Birmingham City Council

CREATING A MENTALLY HEALTHY CITY STRATEGY

2025-2035

RESET RESHAPE RESTART

CONTENTS

INTRODUCTION

Mental Health to me is a:
"Sense of purpose and access to activity that give me this purpose, power to make change in areas that impact my wellbeing."
White British female aged 31-40, Citizen Survey

We all have mental health! Mental health is of utmost importance to our residents with 98% of respondents in our citizen survey reporting that mental health is either equally important or more important to them than physical health.

We all experience a range of emotions and feelings such as happiness, sadness, fear and anger, however, if these emotions become overwhelming and impact our day-to-day life, we may have a mental health disorder.

Mental Health issues are common with one in four adults and one in six young people having mental health issues. This ranges from depression and anxiety, which are the most common, to personality disorders, self-harm and suicidal thoughts. Suicide and self-harm are much less common but each suicide has far reaching impacts. Suicide is not inevitable and we all have a role to play in working towards zero deaths from suicide and zero hospital admissions for self-harm.

Our Mental Health is an interaction between our own genetics and our environment. Whilst we cannot change our genes, there are things we can do to alter the environment or how we respond to the environment to support mental wellbeing. Maintaining good mental health and reducing suicide and self-harm, therefore, requires a range of solutions that involve more than just clinical interventions. This includes actions to shape our environment, help people have secure and healthy relationships; to maintain healthy behaviours and practices, and ensure people can access support when they need it.

The Birmingham Health and Wellbeing Board have demonstrated their commitment to improving mental wellbeing. In 2022, all members signed up to the Mental Health Prevention Concordat which commits signatories to working across organisational boundaries to take evidence-based action on risk and protective factors to reduce mental health inequalities. This strategy, will provide the means of delivering this commitment.

1. OUR AMBITION FOR A MENTALLY HEALTHY BIRMINGHAM

"We are committed to building a city where everyone, of all ages and from all communities has the support and resources to maintain good mental health and wellbeing and cope with life's challenges. We will work with citizens and partners to create a place where mental health and wellbeing is a priority and no one faces mental health and wellbeing struggles alone. Together, we will work towards zero deaths from suicide and zero admissions for self-harm."

2. VISION & PRINCIPLES

Take action on the risk and protective factors for mental health and wellbeing to empower people, families and communities, facilitate safe and supportive spaces and deliver accessible services to build a mentally healthier, stronger, and more resilient city for all.

PRINCIPLES

These principles have been co-produced with communities and are informed by the evidence base.

Inclusivity & Cultural Competence
We commit to valuing diversity, addressing discrimination and ensuring our programmes are respectful and mindful of the needs of our diverse communities.

Innovation
We are willing to take risks, challenge the status quo and be creative in our ways of working.

Closing The Gap
We will focus our resources where they are needed most to address health inequalities.

Safety & Security
We will advocate for safety and security in people's lives, partnering with the wider Council, police and law enforcement, community safety partnerships and the local voluntary and community sector.

Community Powered
We recognise and champion the power of community action. Our goal is to enable and empower individuals and groups to support one another and drive positive change within their communities.

Building On Our Strengths
We will work directly with communities to identify, develop, and harness local assets to improve mental health and wellbeing, building a foundation for sustainable growth and resilience.

Collaborative
We are committed to working alongside communities, organizations, and stakeholders in partnership and sharing the same goals.

3. MENTAL HEALTH & WELLBEING ACROSS ENGLAND

MENTAL HEALTH ILLNESS PREVALENCE

1 IN 4 ADULTS experience mental health illness

1 IN 10 CHILDREN experience mental health illness

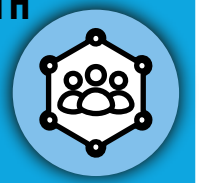
AGE OF ONSET FOR MENTAL HEALTH PROBLEMS

50% of mental health illnesses start before **AGE 14**

75% start before **AGE 25**

COMMUNITIES AT HIGHER RISK

HIGHER RATES OF MENTAL HEALTH ILLNESS IN:



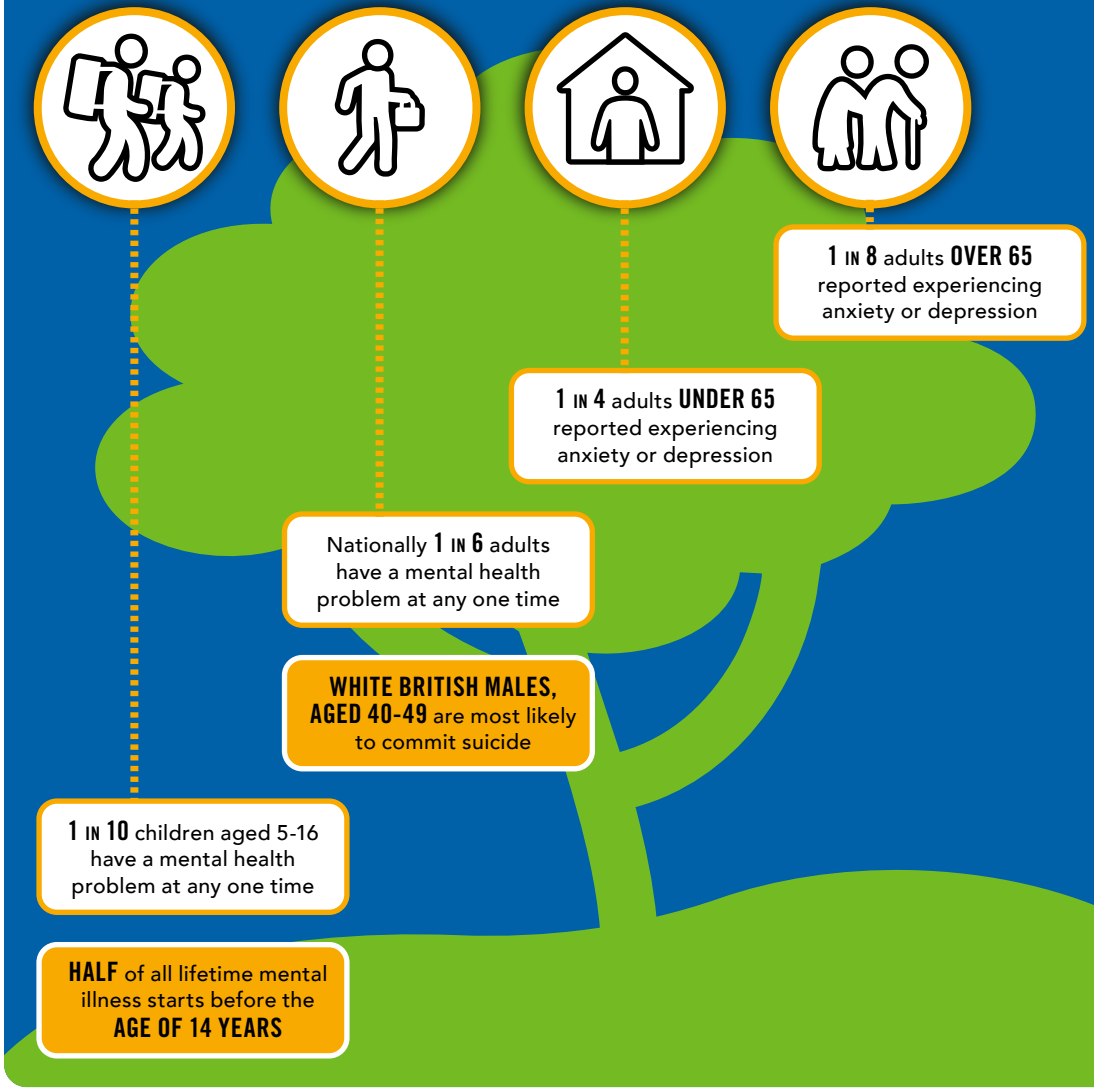
- People living in deprivation
- Ethnic minorities
- LGBTQ+ community
- Disabled communities
- Asylum seekers & refugees

ECONOMIC COST OF MENTAL HEALTH & WELLBEING

£118 BILLION per year

COST OF MENTAL HEALTH to the economy

MENTAL HEALTH OVER THE LIFE COURSE



SOURCES (1), (2) & (3).

IN BIRMINGHAM

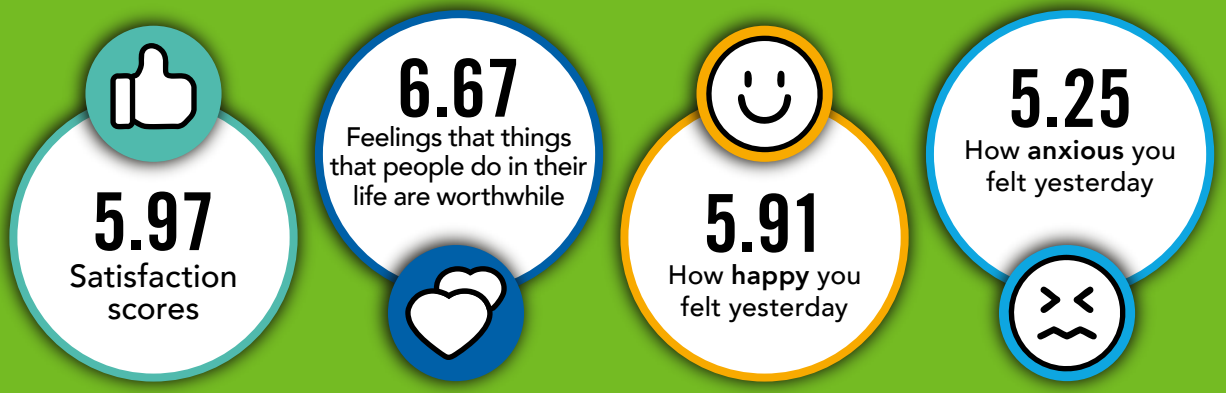
THE BIRMINGHAM MENTAL HEALTH AND WELLBEING NEEDS ASSESSMENT

analysed those groups who are at risk of mental health and wellbeing inequalities[4]. These include:

- GLOBAL MAJORITY COMMUNITIES
- PEOPLE LIVING IN AREAS OF DEPRIVATION
- PEOPLE WITH PHYSICAL & LEARNING DISABILITIES & SENSORY IMPAIRMENT
- PEOPLE WITH ALCOHOL & OR DRUG DEPENDENCE
- LGBTQ+ PEOPLE
- CARERS & CHILDREN IN CARE
- INCLUSION HEALTH GROUPS
- CHILDREN & YOUNG PEOPLE, INCLUDING STUDENT POPULATIONS

IN OUR CITIZEN SURVEY

we asked people to score their mental health and wellbeing through different questions. **1 indicated a low score while 10 indicates a high score.** Average responses from a total of 307 people revealed:



OTHER LOCAL STATISTIC

in our research[5] found that in 2022 to 2023:

	BIRMINGHAM %	WEST MIDLANDS %	ENGLAND %
DEPRESSION	12	14	13.2
LOW SATISFACTION	5.4	5.2	5.6
LOW WORTHWHILE	4.3	4.2	4.4
LOW HAPPINESS	8.5	8.5	8.9
HIGH ANXIETY	17.3	22.9	23.3

SOURCES (4), (5).

4. SUICIDE & SELF HARM ACROSS ENGLAND

SUICIDE RATES IN ENGLAND (2023)[6]

5,656 Deaths
11.2 DEATHS per 100,00

INCREASE FROM
5,284 DEATHS in 2022
10.5 Deaths per 100,000

WHO IS AFFECTED BY SUICIDE?

3 OUT OF 4 MALE
MEN AGED 45-64 highest at risk group[6]

ECONOMIC IMPACT OF SUICIDE (2022)[7]

£1.46 MILLION average cost per death
£9.58 BILLION cost to the UK economy

EMERGENCY ADMISSIONS FOR SELF-HARM (2022-23)[8]

73,239 total cases
32,624 young people (ages 10-24)

MENTAL HEALTH & SUICIDE[9]

26% SUICIDES
Were in contact with mental health services in the last year

433 DEATHS
Per year in acute mental health settings

SELF-INFLICTED DEATHS AMONG OFFENDERS

360 SELF-INFLICTED DEATHS OF OFFENDERS
(Apr 2022 - Mar 2023)[10]

DOMESTIC ABUSE & SUICIDE

2-3X HIGHER
in victims

IMPACT OF SUICIDE ON BEREAVED INDIVIDUALS[11]

1 IN 3 EXPERIENCE SUICIDAL THOUGHTS
after a loss
8% ATTEMPT SUICIDE due to loss

SELF-HARM AND SUICIDE IN YOUTH (2017)[12]

3% 11-16 year olds self harmed or attempted suicide
25.5% with a mental health illness self-harmed or attempted suicide

SOURCES (4), (5), (6), (7), (8), (9), (10).

IN BIRMINGHAM

SUICIDE RATES IN BIRMINGHAM

IN 2021-23 WAS 9.7 PER 100,000 DEATHS[8]
IN 20223 103 PEOPLE TRAGICALLY DIED.

BIRMINGHAM HAS THE SECOND LOWEST SUICIDE RATE COMPARED TO THE CORE CITIES IN ENGLAND[6].

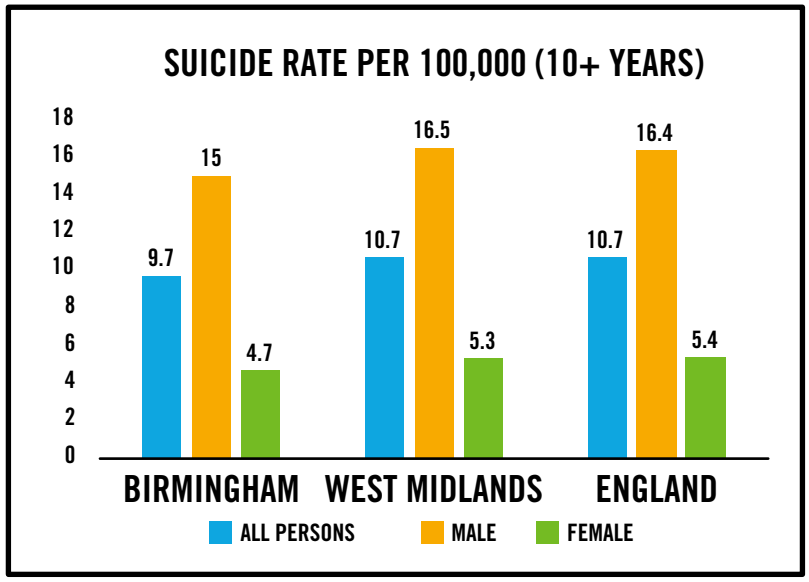


FIGURE 1
Suicide rate by gender per 100,000 deaths in Birmingham, the West Midlands and England.

CORE CITY	RATE PER 100,000
SHEFFIELD	9.2
BIRMINGHAM	9.7
NOTTINGHAM	11.1
NEWCASTLE	11.3
LEEDS	11.6
BRISTOL	12.9
LIVERPOOL	13.5
MANCHESTER	14.2

TABLE 1
Comparison tables age standardized suicide rates per 100,000 across the core cities (rolling three year aggregates)[6].

IN BIRMINGHAM

IN OUR CORONIAL AUDIT

Birmingham's **suicide rate is lower than the national average,** but certain factors still increase the risk in some parts of the city. These include **higher rates of mental health issues, youth justice involvement, domestic abuse, crime, and homelessness** - known risk factors for suicide[8].

To better understand these deaths, we carried out an audit of 51 coronial investigations from 2017-2021.

While each case was complex, there were some common factors shared by many of those who died by suicide.

37
recorded a mental health problem

15
experiencing harmful or dependent substance misuse

13
experienced childhood adversity and trauma

9
interacting with criminal justice system

6
identified as LGBTQIA+

11
experiencing a relationship breakdown

19
had a physical health condition

7
a victim of violence or abuse

8
experiencing work stress

OVER ¾
either single, divorced or widowed

8
household history of mental health problems

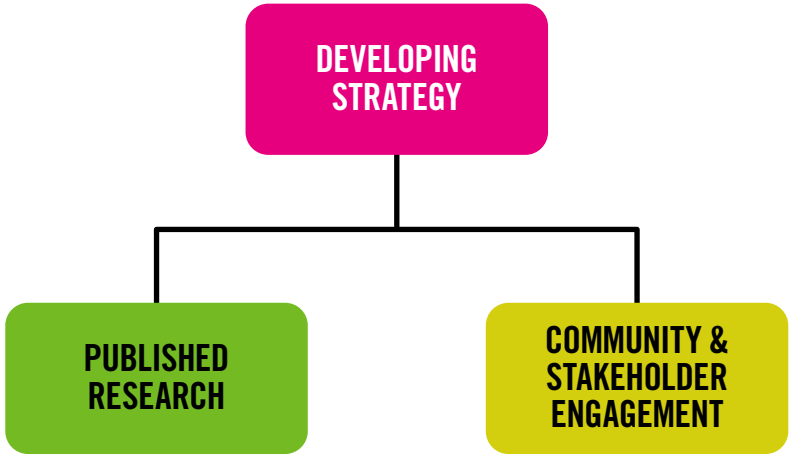
NEARLY ¾
deaths took place in the person's own home

7
experiencing debt or financial problems

5. OUR APPROACH

Our approach to developing the strategy and priorities has blended published research with community and stakeholder engagement, as shown below.

MENTAL HEALTH AND WELLBEING



PUBLISHED RESEARCH & EVIDENCE

We explored published research and studies within our literature review, needs assessment and review of other published reports which are available on our website. This showed us:

1. The factors that **impact positively and negatively** mental health and wellbeing in the population.
2. Who is **more likely** to experience good and bad mental health and wellbeing.
3. What **services and programmes** we need to reduce mental illness and increase mental health and wellbeing.

CITIZEN & STAKEHOLDER ENGAGEMENT

We combined this with:

1. **Stakeholder Engagement -** Interviews with stakeholders, Public Health workshops and workshops with our Creating a Mentally Healthy City delivery group.
   Total number of people engaged = 35.
2. **Community Engagement Events -** Delivered by our partner ICE Creates. We explored how people define mental health and wellbeing and what things people want to see in a mental health and wellbeing strategy.
   Total number of people engaged = 157.
3. **A Citizen Survey -** Which assessed people's current mental health and wellbeing, what impacts their mental health and wellbeing and what they want to see a Mentally Healthy Birmingham to look like.
   Total responses = 307.

FINDINGS FROM COMMUNITY ENGAGEMENT

Below shows the **four identified priorities from the community engagement events.** These have helped to shape the priorities for Mental Health and Wellbeing and will be used to assess how successfully we have implemented changes that citizens would like to see.

1. **Improving awareness and opportunities to talk about mental wellbeing.**
2. **Ensuring safety and security for citizens.**
3. **Raising awareness of and access to support.**
4. **Empowering communities to support eachother.**

The **'golden thread'** of ensuring **equality, inclusion and celebrating diversity** is woven throughout each of these priorities to help build a framework for action to achieve a Mentally Healthy City.

SUMMARIES OF HOW OUR CITIZENS DEFINED MENTAL HEALTH AND WELLBEING

Citizen Survey:
What Does Mental Health Mean To You?

Community engagement events quote:

"Plenty of textbook definitions, but what I have learned about young people's mental health, there is no one size that fits all. Acknowledging everyone is different."

Asian British female, Citizen Survey

Community Engagement Events

SUICIDE PREVENTION

PUBLISHED RESEARCH & EVIDENCE

1. **Literature Review:** We explored published research and studies within our literature review, which showed us:

   A. Risk and protective factors.

   B. The impact of suicide.

   C. Common public health interventions.

2. **Our Coronial Audit:** Helped us to better understand the lives of people who have died by suicide in Birmingham from 2021-2024.

CITIZEN & STAKEHOLDER ENGAGEMENT

We combined findings from this with:

1. **Engagement with people with lived experience of suicide -** Focus groups for people with lived experience of suicidal thoughts and behaviours.
   Total number of people engaged = 36.

2. **Listening to stakeholders who work in suicide prevention within Birmingham -** Through a stakeholder away day and a half-day round table event. This allowed key partners an opportunity to contribute to the strategy and select which areas were priorities for us to include.
   Total number of stakeholders directly engaged = 22.

6. FRAMEWORK FOR ACTION

MENTAL HEALTH AND WELLBEING

MENTALLY HEALTHY PEOPLE

We will work with partners to build individual resilience and behaviours to support good mental health and wellbeing throughout the life course.

MENTALLY HEALTHY FAMILIES

We will work to strengthen family bonds, empower families to support each other, and provide targeted support to those in need, ensuring that every family has the resources to thrive together.

MENTALLY HEALTHY COMMUNITIES

We will work with communities to ensure they are actively involved in shaping the services we provide, create supportive and safe spaces, and make mental health and wellbeing resources easier to find and access for everyone.

MENTALLY HEALTHY PLACES

We will work with partners to create greener, safer, and more accessible physical environments and provide support for mental health and wellbeing in workplaces and educational settings.

SUICIDE PREVENTION

- IMPROVING DATA & EVIDENCE
- PROVIDING SUPPORT TO PEOPLE WHO SELF-HARM
- TAILORED, TARGETED SUPPORT TO PRIORITY GROUPS
- INCREASING TRAINING & SKILLS
- PROVIDING EFFECTIVE CRISIS SUPPORT
- REDUCING ACCESS TO MEANS & METHODS OF SUICIDE
- PROVING EFFECTIVE BEREAVEMENT SUPPORT
- MAKING SUICIDE EVERYONE'S BUSINESS

7. MEASURING & MONITORING SUCCESS

A. GOVERNANCE STRUCTURE

Quote from the citizen survey::

"Joining up services also helps, e.g., making sure people who experience a healthcare crisis are also directed to financial support services."

White British female aged 41-50

The Creating a Mentally Healthy City Partnership is part of the Health and Wellbeing Board, a key committee that oversees the Creating a Bolder Healthier City Strategy 2022-2030[13]. This Partnership's focus is on developing and delivering a multi-agency public health approach to mental health and wellbeing in the city. The Partnership delivers specific characteristics of the Health and Wellbeing Strategy, Creating a Bolder, Healthier City for Birmingham 2022-2030. Notably, it responds to priorities under the Mental Wellness and Balance theme and priorities.

An outline of the proposed governance process for this strategy is shown in Figure above – a Mental Health and Wellbeing Steering Group and the Suicide Prevention Advisory Group (SPAG) will report to the Creating a Mentally Healthy City Partnership.

We will continue to expand our Partnership's membership to ensure everyone across the city is involved in our key priorities. We aim to create an environment where as many relevant organisations as possible can collaborate.

WORKING ACROSS THE SYSTEM

To make Birmingham a mentally healthy city, we'll work together with all partners to bring about positive changes in mental health and wellbeing. This is shown below: **Working In Partnership Across The System.**

> **"Stakeholders highlighted the need to start 'being open to working with allies', sharing knowledge, recognising limitations, and building relationships, and joining up to share resources and deliver projects that are built on the expertise of multiple people/organisations, thus delivering better quality support and services for citizens."**
>
> Quote from ICE Creates Engagement Report

B. SUCCESS MEASURES

The markers in this strategy will be based on the Wellbeing Framework proposed in the 2024 to 2025 Birmingham Director of Public Health Wellbeing Report. We will track these targets and provide responses to areas we are not performing as well in.

MENTAL HEALTH AND WELLBEING & SUICIDE PREVENTION AIMS

We have set the following aims linked to yearly collected mental health and wellbeing metrics. Self-harm and suicide align with targets in the ICS 10-year strategy[14].

RESPONSIVE TO CITIZEN NEEDS

We will also administer a regular citizen survey to see how successful we have been at improving what people wanted to see as a Mentally Healthy Birmingham in the ICE Creates community engagement:

1. **Improving awareness and opportunities to talk about mental health and wellbeing.**
2. **Ensuring safety and security for citizens.**
3. **Raising awareness of and access to support.**
4. **Empowering communities to support each other partnership working.**

We aim to work better with key partners like local charities, the Birmingham and Solihull Mental Health NHS Foundation Trust, and the Mental Health Provider Collaborative. To measure our progress, we'll regularly ask citizens and Partnership members for feedback on our partnerships and how we can improve them.

Birmingham City Council

MENTAL HEALTH & WELLBEING

“Create a more positive view of the city we share. During the Commonwealth games, Birmingham was a place that proudly showed the world our best. The friendliness, diversity and vibrance of the City was wonderful to see.”

Citizen Survey quote

DELIVERING OUR STRATEGIC PRIORITIES

Our mental health and wellbeing strategy commits to building a community where everyone of all ages and all communities have the support and resources to maintain good mental health and wellbeing and cope with life's challenges.

We split this by mentally healthy people, families, communities and places.

MENTALLY HEALTHY PEOPLE

We will work with partners to build individual resilience and behaviours to support good mental health and wellbeing throughout the life course.

MENTALLY HEALTHY FAMILIES

We will work to strengthen family bonds, empower families to support each other, and provide targeted support to those in need, ensuring that every family has the resources to thrive together.

MENTALLY HEALTHY COMMUNITIES

We will work with communities to ensure they are actively involved in shaping the services we provide, create supportive and safe spaces, and make mental health and wellbeing resources easier to find and access for everyone.

MENTALLY HEALTHY PLACES

We will work with partners to create greener, safer, and more accessible physical environments and provide support for mental health and wellbeing in workplaces and educational settings.

1. MENTALLY HEALTHY PEOPLE

We commit to working with partners to build individual resilience and behaviours to support good mental health and wellbeing throughout the life course.

"Separating what's within their control from what isn't. Changing perspective about what is in their control to something positive and active."

Black Caribbean female, 19-30, Citizen Survey

"Go out for a walk, get fresh air, if I cannot go out, I focus my thoughts on something else like a hobby or even turn to music that allows me to calm down."

Pakistani participant, 51-60, Citizen Survey

WHY THIS IS IMPORTANT

Improving healthy behaviours: A lot of research has found that physical activity can prevent depression and can support people who have a mental health and wellbeing condition. This includes children and young people including children with Special Educational Needs (SEN)[15], [16], [17].

Alcohol and substance abuse interventions: When people feel unhappy or stressed, they might make choices that are not safe for their health. Helping people feel better and less stressed can keep them safe. Programmes, support, and sometimes medication can also help[15].

WHAT WE WILL DO

EMERGING PRIORITIES	WHAT?
1. Help people to take charge of their mental health and wellbeing (improve resilience)	Promote ways people can help themselves, including items such as the NHS' 5 ways to wellbeing.
2. Encourage healthy behaviours	Increase access to physical activity, good nutrition, and rest.
3. Tackle unhealthy behaviours	Run programmes to educate and support people dealing with issues like drinking too much or using drugs or gambling.
4. Reduce stigma and improve health and wellbeing knowledge	Launch campaigns to get people talking about mental health and wellbeing, improve mental health and wellbeing knowledge and show that it's okay to ask for help.

2. MENTALLY HEALTHY FAMILIES

We will work to strengthen family bonds, empower families to support each other, and provide targeted support to those in need, ensuring that every family has the resources to thrive together.

> **"Life skills classes for children and teens and also opportunities for adults in the form of family days so families can all learn together."**
>
> Participant, 19-30, Citizen Survey

WHAT THE EVIDENCE SUGGESTS

Parenting programmes: Parenting programmes can improve relationships with children and develop emotional and social skills, such as working together and communication. Parenting programmes can support the mental health and wellbeing of the parent and the child[2].

Maternal mental health and wellbeing support: Training health visitors can help provide support to mothers, especially in light of the risks of depression after giving birth. This can support the mental health and wellbeing of mothers at important family-building stages[2].

WHAT WE WILL DO

EMERGING PRIORITIES	WHAT?
1. Supporting mental health and wellbeing for parents	Raise awareness of good mental health and wellbeing before and after pregnancy and offer parenting programs to help build emotional strength.
2. Strengthen family bonds	Show families how they can support each other, improve understanding, and help people through tough life transitions.
3. Help caregivers in need	Offer specialised support for those caring for loved ones with long-term illnesses or disabilities.
4. Respect parenting cultures	Train professionals to better understand different cultures and work with communities to improve family care (improve cultural competency).
5. Provide help for families in need	Provide help for families dealing with issues like abuse, domestic abuse, addiction, or trauma, and help break the cycle of hurt that passes from one generation to the next.
6. Healthy use of social media	Healthy and safe use of social media should be promoted across the population and to those at risk

3. MENTALLY HEALTHY COMMUNITIES

We will work with communities to ensure they are actively involved in shaping the services we provide, create supportive and safe spaces, and make mental health and wellbeing resources easier to find and access for everyone.

> **"Community leaders should have better education on where to signpost people to."**
>
> Citizens of mixed genders, aged 20-70, Community Engagement Events

> **"A community group wanted pop-up mental health clinics; we perceived it as clinical staff in communities but through co-production realised that they wanted investment to be supported to run their own pop-up clinics by members of the community."**
>
> Stakeholders involved in the Creating a Mentally Healthy City Partnership Delivery Group

WHAT THE EVIDENCE SUGGESTS

Community engagement and participation: Helping people in the community to work together and support one another can make people feel happier and healthier. This is true for people who may not normally be included in activities and it can reduce loneliness in older people[2], [18], [19], [20], [21].

Arts and culture: Lots of studies show that doing fun activities like art, music, or other hobbies can help people feel happier and less lonely[22].

WHAT WE WILL DO

EMERGING PRIORITIES	WHAT?
1. Increase conversations around mental health and wellbeing	Train community leaders to start conversations about mental health and wellbeing and teach people how to look after themselves, like managing money and stress.
2. Help communities to support each other	Provide local spaces, such as faith settings, community centres and libraries with resources to help people stay mentally healthy.
3. Make support easier to find and access	Provide helpful resources in different languages and make sure people who aren't online can still get the help they need with physical resources. Stop changing the names of services to prevent confusion.
4. Encourage peer support and leadership	Create and continue programmes where people can help each other, especially when they've been through similar life circumstances.
5. Offer culturally sensitive support	Make sure support services understand different cultures and languages, especially when dealing with issues like family trauma.
6. Give people the skills for better opportunities	Support community-led projects, like Saturday Schools, to help people gain skills for jobs and education.
7. Involve the community in creating services	Ask people with lived experience to help shape and run services that fit their needs.
8. Encourage social connection	Use activities like sports, arts, and cultural events to bring people together and to reduce loneliness.

4. MENTALLY HEALTHY PLACES

We will work with partners to create greener, safer, and more accessible physical environments, and provide support for mental health and wellbeing in workplaces and educational settings.

"Early intervention, maybe through school, talking more discussions and awareness sessions."

Pakistani female, 51–60, Citizen Survey

"Encourage physical workout events using the green spaces in the summer."

Female, 31–40, Citizen Survey

WHAT THE EVIDENCE SUGGESTS

Schools: Pre-school and early learning can help children to be better at thinking, talking and doing well in school. This can improve their mental health and wellbeing and behaviour as they grow up. Focusing on resilience for children in schools can reduce depressive symptoms and other mental health problems[2], [18], [23].

Workplaces: Teaching people about mental health and wellbeing, making work fair and safe, and giving workers support like advice on dealing with stress or online help can make them feel less stressed and happier at work. This also helps them take fewer sick days. Fair work rules can stop work stress from causing issues related to poor mental health and wellbeing[2], [18], [24], [25], [26], [27].

WHAT WE WILL DO

EMERGING PRIORITIES	WHAT?
1. Teach children, adolescents and staff how to handle stress	Schools and universities can teach students and staff ways to deal with stress and where to find help when they need it.
2. Create spaces for people who think differently (neurodiverse communities)	Make sure schools, workplaces, and other places have quiet areas or sensory spaces that are welcoming for neurodiverse people.
3. Help people with housing problems	Make homes safer, more affordable, and easier to access, and support those who need housing help.
4. Influencing policy and plans	Influencing policies and plans through our partners to create better environments. For example, on housing, transport, crime, clean and green spaces. Consider implementing mental health and wellbeing as an item in a health impact assessment for policy and planning.
5. Support workers' mental health and wellbeing	Promote and encourage workplaces to implement workplace guidance such as the guidance: NICE 'Mental Health in the Workplace' and the 'Thriving at Work Framework'
6. Make services work together	Join-up services so people don't have to repeat their stories and can get the help they need faster and easier.

Birmingham City Council

SUICIDE PREVENTION & SELF-HARM

"Recovery is sometimes about giving people a sense of purpose and helping them to find meaning again."

UNDERSTANDING SUICIDE & SUICIDE PREVENTION

We know that not everyone feels comfortable talking about suicide yet, and this can lead to some misunderstanding about what suicide is.
We want this strategy to reflect that:

- Suicide can happen to anyone – whilst some individuals might have experiences which increase the risk, suicide can happen to anybody, regardless of their background or life experiences.
- Suicide is not inevitable – While suicide is complicated, there is plenty of evidence to show that suicide prevention interventions do work and that with the right help, people in crisis can go on to live meaningful lives.
- Suicide isn't just about mental illness –although, in many cases of suicide, the individual will have experienced mental ill health, we want to discourage the narrative that all people who died by suicide had a mental health problem. Many people who try to end their lives have no history of mental ill health and instead may have been faced with an event (such as a health diagnosis, bereavement, job loss or relationship breakdown) with which they felt unable to cope. Therefore, whilst some sections will address risk in people who are struggling with mental ill health, the strategy will address the wider array of factors and crisis triggers which may lead someone to end their life and consider how we can address these.
- Suicide prevention is everyone's business – it's not just down to the healthcare system - **everyone** has a role to play in reducing suicides in Birmingham.
- Suicide and self-harm are real issues and should always be taken seriously.
- Suicide affects more than the individual – every suicide has ripple effects which impact devastate entire families, communities and our city.

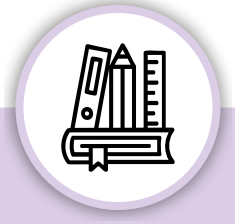
DELIVERING OUR STRATEGIC PRIORITIES

Preventing suicide at a population level is complex but essential. Suicide is not inevitable, and everyone has a role to play. This strategy, developed with partners and those with lived experience, focuses on key priorities to help make suicide prevention a reality.

IMPROVING DATA & EVIDENCE

PROVIDING SUPPORT TO PEOPLE WHO SELF-HARM

TAILORED, TARGETED SUPPORT TO PRIORITY GROUPS



INCREASING TRAINING & SKILLS

PROVIDING EFFECTIVE CRISIS SUPPORT

REDUCING ACCESS TO MEANS & METHODS OF SUICIDE

PROVING EFFECTIVE BEREAVEMENT SUPPORT

MAKING SUICIDE EVERYONE'S BUSINESS

1. IMPROVING DATA & EVIDENCE

We will ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.

This priority aims to improve data collection on suicides in Birmingham to identify at-risk groups, track trends, and enable timely interventions. Enhanced data will help evaluate the effectiveness of actions, address service gaps, and implement rapid response plans to mitigate harm. Collaboration with stakeholders, including the Coroner, police, care providers, and public health teams, is essential to establish safe, coordinated data-sharing systems. By learning from past cases and monitoring changes in suicide and self-harm behaviour, this approach ensures a proactive and evidence-based response to suicide prevention across the city.

> "Timely and high-quality data, evidence and intelligence allows for better understanding of the drivers of suicide and self-harm, the development of more effective interventions, and more rapid responses to prevent suicides."
>
> 2023 Government Strategy

2. PROVIDING SUPPORT TO PEOPLE WHO SELF-HARM

We will provide information and support to reduce the prevalence of self-harm.

Self-harm and previous suicide attempts are key risk factors for suicide. In 2022–23, 73,239 emergency admissions in England involved self-harm, with 32,624 among young people aged 10–24[8]. Reducing risk requires addressing crisis causes and providing support, even without a clinical diagnosis. Those in social or situational crises must not be overlooked. Psychoeducation and tools like safety planning can help individuals manage distress and prevent long-term self-harm behaviours from escalating.

Particular attention should be paid to young people who are struggling with self-harm. Evidence shows that in the years following the Covid pandemic, an increase in self-harm rates was partly driven by self-harm incidence in girls aged[28]. We will work closely with Healthy Schools programme to ensure that schools are equipped to educate young people on managing distress, as well as ensuring that both parents and professionals are able to recognise signs of distress in young people and facilitate appropriate help to prevent escalation to harmful behaviours.

"I might not look like I'm in crisis... People judge whether you should/ shouldn't feel suicidal based on your life."

Focus Groups

"I felt like I was the problem."

Focus Groups

3. TAILORED, TARGETED SUPPORT TO PRIORITY GROUPS

We will deliver tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.

Anyone can face a suicidal crisis, but some groups are at a higher risk. This strategy focuses on key groups where we have evidence to support interventions. It's important to remember that people may face multiple factors that increase their risk, and interventions should treat people as individuals, not just as part of a group. The priority groups we will focus on are:

CHILDREN AND YOUNG PEOPLE

While suicide rates among children and young people are lower than in older groups, they have risen over the last decade. In 2017, 3% of 11–16-year-olds reported self-harming or attempting suicide, increasing to 25.5% among those living with mental health illness[12]. Schools play a vital role in identifying risks, and as in our Mental Health Strategy, supporting both schools and parents is a key priority. Special attention is needed for young adults transitioning into adulthood, where partnerships with higher education institutions can help reduce risks through tailored support and learning from past cases.

MIDDLE-AGED MEN

Middle-aged men are at the highest risk of suicide, and men accounted for over three-quarters of the deaths examined in our coronial audit. National data shows that men aged 45-64 are particularly vulnerable, with rates at their highest since 2010. Factors such as stigma, gender norms and a lack of safe spaces often prevent men from seeking help. Addressing this requires reducing stigma, encouraging open conversations about mental health and wellbeing, and creating accessible spaces where men feel supported to seek help[6].

PEOPLE UNDER THE CARE OF MENTAL HEALTH SERVICES

Among 51 suicide cases reviewed, 37 individuals had recorded mental health illnesses, and 25 were under secondary mental health services. Nationally, 26% of suicides involve people who had contact with mental health services within the past year[28]. Effective suicide prevention must extend beyond clinical assessments, incorporating psychoeducation on distress tolerance, emotional regulation, and self-care techniques. Equipping individuals with practical skills and clear pathways to crisis support can provide life-saving assistance.

PEOPLE IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

The risk of suicide is significantly raised among individuals in contact with the criminal justice system, with male offenders being four times more likely and female offenders 11 times more likely to die by suicide compared to the general population[29]. From 2022 to 2023, 24% of all deaths under community supervision were self-inflicted[10]. Addressing this requires collaborative efforts across partners to prioritise suicide prevention and develop tailored interventions for this group.

PEOPLE EXPERIENCING DOMESTIC ABUSE

Domestic abuse victims are 2 to 3 times more likely to attempt suicide, with 93 suspected suicides linked to domestic abuse from 2022 to 2023[30]. Among 51 reviewed cases, 7 were recent abuse victims, 6 were perpetrators, and 4 were historic victims. The trauma from domestic abuse often increases impulsivity, making suicide attempts harder to predict. Raising awareness, training professionals to discuss suicide risks with victims, and improving access to timely support are critical to reducing these preventable deaths.

4. INCREASING TRAINING & SKILLS

We will increase training and skills opportunities so that more people can spot the signs of a suicidal crisis and provide appropriate support.

Training was a consistent recommendation in the focus groups, with attendees recommending that increased training provision for police, healthcare professionals, grassroots organisations and housing agencies would be beneficial for people in crisis.

> "We need more training opportunities for grassroots organisations (and) healthcare professionals."
>
> Focus Groups

TARGETING TRAINING

Whilst training should be available to anyone who wants to provide a safe space within their community, we especially want to target training to professionals who are likely to encounter people at increased risk of suicide. Therefore, we ask all Birmingham organisations, and training delivery partners, to prioritise training those who are most likely to encounter people who experience increased risks of suicide, including organisations which support people who:

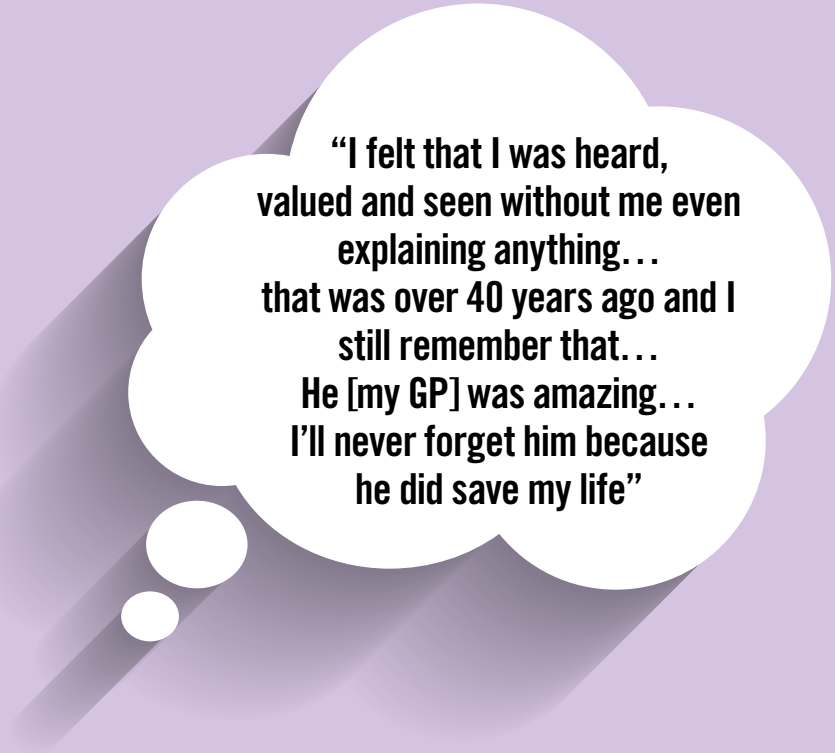
- Have physical health conditions or disabilities
- Work in skilled trade occupations
- Are experiencing financial adversity
- Are experiencing domestic abuse
- Identify as LGBTQI+
- Have Autism
- Are pregnant or new mothers
- Who experience harmful substance misuse or gambling
- Are in contact with the criminal justice system
- Face homelessness
- Are refugees or asylum seekers
- Are children & young people

PRIMARY CARE

Out of 51 deaths, our coronial audit showed that 14 people had accessed primary care in the 3 months before their death, and a further 8 had accessed primary care in the month before their death. Therefore, whilst targeting training to organisations that work with individuals who are at heightened risk of suicide, we will also focus on upskilling primary care practitioners, so that they have the right skills needed to identify and support people who are experiencing a suicidal crisis across the population.

TRAINING AND SKILLS DEVELOPMENTS

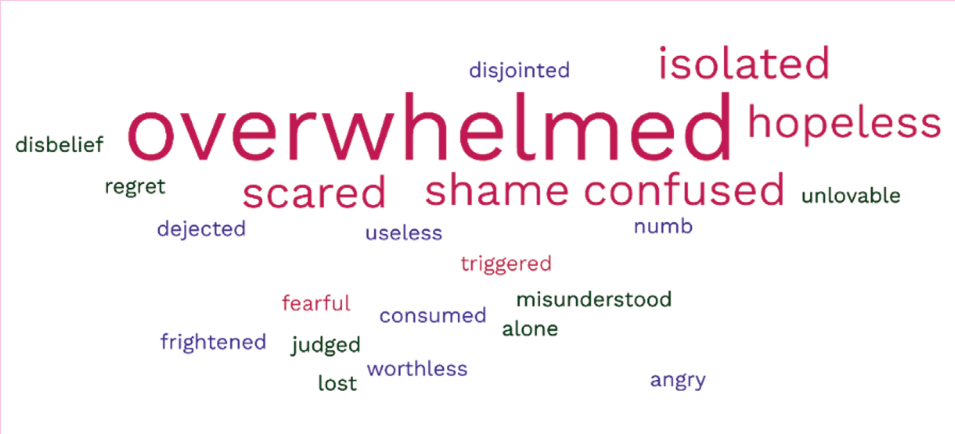
We will also commit to improving the support available to both training providers and trainees, to ensure that both the training being delivered, and the support delivered as a result, is safe and effective.



5. PROVIDING EFFECTIVE CRISIS SUPPORT

We will provide effective crisis support across sectors for those who reach crisis point.

Whilst we hope that much of this work will reduce the risk of people experiencing a suicidal crisis, we need to ensure that where people do experience a crisis, that there is appropriate support available for them. We asked attendees at our focus groups to tell us how they would describe being in a suicidal crisis. They told us that they felt:



Participants reported mixed experiences when seeking support, with some feeling understood while others felt judged or unheard. Barriers like stigma and rejection, and facilitators like feeling supported, influenced their ability to access help during a crisis.

BARRIERS	FACILITATORS
• Feeling like a burden or undeserving of help. • Concerns about privacy and cultural stigma around suicide. • Barriers to access, such as red tape, long queues, or limited contact options. • Services lacking a human touch or representation of diverse needs. • Limited capacity to seek support, often due to caregiving responsibilities.	• There being different ways to access support (e.g. telephone, in person, text). • Having professionals advocate on their behalf. • Different agencies (like their GP & mental health team) working well together. • Motivating themselves to seek help. • Feeling like they deserved help.

We need to continue to deliver high quality crisis services for people experiencing suicidal crises and make it a priority to ensure that these services are striving to be as accessible, culturally competent, joined-up and person-centred as possible.

6. REDUCING ACCESS TO METHODS & MEANS OF SUICIDE

We will reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.

In Birmingham, methods of suicide mirror national trends, with hanging, suffocation, and poisoning being the most common[6]. While most suicides occur at home, research shows that public health interventions reducing access to suicide methods can be effective. Suicidal crises are often brief, in many cases, this can be as low as 10 minutes[31]. Restricting access to suicide means that during this critical period, it can disrupt the crisis and provide time for the person to recover.

This strategy will focus on reducing access to suicide methods by:

- Improving safety through better policies and design.
- Collaborating with stakeholders to address high-risk locations.
- Monitoring data on suicide methods to adapt responses.

Additionally, virtual environments must be made safer. While the internet can offer helpful support, it also exposes vulnerable individuals to harmful content. Promoting online safety and responsible media is a key priority in reducing suicide risk in online spaces.

7. PROVIDING EFFECTIVE BEREAVEMENT SUPPORT

We will provide effective bereavement support to those affected by suicide.

Suicide has a profound impact on those left behind. Research shows that over a third of people bereaved by suicide experience suicidal thoughts, and 8% attempt suicide as a direct result of their loss[11]. Many bereaved individuals experience depression, anxiety, PTSD, and their own suicide attempts. It is crucial to raise awareness about the heightened mental health and wellbeing risks after a suicide bereavement and provide support to help individuals process their grief.

Birmingham offers support through its sudden death bereavement pathway and third-sector organisations, but feedback indicates a need to increase awareness of these services. Additionally, support must be more diverse and culturally competent, addressing the unique needs of each individual. Peer-support groups and flexible, personalised help would benefit those affected.

We must also improve access to online resources like the 'Help is at Hand' document and self-care platforms, while upskilling professionals and communities to better support those who have lost loved ones to suicide.

8. MAKING SUICIDE EVERYBODY'S BUSINESS

We will make suicide everyone's business so that we can maximise our collective impact and support to prevent suicides.

To have a real impact, we cannot work in isolation, and we have to see suicide as a problem that the wider society has a huge role in addressing. We have to amplify conversations about suicide and communicate that ***suicide and its prevention is everyone's business,*** and that we can all play a role in making Birmingham a city with zero suicides. Making suicide prevention everyone's business should:

REDUCE STIGMA AND PROMOTE OPEN CONVERSATIONS AROUND SUICIDE

Stigma and silence contribute significantly to suicide, making it harder for those in crisis to seek help. By destigmatising suicide, busting myths, and normalising conversations, we can create a city where people feel safe asking for support.

"I was quite scared and in disbelief… I was scared to speak up that something was wrong."

RAISE AWARENESS OF HOW TO GET HELP

Focus group members emphasised the importance of better communicating available help, rather than relying on people in crisis to find support. Raising awareness of suicide prevention requires proactive communication about services in various accessible formats.

SUPPORTING SUICIDE-SAFE ORGANISATIONS

This strategy highlights the need for organisations across sectors to integrate suicide prevention into their services and policies. We will provide guidance and resources to help create suicide-safe environments for both staff and service users.

Birmingham City Council

GLOSSARY & REFERENCES

GLOSSARY

Mental health – mental health is a part of our overall health, alongside our physical health. It is what we experience every day, and like physical health, it ebbs and flows daily[32].

Mental wellbeing – an internal positive view that we are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. We feel happy and live our lives the way we choose[32].

Public mental health – the art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, public and private, communities and individuals[33].

Resilience – the ability to recover from, or adapt to, difficult life situations or challenges.

Self-harm – harming oneself' without the intention of ending one's life.

Stigma – negative stereotypes, beliefs, and attitudes towards individuals with mental health challenges that can lead to discrimination, social isolation, and reluctance to seek help.

Suicide – a deliberate attempt to end one's life which results in death.

Suicide attempt – a deliberate attempt to end one's life which does not result in death.

Suicide prevention – actions taken to prevent suicide.

Suicide postvention – actions taken after a suicide has taken place to help those affected and prevent future harm.

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“Give people hope for positive change and outcomes, that are going to happen.”

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