

Mental Health and Suicide Prevention

Public Health and Health Integration Scrutiny Commission

Date of meeting: 24/03/2026

Lead director/officer: Rob Howard

Useful information

- Ward(s) affected: All
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1. Summary

1.1 This report is to update the Public Health and Health Integration Scrutiny Commission about the latest work on Suicide Prevention and to promote mental wellbeing in Leicester. It builds on recent papers to inform the Commission about the Leicester, Leicestershire, and Rutland (LLR) Suicide Prevention Strategy 2024-2029.¹ In addition to oversight by local authorities, actions on suicide prevention are reported to the LLR Mental Health Collaborative.

1.2 Suicide prevention is a local and national priority. The suicide prevention strategy and action plan for LLR have been developed by local authority Public Health teams to reflect the work of a multi-agency partnership. It was developed through engagement with stakeholders, partners and people with lived experience with the aim of addressing local needs and aligning with the national strategy.

1.3 This work is underpinned by Real Time Suspected Suicide Surveillance Data (RTSSS). This is collected by police first responders and is a way of tracking potential death by suicide. The data is labelled suspected suicide because it is not coroner confirmed. Using RTSSS is a way of identifying, monitoring, and responding to emerging trends and risks. It helps the local partnership to support people who've been bereaved or affected by someone dying unexpectedly and to improve local intelligence about those people who are most vulnerable to death by suspected suicide.

1.4 The Commission was previously briefed on the local strategy. This emphasises that "suicide is everyone's business." It focuses on early intervention, reducing stigma, and providing targeted support to high-risk groups. Some key areas of concern include

- Targeting support for people in high-risk demographics.
- Implementing "Mental Health Friendly" places and clubs to upskill the community in having conversations about mental health.
- Using RTSSS to focus support on identified locations and groups.
- Enhancing support services for those affected by suicide.

1.5 Regarding local data, while the rate of death by suicide in Leicester has fluctuated it is not significantly higher than the national average. According to RTSSS, in 2025 26 people from Leicester were reported to have died by suspected suicide.

1.6 Mental Health Friendly Places and Mental Health Friendly Clubs are part of the LLR response to promote better mental wellbeing and support people in adversity, who may be experiencing suicidal thoughts. They are mental health-friendly, safe, and supportive spaces which have received training and are part of a network of organisations which share information and good

¹ See [Leicester, Leicestershire and Rutland \(LLR\) Suicide Prevention Strategy 2024-2029](#)

practice. More about these initiatives can be found on Start a Conversation, the LLR Suicide Prevention website.²

1.7 There are 97 organisations signed up as MHFPs and clubs. These are situated in areas where the need is greatest, such as Beaumont Leys, Braunstone, Evington, Eyres Monsell, New Parks and St Matthews. 516 people have accessed the MHFPs training offer.

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission is invited to note

- The LLR Suicide Prevention Strategy prioritises evidence-based, cross-sector action to target support for people in high-risk groups.
- Strategic action is owned by the LLR Suicide Audit and Prevention Group and is in line with the LLR Mental Health Collaborative.
- Death by suicide reflects wider inequalities, with those living in the most deprived areas likely to be worst affected.
- Initiatives linked to Mental Health Friendly Places are being developed across Leicester communities, especially in areas of greatest need, to promote safe, sensitive communication for people experiencing adversity in their everyday lives.

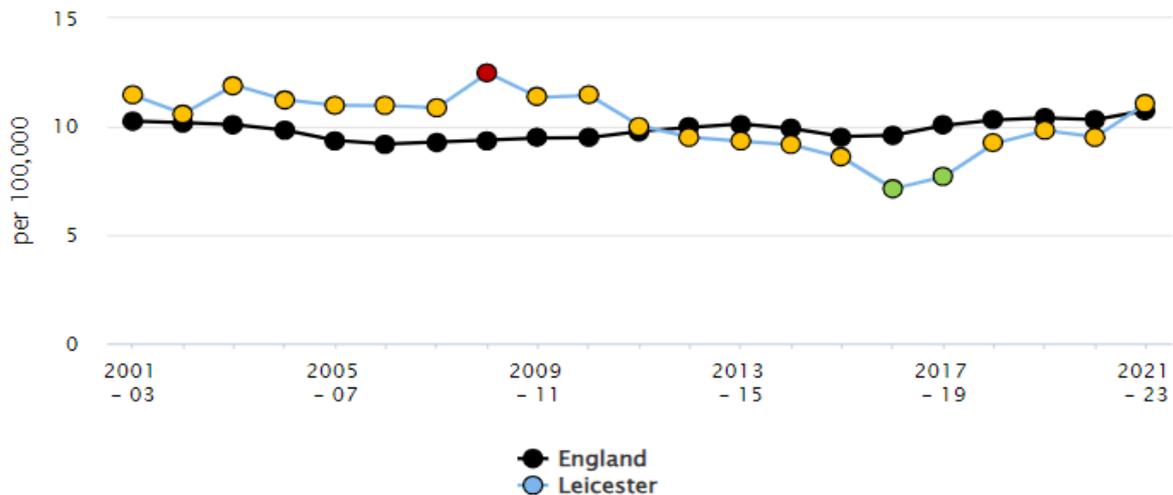
3. Detailed report

3.1 Risk of death by suicide reflects wider inequalities. There are differences in suicide rates according to people's social and economic circumstances with those in poorer communities more likely to be affected.

3.2 Official data for the rate of death by suicide is based on coronial verdicts. It is collected by the Office for National Statistics (ONS) and collated as a 3-year rolling average. Figure 1 below shows the trend in the rate of death by suicide for Leicester since 2001. The suicide rate for all persons in Leicester was 11.1 per 100,000 population for 2021-23. This rate is not significantly different to the national average suicide rate of 10.7 per 100,000 population. The suicide rate in Leicester has not been significantly different to the national average since 2001-3, other than in 2008-10 when it was higher and 2016-18 when it was lower.

Figure 1: Suicide rate (Persons) Leicester Source: ONS

² See <https://www.startaconversation.co.uk/>



3.3 As reported above, local initiatives are informed by RTSSS data. There were 26 people who were recorded as having died by suspected suicide in 2025. This was slightly less than the average annual figure for Leicester since RTSSS started in 2018.

3.4 RTSSS data allow for in-depth investigation of risks. In the period 2018-2025, 251 Leicester residents were recorded to have died by suspected suicide of whom 61.5% were resident in the most deprived, and 23.8% in the next most deprived, quartiles.

3.5 In Leicester, the median (the middle number in an ordered list of numbers) age of people dying by suspected suicide is 42 years for men and 38 for women. About 75% of people who die by suicide are men.

3.6 Public health approaches in Leicester focus on working with local communities to protect those who are most vulnerable, for example supporting people and families in debt, those living in poverty, people who are homeless, unemployed and those experiencing loneliness and isolation is vital to reducing risk.

3.7 MHFPs are the main community response for mental wellbeing and suicide prevention. Organisations which sign up to become a MHFP access free training including Mental Health First Aid, Samaritans Listening Skills, suicide prevention e-learning, healthy conversation skills, real talk suicide prevention, supporting others to develop a safety plan). As of March 2026, there are 97 MHFPs in Leicester and 516 people had accessed the training offer. As reported above, MHFPs are in some of the places of greatest need across Leicester.

3.8 MHFPs contribute to the LLR suicide prevention strategy by raising awareness about mental wellbeing, promoting resilience to mental illness, improving access to wellbeing support in Leicester neighbourhoods, developing supportive networks and evaluating impact.

3.9 One MHFP offers this case study:

‘we have had someone visit us a few times over the last few months, and on one visit to us, our staff who have done the e-learning and the Mental Health Aware training, started noticing some of the signs that he may be experiencing a very difficult time, and that

things might be more serious than he was letting on. Our staff were able to navigate a chat with him, asking him direct questions whilst also listening to him, being able to offer direct support in simply being available to chat, and ready to signpost him to other support and help.

Just under a week later, he came back in and seemed a lot better in himself. He told us that, whilst he hadn't at that point been feeling like he was thinking about "doing anything", he said "I have done before though", and that on his last visit, he had been "very low". He thanked the staff member for listening and making him 'feel welcome', and said he appreciated that we didn't make him feel embarrassed or judged when he had started crying a bit. He stated that it made him realise that coming to our project was something he really looked forward to, and that "lots of places just don't make the time to get to know people".

He now comes to our project nearly every week and is training to be a Buddy Team Mentor to welcome new people who come to the project, showing them around the site and where the tea and coffee is etc, and always lets other people know if they have anything they want to talk about, they should find one of the team for a chat.'

3.10 The ethos underpinning MHFPs is in line with NICE Guidance on Community Engagement. This provides advice on ways to draw on local knowledge, to bring together people in communities to plan, design, develop, deliver, and evaluate action to protect health.³ This community development approach aligns with emerging integrated care programme in which the LLR Mental Health Collaborative prioritises placed based approaches. It also supports delivery of the local and national suicide prevention strategies and the need to tackle health inequalities.

3.11 There is increasing focus on supporting men to access support. This reflects the higher risk of suicide in men and is in line with the new national government strategy on men's health.⁴ Helping men to access mental health support involves overcoming stigma, encouraging action through direct conversation, working with community groups which focus on supporting men, male role models, and reducing barriers to support by highlighting the strengths to be drawn from seeking help.

3.12 IN November 2025 the Together for Men Conference⁵ was held at the Leicestershire County Cricket Ground on Grace Road. It was an opportunity to showcase, connect and strengthen the range of support, services and community initiatives available for men across LLR. It focused on the importance of mental and physical wellbeing and social connection. It was an opportunity for members of the public with an interest in men's mental health to network with key partners and highlighted the ongoing efforts to support men in MHFPs, Mental Health Friendly Clubs and organisations such as Active Together and the Leicestershire and Rutland County Football Association. More than 100 people attended on the night.

3.13 Since the conference MHFP and Vita Health have started to co-produce a men's mental health training for professionals and community organisations with an interest in supporting men. MHFPs are also working with LPT to produce a men's support booklet

³ [Overview | Community engagement: improving health and wellbeing and reducing health inequalities | Guidance | NICE](#)

⁴ [Men's health: a strategic vision for England | CP 1432](#)

⁵ [Mens Mental Health Agenda.docx](#)

with details of local services that support men with their health and wellbeing that can be passed to patients when they are discharged from hospital as well for people in more general need of support.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

Signed:

Dated:

4.2 Legal Implications

There are no direct legal implications arising from this report. The programme and strategy detailed aligns with the authority's statutory duties to identify and safeguard vulnerable adults and children and supports its obligations under the Human Rights Act in particular, that within Article 2 Right to life

Signed: S Holmes

Dated: 16th March 2026

4.3 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

This report updates the Commission on progress with the Leicester, Leicestershire, and Rutland (LLR) Suicide Prevention Strategy 2024-2029. Suicide risk reflects wider inequalities, with higher rates among those in the most deprived areas, men (75% of cases, median age 42), and groups facing poverty, homelessness, unemployment, debt,

loneliness or isolation. Local data shows Leicester's suicide rate (11.1 per 100,000 for 2021-23) aligns with the national average. Targeted action focused in high-need wards like Beaumont Leys and New Parks and men's initiatives embed equality by prioritising high-risk demographics, reducing stigma, and promoting accessible support. Having a continued coordinated response to deliver support for those affected by suicide will have a positive impact on people from across all protected characteristics.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148

Dated: 16 March 2026

4.4 Climate Emergency Implications

Whilst there are limited climate emergency implications associated directly with this report, working to improve access to mental wellbeing support, particularly in deprived communities, can have the co-benefit of increasing the resilience of these communities to future changes and impacts.

It is also worth noting that because service delivery generally contributes to the council's carbon footprint, any impacts of this work can be managed through working to encourage and enable the use of sustainable travel options, considering the energy efficiency of any buildings used, using materials efficiently and following the council's sustainable procurement guidance, as applicable to the programme.

Signed: Phil Ball, Sustainability Officer, Ext 372246

Dated: 16th March 2026

4.5 Other Implications

Signed:

Dated:

5. Background information and other papers:

6. Summary of appendices: