

# The Derby and Derbyshire Self-harm and Suicide Prevention Strategic Framework 2026-30



  
Joined Up Care  
Derbyshire

 **DERBYSHIRE**  
County Council

  
Derby City Council

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## **James Creaghan**

**Chair of The Derby and Derbyshire Self-harm and Suicide Prevention Partnership Forum**

“Welcome to the strategic framework which will support delivery of our collective approach to prevent and reduce self-harm and suicide across Derby and Derbyshire.

Self-harm and suicide affect many people. Everyone can play a role to work together to offer hope to those who may be distressed and help them find alternative ways to manage the way they feel.”

We care. We inspire hope. We enable purpose. We help others. We are compassionate.



Throughout this document reference to Derbyshire includes the whole county and Derby City.

Self-harm and suicide are sensitive issues which may affect the emotional wellbeing of many people. When discussing, writing, commenting or reading about suicide it is important to always act with compassion and understanding, to offer support, to ensure that the psychological safety of people is considered and to look after yourself.

# Forewords

## How local people are working to help prevent self-harm and suicide

People from different sectors across Derby and Derbyshire offer their thoughts on how this strategic framework supports their role.

**Ellie Houlston, Director of Public Health for Derbyshire County** “We know that the wider factors affecting emotional wellbeing can include income, employment, housing and social connections. In Derbyshire it is important for us to consider the emotional wellbeing of our residents in the way we deliver our services and in how we support opportunities to develop and maintain good wellbeing across our communities.”



**Kathryn, Expert by Experience** “By sharing learning from my own mental health experience, which was affected by adoption disruption and late diagnosis of ADHD, I want to help local services to understand things from the perspective of someone who is experiencing difficulties. I want the next person who needs support to have a positive and rewarding experience, to be able to navigate the services easily and to receive respect and dignity.”



**Jenny Hotchkiss, Chief Executive Officer at Derbyshire Mind** “To support people all across Derbyshire we have a fantastic team of staff and volunteers who offer services, support, and kindness to people who need it. This ranges from crisis drop-in support to wellbeing sessions. Working in partnership with others is key to ensuring that Derbyshire has a broad and effective offer of support.”



**Belinda, Expert by Experience** “There is hidden mental health need in different communities across Derby and Derbyshire. I want to play a role in helping to gather insight to understand how we can reduce stigma and how we can develop messaging, resources and support together with these communities. To have things set in ways that people can relate to, is a big step to them to seek help and to get the support they need.”



**Claire Goring, Founder of Baton of Hope Derby and Derbyshire** “Many people have been affected by suicide, many more than is obvious. In Derbyshire we are raising awareness and creating a community of support for people who have lost someone. In turn, this is raising awareness about suicide prevention to help others who are experiencing difficult times. In September 2025 we brought the Baton of Hope to Derby which activated and energised thousands of local people to join the fight against suicide.”



**Mark Powell, Chief Executive Officer at Derbyshire**

**Healthcare NHS Foundation Trust** “In providing mental health services we will uphold the core care standards which enables people to have the best opportunity to access the support they need, to recover well and to maintain their mental wellbeing. We host the Multi-centre study for Self-harm monitoring and Suicide Prevention Research (CSSR) which helps add to the evidence base to develop effective support.”



**Hamza, Expert by Experience** “As someone who is part of the local Deaf community, it is vitally important that messaging, resources and services are developed and delivered in ways which make them accessible and welcoming for all people. This may be delivery in their first language, quality interpreting and translating, using visual information, changing the physical environment or culturally relevant formats and wording.”



**Andy Walker, Founder of Mentell** “We know that 3 out of every 4 deaths from suicide are males. We need to do something different to understand why this happens. At Mentell we offer accessible peer support circles led by men with experience of mental health difficulties and we run campaigns in bars, pubs and businesses to raise awareness and to destigmatise. Everyone can play a role in helping males access the support that can help them.”



**Dr Sohrab Panday, GP and Primary Care Mental Health Lead at DDICB** “It is our duty to provide our staff and volunteers with training in skills appropriate to their role and specific setting, such that they are able to spot the signs of suicidal distress, to have a quality conversation and to provide the right advice and support at the right time. All teams of doctors, nurses and staff need to work in a positive safe culture with clear processes to enable them to offer the right support”



**Matt, Expert by Experience** “I was diagnosed with bi-polar disorder a number of years ago and whilst it was a tough time it was a huge relief. I have suffered with suicidal thoughts and even survived suicide. I am now an Expert by Experience which enables me to share my experiences with others to help them through tough times. I have been told that I have saved 3 lives just by talking to people and I am passionate about the role I can play in suicide prevention”.



**Mike McCarthy, Founder of Baton of Hope UK** who is from Derbyshire “Our mission across the UK is guided by the belief that deaths by suicide are preventable, right up until the point of action; and that all of society has a duty of care. Through campaigning, public education and awareness, a series of pledges and lobbying, we will create change. The baton is a symbol of hope and UK tours in 2023 and 2025 have taken the message to all corners of the 4 nations”.



# Introduction

## It is time for change

The number of deaths from suicide in the UK and locally in Derby and Derbyshire has been too high for decades and has been steadily increasing since 2017. Derby and Derbyshire have higher rates of suicide than the national average and higher than average rates of hospital admissions for intentional self-harm.

This document is designed as a strategic framework. It is founded upon the [Suicide Prevention Strategy for England 2023-2028](#) and builds upon the [Derbyshire Suicide Prevention Strategic Framework 2022-25](#). It provides a structure for localised action to be developed and delivered across our communities by everyone including our individual residents, community groups, businesses, services, partners and system leaders.

***Suicide is not inevitable.*** Behind every death from suicide there is a person with a story and a journey that led them to the point that they felt the only option was to harm themselves or take their life. During each journey there are experiences, incidents and influences which shape the outcome. There are also moments and opportunities for that journey to change direction to enable hope and purpose for each person.

***Self-harm and suicide can affect anyone.*** Evidence tells us that most people who take their own life are not under the care of mental health services. Suicidal ideation can result from emotional distress and does not mean that someone has mental illness. Every death from suicide affects over 135 people.

***Self-harm and suicide prevention is everyone's business.*** We can all play a role in self-harm and suicide prevention. As a family member, friend, work colleague, neighbour, teammate or in a professional role as volunteer, clinician, officer or advisor you can make a difference through the interactions you have with others. Small acts can make a big difference.

The **Derby and Derbyshire Self-harm and Suicide Prevention Partnership Forum** (DSSPPF) is a multiagency group which has oversight of the local strategic approach to suicide prevention. The partnership has representatives from a wide range of organisations across different sectors and direct input from people with lived experience.

This framework provides the structure to activate, inspire and enable us all to reduce and prevent self-harm and suicide. This framework will inform the development of a Call to Action which will be co-produced by people and partners across the area to help increase the safety factors and reduce the emotional distress which can lead to self-harm or suicide.

# Data and Context

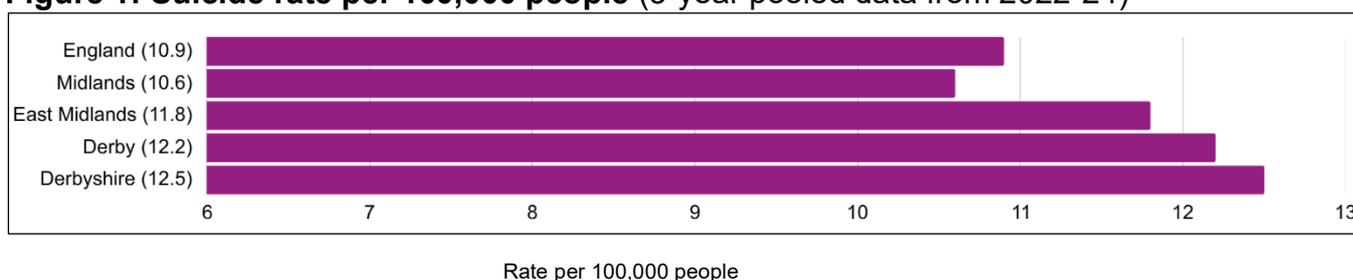
## What do we know?

### Suicide

In England from 2022-24 16,627 people took their own life.

This is 500 more people than 2021-2023.

**Figure 1: Suicide rate per 100,000 people (3-year pooled data from 2022-24)**



In **Derby and Derbyshire** in the 3 years from 2022-24

351 people died from suicide of which 72% were male and 28% female.

**Derbyshire County** 268 people (74% male)      **Derby City** 83 people (66% male)

**Table 1: Suicide rate per 100,000 people and number of deaths by suicide by Derbyshire Districts (2022-24)**

Borough/District	Rate	Number of deaths
Amber Valley	14.7	48
Bolsover	10.9	20
Chesterfield	16.4	46
Derbyshire Dales	16.7	34
Erewash	13.7	40
High Peak	12.3	31
North East Derbyshire	8.6	24
South Derbyshire	8.3	25

There is significant variation within Derbyshire

5-year pooled data 2019-2023 - Deaths by Suicide		
	Derbyshire County	Derby City
Highest rate of deaths	21.8 per 100,000 people Males aged 25-44	21.5 per 100,000 people Males aged 25-44
Highest number of deaths	116 in males aged 45-64	35 in males aged 25-44
Highest rate deaths for females	8.3 per 100,000 people Females aged 25-44	5.8 per 100,000 people Females aged 25-44

## Self-harm

**Figure 2: Hospital admissions as a result of self-harm 10-24 years (2023/24)**



## Suicidal Thoughts

A national dataset shows that;

- The proportion of adults aged 16 to 74 who reported suicidal thoughts in the past year increased from 3.8% in 2000 to 6.7% in 2023/24
- 25.2% of adults have had thoughts about taking their own life
- One in thirteen adults (7.8%) reported having made a suicide attempt at some point in their life
- About one adult in nine (10.8%) reported having self-harmed without suicidal intent at some point in their life

(Adult Psychiatric Morbidity Mental Health and Wellbeing, England, 2023/24)

### Here is where you can find more data

- [Derbyshire Joint Strategic Needs Assessment – Suicide](#)
- [Derbyshire Observatory - Suicide](#)
- [Department of Health and Social Care Public Health Profiles - Suicide](#)

## What do we want to achieve?

### **The Derbyshire Self-harm and Suicide Prevention Vision**

In Derby and Derbyshire, we will work together to promote positive mental health and wellbeing and inspire hope, so as few people as possible struggle with distress and despair, experience self-harm or die from suicide.

### **The Derbyshire Self-harm and Suicide Prevention Principles**

- Self-harm and suicide are commonly the manifestation of a person's distress. They are not mental illnesses in and of themselves.
- Suicide is not inevitable.
- Everyone in our communities has a role in helping those with distress, those having thoughts of self-harm and in the prevention of suicide.
- Suicide is unpredictable; however, some factors may increase the risk.
- Conversations about self-harm and suicide are based on compassion, validation and absence of judgment.
- It is important to strive to understand the person's story.
- The impact of self-harm and suicide extends from close networks to the wider community.

These principles underpin the way in which we will develop and deliver actions and shape culture to impact self-harm and suicide prevention.

# **Our Strategic Priorities 2026-30**

- 1. Make self-harm and suicide prevention everyone's business**
  - a. Build the confidence of local communities to prevent and respond to self-harm and suicide
  - b. Use a population health approach and address inequalities
- 2. Increase the safety regarding self-harm and suicide in known high-risk groups**
  - a. Tailor approaches to improve mental health and emotional wellbeing in specific groups
  - b. Ensure that safety planning is commonly used
- 3. Address common factors linked to self-harm and suicide at a population level by providing early intervention and tailored support**
  - a. Enable awareness and support to be promoted in different settings
  - b. Identify and address common factors that may affect safety
- 4. Reduce access to the methods and means of self-harm and suicide**
  - a. Understand the common and novel methods
  - b. Take action to reduce and limit opportunity
- 5. Promote online safety and responsible media content to reduce harms**
  - a. Support the media in delivering sensitive approaches to self-harm, suicidal behaviour and suicide
  - b. Support responsible social media use regarding self-harm and suicide
- 6. Provide better and accessible information and support to those exposed to self-harm or bereaved or affected by suicide**
  - a. Provide specialist suicide bereavement support
  - b. Increase awareness to enable access to support
- 7. Support research, data collection and monitoring**
  - a. Work with partners to increase the evidence base
  - b. Enable accurate collation of local data to help understand need
- 8. Help vulnerable people get support at the time they need it**
  - a. Raise awareness and promote information about crisis support
  - b. Work with partners to ensure availability and access to appropriate crisis resources and support

These high-level priorities will be developed into actions as part of the Call to Action delivery plan.

# Groups of People and Factors

**Self-harm and suicide are not inevitable.** Research and evidence inform us that people who have certain characteristics, situations or experiences may be more likely to experience emotional distress, which could lead to self-harm or suicide.

People who have one or more of these factors may be at a higher level of distress.

It may also be the case that people who do not exhibit any of these factors may be at a higher level of distress and it is equally important that their personal story and circumstances are understood.

**Listen effectively to people.** It is essential that every person and every situation is regarded in their own right relating to their personal story and current circumstances.

**Do not make assumptions.** The following list of groups and factors is not exhaustive and does not mean the exclusion of other groups or factors, however they each have a strong evidence base and are explicitly identified in the suicide prevention strategy for England.

We will develop approaches to positively impact the following groups and factors that have been identified from national and local perspectives.

## **Priority groups and factors identified in the Suicide Prevention Strategy for England 2023-28.**

<b>England: Priority Groups</b>	
Children and young people	Men (particularly middle-aged)
Neurodivergent people	People who have self-harmed
People in contact with mental health services	People in contact with the criminal justice system
People during the perinatal period (pregnancy to 2 years)	

England: Factors that may reduce safety	
Physical illness	Financial difficulty and economic adversity
Harmful gambling	Harmful substance use
Social isolation and loneliness	Domestic abuse

### Priority groups and factors identified by local people

Following engagement and consultation and considering local data and insight from local people and communities, there are additional groups of people and other factors that are prominent in Derbyshire upon which we will **also** focus.

Derbyshire: Priority Groups	
Deaf, Deafblind and hard of hearing	Asylum seekers/Refugees/Immigrants
LGBTQ+	Farming / Rural communities

Derbyshire: Factors that may reduce safety	
People affected by trauma	People bereaved by suicide
People who are Carers	People experiencing Menopause

# Postvention

Postvention is the care and support available to people following a death by suicide which has affected them. This may include activities which keep people safe and support healing.

## **Why is it important?**

- The impact of a suicide on society can be far reaching. Research suggests up to 135 individuals are affected by each suicide, impacting nearly one million people a year in the UK (Cerel, 2018).
- Each suicide is estimated to cost on average £1.46 million, increasing to £2.85 million for children aged between 10 and 14 (Samaritans, 2022).
- People bereaved by the sudden death of a friend or family member are 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural causes.

**Postvention advice and guidance** When you first learn that someone has died in circumstances that may be due to suicide you can experience a range of emotions. [Help is at Hand](#) offers information about what you may be feeling, practical matters you are likely to have to deal with and suggestions on further help and support in the weeks and months ahead.

## **Local support services**

Clinical support - The Tomorrow Project

- A specialised suicide bereavement support service that can help anyone, including children, bereaved or affected by suicide.
- Support is delivered in 1-to-1 support sessions with specially trained clinical support workers and is tailored to meet individual emotional and practical needs.
- <https://harmless.org.uk/our-services/people-bereaved-by-suicide/>

Peer support - Survivors of Bereavement by Suicide (SoBS)

- Peer-led support for adults who have experienced suicide loss.
- Phone and email support, online forums and virtual groups. There are several face-to-face groups in Derby and Derbyshire.
- <https://uksobs.com/>

Organisations should have processes in place to respond appropriately.

1. When there has been a death from suicide in the workforce
2. When there has been a death of someone in contact with the organisation (pupil/parent/patient/client/customer)

Our Call to Action will help identify relevant ways in which organisations can take steps.



## **A Derbyshire Call to Action**

### **Key Actions**

#### **1. Ask, Listen and Act**

- a. Ask – open a conversation about mental health; ask directly about self-harm or suicidal thoughts.
- b. Listen – enabling the space, time and environment for someone to open up; active listening skills.
- c. Act – take the appropriate steps to support someone.

#### **2. Safety Plans**

- a. Can be used by anyone and everyone.
- b. Different versions, formats and types are available to best meet the need of an individual.
- c. Should be completed at an appropriate time when someone is relatively well, not when in crisis.

These key actions form the basis of what every individual person, group, organisation, business and the whole system can do.

The following steps are a framework as to what could be done and by whom to deliver the two key actions and to develop a whole system approach to self-harm and suicide prevention.

# A Derbyshire Call to Action

## What can you do?

Individuals
<p><b>Who:</b> Everyone, including residents, members of the public, volunteers, patients, clients and employees.</p>
<p><b>Increase your knowledge and confidence</b></p> <ul style="list-style-type: none"><li>• How to start and have a conversation about mental health and suicide prevention</li><li>• Know where to find the right information and support</li><li>• How to develop and use a safety plan</li><li>• Know your boundaries in supporting others</li></ul>
<p><b>Share trusted information</b></p> <ul style="list-style-type: none"><li>• Raise awareness about local support</li><li>• Dispel myths and reduce stigma</li></ul>
<p><b>Be kind to everyone</b></p> <ul style="list-style-type: none"><li>• Each person has different experiences, background and resilience</li><li>• We do not really know how someone is feeling and what is happening in their life</li><li>• Being kind, thoughtful and having respect is a basic human quality that everyone can show and that everyone will respond positively to</li><li>• Be kind to yourself</li></ul>

<b>Community Groups / Organisations / Businesses</b>
<p><b>Who:</b></p> <ul style="list-style-type: none"> <li>• Voluntary and charitable groups and organisations (whether constituted, registered or not)</li> <li>• Clubs, teams, institutes</li> <li>• Private businesses or companies of any size</li> <li>• Healthcare providers, Local Authorities and educational institutions</li> </ul>
<p><b>Make a commitment</b></p> <ul style="list-style-type: none"> <li>• Sign up to national or local pledge/initiatives</li> <li>• Create an organisational action plan</li> <li>• Have clear guidance and processes in place when someone expresses suicidal thoughts</li> </ul>
<p><b>Train staff and volunteers</b></p> <ul style="list-style-type: none"> <li>• Everyone knows how to spot the signs of distress, ask, listen with kindness, and act</li> <li>• Skills, competencies and confidence are maintained and actively used</li> </ul>
<p><b>Support the wellbeing of staff and volunteers</b></p> <ul style="list-style-type: none"> <li>• Recognise the importance of helping 'your people' stay well</li> <li>• Seek support from a local service</li> <li>• Embed the use of safety plans</li> </ul>
<p><b>Be proactive in suicide prevention</b></p> <ul style="list-style-type: none"> <li>• Promote campaigns to raise awareness and reduce stigma</li> <li>• Seek support from local programmes to help develop a plan</li> </ul>

<b>System</b>
<p><b>Who:</b></p> <ul style="list-style-type: none"> <li>• Government agencies</li> <li>• Healthcare Clusters</li> <li>• Boards</li> <li>• Strategic partnerships</li> <li>• Commissioning bodies</li> </ul>
<p><b>Prioritise self-harm and suicide prevention</b></p> <ul style="list-style-type: none"> <li>• Commit to ensure the components of self-harm and suicide prevention are embedded</li> <li>• Lead by example</li> <li>• Cross-system work to reduce health inequalities related to self-harm and suicide</li> </ul>
<p><b>Enable and embed policies and practice to support, act and plan</b></p> <ul style="list-style-type: none"> <li>• Safety Assessments / Safety Plans</li> <li>• Knowledge, skills and competencies</li> <li>• Staff wellbeing</li> <li>• Trauma informed approach</li> <li>• Postvention awareness and support</li> <li>• Enable accurate and timely data collection</li> <li>• Ensure full accessibility to information and support</li> </ul>

## **Next Steps 2026-2030**

Development of the specific elements of the Call to Action began in late 2025. A first phase launch is planned in early 2026. Development and delivery of other phases will follow between 2026 and 2030.

The Call to Action will

- Act as the delivery of the Derby and Derbyshire Self-harm and Suicide Prevention Strategic Framework
- Be developed in co-production with a range of stakeholders and partners
- Impact each of the priority groups and factors
- Offer practical ways in which each individual person, group, organisation, business and the whole system can play a role
- Enable measurement and evaluation of a range of metrics and outcomes
- Be developed and delivered in stages through the duration of the strategic framework (2026-30)

## Appendix 1

# Definitions

Call to action	The steps an audience or reader can take
Co-production	Co-production is a way of working where everyone involved works together as equal partners to create a service or come to a decision.
Deaf, Deafblind and hard of hearing	Refers to different levels and combinations of hearing and sight loss.
Factors that may reduce safety	Situations or experiences that evidence or insight shows may lead to higher risk of self-harm or suicide.
Postvention	Support for people bereaved by suicide.
Priority groups	Commonalities or characteristics that connect people and that evidence or insight shows may be at higher risk of self-harm or suicide.
Safety Plan	A tool for helping someone navigate suicidal feelings and urges.
Self-harm	Self-harm is when somebody intentionally damages or injures their body and is a sign of emotional distress.
Suicidal ideation	If someone is having suicidal thoughts or suicidal ideation it means that they are thinking about suicide or could be making a plan to take their own life.
Suicide	The act or an instance of ending one's own life voluntarily and intentionally.

## **Support**

Emergency: Call 999

Mental Health Support Line: Call NHS 111 and select option 2

Samaritans helpline: Call 116 123

Urgent mental health crisis care services [Click here](#)

## **Support for Deaf or hard of hearing people**

Emergency: 999 BSL – UK Emergency Video Relay Service. [click here](#) to view the 999 BSL information.

NHS 111 – British Sign Language (BSL) Service [click here](#)

**Text DEAF to 85258** to access the [Shout Crisis Text Service](#) for free and immediate confidential support in the UK, 24/7.

## **Community support groups**

Mental Health Support Map Derbyshire [Click here](#)

## **Safety plans**

[Staying Safe](#) - How to make a safety plan for anyone struggling with suicidal thoughts or supporting someone else.

[Stay Alive app](#) - A Suicide prevention resource with information and tools to help you stay safe in a crisis.

This strategic framework was developed by the Derbyshire Self-harm and Suicide Prevention Partnership Forum, led by Derbyshire County Council Public Health.

[ASCH.Suicide.Prevention@derbyshire.gov.uk](mailto:ASCH.Suicide.Prevention@derbyshire.gov.uk)