Calderdale Suicide Prevention Network

May 2025 Meeting Notes

Thursday 15 May 2025, 2 – 4pm at Orange Box, HX1 1AF.
Total attendance: 14

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Introducing the Network

Georgia from Healthy Minds welcomed Members and briefed the group on the confidentiality agreement and collective care. She then introduced the strategy and current stage of the Network:

- Our strategy for creating change covers three main methods:
    - **Influencing decision makers:** Through building our relationship with the Calderdale Suicide Prevention Strategic Group, as well as inviting decision makers to join us at our Network meetings so they can learn from us.
    - **Creating our own initiatives:** Self-organising around issues that matter to us, by delivering Member-led actions.
    - **Seizing opportunities for co-production:** When the opportunity arises, we can contribute our knowledge to specific pieces of Suicide Prevention work happening locally.
- This meeting our fourth so far, bringing us into year two of the project. Previous meetings have created opportunities to open-up the topic of suicide prevention to members, giving space to hear people's various experiences and perspectives. In February 2025, we started to relate the Network's collective knowledge to the new Calderdale Suicide Prevention Strategy and look at ways the Network can contribute to the delivery of the strategy.
- Colleagues from Public Health are keen to support the resourcing of initiatives generated by the Network as and when they are identified.

Network Updates

Stepping Stones

Cadi from Leeds Mind shared information about the Stepping Stones service, which supports adults across Calderdale, Kirklees and Wakefield who have presented at A&E after a possible suicide attempt or self-harm. The referral pathway for the service is currently restricted to certain professionals or services, such as GPs, police, A&E, ambulance services, and crisis teams.

Peer-support in Gaming

A new member shared their interest in mental health from a research perspective, and their involvement in research around peer-support in gaming environments. They are interested in setting up some gaming social groups for people to get peer-support.

Medical Herbalism

A new member shared some of their experience working as a medical herbalist, and how they use nature to support people's wellbeing, including their involvement in a research project at Sheffield University Neuroscience Institute. They talked about the research themes around women's health, and how women can be pathologised as having mental illness, but other health conditions are overlooked. They shared a little about their experience of working with health care professionals and how the topic of suicide is still a subject that is avoided and not discussed enough in these environments. They expressed that access to and completing trauma aware training is as vital as suicide training and how this needs to be embedded a cross all services.

Group discussions

Jonny (Healthy Minds CO) framed the group discussion by explaining the need to be aware of potential barriers to strategies being delivered, especially in the context of a challenging climate for both the public and voluntary sector. He expressed the importance for us to be mindful that not all parts of the system will run smoothly, and asked the group to think about potential points at obstacles could arise in the delivery of the Calderdale Suicide Prevention Strategy.

The group split into three breakout groups, each looking at a different section of the strategy (see the 'Plan on a page' extract below):

1. Prevention
2. Intervention
3. Postvention

In the discussions, groups were asked to consider:

- What feels 'in-hand' (what assets exist, what is already in progress?)
- What are the potential assumptions or barriers to the strategy's objectives?
- What ideas do we have to help the strategy succeed?

Calderdale Suicide Prevention Plan on a Page 2025-2027

Our goals		
Prevention	**Intervention**	**Postvention**
Priorities		
1. Raise awareness of suicide prevention. 2. Take early action to prevent crisis.	1. Effectively respond to crisis. 2. Improve safety at high-risk locations.	3. Support people affected by suicide. 4. Learn from incidents.
Objectives		
1a. Raise awareness to suicide prevention through proactive comms and targeted campaigns. 1b. Promote appropriate workforce training. 2a. Guide schools and workplaces to be prepared for mental health crisis and suicidal behaviour. 2b. Ensure appropriate and accessible mental health and wellbeing support is available for all priority groups.	3a. Advocate for a variety of safe and inclusive safe spaces that meet the needs of priority groups. 3b. Provide appropriate and targeted support for people who attempt suicide. 4a. Reduce and restrict access to high-risk places. 4.b. Advocate an adversity, trauma, and resilience response to presentations at high-risk locations.	5a. Ensure everyone impacted by suicide is able to access appropriate timely support 5b. Refine an approach to memorials which both protects the public and is sensitive to needs of those affected. 6a. Continually monitor and ensure best use of suspected suicide surveillance data. 6b. Pilot a rapid learning review process for suspected suicides and attempts.
How will we know we have progressed this?		
• Co-produced communications campaign delivered and evaluated each year • Uptake of suicide prevention training by staff working with the public • Utilisation of online resources • Co-produced resource sign-posting help developed and in use	• Uptake and evaluation of Stepping Stones (support after suicide attempt) • Changes to physical barriers • Fewer repeat attendances at high risk locations	• Uptake of bereavement support • Rapid review process piloted and impact evaluated • Agreed approach to memorials in operation

Discussion Outputs: Group 1 – Prevention

Assets & obstacles:

- There's already lots available in terms of Suicide Prevention training, e.g. the West Yorkshire Suicide Prevention Champions programme. Upskilling people to help prevent suicide is important – people need opportunities to build their confidence in responding to people in distress. But there is still an issue of rolling out this kind of campaign – people don't know training is available. There is still a sense that only 'professionals' can or should intervene.
- There's also more guidance on media reporting of suicides, and local news outlets are much better with reporting according to these guidelines.
- Support is available in Calderdale for people struggling – but this can be limited, and how do people know about it? This is an ongoing need in Calderdale – we need to make the dissemination of information about 'what's out there' more effective. The new CalderConnect online directory now exists, which is an example of more initiatives for signposting in Calderdale.
- The 'Making every contact count' initiative for NHS staff training is effective where used.
- Mental health awareness in schools is improving thanks to education programmes such as Time Out.
- There is not yet a good understanding of whether the NHS 111 mental health helpline is working – awareness is still low among the public.

Ideas:

- More training around mental health for police officers and mandatory (appropriate) training for health professionals.
- We should encourage awareness of the West Yorkshire language guide.
- Increase promotion of the ZSA (Zero Suicide Alliance) training available through the Suicide Prevention Champions programme.
    - Promotion strategy: we need to get information where people are in their daily lives, not just where we tend to put information (e.g. posters at health centres). Information should be everywhere – helping to normalise the messaging through familiarity (Andy's Man Club is a good example of this). If suicide prevention messaging and signposting information was a part of daily life, people wouldn't have to go looking for it – it would just be there.

    - Key idea developed: a simple poster that can be put up in shops / cafes etc. through a localised campaign. Getting the design right is key for it to be effective – otherwise it is a waste of money. We would need to think about: What content should go on it (how will it be co-produced?), who will design it, who will print it and who will distribute it.
    - How do we get everyone to be proactive about sharing information, not just waiting until World Suicide Prevention Day comes along once a year. How do we get lots of different agencies and organisations to do this?

Discussion Outputs: Group 2 – Intervention

Assets, obstacles & considerations:

- Having a trauma-informed approach and the skills to go with this is important – but is this really happening across different professions and agencies (e.g. the police – who are often one of the first people to encounter someone in crisis – how confident do they feel about being trauma-informed?). Everyone who is involved with someone in crisis needs trauma-informed skills. But upskilling needs to be appropriate for the target audiences – e.g. specialist training is needed for different roles, not just blanket training. Training needs to be effective and well-evaluated so that we know it is actually transforming people's working practices.
- 'Resistance to change' is an obstacle – as a member described the challenges of working with public sector structures that are long-established and often rigid. Referral pathways that have set criteria are tricky as they rely on the right people and opportunities for a referral to happen (e.g. if you have to get through a professional to access the service). But widening referral criteria to make a service more accessible could also overwhelm the service, and result in waiting lists – which could further exacerbate the frustration and mistrust that many people often experience with self-referral mental health support services.
- The voluntary sector are often the ones providing things like safe space cafes, and are good places to be doing this – but do we risk assuming the VCSE sector will just always 'be there' providing these spaces? The VCSE sector is in a challenging environment at the moment and service provision is fragile.
- Safe spaces:
    - The availability of crisis cafes / safe space cafes in Calderdale is limited. For example, the Safespace service at Healthy Minds has limited opening hours and accessibility. There needs to be ongoing assessment around

who is using and who is needing safe spaces and at what time of day, e.g. overnight services.
    - Safe space cafes need to be inclusive – this means they need to be trusted by the community they serve so that people feel comfortable accessing and using them. If spaces are not accessible, people won't use them! Community-specific spaces should be developed and run by people with the cultural competence of the community it aims to serve (e.g. LGBTQ+ specific spaces).
    - Improving trust takes time and comes from the build-up of small moments of positive experiences of the service – this needs to be considered in strategy around safe space café commissioning and development. There should be continual co-production of these kinds of services.
    - The strategy can only 'advocate for', not commission safe spaces. Can we widen the breadth of what we advocate for – e.g. models of safe spaces outside of traditional systems, e.g. Camerados 'Public Living Rooms'.
- Co-production is not necessarily happening enough, or well enough. High quality co-production has shown to bring huge benefits to the effectiveness of a service or initiative. Within the Suicide Prevention Strategy – there are lots of opportunities for co-production, and the very existence of our Suicide Prevention Network is a big asset and sign of progress in this regard. We should continue to coproduce aspects of the Suicide Prevention plan going forward. Having the long-term oversight and resourcing of co-production throughout the delivery of the strategy is important, including evaluating the benefits and impact of co-production work.

Discussion Outputs: Group 3 – Postvention

- Effective learning is paramount within the 'postvention' stage. We need to encourage people and professionals to learn without blame – as blame can prevent meaningful learning being gained that will transform the future. How can we create a culture in which people can take ownership for learning from a death? People may not want to take on the 'responsibility' as they may be carrying feelings of guilt, this prevents learning.
- Cultural competency:
    - The nuance of different cultural understandings of suicide needs to be discussed more and embedded into postvention interactions. E.g.

experiences within Pakistani communities in Calderdale is that people might have religious or cultural reasons why they might not want to mention a death or being in mental health crisis. There is a strong stigma around Suicide in these communities due to it being seen as a 'dishonorable death', which brings intense feelings of shame and fear of perceptions by others in the community. This particular cultural context urgently needs to be understood within postvention services e.g. bereavement services, and the experience of being signposted to these.
    - To start these conversations, we could have direct discussions with religious and community leaders – this deserves dedicated time and space.
- Bereavement support offering:
    - It can be a 'postcode lottery' when it comes to who is able to access support and who isn't.
    - Even the timing of signposting to bereavement support can be critical, there is a conflict between wanting to make sure the support is offered at the earliest opportunity, but also that within a month of the death may well be in a period where things feel too 'raw' for the bereaved. Support offering needs to be flexible and possibly repeated.
    - Some people might not want the offer of support to feel formal, whereas others would want it to.
    - There's also complexity in the understanding of what the bereavement support is – people don't necessarily understand what 'peer-to-peer' means. Even the name 'Leeds Mind Suicide Bereavement Support' in itself could be a barrier – some may not identify with the word 'suicide' (e.g. denial of this due to stigma), the name 'Leeds' can feel irrelevant to Calderdale residents, and some may not even recognise it as a bereavement.
- Do we know much about the involvement of residents/community around North Bridge – what insight is there about the impact on them?
- There's a sense that younger men are not spoken about – and the issue of substance use is very normalised – there's a sense that this is just 'how it is' rather than questioning and understanding why substance use is so common.
- Sharing what is available in terms of support means *knowing* what is available in the first place – we need to keep up multi-agency networking and communication as much as we can.

Action points

- **SPECIAL CALL OUT:** Vicki Spencer-Hughes (Calderdale Public Health) shared an open call to help complete the section of the Calderdale Suicide Prevention Strategy: 'How can everyone get involved in reducing suicides?' (page 18). If anyone wants to contribute ideas to the *'What Calderdale residents and communities can do / What organisations and communities will do together'* sections, please share these with Georgia who will pass them onto Vicki. This will create a list of ideas of ways that the wider public can help to deliver the strategy and practice suicide prevention.
- Georgia to discuss with Public Health organising specific opportunities to develop a Network initiative (e.g. poster, re-designing crisis cards).
- Members were invited to share items for the newsletter – there is a section for 'further reading and resources' if anyone wants to share anything to be distributed to the whole network – please send it to Georgia.
- Members who would like to represent the Network at the Strategic Group meeting (quarterly via Teams) can also contact Georgia to express interest. This involves giving a brief update (written or verbal) to the Strategic Group on key outcomes of our Network meetings.

Next meeting

TO BE CONFIRMED: Next meeting pencilled in for 31st July, but the date, venue and time are to be confirmed fully ASAP.