Barnet Suicide Prevention Strategy 2026 – 2030

Stronger Together:

Partnering to Save Lives and Prevent Suicide in Barnet

Contents

Content Warning

This Strategy mentions death by suicide, suicidal thoughts and self-harm. Please read with care. Support is available through Samaritans at any time on 116 12343. Further support information is also available on the Barnet Council website.

Foreword

Councillor Alison Moore - Cabinet Member for Adult Social Care and Health and Chair Barnet Health and Wellbeing Board

Sadly, suicide remains a notable cause of death; a tragedy affecting the person, their families, friends, colleagues and the communities in which they live, and one we strive to prevent.

I am therefore very pleased to introduce and support the new 2026-2030 Barnet Suicide Prevention Strategy.

It builds on the success of the previous 2021-2025 Strategy from which came pioneering and award-winning work such as Barnet's campaign to reduce suicide amongst men, which received national recognition, and is the product of contributions from many partner organisations and the collective ownership of Barnet's suicide prevention work. This shared ownership and co-production, including vital input from those with lived experience, have been key to developing this new Suicide Prevention Strategy. It details links between inequalities and suicide, and the ways in which it affects marginalised and socioeconomically disadvantaged groups and sends a clear message to residents and communities across Barnet, as well as professionals and decision makers in the Council and partner organisations, how seriously we take suicide, its causes and prevention.

I would like to thank all those who have contributed to the development of this Strategy and look forward to the implementation of its action plan over the coming five years.

Peter Maslen - Barnet resident

As someone who's lived with suicidality most of my life, for so long I felt that all I've been through was meaningless or wasted. That changed when I started working in co-production, and volunteering in mental health and social care. It is in this capacity that I've contributed to this Strategy, but I've collected people's stories and voices and brought them to the Strategy also.

For those who seek hope, look no further than this Strategy, for this Strategy is a map to a destination where hope resides. Crafted by those who have stepped through despair. By those who have been lost or forever changed by it. Their legacy, and teachings is in part this Strategy. For this Strategy is a cumulation of those with lived experience and those who are experts by education. Both are uniquely gifted in their own ways to set forth a Strategy for those who seek to support individuals who are in despair, or to aid themselves to find a way from it.

Dr. Janet Djomba - Director of Public Health

The Barnet Suicide Prevention Strategy 2026-2030 is our second and is building on the strength and learning from the first strategy launched in 2021. This new Strategy reflects a shared vision: **Stronger Together**. It is the culmination of voices of lived experience, clinical expertise, data and community insight, and evidence base. Aligned with Barnet's Health and Wellbeing Strategy, the Strategy recognises the wide range of systemic factors, including social and economic factors, that impact mental health and wellbeing. We pledge to take a public health approach that tackles inequalities, prioritises prevention across the whole population, addresses emerging risks, and outlines a proactive roadmap for fostering resilience across all sectors of our borough—from mental health services and schools to housing, community and faith organisations.

We hold firm in the belief that suicide is preventable, and that through collaboration, compassion, and bold action, we can build a future where support is accessible, stigma is diminished, and no one feels alone in their pain. We invite all who read this to join us in making Barnet a place where life is lived to the fullest.

Our vision

Stronger Together: Partnering to Save Lives and Prevent Suicide in Barnet

This vision for this Strategy, chosen by the Barnet Suicide Prevention Partnership, reflects the vital role of collaborating to prevent suicide. By coming together across organisations, services, and communities we can amplify our reach, strengthen our impact and work together to save lives in Barnet.

Introduction

Welcome to the new Barnet Suicide Prevention Strategy for 2026-2030. This Strategy and Action Plan has been developed by the Public Health Team in collaboration with the Barnet Suicide Prevention Partnership. The Partnership has a broad membership including those who have lived experience, health and social care practitioners, first responders, community and faith organisations, schools, higher education and academic experts.

We published our first Suicide Prevention Strategy for Barnet in 2021[1] during the COVID-19 pandemic, recognising the negative impact of the pandemic and increased cost of living on mental wellbeing, and the already evident increase in risk factors for suicide such as bereavement, self-harm, social isolation, and unemployment.

Following the publication of the cross-government Suicide Prevention Strategy[2] we refreshed our Action Plan to align with the national priorities whilst maintaining focus on locally identified needs. This Strategy builds on our previous work, responds to new and emerging concerns and takes further steps to embed a public health approach to suicide prevention, through universal actions for the whole population and targeted actions for those at greater risk of suicide.

Why suicide prevention is important

Suicide is a leading cause of premature death: The WHO estimate that worldwide one person dies by suicide every 45 seconds and suicide is the fourth leading cause of death in 15–19-year-olds[3]. In the UK, someone dies by suicide approximately every 90 minutes and around five young people take their lives each day[4]. There is evidence suggesting that suicide rates have gone down in countries where a suicide prevention strategy is introduced[5]. **By introducing this new Strategy, we have an ambition that suicide is no longer one of the leading causes of early deaths in Barnet.**

Suicide is preventable: When someone ends their own life, it's a tragic response to difficult situations, feelings of hopelessness and feeling unable to change their circumstances. Thinking about suicide is common but the stigma attached to mental ill-health and suicide has created a barrier for people to talk about suicidal thoughts and seek help. **This Strategy therefore aims to reduce suicides by creating an environment where people feel able to talk about suicide and ask for help.**

The impact of suicide is widespread: When someone takes their own life, the impact on their family and friends is devastating, but the impact also goes beyond this and affects whole communities. It is estimated that 15-30 people are directly and severely

impacted by a single death by suicide, and around 135 people are affected by each death to the point where they would benefit from a supportive conversation with a mental health professional[6]. New research from the University of Hull shows that this ripple effect is even larger if we include the impact of social media proliferation[7]. Those bereaved through the suicide of a family member have an elevated risk of attempting suicide, developing mental health problems and dropping out of education or work[7]. **This Strategy commits to improving multi-agency community responses to suspected suicides, including early detection of potential related suicides, and ensuring ongoing learning to improve local practice.**

***Suicide is a result of inequalities*:** The reasons for suicide are multi-faceted, influenced by social, commercial, cultural, biological, psychological, and environmental factors present across the life-course. The risk of suicide is not equal. There are some population groups at higher risk of suicide who remain a priority for suicide prevention work, including men, children and young people, those who repeatedly self-harm and those who are known to mental health services. Men are three times more likely to die by suicide in England than women[8]. Socioeconomic disadvantage including low income, debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area are also all associated with increased risk of suicide. **This Strategy has an ambition to introduce interventions for the whole population and to mitigate inequalities to prevent people reaching crisis point.**

Our challenge

Suicide rates in Barnet have continued to remain significantly lower than both London as a whole and the rest of England. Nevertheless, in the last 10 years, an average of 22 people have died by suicide each year in Barnet. As mentioned, up to 135 people can be impacted by each suicide. This means in the last 10 years over 30,000 people in Barnet may have been affected by suicide. This will continue to multiply each year and those affected by suicide may experience lifelong impacts, including depression, prolonged grief, guilt and post-traumatic stress disorder (PTSD), long after the loss.

In addition to those who die by suicide, there are also many people experiencing suicidal thoughts, behaviours and self-harm. Emergency hospital admissions due to self-harm in Barnet are slightly higher than levels across London[9]. However, most instances of self-harm will not present to services. As a result, the true scale of self-harm, as well as suicidal thoughts and behaviours is unknown. Therefore, a population wide approach is crucial in reaching those who experience self-harm and suicidality but do not present to services.

Further information on suicide statistics in Barnet can be found in Appendix 1.

Suicide prevention is often seen solely as an issue for mental health services, yet less than a third of people who died by suicide in England were in contact with mental health services in the year before they died[10]. Whilst effective mental health care is an integral

part of this Strategy, wider prevention and resilience building through non-clinical support and community activities can play a key role.

The local voluntary, community and faith sector, as trusted organisations, have an important role in preventing suicide amongst underserved groups who experience prejudice and discrimination, such as refugees and migrants[11], neurodivergent people[12], rough sleepers[13] and LGBTQIA+ communities[14,15] all of whom are known to have a heightened risk of suicide. To best support those at increased risk of suicide, we must also continue to upskill the wider workforce, who are more likely to meet these individuals. This includes but is not limited to those working in housing, employment support, debt management and education.

Barnet's low suicide rates may be associated with the collective preventative action that has taken place over the past four years. However, current socioeconomic issues such as the cost-of-living crisis, housing challenges, food insecurity and conflict around the world have the potential to exacerbate many of the factors which contribute to suicide. The Partnership cannot be complacent if we are going to maintain this stable trajectory. We therefore need to be even more ambitious to mitigate against the potential negative consequences of socioeconomic factors. We will also continue to explore opportunities to promote and work around protective factors for the whole population.

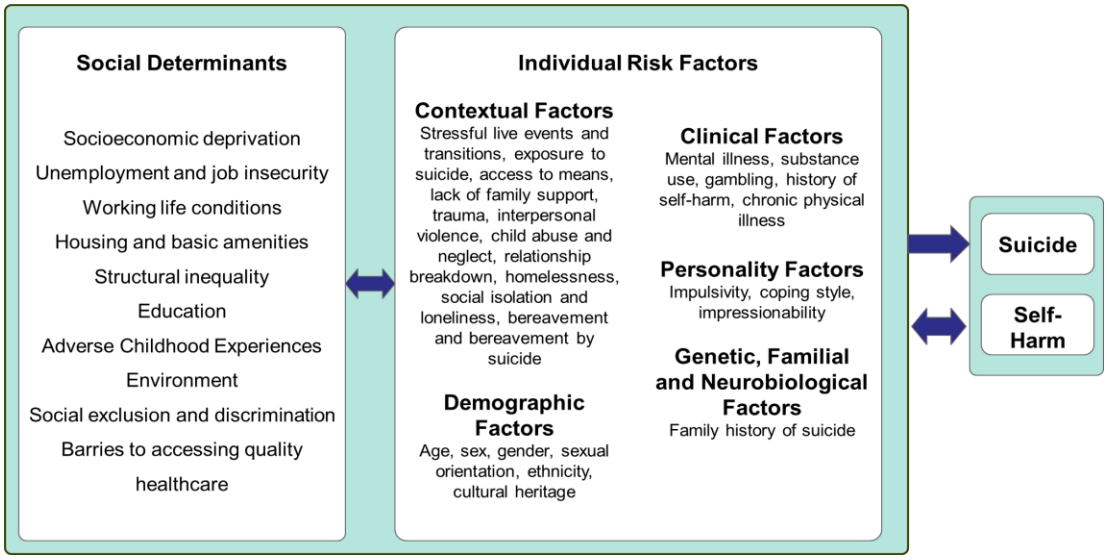
Public health approach to suicide prevention

In September 2024, The Lancet Public Health Series was released outlining a **public health approach to suicide prevention** by appraising a wide range of opportunities for intervention[16].

The authors presented comprehensive evidence and made a case for moving away from thinking about suicide as an exclusively clinical problem and bringing our focus to social determinants that can drive individuals' risk of suicide. They argued that the greatest reductions in suicide are most likely to be achieved through public health measures that target the whole population, and that there will never be enough adequately trained mental health professionals to deliver one-to-one treatment to suicidal individuals.

As demonstrated in Figure 1, social determinants (such as financial challenges, housing and the environment that we live in) have a direct or indirect impact on individual risk factors. Social determinants are often described as the 'causes of the causes' and impact on individual risk factors such as contextual factors (e.g. stressful life events, bereavement by suicide, and access to the means used for suicide), demographics, clinical risk factors (such as mental illness and drug and alcohol use) and others (e.g. genetics and personality traits), which can ultimately lead to suicidal thoughts and behaviours.

Figure 1. Social determinants and individual risk factors for suicide and self-harm

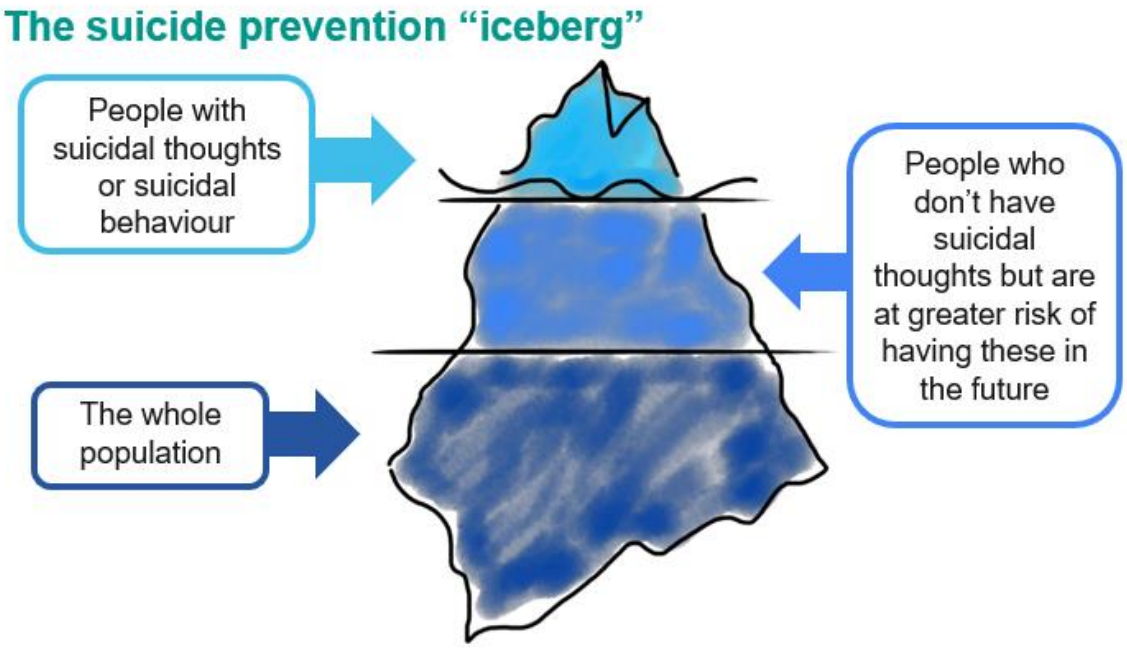


Source: Adapted from the Australian National Suicide Prevention Strategy, Consultation Draft Summary[17]

During co-production workshops with partners from across Barnet to develop this Strategy, we agreed to adopt the public health approach to suicide prevention as an underlying framework for our collective Action Plan. We believe that viewing suicide through a public health lens can provide a better understanding of how clinical risk factors may arise and how they are exacerbated. Alongside providing effective specialist and clinical interventions, we also want to address upstream determinants, including embedding suicide prevention in all Council policies and introducing interventions for the whole Barnet population.

Our approach to suicide prevention is informed by proportionate universalism[18]. This describes how efforts to reduce inequality are universal in their approach and ensures that resources, services and support should be in proportion to the level of need. Focusing only on groups with the highest need won't reduce inequality alone[19]. Proportionate universalism underpins the iceberg model below as it ensures that actions for suicide prevention are implemented across the whole population and account for differing needs.

Figure 2. The suicide prevention "iceberg"



Source: Adapted from The Lancet – Preventing suicide: a call to action[20]

The public health approach to suicide prevention can be conceptualised as an iceberg, where individuals at each level of the iceberg can be targeted through different types of interventions.

The tip of the iceberg represents those with suicidal thoughts or behaviours, who are supported through clinical interventions. This may include crisis support services, or aftercare for those who have made a suicide attempt.

The middle of the iceberg represents those who are not yet experiencing suicidal thoughts or behaviours but are at greater risk of this in the future as a result of circumstances or behaviour. Interventions to support this group are targeted at those with particular risk factors that predispose to suicidality. Interventions at this level could include support for substance misuse, support for gambling or access to mental health treatment.

The bottom of the iceberg represents the whole population who may not yet have known risk factors but may develop these in future. Interventions at this level are universal and look to reduce population-wide risk of suicide. This includes suicide prevention media campaigns, resilience building in schools, minimising exposure to harmful content in the media, training programmes to enable better recognition of those at risk and encouraging compassionate conversations in public facing services.

Our approach includes prevention across the whole population, recognising that the risk of suicide can fluctuate rapidly and throughout the life course.

Our principles

The Barnet Suicide Prevention Strategy and the work of the Barnet Suicide Prevention Partnership are underpinned by key guiding principles.

System ownership and collaboration

The causes of suicide are complex and therefore suicide prevention work requires collaboration across multiple sectors and communities. Our Strategy has been co-produced with multi-agency partners to ensure that the approach is responsive to local need, and that actions have the support of those responsible for their implementation. System ownership of the Strategy ensures that suicide prevention in Barnet is a shared responsibility, fostering strong commitments to suicide prevention and coordination between partners. Strengthening our collaboration and networking across the Suicide Prevention Partnership, and sharing best practices, can help to improve the effectiveness of our suicide prevention work.

Lived experience voices

This Strategy was informed by the insights of Barnet residents with lived experience of suicidal thoughts and behaviours. The perspective of those with lived experience, including young people, is key to ensuring that both this Strategy and our work across the borough on suicide prevention is meaningful, relevant, and reflects the reality of life in Barnet.

Evidence-based practice and data sharing

An evidence-based approach is crucial to ensuring that our suicide prevention activities are informed by what we know works. This comprises drawing on the research base and ensuring that we use and share national and local level data and insights on suicides, so that our work is responsive to local need.

Trauma-informed care and recognising intersectionality

Experiences of trauma can have an impact on risk of suicide. Multiple, overlapping aspects of an individual's identity and experiences can also impact their risk of suicide. It is therefore key that the support we offer for those at risk of suicide is trauma-informed and that our suicide prevention work recognises intersectionality and addresses the needs of specific communities and the barriers they experience.

Understanding and encouraging help seeking

Those with suicidal thoughts may experience stigma and isolation and may not feel heard or understood, which can act as a barrier to seeking support. Raising awareness of suicide and suicide prevention across the Barnet community is key to ensuring that individuals experiencing suicidal thoughts know where to seek help and feel able to do so. To encourage help seeking, it also essential that the support we offer is compassionate and non-judgemental. Awareness raising is also vital so that as many people as possible are able to recognise the signs of someone who might be suicidal, feel confident to have an initial conversation around this and know where to get additional support for someone else. This crucial intervention can give hope in the most difficult of times.

Successes from our previous Strategy

1) National recognition

Barnet's innovative work has resulted in presentations at the National Suicide Prevention Alliance conference, and regional learning platforms such as the Thrive London Suicide Prevention Group and OHID Suicide Prevention Community of Practice. The National Suicide Prevention Alliance published the evaluation report of Barnet's Suicide Prevention Campaign which has contributed to learning for other local authorities. Barnet's experience of managing suicides and multiple suicides in an educational setting has been presented at the London Child Death Overview Panel as an example of good practice and learning.

2) Award winning campaign saving lives

Our award-winning campaign targeting men, the single biggest group impacted by suicide, saved lives in highly cost-effective way. This approach is now rolled out across North Central London.

3) Support After Suicide

The North Central London Support After Suicide service was established in October 2021 to provide emotional and practical support to those bereaved or impacted by suicide. The service supported 335 people affected by suicide (nearly all first-degree relatives of the deceased), as well as workplaces, schools and other communities impacted by suicide.

4) Andy's Man Club

Andy's Man Club (AMC) is a charity, which provides peer support in a non-clinical environment providing a safe and non-judgemental space for men to talk. Barnet introduced the first Andy's Man Club in London. From April 2024 to March 2025, 743

men attended with an average of 2 new attendees each week. Barnet AMC users are now setting up new clubs across London including in Enfield and Camden.

5) The Suicide Prevention Manual

The Suicide Prevention Manual is a pocket-size, pull-out manual, created by people with lived experience. The Manual aims to supporting Barnet residents who are experiencing suicidal thoughts to gain life affirming strategies to support their safety while regaining hope.

"As a survivor of multiple suicide attempts, this manual will help a lot of people who are struggling in silence and will be key component in suicide prevention"

6) Coping After Suicide Guidance

The Coping After Suicide Guidance is co-produced by the members of the Barnet Suicide Prevention Partnership, the Barnet Together Reference Group and the Mental Health Strategic Partnership Board. The guidance offers an easy to follow, postvention guide outlining steps to be taken after the news of a suspected suicide. This guidance is unique because it is written with empathy to the circumstances of staff working in voluntary, community and faith organisations.

7) Strong focus on enabling local workforce to respond to suicidality

265 people attended Zero Suicide Alliance Lunch & Learn sessions. These provide basic training to help people feel confident and able to talk to someone who may be struggling with suicidal thoughts.

Every year around 60 frontline staff received suicide prevention training. This training included recognising signs that someone might be thinking about suicide, a model for empathetic conversation, as well as basic safety planning and signposting to relevant services.

8) Suicide Response Protocol

The Multiple Response Protocol ensured that key partners are committed to stepping up, at short notice, a response group for all suspected suicides of young people and cases of serious self-harm. This means that all relevant services collaborate and align, the risk of further suicides amongst young people is reduced and communities get the right help at the right time.

9) WISE Training

WISE training supports schools to make a coordinated, informed and evidence-based plan specific to their school on how they would respond in the event of a suspected suicide of a student. 27 schools have now received WISE training with very positive feedback.

"The session was good and informative and set in place clear and direct actions that would need to be followed through should the school experience any incidents of suicide" Quote from a Secondary School

10) Youth Mental Health First Aid and Suicide Prevention Training

The Resilient Schools Programme was established in 2017 and now has 87 schools on its network and offers a rolling programme of training, including suicide prevention. Since its inception, over 400 frontline practitioners from education, local authority and the voluntary sector have been trained in Youth Mental Health First Aid. This training provides information on signs and symptoms of poor mental health, risk factors for suicidal ideation among young people and how to support someone who is suicidal. The Suicide Prevention Strategy enhances the programme's focus on suicide prevention with over 100 frontline practitioners trained in Papyrus SPEAK (Suicide Prevention Explore Ask, Keep-safe) training.

11) Peer Champion Scheme (PCS)

The PCS is part of the Resilient Schools Programme and it has been designed and co-produced with young people and delivered to 12 secondary schools so far. Training enables young people to act as social prescribers[i] for their peers by signposting useful resources and support within their school and community. They also deliver assemblies and workshops to address mental wellbeing and discuss coping strategies to support other young people to build resilience and mental wellbeing.

School pupils said the following about the Peer Champion Scheme:

"It's a very good experience, learning how to help people and how to know the difference between different mental health problems."

"It's important to talk about mental health and helping peers."

12) Generation Verified

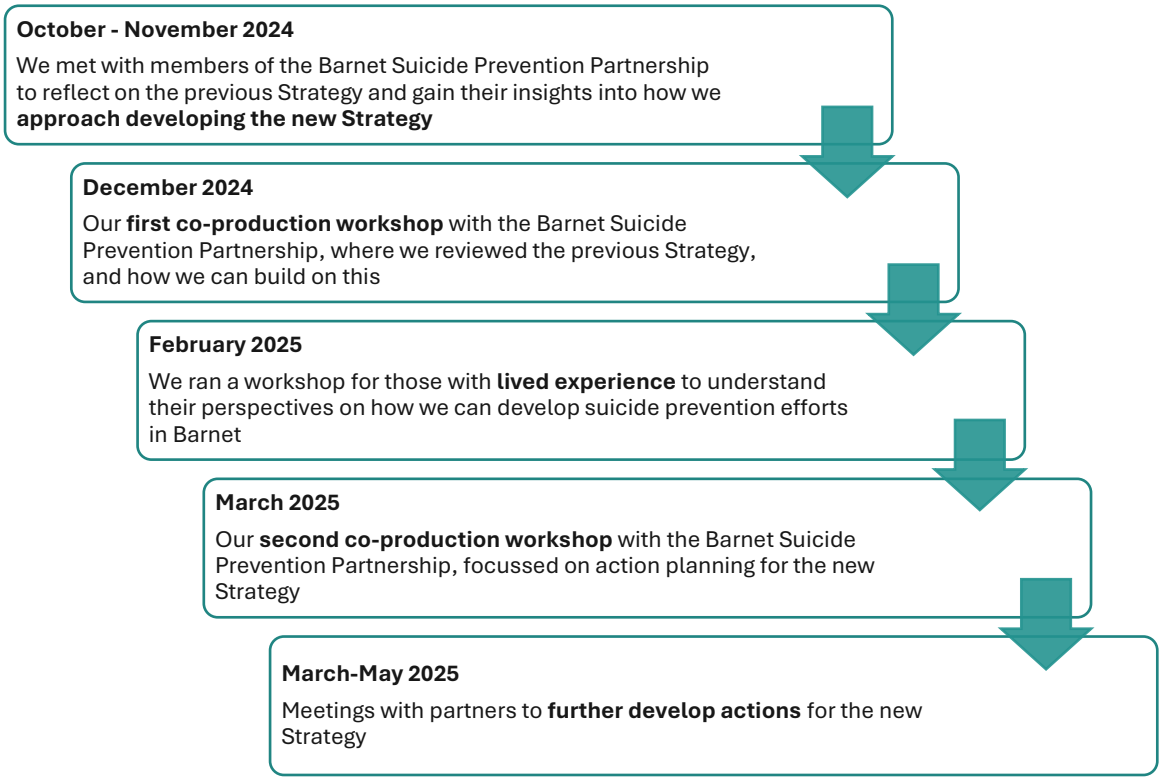
Generation Verified is a short film, co-produced by Barnet young people, that explores young people's experiences of the online world and how they cope with the unique generational challenges that they must navigate in their day-to-day lives. The film, along with resource packs for parent/carers, pupils, education staff and practitioners supporting those with Special Education Needs has been launched to schools and presented at Thrive London as a model of true co-production.

[i] A social prescriber is someone who connects people to local, non-clinical activities and services to support their health and wellbeing.

How we have developed the Strategy

Figure 3 highlights the key steps involved in the development of this Suicide Prevention Strategy, which was centred around co-producing the Strategy with partners and with those with lived experience. The Strategy also draws on local and national data and evidence-based practice to guide its approach.

Figure 3. Development of the Barnet Suicide Prevention Strategy 2026-2030



Lived experience insights

Our engagement with those with lived experience of suicide through our workshop highlighted six key themes.

Stigma, Awareness, and Barriers within Healthcare

Stigma can prevent help-seeking, especially in certain cultural groups. Positive first contact with services is critical, and joined-up support and long-term, person-centred care improves outcomes, but many may still struggle to navigate support.

Access to Crisis Support

Crisis support can be fragmented, and long waits and difficult A&E experiences can negatively impact those in crisis. Proactive approaches are also needed to reach those in crisis who may not seek help.

Community-Based Prevention and Social Support

Isolation is a key risk factor for suicide. Community hubs, peer support, and social prescribing can help, but better training and targeted outreach is also needed to address isolation as a risk factor.

Work, Volunteering, and Economic Hardship

Unemployment, economic stress, and challenges navigating benefits systems can all impact mental health. Volunteering can be valuable, but work-like activity is not always accessible or appropriate, for those experiencing mental health difficulties or suicidality.

Culturally Competent, Targeted, and Inclusive Support

Suicide prevention must address diverse needs, including those of disabled people, carers, and minoritised ethnic groups. Culturally competent services should engage faith leaders and grassroots organisations.

Lived Experience, Co-Production, and Peer Support

Services should be co-led by those with lived experience. Peer support initiatives are impactful, particularly with proper training to ensure meaningful, sustainable involvement.

Andy's Man Club Attendee Feedback

Alongside this workshop, we also asked members of the public who attend Andy's Man Club in Barnet for their perspectives on suicide prevention via a questionnaire. Respondents highlighted a wide range of risk factors that they felt we should be focussing on from housing and financial problems to relationship issues, substance misuse and gambling. Support from family, friends and peers was noted by some respondents as an important protective factor. Stigma, shame and not knowing where to go for support were widely felt to be barriers to getting help. There were a variety of

views on how to improve crisis support, including timely and compassionate care as well as the importance of preventing people from reaching a crisis point.

Further information on lived experience insights can be found in Appendix 2.

Feedback from our lived experience workshop in February 2025:

> "Amazing. **Really well run and inclusive**… Thank you for handling such a sensitive subject with care and facilitating space for everyone."

> "The effort put in to organise this event shows **how life is valued.**"

Children and Young People's Focus Group Insights

Engagement with young people with lived experience or who have supported their peers has revealed common themes across all focus groups. Young people expressed a desire for mental health to be normalised and openly discussed in order to reduce stigma when seeking help. They felt that older peers in the schools such as peer champions and mentors would be effective social prescribers. Assemblies were seen as ineffective for addressing mental health, especially when led by school staff, as they had little impact. It was important to young people that the person delivering mental health awareness was close to their age and had their own lived experience, as this offered a hopeful perspective.

When support was needed, young people felt that counselling and mentoring carried stigma, and they did not want to be singled out for these interventions. They wanted supportive spaces to be staffed by approachable individuals who had time to listen.

The overarching theme across all the groups was that young people, above all else, needed a trusted adult of their choosing. The priority for them was that this adult could listen, be empathic and non-judgemental. While they appreciate adults having some knowledge of mental health, it was secondary to being the 'right person'

Our parent/carer surveys highlighted the significant struggles and far-reaching impacts on families when a young person in their care experiences suicidal ideation or self-harming behaviours. Feedback indicated that parents and carers often had to rearrange their lives and work schedules to meet the needs of the young person, leading to siblings feeling neglected. Family life and emotional care often took a back seat, and the need to take precautions with sharp objects and medications further affected the household's mood.

Parents and carers identified several barriers for young people seeking help, including stigma, not knowing who or how to ask for help, and not wanting to worry family or feeling detached from parents and school. They felt unsure about how to support their child with suicidal thoughts, where to seek help, or even what to say. There was also uncertainty about the appropriate level of supervision at home.

When seeking help from schools, families lacked confidence that the school fully understood the problem, had the right training or could provide adequate support due to stretched resources. A more coordinated approach between parent/carers, young people and schools, along with special educational needs (SEN) support that integrates mental health with education needs was seen as beneficial.

Parent/carers also identified barriers outside of the school environment which included inconsistencies where GPs did not always provide appropriate mental health support or referrals. When referred, families found themselves in a cycle of being referred back and forth between services with long wait times. There were also difficulties contacting services like CAMHS and crisis lines. They reported being advised to take their child to A&E or call emergency services rather than receiving support beyond the immediate crisis. They felt that there is a need for more timely and creative support that takes a holistic approach, including support for parent/carers' mental health and making counselling more widely available and affordable. Support needed to be timelier and creative, providing a holistic approach that also supported parent/carers' mental health as well as making counselling more widely available and affordable.

When engaging with education staff, practitioners observed that young people often hesitated to acknowledge their problems. They felt ashamed and worried about burdening family or friends or being perceived as 'different'. School staff felt students were sometimes unsure whether their feelings were a cause of concern or simply a normal part of adolescence, influenced by hormones, exam pressure and their stage of life.

Practitioners themselves lacked confidence when dealing with students experiencing suicidal thoughts. They were apprehensive about addressing the issue if they noticed a problem and were uncertain about how to respond if a student approached them. There was a fear of exacerbating the situation by saying the wrong thing.

Effective communication between teaching staff, who interact with students daily and support staff was deemed crucial for identifying those in need of help.

Mentoring and counselling within school were viewed positively, particularly when students had the freedom to engage informally. Safe spaces with appropriate adults were key to early intervention, as were trusted relationships and access to them informally. Peer Mentors and champions were seen as a positive intervention by education staff.

North Central London Suicide Prevention Programme

Alongside this Strategy, Barnet is also working in partnership with Camden, Enfield, Haringey and Islington to deliver the North Central London Suicide Prevention Programme. This is a 2-year programme of work, funded by North Central London Integrated Care Board (NCL ICB), to reduce suicide rates across NCL through a combination of population-wide measures and targeted interventions for those identified as at an increased risk.

This programme of work is varied in its approach, delivering training to key professionals, promoting resources to the general population, and directly supporting children and young people at an increased risk of suicide, as well as those who have presented to Emergency Departments with suicidal behaviour. The programme is also funding a variety of community sector organisations to pursue their own suicide prevention activity.

This work is supported by a programme manager, employed by Barnet Council on behalf of the North Central London Suicide Prevention partnership, as well as a data and insight group who meet regularly to review Real-Time Suicide Surveillance data across North Central London to identify emerging concerns that require both immediate response and longer-term strategic change.

Priority Groups

The public health approach to suicide prevention recognises that certain groups of individuals have an increased risk of suicide. The National Suicide Prevention Strategy for England[2] identifies several evidence-based priority groups, which may benefit from targeted or tailored intervention at the national level, as shown in Table 1. The National Suicide Prevention Strategy emphasises that this is not an exhaustive list; therefore, based on data and consultation we have also identified specific local priority groups.

Table 1. National and local priority groups

Nationally identified[2]	Locally identified
Children and young people	LGBTQIA+ communities
Middle-aged men	Refugees and asylum seekers
People who have self-harmed	Older men
People in contact with mental health services	People experiencing harmful gambling
People in contact with the justice system	Minoritised ethnic groups
Autistic people	Veterans
Pregnant women and new mothers	

Suicide is one of the leading causes of death in children and young people with young people more susceptible to imitating suicidal behaviour. As children and young people are an identified priority group within the National Suicide Prevention Strategy, we look to more recent findings from the Office for National Statistics (ONS) to identify groups of children and young people with increased risk of dying by suicide[21].

Table 2. Priority groups children and young people

Nationally identified[21,22]	Locally identified
Young men	LGBTQIA+ young people
Mixed ethnic background	Young people who have self-harmed
Special Educational Needs	Bereavement
	Online harm and experience of bullying
	Neurodiverse
	Academic pressure

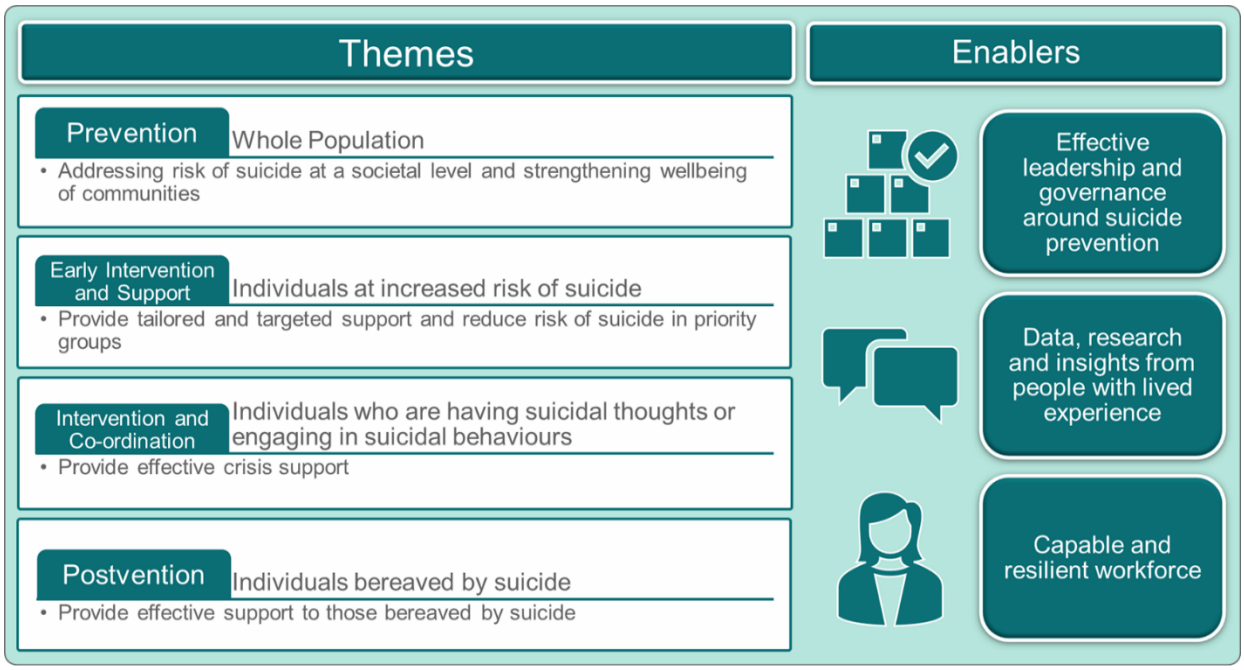
Throughout the life of this Strategy, we will continue to improve data collection, evidence and research to continue to improve our understanding of these priority groups, as well as the risk factors described earlier in the Strategy, to inform collective action.

Further information on the evidence base for priority groups that are at higher risk of suicide can be found in Appendix 3.

Barnet Suicide Prevention Framework 2026-30

Figure 4 shows the framework for the Barnet Suicide Prevention Strategy 2026-30. This framework is split into themes and enablers. The themes follow the public health approach to suicide prevention and include actions aimed at different levels of the population. The enablers outline actions that facilitate our suicide prevention work, such as leadership and data.

Figure 4. The Barnet Suicide Prevention Framework 2026-30



Responding to change

To ensure that our actions remain focussed and responsive to emerging insights over the lifetime of this Strategy, we intend to collectively review priority groups, emerging risk factors and actions after the first two years. We shall use insights from this to refresh our Action Plan for the remaining period of the Strategy.

Some objectives require initial exploratory work to respond to changing priorities and needs, while others will build on existing work from the previous Strategy. Some objectives also contain built in responsiveness to emerging insights so we can make course corrections in-year.

Barnet Suicide Prevention Action Plan 2026–30

Key - Blue text: Children and young people specific

Target population: Whole population					
Aim 1 Address risk of suicide at a societal level and strengthen wellbeing of communities					
Objectives	**Actions**	**Leads**	**Date due**	**Progress (RAG)**	**Update**
1.1 Embed suicide prevention in relevant Council policies to enable addressing social determinants of suicide risk	Work with key Council departments and identify opportunities to demonstrate benefits of wider prevention work	PH	Dec 2030		
1.2 Increase awareness to change public attitudes about suicide and mental illness through effective communication and engagement	Continue to promote key messages through social media campaigns and key dates such as Suicide Prevention Awareness Day and Mental Health Charter	PH, MHSPB	Ongoing		
	Promote suicide prevention resources and support through the Barnet Council suicide prevention webpages and through dissemination via partner communication channels	PH, All Partners	Ongoing		
1.3 Increase awareness of suicide and its risk factors among professionals and encourage compassionate conversations in public facing services	Continue to deliver Zero Suicide Alliance lunch and learn sessions, Mental Health First Aid and Youth Mental Health First Aid training	CB Plus, PH	Ongoing		
	Increase awareness through communication and training for those working in key services	PH, LBB PWBT, Barnet Homes, BOOST	Dec 2027		

	such as housing and financial support services				
	Use VCSE forum to raise awareness of suicide prevention resources	PWBT	Dec 2027		
	Scope available e-learning resources and if there is a gap, develop a bespoke e-learning resource to increase confidence talking about suicide	PH, BDLD	Dec 2027		
1.4 Improve mental health and resilience and reduce loneliness	Link up with key work programmes and strategies at the neighbourhood level to join up efforts and maximise usage of local resources and activities	PH, NCL ICB	Dec 2027		
	Maintain strength-based approach which supports community connections, provides referral pathways into community assets	LBB-PWBT, ASC, NCL ICB, AUKB SPLW	Ongoing		
	Promote locally commissioned and non-commissioned activities through Council's engagement team and key campaigns	LBB-PWBT, AUKB	Ongoing		
	Promote access to physical activity and community sports in Barnet in priority groups	FAB partnership, Better, AUKB, Saracens	Ongoing		
	Provide support to schools that will allow them to ensure the curriculum in each school includes the promotion of evidence based effective mental health/well-being strategies for students	PH, HEP	Ongoing		

	Maintain communications to strengthen the awareness around the current mental health support offer for children and young people (CYP) at critical points in the school year, such as pre-holiday and dealing with exam stress.	BICS, FS COMMS, PH	Ongoing		
	Re-commission the Peer Champion Scheme to provide mental health awareness in schools	PH	Sept 2025		
1.5 Prevent and minimise harms from alcohol, drug use and gambling	Promote and increase uptake of the DrinkCoach alcohol audit and online coaching by Barnet residents	PH	Dec 2027		
	Review and improve schools' drug and alcohol education (pupils, teachers and CYP) and access to treatment for pupils	PH	Dec 2027		
	Increase employer awareness of alcohol harm and support options in Barnet businesses	PH	Dec 2027		
	Promote the National Gambling Helpline	All partners	Ongoing		
1.6 Minimise exposure to harmful information in the media and online that may encourage suicide and self-harm	Ensure suicide and suicidal behaviour is reported sensitively through making local media aware of the Samaritans' Guidance	PH	Ongoing		
	Monitor suicide coverage in local media, in particular, following a suicide where the general public is exposed	PH, LBB comms	Ongoing		
1.7 Reduce access to means	Explore how best to promote prescribing a safety plan for pharmacists, GPs and other relevant primary care teams to reduce suicide by prescription drug overdose	NCL SP Programme	Dec 2027		

	Monitor suicides and suicide attempts at public places, such as rail tracks and stations, bridges, parks and high buildings, to identify any high frequency locations where preventative measures are needed	NCL SP Programme	Ongoing		
	Provide training to frontline staff (bridge workers, park maintenance) on identifying and engaging residents who may be contemplating suicide	PH	Dec 2027		
	Monitor RTSS for emerging new methods of suicide	NCL SP Programme	Ongoing		
	Explore safety mechanisms for schools and further education to reduce access to means through the development of self-harm pathway	PH, BELS, BICS	Dec 2027		
1.8 Promote wellbeing and resilience in workplaces, including supportive workplace cultures around wellbeing	Support employers to engage with local mental health and wellbeing resources and support	BOOST, PH	Ongoing		
	Encourage managers to use the Wellness Action Plan, or similar tools	All partners	Ongoing		
	Publicise Employee Assistance Programmes (EAPs) where they already exist	All partners	Ongoing		
1.9 Increase awareness of suicide, its risk factors and available support among professional working with children and young people	Promote and deliver workforce training to educational settings to support social, emotional and mental health and wellbeing	PH, BICS, BELS	Ongoing		
	Explore borough-wide programmes to support early identification of Social Emotional Mental	BELS	Ongoing		

	Health (SEMH) needs and prevention in school settings, through the SEMH workstream				
	Offer a rolling programme of suicide prevention training to schools and all front-line practitioners	Papyrus, PH	Ongoing		
	Produce a localised self-harm prevention toolkit and share this with all schools via online training	PH, BELS	Mar 2026		
	Feature SORTS self-harm training on the Resilient Schools website and regularly advertise this	PH	Ongoing		
	Develop train the trainer sessions for school staff about BICS services, raising awareness of the stepped care model and referral processes	BICS	Ongoing		
	Continue to offer of Trauma Informed training (whole school approach) via the Virtual School, to understand developmental trauma and implications for the mental health of CYP	BELS	Ongoing		
1.10 Improve digital resilience in children and young people	Promote resources and training for digital resilience in schools, including the promotion of the Generation Verified campaign to schools	BELS, PH	Ongoing		
	Develop the Smart Phone Free Schools Initiative	BELS, PH	Mar 2027		
1.11 Maintain Whole School Approach to support mental health awareness and early identification	Create an integrated co-located CYP mental health service (Team Around the School) that actively partners with the whole system to provide inclusive, co-produced, responsive,	BICS, EH	Mar 2027		

	accessible, highly effective early help services for children, young people, and families in Barnet				
	Create a bespoke Barnet audit tool to provide a framework to help schools and colleges to work towards developing a whole school approach to mental health and wellbeing	PH, EH, BICS	Mar 2026		
	Ensure the Resilient Schools Programme is aligned with Team Around the School approach.	PH	Ongoing		
	Continue to provide a framework for schools to gain the Resilient Schools kitemark, evidencing whole school approach of mental health awareness, through multiple initiatives such as mental health support teams, Resilient Schools, Healthy Schools and Trauma Informed Schools	PH	Ongoing		
	Evaluate individual programmes within the Resilient Schools to inform future commissioning	PH	Sep 2026		

Theme: Early intervention and support
Target population: Individuals at increased risk of suicide
Aim 2 Provide tailored and targeted support and reduce risk of suicide in priority groups

Objectives	Actions	Owner(s)	Date due	Progress (RAG)	Update
2.1 Increase mental health and wellbeing support for men	Continue to promote and ensure access to Andy's Man Club in Barnet (community-based peer-support group for men)	PH	Dec 2027		
2.2 Increase support for people experiencing mental health issues and their carers	Promote and raise the profile of local statutory and voluntary sector mental health support services	All partners	Ongoing		
	Promote suicide prevention resources to families and carers of those experiencing suicidality	All partners	Ongoing		
	Develop Wellbeing Pathways which will include the new Community Single Point of Access for adults and older adults	NLFT	Dec 2027		
2.3 Provide targeted support to children and young people	Develop targeted support to care-experienced and Unaccompanied Asylum-Seeking CYP across North Central London to reduce risk of suicide	NCL SP Programme	Mar 2027		
	Continue to provide mental health support with trained mental health professionals for university students	Middx Uni	Dec 2026		
	Produce guidance on transition planning to support CYP who are neurodivergent, and identify as trans, non-binary or gender querying and/or care experienced with an added focus on those transitioning into adult care.	BSCP	Ongoing		
	Enhance the referral pathways to continue targeting support for foster carers, care homes	BELS	Ongoing		

	and case workers for looked after CYP/ unaccompanied asylum seeker young people and youth justice				
	Develop and embed the Team Around the School approach through proactive termly meetings with schools, via locality model where CYP who may need more support can be identified early and signposted to service	EH, BICS, PH	Ongoing		
	Deliver train the trainer sessions to schools on exam anxiety and offer support schools at relevant times	BICS	Ongoing		
2.4 Provide targeted support to people experiencing financial hardship and unemployment	Enhance connections between financial support, housing, mental health services and suicide prevention support.	BOOST, LBB Income Maximisation Team, Barnet Homes, Citizens Advice, Twining Enterprise	Dec 2027		
	Ensure those experiencing suicidal thoughts have access to employment support, including Individual Placement Support and adequate income and debt management support, when it is needed		Dec 2027		
	Enable Food Banks to have access to resources and training on suicide prevention	PH, PWBT	Dec 2027		
2.5 Provide targeted support to veterans	Explore opportunities to improve links with organisations such as the Royal British Legion and Help for Heroes	PH	Dec 2028		
2.6 Increase support for people affected by gambling	Improve referrals and partnership with key charities providing support to gamblers and their families	All partners	Dec 2027		

2.7 Increase support for people affected by domestic abuse	Incorporate suicide prevention awareness into Level 2 domestic abuse training	VAWG	Dec 2027		
	Disseminate lessons learned from Domestic Abuse Related Death Reviews (DARDR) to enable services to incorporate learnings	VAWG + all partners	Dec 2027		
2.8 Increase support for minoritised ethnic groups, migrant communities and people affected by displacement or conflict	Embed a trauma-informed approach in services across Barnet	All partners	Dec 2027		
	Develop suicide prevention resources tailored to migrant communities	NCG	Dec 2027		
	Deliver a bespoke session on suicide prevention tailored to asylum seekers in Barnet	PAB	Mar 2026		
	Explore existing resources around mental health, with a view to developing new resources and signposting for school communities accordingly	PH	Sep 2026		
2.9 Increase support for people affected by substance misuse	Continue to offer fast track access to CGL services for anyone with a recent suicidal attempt or suicidal ideation	CGL	Ongoing		
	Promote the dual diagnosis service at CGL for those with substance misuse issues and mental health issues	CGL	Dec 2027		
	Establish suicide prevention lead(s) to coordinate suicide prevention work	CGL	Dec 2027		
2.10 Increase support for neurodivergent and autistic people	Support other organisations, where requested, with advice around effectively supporting and	Barnet Mencap, The Autism Hub	Ongoing		

	working with neurodivergent people, including CYP.				
	Explore how best to work in collaboration with LBB's Autism Champions Network	PH	Dec 2027		
2.11 Increase support for LGBTQI+ communities specifically trans people and queer youth within trauma informed context	Raise awareness of the issues and challenges faced by LGBTQI+ communities such as historic criminalisation, homophobia, transphobia, the effects of conversion practices and cultural exclusion	Inkluder, PH	Ongoing		
	Explore support for LGBTQIA+ people who self-harm with specific consideration of LGBTQIA+ CYP	PH, BELS, BSCP, Inkluder	Mar 2027		
2.12 Increase support for older adults to prevent loneliness and improve their wellbeing to reduce the risk of suicide	Develop a suite of activities aimed at older men to increase social connections and support	AUKB	Dec 2027		
	Raise awareness of general wellbeing/mood improvement strategies and techniques among older adults	AUKB	Dec 2027		
	Increase numbers of men as volunteers in AUKB	AUKB	Dec 2027		
	Promote CoL Household Support Fund and the importance of this in improving mental health	AUKB	Dec 2027		
2.13 Ensure learning from reviews of suicides is embedded in organisations working with risk groups	Disseminate learning from the Safeguarding Adults Board, the Barnet Partnership for Safeguarding Children, Child Death Overview Panels, Joint Action Reviews and Domestic Abuse Related Death Panels, and other relevant panels	BSCP, SAB, PH	Dec 2027		

	Where appropriate, incorporate learning into training programmes to improve practice	All relevant partners	Ongoing		
2.14 Increase support for those experiencing bereavement	Explore theming one of the existing Walk and Talk groups around suicidal ideation	Barnet Bereavement Service	Dec 2027		
2.15 Increase support for those in the justice system	Build links with probation services and their partners	PH	Dec 2028		
2.16 Increase support for rough sleepers and those experiencing homelessness	Raise awareness of challenges that homeless populations or rough sleepers are facing amongst the partner organisations to ensure compassionate support	HAB	Ongoing		
	Ensure access to suicide prevention resources such as Andy's Man Club and others	HAB, PH	Dec 2027		
2.17 Increase support for Pregnant women and new mothers (Perinatal Mental Health)	Promote and raise the profile of local statutory and voluntary sector perinatal mental health support services	PH	Ongoing		
	Promote suicide prevention resources to pregnant women and new mothers at risk of and experiencing suicidality	PH	Ongoing		

Theme: Interventions and co-ordination
Target population: Individuals who are having suicidal thoughts or engaging in suicidal behaviours
Aim 3 Provide effective mental health and crisis support

Objectives	Actions	Owner(s)	Date due	Progress (RAG)	Update
3.1 Improve safety and support for people in contact with mental health services presenting with suicidal thoughts and behaviours	Consider enhancing the discharge pathway for those with suicidality, which can include signposting to universal suicide prevention services and resources including embedding Stay Alive app into discharge	NLFT, PH	Dec 2027		
	Review the published evidence-based recommendations to improving safety on wards to prevent suicide and identify areas for improvement	NLFT	Dec 2027		
	Identify Suicide Prevention Champions on wards who are adequately trained to support staff and patients	NLFT, PH	Dec 2027		
	Explore conducting joint After Action Reviews with local authority and any relevant key partners to reinforce risk management, safeguarding procedures and preventative action	PH, NLFT	Dec 2027		
3.2 Ensure services are timely and accessible and promote compassion for those experiencing suicidal crisis	Explore providing an in-house therapist, who is placed in voluntary organisations that provide youth clubs such as FUSE and Youth Realities for CYP who decline referrals	Terapia, Fuse, PH	Mar 2027		
3.3 Ensure effective and standardised support and care across different points of access for those with suicidality	Explore development of a cross-borough suicide prevention pathway, adopting a phrased approach, beginning with crisis response, followed by guidance for voluntary sector	MiEB, Jami, NLFT, PH	Dec 2027		

	organisations who provide mental health support and finally a pathway for wider services				
3.4 Develop targeted support to those presenting with self-harm and repeated suicide attempts	Develop a multi-agency task and finish group to explore how best to address repeated self-harm or suicide attempts	NLFT, PH, NCL SP Programme	Dec 2027		
	Regular surveillance of self-harm presentations to emergency departments	PH, NCL SP Programme	Ongoing		

Theme: Postvention					
Target population: Individuals and communities bereaved by suicide					
Aim 4 Provide effective support to those bereaved by suicide					
Objectives	**Actions**	**Owner(s)**	**Date due**	**Progress (RAG)**	**Update**
4.1 Ensure that there is specialist support available and accessible to those who have been bereaved by suicide tailored to their needs.	Promote NCL Support After Suicide Service to bereaved families and friends	NCL SP Programme, Amparo	Ongoing		
	Raise awareness of the risk factors associated with bereavement by suicide and the importance of early access to support after suicide	NCL SP Programme, Amparo, PH	Dec 2027		

	Explore how support for employers could be broadened	Amparo	Dec 2027		
4.2 Ensure a compassionate and co-ordinated local response within the community to provide timely and appropriate bereavement support, minimise the harmful impact on others and to prevent transmissibility of suicide.	Develop a multi-agency, cross-borough Community Response Plan following a suspected suicide ensuring links to appropriate services, supports and information sources as well as commitment to ongoing learning	CB Plus, Amparo, with support from BSPP	Dec 2027		
	Continue to disseminate Coping After Suicide: A Guide for Organisations and Help is At Hand for family and friends for family and friends.	All partners	Ongoing		
	Promote the First-Hand booklet for frontline staff who may witness a suicide	All partners	Ongoing		
	Provide wrap around support, via a Suicide Response Protocol for school staff and students, when there is death by suspected suicide in the school community	BICS, BELS, PH	Ongoing		
	Amend the CYP Multiple Suicide Response Protocol to ensure that every child suicide and instances of serious self-harm is reviewed	PH, Partner Response Group	Oct 2026		

Theme: Enablers
Aim 5. Effective leadership and governance around suicide prevention

Objectives	Actions	Owner(s)	Date due	Progress (RAG)	Update
5.1 Increase membership of BSPP to maximize collective impact and to drive systemwide suicide prevention	Raise the profile of the partnership through direct engagement such as an annual conference and promotion via VCSE Forum and MHSP	PH, PWBT, MHSP	Ongoing		
5.2 Support local organisations to become engaged with suicide prevention activity across North Central London through community development	Build a network of VCSE organisations working to reduce suicide across NCL	NCL SP Programme	Jan 2026		
	Ensure Barnet organisations are represented in the NCL Suicide Prevention Community and in receipt of community grant funding	NCL SP Programme	Jan 2026		
5.3 Continue to develop strong collaboration with other London boroughs, particularly in North Central London, to share best practice and collaborate on suicide prevention activity	Promote collaboration opportunities through the North Central London Suicide Prevention Community newsletter	NCL SP Programme	Jan 2026		
5.4 Ensure the voices of people with lived experience are central to planning and ensuring that experience reflects the diversity of our communities	Work with the National Suicide Prevention Alliance to ensure that people with Lived Experience are supported to shape the coordination and delivery of the NCL Suicide Prevention Programme	NCL SP Programme	Jan 2026		
5.5 Encourage partner organisations to develop suicide prevention policies	Encourage all schools to embed suicide prevention within their wellbeing and safeguarding policies, including use of the Barnet suicide prevention template	PH	Ongoing		
	Explore WISE training and Higher Education Postvention Guidance to enhance the existing	PH, Middx Uni	Dec 2026		

	Suicide Prevention Strategy at Middlesex University				
	Ensure where possible that the Suicide Prevention Strategy aligns with priorities held by the Barnet Safeguarding Children Partnership.	BSCP, PH	Ongoing		

Theme: Enablers					
Aim 6. Data, research and insights from people with lived experience					
Objectives	**Actions**	**Owner(s)**	**Date due**	**Progress (RAG)**	**Update**
6.1 Improve planning and delivery through data, evaluation, evidence and learning opportunities across NCL	Review Barnet RTSS data within the context of wider NCL RTSS data to better understand how suicide affects Barnet residents in comparison with other areas	NCL SP Programme	Quarterly		
	Through regular RTSS analysis identify sector-wide emerging patterns and potential clusters	NCL SP Programme	Quarterly		
	Regularly review suspected suicide focusing on the key risk factors, as stated in the Strategy.	PH, NCL SP Programme	Quarterly		
6.2 Enhance response processes when an individual dies by suspected suicide to ensure short term response and	Explore the opportunities and benefits of regular confidential suspected suicide case reviews	PH, NCL SP Programme, SAB	Dec 2027		

longer-term strategic change is achieved					
6.3 Improve understanding of the characteristics of the users of the selected providers of mental health services	Carry out an audit of service data to identify those who mentioned suicidality and share the analysis of the demographics and key characteristics within BSPP meetings	Selected VCSE organisations	Dec 2027		
	Provide anonymised data to share at relevant CYP meetings to identify presenting issues, gender, ethnicity and attendance rate of service users.	Rephael House, PH	Yearly		
	Raise awareness of certain key groups and trends, through sharing learning from suicide and self-harm data	PH Comms, FS Comms	Ongoing		
6.4 Ensure our approach to suicide prevention is informed by lived experience, including those directly impacted by suicide and suicidality, and their families and carers	Encourage lived experience representation at the NCL suicide prevention group and regular consultations with focus groups within each NCL borough	NSPA, PH, NCL SP Programme	Dec 2027		
	Embed the lived experience of CYP within the development of resources and findings to gain an understanding of suicide and self-harm among CYP, their families/carers and professionals who support CYP	PH	Ongoing		

Theme: Enablers

Aim 7. A capable and resilient suicide prevention workforce					
Objectives	**Actions**	**Owner(s)**	**Date due**	**Progress (RAG)**	**Update**
7.1 Improve suicide prevention skills and knowledge among the clinical workforce	Provide tailored suicide prevention training for GPs and pharmacists	NCL SP Programme	Jan 2026		
7.2 Improve suicide prevention skills and knowledge among the wider workforce	Provide Caring Connections training to team leads and those with specific safeguarding roles	NCL SP Programme, PH	Jan 2026		
	Provide Real Talk training for frontline staff working with people at an increased risk of suicide	NCL SP Programme, PH	Jan 2026		
	Provide WISE Training to support preparation to minimise transmissibility and provide ongoing critical incident support to schools and higher education	PH, BELS	Mar 2026		
	Continued instances of child suicide to be referred to the BSCP for consideration as to whether the threshold under Working Together 2023 has been met for a Rapid Review and possible local Child Safeguarding Practice Review	BSCP	Ongoing		
	Self-harm training offered to BICS, family support and early year practitioners.	BICS	Ongoing		
	Emotional Literacy Support Assistance (ELSA) training to upskill identified school staff	BELS	Ongoing		

	members and provide group drop ins to maintain ELSA role				
7.3 Promote resilience and prevent burnout among those working with risk groups and those with suicidality	Promote resources and signpost to support to build resilience in the workforce	PH	Ongoing		
	Provide support for school staff who have been impacted by the event of a suspected suicide of a young person	BELS	Ongoing		
	Continue to commission and promote support for all Barnet School and BELS staff via a text-based counselling service	PH	Ongoing		
	Ensure that supervision to school safeguarding leads is provided and offer group drop ins supervision for safeguarding leads designed as a reflective and supportive problem-solving space to support staff working with young people	BELS	Ongoing		

Acronyms

AMC	Andy's Man Club
AUB	Age UK Barnet
BDLD	Big Dog Little Dog
BELS	Barnet Education and Learning Service
BICS	Barnet Integrated Clinical Services
BOOST	Barnet Council's Employment and Skills Service
BPSC	Barnet Partnership for Safeguarding Children
BSPP	Barnet Suicide Prevention Partnership
CGL	Change, Grow, Live
CYP	Children and young people
FS	Family Services
ICB	Integrated Care Board
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual plus
MHSPB	Mental Health Strategic Partnership Board
NCG	New Citizen's Gateway
NCL	North Central London
NCL SP	North Central London Suicide Prevention
NLFT	North London Foundation Trust
NSPA	National Suicide Prevention Alliance
OHID	Office for Health Improvement and Disparities
PAB	Persian Advise Bureau
PCS	Peer Champions Scheme
PH	Public Health
PTSD	Post-traumatic stress disorder
PWBT	Prevention and Wellbeing Team
RTSS	Real Time Surveillance System
SAB	Safeguarding Adults Board
SEN	Special Educational Needs

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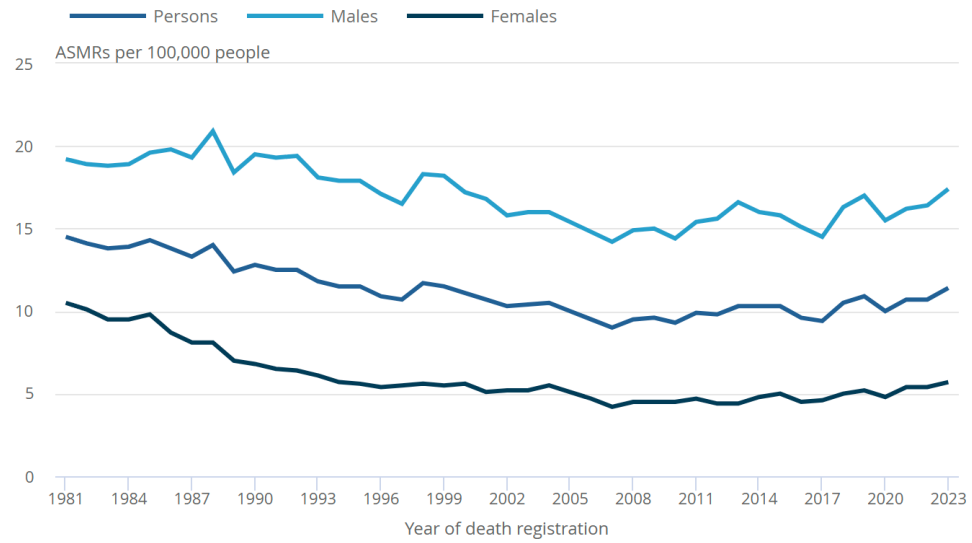
Appendices

Appendix 1. National and local data on suicides and self-harm

Suicide rates nationally

In 2023, nationally there were 11.4 registered deaths by suicide per 100,000 people[23] (Figure 5). It is important to note that suicide rates are based on the year of death registration. Males in England are at particular risk of suicide, with rates of 17.4 deaths per 100,000 in 2023 as compared to 5.7 per 100,000 among females[23]. Although there appears to be a slight increase in suicides in recent years, this is not statistically significant. Overall, there is a downward trend in suicides nationally.

Figure 5. Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2023

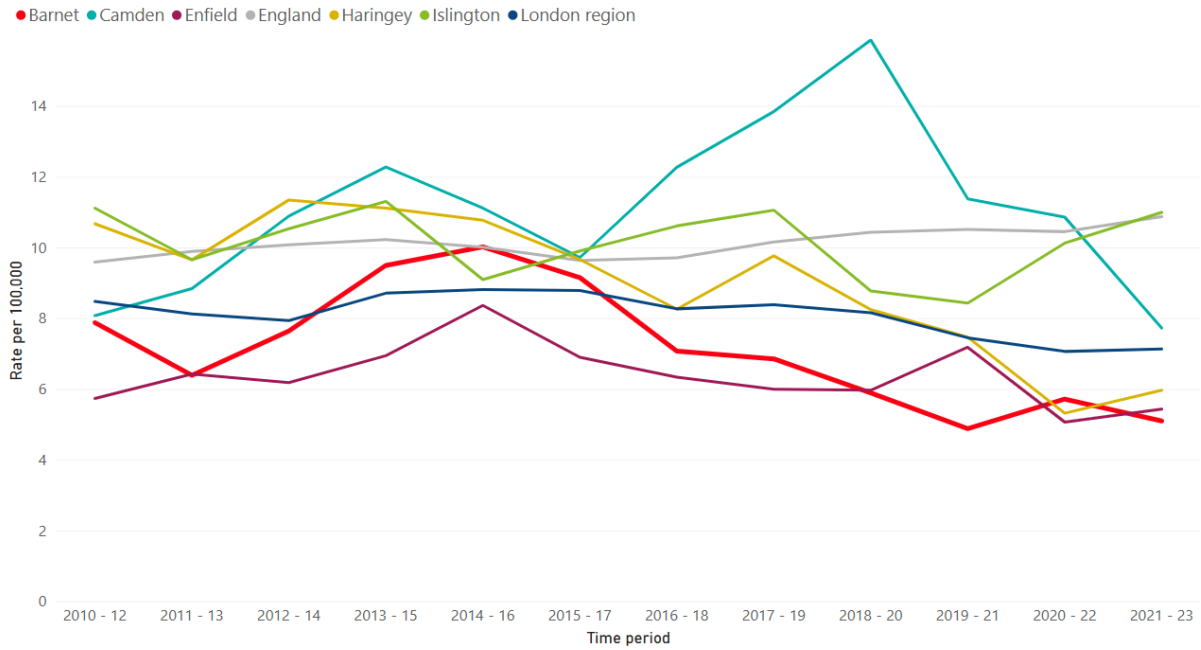


Source: Office for National Statistics[23]

Suicide rates in Barnet and regionally

Suicide rates regionally and locally remain lower than national rates. For the period 2021-23, there were 7.0 deaths per 100,000 in the London region as compared to 10.7 per 100,000 nationally[9]. In Barnet, there were 5.0 deaths per 100,000 people in the period 2021-2023[9]. In this period, Barnet had a statistically similar suicide rate to most other NCL boroughs and to the London average and was significantly below the Islington and England average[9] (Figure 6). As seen at the national level, suicide rates in Barnet continue to be higher among males (8.1 per 100,000 for 2021-23) as compared to females[9] (2.2 per 100,000 for 2021-23).

Figure 6. Suicide rates in England, London and North Central London Boroughs



Source: OHID Fingertips[9] (taken from Office for National Statistics)

Real Time Suicide Surveillance System Data

The Thrive London Real Time Surveillance System (RTSS) allows us to access data on suspected suicides in real time. The purpose of the RTSS is to inform and enable a more timely and targeted prevention response in the local areas. These data differ from the above suicide rates, as they include both suspected and confirmed suicides.

Between April 2020 and March 2025, RTSS recorded 109 suicides in Barnet, 77 of which were among males.

Analysis of this data demonstrates that:

- When compared to the overall male population sizes in the 2021 Census, males in almost all age groups are overrepresented in suspected suicides.
- The largest overrepresentation can be seen in men aged 65+ years who account for 6.4% of the general population but 15.5% of suicides.
- Men aged 35-44 years are similarly overrepresented, at 7.5% of the general population but 14.6% of suicides, as well as men aged 55-64 years, who make up 5.2% of the general population but 11.8% of suicides.
- Among females, suicides were highest in those aged 45-54, however this should be interpreted with caution as overall numbers of female suicides are low.
- The majority of suicides in Barnet are among White Europeans. However, this should also be interpreted with caution as RTSS records ethnicity based on the attending police officer's observation.
- In Barnet there is no observed correlation between risk of suicide and deprivation, as measured by the Index of Multiple Deprivation. This is in contrast

to national trends, where higher rates of suicide are seen among those living in more deprived areas[24].

Data from local services on suicidal thoughts and self-harm

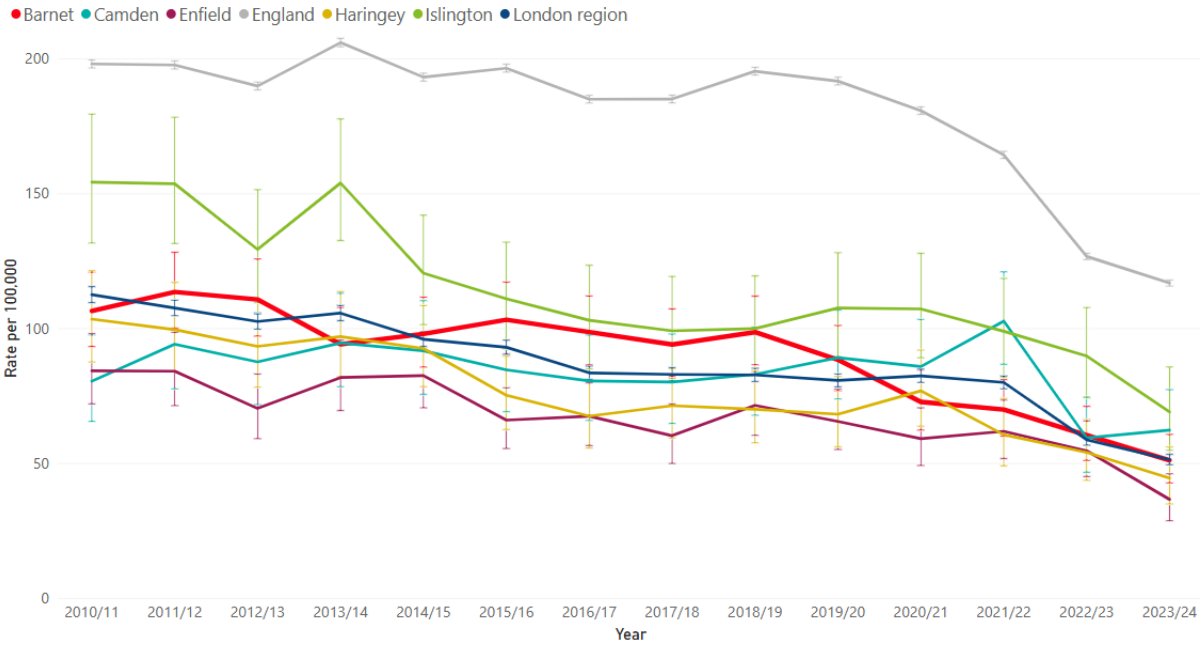
Last year, we conducted an experimental data collection exercise to improve our understanding of people who present to a selection of key services with suicidal thoughts and self-harm. Based on the limited data available, we estimated that approximately 30% of people using these services expressed suicidal thoughts and 13% were referred to crisis support.

Through this work we found that there are differences between how organisations collect and record data. We plan to work with relevant partners to understand how data collection can be improved and potentially standardised, without placing significant pressure on providers. Better data collection across partner organisations can help us to understand risk factors for suicidal thoughts and self-harm locally and contribute to the planning of prevention activities.

Emergency hospital admissions for self-harm

Emergency hospital admissions for self-harm across all ages locally and regionally are lower than national averages. In 2023-24 self-harm emergency admissions for Barnet were 50.7 per 100,000 people in the population, which is slightly higher than the London regional rates of 51.7 per 100,000[9]. Across North Central London, self-harm emergency admissions were highest in Islington and lowest in Enfield[9] (Figure 7). In Barnet there has been a statistically significant decline in emergency admissions for self-harm[9].

Figure 7. Emergency hospital admissions for self-harm in England, London and North Central London Boroughs from 2010-2024

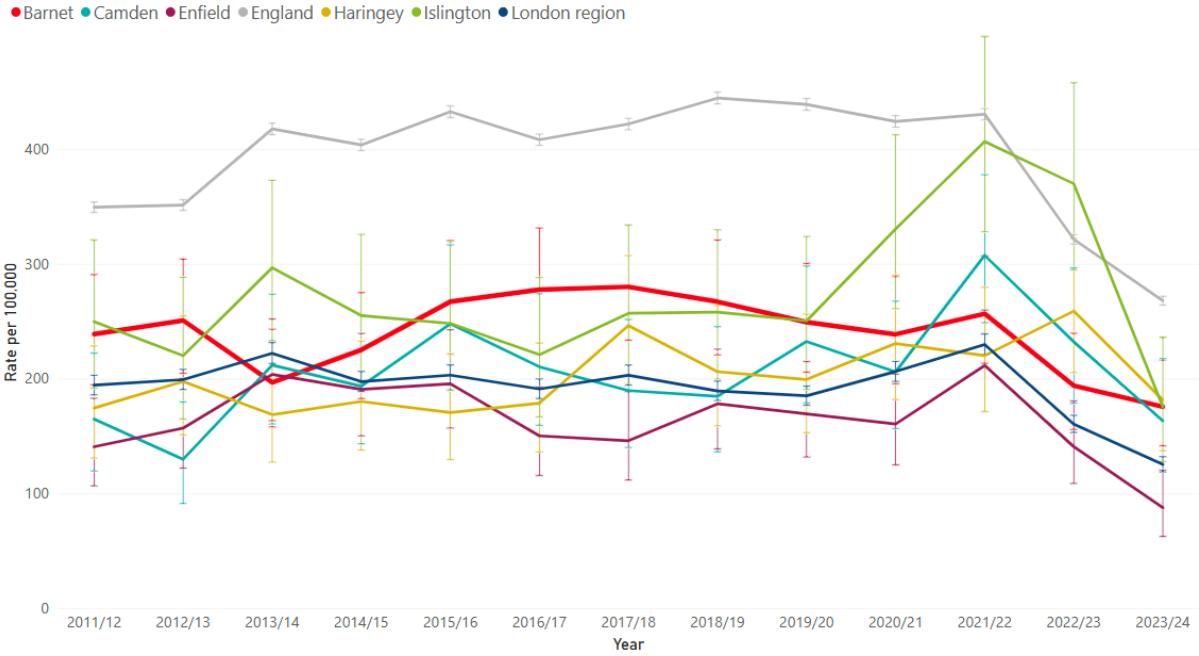


Source: OHID Fingertips[9] (taken Office for National Statistics)

Hospital admissions for self-harm - children and young people

Hospital admissions for self-harm for 10–24-year-olds locally and regionally are lower than national averages. However, self-harm admissions for Barnet were 174.1 per 100,000, which is higher than the London regional rates of 125.6 per 100,000[9]. Across North Central London, self-harm admissions are highest in Islington and lowest in Enfield (Figure 8).

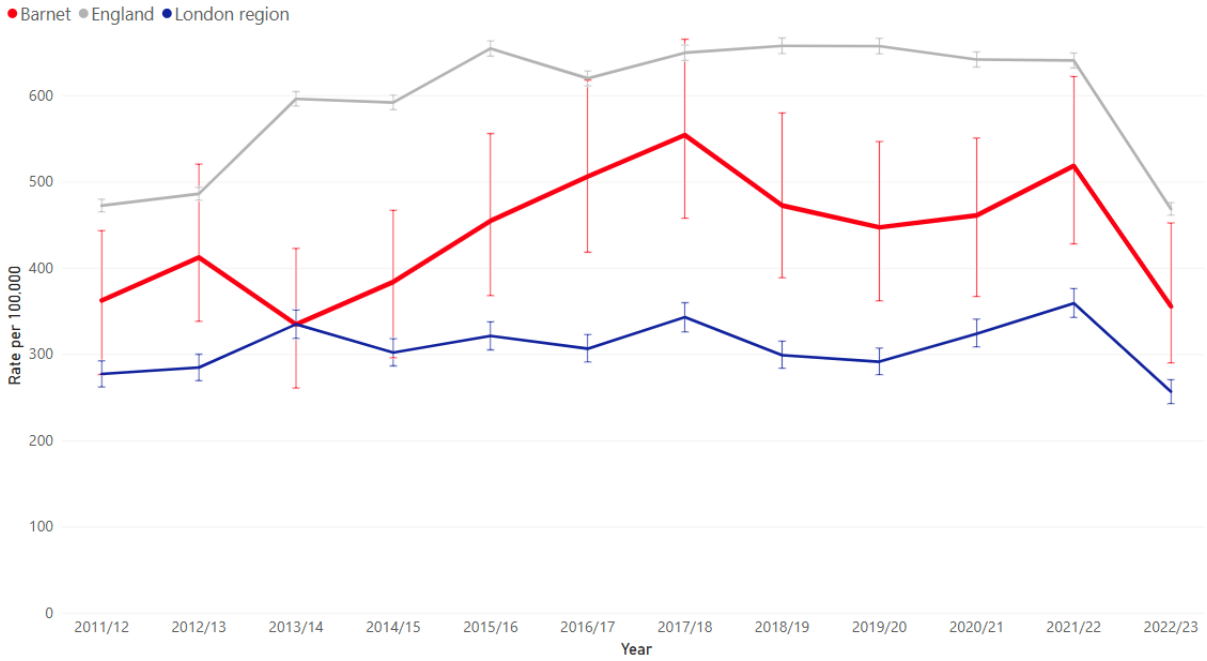
Figure 8. Hospital admissions for self-harm in England, London and North Central London Boroughs for 10–24-year-olds



Source: OHID Fingertips[9] (taken Office for National Statistics)

In recent years, self-harm admission rates in Barnet across 10–24-year-olds have decreased (Figure 8). Self-harm rates in Barnet are higher among older adolescents (15–19-year-olds) compared to early adolescents (10–14-year-olds)[9]. For 15–19-year-olds, in 2022/23 the rate of admissions for self-harm in Barnet was higher (355 per 100,000) than the London average (257 per 100,000) but significantly lower than that seen in England (468 per 100,000)[9] (Figure 9). It is important to note that the data shows young people who present to clinical services and does not capture self-harm in the community.

Figure 9. Hospital admissions for self-harm in England, London and Barnet for 15–19-year-olds



Source: OHID Fingertips[9] (taken Office for National Statistics)

Appendix 2. Lived Experience Engagement Report

Suicide Prevention Workshop Report FIN

Appendix 3. Evidence base for priority groups that are at higher risk of suicide

Nationally identified groups

Middle-aged men

Men are three times more likely to die by suicide than women[2]. In 2023, men had the highest suicide rates in England and Wales since 1999[23]. As with national data men still account for the vast majority of deaths in Barnet; 71% of suspected suicides are in men. When compared to the overall male population sizes in the 2021 Census, the largest overrepresentation can be seen in men aged 65+ years followed by those aged.

Strikingly, 91% of middle-aged men dying by suicide in 2017 had at least some contact with a frontline service, with primary care being most common (82%)[25]. This is an opportunity for intervention. As well as primary care, there needs to be appropriate support and signposting for suicide prevention from services men commonly interact with, in particular, services addressing socioeconomic risk factors. We will continue to work with the Department for Work and Pensions (DWP), BOOST & Barnet Homes to strengthen support for people who disclose suicidal thoughts or self-harm, including for those experiencing financial and housing difficulties, unemployment and other risk factors for suicide.

There is emerging evidence of a preference for informal, demedicalised provision such as peer-led support, community and work-based based initiatives, and non-clinical spaces. Andy's Man Club and James' Place offer targeted support to men at risk. Whilst providing support to men at risk, our Strategy also includes universal actions to tackle the cultural context that creates barriers for help seeking[26] as seen in our award-winning suicide prevention campaign.

Furthermore, physical activity and sport can play an important role in engaging men. Through the Fit and Active Barnet (FAB) partnership, which includes Saracens and Better we will promote sports for better mental and physical health.

Substance misuse

Alcohol and drug use can increase someone's risk of dying by suicide. A meta-analysis found that alcohol use was associated with a 94% increase in the risk of death by suicide[27]. This is

connected to both the immediate effects of drinking - for example increased impulsiveness because of binge drinking[28] and the long-term physical and mental ill health experienced by people who are dependent on alcohol[29,30].

Alcohol can worsen feelings of loneliness and depression, enhance aggression, and lower inhibitions enough for individuals to act on suicidal thoughts. As many as 70 per cent of men who attempt suicide have blood alcohol concentrations exceeding the legal limit. An estimated 40 per cent of people with alcohol dependence attempt suicide at least once[31].

Key considerations will be made to promote the importance of monitoring alcohol use among suicidal individuals, training substance misuse teams, and screening for suicidality among heavier alcohol users.

People who have self-harmed

Self-harm is one of strongest predictors of suicide, including among older people[32]. Evidence shows that the risk of suicide among those who have self-harmed is elevated between 30 to 100-fold in the year after discharged from hospital for non-fatal self-harm as compared to the general population[33]. Almost half of the general population and over half of young people who end their life by suicide, have previously harmed themselves[34,35]. Another study found that 20% of people who attend hospital after self-harming repeat this behaviour within a year[36]. Going forwards we plan to address repeated self-harm presentations to emergency departments as well as continuing surveillance of self-harm admissions.

People in contact with mental health services

The National Confidential Inquiry into Suicide and Safety in Mental Health reported that from 2012-2022, there were 18,670 suicides by patients which represents 26% of all suicide deaths, an average of 1,697 deaths per year[37]. This includes anyone in contact with mental health community services, inpatient settings, and anyone that has been in contact with mental health services within 12 months of suicide. When individuals are in contact with mental health services, we have the greatest opportunity for intervention as they have engaged with care. It is therefore crucial that they are offered safe, compassionate and patient-centred care each and every time.

Nearly half of those who died lived alone, were unemployed and were using alcohol and drugs in a harmful way. More than half had a co-morbidity such as additional mental health diagnosis and had a history of self-harm. The actions included across this Strategy focus on addressing these risk factors including utilising every single contact effectively in order to keep people in contact with services safe. Particular attention will be given to those experiencing substance misuse by fast tracking those with suicidal ideation to our community partner Change Grow Live (CGL) as well as promotion of their dual diagnosis service, for people experiencing substance misuse, who have co-existing mental ill-health.

Awareness and suicide prevention training needs to be undertaken by anyone in the system likely to come into contact with patients. This includes healthcare professionals but also support staff and those offering social and practical support.

There is an increased risk of suicide in the weeks following discharge from inpatient care. There were an estimated 72 suicides by mental health inpatients in 2022, around 4% of all patient suicides in that year. 2 in 5 died when they were in the ward, and half of those who died had recently left hospital or were being seen by a home treatment team.

Care planning and continued engagement can be complicated due to a variety of factors after discharge, including socioeconomic risk factors, disengagement with services and refusal of drug treatment. Our Strategy therefore focuses on improving safety in wards using evidence-based recommendations[38] to further prevent suicides, through working with North London Foundation Trust (NLFT). In addition, we are looking to boost support after discharge to keep people safe in between formal contacts. This work will involve promotion of safety planning by reviewing and implementing the recent best practice guidance on Staying Safe from Suicide[39].

People in contact with the justice system

People in contact with the justice system have higher rates of suicide and self-harm behaviours than the general population[40] with this risk remaining high at key transition points and following release from prison, compared with the general population[41]. For young people, admission into the youth justice system is a stressful event which can increase the risk of suicidal ideation[42]. We are keen to improve links with probation services to improve support for those in the justice system. In addition, training for Barnet Homes' Accommodation For Ex-offenders Team is also underway.

Autistic people

Autistic people are at a higher risk of suicide than non-autistic people. Evidence showed that as many as 11-66% of autistic adults had thought about suicide during their lifetime, and up to 35% had planned or attempted suicide[43]. Autistic people are also more at risk of dying by suicide than non-autistic people, with the highest risk seen in autistic people without co-occurring intellectual disability, and autistic women[44].

While many actions in our Strategy aim to support autistic people, we need to further consider the needs of autistic people in suicide prevention activities. For example, protective factors such as marriage, educational level and employment were found to be less protective in people with autism[45].

Over the course of our first Suicide Prevention Strategy, in partnership with Barnet Mencap, the Autism Hub and Resources for Autism several awareness raising and educational sessions were delivered to frontline staff in Barnet. We have also shared key lessons from UK-wide Safeguarding Adults Board reviews with relevant organisations, following the death of a neurodivergent young person. We will continue to improve our understanding of the reasons behind increased risk and tackle specific preventable risk factors. The Council's Autism Champions network also provides opportunities to tailor support to the specific needs for autistic people, which will be explored.

Pregnant women and new mothers

Nationally, suicide is the leading cause of death between 6 weeks to 1 year postpartum and the second most common cause of death within 6 weeks of the end of pregnancy[46,47]. When analysing deaths from mental health related causes, suicide accounts for nearly 40% of deaths occurring between six weeks and a year postpartum[48].

Multiple adversities such as women who have experienced domestic violence, experience of childhood or adult trauma, a history of poor mental health such as depression and history of self-harm as well as financial difficulties are all associated with maternal suicidal ideation, suicide attempts and death by suicide[49,50]. Similarly, a recent report highlighted a growing trend in deaths by suicide among perinatal young women many of whom were care leavers[51]. Factors such as sickness of the new baby and lack of social support in addition to loss events such as miscarriage, stillbirth, neonatal loss, termination and child removal were linked to women dying by suicide and substance misuse[51,52]. The Strategy continues to increase support for pregnant women and new mothers during this period by raising the profile of local statutory and voluntary mental health support services and promoting suicide prevention resources to those at risk or experiencing suicidality.

Locally identified groups

LGBTQIA+ communities

LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual plus) people are at greater risk of experiencing suicidal feelings[53], thought to be in part due to societal norms, risk of hate crime, bullying at school, discrimination in health services, and feeling unable to talk[54,55]. Many are reluctant to access formal mental health services, though will often seek support online[56].

Findings from a 2023 Stonewall report identified that 13% of LGBTQIA+ young people aged between 18-24 said they had attempted to take their own life in the last year[57]. The evidence identifies unique risk factors specific to LGBTQIA+ youth whereby young people may internalise experiences of public stigma towards LGBTQIA+ and feel negatively about their identity, which can increase the likelihood of suicidal behaviour[58,59].

Our new Strategy gives specific attention to increasing support for LGBTQIA+ communities through the lens of intersectionality. Raising awareness of challenges faced by the members of LGBTQIA+ communities is crucial in the prevention of suicide.

Ethnically minoritised groups, refugees and asylum seekers

Evidence about suicide rates across ethnic groups is hampered by issues in the collection, recording, and presentation of data. These limitations include the categorisation of groups, potential underreporting of some groups due to stigma and issues in the recording of deaths[60].

There is international evidence that experiences of racism and discrimination based on ethnicity contribute to suicidality, and the impact of this on mental health is also well-established[61,62]. Suicide prevention support should recognise the impact that racism and discrimination can have on mental health and suicide risk as well as the exacerbating role of socioeconomic inequalities for those from ethnically minoritised groups including refugees and asylum seekers. [63].

Older adults

The number of suspected suicides amongst older adults has started to increase in Barnet. The largest overrepresentation can be seen in men aged 65+ years who account for 6.4% of the general population but 15.5% of suicides.

There are some specific risk factors to consider in relation to suicide among older men:

- In recent years there has been heightened interest in investigating the links between physical illness, mental illness, and suicidal behaviour. Evidence suggests that a diagnosis of severe physical health condition may be linked to higher suicide rates[63]. Evidence also suggests that over half of men aged 40 to 54 who died by suicide had a physical health condition[25].
- Social isolation and loneliness have been closely linked to suicidal ideation and behaviour[64]. A national study suggested that, of men aged 40 to 54 who died by suicide, 11% reported recent social isolation[25]. Those living alone and in isolation may lack many support networks others in the general population may have, such as colleagues and community groups.
- Bereavement by the passing of a close relative, in particular if this occurs in social isolation can be linked to an increased risk of suicide in older adults[65]. One study shows that suicide rates were most significant six months after losing a family member or close relative[66]. The risk of suicide was found to be highest among those 45 years of age and older who had lost a spouse during the preceding month.
- Financial stress is a primary risk factor for suicidal thoughts, particularly among elderly individuals who rely on steady incomes and face a challenge to cover their expenses, such as bills and food. This situation can be further exacerbated by preexisting health problems or grief, intensifying their ability to cope with these challenges. One study explored the direct link between debt and suicidal tendencies in elderly individuals. This research revealed that significant financial debt, encompassing credit card debt and mortgage obligations, plays a significant role in predicting both thoughts of suicide and actual suicide attempts[67].

This Strategy aims to tackle these risk factors by working collectively with organisations such as Social Prescribing Teams, Age UK Barnet and LBB's Prevention and Wellbeing Team.

Victims of domestic abuse

The key findings from the National Police Chiefs Council year four report[68] showed that more victims of domestic abuse died by suicide than were murdered by their intimate partner. There were 262 deaths recorded between 1 April 2023 and 31 March 2024 and 98 of these were suspected suicides following domestic abuse whilst 80 cases were intimate partner homicides.

The National Confidential Inquiry[69] team analysed patient data between 2015 and 2019. There were 532 patients who were known to have experienced domestic violence, equivalent to 9% of all patients during this time period.

The majority (73%) were female and more likely to be younger, single or divorced, living alone and unemployed. Self-harm, previous alcohol or drug misuse were more common in this group. Nearly a third (29%) had been diagnosed with a personality disorder, potentially reflecting previous trauma or abuse.

Domestic abuse has been identified as a significant risk factor suicide within the current Strategy. Dissemination of learning from safeguarding reviews (both for adults and children) was a critical element of effective partnership working in this area. The expertise and advice from the Suicide Prevention Partnership also ensured robust responses to tragic incidents and allowed for strengthening of system wide working.

It is important that all Domestic Abuse practitioners including Independent Domestic Violence Advocates (IDVAs) are trained in suicide mitigation and can confidently discuss suicide in a trustworthy environment with their clients. Recently, Public Health commissioned bespoke suicide prevention training for domestic abuse practitioners. The training enabled practitioners to identify potential signs that people might be thinking about suicide, to practice talking confidently about suicide within the context of trauma and to undertake collaborative safety planning and follow-up.

Conversely, all mental health professionals and social work teams must also have an awareness of domestic abuse and appropriate referral destinations.

People experiencing harmful gambling

There is increasing evidence of the relationship between harmful gambling and suicide, including in younger people[70]. Although reasons for suicide can be complex, we do know that gambling can be a dominant factor without which a suicide may not have occurred. We therefore have included action in the Strategy to address the harms of gambling, including reaching people at risk.

Veterans

In general, data on veteran suicide is lacking. A new study has found that veterans are at no greater risk of suicide than the general population, although some cohorts need additional support[71].Serving in the military for longer periods of time, and serving on operational tours were associated with reduced suicide risk; while younger veterans and those who left after a short career were more at risk. Whilst overall suicide risk is similar to the general population, the study found suicide rates were 2-4 times higher for veterans under the age of 25, when compared with the general population of the same age group.

Recent analysis by the Office for National Statistics[72] found that after accounting for age, there was no evidence of a difference in the rate of suicide between male UK armed forces veterans and the male general population. However, male UK armed forces veterans aged 25 to 44 years had a higher rate of suicide compared with males aged 25 to 44 years in the general population.

Public Health is looking to explore opportunities to improve links with organisations such as the Royal British Legion and Help for Heroes to ensure a collaborative approach and to identify how to provide targeted support to those who may have a heightened risk of suicide.

Priority Groups for Young People

Suicide is the leading cause of death among young people[21]. The risk factors for self-harm and suicide in young people are complex and interconnected where one incident of suicide cannot be attributed to one cause. A cumulative risk model helps to conceptualise how early life experiences can increase vulnerabilities to suicide and how a distressing life event can act as the 'final straw[73,74]. Key priority groups have been identified by extracting insights from regional, national and international evidence in addition to local discussions with stakeholders.

Self-harm in Young People

Suicide and self-harm have a complex relationship as self-harm does not always precede suicide, but self-harm can be a sign of significant emotional distress that can escalate into suicidal

behaviour if no support is provided. Repeated incidences of self-harm are strongly linked to suicide; 40-60% of young people who died by suicide had previously self-harmed[75]. Girls are twice as likely to self-harm compared to boys and factors linked to self-harm include a history of mental illness, alcohol misuse, recent life adversity or experiences of abuse[76]. In response to feedback from education professionals, the public health team are committed to developing holistic support for self-harm by creating a self-harm pathway, toolkit and associated training for professionals as an early intervention approach to prevent escalation among young people.

Bereavement

The death of a parent, sibling or friend is a traumatic event for a young person, which can have a long-lasting impact throughout childhood and into adulthood. In particular, young people who are bereaved by suicide are at greater risk of suicide attempts due to bereavement, traumatic guilt and heightened feelings of stigma in addition to poor coping strategies such as drug and alcohol misuse[77]. This can exacerbate the risk of suicide, when compared to non-bereaved young people or young people bereaved by other causes. A study identified that 13% of young people who had died by suicide experienced a suicide by a family member or friend[78]. The Strategy has several objectives to provide effective support to young people bereaved by suicide which includes wrap around support for school communities when there is a suspected suicide.

Care experienced young people and care leavers

Children and young people who are care experienced are at an increased risk of suicide and self-harm. This is underpinned by early life experiences that predispose them to poor mental health, in addition to a lack of familial support during transitions into adult life[79]. Young people leaving care in the UK have a risk of suicide attempts that is five times higher than other young people[80]. Th Strategy is committed to provide targeted support to care experienced young people to reduce the risk of suicide and provide support to meet their needs.

Internet use and social media

The role of social media and internet use is a reported factor in suicide deaths among young people and accounted for 18% of deaths from April 2019 to March 2020 [81]. This includes sexting and suicide related internet use such as searching for information on suicide, communicating suicidal ideas online and visiting "pro-suicide" websites/chatrooms[81]. Cyberbullying and general internet use is correlated with an increased risk of self-harm, suicidal ideation and depression[82]. In recognising the potential harms of internet use, the Strategy aims to promote resources and training for digital resilience in schools as well as the development of the Smartphone Free Schools initiative.

Mental health needs and young people in contact with services

Suicide data collected by Child Death Overview Panels identified that 55% of children or young people had either a confirmed mental health condition or experienced previous suicidal or self-harm ideation[81]. The most common diagnosis was depression followed by anxiety, but children and young people may experience multiple mental health conditions concurrently (NCMD, 2011). Interactions with mental health services offer opportunities to intervene to prevent an escalation of poor mental health. However, systemic pressures on children's mental health services lead to high waiting times for assessments and difficulties with transitioning between

child and adult services which may create a period of vulnerability for children and young people[81]. Despite this, our Strategy aims to provide multiple touchpoints for early mental health intervention such as the Resilient School programme, training to raise awareness of the stepped care model and referral processes to support as well as offering trauma informed training to schools for professionals to understand the mental health needs of CYP from a developmental trauma perspective.

Neurodiverse and autistic young people

Neurodevelopmental conditions such as autism spectrum disorder and attention deficit hyperactivity disorder were identified in 16% of children and young people who had died by suicide[81]. Children and young people with neurodevelopmental conditions are more likely to struggle with emotional regulation where being easily overwhelmed by negative emotions can precipitate suicidal thoughts[83]. More recently, data identifies that young people with special educational needs especially young men who had SEN support without a statement (such as early years intervention, school action plans or statutory assessment) had the highest risk of suicide compared with those who had no recorded SEN provision[21]. This highlights the importance of adults supporting neurodiverse young people to identify the signs of emotional distress and provide early intervention to prevent escalation. The Strategy supports neurodivergent and autistic young people by providing guidance on transition planning where there is a greater need for support.

Academic pressure and further education

Academic pressure includes difficulties with schoolwork; (perceived) failure to meet own, teacher or parental expectations; current, impending exams or exam results; non-exam academic-related stresses and any other student-related problems[22]. Whilst certain risk factors occur at any age, academic pressures are specific to young people especially during incidences of suicides where exam stress occurred within 3 months before the death[78].

In addition, transitions into higher education offer unique challenges such as social isolation, moving away from home with the absence of social and emotional support networks, exam pressures, assignment/studying challenges, financial problems, alcohol and/or drug misuse, increased autonomy, experience of sexual violence in addition to the lasting effect of the COVID-19 pandemic[84]. Public health will continue to promote guidance on suicide prevention and reducing access to means of student suicide in higher education settings[85] as well as implementing recommendations to offer suicide prevention training to education staff. In addition, the Strategy will continue to provide targeted support to schools on exam anxiety and maintain communications with schools on current mental health support available at critical points during the academic year.

Appendix 4. National and local policy context

This Strategy and Action Plan is linked to a range of other strategies and programmes of work in nationally, regionally and in Barnet.

Suicide prevention strategy for England: 2023 to 2028

Suicide Prevention - Thrive LDN

Health Inequalities Strategy Implementation Plan 2025–2028 | London City Hall

North Central London Suicide Prevention Programme | North Central London Integrated Care System

Draft Barnet Health and Wellbeing Strategy 2026-2036 (In consultation)

Our Plan for Barnet 2023 to 2026 | Barnet Council

Draft Domestic Abuse and Violence Against Women and Girls (DA VAWG) Strategy 2025 – 2029 (In consultation)

Working Together to Safeguard Children 2023

Barnet Education Strategy 2024-2027

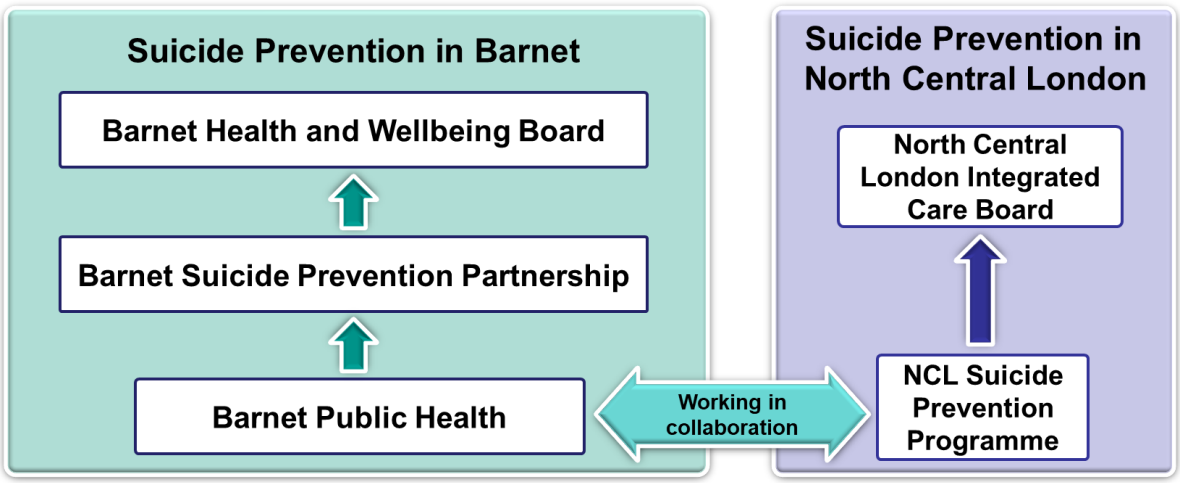
Barnet Children and Young People Plan | Barnet Council

Children & Young People's Mental Health & Wellbeing Strategy 2024-2028

North Central London Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan

Appendix 5. Governance and accountability

This is a system wide Strategy which is governed by the Barnet Health and Wellbeing Board. The Barnet Suicide Prevention Partnership reports to the Health Wellbeing Board annually. The Strategy sits alongside and works in collaboration with the North Central London Integrated Care Board Suicide Prevention Programme.



Appendix 6. Membership

The Barnet Suicide Prevention Partnership has representation from the following organisations:

- London Borough of Barnet Council teams (Adults) - Adult Social Care Mental Health, Adult Social Care, Violence Against Women and Girls, Safeguarding Adults Board, The Network (Mental Health Enablement), Prevention and Wellbeing Team, Commissioning and Market Development, Community Safety, Street Scene, Parks, Open Spaces and Leisure
- London Borough of Barnet Council teams (Children and Young People) - Safeguarding Children Partnership Board, Early Help, Barnet Education and Learning Service, Barnet Integrated Clinical Services, Onwards and Upwards Care Leavers Team
- Age UK Barnet
- Amparo
- Andy's Man Club
- Arts Against Knives
- Barent Prevent
- Barnet Bereavement Service
- Barnet Carers
- Barnet Homes
- Barnet Mencap
- Barnet Wellbeing Hub
- Better – GLL

- Big Dog Little Dog
- BOOST
- British Transport Police
- Brook
- CB Plus
- Central London Community Healthcare NHS Trust
- Change, Grow, Live
- Child Bereavement UK
- Children and Adolescent Mental Health Service (CAMHS) – North London Foundation Trust
- Citizen Advice Barnet
- Colindale Communities Trust
- FUSE C.I.C
- Grassroots Suicide Prevention
- Hestia
- Home Start Barnet
- Homeless Action Barnet
- Inclusion Barnet
- Inclusion Unlimited
- James' Place
- Jami UK
- Jesus House
- London Ambulance Service
- Meridian Wellbeing
- Metropolitan Police
- Middlesex University
- Mind in Enfield and Barnet
- Network Rail
- New Citizens Gateway
- North Central London Integrated Care Board (NCL ICB)
- North London Foundation Trust
- Paperweight
- Papyrus
- Persian Advice Bureau
- Rephael House
- Resources for Autism
- Royal Free Charity
- Samaritans
- Saracens
- The Pavillion
- Therapia
- Thrive LDN
- Unitas Youth Zone
- Yaran
- Young Barnet Foundation
- Your Choice Barnet
- Youth Realities

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