps a lot
- Schools can acknowledge how academic stress can lead to worse mental heath as feeling seen helps a lot
- Parents should be informed on how to encounter such situations, whether it is though a workshop or open discussion at school. As our parent's generation may have a stigma, or especially from when they grew up, they may have been taught little knowledge about mental health

- Schools should have interactive sessions with students about self-harm and suicide to engage them in learning how to deal and support those struggling in these situations

5. Other things mentioned

- They're seeing these conversations on the Internet (eg Tik Tok) anyway; so having teachers not talk about it at all makes them only see these conversations, in mostly toxic and unhealthy ways

Appendix D: Questions for the PSHE (primary school) Network:

-How comfortable are you with discussing emotional health or difficult feelings with your students? Do you feel you have adequate training in this area?

-How do you incorporate activities or lessons that promote self-esteem and confidence in your classroom?

-How do you help students manage and cope with failure or frustration?

-Do you use specific programmes or tools to promote positive self-talk? If not, is this something you'd be interested in if we provided it?

Appendix E: Questions for the BAP (secondary school) Network:

-Do you have initial thoughts based on the feedback from these young people?

-What do you think schools can do to better education and communicate with young people about the risks of self-harm and suicide and the importance of seeking help?

-What strategies and pathways are already in place to help young people regarding self-harm and suicide? How can these be improved?