

<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE</b> Suicide Prevention	
<b>REPORT OF</b> Director of Health and Wellbeing	
<b>FOR SUBMISSION TO</b> Health and Adult Social Care Scrutiny Committee	<b>DATE</b> 1 December 2025
<b>SUMMARY OF REPORT</b>  <p><b>This report discusses suicide. Please only read it if you feel comfortable. If you need any additional support, there are resources listed in appendix A.</b></p> <p>This report presents data to understand the picture of suicide in Camden. It provides an overview of how we respond to suicides and possible suicide clusters, and the approach to suicide prevention in Camden. The approach is driven by the local Suicide Prevention Strategy whose key messages are:</p> <ul style="list-style-type: none"> <li>• Suicide is preventable,</li> <li>• It's safe to talk about suicide,</li> <li>• Suicide prevention is everyone's business.</li> </ul> <p>The Strategy priority areas to deliver the goal of reducing suicides in Camden are outlined in this report, along with next steps, and are:</p> <ul style="list-style-type: none"> <li>• Build a partnership for suicide prevention,</li> <li>• Enable a skilled workforce, confident to address suicide risk,</li> <li>• Increase support to key high-risk groups,</li> <li>• Improve data collection, monitoring, and insight.</li> </ul> <p><b>Local Government Act 1972 – Access to Information</b>          No documents that require listing have been used in the preparation of this report.</p> <p><b>Contact Officer:</b>          Nina Job, Public Health Senior Strategist, Health and Wellbeing Department          London Borough of Camden, 5 Pancras Square, London N1C 4AG          E-mail: <a href="mailto:nina.job@camden.gov.uk">nina.job@camden.gov.uk</a></p>	
<b>RECOMMENDATIONS</b> That the Committee is asked to note and comment on the contents of the report.	

Signed:



Kirsten Watters, Director of Health and Wellbeing  
 Date: 19/11/2025

**NB: This report discusses suicide. Please only read it if you feel comfortable. If you need any additional support, there are resources listed in appendix A.**

## **1. Purpose of Report**

- 1.1. This report is about suicide prevention in Camden and aims to do two things. It presents national data to report the rate of confirmed suicide and describes how local data about suspected suicides is used. It provides an overview of how we respond to suicides and the approach to suicide prevention in Camden.

## **2. Data**

- 2.1. There are three sets of data that are vital in understanding suicide. Firstly, national data on confirmed suicides helps us to understand trends and compare with other areas. Secondly, London data on suspected suicides is useful for taking timely action to support communities and staff following a fatality. Finally, there are excellent communication channels between Council departments, through which Health and Wellbeing colleagues are directly informed and involved by colleagues following a fatality, again this helps to facilitate timely support.

### **2.2. Confirmed suicide data**

- 2.2.1. Data on confirmed suicide is published annually by the Office for National Statistics<sup>1</sup> (ONS). It reports the number and rates of deaths. Whilst numbers are small, it is important to remind ourselves that behind every data point are real people – whose lives have been lost and whose family, friends and communities have been impacted.
- 2.2.2. In England and Wales, all deaths by suicide are certified by a coroner and cannot be registered as a suicide until an inquest is complete. This results in a delay between the date when the death occurred and the date it is registered and subsequently reported by the ONS as a suicide.
- 2.2.3. Figure 1 below shows that suicide registrations in England have increased in the five-year period 2019 to 2024, from 5,316 to 5,717. The reduction in 2020 is thought to be pandemic related. Suicide registrations for Inner London have also increased slightly but remained relatively stable. Camden data shows higher volatility in suicide registrations numbers; however, this is due to small numbers.

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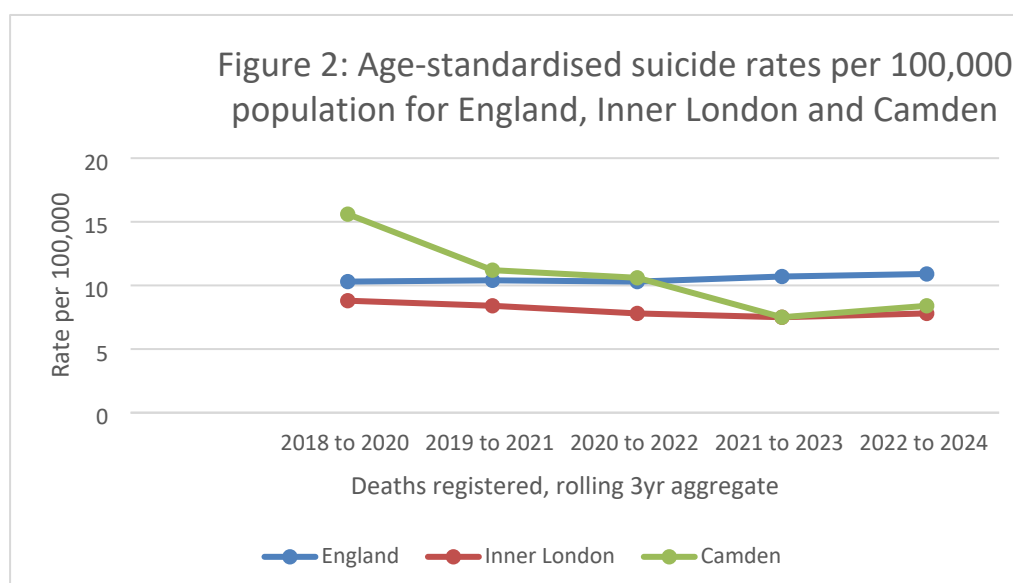
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidebylocalauthority>

**Figure 1:** Number of suicides, all persons, registered 2019 to 2024, England, Inner London and Camden

Area	Year of registration of suicide					
	2019	2020	2021	2022	2023	2024
England	5,316	4,912	5,219	5,284	5,656	5,717
Inner London	248	246	224	214	223	261
Camden	19	27	9	19	14	

- 2.2.4. Due to small annual numbers of suicides at a borough level, data on rates is presented by adding 3 years of data together and presenting it per 100,000 population. It also takes into account the age breakdown of a population, to allow for comparison.
- 2.2.5. Figure 2 below shows that the suicide rate England rose very slightly from 10.3 per 100,000 population (2018–2020) to 10.9 (2022–2024). Rates for Inner London show a small decline over the same period, from 8.8 to 7.8. Rates for Camden have been higher than Inner London's, but in the most recent two data periods are similar and have declined overall.

**Figure 2:** Age-standardised suicide rates per 100,000 population for England, Inner London and Camden



## 2.3. Suspected suicide data

- 2.3.1. The Real Time Suspected Suicide database (RTSS) is a platform to securely collect and share real-time data on suspected suicides in London between multiple agencies. It has been operational since 2020. The platform is co-hosted by Thrive LDN suicide prevention programme, the Metropolitan Police Service, and partners include Mental Health NHS Trusts, other Blue Light services and London local authorities. The system uses police records of potential suicides, inputting data from the reports completed by police following attendance at all unexpected deaths. Since its inception, the RTSS

has become a vital source of information for local authorities in their role leading suicide prevention in local areas.

- 2.3.2. The information provided by the RTSS, is reviewed regularly and supports suicide prevention in several ways:
- The real-time nature of the information allows local authorities and others to provide targeted and responsive bereavement support.
  - The real-time information and insight gained from the RTSS enables an ongoing understanding of suicides.
  - The immediate nature of the data allows the investigation and identification of possible suicide clusters and the initiation of response plans to prevent further deaths related to a cluster (see **section 3.1.2**).
- 2.3.3. The RTSS reported that 90 Camden residents died by suspected suicide between November 2019 and September 2025, some of these deaths may subsequently be deemed not to be suicides following an inquest. However, they will still require the attention as described below, as the initial impacts of a sudden, unexpected death, will still be felt.

### **3. Suicide prevention: activities and achievements**

#### **3.1. Responding to suicides**

- 3.1.1. Responses to deaths by suspected suicide across Camden are both timely and supportive.

#### **3.2. Support for residents and staff**

- 3.2.1. Deaths by suicide have a profound effect on families, professionals and communities, by precipitating both physical and emotional grief responses in impacted individuals<sup>2</sup>. Those bereaved or impacted by suicide, can be at higher risk of dying by suicide themselves. People who live, work or study in Camden have access to Amparo<sup>3</sup>, a specialist 'support after suicide service' that provides emotional and practical support following a fatality.
- 3.2.2. Over the past nine months there has been an intensive focus on the wellbeing of communities and workforces affected by suicide bereavement. This has included raising awareness of Amparo and increasing awareness amongst staff of the wide-ranging impact on residents, communities, themselves and wider workforces.
- 3.2.3. There have been high levels of timely engagement with communities impacted by fatalities and teams across the council that have, or are more likely to, encounter an incident (such as Housing and Children and Adult Social Care). Amparo have worked with the council to deliver this support, hosting facilitated, supportive meetings within community settings and within

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<sup>2</sup> <https://nspa.org.uk/wp-content/uploads/2022/05/Suicide-bereavement-in-the-UK.pdf>

<sup>3</sup> <https://amparo.org.uk/our-locations/north-central-london/>

workplaces with groups of staff. As a means of suicide prevention, this has become a priority action after a suspected suicide death.

### 3.3. Suicide cluster response

- 3.3.1. A suicide cluster is a “situation in which more suicides than expected occur in terms of time, place or both” and that “usually includes three or more deaths; however, two suicides occurring in a specific community or setting (for example a school) in a short period of time should also be taken very seriously in terms of possible links and impacts”<sup>4</sup>. A suicide cluster can cause other suicides to occur with the same, or some of the same, characteristics. Therefore, they need to be investigated, and action taken, to prevent further deaths.
- 3.3.2. A Suicide Cluster Response Plan has been developed based on national guidance<sup>5</sup>, which provides a process to bring organisations together to ascertain whether a cluster has occurred and to take mitigating action.
- 3.3.3. Earlier this year, four deaths by suspected suicide, by the same means occurred within Camden during an 8-week period. The Plan was mobilised, and a multi-agency cluster response meeting was held to review the cases and ascertain any links between the deaths which might suggest a cluster. The meeting was used to review available data to understand the timing and circumstances of the suicides; to record characteristics of the individuals involved and the nature of their deaths, as well as to identify any similarities and possible links between the deaths (for example in terms of method used, knowledge of the other suicides, community issues, occupation, social connections). A consensus was reached, and conclusion made, that there were no clear links directly between the individuals, and it was therefore deemed not to be a cluster, but the method and geographical proximity of the cases suggested that services remain alert. A range of actions were identified and have been implemented and delivered.
- 3.3.4. The Cluster Response Plan was thoroughly, and positively, tested by this process.

### 3.4. Suicide Prevention Strategy

- 3.4.1. Camden Council published a joint [Suicide Prevention Strategy](#)<sup>6</sup> with Islington Council on 10 September 2022, and this section describes the progress that has been made in delivering it.
- 3.4.2. Based on national guidelines and understanding of the local context, there are 3 key messages within the strategy. Linked to these, and based on a holistic approach to the prevention of suicide, 4 priority areas were identified

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<sup>4</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/839621/PHE\\_Suicide\\_Cluster\\_Guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf)

<sup>5</sup> <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028>

<sup>6</sup><https://www.camden.gov.uk/documents/20142/531370930/Camden+and+Islington+Suicide+Prevention+Strategy+and+Action+Plan+2022-2027.pdf/ed63eae5-0322-9f6a-211e-4da4ee8c1a52?t=166323935980>

and used to form The Strategy's action plan, attached as **appendix B**. The 3 key messages are:

- Suicide is preventable,
- It's safe to talk about suicide,
- Suicide prevention is everyone's business.

The 4 priority areas to deliver the goal of reducing suicides in both boroughs are:

- Build a partnership for suicide prevention (see **section 3.4.3**),
- Enable a skilled workforce, confident to address suicide risk (see **section 3.4.4**),
- Increase support to key high-risk groups (see **section 3.4.5**),
- Improve data collection, monitoring and insight (see **section 3.4.6**).

### 3.4.3. Strategy priority 1: Suicide Prevention Partnership

3.4.3.1. Oversight and delivery of the strategy are led by the Health and Wellbeing Department through a Strategic Partnership Board which brings together people with lived experience and stakeholders from across both councils, the North London NHS Foundation Trust, and national and local voluntary and community sector (VCS) organisations. The chair duties of the Board are provided by Councillor Anna Wright (Camden) and Councillor Sara Hyde (Islington). The Councillors chair meetings on rotation and the partnership meets three times a year.

3.4.3.2. Membership has grown to ensure partners, connected to all our priority risk groups, are represented. More recently, relationships have been developed with the local Coroner's Office and HMP Pentonville (see **sections 3.4.5.3 and 3.4.5.4**). There has been closer working with North London NHS Foundation Trust to ensure inclusion of mental health services representing those most at risk. Awareness of the role of key VCS partners within the mental health pathway for people with suicidal ideation – specifically [Listening Place](https://listeningplace.org.uk)<sup>7</sup> and [James' Place](https://jamesplace.org.uk)<sup>8</sup> has increased across the partnership and routine promotion of these services remains on-going.

3.4.3.3. The Board continues to identify and promote access to useful organisations and resources and share best practice on suicide prevention policies and practices including workplace wellbeing. It is well-attended and epitomises the commitment to *make suicide prevention everyone's business*.

### 3.4.4. Strategy priority 2: Enable a skilled workforce

3.4.4.1. Through responding to suicides and proactively working with teams who are more likely to be involved in the response to a fatality, awareness of what to do, and the support available has increased (see **section 3.2**).

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<sup>7</sup> <https://listeningplace.org.uk>

<sup>8</sup> <https://jamesplace.org.uk>

3.4.4.2. The free suicide prevention training offer to build skilled and resilient local workforces across, and beyond, the partnership continues to expand. For example, specific training was delivered to council and VCS staff working with, and commissioning services for, older adults. Also, training tailored for GPs has been commissioned in partnership with North Central London Integrated Care Board (NCL ICB) colleagues and delivery started in September 2025. To date 16 Camden GPs have signed up to the training, and 10 of those have completed it.

3.4.4.3. There has been targeted promotion of the [Stay Alive app](#)<sup>9</sup> in partnership with NCL ICB colleagues since world suicide prevention day on 10 September. The app is a suicide prevention resource designed to help people stay safe in crisis. It can be used by workforces and residents alike. It contains advice for when people may be struggling with suicidal thoughts, and guidance for people worried about someone else. Camden residents and staff can find information on over 40 local services as well as national services and helplines. Downloads of the app logged as originating in the NW1 postcode area totalled 459. This was the area of highest engagement of all NCL postcode areas in scope.

#### 3.4.5. Strategy priority 3: Increase support to high-risk groups

3.4.5.1. Learning and development across the partnership has been focused on men, older adults and care experienced children and young people, especially unaccompanied asylum-seeking children. This has facilitated a greater understanding of suicide risk for people with these experiences and grown greater responsiveness to need and improved access to relevant, specialist expertise and support by the partnership.

3.4.5.2. A grant funding opportunity for VCS organisations in contact with high-risk groups to address suicide prevention has been developed in partnership with NCL ICB colleagues. Anecdotally<sup>10</sup>, unpaid carers frequently have suicidal feelings. Two VCS organisations, Camden Carers<sup>11</sup> and Food For Homeless<sup>12</sup> have been awarded the funding. They will use the grant to train staff and volunteers, identify an organisational lead to embed suicide prevention practices, and deliver awareness workshops to empower and support residents. They will be supported by Health and Wellbeing colleagues as this progresses.

3.4.5.3. There is ongoing work with the healthcare provider within HMP Pentonville where Camden residents on remand have died by suspected suicide. The prison plans to raise the awareness and confidence of staff to respond to expressions of suicidality and is open to the support that can be offered by

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<sup>9</sup> <https://prevent-suicide.org.uk/stay-alive-app-grassroots-suicide-prevention/>

<sup>10</sup> This situation was discussed recently within the carer's mental health group, meeting as part of the Carers Action Plan: <https://carersactionplan.camden.gov.uk/>

<sup>11</sup> [www.camdenccs.org.uk](http://www.camdenccs.org.uk)

<sup>12</sup> <https://www.foodforhomeless.co.uk/how-we-support>



Health and Wellbeing and suicide prevention leads in NCL, including the use of Amparo.

3.4.5.4. Support for people bereaved by suspected or registered suicide remains a partnership priority. The ambition to deliver this is being furthered by the relationship developed with the Coroner's office with the view to promoting Amparo when communicating with bereaved families.

#### 3.4.6. Strategy priority 4: Improve data collection, monitoring and insight

3.4.6.1. As outlined in **section 2.3**, suspected suicide data as reported by the RTSS database is reviewed regularly, acted on where necessary and learning shared.

### 4. **Suicide prevention: next steps**

- 4.1. Looking ahead, the commitment to provide support for people bereaved and impacted by suicide, including driving uptake in Amparo use will continue. The focus on workplace wellbeing will be on-going, recognising the impact that bereavement by suicide has on individuals and wider workforces. As mentioned above, there will also be a further focus on carers and prisoners.
- 4.2. Further support for council teams who have requested it, in terms of who to contact and what to do in the event of a suicide, will continue to be provided.
- 4.3. Further work will be undertaken with the Coroner's Office to learn from deaths, take any required action, and improve support of families bereaved by suicide.
- 4.4. There will be continued, targeted promotion of the Stay Alive app. The focus will be on areas within Camden where the incidence of death by suspected suicide has been highest. The app will continue to be promoted through training and communications.

### 5. **Opportunities for Health and Adults Scrutiny Committee members**

5.1. There are three actions that we would like Committee members to consider taking in relation to suicide and suicide prevention, as follows:

- Please download the free [Stay Alive app](https://prevent-suicide.org.uk/stay-alive-app-grassroots-suicide-prevention/)<sup>13</sup> on [Android](https://play.google.com/store/apps/details?id=uk.org.suicideprevention.stayalive)<sup>14</sup> or [iOS](https://apps.apple.com/us/app/stay-alive/id915458967)<sup>15</sup> and encourage your friends, family, colleagues and communities to do so too.
- Sign up to [attend suicide awareness training](https://www.rethink.org/aboutus/what-we-do/workplace-mental-health-and-training/mental-health-training-camden/)<sup>16</sup> to increase your confidence to talk about suicide, recognise suicide risk and improve your ability to signpost people to appropriate specialist support.

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<sup>13</sup> <https://prevent-suicide.org.uk/stay-alive-app-grassroots-suicide-prevention/>

<sup>14</sup> <https://play.google.com/store/apps/details?id=uk.org.suicideprevention.stayalive>

<sup>15</sup> <https://apps.apple.com/us/app/stay-alive/id915458967>

<sup>16</sup> <https://www.rethink.org/aboutus/what-we-do/workplace-mental-health-and-training/mental-health-training-camden/>



- Sign up to the NCL suicide prevention community: [Suicide Prevention Community mailing list](#)<sup>17</sup>. This is a useful way to learn more about training and other suicide prevention activity.

## **6. Comments of the Director of Finance**

- 6.1. The Director of Finance has been consulted on the contents of the report and has no comments to add to the report.

## **7. Legal Comments of the Borough Solicitor**

- 7.1. The Online Safety Act 2023 was passed on 26th October 2023 and introduced various criminal offences on 31.1.24 including encouraging or assisting serious self-harm. The Act requires sites to remove illegal suicide and self-harm content.

## **8. Appendices**

- Appendix A – Support organisations for people affected by suicide
- Appendix B - Action Plan from the Suicide Prevention Strategy

**REPORT ENDS**

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<sup>17</sup> E-mail: [ncl.suicideprevention@barnet.gov.uk](mailto:ncl.suicideprevention@barnet.gov.uk)

## **Appendix A – Support organisations for people affected by suicide**

Amparo is available to anyone affected by suicide. <https://amparo.org.uk/our-locations/north-central-london/> or telephone 0330 088 9255

Samaritans is a national charity that is available any time if you need someone to talk to. Samaritans can be contacted by email: [jo@samaritans.org](mailto:jo@samaritans.org) or telephone: 116 123.

Survivors of Bereavement by Suicide runs a confidential support line – 0300 111 5065 everyday 09:00-19:00

## Appendix B - Action Plan from the Suicide Prevention Strategy

