

# Herefordshire Suicide Prevention Strategy 2025 - 2029







## Contents

Foreword	3
Vision	4
Purpose & scope	5
Understand suicide in Herefordshire	6
What we have done so far	9
Guiding principles	11
Our commitments	12
Our partners	17
Call to action	18
Appendices	19

# Foreword

We are pleased to publish our new Suicide Prevention Strategy for Herefordshire. This strategy has been developed in collaboration with local partners and highlights our commitments to reduce the number of local lives lost to suicide.

We believe that through collective efforts from individuals, organisations, and communities, we can effectively support our residents. This strategy and associated action plan takes a whole county, all-age approach, aligning with the priorities of the national suicide prevention strategy. Through our local engagement work, we have identified the need to explore suicide in relation to life transitions and events, as well as the unique challenges faced by a rural county, which will be recognised in our ongoing activity.

The Herefordshire Suicide Prevention Working Group will oversee the strategy's action plan, with key actions being delivered by partners within the group. Activity will be reviewed regularly and where appropriate updated to align with changes in local and national intelligence.

Thank you to everyone who has contributed to the development of this strategy and to all those who will continue to support suicide prevention work in Herefordshire, helping to make a difference for our residents.



**Suicide can affect any one of us.** If you are struggling with your mental health, experiencing suicidal thoughts, supporting someone who is, or have been affected by suicide in any way, there are a number of free services available to offer support:

### **NHS 111**

Urgent 24/7 mental health support.

Call 111, option 2

### **Samaritans**

24/7 listening support for whatever you're going through

Call 116 123 or email [jo@samaritans.org](mailto:jo@samaritans.org)

### **SHOUT**

24/7 crisis support via text, if you're struggling to cope and need immediate help.

Text "HERE" to 85258

### **Papyrus**

Confidential support and advice to anyone under the age of 35 struggling with thoughts of suicide and anyone worried about a young person.

Call 0800 068 4141 or text 88247

### **Hereford Safe Haven**

Open 7 days a week from 5pm to 10pm, for anyone over the age of 18, in crisis or in need of support.

Call 01432 372 407

### **We Are Farming Minds**

24/7 support line and counselling to those involved in the agricultural industry.

Call 0808 802 0070 or text 07786 203 130

For further support and signposting please visit the Talk Community Directory website: Suicide prevention, bereavement & support - Talk Community Directory:

[www.talkcommunity.co.uk/keeping-well-staying-healthy/mental-health-and-emotional-wellbeing/suicide-prevention-bereavement-support/](http://www.talkcommunity.co.uk/keeping-well-staying-healthy/mental-health-and-emotional-wellbeing/suicide-prevention-bereavement-support/)

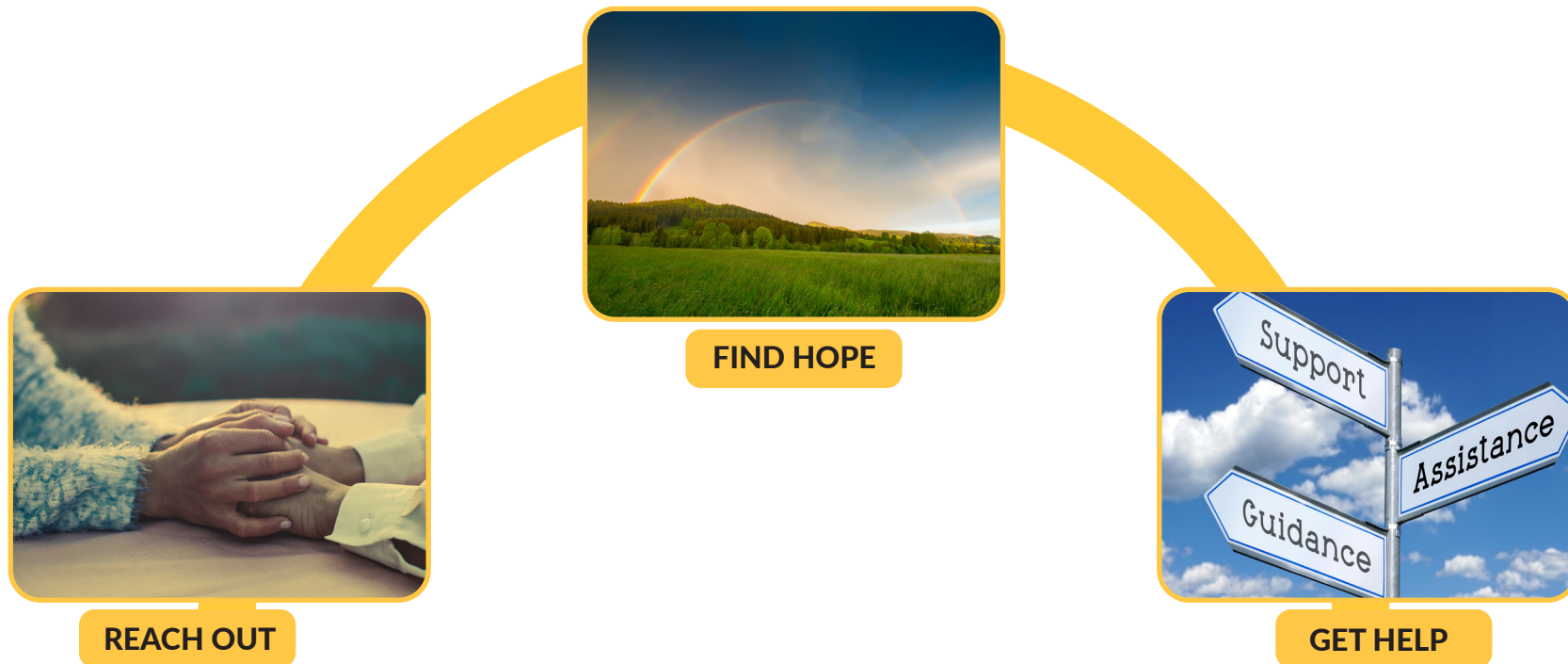


If you've seriously harmed yourself or feel you are in crisis, call 999 for an ambulance or go straight to A&E. If you can't do it yourself, please ask someone to help you.



# Vision

**Our vision is to reduce suicides in Herefordshire and make our county a place where there is hope and community connection. We are committed to ensuring that the right support is available to the right person at the right time.**



# Purpose & Scope

Suicide is a global health priority, with over 720,000 lives lost annually (WHO, 2025)<sup>1</sup>. Despite being preventable, stigma often stops individuals from seeking help. Effective prevention requires coordination across multiple sectors.

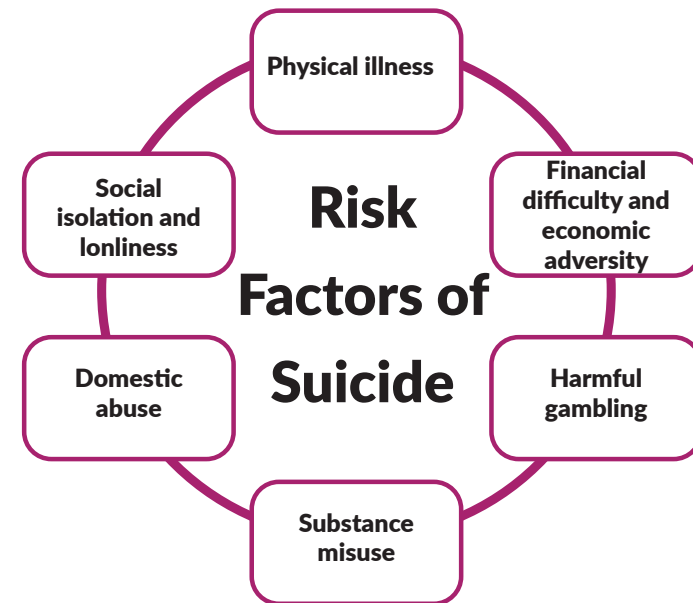
Our new strategy has been developed as a result of the 10-year Joint Health & Well-being Strategy, which highlighted suicide prevention as a core priority<sup>2</sup>. The action plan outlines initial steps, including raising awareness, enhancing bereavement support, and improving suicide data in Herefordshire.

The national suicide prevention strategy, published in 2023, has helped shape our approach. The strategy aims to reduce suicide rates over five years, improve support for those who self-harm, as well as those bereaved by suicide. The strategy identifies key focus areas essential for achieving its goals, alongside key priority-groups and risk factors<sup>2</sup>.

Local data guides this strategy to address the specific needs of Herefordshire, including data from the Real-Time Suspected Suicide Surveillance System, the Mental Health Needs Assessment, and partnership data.

<sup>1</sup> WHO, [2025 Suicide](#)

<sup>2</sup> Herefordshire Council, 2023 [www.herefordshire.gov.uk/downloads/file/3677/health\\_and\\_wellbeing\\_strategy.pdf](http://www.herefordshire.gov.uk/downloads/file/3677/health_and_wellbeing_strategy.pdf)



Department of Health & Social Care (2023) [Suicide prevention in England: 5-year cross-sector strategy - GOV. UK](#)

Limitations in the current data and intelligence are acknowledged and ways in which to address and fill any gaps will be identified.

In this strategy, suicide is defined as the act of intentionally taking your own life. This strategy does not in capture assisted suicide or euthanasia.



# Understanding suicide in Herefordshire

Herefordshire is a rural county with a population of 190,000. It has a strong economy driven by agriculture and manufacturing.

Wages are lower than the national average, whilst housing costs are higher, but residents value the strong sense of community and consider it a good place to live (Herefordshire Joint Local Health and Wellbeing Strategy, 2023)<sup>1</sup>.

Suicide data in Herefordshire is informed by national sources, including the Office of National Statistics and the Department of Health & Social Care, which provide insights into confirmed suicides, gender, and age trends. Local data, from the near Real-Time Suspected Suicide Surveillance system (nRTSSS) and the Primary Care Mortality Database, provides further details on methods, locations, and occupations related to suicides.

In 2024, the Real-time Suspected Suicide Surveillance system went live in Herefordshire, the system collects data on suspected suicides before inquest conclusions. This allows for timely bereavement support and targeted prevention efforts and is led by Public Health, West Mercia

Police, and the Coroner's Office. To complement this system we established the Herefordshire Suicide Audit Group, comprised of key stakeholders who meet quarterly to share insights and identify trends from the surveillance system. This group works collectively to develop effective prevention and postvention interventions.

To further contribute to our understanding of suicides in Herefordshire, comprehensive engagement work was undertaken across the county during 2024 to inform the strategy. This work aimed to capture the perspectives of residents, organisations, and individuals with lived experience of suicide. It included discussions with service users, providers, and the local Youth Board through one-on-one conversations, an online survey, and semi-structured interviews. For a detailed breakdown of engagement activities and findings, refer to Appendix (p19).

Monitoring data and gathering intelligence from local sources is essential in informing the work we do to prevent suicides in Herefordshire. It helps us pinpoint underlying factors contributing to suicide risk and enables us to detect early signs of potential suicide clusters and emerging trends.

---

**1** Herefordshire Council, 2023 Herefordshire Joint Local Health and Wellbeing Strategy 2023 - 2033



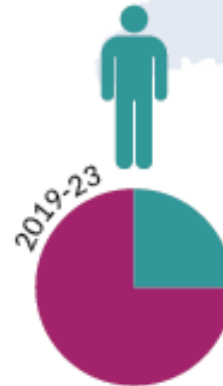
SINCE 2001



Since 2001 ¾ of suicides in Herefordshire occur in males (the same as National average).



Between a death occurring and its registration in Herefordshire



Suicide has accounted for 1 in 4 deaths in men under 35 in Herefordshire.

45-64



Highest rates of suicides in Herefordshire are in 45-64 year olds (2018-2022)

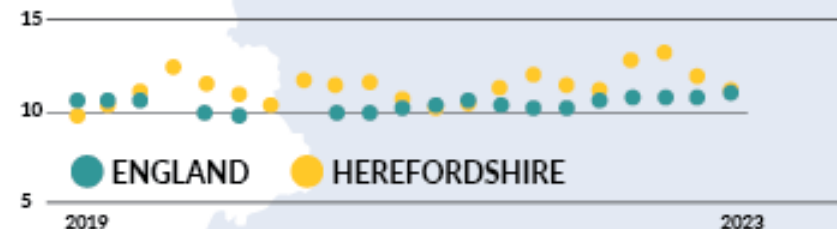
18

Number of Deaths in Herefordshire: on average

/year since 2001



Suicides per 100,000



Suicides per 100,000 for England and Herefordshire: Fingertips | Department of Health and Social Care

Combined data from: Herefordshire Council analysis of Primary Care Mortality Database, NHS Digital/ Office of National Statistics/ Department of Health and Social Care Fingertips

To compare Herefordshire data with that of England and Wales please visit the following website: [Suicides in England and Wales - Office for National Statistics](https://www.gov.uk/government/collections/suicides-in-england-and-wales)



# What have we done so far

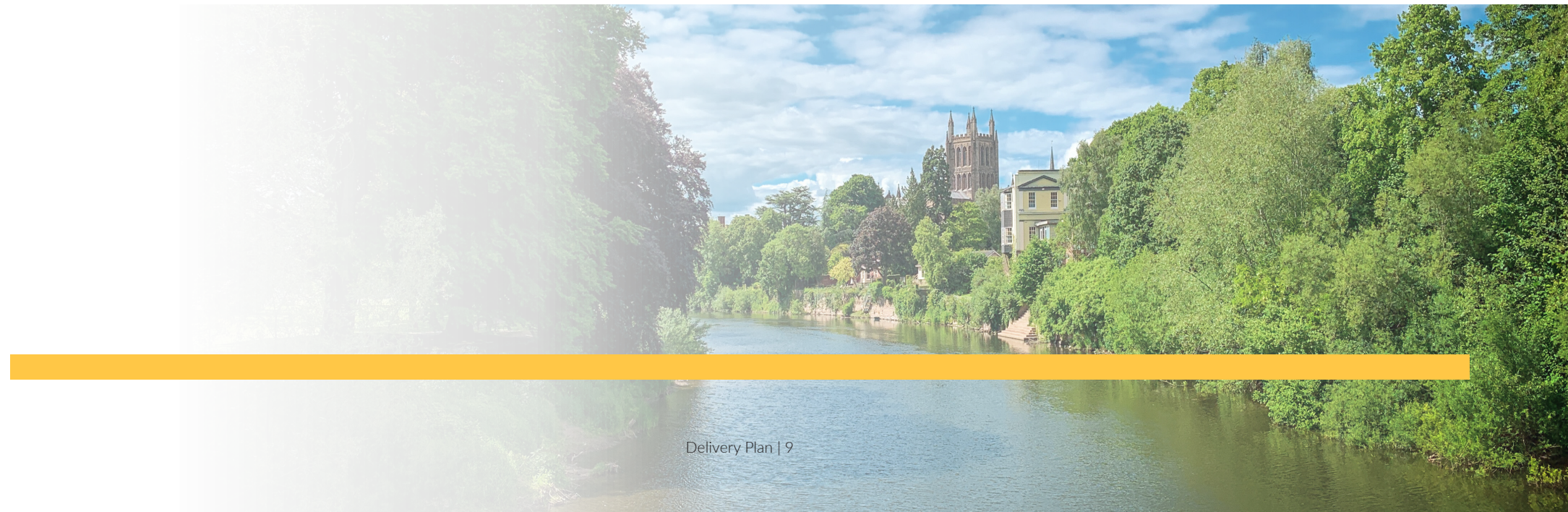
Since the implementation of the previous Herefordshire Suicide Prevention Strategy (2019-2023) and action plan, there has been significant progress in the following areas:

## Partnership Working

A Herefordshire Suicide Prevention Working Group has been formed to create a collaborative, community-based approach involving those with lived experience, expert organisations and those wishing to support preventative work across the county. Additionally, a Herefordshire Suicide Audit Group has been developed, providing professionals with a platform to review local data and coordinate targeted, strategic actions.

## Community Offer

Funded Suicide Awareness Training is now available for Herefordshire residents and workers, along with free Workplace Wellbeing sessions for local businesses to enhance their understanding of mental health and suicide prevention and improve their wellbeing offer. The Orange Button Community Scheme has evolved across Herefordshire and Worcestershire to provide community-based suicide prevention support, with over 850 participants wearing the button. Furthermore, voluntary organisations and community groups continue to provide essential support.



## Communication

Enhanced communication around suicide prevention has been achieved through the 'Now We're Talking' campaign, a partnership between Herefordshire & Worcestershire Health and Care Trust, Herefordshire Council, Talk Community, Worcestershire County Council, and Stay Connected. Local media coverage has increased for national campaigns and promotion of local mental wellbeing services, while suicide prevention signage and information has been improved across the county.

## Resources

New resources have been introduced, including the Real-Time Suspected Suicide Surveillance system, alongside the appointment of a dedicated Suicide Prevention Officer within the Herefordshire Council Public Health team. The Talk Community website has been updated to offer targeted suicide-related information, support, and signposting. Additionally, NHS Mental Health Services have revised patient risk assessments to provide more personalised support.

## Postvention Support

Funded suicide bereavement support is available for individuals aged 4 and up, with options for one-on-one or group sessions available in person or via telephone. There is also access to a number of alternative bereavement support groups available across the county for all ages.



Photo credit: WCC



# Guiding principles

**Suicide is Preventable:** Through awareness, education, and timely intervention, we can save lives.

**Across All Ages:** Suicide can affect individuals of any age, so prevention and postvention support must be accessible to all.

**Collaborative Approach:** Effective suicide prevention and support requires a coordinated effort across multiple partners and those with lived experience.

**Local Needs Matter:** Data and intelligence will shape our approach and reflect the unique cultural, social, and demographic needs of Herefordshire.

**Relevance:** Our strategy should resonate with all residents and workers in Herefordshire, ensuring it is practical and beneficial for everyone.

**Shared Responsibility:** Everybody has a role to play in suicide prevention.

*“Things that made me happy didn’t have an impact anymore, so I knew I was slipping downhill – The Cart Shed caught me before I fell and it’s been a life-saving intervention.*

*At a point of near crisis I felt really supported here, in a safe place. It helped me focus on how to put my thoughts in order. I could have stopped work and studying, but I was able to carry on. Now I have a plan in place and am looking forwards.*

*It’s lifted me up, being around other people and being in nature, we’ve all helped each other, and there’s group benefit.”*  
[Anonymous]

# Our commitments

## Making suicide everyone's business

**Encourage all partners to play their part in suicide prevention**

- Promoting open conversations and better use of language to reduce the stigma of suicide
- Support organisations to provide consistent messaging

### **Work with local, national and social media outlets**

- Promote positive stories about mental health and help-seeking behaviours – help empower individuals
- Work with colleagues to monitor media coverage and use Samaritans guidelines for reporting on suicide

### **Support a Community approach**

- Increase individual's awareness of looking after their own wellbeing and the risk factors of suicide
- Ensuring advice and support is accessible and that people know where they can go

## Strengthen mental health and early intervention support

**Increase awareness of local support, training and activities**

- Offer suicide prevention and mental health training, targeting those high-risk professions
- Support community activities in rural areas, and areas of need
- Create a local offer to include in education settings to target support at a young age

### **Support use of wellbeing plans for a personalised approach**

- Make wellbeing plans, also known as safety plans, more widely recognised
- Work across multiple agencies to ensure use of wellbeing plans
- Provide support and training for professionals on how to create a wellbeing plan

### **Create innovative ways of supporting our residents**

- Explore different ways in which support can be accessed
- Establish Partnerships to consider external funding opportunities to deliver projects

# Improving data and evidence

## Provide up to date local data

- Maintain and share data from our Real-time Suspected Suicide Surveillance system to stay informed of local trends and demographic characteristics of those at risk
- Regularly review the latest statistics, data and research to identify emerging trends, effective interventions, and areas for improvement
- Collaborate with our multiagency Suicide Audit Group to facilitate the sharing of data, best practice and research findings for informed decision-making

## Inform service delivery

- Provide data-driven insights to inform service commissioning decisions, ensuring that allocated resources are targeted toward high-need areas and effective interventions
- Offer data and evidence to support grant applications, funding proposals, and programme evaluations

## Use data and evidence to support those at risk

- Facilitate timely and secure exchange of information across partners to ensure effective support and crisis response
- Share relevant research and evidence with practitioners working with those at risk of suicide

# Expanding Partnership working

## Maintain and build trusted relationships

- Continue to develop and strengthen the multi-agency suicide prevention networks
- Collectively utilise community assets and programmes of work to help reduce risk

## Improve accessibility and delivery of services

- Collaborate with commissioners and service providers
- Collectively understand responsibilities and boundaries of services

## Create a safer community

- Work with partners to identify, intervene and respond to high-risk locations and means
- Share insights with relevant partners to create protective environments

## Use local intelligence

- Continue to monitor suicide data and intelligence to identify priority groups and any emerging issues
- Work with partners to understand our local priority groups and ensure approaches are tailored to their support needs



# Identify and support priority groups

## Identify support for priority groups

- Understand what support is already available and identify any gaps
- Ensure that targeted support is effectively promoted and widely publicised

## Make support accessible

- Ensure appropriate pathways are in place to access support.
- Consideration should be given to where, when and how support is offered.
- Co-ordinate a countywide prevention campaign aimed at groups identified as higher risk of suicide

### National Priority Groups

Children and young people	Middle-aged men	People who have self harmed
People in contact with mental health services	People in contact with the justice system	Austistic people
		Pregnant women and new mothers

## Our Story: We Are Farming Minds

We Are Farming Minds is a registered charity founded by Sam and Emily Stables, a local farming couple dedicated to breaking the stigma surrounding mental health. We support the farming community of Herefordshire through free counselling, a confidential 24/7 support line, and bespoke mental health awareness training. In the 2022/23 period, we provided 900 counselling sessions and continue to see demand grow.

To reduce isolation that is often felt within farming, we host free social events including 'One Foot in the Grain', a monthly gathering for farmers over 50 to visit different farms across the county, enjoy good food and speak with fellow farmers. As well as 'Woman What Farm' which features varied monthly activities, ranging from paddleboarding to pampering, enabling women in agriculture to connect, recharge, and discover new interests.

# Provide effective crisis support

## Understand that 'crisis'

- Recognise 'crisis' can mean a wide range of situations and levels of need
- Partner with key organisations to provide essential training and resources on suicide prevention and postvention for staff and colleagues

## Ensure that the right support is available at the right time

- Provide up to date information on available crisis services, outlining their capabilities and how they can assist individuals in need
- Focus on reducing the time it takes for individuals to access crisis support, ensuring a prompt response to urgent needs

## Enhancing Accessibility of Crisis Support

- Ensure that crisis support is accessible to all individuals. This includes creating resources and services that cater to diverse populations
- Work across multi-agencies to identify gaps in services and enhance the collective response to crises



## Our Story: Herefordshire Safe Haven

Safe Haven at Herefordshire Mind is a no-judgement, active listening service that can help support and signpost adults in Herefordshire who are in mental distress, whatever their situation; our aim is that no-one in Herefordshire should have to face a mental health problem alone. Since opening in March 2020, we've supported almost 1,000 individuals get the help they need during their mental health journey. We are open 365 days a year, 5pm-10pm via telephone (01432 372 407) and can offer face to face support at our HQ on Widemarsh Street by appointment.





## **Our Story: Bereaved By Suicide Service**

Herefordshire Bereaved by Suicide Service offers free and confidential support to individuals aged 4 and over who have experienced the loss of a loved one to suicide. They understand that grief can be a complex journey, and it doesn't matter when the loss occurred, the service is open to anyone who has been affected, including family members, friends, colleagues, and more.

The service provides personalised support tailored to the unique needs of each individual. They provide a flexible approach, offering home visits to create a comfortable and familiar environment for clients. However, recognising that this may not suit everyone, they can also arrange alternative meeting locations or options to best accommodate individual preferences.

## **Offer of suicide bereavement information and support**

**Increase awareness of suicide bereavement services and support**

- Continue to share information to the community on the services and support available
- Ensure services are providing effective and compassionate support and signposting for those bereaved by suicide

**Ensure accessibility of support for all-ages**

- Provide support to educational settings with the relevant tools and resources
- Collaborate with employers to develop initiatives that provide support to employees affected by suicide

**Improve support and understanding to those affected by suicide**

- Explore and develop support options for individuals who have been impacted by suicide, but who may not have directly lost someone to suicide.
- Consider training options for professionals in understanding the unique challenges faced by those affected by suicide.



# Our partners

Suicide is everyone's business, and we are committed to working with partners, including those listed below, to strengthen prevention efforts and reduce suicide rates in Herefordshire:

Herefordshire  
Health & Care  
Trust

Integrated Care  
Board

Wye Valley Trust

West Mercia  
Police

Herefordshire &  
Worcestershire  
Fire and Rescue

Adult and  
Children's Social  
Care

Coroner's

Officers of Health  
and Disparities

HM Prison and  
Probation Service

Transport for  
Wales

National  
Highways

Herefordshire  
Safeguarding  
Partnership

British  
Transport  
Police

Worcestershire  
County Council

Turning Point

Herefordshire  
Primary Care  
Networks

Education  
Settings

Our  
Community

We also recognise that prevention efforts begin before the suicide prevention strategy, and we will work alongside other strategies that address key risk factors and priority groups, including but not limited to:

- Herefordshire Joint Health & Wellbeing Strategy
- Herefordshire Carers Strategy
- Herefordshire Community Safety Strategy
- Herefordshire Domestic Abuse Strategy
- Herefordshire Homelessness Prevention and Rough Sleeping Strategy
- Herefordshire and Worcestershire Joint All Age Autism Strategy.

# Call to action

Let's change the conversation around suicide.

In 1961, suicide was de-criminalised, but incorrect and stigmatising language persists. Let's choose words that heal and uplift.

## Say this...

"Died by suicide" or "taken their own life"

"Suicide attempt" or 'non-fatal attempt'

"Increased rates" or "higher rates"

"[Name] is having suicidal thoughts"

## Instead of this...

"Committed suicide,"  
"successful suicide" or "completed suicide"

"Failed suicide" or  
"unsuccessful suicide"

"Suicide epidemic"

"[Name] is suicidal"

## Our Story: Baton of Hope

In Autumn 2025, Herefordshire will take part in the UK's biggest suicide prevention initiative, Baton of Hope, by hosting a leg of their second UK tour.



This event provides an opportunity to 'stand up to suicide', advocate for change, and support those affected by suicide. Education will be at the forefront of the event, aiming to empower supporters with the knowledge and tools to better understand suicide, challenge stigmas, and drive meaningful conversations.

Suicide is a critical issue for rural counties like Herefordshire and the Baton of Hope campaign provides a unique opportunity to highlight this issue, particularly amongst agricultural and rurally-isolated communities, to create a lasting legacy of support. This will be a significant step in changing the conversation about suicide in Herefordshire.

Boost your skills and knowledge by completing the Zero Suicide Alliance's free online courses:

[www.zerosuicidealliance.com/suicide-awareness-training-courses](http://www.zerosuicidealliance.com/suicide-awareness-training-courses)



# Appendices

## Suicide Prevention Strategy – Engagement Analysis

Date: 31/12/2024 Author:

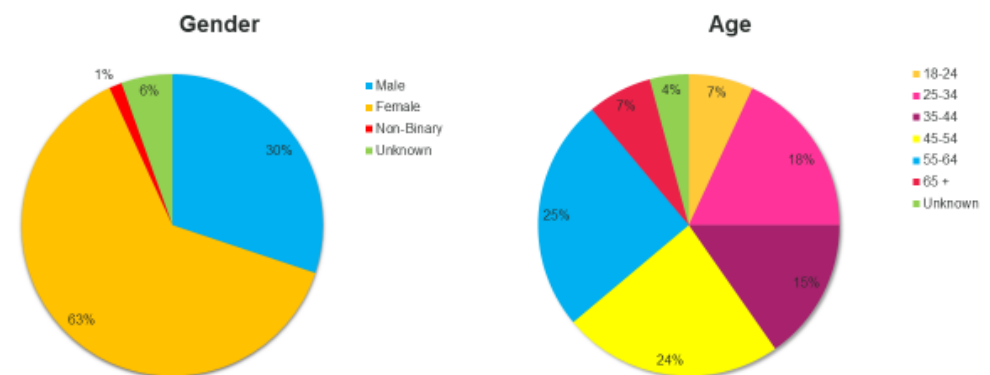
Dr Ryan Davies – Public Health Registrar.

**Purpose.** Outline to local stakeholders the key issues raised from the thematic analysis of public engagement and actions to guide future strategy, on the topic of suicide prevention.

**Background.** The engagement was completed on 8th Nov 2024 and comprised 3 key components:

- **Service Providers.** Engaged 34 organisations/services/partnerships in Herefordshire
- **Service Users.** Comprised a further 2 components:
  - Received responses from 64 participants to the public survey
  - 7 lived-experience interviews, providing greater detail to survey responses
- **Youth Board** – similar to public survey with extra 'solution focused' questions

- Service provider data was largely representative covering most available organisations. However, user surveys and interviews were limited by respondent demographics (fig 1.).





## Key points – Qualitative Analysis

The survey questions included reasons for suicidal ideation and reaching crisis, awareness of services (see quantitative below) and experiences of help seeking and use. The youth board survey also included questions on anti-stigma and raising awareness initiatives. The service provider questions related to case-mix, reasons for use, degree of suicidal ideation encountered and pathways used. Finally – what is currently working and not working. These last 2 questions can also be used to analyse user responses to service experiences. Therefore, most actionable analysis may be distilled as follows:

Working	
Service Users	Non-medical / less formalised services Various success stories through: Voluntary sector Community groups Intrinsic support networks Human connections
Service Providers	Ways of working Partnership working and collaboration is frequently mentioned (especially third sector) Training (when available) & Triaging Teams who support each other Quick allocations to key workers Good support (variable by organisation) Innovative ways of working Peer led support (variable by organisation) Improved processes
Not working	
Service Users	Formalised medical services: 'Long Waiting lists', 'Impersonal', 'Overburdened', 'Labelled', 'No space', Lack of options, Crisis point – timing and availability
Service Providers	Wait times & capacity formal service > shift to voluntary All stepping up beyond initial scope – need more training and tangible guidance, risk management, oversight and support and welfare for staff Inappropriate pathways or 'nowhere to go' for patients Key marginalised groups missed – neurodivergent Lack of early intervention/ preventative services Lack of inpatient services (limited escalation measures) Lack of joint working (particularly emergency services with dedicated MH/ medical services) Need for more training at every level

Crisis Factors: Trauma, Relationships, Work/ Educational stress/ Loss, Health, Other.

**Youth Survey:** Greater openness on MH, hearing lived experiences, teaching in schools.

### Key points – Quantitative Analysis

This comprised awareness of services and likelihood of use on a rating scale.

- 91% of people completing the survey had been affected by suicide.
- For each risk factor of suicide, outlined in the National Strategy, over ¾ of participants found these to be contributory. While 27% of participants also listed other factors.
- Samaritans (98%) and Herefordshire Mind (94%) were the most known services, while Border Rural Chaplaincy (10%) and Victim Support (41%) were the least known.
- While a lot of people had heard of a number of services, many had not used them.
- Primary care still remains the majority first choice for help seeking (78%).

Overall, this analysis highlights several clear themes that provide much needed context and can be built upon to guide the subsequent prevention strategy and action plans.

### Distilled themes and potential actions to guide strategy

Theme	Potential Action	Impact
Loss of Human Connection	Network Building Utilise existing places & spaces	Enable Social Capital Bonding Bridging & Linking Increase chance of early intervention
Personalisation	Services: something for everyone Delivery: more humanised	Increased preferred service/ options and therefore use by those in need Early intervention
Empowerment	Self-help to improve self-efficacy	Less labelling, more enabling
Increased awareness	2 Strands – Those in need and those in deed. Build trust	Know where to go and know what to say and do. Unburden primary care as first option
Timeliness – Particularly crisis	Availability and escalation prioritised across services	Reduced potential harm
Staff training and support	Risk management oversight Upskill staff – maximise training and awareness opportunities	Improved service delivery Improved staff wellbeing Chances for collaborative working
Joined up working	Build upon previous 'Better Together' Template	Help with 'appropriate pathways' Efficiency of cross referral, training and supportive opportunities.