Havering Suicide Prevention 2024 Annual Report

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Content warning: The content of this needs assessment may be emotionally challenging as it discusses suicide and self-harm.

Support is available:

- Samaritans – a listening service which is open 24/7 for anyone who needs to talk. Call 116 123 or www.samaritans.org/
- Shout – a free confidential 24/7 text service offering support if you're in crisis and need immediate help. Text 85258 or Shout: the UK's free, confidential and 24/7 mental health text service for crisis support | Shout 85258

Foreword

Suicide knows no boundaries of age, sex or background, and its impact is felt acutely by families, friends, and colleagues alike. Every life lost represents not just the end of a unique individual but a ripple effect of sorrow and stigma within our communities.

Preventing suicide is everyone's business, and the progress made in the past year has been made possible through a shared commitment to saving lives and reducing the stigma surrounding mental health challenges. In this report, you will find details of the efforts we have undertaken this year, alongside our partners from across the Council, health services, education, voluntary sector, local communities and more. At the start of our new five-year all-age suicide prevention strategy, we are focused on working across the wider system to further build resilience and break down barriers to seeking help. While progress has been made, we recognize there is still much work to be done requiring ongoing collaboration, investment, and compassion.

Together, we can make a difference to save lives and prevent families and communities from experiencing suicide loss.

Thank you for your time in reading this report, and for your continued support in making Havering a place where suicide is not considered a solution to any problem; where people know where to go for help, and how to help one another.

Mark Ansell

Director of Public Health

1. Most Recent Official Statistics

All findings in this section are sourced from The Office for National Statistics (ONS) report, “Suicides in England and Wales: 2023 Registrations,” which is the most recent publicly available official statistic and presents an analysis of deaths by suicide registered in 2023.

National Data

Overview

There has been a national increase in suicide rates in 2023, compared to 2022 data, to the highest rates seen since 1999. In England and Wales, there were 6,069 suicides registered in 2023 (11.4 deaths per 100,000 people); compared with 5,642 deaths in 2022 (10.7 deaths per 100,000).

By Sex

In England and Wales, males have a significantly higher suicide rate of death by suicide than females (17.4 per 100,000 compared to 5.7 per 100,000). This means that in 2023, approximately 3 times more males lost their life to suicide than females in 2023 (Figure 1).

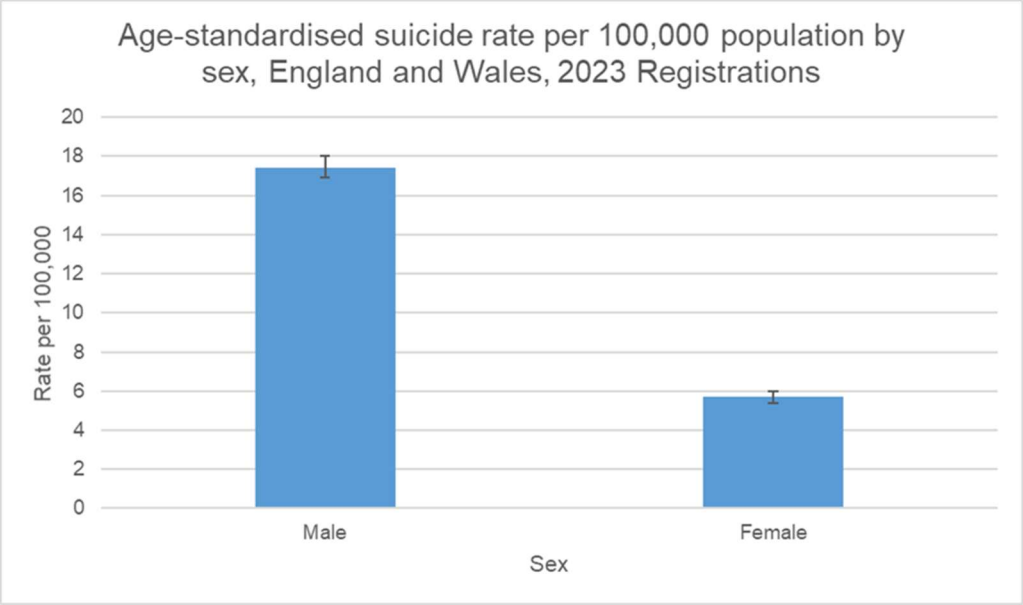

Figure 1 Age-standardised suicide rate per 100,000 population by sex, England and Wales, 2023 Registrations. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

By Age

The 5 year age-group with the highest frequency of death by suicide amongst the whole population in 2023 was 50-54 years (16.3 deaths per 100,000 population; Table 1), as has been the case previously.

For men the age group with highest incidence was 45 to 49 years (25.5 per 100,000) and for women the highest rate was amongst those aged 50 to 54 years (9.2 per 100,000).

Rates increased across all age groups between 2022 and 2023, and the largest increase was seen amongst those aged 45 to 64 years (from 13.4 to 14.8 deaths per 100,000 people).

Table 1 Age-specific suicide rates by five-year age groups (men and women), England and Wales, 2023 Registrations. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

Age Group	Rate
10-14	0.7
15-19	5.4
20-24	9.9
25-29	11.3
30-34	12.9
35-39	14.7
40-44	14.6
45-49	16.1
50-54	16.3
55-59	14.5
60-64	12.4
65-69	10.1
70-74	8.1
75-79	7.7
80-84	9.3
85-89	9.7
90+	11.2

Method of death

As in previous years, the most common method of death by suicide in England and Wales was “Hanging, strangulation and suffocation”, which accounted for almost two thirds of all suicides in 2023 (58.8%; 3,569 deaths; Figure 2). The second most common method continued to be “Poisoning”, representing nearly 1 in 5 deaths by suicide (19.8% of all suicides in 2023; 1,203 deaths).

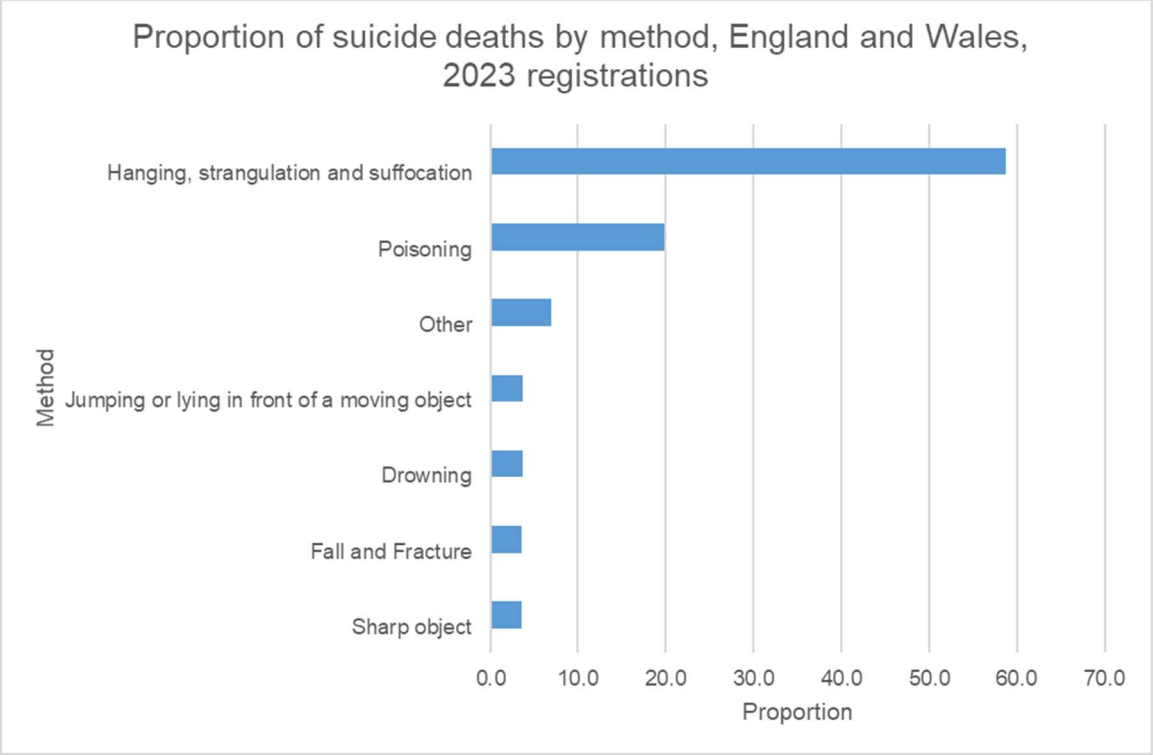

Figure 2 Proportion of suicide deaths by method, England and Wales, 2023 Registrations. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

Havering Data

On average there have been 18 registered deaths by suicide per year amongst Havering residents over the last decade (Figure 3). These are deaths that have undergone coronial review and received a verdict of death by suicide; and consequently, do not always exactly match the information provided through the "suspected suicide" database (See Section 2). This equates to approximately 1 death by suicide every three weeks.

The age-standardised rate of death by suicide in Havering continues to be higher than Outer London and London, albeit this difference is no longer statistically significant (Figure 4).

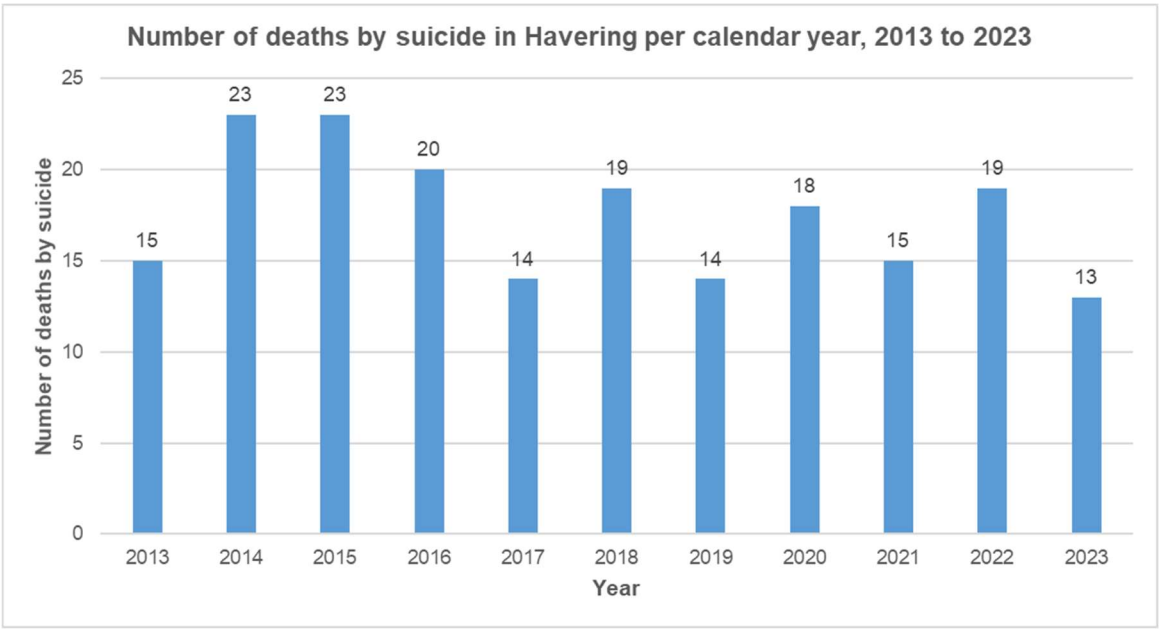

Figure 3 Number of deaths by suicide in Havering per calendar year from 2013 to 2023. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

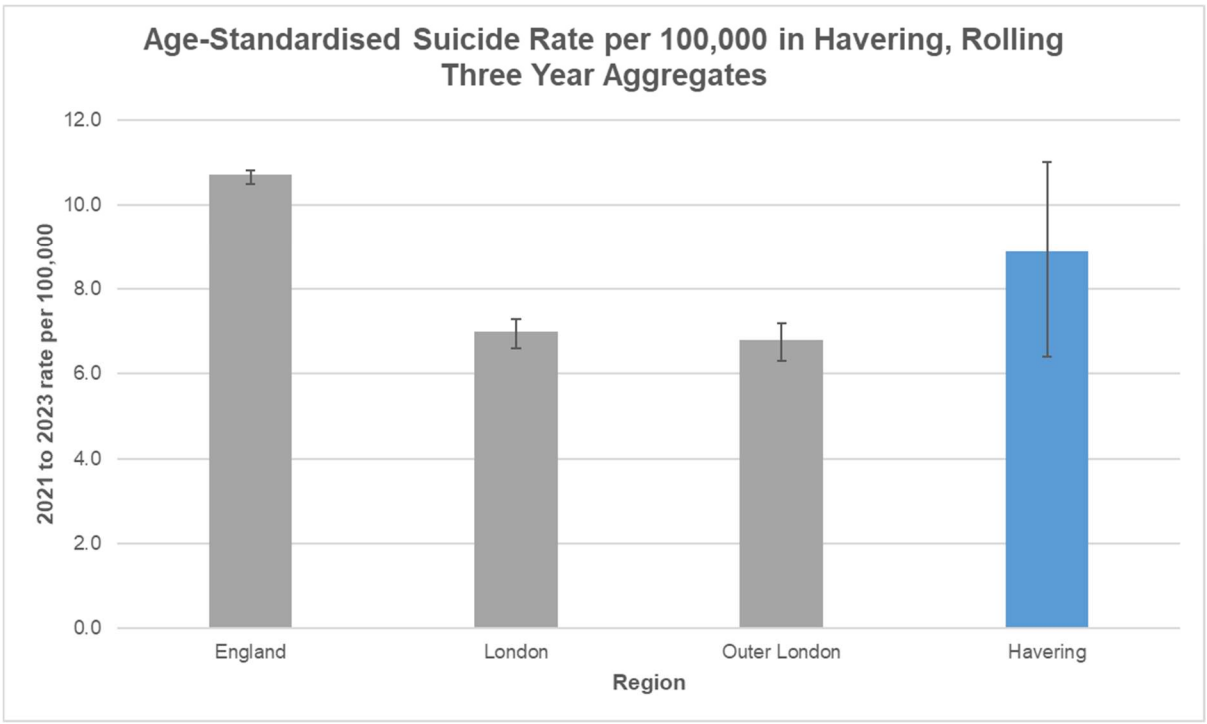

Figure 4 Age-standardised suicide rate per 100,000 in Havering, Rolling Three Year Aggregates for 2021 – 2023. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

2. Overview of Suspected Suicides Occurring in 2024

2024 Summary

- 17 deaths by suspected suicide amongst Havering residents were detailed in the nRTSSS[1] database throughout 2024.
- In 2024 a larger proportion of those who died by suspected suicide were female than expected, based on historic and national data.
- Almost half of the deaths by suspected suicide in 2024 amongst Havering residents took place in a public place.
- Some methods of death were more common than others, and this information will be used to inform local actions for suicide prevention going forward.
- The average age of those who died by suspected suicide was slightly younger than National statistics, and ages spanned a wide range throughout adulthood.
- The average index of multiple deprivation score of deaths by suspected suicide (based on home address) was 4.[2]

Source of data and statistical analysis

The Havering Public Health team has reviewed data extracted from Thrive London's Real time suspected suicide surveillance system (nRTSSS) in January 2025 to review local patterns and inform action. The data sharing agreement with Thrive London, relatively small numbers of cases, and sensitivity of subject matter mean that detailed demographics of the deceased and information regarding method and location of death are not presented in this report. However, the team working on suicide prevention have sight of and utilise person-specific information and share, when necessary, with specific partners involved with response and prevention activity.

A descriptive summary of local data is included. Owing to small numbers no statistical tests have been performed, as this would not be appropriate, instead the Public Health team use medians and interquartile range to describe distribution; as a normal distribution of data is not assumed.

Deaths over Time

As with larger, National data sets local data extracted from nRTSSS over the past 5 years (Jan 2020 – to date) shows that the number of deaths occurring each month varies. However, the number of deaths analysed is relatively small, along with no consideration to other contributory factors (such as economic, social and political

[1] Near Real Time Suspected Suicide Surveillance System

[2] A score of 4 indicates that, on average, individuals that live in these areas are more deprived then 60% of areas in the country, but not among the very most deprived. This suggests that socioeconomic disadvantage may be a contributing factor in some of these cases. While suicide occurs across all social and economic groups, higher levels of deprivation are often linked to risk factors that may contribute to suicidal thoughts and behaviours.

events). Therefore, it would be inappropriate to draw major conclusions from this temporal descriptive analysis. The team will continue to monitor temporal distribution in order to spot patterns and to inform decisions when planning prevention efforts such as media campaigns/outreach.

Demographic summary of suspected suicides

Of the 17 suspected suicides of Havering residents included in nRTSSS in 2024 there was a higher than expected proportion of females when compared to National data. The average age of all of those who died by suspected suicide in Havering was slightly younger than National data, with a wide spread of ages across adulthood.

The home addresses of those who died by suspected suicide had an average index of multiple deprivation (IMD) score of 4.0. It is known from National data and published evidence that suicide risk is unequally distributed across society with those living in more deprived areas at a higher risk of death by suicide, and this is likely to also be the case in Havering.

Ethnicity data is available using the metropolitan police method of collecting and describing ethnicity. This is not self-described, instead using an assessment of ethnicity made by the attending officer. Data is viewed by team members with this caveat in mind, and the potential inaccuracies of this subjective measure. The distribution of recorded ethnicities of those who died by suspected suicide was not unexpected based on the population demographics of Havering.

There were patterns identified in the marital status of deaths by suspected suicide, however this information should also be interpreted with consideration to the age of each individual (i.e. younger people are less likely to be married/in a civil partnership) and owing to small numbers not over-interpreted.

Mental health and substance misuse risk factors

At least one mental health disorder was recorded for the majority of those who died by suspected suicide. This included mood disorders (such as depression or bipolar disorder), anxiety disorders, personality disorders, eating disorders and/or psychotic disorders.

Substance misuse disorders were also detailed on the nRTSSS record for several individuals. Liaison with Change Grow Live (CGL; local substance misuse service provider) enabled the Suicide Prevention team to get a more comprehensive picture for each individual if they had been a client of the service.

Method and Place of Death

The most frequent method of suicide in 2024 did not differ by sex. As a single year of data results in a smaller dataset, several years of local data were examined and over a longer period the most popular method of death differed according to sex, and this

has changed over time. The annual and longer term data on method of death has been used to inform local cross-departmental actions.

Deaths by suspected suicide occurring in Havering throughout 2024 were evenly spread between occurring in a public place/an area visible to members of the public and a residential/private location only accessible to family members/friends. There was no difference in public/private place of death by sex of the individuals.

Whilst every death from suicide has ripple effects throughout the community, deaths that occur in public places have the added impact of members of the public witnessing the death or discovering the deceased. There is also scope for changes to the public environment that could help to deter an individual from attempting to take their own life in a public location.

Individuals known to services

Upon notification of a death by suspected suicide of a Havering resident through nRTSSS the public health team circulate minimal data of the deceased (name, date of birth, date of death) to services across the Council, commissioned services and NHS partners to determine whether or not the deceased was known to them. Services included in this panel are: Change Grow Live (commissioned substance misuse service), Community Safety, Housing, Adult Social Care and NELFT. If known to services, we request relevant details from the service to contribute to the formation of recommendations.

If there is an indication (either from nRTSSS data, or resulting from the information gathering exercise detailed above) that there has been potential for multiple service involvement without optimum liaison between services, then the individual case is made known to Adult Safeguarding partners for their review and expertise as to whether a safeguarding adults review (SAR) would be appropriate. When a review by Adult Safeguarding is requested, data collection co-ordinated by Public Health is put on hold until it is determined whether or not a SAR is appropriate. Of the 17 individuals who lost their lives in 2024 Adult Safeguarding have been asked to review the details of three.

Several individuals were known to council and partner services. Not only does this support our ambition to increase awareness of suicide prevention across the wider system but also indicates a need for processes, that include appropriate staff support, if a client known to the service dies by suspected suicide.

3. Development of new All-Age Strategy for Suicide Prevention 2025-30

From April 2024 the new "All-Age Havering all-age suicide prevention strategy 2025-2030 - Working together to save lives" was developed, and an easy read version of the strategy was also produced. The process of strategy development and consultation facilitated the strengthening of existing cross-sector relationships as well as the formation of several additional working partnerships in areas not previously involved with Public Health-led Suicide Prevention activity.

Public Consultation was hosted on Citizen Space for six weeks launched on 10th September 2024 - World Suicide Prevention Day. Members of the public and professionals were encouraged to complete a consultation survey. Additionally, key professional groups were engaged with and their responses, comments and suggestions invited at several existing meetings/fora at which Public Health requested time to present an overview of the proposed strategy and receive discussion and comments.

Online survey responses were received 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.

Feedback from both the online survey and professional fora were used to inform amendments to the strategy. A full report into the consultation can be accessed here: 7.3 Suicide Prevention Consultation Report.pdf

Implementation of the 5 year strategy has successfully begun, enabled by the active and engaged membership of three key groups; The Suicide Prevention Stakeholder Group, Suicide Prevention Strategy Steering Group and the Lived Experience Advisory Group (LEAG; Figure 5). A detailed action plan has been established and agreed upon, the monitoring of the delivery of which will sit within the Strategy Steering Group that meets quarterly.

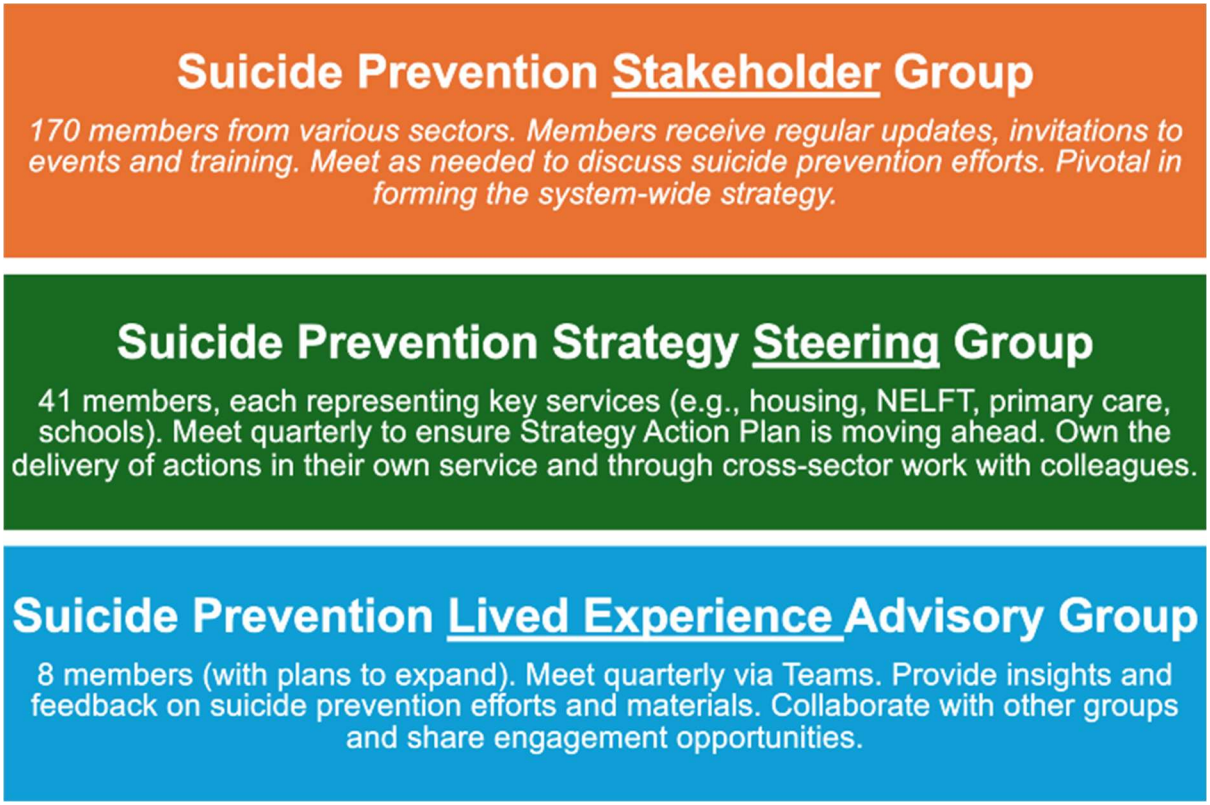

Figure 5 Three key groups essential for strategy delivery. Please note membership is still increasing, so numbers are likely to be higher than those detailed.

4. Review of Deaths by Suspected Suicide

When a death by suspected suicide is notified to the Public Health team via nRTSSS, the process detailed in Figure 6 is followed. Information is gathered from partners across the system, where the individual has been known to the service. This information then informs action locally. As detailed several outputs from other routes of review have been identified, but further work is necessary to ensure that access to these reports/outputs from reviews are visible to Public Health and other stakeholders (as appropriate).

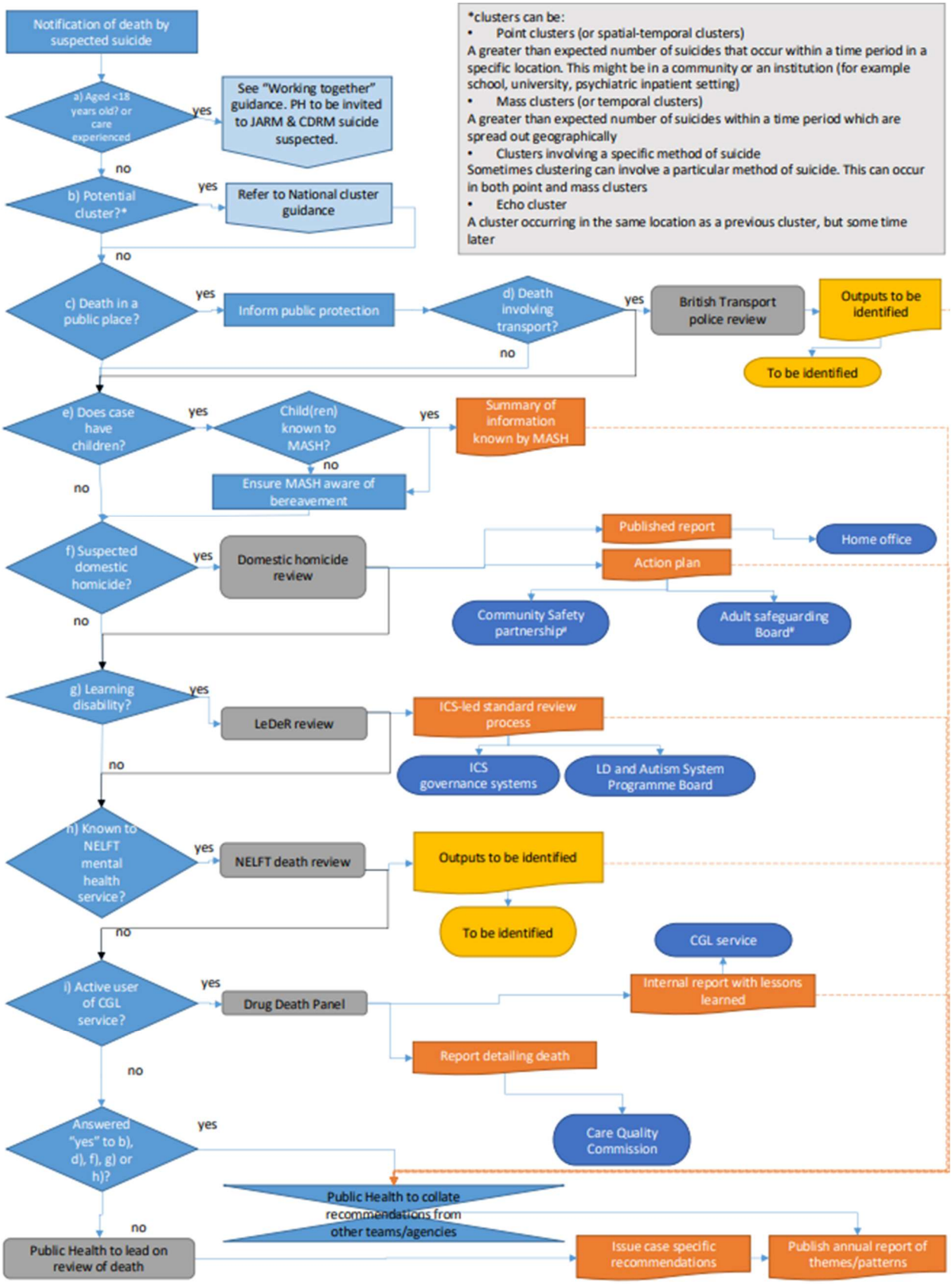

Figure 6 Algorithm detailing the steps taken upon notification of a death by suspected suicide of a Havering resident. NB: if person is under 18 or Care experienced, a Rapid Review regarding a child would take place and then the HSCP Delegated Safeguarding Leads would take a view on whether a Child Safeguarding Practice Review (CSPR) would take place. "working together" guidance is followed. Working Together 2023 criteria

5. Safeguarding Referrals

Based on the algorithm outlined in Section 3, Public Health has referred three cases notified via nRTSSS to Havering Safeguarding Adults colleagues. Two of these three cases have been included in a suicide-themed Safeguarding Adults Review, and we await advice from colleagues regarding the third case. Public Health is also contributing to a SAR regarding a non-Havering resident who died at a location in Havering. Partnership working and relationships across teams has also been strengthened through our work in suicide prevention.

6. Site-Specific Investigations Summary

Background

Two deaths by suspected suicide occurred at the same location within the same rolling 12-month period, resulting in system partners escalating the location as part of their own organizational processes.

Summary of Meetings

A “Multiple Suicide Early Review” panel met, chaired by Havering Public Health with multiagency involvement from Samaritans, Havering Community Safety, Change Grow Live, Havering Adult Social Care, Havering Communications, MET Police and Network Rail.

Following the initial meeting, a Site-Specific Subgroup met to consider further actions for the site with multiagency involvement from Havering Public Health, Havering Parks, Samaritans, MET Police and Network Rail. Invitations sent to ASLEF Executive Committee, the train drivers union.

Recommendations for suicide prevention interventions at specific site

The following four recommendations are made based on both the likelihood of supporting suicide prevention at this specific site and the feasibility of delivery in both the short and long term.

1. **Distribute leads and/or dog waste bag holders to dog walkers and members of the community with information on assisting individuals in distress to promote collective responsibility.**

Pros and Cons according to PHE Preventing Suicide in Public Places Resource Guide[1]

Pros	Cons
-Human contact is the best defense against isolation and hopelessness -Compelling anecdotal evidence of effectiveness -Suicide prevention ‘is everybody’s business’ -Not method of death-specific - Precedence elsewhere in the country at level crossing sites (e.g. Liverpool)	-Resource requirement from VSO partners

Response from Samaritans partners: Branded dog waste bag holders no longer available, although the idea fits well with the Small Talk Saves Lives campaign. Needs consideration for distribution methods and locations.

2. **Improve Samaritans signage at the location to ensure better visibility for those who may come to the site experiencing suicidal thoughts or intent.**

Pros and Cons according to PHE Preventing Suicide in Public Places Resource Guide[1]

Pros	Cons
-Limited evidence of effectiveness for signs alone -Evidence of effectiveness for telephones -Not method-specific	-May advertise potential lethality of a site -Signs and telephones rely on suicidal individual to make the call -Signs without telephones require adequate mobile phone signal coverage -Resource requirement from VSO partners

Response from Samaritans partners: To be discussed with Network Rail and level crossings manager, as Samaritans signage is not routinely placed at level crossings due to potential information overload from existing safety signs. There is also concern that additional signs might negatively highlight the area as a suicide location.

3. **Review Samaritans signage at other similar sites in Havering to ensure better visibility for those who may come to the site who may be in crisis.**

Pros and Cons according to PHE Preventing Suicide in Public Places Resource Guide[1]

Pros	Cons
-Limited evidence of effectiveness for signs alone -Evidence of effectiveness for telephones -Not method-specific	-May advertise potential lethality of a site -Signs and telephones rely on suicidal individual to make the call -Signs without telephones require adequate mobile phone signal coverage -Resource requirement from VSO partners

Response from Samaritans partners: To be discussed with Network Rail, however there is general reluctance to place signs at these locations as evidence does not support its prevention. Signage placement depends on whether a specific location shows significant risk of suicide or trespass.

4. **Visit adjacent public houses to hand out cards and hang up Samaritans posters**

Pros	Cons
-Anecdotal evidence of effectiveness from colleagues in Liverpool with similar situation -Thatched House Pub is directly opposite the entrance to the footpath to the south of the site, so residents	-Limited evidence-based research done of effectiveness in the UK -Resource requirement from VSO partners

who walk along the path may also frequent this pub.	

Response from Samaritans partners: Action can be discussed with local branch. Past experience shows pubs may prefer posters in toilets rather than public areas. “Small Talk Saves Lives” posters could be distributed.

5. **Add sensor lighting (blue) at the site**

Pros	Cons
-Evidence of effectiveness in Japan, with 2013 study showed that suicides decreased by around 84% after installing the blue lights[3]	-Limited evidence-based research of effectiveness in the UK -Animals could set the lights off -Resource required to pay for, install and maintain on network rail property

Response from British Transport Police partners: *British Transport Police response yet to be received.*

7. NEL Cluster Response Plan

Havering Public Health were one of the lead contributors to the NEL Suicide Cluster Response plan developed in late 2024. Since agreement by partners in early 2025 the plan has been implemented by colleagues in neighbouring boroughs in response to deaths by suspected suicide. This plan is an iterative document and lessons learned will be incorporated into future versions, the Governance of the document is still to be agreed.

Briefly, the document was developed to provide reactive operational support for professionals working in North East London in identifying and responding to the risk of multiple linked deaths by suicide (suicide clusters) in order to:

- Reduce the risk of suicidal behaviour among people with a link (either temporal, geographical or societal) to a person who has died by suicide or attempted suicide and
- Reduce physical or emotional harm among people affected by suicide deaths.

It is expected that each area will have a longer-term suicide prevention strategy in place which will, amongst other things, seek to address the upstream risk factors of death by suicide as well as reduce the inequalities relating to suicide risk

8. Recommendations

1. Adopt and implement a local all-age suicide prevention strategy to ensure best use of local data, intelligence and partnership working
2. Continue reviewing each suspected suicide amongst Havering residents to gather relevant information to inform prevention efforts
3. Gain clarity on the outputs of reviews conducted by wider systems partners and scope possible access to reports with timeline review and incorporation of finding and recommendations into our local prevention efforts.
4. Scope the possibility of obtaining additional data sources for suspected suicides beyond nRTSSS.
5. Work with GP Practices across the borough to include their expertise in the suspected suicide review panel process.
6. Implement the agreed action plan resulting from the Havering strategy. (High level action plan detailed in Appendix A

Appendices

Appendix A High-level action plan, developed by organisations/representatives of the Havering Suicide Prevention Stakeholder Group.

High-Level Action	Actions
Identify those at increased risk and applying the most effective evidence-based interventions for our local population and setting	1.a Public Health will establish a systematic review panel and protocol, defining clear roles, responsibilities and meeting frequency.
	1.b Public Health and relevant partners will conduct comprehensive reviews of suspected suicides in Havering. From these, the panel will produce case-specific recommendations and lessons learned to develop a comprehensive understanding of the context and potential preventive measures.
	1.c Public Health will engage with MET Police colleagues and THRIVE London colleagues annually to review the suicide prevention panel and to improve data sharing.
	1.d Public Health will produce an Annual Suicide Prevention Report (ASPR), incorporating both epidemiology and gathered recommendations from suicide panel reviews, and findings from any relevant SARs and progress for the suicide prevention action plan.
	1.e Public Health will update and maintain mapping exercise to identify key strategies, policies, work areas and commissioned services to strengthen suicide prevention efforts.
	1.f All stakeholders will conduct thorough review of existing policies, strategies and service provision to ensure that suicide prevention is included.
	1.g Public Health will collaborate with relevant stakeholders to investigate and address gaps in referral pathways throughout services and organisations.
	1.h Children and Young People's Emotional Wellbeing and Mental Health Strategy will be developed, and to include young adults who are care experienced (up to age 25) in transition to adults services.
	1.i Safeguarding Team will conduct a retrospective exercise to consolidate findings and recommendations from past reviews of suicides. Then, Public Health will review the information extracted and consider how to disseminate findings.
Prevention activities across the system including increasing knowledge and reducing stigma	2.a From suicide review panel, immediate preventive measures will be implemented based on review findings, engaging with local authorities and stakeholders to enhance safety in high-risk and/or public areas.
	2.b Partners will promote Havering's Suicide Prevention Training Directory.
	2.c Public Health will work with PCN Leads to increase uptake of suicide prevention training among primary care staff.
	2.d Partners will promote suicide prevention training for community members that support people who have an increased risk of suicide or self-harm, or that provide support to people around distressing life events.
	2.e Public Health will investigate integrating suicide prevention into Community Engagement work (Health Champions).
	2.f Public Health will develop and improve approach to increase training uptake in Havering, including consulting with other Boroughs and NEL Training Hub.

	2.g As part of a Health in All Policies approach, Council services will integrate suicide prevention measures into the Council workforce by providing internal suicide prevention training and incorporating these measures into new or existing Council policies, for example, creating a staff guidance/protocol following a death of a service user by suicide.
	2.h Public Health will maintain up-to-date, brief resource that clearly directs individuals to self-harm and suicide prevention services, covering early intervention, prevention and postvention services.
	2.i Havering Communications and Public Health will develop a digital (QR code) and printable signposting guide for suicide risk factors, distributing it digitally to key partners and across the Borough, including libraries/community hubs, council services, places of worship, and incorporating the QR code on relevant Council materials.
	2.j Public Health will maintain and update suicide prevention council webpage.
	2.k Public Health will develop a communications and engagement plan to amplify national campaigns locally, coordinate activities for World Suicide Prevention Day and World Mental Health Day, and deliver an annual webinar on World Suicide Prevention Day. This plan will include involvement of people with lived experience.
Support at both individual and population levels, including those at risk of suicide and the bereaved	3.a Relevant services will recognise and put in place measures to support the specific needs of at risk and/or vulnerable groups in need of additional support.
	3.b Anchor organisations (e.g., the NHS, schools, police, fire service) will ensure that frontline staff receive sustained and evaluated support for dealing with the impact of suicide in their profession.
	3.c Public Health will form a reference group comprised of selected professionals and individuals with lived experience (“Expert by Experience”) to provide feedback on various actions as part of the Havering Suicide Prevention Strategy such as reviewing an input into documents published by the suicide prevention public health team, leveraging existing connections with established groups, and amplifying the voice of those with lived experience.