Staying Safe Together:

A Spotlight on Communities and Practical Resources

#StarttheConversation

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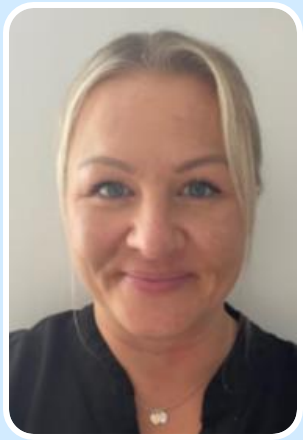
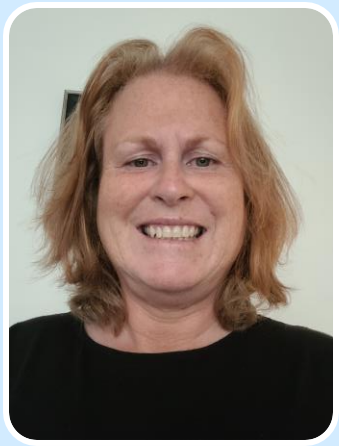

Lourdes Colclough, Gemma Bessant and Wendy Robinson

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- Psychosocial Support & Safety Planning in Practice

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Rethink UOK & NHS Services

- How our psychosocial team approach safety planning
- The link between community-based support and clinical pathways
- Example of how B&H teams apply this
- How staff are supported to have difficult conversations

Approaching Safety Planning: Who is the form for?

Safety planning is continual and central.

It is their form. Not a question exercise for us.

Our current form (under review) does not have too many questions. This was deliberate. Encourages discussion and control

Link Between community support and clinical pathways

Prevention is about when to ask for support/ identifying pre triggers.

Co produced and not a tick box exercise

Simple and discussion based

Example of how B&H teams apply this

Our service relies on support, advise & working with other services relating to any case.

We do not work in isolation.

Including commonly calls to **ATS (Assessment & Treatment Service) and /or Mental health rapid response Service (MHRR) and GP's.**

Signposting to services such as **Staying Well** which is open all year round and other services ie; CGL and others within Uok or beyond.

How staff are supported to have difficult conversations

Induction

Supervision internal / Trainings

Networking

Monthly External Support

Larger organisation support and being part of wider support ie UOK, other services.

Alex Harvey

Grassroots Suicide Prevention

- How neurodivergent people may experience suicidal thoughts differently and practical adjustments
- New updated resources on the GSP Neurodiversity Hub

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Neurodiversity and Suicide Prevention

September 10th, 2025

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What do we do?

We empower people to help save lives from suicide through connecting, educating, and campaigning nationally.

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Session Outline

- Understanding suicide in neurodivergent people
- Insights from lived experience
- Introducing the Neurodiversity Hub
- Stay Alive app: Enhanced Safety Plan

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What is Neurodiversity?

Neurodiversity = natural variation in human brains & thinking. These are differences, not deficits. Includes:

- Autism
- ADHD
- Dyslexia
- Dyspraxia
- Tourette's
- Others

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Why This Matters

- 66% of autistic adults have experienced suicidal ideation; 35% have made plans or attempts (Cassidy et al., 2014).
- Autistic individuals face a 3–7× higher risk of death by suicide compared to non-autistic people (Hirvikoski et al., 2020).
- People with ADHD have a 4.7× higher rate of suicidal behaviour and up to 3.2× higher risk of suicide death (Dalsgaard et al., 2020).
- **Risk is linked to unmet needs, stigma, and systemic barriers – not neurodivergence itself.**

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Sally Polanski, CEO of Amaze

“We know that a sad reality is that the risk of suicide is disproportionately high for people with a neurodevelopmental difference such as autism and ADHD. Accessing support for your mental health while waiting for a neuro difference assessment or post diagnosis can often lead to people feeling passed between services with the strategies and support offered not always respecting these differences.”

Suicide and Autistic Experience

- **Camouflaging** (masking): hiding autistic traits to ‘fit in’ → exhausting, isolating, increases suicide risk.
- **Alexithymia**: difficulty recognising and expressing emotions → harder to spot crisis and ask for help.
- **Repetitive / Monotropic thinking**: intense focus or rumination → suicidal thoughts can become ‘stuck’.
- **Lack of tailored support**: services not designed for autistic needs → unmet needs, higher risk.

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Practical Adjustments: Autistic People

- **Clear, direct language** – avoid metaphors or abstract phrasing.
- **Allow processing time** – don’t rush responses.
- **Sensory-considerate spaces** – reduce noise, lights, interruptions.
- **Offer choices** – give options rather than instructions.
- **Alternative communication** – written notes, visuals, or typing if easier.
- **Collaborative safety plans** – include routines, sensory tools, special interests.

Lived Experience Voices - Emily

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Suicide and ADHD Experience

- **Impulsivity**: acting quickly on thoughts → increases risk of suicide attempts.
- **Emotional dysregulation**: intense, fast-changing emotions → feelings of despair escalate rapidly.
- **Rejection sensitivity**: extreme fear or pain from perceived rejection → triggers hopelessness and suicidal thinking.
- **Co-occurring difficulties**: higher rates of depression, anxiety, and substance use → compound risk.

Practical Adjustments: ADHD

- **Keep communication focused** – break down into short, clear steps.
- **Structure and routine** – use schedules, reminders, visual aids.
- **Allow movement** – fidgeting, pacing, or breaks can help regulate emotions.
- **Validate emotions** – acknowledge feelings without judgement.
- **Safety planning** – build in grounding tools, distraction strategies, trusted contacts.

Lived Experience Voices - Molly

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Introducing the Neurodiversity Hub

- 🌐 Free online resource hub
- 📚 Information and toolkits for professionals, families, and neurodivergent people
- 🗣️ Shaped by lived experience
- 🔄 Evolving with feedback

amaze
helping you through

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Neurodiversity Suicide Prevention Hub

Neurodiversity is an umbrella term referring to natural variations of the human brain and highlights the value of different ways of thinking, learning, and experiencing the world. Neurodivergent conditions may overlap and include autism, ADHD, dyslexia, dyspraxia, and Tourette's syndrome and other cognitive differences. It is estimated more than 800 million people worldwide are neurodivergent and are at a higher risk of suicide.

This hub aims to increase understanding and better support those at risk. It was developed in consultation with subject experts, the charity Amaze, and neurodivergent individuals from our Lived Experience Advisory Group.

Neurotypes

Podcasts

Blog

Myths and facts

Neurodiversity language

Asking about suicide

These pages offer specific guidance, advice, and resources for those living with different neurotypes. While these examples highlight some of the more common neurotypes, there are many others, and each person's experience is unique.

- Autism
- ADHD
- Tics and Tourette's Syndrome
- Dyslexia, dyspraxia, and dyscalculia

Voices of Hope podcast

Our podcast series brings together mental health professionals, people with lived experience, local government, researchers, educators and more about how their work connects to suicide and what we can do as a community to prevent suicide.

In this episode, we speak with Emily Nuttall and Molly Taylor, two members of our Lived Experience Advisory Group, who share their experiences of living with neurodivergence and suicidal thoughts.

Listen to the podcast here

Stay Alive - App

Our award-winning Stay Alive app was created by people who have lived experience of suicidal feelings and concerns.

- Stay Alive is free, anonymous, and full of life-saving resources.
- It has been downloaded over 900,000 times and is available in 22 languages.
- The app can be used by those who feel at risk of suicide, or by those who are worried about others.
- Stay Alive helped 76% of at-risk users to stay safe from suicide.

Standard Safety Plan

These are warning signs that I may be struggling:

I will calm myself by trying:

I will go to my safe space:

If I am struggling, I can talk to:

In a crisis, I will seek help from these professionals or organisations:

My ideas for staying safe:

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Considering an Enhanced Safety Plan

The Enhanced Safety Plan includes everything in the standard plan, along with four extra questions about communication preferences and sensory needs. These can be especially useful for neurodivergent people, but may also help anyone who wants to personalise their plan further.

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Call to Action

- **Visit the Hub**: Learn more about the unique needs of neurodivergent people, and the resources on the Neurodiversity Hub.
- **Download the App**: Download and share the Stay Alive app as a life-saving tool, including its Enhanced Safety Plan.
- **Be Direct**: When you are concerned, ask direct questions like "Have you been thinking about suicide?”.

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Thank you!

alex@prevent-suicide.org.uk

@grassrootssp

@grassrootssp

/grassrootssp

www.prevent-suicide.org.uk

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James O’Neill

Friends, Families and Travellers

- Suicide Prevention in Gypsy, Roma, Traveller Communities

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FRIENDS, FAMILIES & TRAVELLERS

UOK – World Suicide Prevention Day

James O’Neill

gypsy-traveller.org

About Friends, Families and Travellers

FFT are a national charity that works on behalf, and in conjunction with all Gypsies, Travellers and Roma regardless of ethnicity, culture or background.

- Active in advocacy casework, policy and cultural competency training.
- Secretariat for All-Party Parliamentary Group (APPG) on Gypsies, Traveller and Roma.
- Strategic partner of the Department of Health, NHS England and Public Health England as the Gypsy, Roma Traveller member organisation of the VCSE Health and Wellbeing Alliance.
- Registered Royal Society for Public Health Training Centre.

Social Attitudes (YouGov)

YouGov: Social Attitudes Survey

Experiencing a lifetime of social exclusion and ‘othering’ can often lead to feelings of **isolation, a lack of belonging** and **low self-esteem.**

In 2023, Friends, Families and Travellers commissioned YouGov to conduct a survey looking at **social attitudes** towards Gypsy, Roma and Traveller individuals in the UK. The survey found the following:

- **45%** of respondents would be unhappy with a Gypsy or Traveller moving next door to them
- **38%** of respondents would be unhappy with their child meeting up with a Gypsy or Traveller child at their home
- **33%** of respondents would be unhappy with a family member marrying a Gypsy or Traveller

YouGov: Economic Exclusion Survey

Friends Families and Travellers also instructed YouGov to conduct a survey looking at economic exclusion and prejudice. Survey results showed that:

- **34%** of respondents would be uncomfortable with having a Gypsy or Traveller in their home, either in a social setting or as a tradesperson.

- **22%** of respondents would be uncomfortable employing a Gypsy or Traveller.

- **34%** of respondents would not be comfortable buying a service from a small business if they knew the business was run by a Gypsy or Traveller.

Health Inequalities

Health Inequalities

Gypsies and Travellers are known to face some of the most severe **health inequalities** in the UK.

On average, Gypsy and Traveller individuals have life expectancies **7-10 years** shorter than the general population (some believe this to be a significant underestimate) and live around **6 years** less in good health.

Additionally, Gypsies and Travellers are estimated to be **6** or **7 times more likely** to die by suicide when compared to the wider population

According to the Census 2021:

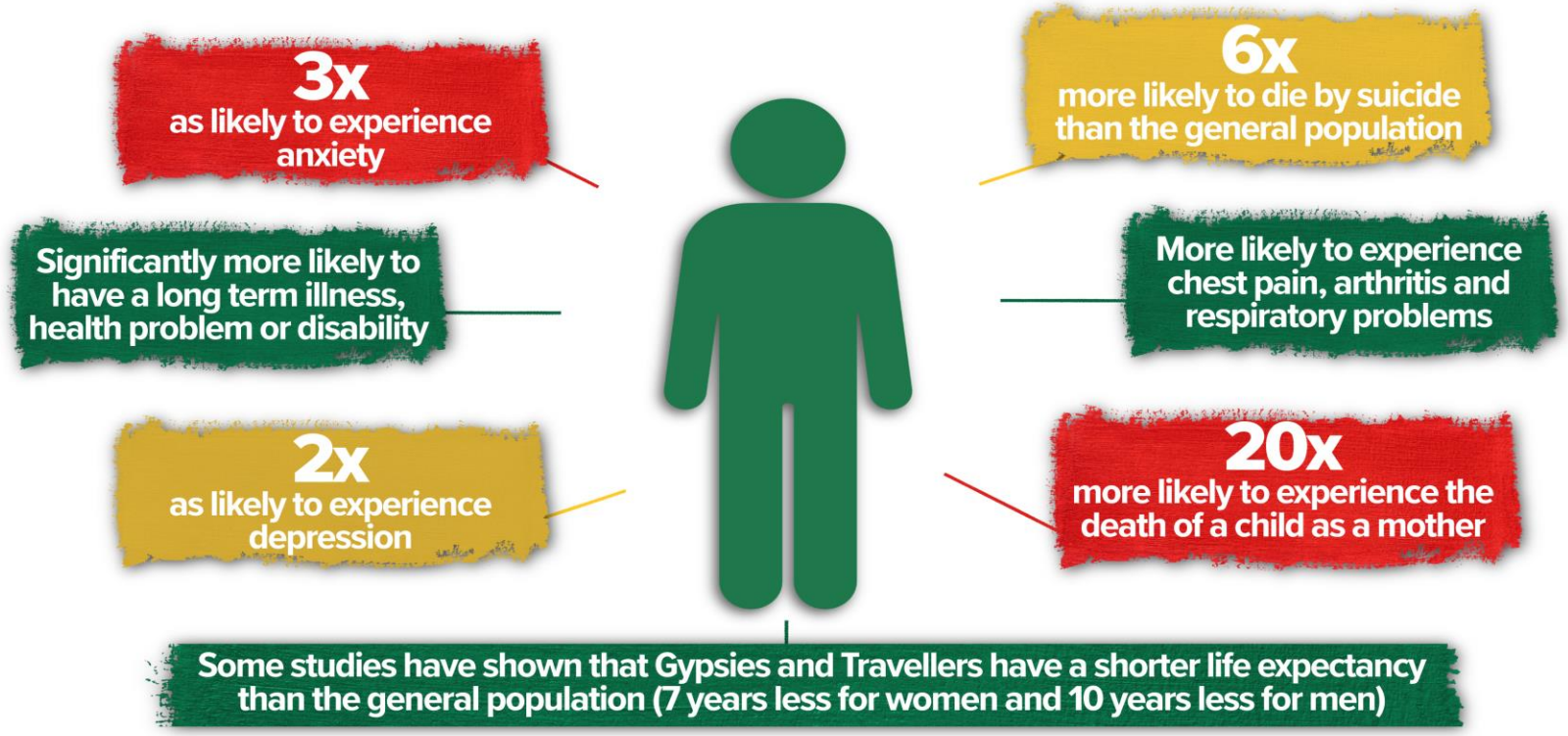
- Gypsies and Travellers reported the **lowest** figures of rating their general health as ‘good’ or 'very good' at 72% compared to 82% overall
- Gypsies and Travellers were more than **twice as likely** to report ‘bad’ or ‘very bad’ health
- Gypsies and Travellers reported poorer health across **all** age groups (compared with the wider settled population)

Health Inequalities

FRIENDS, FAMILIES & TRAVELLERS

Health inequalities in Gypsy, Roma and Traveller communities

As inclusion health groups, Gypsies and Travellers face extreme health inequalities, poor life outcomes and social exclusion:



Some Factors Behind the High Suicide Rate

- **Social Exclusion and Discrimination**: Persistent racism, prejudice, and being social ostracization can lead to feelings of hopelessness and low self-worth.
- **Difficulties Accessing Support**: Barriers like mistrust of services, lack of cultural understanding, and limited access to mental health support.
- **Unstable Living Conditions**: Housing insecurity or evictions contribute to stress, instability, and a sense of insecurity.
- **High Unemployment and Poverty**: Economic hardship and lack of opportunity can increase mental health struggles.
- **Cultural Stigma** Around Mental Health: Mental health issues are often not openly discussed in Gypsy and Traveller communities, making it harder for individuals to seek help.

Reaching for the Rope – Mental Health in Gypsy, Roma and Traveller Communities

General Recommendations

General Recommendations

- **Collaborate** with Gypsy and Traveller organisations in your area (FFT's Services Directory)
- **Ensure** your organisation is meeting the NHS Accessible Information Standard by completing the online self-assessment (compulsory for public services, best practice for others)
- **Acknowledge** significant heritage days such as: International Romani Day, Roma Holocaust Day, Saint Patrick's Day etc
- **Meet people where they are**: Host health awareness events in informal, familiar settings such as sports clubs, craft sessions and family fun days.
- **Take advantage** of FFT's resources and publications
- **Place** culturally pertinent magazines in public areas (and read them yourself!) - Traveller Times
- **Introduce** culturally pertinent toys in waiting rooms, such as horses, trailers & vardos
- **Celebrate** Gypsy, Roma, Traveller History Month within your organisation (June) – Take advantage of FFT's GRTHM online resources

If you're unsure, **ask!**

- If you are unsure how to approach something or what to say, simply acknowledge this **and ask questions!**

Mental Health Resources

To **find out more** about Friends, Families and Travellers **upcoming** (25th of September – 12pm-1pm) '***Mental-Health Inequalities in Gypsy and Traveller Communities Webinar***', please click **HERE**.

Please make use of the **resources below**:

- A research paper: Suicide Prevention in Gypsy and Traveller communities in England
- FFT: Tackling Mental Health Inequalities for Gypsy, Roma, and Traveller People
- FFT: Tackling Suicide Inequalities in Gypsy and Traveller Communities
- How to tackle health inequalities in Gypsy, Roma, and Traveller communities: A guide for health and care services
- NHS Accessible Information Standard – Are you complying?

FRIENDS, FAMILIES & TRAVELLERS

Thank you

gypsy-traveller.org

Natasha Sinclair and Bethany Wilson

Rethink Mental Illness

- Suicide Prevention in the Prison Service, including specific models, challenges, lessons learnt and resources for practitioners

GRASSROOTS SUICIDE PREVENTION

Presented by Natasha Sinclair and Bethany Wilson

Objectives

- The presence of risk in Prisons
- Difference between managing risk in the Community vs Prison
- Rethink's risk assessment
- Safety Plan
- What changes we plan to make

People in prison are significantly more likely to die by suicide than people in the general population (Samaritans,2025)

Self-harm is a leading health concern in prisons in the UK (Favril et al., 2020), and in recent years, self-harm in UK prisons has shown a concerning rise (Ministry of Justice, 2025)

Why?

- Deprived economic backgrounds
- Alcohol- and drug-related harms
- Traumatic life events.

Evidence shows that all of these factors are connected to suicidal thoughts, feelings and actions. Additionally, the prison environment itself can make things worse:

- Physical isolation
- Bullying
- Uncertainty about sentencing
- Inconsistent regime
- Greater exposure to suicide

Difference between the Community and the Prison

Community Environment:

- Independent living, minimal supervision
- Easier access to harmful means
- Support from family, healthcare, crisis teams
- Easier access to substances
- Diverse protective factors (employment, hobbies)
- Individual freedom ie going for a walk if needed etc

Prison Environment

- Constant supervision, structured routines

- Restricted access, but improvised methods exist

- On-site support: MH teams, chaplaincy, Listeners, Safer custody, key workers, (Mental Health Integrated team – Primary and Secondary)

- Bullying, debt, gang-related issues

- Illicit substances may circulate

- Structured routine, peer support

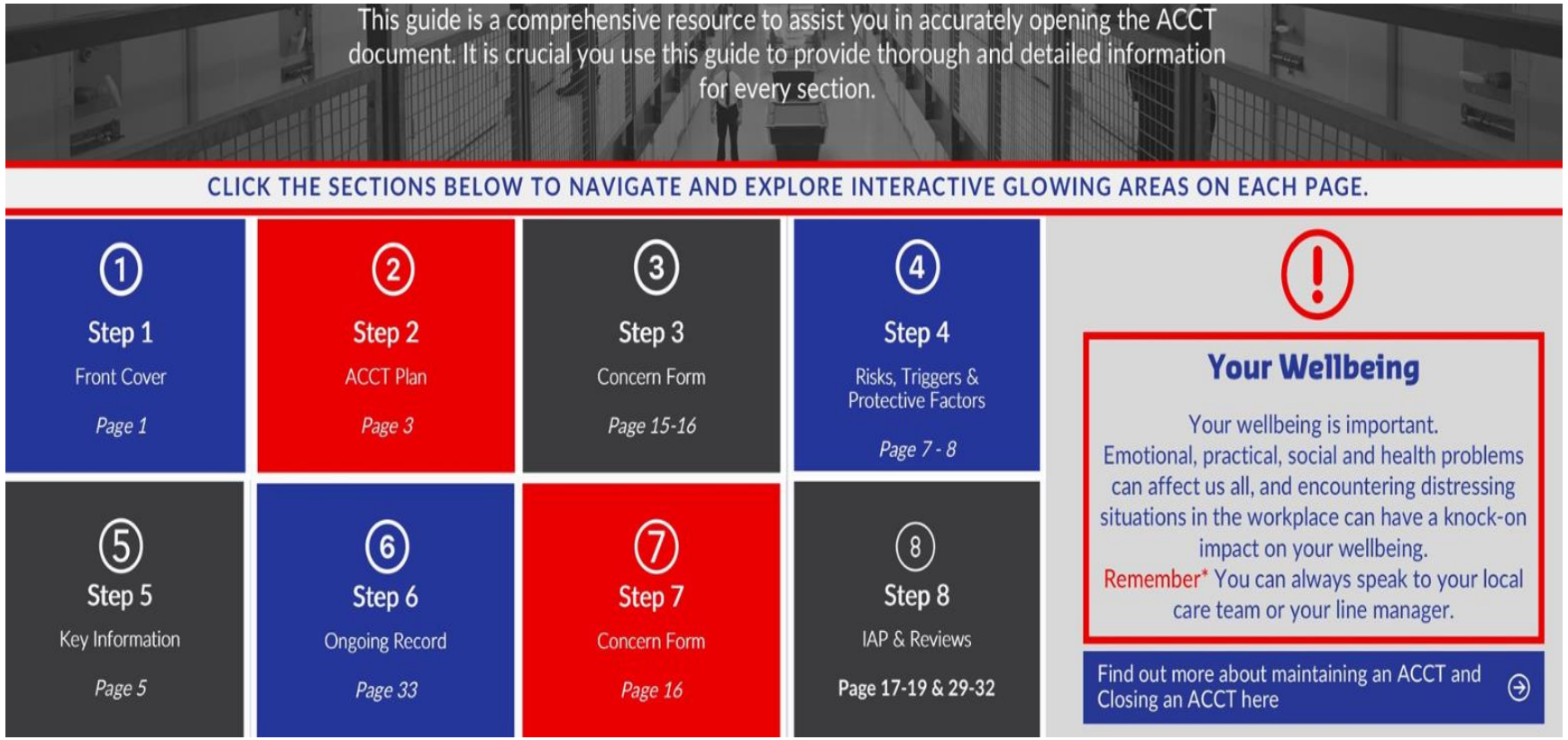
- Daily MDT to discuss changes in risk if needed

- Work collaboratively with various services DART/ OMU/ Chaplaincy/Gym/ wider prison

How do we currently assess risk?

Risk Area	Current Status	Historical	Plans / Intent	Access to Means	Protective Factors & Risk Management Plan
Suicidal Thoughts	Content, triggers, duration, frequency	Yes / No (TOC, previous records checked, key dates)	Specific intent, intent rating (0–10)	Can keep self safe?	Can keep self safe?
Self-Harm	Methods, severity, function, frequency	Yes / No	Specific plans, intent rating (0–10)	Yes / No	Any mitigating factors?
Risk to Others	Thoughts, frequency, duration	Yes / No	Preparation / weapons?	Yes / No	Support network?
Risk from Others	Who, type of risk, incidents	Yes / No	Impact on risk?	Yes / No	Engagement level
Treatment History	Drug/alcohol use	Yes / No	Current medication	Current network?	Engagement level

HMPPS ACCT Document



A prisoner has self-harmed or is at risk of self-harm or suicide.

SECTION 2: CONCERN FORM

- Immediate observation levels set, and handed to Wing / Unit Supervisor or Custodial Manager.
- Any immediate factors added to 1.1 RISKS, TRIGGERS AND PROTECTIVE FACTORS.

SECTION 3: IMMEDIATE ACTION PLAN

- Completed by Wing / Unit Supervisor or Custodial Manager within 1 hour of 2.1 CONCERN FORM being raised. Observation levels reviewed, and conversation levels set.

SECTION 4: ACCT ASSESSMENT

- Carried out by trained Assessor within 24 hours of Concern Form being raised, to highlight key risk information to the Case Review.
- Complete 1.1 RISKS, TRIGGERS AND PROTECTIVE FACTORS
- Provide and discuss Wellbeing Plan.

SECTION 5: CASE REVIEWS

- Multidisciplinary, facilitated by Case Coordinator within 25 hours of 2.1 CONCERN FORM being raised.
- Complete CARE PLAN. This includes updating 1.1 RISKS, TRIGGERS AND PROTECTIVE FACTORS, and completing 1.2 PERSONAL CONTRIBUTION FORM, 1.3 SOURCES OF SUPPORT PLAN and 1.4 SUPPORT ACTIONS.

SECTION 6: ONGOING RECORD

- Maintained daily and, if required, further Case Reviews held. Continuation Forms can be found in Annex B and additional Case Review forms can be printed. These must be inserted into Section 5.

ACCT closed by Case Review team

Do not close the ACCT plan until all issues in 1.4 SUPPORT ACTIONS are resolved.

SECTION 7 POST-CLOSURE

- Complete 7.2 POST CLOSURE MONITORING for a minimum of 7 days after the closure of the ACCT, followed by 7.1 POST-CLOSURE REVIEW.
- Prisoner encouraged to fill out 7.3 ACCT QUESTIONNAIRE.
- Further reviews conducted according to need. Additional Post-Closure Review forms can be printed and must be inserted into Section 7.

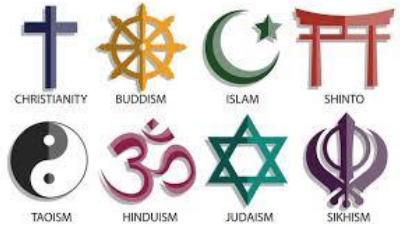
- An ACCT plan can be reopened at any point up to 6 weeks after closure if risk increases again. A new Immediate Action Plan must be completed.
- The Case Coordinator must determine whether a new ACCT Assessment is needed.

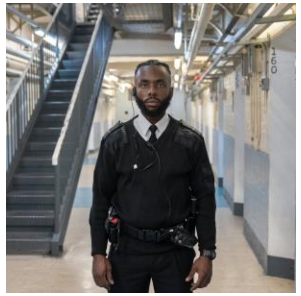

HM Prison & Probation Service
Assessment, Care in Custody and Teamwork
ACCT


Safety Plan
Warning Signs
Thoughts, feelings, situations, behaviors
Internal Coping Strategies
Things I can do on my own
Social Support
People I can talk to
Professional Help
Agencies, therapists, hotlines

CSIP


SAMARITANS
Call free day or night on
116 123
A registered charity


CHRISTIANITY
BUDDISM
ISLAM
SHINTO
TAOISM
HINDUISM
JUDAISM
SIKHISM



Changes we plan to make:

- Training for staff regarding language and culture based upon guidance.
- Coproduced safety plan with prisoners and to gain continuous feedback from service users.
- Move away from using tools to inform risk i.e. PHQ question9
- To work with wider prison services to ensure safety information is shared effectively whilst patient is in prison and upon release.

📝 Change the narrative on suicide

🗣️ Start the Conversation - Encourage individuals, communities, and professionals to engage with the Staying Safe from Suicide guidelines

🤝 Inspire action - Explore how you and/ or your organisation can begin putting the guidelines into practice

👉 Because suicide is everyone's responsibility

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