GREENWICH SUICIDE PREVENTION STRATEGY

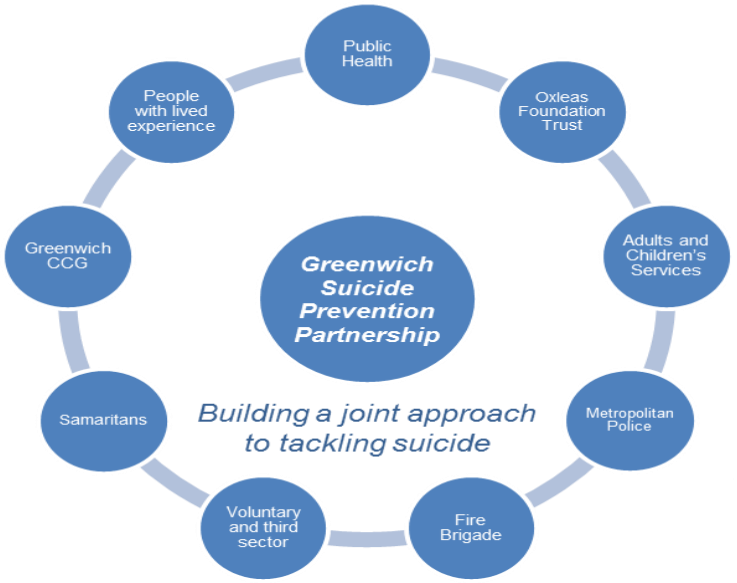
2018-2021

Executive Summary

WHY SUICIDE IS A CONCERN:

- Suicide is the leading cause of death among young people aged 20-34 years in the UK.
- Death by Suicide represents the extreme end of a wider burden of unhappiness and distress in our community
- Suicide deaths are preventable, and each is a tragedy with huge long-lasting impact.
- Greenwich has the lowest level of happiness, and second highest level of anxiety in London.
- Greenwich seeks to provide environments and services that support the development and maintenance of good mental health throughout the life-course, from conception to older age.
- Suicide prevention is an integral part of this broader mental wellbeing work.

Factors that increase the risk of Suicide



WHAT WE KNOW:

- Suicide kills significant numbers of people in Greenwich: on average 15 people died per year in the 5 years to 2017 (6x more than the number killed on the road)
- Men are nearly 3 times as likely to die from suicide, making up 73% of deaths.
- Hanging is by far the most common method, used in 58% of cases
- Most people (53%) die at home
- National research highlights that LGBT and BAME people are more at risk of suicide, more women than men attempt suicide and that exposure to domestic abuse, abuse and neglect can increase an individual's risk
- We also know from national research debt, mental health problems, criminal justice, housing, hate crime, substance misuse, history of self harm all influence why people take their own lives. But there are major gaps in our knowledge for Greenwich; what we currently know does not help us understand why

WHAT WE WILL DO:

- Working to improve intelligence around deaths from suicide. Coroners and mental health trusts hold key to understanding local risks and issues.
- Supporting and protecting high risk groups, especially children and young people, those vulnerable due to economic circumstances and people who have been bereaved by suicide.
- Improving training and skills across the borough to help us identify and support those at risk.
- Supporting safe and effective communication around suicide and suicidal behaviour.

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1 Foreword

We are pleased to introduce the Greenwich Suicide Prevention Strategic Plan, which outlines how we are going to work in partnership to reduce deaths by suicide across the Borough.

In Greenwich compared to other places in London and across the Country we have a relatively low rate of suicide. But that belies, first, the fact that every suicide is a tragic and preventable event, which has a devastating impact on the friends and family of the victim, and second, that death by suicide represents the extreme of a wider burden of unhappiness and distress in our community.

We know that around 15 people die by suicide each year in Greenwich which is 6 times as many that die on our roads and when compared with deaths of other causes among different age groups it is heart-breaking to see that suicide kills more young men aged 25-34 than anything else.

We also know that there are many things that increase the chance of someone ending their life, which includes homelessness, worklessness, debt, relationship breakdown, being the victim of hate crimes, being unhappy and having poor mental health. We may have a relatively low rate of suicide but we have increasing homelessness and unemployment especially for people who have a mental health condition.

However, according to the ONS, we have one of the lowest levels of happiness and highest rates of anxiety in London. We therefore cannot rest on our laurels; we are working in partnership across the Borough, to address the broader issues that can negatively impact on people's mental wellbeing. By everyone playing their part we will work towards our aspiration of a zero-suicide Borough.

This Plan has been endorsed by partners across the Borough and is being led by the Health and Wellbeing Board. Please work with us to reduce the terrible impact that suicide has in our communities.

Signed

Chairs/Vice Chairs of Health and Wellbeing Board

OUR CHALLENGE

Based on the 5 years to 2017;
on average, per year

15 People die by suicide

6x as many people died from suicide as from all transport accidents put together

SUICIDE IS THE
LEADING CAUSE OF DEATH
FOR MEN AGED 25-34

2 Introduction

Suicide affects people throughout society and across the country, killing more young men between the ages of 25 and 34 than anything else.

Preventing suicide has been recognised as a national priority for many years by different governments. The National Suicide Prevention Strategy (2012) as well as the NHS Five Year Forward View for Mental Health (2016) both address suicide in England, and provide leadership to prevent deaths. National guidance has been produced to inform and co-ordinate action at the local level.

National research highlights that people who are Lesbian Gay Bisexual or Transgender and people from Black and Ethnic minorities are more at risk of suicide, more women than men attempt suicide and that exposure to domestic abuse, abuse and neglect can increase an individual's risk. In addition, a wide range of personal situations can increase a person's risk of dying from suicide, including homelessness, worklessness, debt, relationship breakdown, being the victim of hate crimes, being unhappy and having poor mental health[1]. This means that preventing suicide requires a partnership approach

In Greenwich our partnership includes Health Partners (Clinical Commissioning Group), Local Authority (adults and children's services), Mental Health services, Acute Services, Police, Fire Brigade, Samaritans, Voluntary Sector partners (GAVS), people with lived experience (GAIN) and is led by the Director of Public Health for the Royal Borough of Greenwich.

In order to realise our local ambition to prevent suicide, we recognise that we need to ensure that across Greenwich we are working to improve the wellbeing and resilience of our residents and communities.

This strategy will seek to ensure that across Greenwich we take a universal approach to build resilience and promote wellbeing at all ages, and a targeted approach to provide early intervention for those at higher risk of poor mental health and wellbeing, responding to the research and expertise that has fed into the national guidance.

2.1 Understanding suicide in Greenwich

Every year, around fifteen people living in Greenwich will die from suicide.

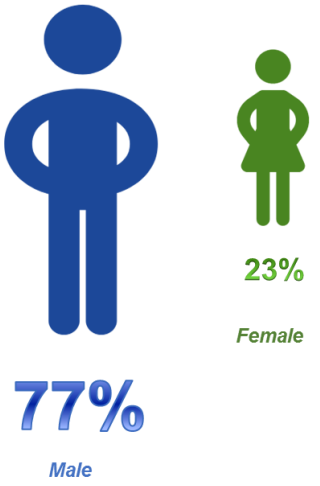
To help understand who is dying from suicide, how this changes over time, and what leads to these tragic events, a regular suicide audit is undertaken. In Greenwich, data access issues have restricted the suicide audit to only information that is included in nationally collated datasets. This means that there are details about the background and events leading to deaths from suicide that we do not currently understand. Understanding why people have ended their lives will help us to identify what we collectively need to do to help prevent future deaths. We therefore need to ensure we use the most up to date and detailed information possible and this will be a key element of work as we implement the strategy.

Despite these limitations, we are committed to making the best use of the data available.

For the last 10 years (2007 up to and including 2016):

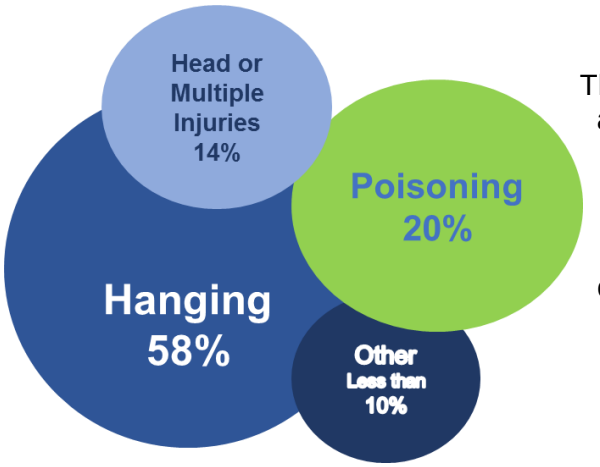
[1] Local suicide prevention planning: a practice resource, Public Health England, 2016

Gender



In Greenwich, like elsewhere in the country, men are more likely to die from suicide than women.

Methods of Suicide

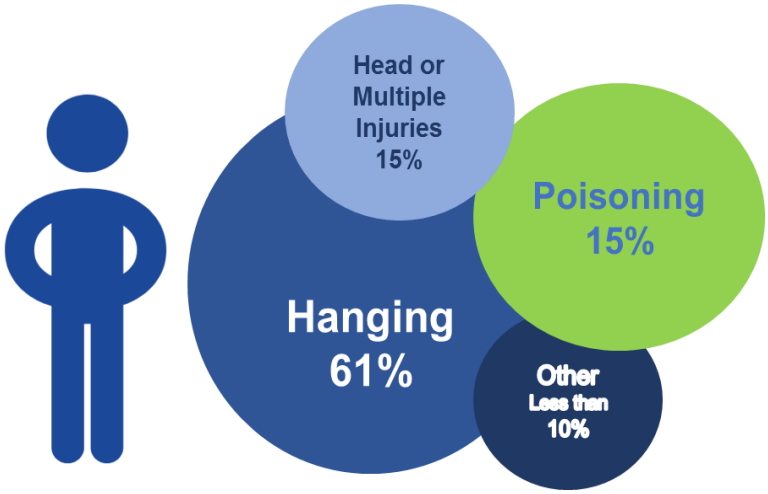


The majority of deaths from suicide in Greenwich are due to suspension/hanging, with the next most common single cause being death from poisoning. The most common substances used in poisonings have been narcotics and prescription medicines and other methods commonly included drowning.

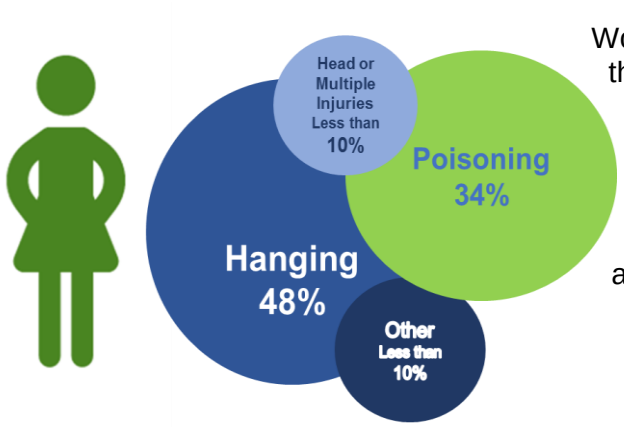
The methods people use vary between men and women.

Men

Men died from hanging more often than women; with 61% of deaths resulting from this method. Both poisoning and other methods were less common among male deaths than female. In more recent data (over the last 5 years) the proportion of deaths by hanging has increased amongst men



Women



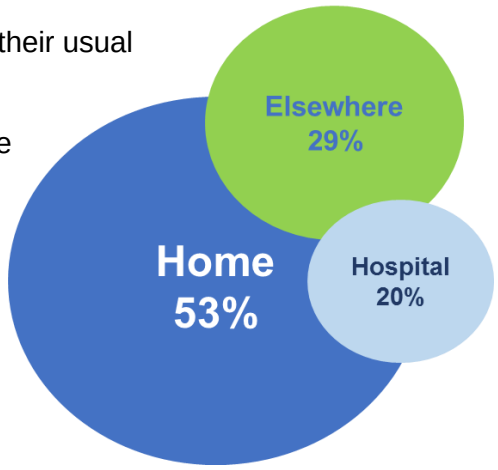
Women used hanging as a method less often than men, with 48% of deaths caused by hanging. However the use of poisoning was over twice as common among women than men. Again, in more recent data (over the last 5 years) the proportion of deaths by hanging has also increased amongst women

Place of death

Most people who die from suicide are declared dead in their usual place of residence (home).

Deaths in hospital are likely to relate to people who have been taken to hospital from the place where suicide was attempted, and were subsequently declared dead after arrival. However 29% died elsewhere.

In more recent data (over the last 5 years) the proportion of deaths discovered at home have increased



Age

In Greenwich, on average there were more deaths from suicide were of young people than compared to England as a whole.

Over the last 10 years 2007-2016

11% of deaths by suicide were people aged under 25 years (over 1 in 10)

But the **rate of suicide** in people **under 25** years between 2007/09 to 2014/16 **increased** from **8.5%** to **14.3%**

Of the young people in this age group there have been deaths in young people who were under 18 years. The reasons for this need to be better understood

23% **of deaths by suicide were people aged 25-34 years (nearly 1 in 4)**

3 Aims and ambitions of the Greenwich Strategy

Every suicide is a tragic and preventable event which has a devastating impact on friends and family of the victim and is felt across the whole community. Our aspiration and ambition is to work towards there being no suicides in the Borough.

Our Suicide Prevention Strategy has been developed by a multi-agency partnership, including those who have personally been affected by suicide. The Partnership is led by the Director of Public Health for the Royal Borough of Greenwich and includes the Clinical Commissioning Group, Senior leaders from Adults and Children's Services in the Council, Representation from Mental Health Services, Acute Services, Police, Fire Brigade, Samaritans, Voluntary Sector partners (GAVS) and importantly people with lived experience (GAIN).

The Partnership aims to understand and address the local challenges around suicide, identifying and driving forward areas where partners can best work together to make the biggest difference for our population.

4 Areas for action

We have adopted the six key priority areas in the national strategy to develop a set of priorities for Greenwich. The six key areas are:

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research data collection and monitoring

4.1 Reducing the risk of suicide in key high risk groups

The key high risk groups include:

- men
- people who self-harm
- people who misuse drugs and alcohol
- people in the care of mental health services, including inpatients
- people in contact with the criminal justice system
- people working in specific occupations

We know from local data that men are more at risk than women, and that compared to the national average we have a higher risk in our younger adults (25-34 years) and to people aged under-25.

However we need to know more about our high risk groups. The key action for making improvements will be to improve access to data and intelligence and undertake detailed analysis to inform further action development. We will also seek the views of local people who have experience of suicidal thoughts and/ or attempts and / or have been affected by suicide to inform further action development.

Further information on the current situation and level of provision for each of these groups is presented in Appendix 1.

4.2 Tailoring approaches to improve mental health

In order to improve mental health across a wide range of groups, we need to:

- take action at the community level
- target people who are vulnerable due to economic circumstances
- target women and those who have given birth in the last year
- target children and young people
- provide appropriate training for particular groups of people and front line staff who may encounter individuals in crisis

The work of our partnership has identified key activities across the Council and partners that are working to improve mental health and wellbeing (Appendix 1)

However there are some specific actions that need to be taken:

Priority area	**Time frame**
People who are vulnerable due to economic circumstances *Rationale* Longstanding levels of deprivation in Greenwich, on top of recent and upcoming changes in the broader economic climate, benefits system and DWP processes, mean that this group of people need to be a particular priority. We also need to include support to refugees given their high vulnerability from a combination of economic and wider reasons. *Next steps* Targeting of suicide prevention training should take account of touch-points for people vulnerable due to economic circumstances. This may include DWP/Job Centre Plus as well as other local authority services including revenues and benefits and the contact centre. Work to address unemployment across Greenwich is of real importance for the suicide plan, with a special weight given to work with our vulnerable communities including our refugees. We need to take into account the full range of cultural and community differences in Greenwich to ensure that all initiatives including training are appropriate for the different ways that suicide and mental health issues are perceived across our diverse community.	Medium term, drawing on work around suicide prevention training.
Children and young people *Rationale* Recent data reveals deaths to people aged under-25 comprise the second biggest group in Greenwich (2015-17). While there is significant provision locally around younger age groups, the new data suggests more analysis	Long term, drawing on findings from intelligence and understanding workstream.

Priority area	Time frame
is needed to enable a greater understanding of the possible drivers of this increase and enable more targeted work. Local data suggests a notable increase in A&E presentations by children and young people who have self-harmed. This aligns with national data which show significant increases in emergency admissions for self-harm among under-18s. National evidence further suggests the significance of environmental factors such as exposure to domestic violence. *Next steps* We need to analyse coroner's data for local deaths of children and young people and speak to young people to identify any themes that may help to inform interventions to reduce risk. We will work with the Child Death Overview Panel to include all relevant findings made by that group, as well as explore opportunities in acute settings to better understand and address self-harm, including attempted suicide. Known risk factors, such as domestic violence in the home, will be incorporated into the local analysis. Elements of this work will be taken forward as part of the *Supporting research, data collection and monitoring* element of this strategy.	
Suicide prevention training *Rationale* There is very strong evidence for the impact of properly targeted suicide prevention training, and mapping suggests that coverage in Greenwich is not yet sufficient. We need to focus our training efforts to consistently support those at higher risk. *Next steps* A wide ranging review of local health and wellbeing related training provision is planned. This aims to rationalise the Greenwich offer in light of the new emphasis on appropriate universal and targeted training as part of the Make Every Opportunity Count initiative. Suicide prevention training must comprise a key element of that range of training. While the focus should be on training for frontline staff, national recommendations also underline the importance of wider education, awareness, and skills based training. We need to maintain sight of how this broader mental wellbeing promotion is implemented locally; the Greenwich Thrive programme provides a good opportunity to do this	Medium term.

4.3 Reducing access to the means of suicide

We know that restricting access to lethal means can reduce suicide. Examples include controlling access to excessive paracetamol and reducing access to structures that are high risk locations for suicide by jumping.

Local data shows that the majority of suicide deaths in Greenwich are a result of suspension (hanging), followed by poisoning. Unfortunately deaths from suspension in the home are not likely to be amenable to intervention around means. While action could be taken for poisons

we need to understand the exact nature and source of drugs and medicines used in these deaths to determine what local action is required. A key action for the plan will be to develop this intelligence (Section 4.6) and more detail is available in Appendix 1.

4.4 Providing better information and support to those bereaved or affected by suicide

Suicide has a huge and long lasting impact on friends, family and the community. Local provision to support people who have been bereaved by suicide is limited, with important, straightforward interventions not currently available. This is therefore a key priority for Greenwich.

Priority area	Time frame
Providing better information and support to those bereaved or affected by suicide *Rationale* The "ripple effect" from deaths by suicide is enormous, and contributes significantly to the overall social impact of suicide. There are clear guidelines on how action can be taken at a local level to help those directly affected by deaths (e.g. Help is at Hand), and opportunities exist for working with organisations to improve the local offer (e.g. supporting local bereavement groups). *Next steps* Rollout of the Help is at Hand leaflet for first responders to be organised, working with agency representatives on the Suicide Prevention Strategy Steering Group. There are a range of organisations which support people bereaved by suicide. Options for enabling better awareness and wider provision by these organisations for the local population may include identifying and addressing barriers to delivering services/groups more locally, such as access to venues etc. Access to non-suicide specific interventions, e.g. via Live Well Greenwich model, may be improved by increasing signposting from these settings. This will be taken forward by engaging directly with these organisations. It will be important that the full range of cultural and community diversity in Greenwich is taken into account when delivering public facing interventions, to ensure that all interventions are appropriate to the different ways that suicide and mental health issues are perceived in those groups.	Short-medium term.

4.5 Supporting safe and effective communication around suicide and suicidal behaviour

The way that deaths from suicide are reported in the media can affect others, particularly those who have lost someone close to suicide, and potentially cause copy-cat attempts. Locally, findings from the Child Death Overview Panel, have suggested that highly visual and explicit reporting of suicide may be associated with further deaths. Therefore this is one of our key priorities.

Locally we will expand this area to also examine and support communication around suicide and related risk factors across the system.

Priority area	Time frame
Supporting safe and effective communication around suicide and suicidal behaviour *Rationale* Regional intelligence has suggested that poor media practice may have been associated with deaths, and we have evidence that national guidelines are not always being adhered to by local press. People in Greenwich hear about suicide and wellbeing issues from a range of sources and organisations, not limited to the print media. These communications can be more or less effective and positive in their impact, so it is important to maintain understanding of local provision and ensure it is evidence-based and high quality. *Next steps* Solutions for media rely on improving and sustaining understanding and implementation of good practice by media organisations. The Samaritans provide media guidelines[2] and have offered to run a workshop for journalists on this topic. South East London (SEL) co-operation on this issue will be sensible as many local media organisations work across the SEL patch. Initial educational/profile raising work with media will need to be followed up with longer term engagement with the sector to encourage compliance with good practice. Elements of this work will be best taken forward through the SEL Sustainability and Transformation Plan Public Mental Health arrangements. Work to quality-assure communication and promotion activity around suicide will be built around multi-agency mechanisms, bringing in key expertise, such as the Samaritans.	Short term

[2] https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide

4.6 Supporting research, data collection and monitoring

The intelligence gaps on local deaths are wide ranging and form a significant obstacle to delivering the best strategy for reducing suicide in Greenwich. Until we have better information, the at risk groups, risk factors and common themes will remain unidentified, and this will hamper delivery of effective interventions.

Supporting research, data collection and monitoring is a vital element of the Suicide Prevention Strategy. As part of this we need to have a strong monitoring framework to make sure that we are making a difference through the life of the strategy and beyond.

Priority area	**Time frame**
Supporting research, data collection and monitoring *Rationale* There are significant limitations in the data we presently have access to, to support our work around suicide prevention. Our local suicide audit is currently based on national datasets which contain high level data such as death certificate findings. To make a difference we need more details to identify common themes and risks that will help us to design effective interventions and initiatives. We also need to improve our understanding of people who have attempted suicide, experience self-harm or suicidal ideation and how they experience services. *Next steps* The primary source of enhanced intelligence for suicide prevention is the Coroner's Record of Inquest data. Securing access to this is being approached on a South East London level, with in principle agreement reached with the Coroner's office. Further understanding around deaths from suicide as well as self-harm and related risk factors may be realisable by drawing on data held by local provider organisations, particularly Oxleas Foundation Trust. These opportunities will be explored directly with colleagues from relevant organisations. We will also seek the views of local people who have lived experience of suicide to inform further action development. A monitoring and evaluation framework with a defined schedule for refresh will be designed and adopted by the strategy implementation group. Monitoring at both overall outcome (deaths by suicide) and at output level will be included, but the design will need to take account of significant lag time in validated reporting of deaths by suicide as well as relatively low total numbers.	Ongoing.

5 Suicide Prevention – a whole system approach

If we want to prevent deaths from suicide, we need to work to improve mental health and wellbeing across the population, addressing the problems and environmental and social issues that lead to some people eventually taking their own lives.

Work to address these issues is, and will remain, a key priority for agencies and partnerships across the borough.

The diagram below demonstrates the range of strategies and initiatives that we are already working on and which are fundamental to the success of this Plan

6 Next steps

- We will deliver robust, detailed action plans relating to each of the priorities outlined in the Suicide Prevention Strategy.
- These will be monitored and implemented by a multiagency group, reflecting the diversity of the Steering Group which created this Strategy.
- Clear lines of accountability will be put in place to ensure that the Health and Wellbeing Board is assured that work is progressing and receives regular updates

Appendix 1: Detailed review of current and planned action

Area for action	Greenwich position	Local developments planned	Role of Suicide Prevention Strategy	National Ref.
Reducing the risk of suicide in key high risk groups				
Men	Ratio of deaths in Greenwich is in line with national expectations. Live Well Greenwich model includes significant level of outreach into communities using peer communicators. Men in Sheds programme is active locally.	Live Well Greenwich social prescribing model incorporates significant outreach into high risk communities and utilises male peer communicators.	Appropriate and targeted provision of suicide prevention training Intelligence workstream will seek to provide information on commonalities/shared risk factors among deaths of men in Greenwich.	5.1.1
People who self-harm	Greenwich has significantly lower rates of emergency admissions for deliberate self-harm than London or England. Self-harm protocol developed for schools and health professionals, focusing on resilience, prevention and protection. Hospital Psychiatric Liaison Team in place.	Greenwich Safeguarding Children Board - Revised Self-harm and suicide ideation protocol for Young People	Intelligence workstream will provide information on rates and nature of self-harm among people who die from suicide in Greenwich which can inform future actions.	5.1.2
People who misuse drugs and alcohol	Greenwich has higher level of opiate/crack cocaine usage than London or England. It is estimated that around 1000 people living in Greenwich are moderately or severely dependent on alcohol. Good provision for both dependent and non-dependent drug and alcohol users are in place.	Greenwich has recently adopted new Alcohol Harm Prevention Strategy with active implementation group	Intelligence workstream will provide information on rates and nature of alcohol and drug misuse among people who die from suicide in Greenwich which can inform future actions.	5.1.3

People in the care of mental health services, including inpatients	Currently there is difficulty in establishing the extent of MH services involvement in the lives of people who die from suicide.	Intelligence workstream will seek to provide information on history of MH services contact among people who die from suicide in Greenwich which can inform future actions.	5.1.4
People in contact with the criminal justice system *[including youth justice]*	Samaritans Listeners Scheme is in place in Greenwich. Volunteers train prisoners in Belmarsh, Thameside and Isis to provide confidential emotional support to other prisoners who are struggling to cope, with the aim of reducing self-harm and suicide in prisons. NHS England commission offender health contract including psychosocial and drug and alcohol treatment services in prison. These services link up with the Listener programme. Prison system operates ACTT protocol for prisoners at risk of suicide. Access to means is extremely limited due to prison design to remove ligature points. National Probation Service – London provide 2 day suicide prevention training to all staff. Staff will engage in management planning pre- and post-release address risk from self-harm/suicide. NPS London has a Suicide Prevention Action Plan Youth Offending Service- A public health nurse and CAMHS clinical in reach provide dedicated support for young people known to the youth justice system.	Intelligence workstream will provide information on history of criminal justice system contact among people who die from suicide in Greenwich which may inform future actions. This information is not reliably available, except for deaths which occur in prison or in custody.	5.1.5

Specific occupational groups	Suicide audit data does not appear to be in line with national findings that certain occupations experience higher rates of suicide. However local feedback from frontline staff suggests that there may be burden of ill-health for armed services veterans, and there are local military links, as well as significant employment in other high risk professions.		Intelligence workstream will seek to provide further information on commonalities/shared risk factors among deaths and identify any as yet undetected elevated risk in these groups Greenwich.	5.1.6
Tailoring approaches to improve mental health				
Community level interventions	Mental Health awareness campaigning has local presence via national initiatives (e.g. Time to Change, Heads Together). Greenwich Young Mental Health Ambassadors lead on campaigns aimed at young people locally Outreach and community development work is in place, with some geographical variation. There are local plans to develop a Thrive Greenwich model, which will focus on the Thrive LDN priorities of: • A city where individuals and communities are in the lead • A city free from mental health stigma and discrimination	Live Well Greenwich and Make Every Opportunity Count programmes provide signposting into services, especially at lower end of MHWB spectrum	This work will be driven forward primarily through Improving Mental Wellbeing priority of Health and Wellbeing Strategy and the Greenwich Thrive programme.	5.2.1

People who are vulnerable due to economic circumstances	Longstanding levels of deprivation in Greenwich, on top of recent and upcoming changes in the benefits system and DWP processes, as well as the broader economic climate, mean that attention to this risk factor will be especially important. The vulnerability of refugees, from a combination of economic and wider reasons, will need to be attended to by the system.	Safeguarding Alerts have been developed to flag up more vulnerable clients in Job Centre Plus setting, and plans are in place to widen use to other contact points where services have potential to exacerbate mental health problems.	**This will be adopted as an area of focus for the Suicide Prevention Strategy.**	5.2.3
Pregnant women and those who have given birth in the last year	Pregnancy and the first year after birth are periods with notable challenges for mental health and wellbeing, with potential impacts not only on mothers but also the rest of the family. There is strong provision of service to protect and improve mental health and wellbeing for young mothers, and this area is currently overseen by the Improving Mental Wellbeing work of the Health and Wellbeing Strategy. Wide range of services in place covering much of spectrum of need, including Health Visiting, Children's Centres, Best Beginnings, Mum's Aid. A Significant gap exists around the perinatal MH service which is being addressed through the CCG	Perinatal MH service is being developed, using bid to NHS England	Intelligence workstream will provide information on how many people who die from suicide in Greenwich belong to this group and the nature of any contact they had with local services.	5.2.4

Children and young people	Recent data reveals deaths to people aged under-25 comprise the second biggest group in Greenwich (2015-17), and this is a younger cohort than is seen nationally. There are a very wide range of interventions addressing mental wellbeing for children and young people in the borough. However the number of deaths suggests that further investigation is vital.	Continued delivery of the CAMHS Transformation Plan. Improvement in crisis and A&E liaison support for children and young people.	**This will be adopted as an area of focus for the Suicide Prevention Strategy.**	5.2.5
Suicide prevention training ***Gatekeeper training*** ***Skills based training*** ***General awareness and educational curricula***	There is currently no systematic and strategic access to suicide prevention training.	Elements of broader awareness and education may be addressed as part of Greenwich Thrive.	**This will be adopted as an area of focus for the Suicide Prevention Strategy.**	5.2.2
Reducing access to the means of suicide	The vast majority of home deaths result from suspension, while deaths in hospital are made up of poisoning, followed by suspension.		Current data suggest that there are not significant opportunities for improvement through this avenue. The intelligence workstream may reveal as yet unidentified patterns and opportunities for intervention. Further investigation is in progress around poisoning deaths.	5.3

Providing better information and support to those bereaved or affected by suicide	The “ripple effect” from deaths by suicide is enormous, and contributes significantly to the overall social impact of suicide. Each Greenwich death will lead to significant and prolonged distress for much wider groups of people.	**This will be adopted as an area of focus for the Suicide Prevention Strategy**.	5.4
Supporting safe and effective communication around suicide and suicidal behaviour	The way that deaths from suicide are reported in the media can affect others, particularly those who have lost someone close to suicide, and potentially cause copy-cat attempts. Suicide and related issues are addressed by a range of organisations in different settings across Greenwich, requiring better co-ordination to ensure quality and consistency of offer.	**This will be adopted as an area of focus for the Suicide Prevention Strategy.**	5.5
Supporting research, data collection and monitoring	There are significant limitations in the data currently accessible to support work around suicide prevention. Local Suicide Audit is currently based entirely on ONS mortality datasets which contain only death certificate findings. It will be important to put in place a suitable monitoring and evaluation framework for the Suicide Prevention Strategy.	**This will be adopted as an area of focus for the Suicide Prevention Strategy.**	5.6