

Calderdale Suicide Prevention

Strategy and Action Plan
2025-2027

Calderdale
VISION 34





This Calderdale Suicide Prevention Strategy and Action Plan 2025 – 2027 has been produced by The Calderdale Suicide Prevention Strategic Group with representatives from:

- Calderdale Council: Adult Services and Wellbeing, Children's Services, Community Safety, Housing, Public Health, Strategic Infrastructure
- Calderdale and Huddersfield Foundation Trust
- Calderdale Mental Health Alliance
- Calderdale Suicide Prevention Network
- Department for Work and Pensions
- Healthy Minds
- North Halifax Partnership Trust
- South West Yorkshire Partnership Foundation Trust
- Voluntary Action Calderdale
- West Yorkshire Integrated Care Board
- West Yorkshire Police

Foreword

Councillor Tim Swift – Chair of Health & Wellbeing Board

Calderdale's **Vision 2034** is to be a place full of opportunity, where we can all live a larger life and where everyone will have reason to be full of hope to enable us to thrive and get us through testing times. Sadly the suicide rate in Calderdale has increased in recent years, and at a faster rate than other areas. The devastating impact of each suicide is felt by local communities and prevents too many people living the larger life that our Vision aspired to. This has created a significant difference and highlights the need for urgent local action to reduce rates.

The Calderdale Suicide Prevention Strategic Group has taken an evidence-based approach to developing this strategic action plan which renews our commitment to preventing suicide in Calderdale. It is targeted to local strengths and needs and outlines the priorities for 2025-2027.

To reduce suicide long term, we need to adopt trauma-informed approaches across Calderdale and in all services. We need to address the inequalities that lead to poor emotional health and increase the risk of suicide: Calderdale's **Inclusive Economy** creates jobs which everyone benefits from; **Building Stronger Communities** fosters social cohesion and safe places; the **Health and Wellbeing strategy** supports people of all ages to be well enough to live a larger life.

Suicide is not inevitable, and preventing it is everyone's business. By working together we can save lives, better support people affected by suicide, minimise risks and give everyone reason to be full of hope.

Calderdale Suicide Prevention Network

Our freedom to live good lives is becoming increasingly challenged by the impacts of deepening inequality. If we want to change the rates of suicide, we need to change the world around us.

Together, we can find ways to fill our lives with more connection, meaning, and purpose: these are the conditions that help protect people from suicide. Alongside investment in targeted support for those who are most at risk, we should also encourage spaces for peer-support to thrive, developing people's capacity to support one another.

Compelled by a collective drive for change, Calderdale Suicide Prevention Network Members bring creativity, authentic voices, and a willingness to share and learn. By listening to the stories of local people, the human level of suicide can remain in the hearts and minds of our strategic decision makers.

Vision

For Calderdale to be a place where people do not consider suicide a solution to the difficulties they face and are supported in a time of personal crisis. Together we will build individual and community resilience for improved lives.

Principles

- **Communicate and collaborate:** Talk to and work with regional counterparts, and national organisations to share learning, identify best practice and avoid unnecessary duplication of effort.
- **Systemic change:** Where possible, we will prioritise systemic change and influence over short term action, to create meaningful and sustainable outcomes.
- **Adversity and Trauma-informed approaches:** We recognize that trauma and adversity do not have to be one significant event, but can be cumulative, and can significantly increase the risk of suicide. We aspire for everyone to work in a trauma-informed way.
- **Proportionate universalism:** We will focus most action on the highest risk groups, and ensuring services work for the most vulnerable, while ensuring that suicide prevention is everyone's business.



The Impact of Suicide in Calderdale

Most recent data from Fingertips (2021-2023)⁹ shows:

- The rate of suicide in Calderdale is 17.6 per 100,000 people. This is much higher than England (10.7) and Yorkshire and Humber average (12.3).
- Calderdale has the highest rate of suicide in Yorkshire and Humber. It is notably higher than neighbouring local authorities including Kirklees (12.2), Leeds (11.6), and Bradford (10.8).
- Between 2021-23, 81 people died by suicide in Calderdale.
- In Calderdale, about 80% of suicides are males. Calderdale has the second highest rate of male suicide in England at 30.9 per 100,000. This is significantly above Yorkshire & Humber average (18.3) and England (16.4).

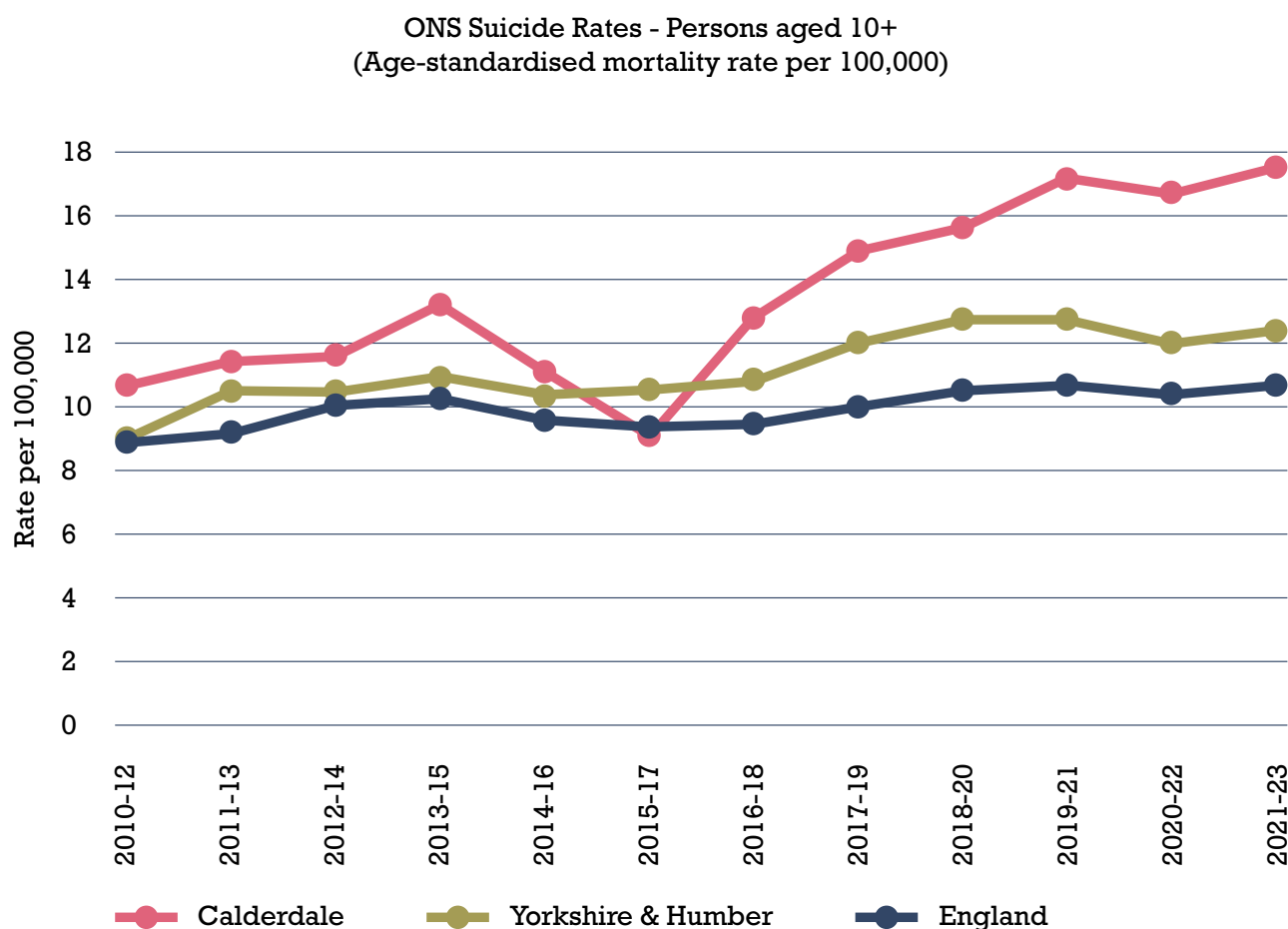


Figure 4 Comparison of suicide rates and trends overtime.

The confirmed suicide rates for 2024 are due to be published by ONS in Autumn 2025. However, police reports of suspected suicides predict an overall increase in the number of people ending their life in Calderdale in 2024. This data also suggests a possible increase of suicide in children and young adults. Although these deaths have not been confirmed as suicide, partners are working together to better understand risk factors and to take proactive action.

Risk factors

The reason for people ending their life can rarely be attributed to a single thing. Most people who die by suicide will have multiple contributing factors. These are often called 'risk factors' and knowing them helps us identify people who may be at increased risk of suicide and prioritise our work. The National Suicide Prevention Strategy 23-28 provides an overview of common risk factors, but it is important we use local data and evidence to understand the impact of these in Calderdale.

Using a variety of data and intelligence we have found the following to be the most common risk factors and characteristics of people who die by suicide in Calderdale.	
People with mental health conditions	3/4 people who died by suicide had a diagnosed or suspected mental health condition.
Previous suicide attempts or suicidal thoughts	Almost half of people who ended their life were known to have previously attempted suicide.
Drugs and alcohol	Substance use is common in people who die by suicide, particularly in those who are drug or alcohol dependent. 48.6% of people who died by suicide had recorded problematic use of either drugs, alcohol or both.
Relationship breakdown	We see higher proportions of people who are single, divorced or living alone in deaths by suicide, than in the total population.
LGBTQ+ people	Inconsistent reporting of sexuality and gender identity makes monitoring difficult. However, we know that suicide rates in people who were recorded as gay, or lesbian were 31 per 100,000 compared to 11 per 100,000 in heterosexual people.
Contact with the criminal justice system	A quarter (25.8%) of people who ended their life had previous contact with the Police including 6.4% who have been in prison.
People who are economically inactive, with debt or financial insecurity	There is no clear pattern in terms of deprivation and IMD quintiles, but just over half of people who died by suicide were economically inactive.
Adversity and trauma	22% of people who died by suicide were reported to have had adverse childhood experiences (ACE) this is however likely to be under reported.
Domestic violence and abuse	44.6% of women who ended their life were known victims of abuse, this may be underreported. Men who died by suicide are more likely to be perpetrators of domestic abuse.
Physical health conditions	57% of people who died by suicide has at least one physical health condition: 19% had 3 or more physical illnesses diagnosed.

Figures taken from the Bradford, Calderdale and Kirklees Suicide Audit 2019-2021.

Priority groups

People of all ages, genders and backgrounds end their life. We must not forget this, and feel confident to check-in with anyone we are worried about, both in our personal and professional lives.

With such a multifaceted problem, there is need for clear priorities. For the duration of this strategy, we will focus greatest efforts on understanding and reducing suicide risk in 5 priority groups. These groups have been selected as those at highest risk, or where there is most opportunity for change. In all areas of our work, we shall consider how it meets the needs of these groups. We recognise there is intersectionality between these characteristics and risk factors.

GROUP	FOCUSED ON
Men	Relationship breakdown and financial insecurity
Young Adults	Neurodiversity and mental health conditions
People experiencing multiple disadvantage	Drug or alcohol use
People in contact with criminal justice	People leaving custody and victims or perpetrators of abuse
LGBTQ+	Experience of trauma and adversity



Strengths and opportunities

Strengths: what is working well?

- Suicide prevention remains a health and wellbeing priority and partners across the system take ownership of the actions set out in this plan.
- Opportunities to use trusted relationships to identify and support people at escalating risk.
- Existing Suspected Suicide Surveillance system enables us to monitor and respond to any changes in locations, methods of demographics.
- Ongoing work and investment into Mental Health Services overseen by Urgent & Emergency Care board.
- Strong links between the Calderdale Suicide Prevention Strategic Group and Drug & Alcohol Partnership.
- Evidence backed communication strategy that has supported development of some successful regional campaigns.
- Calderdale Council is a committed partner in the West Yorkshire Suicide Prevention programme, overseen by West Yorkshire Health & Care Partnership.

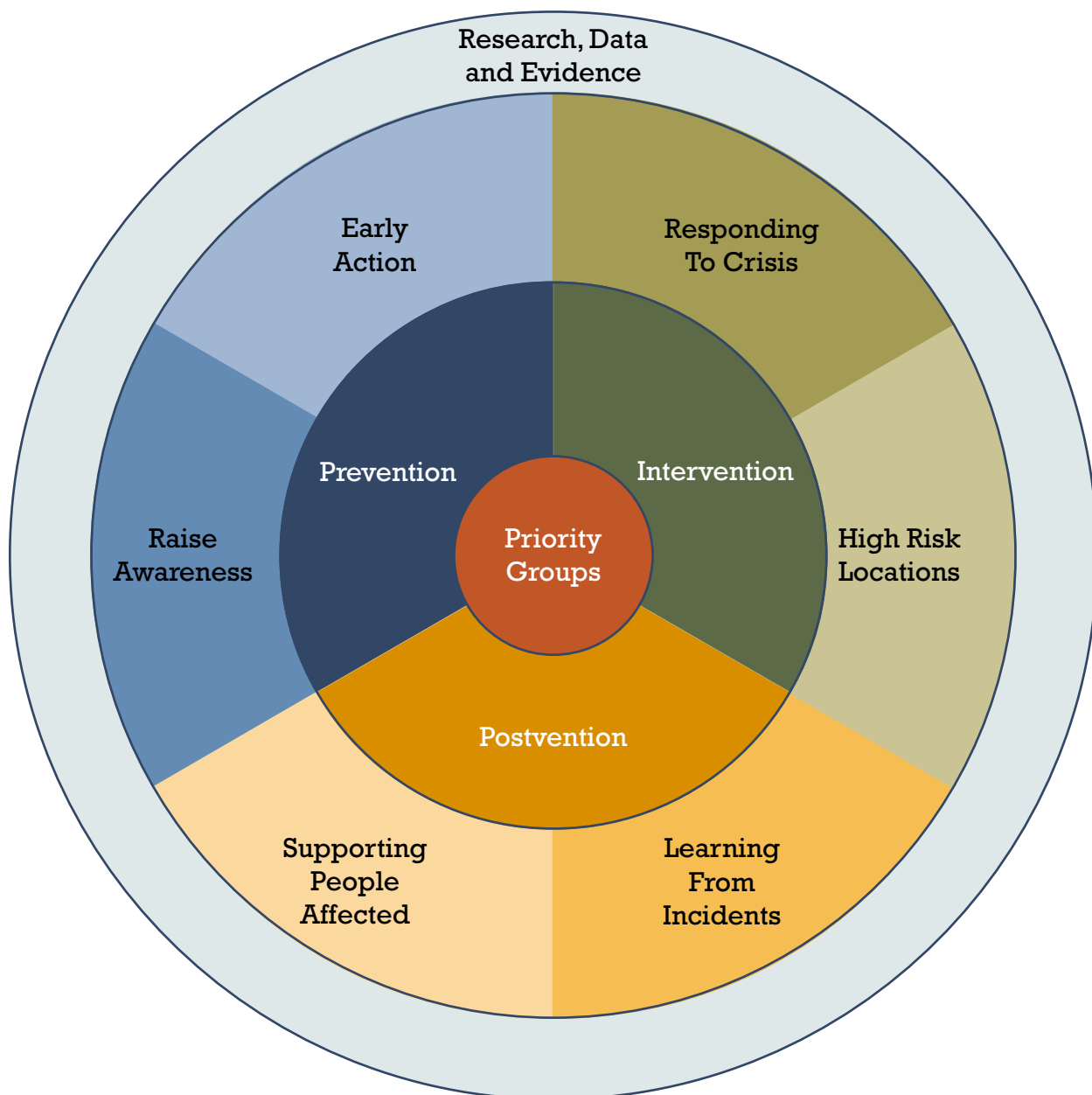
Opportunities: where are opportunities to improve?

- Improve systems for data sharing between partners and make best use of local intelligence to enhance the existing suspected suicide surveillance system.
- Better understand the local challenges and issues that lead to poor emotional health and wellbeing in priority groups including men, LGBTQ+ people and children and young adults. Work towards more coproduced support.
- High risk locations continue to be a challenge in Calderdale. Work is already underway to better understand the situations and identify practical solutions but will require systemic change and potentially large capital funds.
- Work to increase referrals and uptake into existing support services including **Leeds Mind Suicide Bereavement Service, Stepping Stones, Safe Space** and **Calderdale Recovery Steps**.



Calderdale Suicide Prevention Action Plan 2025-27

In September 2023 UK Government launched the **National Suicide Prevention Strategy and Action Plan 2023-2028**. It identified eight priority areas, to be addressed on national scale. Streamlining our Calderdale strategic plan into three key areas allows for more focused action considering local strengths and needs, whilst still aligning to national priorities and work.



Calderdale Suicide Prevention Plan on a page 2025-2027

Our goals		
Prevention	Intervention	Postvention
Priorities		
<ol style="list-style-type: none"> 1. Raise awareness of suicide prevention. 2. Take early action to prevent crisis. 	<ol style="list-style-type: none"> 3. Effectively respond to crisis. 4. Improve safety at high-risk locations. 	<ol style="list-style-type: none"> 5. Support people affected by suicide. 6. Learn from incidents.
Objectives		
<ol style="list-style-type: none"> 1a. Raise awareness to suicide prevention through proactive comms and targeted campaigns. 1b. Promote appropriate workforce training. 2a. Guide schools and workplaces to be prepared for mental health crisis and suicidal behaviour. 2b. Ensure appropriate and accessible mental health and wellbeing support is available for all priority groups. 	<ol style="list-style-type: none"> 3a. Advocate for a variety of safe and inclusive safe spaces that meet the needs of priority groups. 3b. Provide appropriate and targeted support for people who attempt suicide. 4a. Reduce and restrict access to high-risk places. 4b. Advocate an adversity, trauma, and resilience response to presentations at high-risk locations. 	<ol style="list-style-type: none"> 5a. Ensure everyone impacted by suicide is able to access appropriate timely support 5b. Refine an approach to memorials which both protects the public and is sensitive to needs of those affected. 6a. Continually monitor and ensure best use of suspected suicide surveillance data. 6b. Pilot a rapid learning review process for suspected suicides and attempts.
How will we know we have progressed this?		
<ul style="list-style-type: none"> • Co-produced communications campaign delivered and evaluated each year • Uptake of suicide prevention training by staff working with the public • Utilisation of online resources • Co-produced resource sign-posting help developed and in use 	<ul style="list-style-type: none"> • Uptake and evaluation of Stepping Stones (support after suicide attempt) • Changes to physical barriers Fewer repeat attendances at high risk locations 	<ul style="list-style-type: none"> • Uptake of bereavement support • Rapid review process piloted and impact evaluated • Agreed approach to memorials in operation

How can everyone get involved in reducing suicides?

What Calderdale Health and Wellbeing Board & partner organisations will do

- Work together to deliver the actions in the Calderdale Suicide Prevention Action Plan.
- Ensure there is no wrong door, so systems and services are connected around individual's needs.
- Maintain and promote access to **suicide prevention training** to everyone.
- Use the **Health and Wellbeing ways** of working together

What local organisations and communities can do together

- Employers have accessible mental health and wellbeing support available for all staff and volunteers and are understand how to support people affected by suicide.
- Provide and promote **suicide prevention** training for all staff and volunteers.
- Tackle stigma by encouraging open conversations about mental health and suicide.

What Calderdale residents and communities can do

- Normalise talking about suicide by starting open and honest conversations with friends and family.
- Be kind to others, listen and seek to understand where they are coming from.
- Share details of the support available, encouraging people to access help sooner.
- Get involved and join the **Calderdale Suicide Prevention Network**

For details of help and support visit:

Calder Connect **www.calderconnect.org**

West Yorkshire Suicide Prevention **www.suicidepreventionwestyorkshire.co.uk**

Hub of Hope **www.hubofhope.co.uk**

