

Hertfordshire Public Health Suicide Prevention Strategy 2025 - 2030



Hertfordshire

Content Warning and Support

This strategy will discuss sensitive topics relating to suicide and self-harm, alongside discussion of local and national statistics related to suicide.

Please do prioritise your mental wellbeing. If you are affected by any of the topics in this strategy, then our [mental wellbeing booklet](#) has details of where you can access support based on different needs. You can also learn more on the [mental health wellbeing webpage](#).

The following organisations are also available to help:

- Samaritans: for free, no-judgement conversations, call 116123
- Togetherall: an online peer to peer platform supporting people 24/7, which is clinically moderated. [You can join here](#)



We believe that suicide is everyone's business

Every death of an individual by suicide is a tragedy. When someone takes their own life, the tragedy has a ripple effect causing loss and distress to family, friends, colleagues, and those who may have witnessed the suicide. We need to do everything we can to prevent these desperate situations where people feel that their only choice is to take their own lives.

We have developed this strategy following engagement work with professional organisations and by listening to the voices of those with first-hand experience. We have also analysed data through our suicide audits and our surveillance system to help us identify areas of focus and to ensure that we are serving our diverse communities.

This strategy will guide our work in understanding the needs of our communities and putting in place measures to prevent suicide. This strategy has been a collaborative effort.

Thank you to all our partners and colleagues who work so passionately to prevent suicide in Hertfordshire.



Sarah Perman

Director of Public Health,
Hertfordshire County Council

Supporting Statements

Suicide prevention requires action across the health, social care and public health system. There is an important role for upstream preventative action that targets the social determinants that impact on population resilience and mental wellbeing.

In Hertfordshire, we have strong local intelligence systems that help us understand our population and identify where targeted population level activity could help prevent suicide attempts and death by suicide. We need to build on the great work that has already been undertaken, to ensure nobody in Hertfordshire feels suicide is their only option.

Aideen Dunne

Associate Director and
Consultant in Public Health,
Hertfordshire County Council



We continue to be committed to preventing all suicides across our community, by engaging and learning from those with a lived experience, training and supporting our staff, improving our care environments, and ensuring timely and effective interventions to those in distress. Together we can prevent suicide.

Dr Emma Wadey

Chief Nursing Officer,
Hertfordshire Partnership
NHS Foundation Trust



When people are in mental health crisis, they may need support and services from different organisations and different people. By bringing together and coordinating our local resources, experience and expertise, we can make sure that people receive the most effective and appropriate care.

This Strategy provides clear priorities which all organisations can take forward together. Our Mental Health, Learning Disability and Neurodiversity Health and Care Partnership is committed to supporting this strategy and playing our part in preventing suicide across Hertfordshire.

Ed Knowles

Development Director,
Hertfordshire Mental Health,
Learning Disability and
Neurodiversity Health and Care
Partnership

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Background and Context



Public Health take a system leadership role on suicide prevention as mandated nationally. Public Health work to protect and improve the health of people and their communities. The focus is on prevention (primary, secondary and tertiary) through organised, collaborative efforts at an individual and population level¹¹.

(Full list of definitions on slide 10)

Mental health is not static, individuals and populations can move between states of good mental health, deteriorating mental health and crisis. The role of public mental health is to ensure the local system is working together to collectively implement primary, secondary and tertiary preventative action¹.

Good public mental health, like suicide prevention, is everyone's business and should be implemented at a population level and integrated into prevention and clinical pathways.

Key Message

Our vision: Working together with our partners to prevent suicides and promote mental wellness, ensuring that every person in Hertfordshire feels heard, supported and equipped with the help they need.

Suicide Prevention Matters to Everyone

Key Message

Suicide prevention is everyone's business.

This is reflected in not only national mental health policy, but the policies and guidance from other government departments...

Education

The Department of Education [Relationships and Sex Education \(RSE\) Statutory Guidance](#)¹ states schools are expected to:

- **Address suicide prevention safely** as part of their RSE curriculum
- **Equip staff with the knowledge and skills** to have these conversations safely
- **Open up conversations** about mental health and how to seek support.

Media

The Government's [Online Safety Act \(2023\)](#)⁴ places legal duties on online platforms to protect users from harmful content related to suicide or self-harm. There are also enhanced safeguards for children and young people.

Justice

The Ministry of Justice and HM Prison and Probation Service Probation [Prison Safety Policy Framework](#)³ reinforces suicide prevention as a key part of prison safety:

- **Training** to spot signs and reduce environmental risk
- **Mandatory actions** for staff around supporting and identifying prisoners at risk
- **Safer custody protocols**
- **Peer support for prisoners.**

Government Missions

The UK [Government's mission](#)² to 'Build an NHS fit for the future' includes a focus on prevention and reducing early deaths from suicide.



Health

[Fit for the Future – 10 Year Health Plan for the NHS](#)⁵ suicide prevention is included within the broader **shift from sickness to prevention**, emphasising early support and community resilience

The Department of Health and Social Care's [Major Conditions Strategy](#)⁶ recognises **mental ill health** as a major health condition and aims to improve **prevention, early diagnosis and prompt care**. Suicide prevention is a key part of this.

Defence

The Ministry of Defence [People Health and Wellbeing Strategy](#)⁷ identifies **suicide prevention and mental wellbeing** as key priorities.

Local suicide prevention strategies are most effective when they are grounded in national evidence and tailored to community needs. In England, a suite of national documents (described here), provide the strategic, clinical and research foundations for this work. Together, these documents set the national context, and ensure that local authorities, NHS organisations and community partners can align their efforts with a shared, evidence-based approach to preventing suicide.

Suicide Prevention Strategy for England, 2023-28⁸

This strategy is the Government's five-year plan to reduce suicide and self-harm across the country. It brings together health services, local authorities, voluntary organisations and communities, listing the responsibilities of local authorities to take early action, support those who may be struggling, and save lives.

The strategy identifies the following key priorities in suicide prevention in England:

1. **Improving data and evidence** to make sure that the help people get is based on what works, and is regularly updated
2. **Tailored, targeted support** to groups who may need additional support, to ensure that help is effective and accessible for everyone
3. **Addressing common risk factors** linked to suicide, so they can be spotted early and support offered
4. **Promoting online safety**
5. **Helping people in crisis** quickly, wherever they go for help
6. **Reducing access to ways in which people can harm themselves**
7. **Supporting people and communities** who have been affected by suicide
8. **Making suicide prevention everybody's business**

NHS England: Staying Safe from Suicide⁹

Published in 2025, this guidance outlines a new approach for mental health services. It moves away from using risk scores like 'low' or 'high' risk, and focuses on the following principles:

- Building **trusting relationships**
- Looking at the **whole person**
- Understanding **what affects safety**
- Making a safety plan **with the individual, not for them**
- **Updating safety plans regularly** and keeping them flexible
- Basing care on the **best available research** and real-life experience
- Listening to people with **lived experience**
- **Respecting everyone's background** and making sure care is inclusive
- **Communicating clearly** in a way that is best for the individual
- Keep **learning and improving**

National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)¹⁰

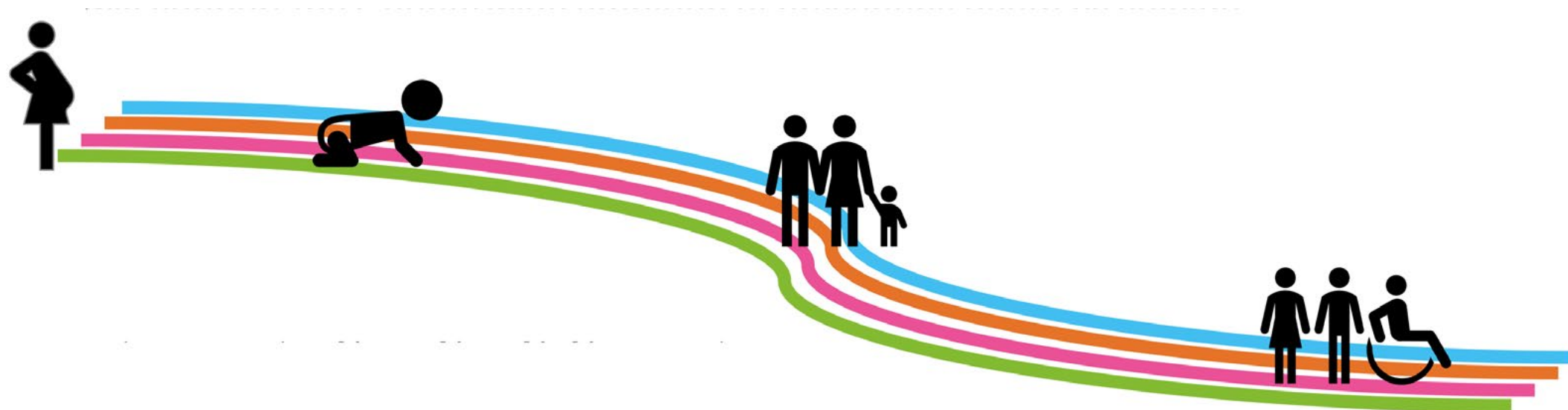
This is a long-running research programme that collects detailed data on people who die by suicide in the UK, to identify patterns, risks and opportunities to improve safety in care. In 2024, their key messages were:





- **Young people (under 25) in mental health hospitals** need extra care
- **People with autism and attention deficit hyperactivity disorder (ADHD)** need better support that is inclusive and tailored to their needs
- **Students aged 18-21** may struggle during big life changes
- Many people who died by suicide only had **one contact with mental health services** and follow-up is vital
- **Public places** need to be safer – more needs to be done to prevent suicides in public spaces, like bridges and train stations
- **Kind, respectful care makes a difference** – mental health hospitals should focus on building trust, safe discharge and prompt access to crisis services

What does good look like?

Good public mental health recognises that mental health is not static, and a successful approach to ensuring good population mental health embeds primary, secondary and tertiary prevention at a whole system level. This includes embedding prevention across clinical and prevention pathways, taking a life-course approach by supporting people from childhood through to older adulthood.¹¹

Good public mental health, and a system that works together to prioritise prevention at every opportunity will support the County wide ambition of preventing death by suicide.



-  **Primary prevention:** promotion of good mental health and wellbeing
-  **Primary and secondary prevention:** preventing the escalation of mental distress and mental illness
-  **Secondary prevention:** improving the lives of people living with mental health problems
-  **Secondary and tertiary prevention:** preventing suicide and alleviating mental distress

What is this strategy?

Key Message

The strategy sets out the local priority areas of focus identified through national and local data and intelligence and residents' insights



The role of Public Health is to lead and provide direction on public mental health and the early intervention/ prevention aspects of suicide prevention, co-ordinating a system of organisations and efforts to understand, support and prevent suicide.

This strategy outlines the Public Health approach to preventing suicide at a population level in Hertfordshire and supporting people before the point of crisis.



A 'population level approach' means working to prevent suicides and improve the mental wellbeing of entire communities and groups, rather than addressing issues on a person-by-person basis.

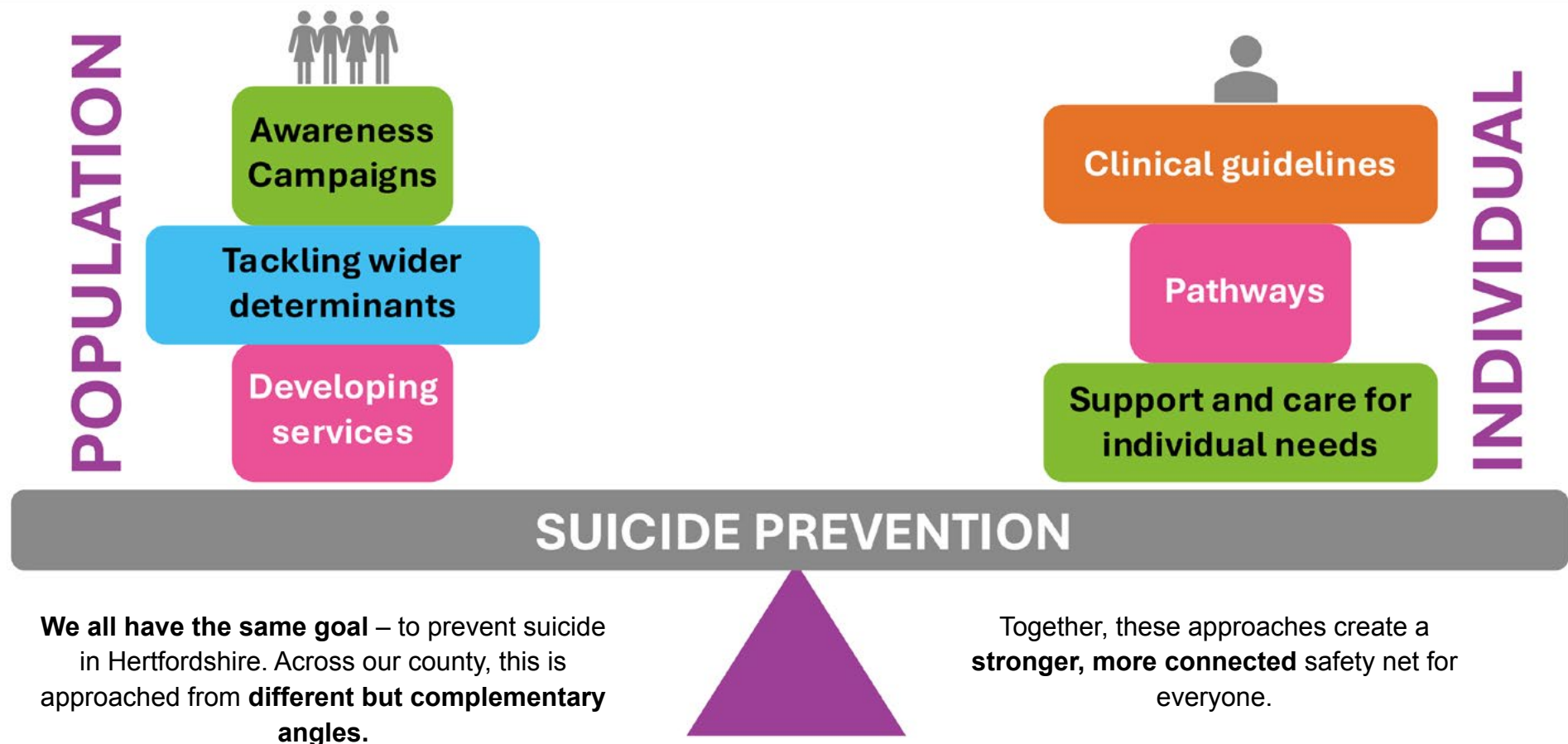
It's about prevention, policy, and creating environments which are informed by the data and research on Hertfordshire and nationally, as we support good mental health for everyone.



The same goal, complementary approaches

Key Message

We all have the **same goal** – to prevent suicide in Hertfordshire. Across our county, this is approached from **different but complementary angles**. Together, these approaches create a **stronger, more connected** safety net for everyone.



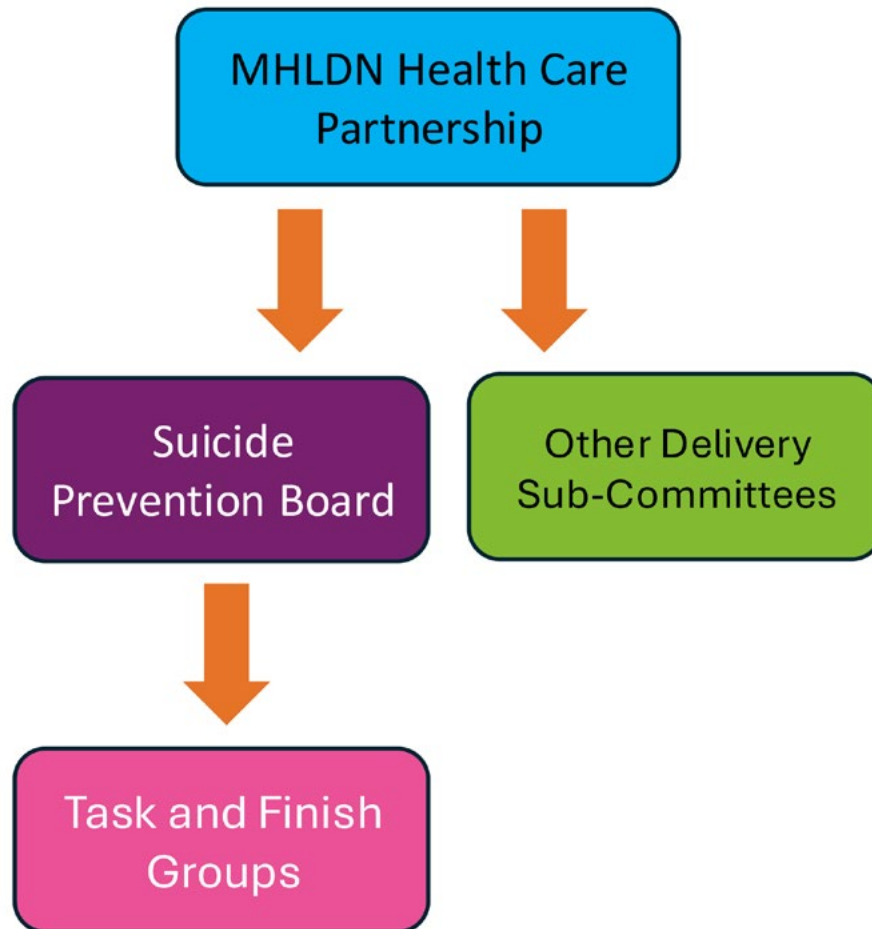
Who helps prevent suicide in Hertfordshire?

Key Message

We believe suicide prevention in Hertfordshire is everyone's business. The diagram below represents all those locally who support this important work. This includes the Suicide Prevention Network - organisations who work together to prevent suicide and improve mental wellbeing for Hertfordshire residents.



Governance Structure



The governance of the suicide prevention strategy, action plan and programme of work sit with the Suicide Prevention Board.

The Suicide Prevention Board reports into the Mental Health Learning Disabilities Neurodiversity Health and Care Partnership Board.

The Suicide Prevention Board will work to deliver the strategy priorities with MHLDN Delivery Sub-committees to deliver the action plan and programme of work.

The current task and finish groups will be reviewed in line with new strategy and implementation groups will be created for the new priority areas.

Regular updates will be provided to elected member on the County Council's deliverables within the action plan.

2020-25 Task and finish groups

Key Message

Key achievements from the Task and Finish Groups since the publication of the 2020-2025 Suicide Prevention Strategy.

Access to Means	Bereavement	Children and Young People	Comms and Campaigns	Men's Group
6-month QR code pilot with Herts Mind Network to promote wellbeing webpage and mental health resources/ training. Over 215 businesses were supported with training and resources to support members of the public and colleagues.	Identified gaps and contributed to commissioning of postvention support, participated in Herts SP strategy refresh, helped establish RTSS to provide timely postvention support, reviewed national publications, discussed support for Gypsy, Roma, Traveller people with CHUMs and GATE Herts, promoted simulation-based SP training.	Assisted with the development of the Education Readiness Pack (for schools following a suspected suicide or a suicide attempt) and promoted the resource through their networks.	The task and finish group established a system for updating and sharing information on planned comms and campaigns via a shared portal. This avoided duplication and enhanced collaboration across communications efforts.	Contributed to QR code pilot to promote men's support. Worked with integrated health and wellbeing project to promote men's MH services via digital triage tool.
RTSS Strategic Group	Suicide Attempts	Suicide Integration	Training	
Suicide cluster identification and review, data and system integration, Suicide attempts definition and guidance document development.	Carers consultation event, Carers Resource Pack, lived experience to develop services and priorities, identification of gaps in respite support for carers, commissioning Mental health carers support group and production of videos of hope for World Suicide Prevention Day 2023.	Hertfordshire Partnership Foundation Trust Simulation Training, review of current issues e.g. medication risks, review of national guidance and other relevant concerns.	Review and commissioning of SP and MH training offer, (Samaritans SP training contract, MH First Aid), plus promotion /campaigns to increase uptake and awareness.	

What is already making a difference?

Real Time Suicide Surveillance

Our RTSS system is the first in England to collect data on suicide attempts as well as deaths by suicide.

Mental Health, Learning Disability and Neurodiversity Health and Care Partnership

Provides a strong anchor for local collaboration, partnership working and collective commissioning.

Hertfordshire and West Essex VCFSE Alliance

We work closely with a highly-engaged and passionate Voluntary, Community, Faith and Social Enterprise sector.

Hertfordshire Partnership University NHS Foundation Trust

Our local mental health provider HPFT drives innovation through local suicide prevention pathways and training.

Co-Production Board

Formalised co-production ensures that lived experience is at the core of service planning and design.

Links to Hertfordshire Constabulary

Strong links to Hertfordshire Constabulary enable data sharing, early intervention, and coordinated action.

Suicide Cluster Response Reviews

Robust reviews after suicides enable us to find potential links, understand emerging trends and strengthen prevention efforts.

Suicide Prevention Network

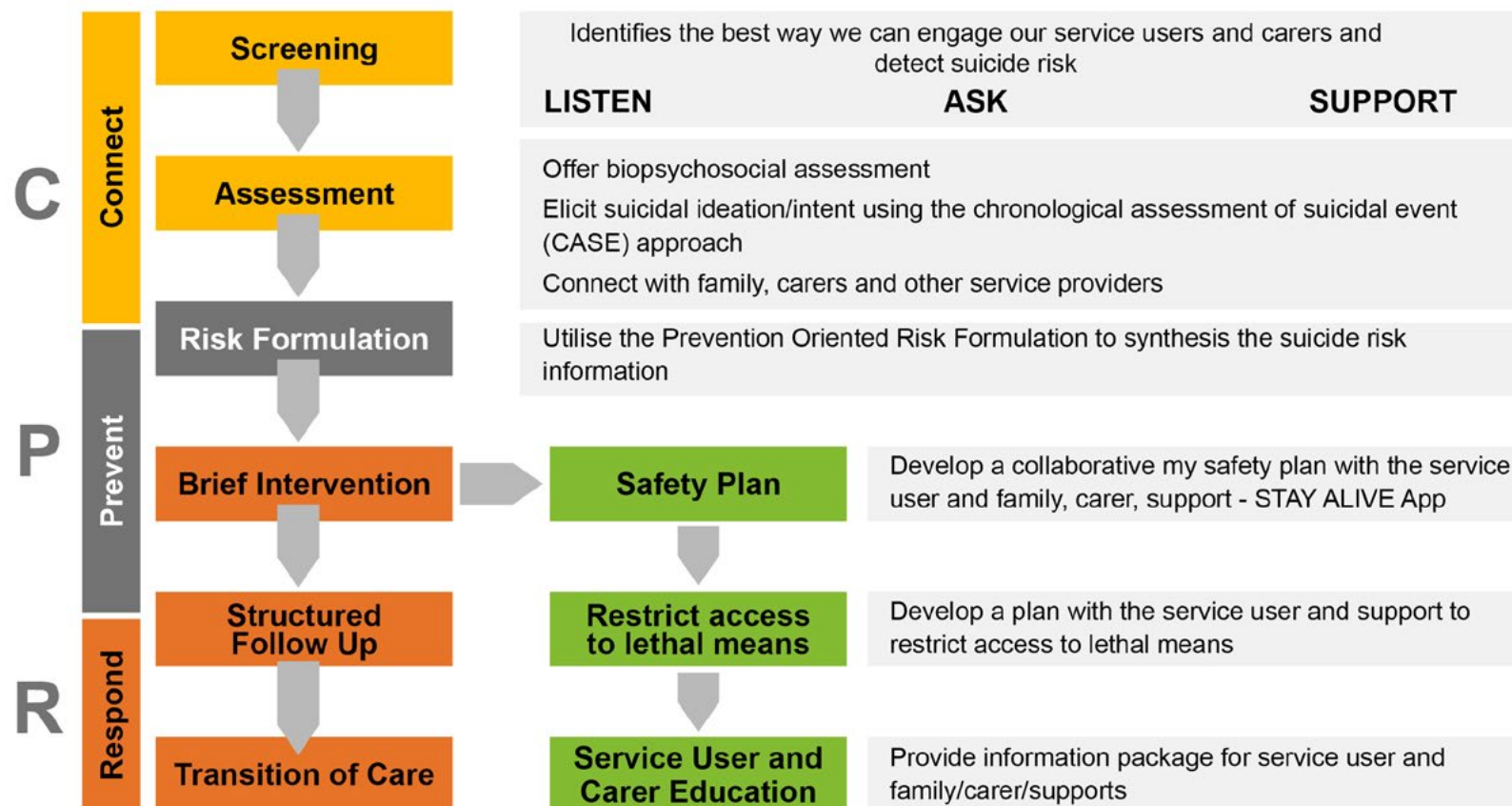
Organisations from across the county working together towards the shared goal of preventing suicide.

Strong System Alignment

Ensuring priorities and workstreams are aligned to improve mental wellbeing and prevent suicide. plus promotion /campaigns to increase uptake and awareness.

How do we work as a system?

Core Clinical Elements of Hertfordshire Suicide Prevention Pathways



How the role of public health contributes towards the systemwide suicide prevention pathway:

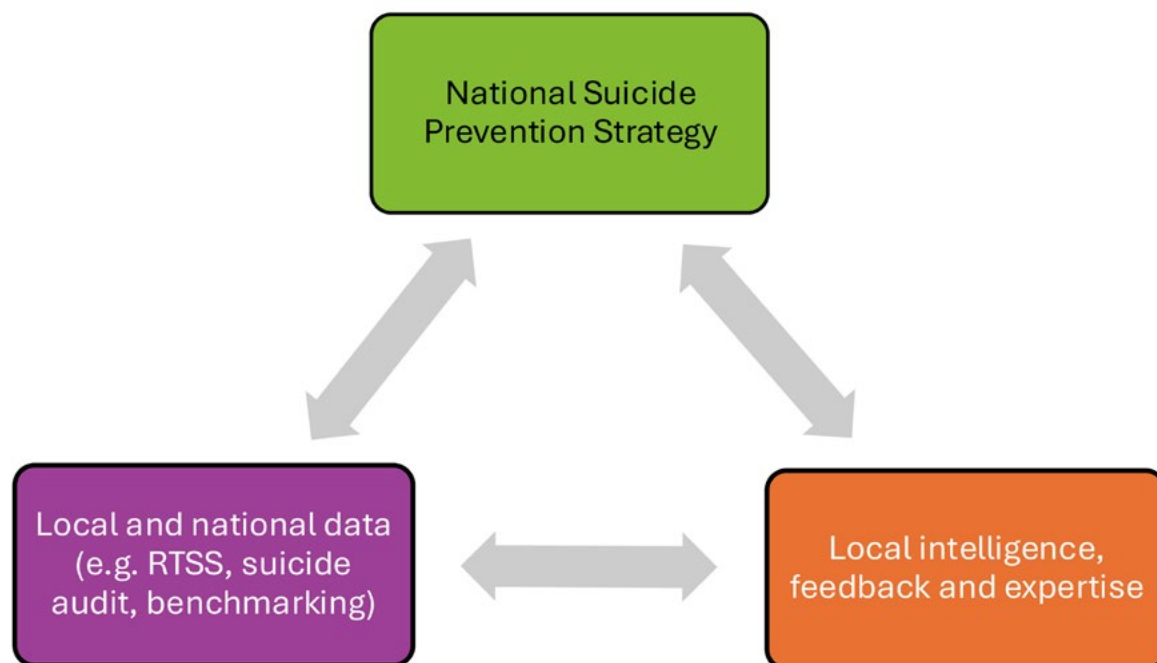
- Encourage **uptake** of the CPR **training** across our commissioned services and **across system partners**.
- Promote the use of the **CPR model** across Hertfordshire for **professionals and the public**.
- Success in **early intervention** will result in people being supported within the community and **reduce the number of people entering the clinical pathway in crisis**.

This diagram shows the suicide prevention pathway for Hertfordshire, launched by HPFT¹². Our role in Public Health is to embed and align primary and secondary prevention, early intervention and population level public mental health initiatives to contribute towards better mental health and wellbeing and the prevention of escalation of mental illness in Hertfordshire's population.

Insight and Engagement



The Hertfordshire Approach



How we decided our focus areas:

Focus areas for the strategy are based on the **national suicide prevention strategy, local data** and **local intelligence** and expertise.

We worked with a **reference group** including professionals and those with lived experience.

We held **engagement and consultation** sessions to learn from people across Hertfordshire and discuss priorities and risks.

We shared a **public survey**, asking people for their feedback.

The Hertfordshire Picture – The Numbers

Hertfordshire Suicide Audit 2021-23¹³

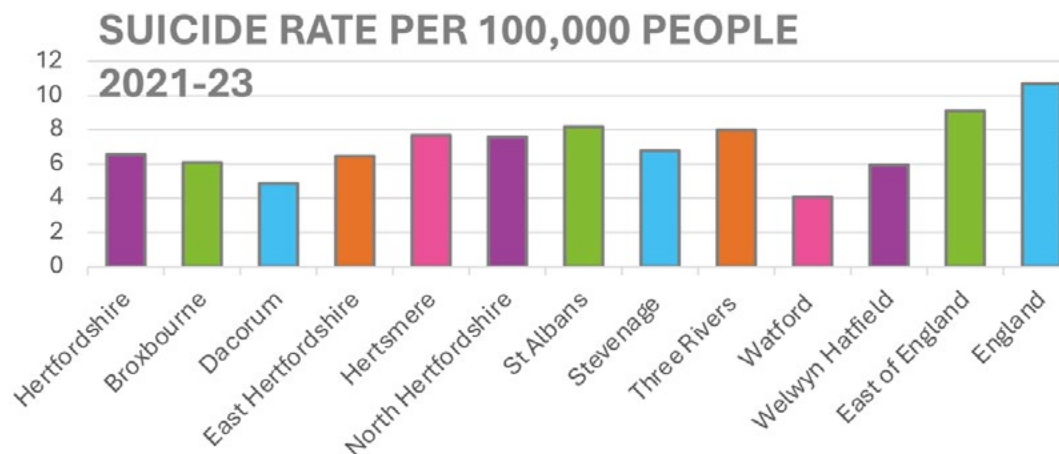


OVERALL

Hertfordshire deaths from suicide, 2021-23*

*Based on year of Coroner's Inquest

91% of people dying by suicide between 2021 and 2023 in the audit were **HERTFORDSHIRE** residents.



Summary:

Total Deaths by Suicide (2021–2023): 230

2021: 19%

2022: 38%

2023: 43%

Key Insight:

91% of those who died by suicide were **Hertfordshire residents**

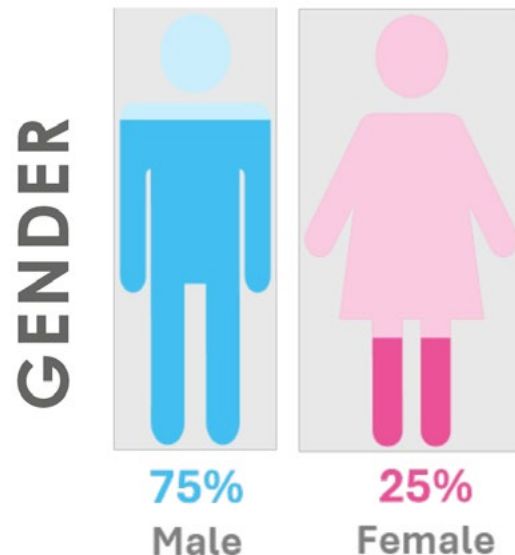
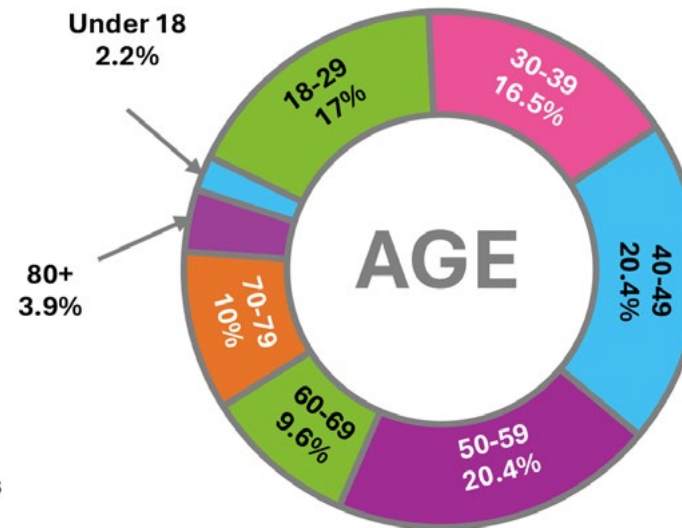
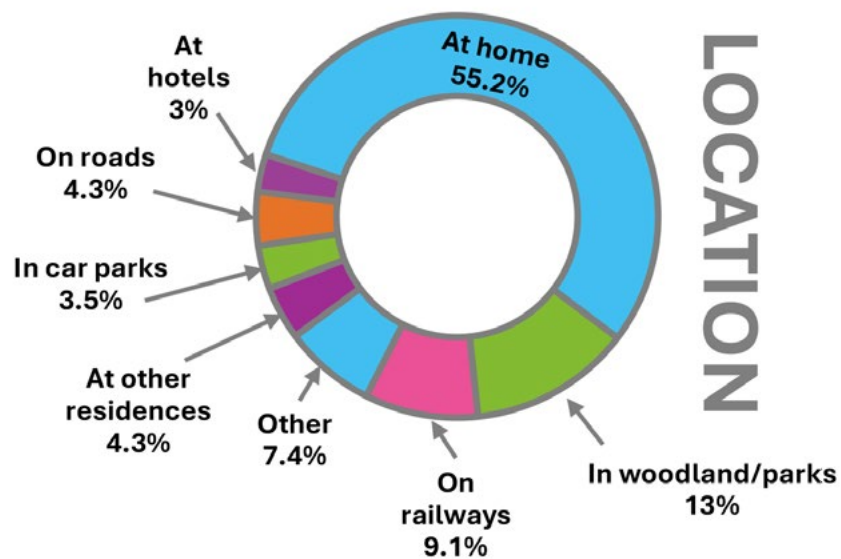
Regional Comparison (2021–2023):

Suicide rates per 100,000 people compared across Hertfordshire districts and national averages (East of England & England)

Trend Analysis (2012–2023):

Hertfordshire's suicide rate has remained consistently below the England average over the past decade
Footnote: this is the year of Coroner's Inquest, not death

The Hertfordshire Picture – Demographics



Hertfordshire deaths from suicide,
2021-23

Summary:

Location of Deaths

At home: 55.2%
Woodland/Parks: 13%
Railways: 9.1%
Other locations: 22.7%
(includes residences, roads, car parks, hotels)

Age Distribution

Most affected age groups:
50-59: 20.4%
18-29: 17%
30-39: 16.9%
Under 18: 2.2%
80+: 3.9%

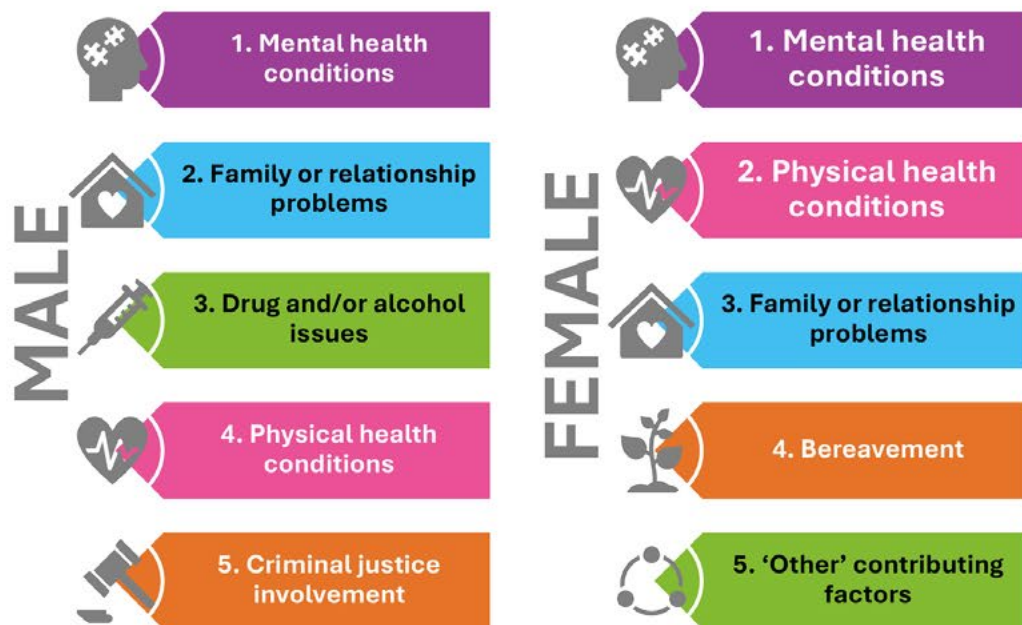
Gender

Male: 75%
Female: 25%

The Hertfordshire Picture

Hertfordshire Suicide Audit 2021-23¹³

MOST COMMON Contributing Factors by GENDER



Taken from Hertfordshire Suicide Audit, 2021-23

ONE FIFTH had attended **A&E** due to **SELF HARM** or **A SUICIDE ATTEMPT** in the **12 MONTHS** before their **DEATH**

ONE FIFTH of those dying by suicide were involved in the **CRIMINAL JUSTICE SYSTEM**

More than **ONE IN THREE** had made a **PREVIOUS SUICIDE ATTEMPT**

NEARLY ONE SIXTH of those dying by suicide were known to a **DRUG OR ALCOHOL SUPPORT SERVICE**

Summary:

- Over 1 in 3 had made a previous suicide attempt
- 1 in 5 were involved in the criminal justice system (any involvement with police or prison)
- 1 in 5 had attended A&E for self-harm or suicide attempt in the 12 months before death
- Nearly 1 in 6 were known to drug or alcohol support services

The Hertfordshire Picture – Service Contact

Hertfordshire Suicide Audit 2021-23¹³

CONTACT WITH PRIMARY CARE



MENTAL HEALTH SERVICE CONTACT



Note:

Not all suicide attempts are made by people with a mental health diagnosis, but it can be an indicator of risk.

Insight and Engagement: RTSS Suicide Attempt

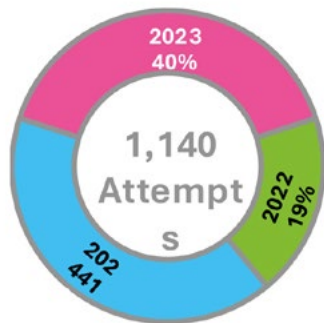
What is RTSS?

Real time suicide surveillance allows us to track suspected deaths by suicide in Hertfordshire, through data shared by Hertfordshire Police. This allows us to get data much faster than would be possible from other ways of reporting suicides, including the Coroner. This up-to-date information allows us to identify changes and implement support for those bereaved in a timelier manner. This is main purpose of RTSS. However, Hertfordshire also records suicide attempts, and is working with partners on how best to use this data.

When looking at this data, it is important to remember:

- Current data only reflects cases where police were called to attend and therefore does not represent every suicide attempt in Hertfordshire.
- Individuals may make multiple attempts within a short timeframe (e.g. within the same week or month).
- Some individuals may use more than one method during a single attempt.
- These are numbers of attempts, not numbers of individuals.

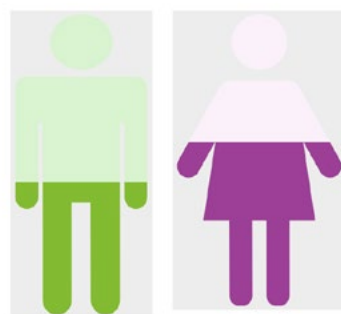
OVERALL



Hertfordshire suicide attempt cases, 2022*-24

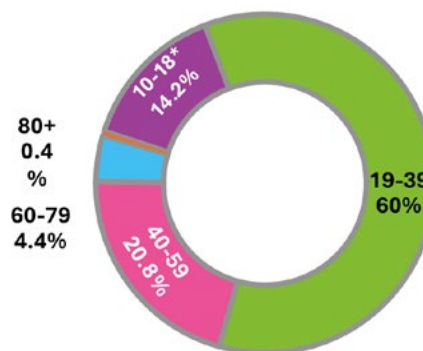
*no data recorded between June and September 2022

GENDER



Hertfordshire suicide attempt cases recorded by RTSS, 2022-24

AGE



METHOD OF SUICIDE ATTEMPT

48% of people attempting suicide between 2022 and 2024 used self-poisoning as a method.

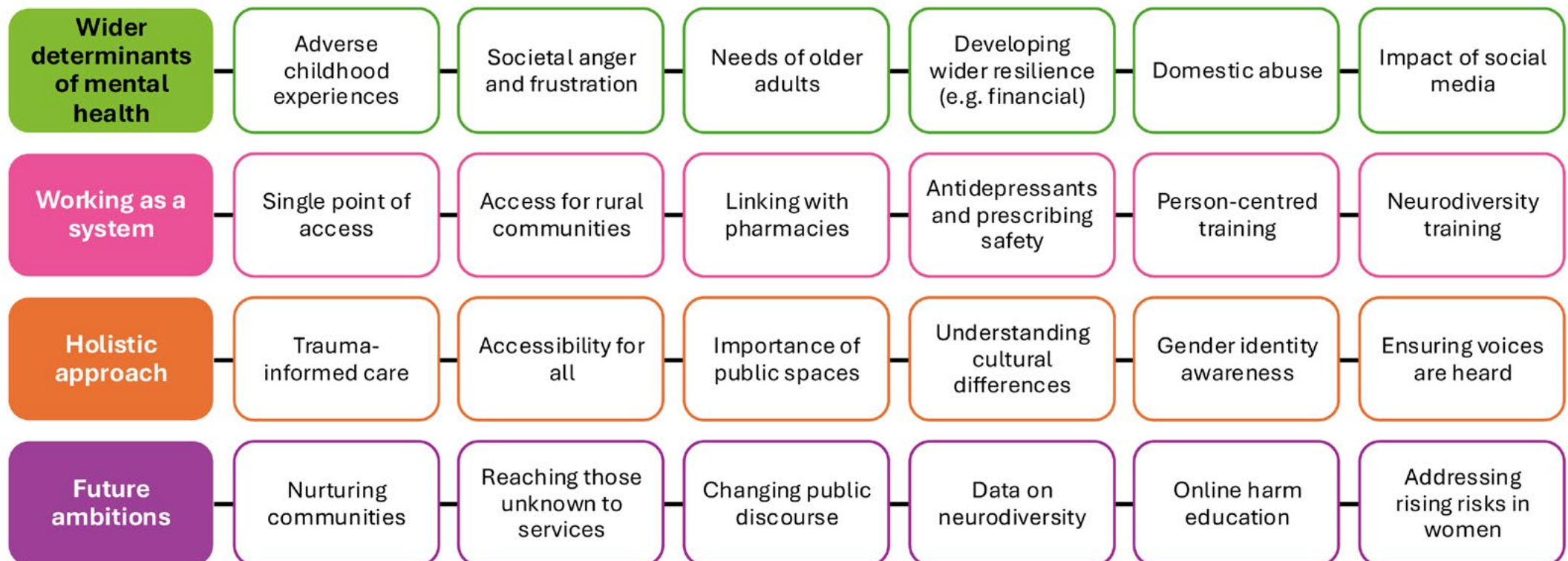
14% of people attempting suicide between 2022 and 2024 used hanging or strangulation as a method.

Insight and Engagement: Reference Group Feedback

Where did this feedback come from?

We held sessions with our Suicide Prevention Reference Group, made up of individuals with lived experience, health professionals and local voluntary organisations, to understand what they felt were the biggest challenges and opportunities for suicide prevention in Hertfordshire.

This feedback demonstrates the breadth of challenges and suggestions across Hertfordshire. We organised the comments under four main categories to understand the issues most important within our system, which also emphasises the need for us to work in partnership to address these key areas. These topics will be explored further in the **action plan**.



Insight and Engagement: Strategy Public Survey

Where did this feedback come from?

- We surveyed Hertfordshire residents and professionals about their opinion on the strategy's vision and focus areas, as well as anything they felt should also be included.
- The survey was open to everyone, and we had responses from diverse groups. We analysed the results, which have helped us to improve and refine this strategy.

What you told us was important:

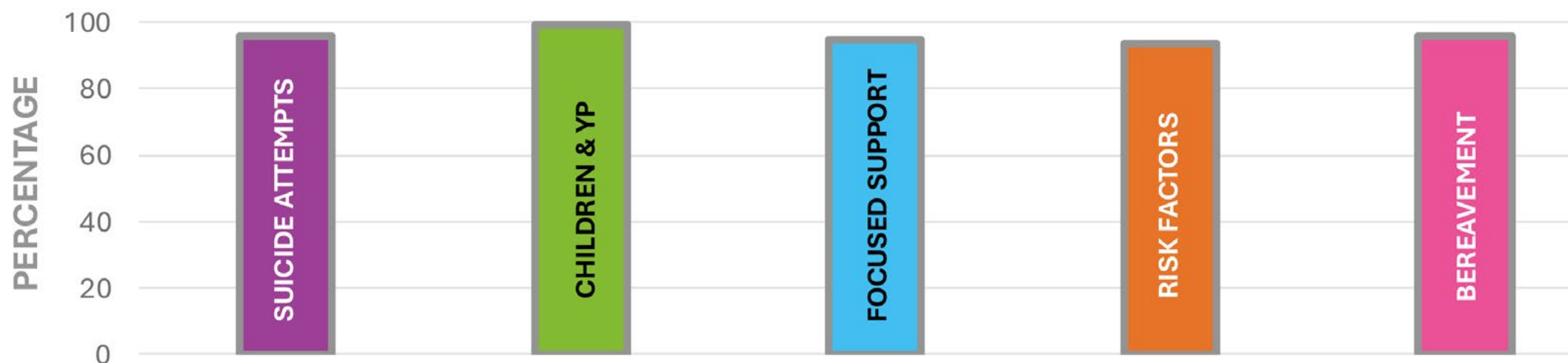
1. Service provision and accessibility
2. Prevention and early intervention
3. Support networks, community involvement and social determinants
4. A system-wide approach

How have your responses shaped the strategy?

The following changes have been made to this strategy in response to public feedback:

- **Revising the strategy's vision**, to make it more active and keeping individuals at its core.
- Making the **difference between high-risk groups and risk factors** clear.
- Shaping the **strategy's key themes**, and how they contribute to our focus areas.

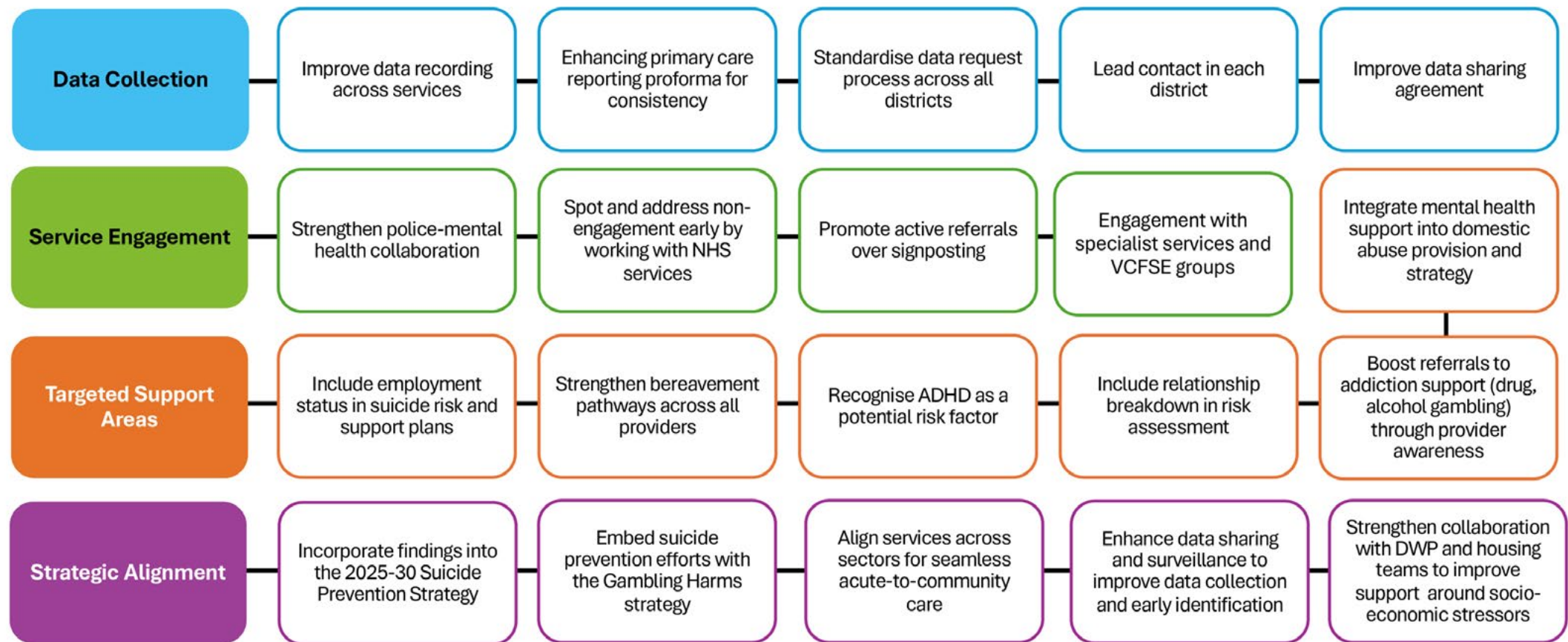
PERCENTAGE of survey respondents who 'AGREE' or 'STRONGLY AGREE' with each FOCUS AREA



Insight: Learning from Suicide Cluster Reviews

What is a suicide cluster review?

A suicide cluster review is an investigation carried out when multiple suicides or suicide attempts occur close together in time and location, often within a specific community or group. Its purpose is to understand possible links between the cases and to guide actions that can prevent further harm and support those affected. Findings of a recent review are outlined below:



Insight: Joint Strategic Needs Assessments

Joint Strategic Needs Assessments (JSNAs) look at the specific health and social care needs of Hertfordshire residents, each focussing on different topics. They consider local and national evidence and make recommendations about how to improve local services and outcomes, as well as identifying areas where inequality in healthcare may be occurring.

The 2025 recommendations for children's and adults' mental health were as follows :

HERTFORDSHIRE JSNA KEY RECOMMENDATIONS

For Adult and Children's Mental Health^{14,15}

ADULTS



Implement a model for consistent local multi-agency joint working to improve coordination and quicken access to services for people with complex needs.



Ensure all services are accessible by providing multiple referral pathways, including non-digital methods.



Continue targeting suicide prevention at men through awareness campaigns and training in male focused spaces (e.g. barber shops and sports programmes).



Ensure that effective discharge planning takes place during transitions like hospital discharge, changing services and moving back to primary care.



Regularly collect feedback from patients who leave NHS Talking Therapies to understand early discharge reasons and improve services.



Implement a data collection system across providers to understand who is presenting to mental health services, and their needs.



Consider qualitative research to hear from children and young people about their mental health and the kinds of support they would want.



Implement a 'whole system front door' that can triage referrals across Hertfordshire and improve access to services.



Utilise HCC's *Emotionally Based School Non-Attendance Framework* to support those missing education due to mental health issues.



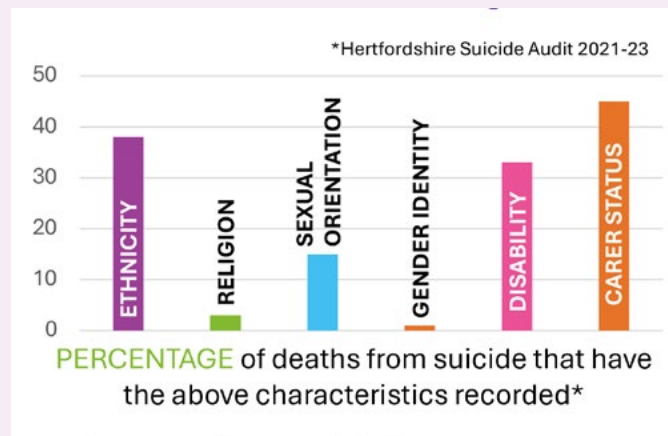
Explore ways of increasing evidence on the transition from children's to adult mental health services, to identify improvements in continuity and coordination between services.

CHILDREN

Taken from Hertfordshire JSNAs – Adult and Children's Mental Health

Insight: Where can we improve?

Data Collection: Challenges



- Important demographic characteristics are often not recorded in suicide reporting.
- This limits the amount of information we have about specific groups and current trends that could improve our work to support residents.

Education and Training: Targeting Specific Needs

- Delivery of further targeted and appropriate training for professionals and those who work directly with the public.
- Feedback suggested that training on the specific needs of groups with increased vulnerability to suicide and areas of emerging risk that may require tailored approaches (e.g. education and training around neurodiversity).

Holistic Approach: Understanding Residents

- Waiting times to access formal mental health support emphasise the need for a focus on prevention and promotion of mental wellness in the community, as well as addressing the wider factors which can affect people's mental health.
- Some individuals attempting suicide are not known to any support service. It is key that individuals are aware of available services and feel that they reflect their needs and identity.

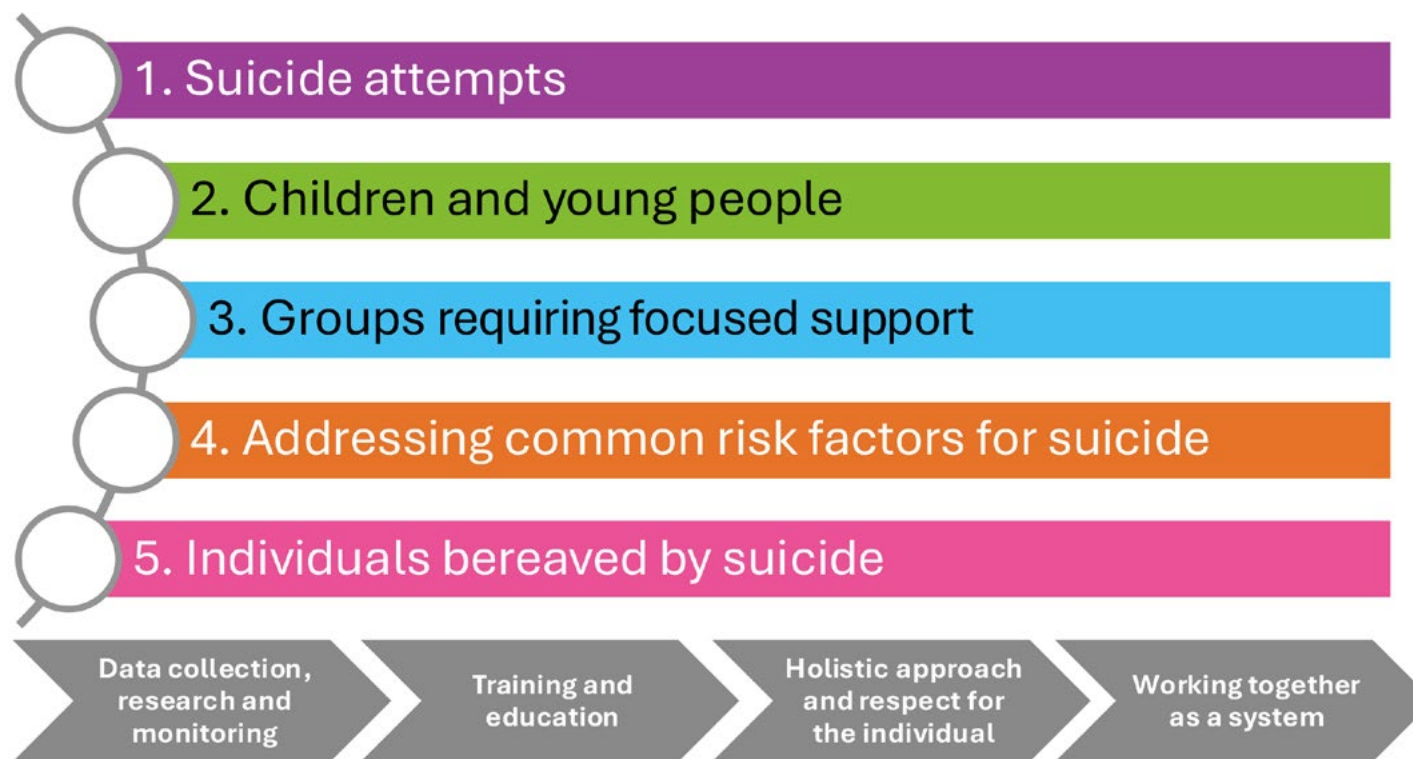
Working as a System: Funding

- Organisations report that securing consistent funding is a challenge, which may impact the sustainability of services.
- Ensuring consistent support in the community can be difficult due to the need for sustained multi-agency collaboration.

Strategy Focus Areas and Core Principles



Our focus areas: 2025-30



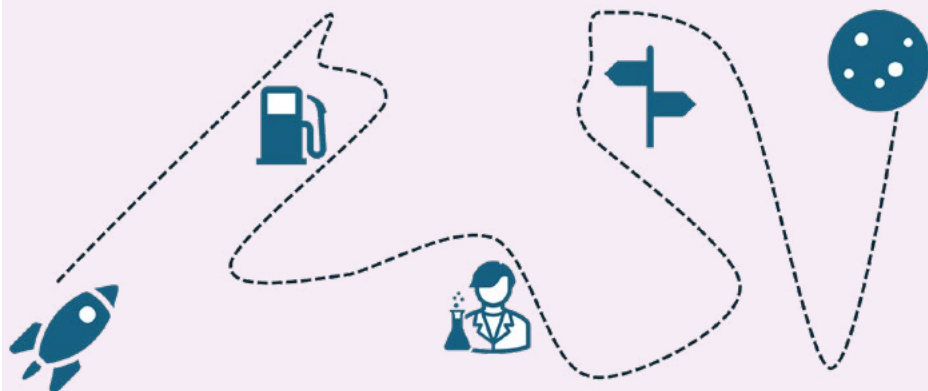
Our **five focus areas for Hertfordshire's 2025-30 Suicide Prevention Strategy** have been carefully shaped through a combination of public and reference group feedback, local data and up-to-date evidence. They reflect national priorities from the Government's National Suicide Prevention Strategy, and specific local areas of need in preventing suicide and promoting mental wellbeing in our communities.

Running alongside the focus areas are **four core principles**, which represent the key building blocks essential for delivering our vision to prevent suicide in Hertfordshire. They have been shaped by stakeholder insight and best practice and underpin our population-based approach to suicide prevention, whilst remembering the individuals at the heart of our efforts.

Local feedback and data also highlight how we can **work together as a system** to prevent suicide and promote mental wellbeing for all residents.

What

- Missions based approaches set long term goals or challenges for the system to solve.
- They harness the collective assets, intelligence, energy within the system to achieving the mission.
- They set the direction of travel but flexible on how the mission will be achieved, and the approach may be continually tested and updated.



Why

Mental health is complex, dynamic and good public mental health action requires a whole system approach across the life course

A missions-based approach may create enablers to progress local action on population mental health:

Align the local system to focus on a shared long-term vision.

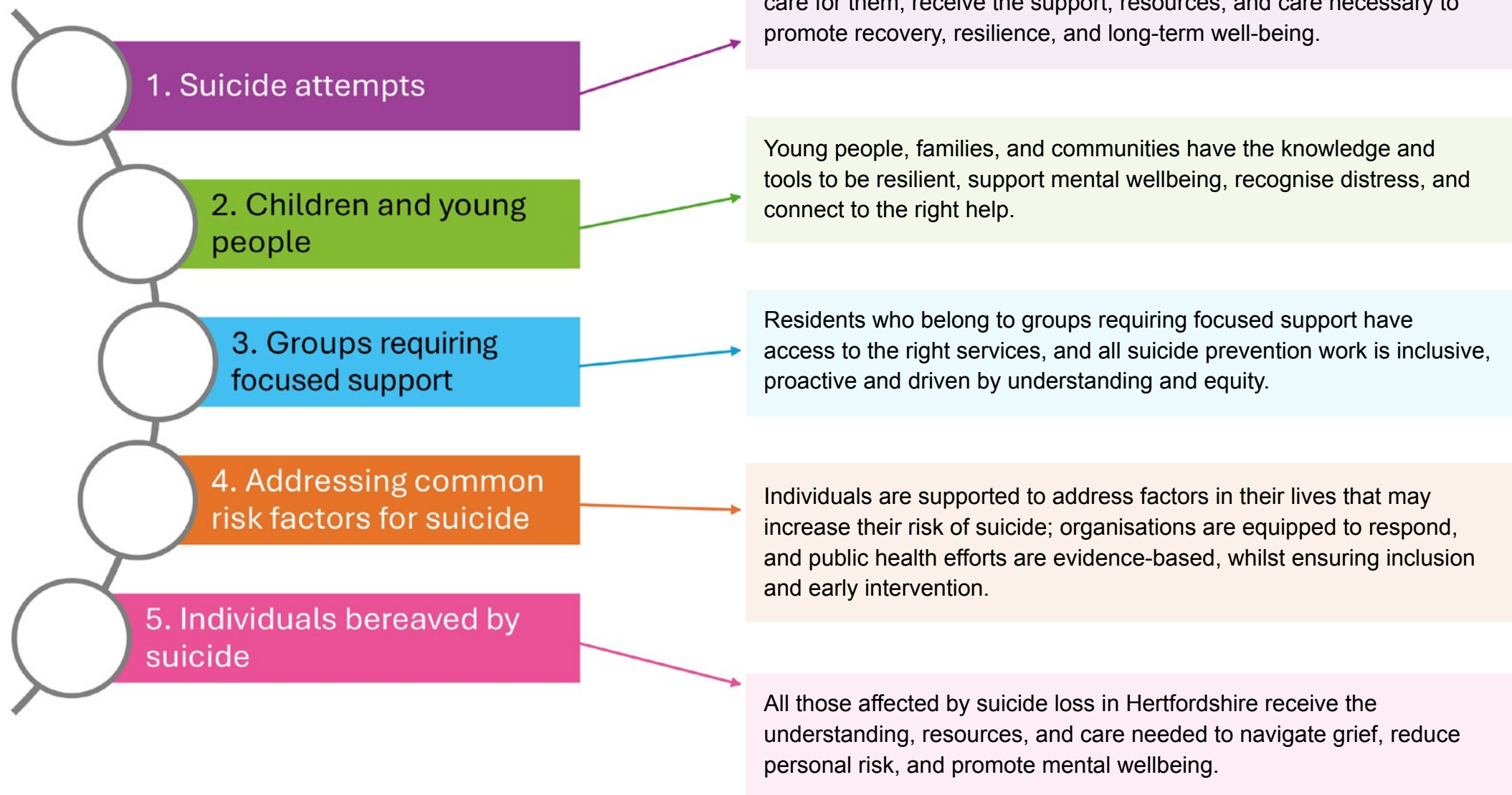
Strengthens the case for good mental health

Strengthens engagement from existing and new partners.

May create/ release new resources, funding and levers.

Greater alignment across Hertfordshire releases further resources and opportunities for collaboration.

Our focus areas: 2025-30



Mission 1: Suicide Attempts

Individuals who have attempted suicide, and those who are close to or care for them, receive the support, resources, and care necessary to promote resilience and long-term wellbeing

Priorities	What does success look like?	What do we already have that enables this?	What do we need to do to make this happen?
Enhance and link data integration across services into RTSS	<p>Improve the quality and consistency of data collected</p> <p>More partners feeding into data/ using data to inform actions</p>	<p>Established RTSS system including data on attempts</p> <p>Strong partnerships across Hertfordshire, including police and other partners where data is shared and informs practice</p>	<p>Encourage data standardisation practice among partners for protected characteristics</p> <p>More partners feeding into the data collection to improve the picture and support we can provide</p>
Develop community-based support for individuals after a suicide attempt	<p>Established referral pathways from RTSS into appropriate community support services</p>	<p>Established RTSS system including data on attempts</p> <p>Effective partner network where attempt data is shared and plans are being developed to provide support information to those attempting</p> <p>Carers resource guide: Supporting someone after a suicide attempt</p>	<p>Improve information sharing on available services to those attempting and their support network</p> <p>Promote the CPR (Connect Prevent Respond) training with commissioners and across system partners, as the main Hertfordshire model</p> <p>Support the roll out of the Suicide prevention pathway including close links with the Public Health commissioned befriending service</p>
Promote tailored support	<p>Reduction in suicide attempts, including multiple attempts</p> <p>Understanding the local need and addressing this, including cultural humility for professionals and cultural safety for services</p>	<p>A range of services across Hertfordshire with different specialisms</p>	<p>Services to have improved accessibility for all.</p> <p>Improve awareness of specialist services</p>

Mission 2: Children and Young People

Young people, families, and communities have the knowledge and tools to be resilient, support mental wellbeing, recognise distress, and connect to the right help

Priorities	What does success look like?	What do we already have that enables this?	What do we need to do to make this happen?
Early intervention for children and young people whose mental health is deteriorating	<p>Timely and appropriate interventions for children and young people (CYP) that promote resilience and positive coping mechanisms</p> <p>Schools and families/ carers feel supported if they experience an attempt or suspected suicide</p> <p>A reduction in suicide attempts in CYP</p>	<p>Children Young People Mental Health (CYPMH) Service Directory</p> <p>Readiness pack for schools, education, and youth community settings</p> <p>Just Talk Network and campaigns, using CYP's preferred platforms and methods of communication</p> <p>Youth Ambassadors and Pastoral Leads network</p> <p>School nursing, Mental Health Support Teams</p> <p>Comprehensive and interactive service directory</p> <p>The Young Persons Health and Well-being survey gathers self-reported information from young people around their Mental Health which helps support early intervention</p>	<p>Children feel confident and supported in their transition from children to adult services and key transition points in education</p> <p>Better understanding of pathways across the system for both professionals and public</p> <p>Working with clinical and diagnostic pathways to ensure mental and physical wellbeing is always considered.</p> <p>Work in close collaboration with key frontline children's services across the county to ensure the most vulnerable families known to multiple services are given the right help at the right time</p>
Raise awareness of the impact of social media on mental health and reduce online harms	<p>CYP and their families/ carers feel confident in using the internet safely</p>	<p>Organisations in Hertfordshire with a focus on CYP mental health</p> <p>An engaged school/ education setting network</p> <p>The Young Persons Health and Well Being Survey gathers data on the online behaviours of young people in Hertfordshire</p> <p>Engaging with young people on emotional and mental wellbeing, using their preferred communication platforms e.g. delivering Just Talk campaigns via Tik Tok</p>	<p>Training for the system to understand and support CYP needs</p> <p>Identifying what good looks like and piloting approaches in Hertfordshire.</p> <p>By 2030 Hertfordshire Schools sign up to a smart phone free pledge</p>
Timely mental health support for vulnerable children	<p>A reduction in suicide attempts and self-harm in children and young people who are known to children's services including Children Looked After, children missing from education or electively home educated, children awaiting diagnosis, children who are from Gypsy Roma and Traveller communities</p>	<p>A range of commissioned mental health support for CYP across the continuum of need, from pre-birth to adulthood</p> <p>GP Clinical lead in place</p> <p>Neurodiversity support hub</p> <p>CYPMH Service Directory</p>	<p>Working with services that support Children Looked After, children awaiting Special Educational Needs & Disability diagnosis, children missing from education and electively home educated children, children with long term conditions to ensure that mental health and wellbeing are recognised and supported.</p> <p>Good mental health and wellbeing is actively supported, signposting young people to the existing prevention services and support</p>

Mission 3: Groups Requiring Focused Support

Who are these groups?

Evidence demonstrates that some groups of people who share characteristics require focused support to prevent suicide. These characteristics are often things that cannot be changed (or are non-modifiable), for example age, sex, sexuality, ethnicity and previous experiences (including previous trauma and being a care leaver). We know that individuals are more than a collection of their characteristics, and the examples above are not intended to be exhaustive. However, recognising these groups and the fact they might require specialist or tailored support ensures that individuals are able to find inclusive support that reflects their needs. These groups will include men, people with autism, people in the LGBTQ communities (This list is not exhaustive).

Residents who belong to groups requiring focused support have access to the right services, and all suicide prevention work is inclusive, proactive and driven by understanding and equity

Priorities	What does success look like?	What do we already have that enables this?	What do we need to do to make this happen?
To reduce the stigma of suicide, suicide attempts and poor mental health	<p>Everyone knowing it's ok to not be ok, and to ask for help when its needed.</p> <p>Everyone knowing where to ask for help, for themselves or someone they know</p>	<p>Resources and communication channels, an engaged partner network</p> <p>Campaigns across the county such as World Suicide Prevention Day, World Mental Health Day, Just Talk Week, Pride Month, National Autism Day</p>	<p>Using local and national campaigns to focus on specific groups, their needs and support available</p> <p>Understand barriers to accessing support and use intelligence to address these barriers jointly across the system with key partners</p>
To reduce barriers to early intervention and promote equality of access	<p>Cultural humility training, for front line staff/ volunteers. Services to embody the values of cultural safety</p>	<p>Experts by experience willing to share their knowledge</p>	<p>Coproduction with groups to understand their needs, barriers to accessing support, and priorities</p>
Identify additional groups requiring focused support in Hertfordshire that have not already been identified	<p>Reduction in suicide rates/attempts in identified groups</p>	<p>RTSS data and local evidence</p> <p>Suicide audits</p>	<p>Community leaders, influencers and advocates within these</p>

Mission 4: Addressing Common Risk Factors

What is a risk factor?

Risk factors are issues that impact on people's mental health. These are mostly able to be addressed through intervention and support (modifiable), and may include loneliness, drug and alcohol misuse, harmful gambling, domestic abuse and financial difficulty.

This is not a complete list, and many things can impact an individual's wellbeing. Identifying common triggers and improving access to support at the right time can be an important step to reducing suicide risk.

Individuals are supported to address factors in their lives that may increase their risk of suicide; organisations are equipped to respond, and public health efforts are evidence-based, whilst ensuring inclusion and early intervention

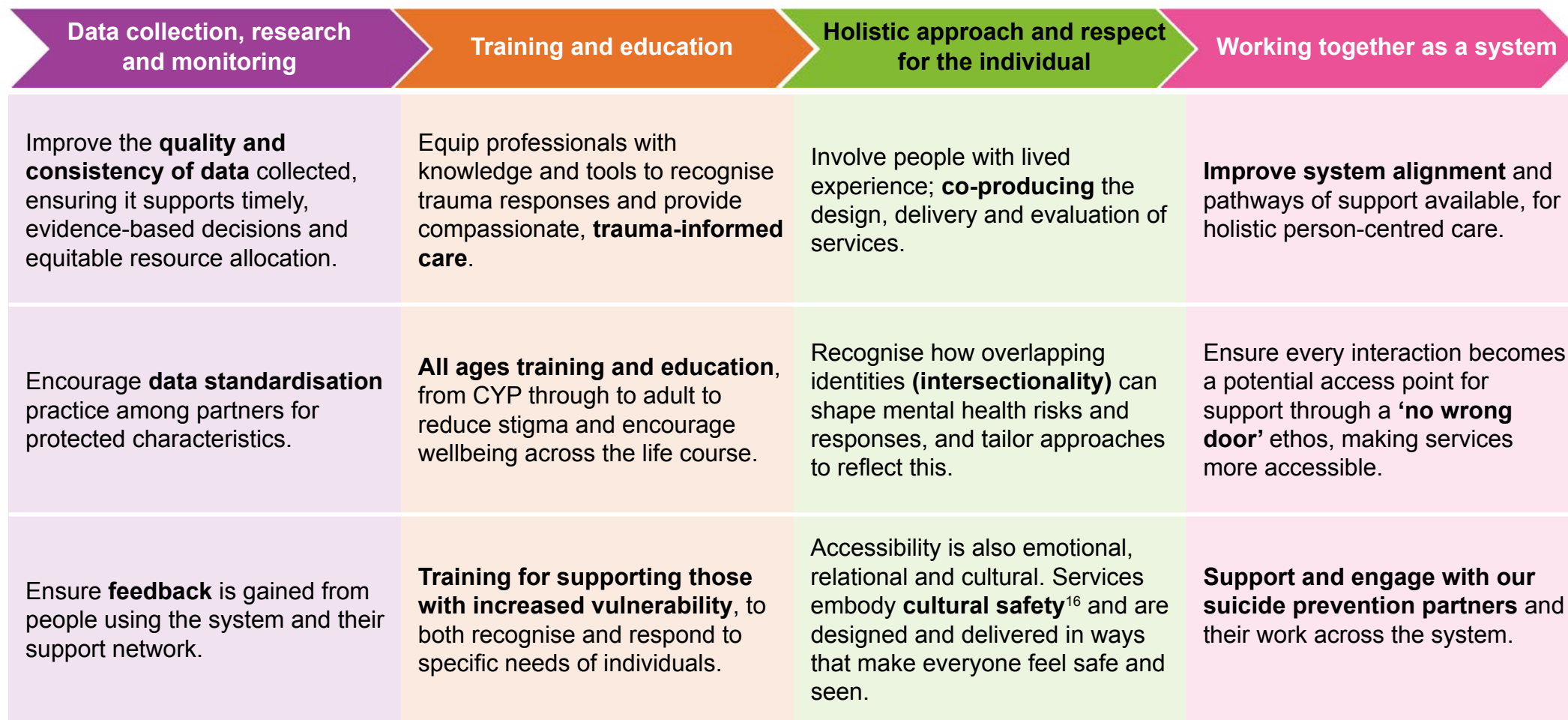
Priorities	What does success look like?	What do we already have that enables this?	What do we need to do to make this happen?
Understanding risk factors as a part of a wider socioeconomic landscape	Services account for potential inequalities known to worsen mental health when assessing and supporting individuals, linking with other organisations to provide specialist support when needed	Engaged partner network that provides holistic care. Local data highlighting key and emerging risk factors – e.g. Joint Strategic Needs Assessments, RTSS Suicide audits	Improve integration of lived experience into service planning. Strengthen local area partnerships across sectors
Aligning our strategy with other work across the system	Suicide prevention priorities are aligned with and reflect other relevant system strategies and priorities	A wealth of published Public Health and wider system strategies that have a clear direction and reflect key topics that align with suicide prevention	System-wide efforts to recognise the implications of different areas of strategic work, and a commitment to shared goals. Keep suicide prevention on the agenda across the system at senior level
Recognising the impact of complex and multiple risk factors	Reduction in the number of suicides and suicide attempts by individuals with multiple and complex risk factors	Strong partnership working across organisations, robust safeguarding procedures. Local intelligence RTSS data, suicide audits Focus on health equity.	System partners work together through joint commissioning arrangements to ensure frontline services understand and address complex need

Mission 5: Individuals Bereaved by Suicide

All those affected by suicide loss in Hertfordshire receive the understanding, resources, and care needed to navigate grief, reduce personal risk, and promote mental wellbeing

Priorities	What does success look like?	What do we already have that enables this?	What do we need to do to make this happen?
Supporting frontline professionals whose work involves attending the scene of a death by suicide, or supporting individuals affected by a death by suicide	<p>Frontline staff feel confident, supported and trauma-informed when responding to individuals affected by suicide</p> <p>All professionals who support others following a death by suicide have access to appropriate and timely support</p>	<p>Existing wellbeing support for staff through their own organisations</p> <p>Specialist suicide bereavement service</p>	<p>Listening to the experience of frontline staff</p> <p>Trauma-informed training for frontline staff</p> <p>Speaking with key local employers, and wider networks to understand need. Developing a response for the system including a charter to support employers to reduce vicarious trauma to their workforce</p>
Tailored support for individuals bereaved by suicide based on their needs	<p>All individuals affected by suicide can access bereavement support at any point, regardless of how soon or long ago the loss occurred</p>	<p>Specialist bereavement service</p> <p>Specialist training to frontline staff support those who have been suicide bereaved</p> <p>Strong local organisational culture of awareness of suicide bereavement</p>	<p>Continue to source funding and commission specialist bereavement services</p>
Supporting positive emotional and mental health outcomes following bereavement	<p>Individuals, families and communities build resilience, maintain personal wellbeing and feel empowered to navigate their grief and their futures</p>	<p>Strong bereavement referral pathway led by the RTSS system and key partner, Hertfordshire Constabulary</p> <p>Specialist bereavement service</p>	<p>Ensure services are flexible and culturally safe.</p> <p>Amplify lived experience in shaping services</p>

The Core Principles



Achieving Our Mission is the Responsibility of All

We've defined **missions** instead of a rigid plan because we already know the direction we need to go. What matters now is **how we get there**—and that means working **collaboratively** across organisations.

Suicide prevention is **multi-faceted**. No single organisation can achieve these missions alone.

Success depends on:

- **Shared accountability**
- **Strong partnerships**
- A **holistic approach** that reflects the complexity of suicide prevention
- **Accountability sits across the system**, not just within Public Health.



We must do this **together**.

What are the Next Steps?

This strategy will work alongside an **action plan** which will be delivered over the next 5 years.

Like the [Suicide Prevention Strategy Action Plan for England](#), this will give details on specific actions, a delivery date, and a lead.

These actions will be developed from the 3 main priorities for each of our 5 focus areas, which have been agreed in consultation with our partners, local professionals, people with lived experience, and supported by local and national data.

By **working together as a system**, we will be able to achieve our vision and implement this action plan to prevent suicides and promote mental wellness, ensuring that every person in Hertfordshire feels heard, supported and equipped with the help they need.



Next Steps:

- Review Task & Finish Groups, create new Implementation Groups to support delivery
- Identify **senior-level sponsors** for each mission
- Develop **high-level cross-partner programme of work**
- Establish **reporting mechanisms** for oversight and accountability
- Conduct **annual reviews** of progress
- Identify clear **indicators of success** to measure impact on outcomes
- Ensure **regular reporting** into the Suicide Prevention Board and the MHLDN Health and Care Partnership.

Summary

- Suicide prevention is a **shared mission**—no single organisation can do this alone
- Our approach is **collaborative, inclusive, and system-wide**
- The missions provide a **clear direction**, but success depends on how we work together
- **Accountability is collective** - it sits across partners, not just Public Health
- We must build **strong partnerships**, ensure **clear oversight**, and maintain **ongoing commitment**
- Everyone has a role to play. **We have to do this together**



Additional Information



Key Term	Definition
Focus areas	Focus areas are prioritised topics that reflect pressing health challenges or strategic goals.
Group requiring focused support	Some groups which share characteristics have a higher rates of suicide and may need specific support. These characteristics are often things that cannot be changed (or are non-modifiable), for example age, sex, sexuality, ethnicity and previous experiences (including previous trauma and being a care leaver).
Prevention	In public health, prevention is the practice of taking proactive measures to avoid disease, injury, or other health problems before they occur or worsen.
Public Health	Public health is the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society.
Risk factor	A risk factor in public health is any characteristic, condition, or behaviour that increases the likelihood of developing a disease or condition.
RTSS	Real Time Suicide Surveillance - a process by which we track suspected deaths by suicide, and suicide attempts in Hertfordshire, through data shared by our partners.
Self-harm	An intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act and is an expression of emotional distress.
Suicide	The act of intentionally causing one's own death.
Suicide attempt	An action where an individual having gone beyond a merely preparatory act, but for the intervention of someone or something, or a change of mind by the subject, or a failure of the chosen means of suicide to prove lethal, the subject would have died.
Suicide Cluster	A situation in which more suicides than expected occur in terms of time, place, or both.
Suicide ideation	The thought process of having ideas about the possibility of dying by suicide.
VCFSE	Organisations from Voluntary, Community, Faith and Social Enterprise sectors that work to support people and communities.

Appendix – Strategies with Common Goals

- [Hertfordshire Public Health Strategy 2022 – 2027](#)
- [Hertfordshire Drug and Alcohol Strategy 2025 – 2030](#)
- [Hertfordshire Gambling Related Harms Strategy 2025 -2030](#)
- [Hertfordshire Joint Strategic Needs Assessment](#). Hertfordshire's Joint Strategic Needs Assessment (JSNA) looks at the specific health and social care needs of our local population and points out areas of inequality. It helps public bodies decide what type of local services to commission.
- [Hertfordshire DA VAWG Partnership Strategy 22-25](#)
- [Hertfordshire All-Age Autism Strategy 2024-29](#)

For more information on If you have any questions, or would like to join the Suicide Prevention network and receive our newsletter, then please email: suicidepreventionherts@hertfordshire.gov.uk

Strategy Governance

What is governance and why is it important?

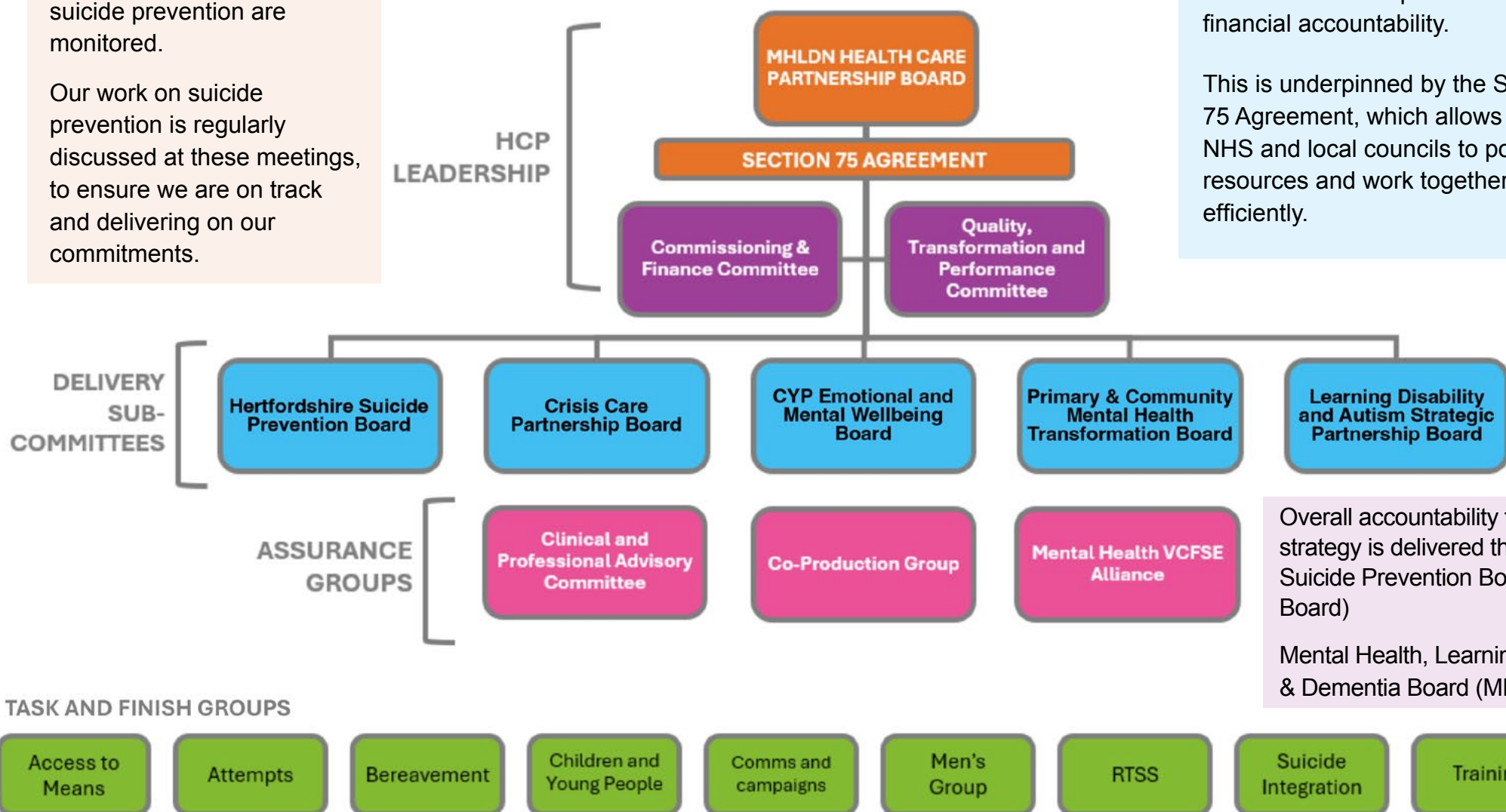
The diagram below shows how our commitments to suicide prevention are monitored.

Our work on suicide prevention is regularly discussed at these meetings, to ensure we are on track and delivering on our commitments.

It is also an opportunity to share with other member organisations and ensure we are working together as a Healthcare Partnership to prevent suicides and support the mental health of our residents. There are multiple committees which cover a range of mental health areas, including suicide prevention and community mental health, as well as the voluntary sector, working with

those with lived experience and financial accountability.

This is underpinned by the Section 75 Agreement, which allows the NHS and local councils to pool resources and work together more efficiently.



Overall accountability for the strategy is delivered through: Suicide Prevention Board (SP Board)

Mental Health, Learning Disabilities & Dementia Board (MHLMDM)

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Hertfordshire