

Report title: Prevention of Suicide

Meeting	Health and Adults Social Care Scrutiny Panel
Date	22nd April 2026
Cabinet Member (if applicable)	Cllr Beverly Addy
Key Decision Eligible for Call In	N/A

Purpose of Report: To provide an overview and update on suicide prevention in Kirklees. (Mental health has previously been brought to the panel meeting in August 2024, August 2023 and July 2022. Suicide prevention specifically was last brought to scrutiny panel in February 2022).

Please note that this report discusses suicide. Therefore, the information in the report may be difficult for some people to read. If you have recently been bereaved by suicide you may want to access this information later.

Recommendations

That Scrutiny provide feedback on the report and suggest further ways in which officers, councillors and broader Kirklees organisations can:

- Access and understand the findings of the 2019-2021 suicide audit and consider what is in their gift to take forward and act upon.
- Encourage and enable organisations and services to undertake the free Zero Suicide Alliance (ZSA) training, to support more people to have a conversation and ask direct questions about suicide
- Ensure they have representation at the suicide Prevention Action Group (SPAG).
- Access and understand the Suicide Bereavement Service offer and proactively refer anyone they work with who has been bereaved by suicide.

Reasons for Recommendations

- The 2019-2021 Suicide Audit (link to summary in appendix A) pulls together in one place the findings and themes from all the people we sadly lose to suicide in Kirklees. It is crucial that we are all aware of what these risk factors are, to raise our own awareness, but more importantly to consider what is in our gift to act on and improve.
- People who feel suicidal don't always reach out for help from a clinician or professional. Therefore, it's important that we all develop our confidence in asking the right questions when we notice signs and symptoms in people around us. The free ZSA training helps us all to do this.
- The SPAG is a multi-disciplinary forum to connect organisations and services across Kirklees to the suicide prevention agenda, enabling a collaborative approach to suicide prevention at place and ensuring messages are cascaded
- By referring people to the suicide bereavement service or making them aware of the service, you're helping to prevent future suicides.

Resource Implication: NA	
Date signed off by <u>Executive Director</u> & name	Give name and date for Cabinet / Scrutiny reports Rachel Spencer-Henshall 9/4/26

Electoral wards affected: NA

Ward councillors consulted: NA

Public or private: Public

Has GDPR been considered? Yes

1. Executive Summary

- Suicide rates remain stable in Kirklees. We must work across our system in making suicide prevention everyone’s business to turn the curve and drive down suicide rates.
- The Suicide prevention action group continues to provide the space for multi-agency collaboration, connecting and sharing of important work.
- Key findings from the Suicide Audit (2019-2021) include:
 - nearly 4 out of 5 deaths were male
 - Kirklees highest rates by age band are 36-45 for females and 46-55 for males
 - 44% of people were single
 - just over half of people who died were economically inactive
 - 65% had a diagnosed mental health condition
 - 57% had at least one physical health condition
 - bereavement was the highest common risk factor recorded (42%)
 - People who were referred rather than signposted to services were more likely to make contact

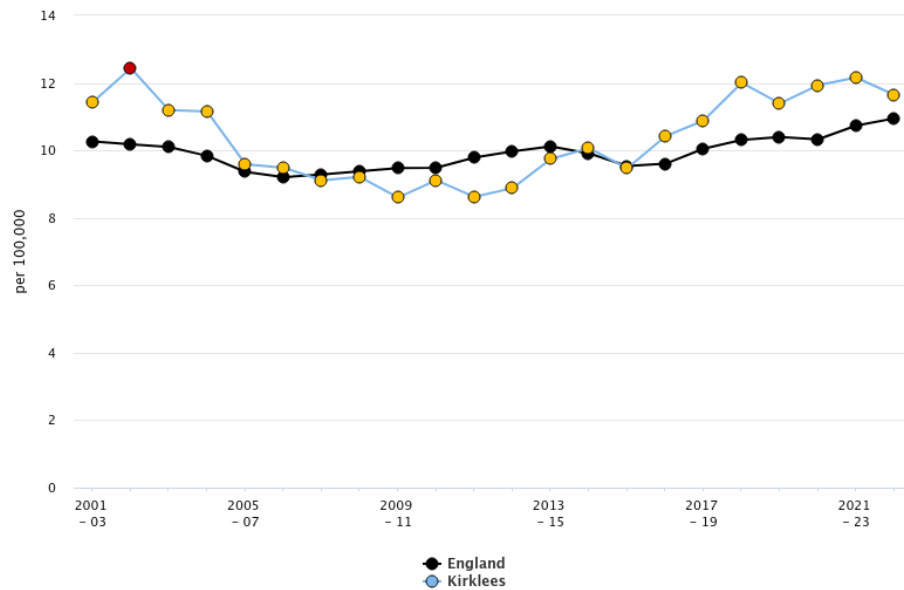
2. Information required to take a decision

The bullet points below outline the areas we have been asked to bring forward for this Scrutiny discussion.

- **Statistics for Kirklees**

The chart below provides a visual representation of the suicide rate (via 3-year rolling averages) from 2001-03 to 2022-24 (Office for National Statistics, ONS, 2026). It is important we observe suicide rates over time, as the numbers of people dying by suicide is relatively small from a population perspective, which makes drawing conclusions difficult. By observing the trends over a longer period, we can see that the suicide rate in Kirklees has remained stable, with the current rate being 11.6 deaths per 100,000 population for 2022-24.

Suicide rate (Persons) for Kirklees



The most recent data for suicide (2022/24) tells us that Kirklees has a slightly lower rate than the Yorkshire and Humber average (11.6 compared to 12.7 per 100,000 population) and a slightly higher rate than the England average which is 10.9 per 100,000 population.

When making comparisons before and after 2018 caution must be taken. This is because the standard of proof used to conclude whether a death was caused by suicide in England and Wales was lowered from the criminal standard (beyond all reasonable doubt) to the civil standard (on the balance of probabilities).

The Office for National Statistics concluded that “it is likely that the change in the standard of proof did increase deaths registered as suicide” and that the change “does affect the comparability of figures”. However, the ONS also found that “the change was not large enough to create a discontinuity in our time series from 1981”.

The most recent suicide rates (2022/24) per 100,000 population across West Yorkshire are:

Bradford: 11.4

Calderdale: 16.3

Kirklees 11.6

Leeds: 11.7

Wakefield: 15.7

Yorkshire and Humber – 12.7

England – 10.9

- **What is the work done at each stage of prevention**

Maintaining good mental wellbeing

Protective factors such as social support, income, good housing and access to green spaces, lay the foundations for good mental wellbeing, therefore it’s important that not all solutions sit within a service offer, especially from an early intervention and prevention point of view. Health promoting messages and campaigns remind everyone what we can all do to look after our mental wellbeing. Things such as the ‘Five Ways to Wellbeing’ (a review of evidence by the New Economics Foundation in 2008, which suggested the following five actions in our day to day lives are important for wellbeing), are still relevant and routinely referred to in national campaigns. Activities such as learning a new skill or hobby, being active in your local

community, volunteering and giving back, moving more, eating well, and taking notice of the environment and outside space around you are all evidence-based self-care tools for maintaining positive wellbeing.

The Community Plus Fund Panel supports early, preventative activity that helps improve wellbeing, giving grassroots organisations the opportunity to deliver local support aligned to the five ways to wellbeing in communities and places.

Low to medium mental health

When people might start to notice that they are having more bad days than good days, it's important we all take notice of that in ourselves, but in others too. In Kirklees we have a range of support services which can start to help people take early steps to managing their mental wellbeing. These include:

- Community plus: supports residents and communities in Kirklees to be safe, connected and well.
- Wellness service: wellness coaches work with residents in Kirklees to develop personally tailored health and wellbeing goals.
- The Working Together Better Partnership (WTB) (who supported 2,243 people across Kirklees in 2025/26): a partnership of adult mental health services in Kirklees who support people to find their way to better mental health.
- Talking Therapies: psychological support from the NHS for conditions such as low mood, depression, anxiety and PTSD.
- VCSE organisations such as Andy's man club, Luke's Lads, Mens Talk, Mens Walk and Talk group
- Kooth (for young people up to the age of 25): free, anonymous online support for young people aged 13 plus who needs help with their mental health.
- Invictus wellbeing: commissioned by South West Yorkshire Partnership NHS Foundation Trust for young people ages 11-25 with mild to moderate mental health concerns, offering counselling, one to one support and peer support.

Crisis support

When someone is in danger and there is an imminent threat to life, the police should be called. If someone is feeling suicidal, but has no immediate plan in place, we have a range of support options for people across the district.

- Single point of access (although not a crisis service), professionals can refer here and people can self-refer to be triaged for suitability for secondary care mental health services
- Here for you: same day urgent mental health support in a safe place, for anyone aged 16 and over who is struggling to cope or experiencing thoughts of suicide or self-harm.
- NHS 111, option 2
- New West Yorkshire All Age 24/7 Crisis text service 'BRIGHT'

- **Bereavement support after suicide**

Activities undertaken after someone has been bereaved by suicide is known as postvention. The impact of a suicide on society can be far reaching. Previous research suggests up to 135 individuals are affected by each suicide, impacting nearly one million people a year in the UK (Cerel, et al., 2018). People bereaved by the sudden death of a friend or family member are 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural causes (Pitman, Osborn, Rantell, & King, 2016). Postvention work is therefore prevention and is an essential component of any suicide prevention strategy in communities. We know from our most recent suicide audit (2019-2021) that 42.4% of those who died by suicide had suffered bereavement, with 8% of those bereaved by suicide (across Bradford, Calderdale and Kirklees).

In Kirklees we have support via Leeds Mind who provide Suicide Bereavement support across West Yorkshire. This contract is currently funded by West Yorkshire ICB, and the contract comes to an end in March 2027. In Kirklees we also have a postvention practitioner specifically in post to support children under 18 who have lost a family member or loved one to suicide. This is funded by Kirklees Council.

For the year 2025/26, 18 adults and 16 families in Kirklees (equating to 8 adults and 16 children under 18) accessed support from the suicide bereavement service.

- **Progress made on suicide and what work is being undertaken to prevent suicide**

Key achievements made on the suicide prevention agenda in Kirklees over the last 18 months are described below.

Suicide Prevention and Service Development

- Extensive roll out of guide for professionals working with young people who self-harm
- A pilot service called 'Stepping Stones' (provided by Leeds Mind), launched across Calderdale, Kirklees and Wakefield for people who have previously self-harmed or attempted suicide, based on findings from suicide audit which told us that 45.8% of the total population had a history of suicide attempts. For Kirklees 61.5% of females who died by suicide had a previous attempt recorded, and 44.2% of males had a previous suicide attempt recorded.
- Developed, and initiated a new suspected suicide multi-agency learning panel to establish any key learnings for future prevention. Key themes we've observed so far include mental health co-occurring conditions, substance misuse and addiction, history of self-harm and long term and/or incurable physical illness. Examples of actions we've undertaken because of the learning panels include: proactive partnership work with Network rail, linking together of organisations who didn't know their offer and potential for strengthening of partnership working where individuals were known to services.
- Undertook a suicide audit with the coroner for the period of 2019-2021 (Appendix A), and a new audit is currently being scoped using their new electronic system
- Findings of current audit were shared extensively across the district
- Using findings from the audit, a primary care task and finish group has been set up to look at how we support primary care to strengthen their work around suicide prevention

Training and Workforce development

- An on-line harms workshop was delivered as part of the (SPAG) in partnership with Samaritans, to raise awareness amongst front line practitioners about the importance of asking about online use of self-harm related information
- Two staff members have undertaken a Foundation level train the trainer in Trauma and adversity to be able to deliver to council staff
- The Kirklees Wellness service continues to deliver the free 'Mental health for you and others' course across the Kirklees district with 117 people attending a total of 13 courses in 2025/26

Tools, Resources and Innovation

- The Kirklees Mental health support card has been updated, with targeted distribution to pharmacies over the winter period and approximately 20,000 distributed in 2025
- Front line worker guidance documents have been updated and shared, to encourage conversations around suicide and increase confidence in knowing what to say

Regional and Strategic Collaboration

- Worked across West Yorkshire to establish a funding solution for the next 12 months for the West Yorkshire Police Real Time Surveillance role

- **Andy's man club & other organisations to provide an update**

Partners and VCSE organisations have been invited to join the panel meeting to highlight the range of support available for people across our district, ranging from early intervention and prevention, through to crisis support.

Additional updates include:

Andy's Man club – there are now 6 clubs across Kirklees: Batley, Cleckheaton, Dewsbury, Holmfirth, Huddersfield and Mirfield. There was an average of 21 men attending each club every week in 2025, with 368 men attending for the first time in this year.

Third Sector Leaders (TSL), Community Champions: Over the past two years, TSL Community Champions have delivered two mental health campaigns, including a focus on suicide prevention, across Kirklees.

A network of 90 trained Champions, speaking over 20 languages and bringing valuable lived experience, has been central to this work. Champions are trained in mental health and wider wellbeing topics such as isolation, cost of living, smoking, blood pressure, and practical support. Through these campaigns, Champions:

- Held 2,000+ one-to-one conversations
- Delivered and attended 142 group sessions in community settings, including faith centres and schools
- Reached 32 ethnic groups and 18 ethnicities across Kirklees
- Worked with 20 community organisations to engage underserved communities

Champions have raised awareness, reduced stigma, created safe spaces for conversations, and connected people to local support—helping to reduce isolation and strengthen community networks.

Delivered in partnership with public health and Calderdale and Huddersfield NHS Foundation Trust, this work continues with further training, including Making Every Contact Counts (MECC), open to community groups across Kirklees.

- **Armed forces veterans, number in Kirklees and suicide rate of these**

According to the ONS census data (2021) the total number of Kirklees residents that have previously served in the armed forces is 11,791. We know from the most recent suicide audit (2019-2021) that 4% of the audit population were veterans or currently serving in the UK armed forces; this is across Bradford, Calderdale and Kirklees. Although small numbers were recorded, we know that veterans face multiple challenges which put them at greater risk of suicide including, mental health conditions, chronic pain and social isolation and should therefore remain a key high-risk group.

Through the Kirklees Armed Forces Covenant Board there have been dedicated meetings associated with this agenda. In February 2025, there was a Veteran Friendly GP Accreditation meeting, where 28 GP practices across Kirklees attended. There were 14 GP practices registered on the Royal College of General Practitioners (RCGP) database before the meeting

and there are now 26 GP practices registered within the scheme. There are 64 GP practices across Kirklees, so that is 40% which are Veteran friendly.

3. Implications for the Council

3.1 Council Plan

Suicide prevention aligns strongly with the Kirklees Council Plan by supporting its core aims of improving health and wellbeing, reducing inequalities, and promoting safe, resilient communities. It contributes to preventing crisis through early intervention, addressing the social factors that increase risk for suicide, and working in partnership across services. Although not a standalone priority, it is embedded across the plan as a key part of achieving better outcomes for residents.

3.2 Financial Implications

NA

3.3 **Legal Implications**

NA

3.4 **Climate Change and Air Quality**

NA

3.5 **Risk, Integrated Impact Assessment (IIA) or Human Resources**

Risk

- NA

Integrated Impact Assessment (IIA)

- NA

Human Resources

- NA

Armed Forces Covenant

- NA.

Positive or negative impacts

- There is currently no funding secured for the continuation of the Suicide bereavement service (for adults) beyond March 2027. This would have a negative impact on those impacted by the loss of someone to suicide and the ability to provide proactive support and outreach in this situation in the future.

4 **Consultation**

NA

5 **Engagement**

NA

6 **Options**

6.1 **Options Considered**

It is recommended that the panel consider the detail in the report and highlight any areas they would wish to see explored further or prioritised.

6.2 **Reasons for recommended Option**

NA

7 Next steps and timelines

- Continue to deliver a multi-faceted approach to suicide prevention and review SPAG membership to ensure representation from across the system
- Priorities for 2026/27 include:
 - Supporting our education colleagues to embed the new secondary school suicide prevention in the curriculum requirement as this is due to start in September 2026
 - continuing the work around strengthening suicide prevention in primary care. We know that 57% of people in the suicide audit had accessed their GP within 3 months of their death, but only 7% had disclosed self-harming or feeling suicidal at this appointment
 - agree and establish a sustainable suicide prevention training offer as we currently have a gap for people to access free, sustainable training
 - benchmark ourselves against the 'mentally healthier council framework' to consider what we're doing well but more importantly where some of our areas for development might be. It sets out a clear call to action for councils to strengthen mental health and wellbeing across their communities and workforce
 - have a focus on neurodiversity within one of our SPAG meetings as National evidence tell us that neurodivergent individuals often experience increased risks of mental health challenges and suicide due to social stigma, discrimination and feelings of isolation and we need to consider what local strategies are needed to support this.
 - consider what more we can do to reach those who live alone across Kirklees as we know from the suicide audit that 43% of the people who died by suicide lived alone
 - support Single Point of access with up-to-date information about what support is available across Kirklees for people who contact them
 - continue to monitor public places used for suicide in Kirklees
 - work with Bradford and Calderdale council to deliver a new suicide audit for period of 2022-2024

8 Contact officer

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9 Background Papers and History of Decisions

NA

10 Appendices

Appendix A: A summary of key findings from the suicide audit covering deaths between 2019 and 2021: [Bradford – Calderdale - Kirklees Suicide Audit 2019-2021](#)

11 References

Cerel, J., Brown, M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2018). How Many People Are Exposed to Suicide? Not Six. Suicide and Life-Threatening Behaviour.

New Economic Foundation (2008) Five Ways to Wellbeing. Accessible via: [Microsoft Word - Five ways to well-being the evidence.doc](#)

ONS (2026). Suicide prevention, fingertips, accessible via: [Suicide Prevention - Data | Fingertips | Department of Health and Social Care](#)

Pitman, A., Osborn, D., Rantell, K., & King, M. (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of

3432 young bereaved adults. Mental health research.

12 Service Director responsible

Rachel Spencer-Henshall Deputy Chief Executive and Executive Director for Public Health and Corporate Resources