CORNWALL COUNCIL

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Cornwall and Isles of Scilly Suicide Prevention Strategy 2022-2027

Reducing the rate and impact of suicide on the population of Cornwall and the Isles of Scilly

www.cornwall.gov.uk

Please be aware that the theme of this strategy is an emotive one and includes information on suicide and self-harm. The information included in this strategy does not detail any personal identifiable information, but the data does relate to real people, and we are mindful of this reality. Please take care of yourself and seek help if you need it.

If you are worried about your own or someone else's mental health, call the **Cornwall and Isles of Scilly 24/7 NHS mental health response line on 0800 038 5300**. It's free to access by anyone, any age, any time, day or night.

Further information about support services available can be found at the end of this document.

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Foreword

Far too often we are devastated by a death by suicide. Every single suicide is a tragedy that has far-reaching and long-lasting impacts on individuals, families and our communities in Cornwall and the Isles of Scilly.
But suicide is not inevitable.

We need to be proactive in taking effective action as we strive towards our shared vision of zero suicides. This strategy provides the direction to embed an upstream approach to suicide prevention across Cornwall and the Isles of Scilly.

A wide range of actions must be taken to prevent suicides, including promoting good emotional and mental wellbeing, early intervention, services for people in need or in crisis and support for people impacted by suicide. This highlights how suicide prevention does not occur in isolation and is closely aligned with wider local plans and strategies that aim to improve the mental health and wellbeing of children, young people and adults in Cornwall and the Isles of Scilly.

The strategy focuses on four shared priorities to prevent suicides. It was developed using national evidence of what works in suicide prevention together with what we have learnt from working with partners to support local people in our more rural and coastal communities. We have also listened to local residents and people with lived experience of suicide bereavement and suicide attempts. People have told us that we need to work collaboratively to address some of the wider determinants of mental wellbeing, reduce stigma, become more open to discussing mental health, improve training and increase awareness and access to early intervention support.

A key theme of this strategy is about building connections. Feeling more connected to our communities, workplaces, schools and other settings builds resilience and is fundamental to our emotional and mental wellbeing. It also promotes an openness to talk about mental health with the people around us. This reduces stigma and makes it more likely that somebody who is struggling will be able to talk about it, be noticed and supported.

The strategy highlights how suicide prevention is everyone's business. We must all work together so that people are connected, can support each other, and when needed be able access extra support.

Cllr Linda Taylor

Chair of Cornwall and Isles of Scilly Joint Health and Wellbeing Board

Raglavar

Ni a berth re venowgh kollva awos mernans dre omladha. Pub omladhans oll yw trajedi a'n jeves strekys pell aga ystynnans ha hir aga effeyth war unigynnow, teyluyow hag agan kemenethow yn Kernow ha Syllan.
Mes nyns yw omladhans anwoheladow.

Res yw dhyn bos ragvewek yn unn oberi yn effeythus dell strivyn war-tu ha'gan gwel kevrynnys a omladhans vyth. An strateji ma a brov an gidyans dhe ynplansa fordh yn-bann an fros dhe lestans omladhans a-dreus Kernow ha Syllan.

Res yw gul lies par a wriansow dhe lesta omladhansow, y'ga mysk avonsya sewyansow da amovyansek ha brysel, mellyans a-varr, gonisyow rag tus po edhommek po goredhommek ha skoodhyans ras tus strekys gans omladhans. Hemma a worr y'n kulwolow fatel na hwer lestans omladhans yn enysekter ha bos alinys yn ogas gans towlow ha stratejis leel ledanna hag a veder gwellhe an yeghes brysel ha sewyansow a fleghes, yonkers ha tevesigyon yn Kernow ha Syllan.

An strateji a fogel orth peswar ragwir kevrynnys dhe lesta omladhansow. Displegys veu ow komprehendya dustuni kenedhlek a'n pyth a sewen yn lestans omladhans keffrys ha'n pyth re dhys'syn dre oberi gans kesparow dhe skoodhya tus leel y'gan kemenethow moy powek hag arvorek. Ynwedh ni re woslowas orth trigoryon leel ha tus gans prevyans a gollva awos omladhans hag assays omladha. Tus re leveris orthyn y tegoodh dhyn kesoberi dhe ewna nebes a'n fentynnyow ledanna a sewyansow brysel, lehe mewl, dos ha bos ygorra dhe dhadhla yeghes brysel, gwellhe trenyans ha kressya warneth ha hedhas dhe skoodhyans mellyans a-varr.

Pennthema an strateji ma yw drehevel mellow. Omglewes moy junys orth agan kemenethow, obervaow, skolyow ha desedhansow erel a dhrehav gwedhynder hag yw selvenel dh'agan sewyansow amovyansek ha brysel. Ynwedh ev a avons ygorder dhe gewsel a-dro dhe yeghes brysel gans an dus y'gan kyrghyn. Hemma a leha mewl ha kressya an chons a nebonan ow kwynnel dhe vos abel dhe gewsel yn y gever, bos merkys ha skoodhys.

An strateji ma a worr y'n kulwolow fatel yw lestans omladhans negys pubonan. Res yw dhyn oll kesoberi mayth yw tus omjunys, gallos skoodhya an eyl orth y gila, ha gallos hedhes skoodh pella pan vo res.

Konseler Linda Taylor

Kaderyer Kesva Yeghes ha Sewyansow Kernow ha Syllan War-barth

Executive Summary

Suicide prevention and the promotion of good emotional and mental health is a key priority in Cornwall and the Isles of Scilly. The local suicide rate is significantly higher than the average in the South West and England. On average more than one person dies by suicide every week in Cornwall and the Isles of Scilly. Every single one of these deaths is a tragic loss and has a devastating impact on families, friends, colleagues, communities and services.

There are no simple explanations for the higher rates of suicide locally and there are no simple answers. Suicide prevention encompasses measures to improve emotional and mental wellbeing, early intervention for mental health issues, help for somebody in a mental health crisis and support for people bereaved by suicide. All this work is underpinned by evidence, data and local knowledge.

Suicide prevention is everyone's business and in Cornwall and the Isles of Scilly there is collaborative working across organisations and communities. The Multi-Agency Suicide Prevention Group brings together partners with the goal of preventing suicides. This includes understanding the causes of suicide in the local Cornwall and the Isles of Scilly context - with our local cultures, coastal and rural communities, market towns and socioeconomic inequalities.

This local suicide prevention strategy follows national guidance and uses local knowledge to embed an upstream, proactive approach to suicide prevention in children, young people and adults. It builds on the work being carried out to support mental health and wellbeing by setting clear priorities to deliver the suicide prevention programme in Cornwall and the Isles of Scilly. This approach will work alongside our health and care services, helping to improve wellbeing and reduce demand. The Multi-Agency Suicide Prevention Group will develop an action plan for the suicide prevention programme to deliver this strategy.

THE STRATEGY

Our vision is… a Cornwall and Isles of Scilly with zero suicides, where people can live healthy, fulfilling and connected lives; and where anybody in need and in crisis is supported by their communities and services that work together to improve wellbeing

The aspiration of zero suicides is our shared long-term vision. To achieve this, we have set an ambitious and measurable five-year aim that is a step on the way towards zero suicides.

Aim: To reduce the suicide rate in Cornwall and the Isles of Scilly to level with the national average or better by 2027.

Based on the 2018-2020, a 20% reduction in the suicide rate in Cornwall and the Isles of Scilly would be needed to reach the national level. However, the national suicide rate is likely to change in this time and therefore, progress towards this aim will be monitored and reported on yearly. Four strategic priorities for action have been identified to deliver this strategy.

STRONG LOCAL INTELLIGENCE NETWORK AND SHARING OF BEST PRACTICE

The foundation of suicide prevention is intelligence and knowledge of what works. Detailed suicide surveillance enables us to identify and act on changing trends or higher risk groups and to plan local support services. A strong suicide prevention network allows us to identify areas for improvement, develop joint approaches and share good practice widely in Cornwall and the Isles of Scilly.

PROMOTION OF HEALTHIER, MORE CONNECTED AND SAFER COMMUNITIES

The places where we live, grow, work and age are key to our health and wellbeing. We want these environments to support good emotional and mental wellbeing for children, young people and adults in Cornwall and the Isles of Scilly. Communities, educational settings and workplaces should be connected, inclusive and add to our sense of belonging.

TARGETED SUICIDE PREVENTION AND EARLY INTERVENTION

Local intelligence tells us that there are risk factors and inequalities that impact on mental health, suicide and self-harm risk. To reduce the suicide rate in Cornwall and the Isles of Scilly, prevention and early intervention needs to be targeted to where it can be most effective. This requires working collaboratively with communities and services to reach those in need. Suicide prevention is everyone's business. Wherever people turn, they should be able to receive support.

SUPPORT FOR PEOPLE IMPACTED BY SUICIDE

People who are bereaved by suicide are at an increased risk of poor mental health and suicide themselves. Support at this time, known as postvention, that is flexible to the person's needs can help those affected manage the emotional distress of suicide and loss.

Underlying principles of our approach: We will:

- Meaningfully involve people with personal experience of suicide bereavement, suicidal feelings and self-harm.
- Reduce stigma, encourage open discussion and promote parity of esteem between mental and physical health.
- Seek to address local inequalities in mental health, self-harm and suicide by taking a place-based approach that reflects the opportunities and challenges in different communities of Cornwall and the Isles of Scilly.
- Recognise the vital role of support networks, including family, friends, carers, workplaces, educational settings and local communities in supporting people.
- Embed suicide prevention and early intervention in communities, workplaces and educational settings by promoting connectedness, inclusion and belonging.
- Take a life-course and trauma-informed approach to suicide prevention by understanding how issues have arisen in the context of a person's life.
- Respect diversity and avoid discrimination.
- Support those involved in suicide prevention activities with their own mental health.

Introduction

Suicide is the act or instance of intentionally killing oneself. In the United Kingdom (UK), there are approximately 6,500 suicides registered annually, almost 18 per day[1].

The causes of suicide are complex and individual. There is rarely a single cause for a person dying by suicide. It is more often the result of a combination of factors that can result in a person feeling desperate. We do know that there are certain risk factors and/or distressing experiences that increase the risk of suicide. In the UK, the suicide rate is three times higher for males than females[2]. The highest suicide rate is among middle-aged men[3]. Although suicide rates are lower in younger people, suicide and injury/poisoning of undetermined intent is the leading cause of death for males and females aged 20 to 34[4].

Requiring the care of mental health services is a risk factor for suicide. In the UK between 2008 and 2018, 27% of suicides were in people who have been in contact with mental health services in the 12 months prior to death[5]. There are many other factors that may also increase the risk of suicide or suicide attempts, including long term physical health problems, being in contact with the criminal justice system, social isolation, the misuse of drugs and alcohol, adverse childhood experiences, trauma, abuse and/or sexual violence, relationship breakdown, bereavement, certain occupations such as agricultural and construction industries, leaving care, and identifying as lesbian, gay, bisexual, transgender, queer or other sexual orientations and gender identities (LGBTQ+)[2]. Furthermore, the wider conditions in which we live have a significant impact on the risk of dying by suicide. People living in more disadvantaged communities have a higher risk with factors such as poverty, low income, debt, insecure employment and unemployment, poor housing conditions and homelessness contributing to this inequality[6]. These risk factors can also combine to increase an individual's vulnerability, with stigma, bullying and harassment further contributing.

RISK FACTORS FOR SUICIDE AND SUICIDE ATTEMPTS INCLUDE:

- Gender: males are 3 x more likely to take their own life
- Age: people aged 30-59 are most at risk
- Mental illness
- Treatment and care after suicide attempt
- Previous self-harming behaviour
- Physically disabling or painful illness
- Alcohol and drug misuse
- Living alone, social exclusion, or isolation
- Bereavement
- Family breakdown and conflict
- Adverse childhood experiences, trauma, abuse and sexual violence
- Identifying as LGBTQ+
- Leaving Care
- Individuals on the autistic spectrum
- Certain occupations such as agricultural and construction industries
- Deprivation, financial insecurity, poor or unemployment and debt

Every single death represents a personal tragedy and a devastating bereavement for family and friends. The impact also extends into the wider community, workplaces and to all services involved, with an estimated 135 people affected by each suicide[7]. In addition, people who are bereaved by suicide are at increased risk of suicide and mental health problems themselves[8].

Self-harm can take many different forms and can be hard to define. However, in general self-harm is the act of deliberately causing harm to oneself either by causing a physical injury or putting oneself in dangerous situations and/or self-neglect[9]. In the UK self-harm is more common among females[10]. Around half of people who die by suicide have previously self-harmed[11]. However, only a very small proportion of people who have self-harmed die by suicide. Some people describe their self-harm as a way of staying alive by responding to or coping with severe emotional distress. Self-harm is largely hidden at the community level with only a small proportion of people presenting to healthcare services. For adolescents (aged 12-17 years old) in England it is estimated that for every suicide around 370 adolescents present to hospital for self-harm and approximately 3,900 adolescents reported self-harm in the community[12].

SUICIDE PREVENTION

Deaths by suicide are not inevitable. Suicide is preventable.

Just as the reasons for suicide are complex and individual, suicide prevention is complex. No one organisation is responsible for suicide prevention and there are no simple measures to prevent suicide. Suicide prevention is broad and includes measures to improve emotional wellbeing, early intervention for mental health issues, support for somebody who is in a mental health crisis and support for people who are bereaved by suicide.

Suicide prevention is everyone's business. A whole system approach is required between national and local organisations, communities and individuals, so that partners are working in collaboration towards the same priorities.

In 2012 the National Suicide Prevention plan was published with two key objectives: to reduce the suicide rate and to improve support for those bereaved or affected by suicide[2]. The third annual progress report of the national strategy also sets out the need for every area to have a multi-agency action plan, better targeting of high-risk groups, and improved data, suicide bereavement support[11].

The NHS Five Year Forward View for Mental Health set a target to reduce suicides by 10% nationally. It recommended that all local plans should include a strong focus on primary care, and alcohol and drug misuse, target high risk locations and support high risk groups within their population[13].

Locally, improving the mental health and wellbeing of residents of Cornwall and the Isles of Scilly has been prioritised across the whole system. This includes in the signing the Prevention Concordat for Better Mental Health by Cornwall Council[14], The Cornwall Plan[15], the Council's Business Plan[16], the Health and Wellbeing Strategy[17]; the Adult Mental Health Strategy[18]; the Mental Health Services and Transformation plan[19]; and the One Vision Partnership Plan[20]; and the Turning the Tide Strategy.

Communities can play a critical role in suicide and self-harm prevention by providing social support to vulnerable people where they live, helping to tackle stigma and support those affected by suicide and self-harm. They can help give people a sense of belonging and a feeling of connectedness. Communities can also implement specific suicide prevention strategies relevant to their situation. For those struggling with suicidal thoughts and self-harming behaviour access to mental health support can be key to saving a life.

SUICIDE PREVENTION INNOVATION PROJECTS CASE STUDY 1

Men Outside by CHAOS Group (http://chaosgroupcornwall.co.uk/)

Ollie* is a man in his thirties who has experienced domestic violence. He suffered from poor mental health and fear of going outside, which left him isolated, depressed and with dangerous thoughts.

Ollie joined Men Outside virtually before attending in person with support and encouragement. He was keen to get involved, learn new skills, and talk with others in the group. Ollie appreciated the natural wild environment of the setting and could often be found meditating at the water's edge.

The main themes of his coaching sessions were around building trust, identity and self-esteem. Over time Ollie's confidence grew and through taking on more responsibilities and tasks he developed positive relationships with most of the group. Over the months there was a huge improvement in Ollie's mental and physical health. He also became more self-reliant to the point he was able to overcome two of his biggest challenges (accommodation and employment) by successfully getting a live-in job in a care home.

Ollie says: **"Men Outside has helped my mental health and to look at things in a different perspective and trust people. It's helped me with going out and gaining new experiences and with being confident with myself and around other people".**

Six months on from the project and Ollie is still in contact with CHAOS group and has finally got a secure tenancy with the council for a small bungalow.

*Name has been changed to maintain anonymity

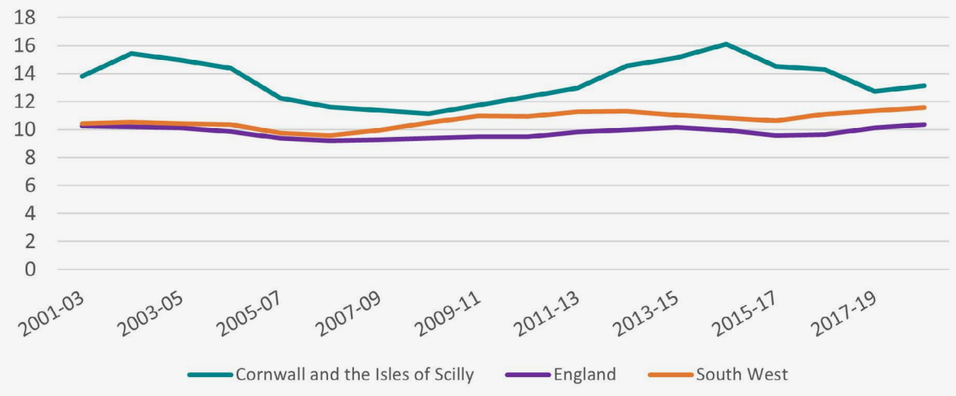
The local picture in Cornwall and the Isles of Scilly

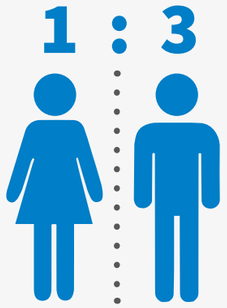
The suicide rate in Cornwall and the Isles of Scilly has been consistently significantly higher than the average in the South West and England.

Suicide

Around 56-75 (average 66) people die by suicide each year in Cornwall and the Isles of Scilly and the annual rate of suicide between 2018 and 2020 was 13.1 per 100,000 population. This compares to 10.4 and 11.6 per 100,000 population in England the South West, respectively[21]. Due to the complexity of factors influencing rates of suicide locally, there is no simple explanation for this higher-than-average rate. Some explanations may include socioeconomic factors such as employment and housing precarity, and other risk factors are known to include those populations living in more deprived and/or remote rural and coastal communities[22].

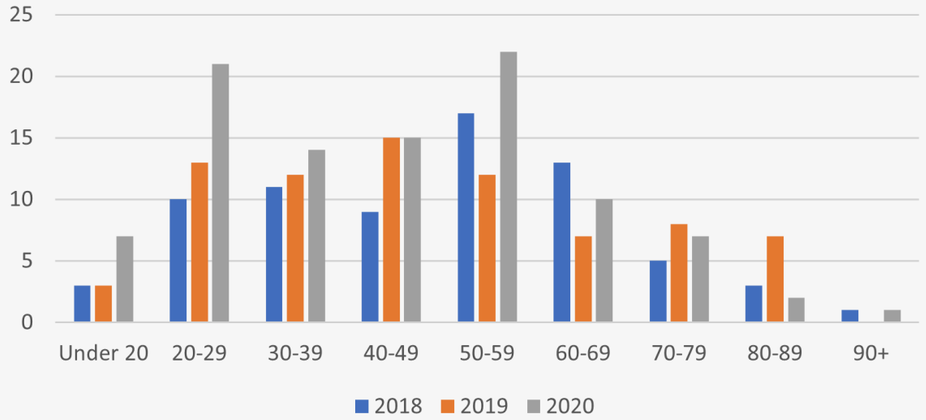
Standardised suicide rate per 100,000 people





Female : Male suicide rate ratio in CIoS 2018-20

Suicides and suspected suicides in Cornwall and Isles of Scilly by age, 2018-2020



Local surveillance also provides more detailed intelligence on suspected suicides in Cornwall and the Isles of Scilly. In 2021 we know that:

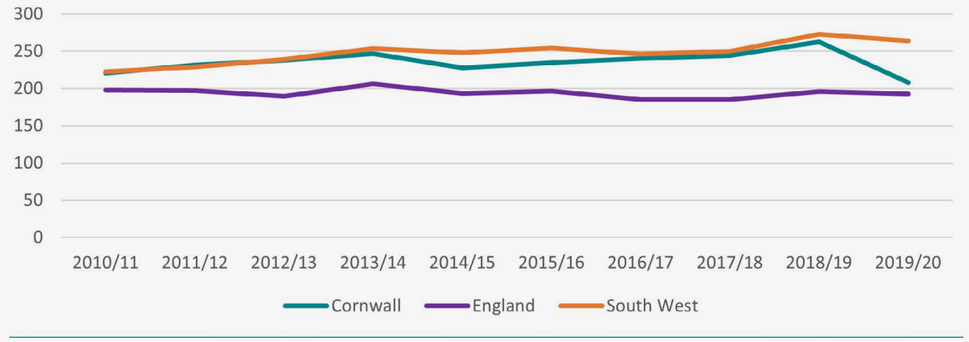
- Suspected suicides in males were spread throughout age groups, but the most deaths were seen in men aged 30-59.
- The age group in which most deaths were seen for women was 50-59.
- Seventy per cent of people who died of suicide or suspected suicide died within their own home.
- Forty-four per cent of people who were suspected to have died by suicide were known to specialist mental health services in the 12 months prior to their death.
- Twenty-four per cent of suspected suicides were in people who were previously known to have self-harmed or attempted suicide.

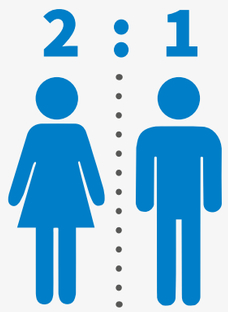
Self-harm

In 2019/20 the rate of hospital admissions for intentional self-harm in Cornwall and the Isles of Scilly (208 per 100,000) was greater than the England average (193 per 100,000). but below the South West region (264 per 100,000)[21].

The sex and age distribution for people in Cornwall and the Isles of Scilly who are admitted to hospital with intentional self-harm is different to that of those who have died by suicide, with more females and younger age groups affected.

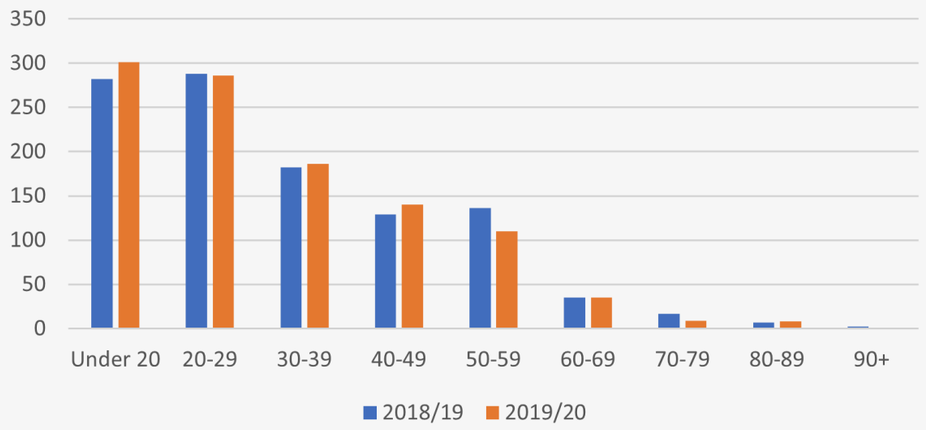
Hospital admissions for intentional self-harm per 100,000 people





Female : Male attendance to a CIoS hospital with self-harm 2019/19 and 2019/20

Attendance to a CIoS hospital with self-harm by age 2018/19 - 2019/20



IMPACT OF THE COVID-19 PANDEMIC

There is considerable public and professional concern about the potential impact on suicide rates of the COVID-19 pandemic and the measures taken to contain it.

All aspects of people's lives were affected by the pandemic, including people's jobs and education, family and social connections, housing, leisure activities, access to services and the face-to-face delivery of services. On the other hand, there were also some positive impacts of the pandemic reported such as improved community cohesion and connection in some cases. These are all important factors that affect mental health and highlight how there may be inequalities in the impact of the pandemic on mental health depending on our experiences.

Locally, Healthwatch Cornwall have undertaken a detailed exploration of the impacts of the COVID-19 pandemic on mental health. It was found that:

- Many people reported a decline in their mental health, happiness and wellbeing during the pandemic.
- Experiences of exclusion, disadvantage and vulnerability were exacerbated by COVID-19.
- Factors such as loss of income, social isolation, housing insecurity and reduced access to services contributed to the decline in mental wellbeing
- The pandemic has had a lasting impact on people's mental health despite the lifting of lockdowns
- Many people including carers, people from ethnic minority backgrounds and disabled people report ongoing anxiety and depression because of their experiences in the pandemic.

A study using real-time surveillance system data from parts of England, including from Cornwall and the Isles of Scilly, found that there was no rise in suicide rates during the first national lockdown in spring 2020[23]. However, the study did not look at differences in the rate of suicide between local areas or for particular groups.

In addition, we know that the pandemic has had a significant impact on the economy. National suicide rates did rise after the previous recession, and those most affected by the economic downturn were at greatest risk[24]. Therefore, the full long-term impact of the pandemic on mental health and suicide are not yet known, and further research will be needed in this area.

SUICIDE PREVENTION INNOVATION PROJECTS CASE STUDY 2

SeaFit by Fairwinds (https://fairwindscornwall.co.uk/)

"Fantastic, brilliant"

Had an accident, a fire that sunk my boat. Afterwards I knew I had to talk about it and what was going on in my head, but in this industry, you can't show weakness, or you're thought of as weak.

I've recommended it to other people; once came out nearly in tears, someone asked what was wrong, so I told them.

You have to talk about things, not bottle it up. If not, I'd have had a drink, probably become self-destructive"

Pete*, Fisherman

FarmFit by Fairwinds (https://fairwindscornwall.co.uk/)

"I was beginning to become unwell during the winter 2020, and in the beginning of February 2021 I was suffering with severe worrying, anxiety and depression which resulted in me not being able to carry out my role properly as a Herdsperson, and I was signed off from work by my doctor.

I had a weekly phone session [with FarmFit], which I would always be feeling nervous about but always found extremely helpful and it helped set me up for the following week.

We worked through and focussed on what was causing me problems and started learning how to manage these problems and situations in and out of work.

Sarah has helped me so much in understanding why I have ended up in the situation that I am in, and how to manage myself going forward.

I was extremely nervous about each phone appointment, and felt it was difficult trying to explain myself at first, but I found Sarah quite easy to talk to. Each session felt structured, and we talked through the problems, which gave me a good understanding of why I was feeling unwell, but also how to start managing these situations.

After each session, Sarah emailed me information to read through and work sheets to complete, which I am still working through now. All this information is kept in a folder, and I refer to it like a manual for my self-management.

There is a lot of advice and information available from different sources, but it can become very confusing, conflicting and unhelpful especially at a time when you are unwell.

For me, having the sessions allowed me time to talk and explain myself and I always felt well understood.

Being able to talk to someone outside of my family and work, put a completely different perspective on the situation as well.

I have made a lot of progress since February. I do still have some bad days, but I am able to manage those more sensibly now. Looking back, I could have done with this help a few years ago.

Thank you, for all your help and advice."

Jason*, Herdsperson

*Names have been changed to maintain anonymity

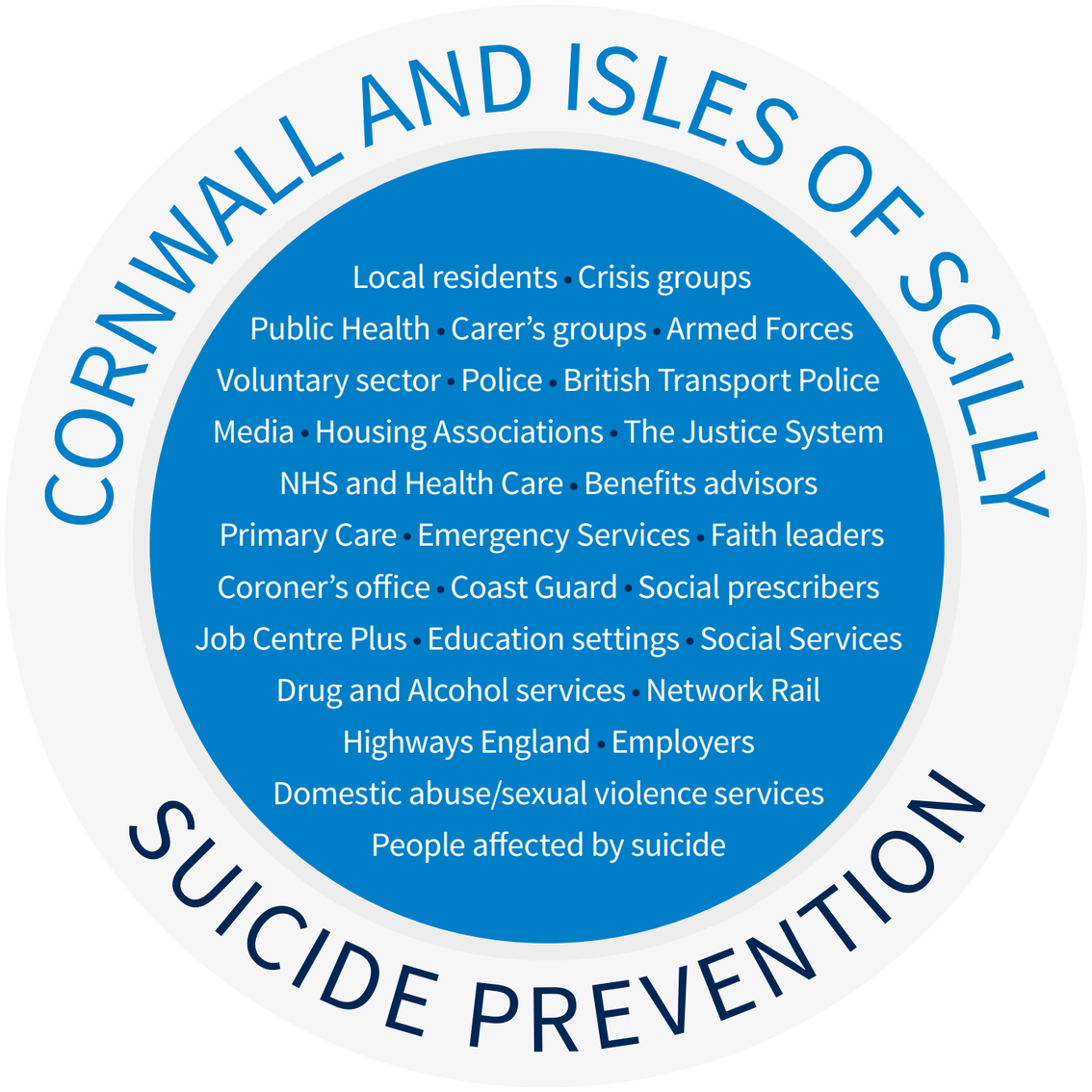
Suicide prevention in Cornwall and the Isles of Scilly

Suicide prevention is not the responsibility of a single organisation. It is a collective responsibility and requires whole-system leadership, inter-agency working and meaningful community involvement.

Suicide prevention requires action across a range of settings, targeting a wide variety of audiences. Leadership and partnership working to prevent suicides and self-harm in Cornwall and the Isles of Scilly is taking place at several levels:

- **The Multi-Agency Suicide Prevention Group** provides system leadership to suicide prevention work in Cornwall and the Isles of Scilly. This groups brings partners together to deliver the suicide prevention programme, ensuring that there is collective responsibility for suicide prevention.
- **The Suicide Surveillance group** is a multi-agency group that carry out regular reviews of suspected suicides. They use real-time surveillance to understand patterns and trends, which allows a timely response where needed. In addition, this means that offers of support to those affected can be provided earlier.
- **The Children and Young People Mental Health Transformation Group** and the **Children and Young People Mental Health Schools and Communities Group** work across organisations to improve the mental health of children and young people in Cornwall and the Isles of Scilly.
- **Cornwall Voluntary Sector Forum** have a series of thematic alliances to enhance collaboration between voluntary organisations. The **Cornwall VSF mental health alliance** is one of the nine thematic alliances and brings together groups working to support people's mental health. This allows groups to share best practice, learn from each other and work towards common aims.
- **Coast Safe** is a multi-agency group including the Coastguard, the police, the Royal National Lifeboat Institution (RNLI) and public health. This group review incidents and accidents, including suicide, related to the coastline, share learning and implement changes where appropriate.
- Collaboration exists with other areas in the South West and nationally through informal and formal networks such as the **National Suicide Prevention Alliance**. This enables learning and best practice to be shared across wider areas.

Through these partnership groups, a wide range of people, organisations, services and communities in Cornwall and the Isles of Scilly contribute to suicide prevention.



CASE STUDY 3

Digital Photography by Make it Better (https://mitber.com/)

Iris* is a widow in her seventies who lives alone. She has a loving family of children and grandchildren who she is on good terms with, but they do not live nearby.

Iris found the COVID-19 lockdowns very hard to deal with mentally. She felt extremely isolated and found it very hard not being able to speak to people face to face. She very much missed people and may not see people for days on end. Iris did speak to people on the phone, but this did not help with her feelings of isolation. She found that she was depressed and would go out for walks less and less often. At times, Iris experienced feelings of helplessness, futility about life and suicidal thoughts.

Iris saw an advert for the Smartphone Photography course and thought she would give it a try. She saw taking part in the course as a way of giving her a purpose for going out of the house, and she wanted to learn more about the camera in her phone. Taking part in the courses helped her mentally and with her photography skills. It gave her back some courage to get out and do things again. She sees the course as having a huge positive impact on her. She enjoyed taking and editing her pictures and making something new and different out of her original photos.

In taking part in the groups Iris met some interesting people. She enjoyed meeting and talking with people from different backgrounds and making new connections that have been maintained beyond the course finishing. Iris describes walking with others and taking photos as "an enriching experience"

Iris describes how she learnt about active looking and enjoyed seeing other people's photographs as it highlighted how other people looked at and captured their world and looked at things in different ways.

Overall, Iris has learnt lots about smartphone photography and it has had the benefit of really improving her mental health.

*Name has been changed to maintain anonymity

WHAT HAVE WE DONE SO FAR?

The suicide prevention programme as part of wider mental health promotion continues to be a priority in Cornwall and the Isles of Scilly.

Suicide prevention is carried out by many organisations and communities in Cornwall and the Isles of Scilly. Suicide prevention includes everything from measures to improve population wellbeing and early intervention for mental health problems through to support for a mental health crisis and postvention.

Work to improve the conditions in which we live, grow, work and age, known as the wider determinants of health, is extremely important in improving the general wellbeing of our local population and therefore contributes significantly to suicide prevention. It would be too much to cover all the suicide prevention work that is carried out in Cornwall and the Isles of Scilly in this section. Below is a range of collaborative mental health and suicide prevention activities that have been implemented so far.

NHS 24/7 mental health helpline

The Cornwall and Isles of Scilly 24/7 NHS mental health response line is free to access by anyone, any age, any time on **0800 038 5300**.

Towards zero suicices

The **Towards Zero Suicide** collaborative network began in Cornwall and the Isles of Scilly in 2016. This wider groups brings together a community of people who are working to reduce suicides. Communication with the network is via regular newsletters and whole day learning events.

A recent Towards Zero Suicide event explored the relationship between farming and issues that may increase the risk of suicide such as financial insecurity, social isolation, access to means and barriers to talking about mental health and accessing support. The workshop presented local research and insights to raise awareness of the issue and support available and to share learning with people involved in suicide prevention.

Intelligence and surveillance

Joint strategic needs assessments for **adult** and **children's** mental health have been updated in 2019. These form the basis of mental health, suicide and self-harm prevention work by providing intelligence on the rate, nature and distribution of mental health problems and how this need is currently being met in Cornwall and the Isles of Scilly.

Cornwall and the Isles of Scilly have a thorough Real Time Surveillance System (RTSS) in place and a multi-agency suicide surveillance group that reviews anonymised data relating to suspected suicide deaths. This allows real-time identification of themes, risks and potential clusters of suicides and suspected suicides. Therefore, the learning from suspected suicides can be shared to improve services and those bereaved by suicide can be offered support (known as postvention). This is important because it can take months or years for a death to be officially registered as a suicide by a coroner's court.

The **Healthwatch Cornwall - Accessing mental health support in Cornwall during Coronavirus** report in 2021 has also been published and disseminated. This report provides a deeper understanding of people's experiences of accessing mental health support during the pandemic, which is being used to improve services and user experience.

Response to Covid-19

In response to the pandemic, a multi-agency Mental Health and Suicide Prevention cell was established. This group reviewed up-to-date intelligence on the impact of the pandemic and ensured that suicide and self-harm prevention plans were best suited to mitigate the impacts of COVID-19 on population wellbeing, the workforce and services.

A number of interventions were put in place to reduce the impact of the pandemic on mental health. This includes several the projects described below such as the suicide prevention innovation funds, as well as targeted interventions to address the socio-economic risk factors associated with the pandemic. To help inform this process, an in-depth study into a sample of suicide inquest reports during the pandemic is being undertaken with the University of Plymouth. This will further explore the impacts of the pandemic to inform and improve the suicide prevention implementation plan.

Suicide prevention innovation fund

Suicide Prevention Innovation Funding from Public Health Cornwall Council and NHS Kernow first became available in 2020 and continued into 2022. Voluntary and community groups could apply for funding to support innovative community-based projects to reduce the numbers of people self-harming or taking their own lives in Cornwall and the Isles of Scilly. These projects are putting suicide and self-harm prevention at the heart of communities and were chosen for their ability to support specific higher risk groups in Cornwall and the Isles of Scilly based on local intelligence. In 2020, the following twelve innovative projects were funded:

- Engineered Sound project by Imagine if
- Digital Photography by Make it Better
- Men Outside by Chaos Group
- Dad's Pack/Resources/Fun day by Penhaligon's Friends
- Suicide Prevention and Self-Harm Training by Live West
- Pathfinder Programme by Newquay Sports and Leisure Centre
- Towards Zero with Young Fathers in CIoS by Wild Young Parents Project
- HOPE Programme by Volunteer Cornwall
- Men's Self-Help Support Programme by Man Down
- SeaFit Fisherman's Project by Fairwinds
- Farming Community Programme by Fairwinds
- Community Crisis Service by Valued Lives

These projects had real positive impacts for the local people who were involved. Case studies from the various projects can be found throughout this strategy.

Suicide Prevention innovation funds have continued in 2022 with a further thirteen projects funded:

- A Band of Brother Cornwall, for young and middle-aged men
- CHAOS Group Cornwall, for young people and their families
- Cornish Acorn CIC for young people and young people with autism
- Cornwall Mind focusing on recovery, resilience and self-care
- Cornwall Neighbourhoods for Change, Tree of Life Project for children and young people
- Cornwall Pride, Reaching Rural Communities for rural LGBTQ+ communities
- Dracaena Centre, for people known to the criminal justice system
- First Light South West, for victims of domestic abuse and sexual violence
- Hayle Youth Project, for young people
- iCareiMove, for women experiencing menopause
- Men Against Sexual Abuse (MASA), for men who have experienced childhood sexual abuse
- St Petrocs' Freshfield Service, for people experiencing homelessness
- Young People Cornwall, to support young people with multiple vulnerabilities

Training

Being able to talk openly about suicide may save a life. But talking about suicide is something that some people may find difficult. With training, members of the public and people who work with particular risk groups can learn effective and evidence-based ways of having these conversations, listening non-judgementally to people in need and signposting them to appropriate services. Training that has been delivered in Cornwall and the Isles of Scilly includes:

- **Healthy Cornwall training** such as suicide and mental health first aid has been delivered to over four thousand people across Cornwall and the Isles of Scilly between April 2018 and March 2021.
- Training for children and young people workforces across all sectors such as Mental Health First Aid Youth and Trauma Informed Schools.
- Suicide awareness and safety planning training has also been delivered to over 50% of the GP services across the county before the programme was impacted by the COVID-19 pandemic. Over 25 GP surgeries received face-to-face training, with over 100 doctors and 50 nursing/other clinical staff trained. Feedback from attendees has been excellent with 100% of delegates reporting that the training had been useful, and 99% felt they would change their practice to suicide prevention as a result.
- A free online **mental health training for all working people** across Cornwall and the Isles of Scilly has been commissioned by Public Health Cornwall and NHS Kernow. It is provided by the Sound Doctor and provides online materials and courses including on mental health awareness, psychological first aid and trauma-informed care.

"…I would feel a lot more confident in supporting someone with suicidal thoughts or behaviour. The (ASIST) model is excellent … The main things I took away from the course was courage to have direct discussions about suicide and listening, without interrupting, to hear their story… I would highly recommend the course to anyone working with vulnerable people and in fact anyone!"

Support for schools

Headstart Kernow focuses on improving the mental wellbeing of children and young people. It offers a wide range of support including training courses, events, information, signposting and resources to help build resilience and emotional wellbeing for children and young people. Headstart Kernow promotes a whole school approach and encourages trauma-informed practice within schools.

Start Now Cornwall is a multimedia platform by young people for young people that is dedicated to supporting children and young people's emotional wellbeing.

These initiatives complement wider emotional and mental health support to children and young people for example through the NHS **Mental Health Support Teams in Schools**.

Five ways to wellbeing

Evidence suggests that following the **Five Ways to Wellbeing** can help to improve mental health and wellbeing and help people feel more positive about life. This are actively promoted across Cornwall and the Isles of Scilly. The five ways to wellbeing are:

- Connect
- Be active
- Keep learning
- Give
- Take notice

Phone a friend campaign

The COVID-19 pandemic has highlighted the issues around loneliness and mental health. Nearly half of Cornish residents reported feeling lonely during the pandemic , but for a lot of people loneliness is their normal life. Loneliness and social isolation can have a huge impact on people's wellbeing and connecting with people can give your wellbeing a boost.

The **#PhoneAFriend campaign** has been launched to get people across Cornwall and the Isles of Scilly talking. The campaign challenges people to pick up the phone and call someone. It could be an old schoolmate, a relative, a friend from work, or anybody you think might be lonely.

Orange button community scheme

Healthy Cornwall have trained thousands of residents of Cornwall and the Isles of Scilly in mental health and suicide first aid. It is important that a member of the public in or approaching crisis can identify another member of the public who has been trained in suicide prevention and mental health first aid. The **Orange Button** signifies that the wearer is:

- OK to say/hear the word suicide,
- Can listen without judgement,
- Can support people with signposting.

I'm suicide aware and ready to listen
Ask me where to find information and support

Anyone trained in specified quality assured training in the previous 3 years can become part of the Orange Button Community Scheme and will be encouraged to post on social media about it to help spread the word about the scheme.

Mental health safety planning

This project was designed to encourage the general population of Cornwall and the Isles of Scilly to create a **mental health safety plan**, and not just those who have engaged with services. This supports an ambition for a shared language across services, and more generally in the public domain around safety plans.

Following focus group work with both professionals, members of the public and specifically young people, a safety plan template was designed and launched in February 2020 via training sessions across the county. Our hope is that we can build a community of people across health and other settings, who have an openness to recognising suicide risk, willingness to ask the question about suicide, and have the confidence to use a tool like our safety plans to help someone reduce their risk and identify sources of support.

Social prescribing

Health and wellbeing, including mental health are not just influenced by our genetics and the services available to us. They are shaped by the wider conditions in which we live, grow, work and age. **Social prescribing** is a non-medical approach which aims to improve these wider determinants of health and improve wellbeing by linking people with a range of community support such as social groups, arts and crafts, environmental conservation and physical activity. In Cornwall and the Isles of Scilly work is underway to strengthen the social prescribing network and improve access.

Get set to go

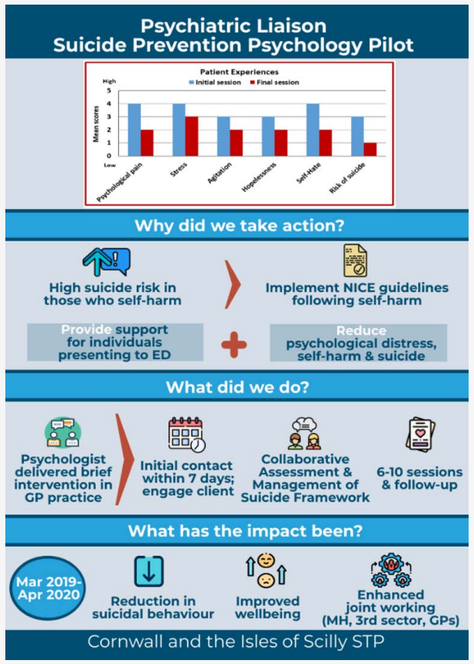
This was an Active Cornwall programme from July 2018 to July 2021. It engaged over 200 men across the county with mental health issues in a structured 12-week physical exercise programme to improve their physical and mental wellbeing. 77% of the participants reported being completely inactive prior to engaging with the programme. 91% of participants reported an improvement in their mental wellbeing and self-esteem because of being more active.

Improving support after self-harm

The Psychiatric Liaison Suicide Prevention Psychology Pilot: Using the Collaborative Assessment & Management of Suicidality (CAMS) Framework.

The focus of this pilot scheme was to reduce the risk of self-harm and suicide in individuals who presented to Psychiatric Liaison services from March 2019 to April 2020. It used a clinical philosophy of care that amplifies active collaboration between the patient and the therapist, while assessing and treating the subjective underlying drivers of suicidality.

It found that people involved in the pilot experienced improved wellbeing and there was a reduction in suicidal behaviour. There is an intention to widely roll out the use of the CAMS approach across Cornwall Foundation Trust.



Employment support and mental health

There are strong links between finances, good employment and mental health. A number of voluntary sector organisations provide support in this area.

An example of a new project is the **Mental Health Employment Need and Debt Advice (MHEND)** project. This is a joint initiative between Pentreath mental health advisors and Citizens Advice Cornwall, supported by funding from Cornwall Council Public Health. The service supports people to deal with a variety of issues including mental health, benefits, work/employment, consumer issues, housing, family, law and the courts and immigration.

Also run by Pentreath, and supported by Public Health and NHS Kernow funding, **Mental Health Employment Advisors** work on a 1:1 outreach basis to assist with CV building, work placements, job searching, interviews and in work support.

Suicide bereavement support - postvention

The suicide of a family member, relative, friend, acquaintance or colleague can have a profound emotional effect. Those bereaved by suicide are at an increased risk of mental health problems and suicide themselves. Suicide bereavement support or postvention is psychological first aid, crisis and other support that is provided to people affected by a suicide to improve the wellbeing of those affected. In Cornwall and the Isles of Scilly the **Suicide Liaison Service** run by Outlook South West provides free support to adults who have been bereaved by suicide. Trained professionals with expert knowledge, skills and experience provide face-to-face support, information, practical advice where required.

SUICIDE PREVENTION INNOVATION PROJECTS CASE STUDY 4

Penhaligon's Friends (https://penhaligonsfriends.org.uk/)

David's* brother initially made contact with Penhaligon's Friends following the sudden death of David's wife in an accident. David has a son called Josh*, aged 9. David initially didn't feel able to speak directly to Penhaligon's Friends and so some resources including the Dad's Pack were sent to him.

A few months later, David called Penhaligon's Friends. He had enjoyed spending time with Josh over the summer and was going to miss him when he started school again. David had not yet been able to return to work and he was given information about some virtual coffee mornings, where there were a couple of other dads who attended regularly.

As trust and confidence developed over months David and Josh attended more and more groups, which helped them talk openly about their experiences and build connections with other people in the groups. David and Josh attended a virtual five-week family group, and both contributed well to the conversations and activities involved and the face-to-face therapeutic memory day with eight other families. They also attended family fun events including a circus skills workshop, Heligan Garden visit and a pantomime trip.

*Names have been changed to maintain anonymity

How was this strategy developed?

The strategy was led by the Multi-Agency Suicide Prevention Group (MSPG) and coordinated by public health.

It was developed through coordination between partners in suicide prevention and the wider mental health system in Cornwall and the Isles of Scilly, and an online public consultation involving over 250 people. It has been informed throughout by the data and evidence. People with lived experience of suicide bereavement, suicide attempts, and serious mental illness were engaged through involvement in MSPG, working with Healthwatch Cornwall, insights from suicide first aid trainers, and in the public consultation.

TIMELINE

The strategy was informed by national guidance and local intelligence. The Suicide Prevention Strategy for England[3] and Public Health England's Local Suicide Prevention Planning resource identify seven national priority areas. We have used intelligence from the Cornwall and Isles of Scilly Adult Mental Health and Children and Young People's Mental Health Joint Strategic Needs Assessments undertaken in 2019, as well as knowledge of our local systems and partnerships to adapt these national priorities into the four key suicide prevention priorities of this strategy for Cornwall and the Isles of Scilly.

This strategy was developed to align with and complement other national and local policies and strategies, including:

- The NHS Long Term Plan
- Core20Plus5 NHS approach to reduce health inequalities
- Futures in Mind – the Cornwall and Isles of Scilly adult mental health strategy
- Turning the Tide – the Cornwall and Isles of Scilly local transformation plan for the emotional health and wellbeing of children and young people
- The One Vision partnership plan – to improve outcomes for all children and young people in Cornwall and the Isles of Scilly.
- The Prevention Concordat for Better Mental Health (signed by Cornwall Council in 2018)
- The Cornwall and Isles of Scilly Health and Wellbeing Strategy
- Cornwall Council Business Plan 2022/26
- The vision of the new Cornwall and Isles of Scilly Integrated Care System.

The Cornwall and Isles of Scilly suicide prevention strategy

Suicide prevention is an urgent priority for Cornwall and the Isles of Scilly. The emotional and mental wellbeing of our local residents is of fundamental importance. This five-year strategy for children, young people and adults aims to enhance the suicide prevention programme in Cornwall and the Isles of Scilly by providing clear strategic priorities that all partners can work together to achieve.

Our vision is… a Cornwall and Isles of Scilly with zero suicides, where people can live healthy, fulfilling and connected lives; and where anybody in need and in crisis is supported by their communities and services that work together to improve wellbeing and prevent suicide.

The aspiration of zero suicides is our shared vision. To achieve this, we have set an ambitious and measurable aim that is a step on the way towards zero suicides.

Aim: To reduce the suicide rate in Cornwall and the Isles of Scilly to level with the national average or better by 2027.

Based on the 2018-20 figures, a 20% reduction in the suicide rate in Cornwall and the Isles of Scilly would be needed to reach the national level. However, the national suicide rate is likely to change in this time and therefore, progress towards this this aim will be monitored and reported on yearly. Four strategic priorities for action have been identified to deliver this strategy.

Our shared priorities:

- Strong local intelligence network and sharing of best practice
- Promotion of healthier, more connected and safer communities
- Targeted suicide prevention and early intervention
- Support for people impacted by suicide

Underlying principles to our approach

There are some key underlying principles that will guide our approach and influence all the work across all the four strategic priorities. We will:

- Meaningfully involve people with personal experience of suicide bereavement, suicidal feelings and self-harm.
- Reduce stigma, encourage open discussion and promote parity of esteem between mental and physical health.
- Seek to address local inequalities in mental health, self-harm and suicide by taking a place-based approach that reflects the opportunities and challenges in different communities of Cornwall and the Isles of Scilly.

- Recognise the vital role of support networks, including family, friends, carers, workplaces, educational settings and local communities in supporting people.
- Embed suicide prevention and early intervention in communities, workplaces and educational settings by promoting connectedness, inclusion and belonging.
- Take a life-course and trauma-informed approach to suicide prevention by understanding how issues have arisen in the context of a person's life.
- Respect diversity and avoid discrimination.
- Support those involved in suicide prevention activities with their own mental health.

SUICIDE PREVENTION STRATEGY PLAN ON A PAGE

Suicide prevention work does not occur in isolation. This strategy is aligned with wider strategies and plans including the Cornwall and Isles of Scilly Health and Wellbeing Strategy, the Council Business Plan, the Cornwall and Isles of Scilly Adult Mental Health Strategy 'Future in Mind', the Children and Young People's Emotional Wellbeing and Mental Health Transformation ' Turning the Tide', and the wider Children and Young People One Vision Partnership.

STRONG LOCAL INTELLIGENCE NETWORK AND SHARING BEST PRACTICE

The foundation of suicide prevention is based on accurate local intelligence. This enables us to understand trends, risk factors and the needs of local people. For this we need to ensure that all voices are heard. This intelligence is used to plan local support and services by identifying areas for improvement and develop innovative approaches. In addition, knowledge of what works in suicide prevention from local and national evidence means that where a need is identified, appropriate and accessible support and services can be provided. This intelligence, evidence and knowledge of what works comes from communities and organisations across Cornwall and the Isles of Scilly and beyond. It is therefore essential that there is a strong network between all who are working to prevent suicide so that local intelligence, knowledge and best practice can be shared across the wider community. This includes collaboration across children, young people and adult services and the voluntary sector. There is a well-established Multi-Agency Suicide Prevention Group, which brings together partners to lead and coordinate the suicide prevention programme in Cornwall and the Isles of Scilly.

We plan to address this priority by:

- Strengthening the collaborative approach between communities, the voluntary sector, public and private organisations across Cornwall and the Isles of Scilly through the Multi-Agency Suicide Prevention Group.
- Improving the collection and analysis of data on self-harm, attempted suicides and suspected suicides in Cornwall and the Isles of Scilly. This will enable patterns, trends and local risk factors, such as those linked to rural and coastal communities, socioeconomic deprivation and agricultural industries to be identified and acted upon.
- Learning from and application of national and local evidence of what works in the long-term to inform suicide prevention work across all ages.
- Undertaking local research and surveys to enhance our understanding of the impact of the COVID-19 pandemic on mental health and suicide.
- Improving links between suicide and self-harm prevention networks in Cornwall and the Isles of Scilly.

PROMOTION OF HEALTHIER, MORE CONNECTED AND SAFER COMMUNITIES

The places where we live, grow, work and age are key to our mental health and wellbeing. The COVID-19 pandemic highlighted the importance of community resilience in supporting mental health and wellbeing. We want our local environments in Cornwall and the Isles of Scilly contribute to improving wellbeing and preventing mental ill health. Communities, educational settings and workplaces should be well connected, inclusive and add to our sense of belonging.

We plan to address this priority by:

- Working collaboratively to improve resilience and connectedness within communities, including in rural and coastal settings, workplaces and educational settings.
- Delivering training for workplaces, educational settings, community hubs, and in the wider community, including:
  - mental health awareness,
  - mental health, psychological and suicide first aid, and
  - trauma-informed approaches,

  so that more people feel more confident and have the skills to respond to mental health concerns.
- Providing advice and guidance on internet safety and online harms.
- Supporting a whole-school and trauma-informed approach to emotional wellbeing with active co-production and engagement with children and young people.
- Increasing the reach of whole-population preventative initiatives such as, Five Ways to Wellbeing, Orange Button Scheme, Mental health safety planning and #PhoneAFriend campaign.
- Taking steps to reduce access to means and working with the police, transport and coastal agencies to improve safety in public places.
- Paying due regard to the new Armed Forces Covenant Duty to ensure that members of the armed forces are not disadvantaged. Work to increase the visibility of services available to military personnel, veterans and their families will ensure they are treated fairly and appropriately, considering the extra risk factors they may experience.

TARGETED SUICIDE PREVENTION AND EARLY INTERVENTION

We know that the contributing factors to suicide are complex and highly personal. Local intelligence tells us that there are risk factors and inequalities that impact on mental health, suicide and self-harm risk. To reduce the suicide rate in Cornwall and the Isles of Scilly, prevention and early intervention needs to be targeted across the whole life-course to where local data indicates it is most needed and can be most effective. This requires working beyond organisational boundaries and collaborating widely with communities and services to reach those in need. Suicide and self-harm prevention are everyone's business. Wherever people turn, they should be able to receive support or be helped to access appropriate support.

We plan to address this priority by:

- Encouraging an openness to discuss mental health among higher-risk and harder to reach groups to promote positive emotional and mental wellbeing and early intervention where it is required.
- Bringing early intervention closer to the people who need them by supporting primary care and building strong social prescribing networks in communities.
- Targeting the promotion of healthy workplaces and mental health training to workplaces where employees may be at a higher risk of poor mental health and suicide, such as in agricultural and construction industries.
- Providing mental health and trauma-informed training to front-line staff who work with people who may be at a higher risk of suicide so that mental health can be discussed as part of everyday work.
- Safeguarding children, young people and adults by working collaboratively across the system to address shared risk factors between mental health, abuse, sexual violence and drug and alcohol misuse.
- Working with the voluntary sector, employers, and government agencies to improve links between mental health and financial/ employment support.

SUPPORT FOR PEOPLE IMPACTED BY SUICIDE

We know that people who are bereaved by suicide are at an increased risk of poor mental health and suicide themselves, especially if they have other risk factors. Support at this time, known as postvention, that is flexible to the person's needs can help those affected manage the emotional distress of suicide and loss. We also can learn from people who have been affected by suicide, who can provide key insights into how services should be shaped locally.

We plan to address this priority by:

- Signposting and providing access to postvention support for those affected by suicide.
- Working with and training workplaces and educational settings to ensure that postvention plans are embedded in communities and settings so that local support is available to people affected by suicide.
- Training of front-line staff in postvention and trauma-informed approaches to suicide.
- Drawing on the experience of people with lived experience of suicide bereavement to help shape the support offered.
- Supporting responsible local media reporting of suicides to minimise negative impacts on communities, vulnerable and bereaved people.

NATIONAL AND LOCAL SUICIDE PREVENTION PRIORITIES

The national suicide prevention strategy identifies seven priority areas. The graphic below shows how these national priority areas will be met by action in our four local priorities.

NATIONAL PRIORITIES	LOCAL CIOS PRIORITIES
Reducing the risk of suicide in high-risk groups	Local intelligence and best practice Healthier and safer communities Targeted prevention and intervention Support for those impacted by suicide
Tailoring approaches to improve mental health in specific groups	Local intelligence and best practice Healthier and safer communities Targeted prevention and intervention Support for those impacted by suicide
Reducing access to means of suicide	Local intelligence and best practice Healthier and safer communities
Providing better information and support to those bereaved or affected by suicide	Local intelligence and best practice Targeted prevention and intervention Support for those impacted by suicide
Supporting the media in delivering sensitive approaches to suicide and suicide behaviour	Healthier and safer communities Targeted prevention and intervention Support for those impacted by suicide
Supporting research, data collection and monitoring	Local intelligence and best practice
Reducing rates of self-harm as a key indicator of suicide risk	Local intelligence and best practice Healthier and safer communities Targeted prevention and intervention Support for those impacted by suicide

How will this strategy be delivered and monitored?

Ownership and responsibility for delivery of this strategy will be with the Cornwall and the Isles of Scilly Multi-Agency Suicide Prevention Group.

The Multi-Agency Suicide Prevention Group will be responsible for developing an accompanying implementation plan, with specific actions required to meet these strategic priorities. The strategy and the implementation plan will be monitored and reviewed on a regular and ongoing basis at Multi-Agency Suicide Prevention Group meetings.

The Multi-Agency Suicide Prevention Group will also collaborate with other mental health groups in Cornwall and the Isles of Scilly to support the delivery of shared mental health and suicide and self-harm prevention priorities, including those in this strategy.

The suicide rate in Cornwall and the Isles of Scilly will continue to be monitored. However, it is important to acknowledge that suicide prevention activity is very difficult to measure as it is impossible to capture accurate information on suicides prevented.

IF YOU NEED SUPPORT

NHS 24/7 Mental health help line.
Call: **0800 038 5300**. It's free to access by anyone, any age, any time, day or night.

Psychological wellbeing guide. **https://www.cornwall.gov.uk/media/112nwsub/psychological-wellbeing-guide_final.pdf**

Mental wellbeing guidance for people with mental illness and/or suicidal thoughts. **https://www.cornwall.gov.uk/media/dfflt21t/mental-wellbeing-guidance-for-people-with-mental-illness-suicidal-thoughts_final.pdf**

Cornwall and Isles of Scilly Integrated Care Board mental health webpage provides information on mental health and advice on how to seek support if needed **https://cios.icb.nhs.uk/health/mental-health/**

Cornwall Council's Mental Health webpage provides advice for improving your mental wellbeing and where to go if you need support. **https://www.cornwall.gov.uk/health-and-social-care/mental-health/**

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