

Reducing Suicide in St Helens 2026

#LoveStHelens



Background

Healthwatch St Helens Advisory Forum have expressed concerns for many years around the high number of suicides in St Helens. A few years ago, St Helens had the highest rates in the country.

Although things improved for a short time, St Helens has its highest rates of suicide in 30 years. As a result, Public Health and the Local Authority Scrutiny Committee came together to address the issue and hopefully bring down the rates. Healthwatch St Helens were part of a task & finish group that first met on 31st January 2025.

Why we felt this area of work was important

We feel that we were able to contribute to this work by engaging with people who have been bereaved by suicide, to encourage them to share their insights as to what led to or would have prevented their loved one from taking their own life, giving them the opportunity to share their views and experiences in a supportive environment.

Our aims:

- To work closely with the Public Health team, Mental Health & Suicide Prevention Communities of Practice Group and St Helens Wellbeing service to ensure our work complemented what was already happening across the borough and to be put in contact with the most appropriate people.
- To design a survey to be given to people bereaved by suicide, in person.
- To offer the recommendations contained in this report.

What support did we need from partners?

To be able to do this work sensitively and appropriate, we needed:

- Support to produce a survey that was worded correctly.
- To be put in contact with people who have been or are at risk of being bereaved by suicide.

We wanted to ensure that nothing we do will add any additional stress to people who are already in a very distressing situation.

What kind of things have we done?

In 2019 we set suicide prevention as one of our priority areas. As we were about to get our work up and running the Covid-19 pandemic hit and we had to put the work on hold, as it was not possible to meet with people face to face and it was not appropriate to conduct this research electronically.

In addition to the previously mentioned task and finish group with the Health & Care Scrutiny Committee, we have:

- Been part of the Mental Health and Suicide Prevention Communities of Practice Group for many years.
- Attended the Community Led Suicide Prevention Group.
- Been involved with World Suicide Prevention Day.

In May 2025, we held a Lunch and Learn session at the Totally Wicked Stadium, where we talked about our three priorities for the coming year, with suicide prevention being one of them.



Suicide Prevention

Ruth Du-Plessis, who was then Director of Public Health, shared some very worrying figures about the high rates of suicide in our borough and what is being done to try to bring those figures down.

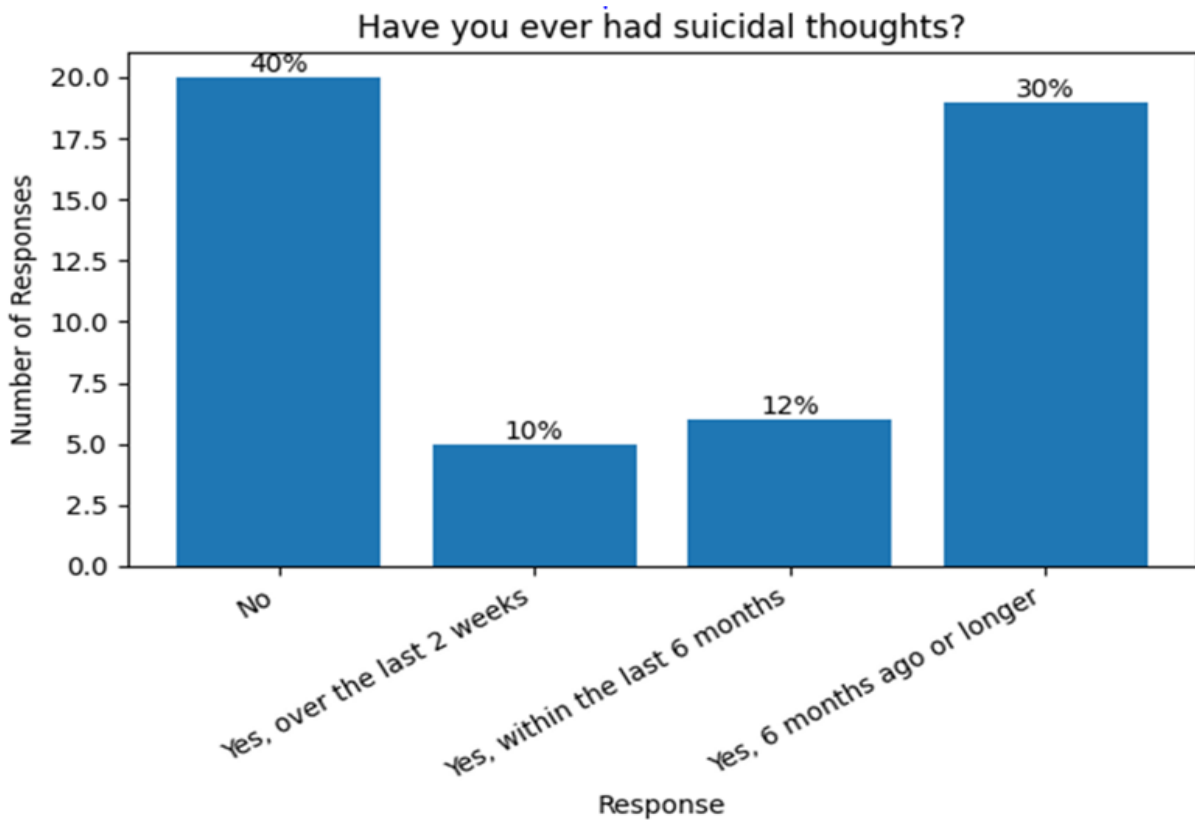
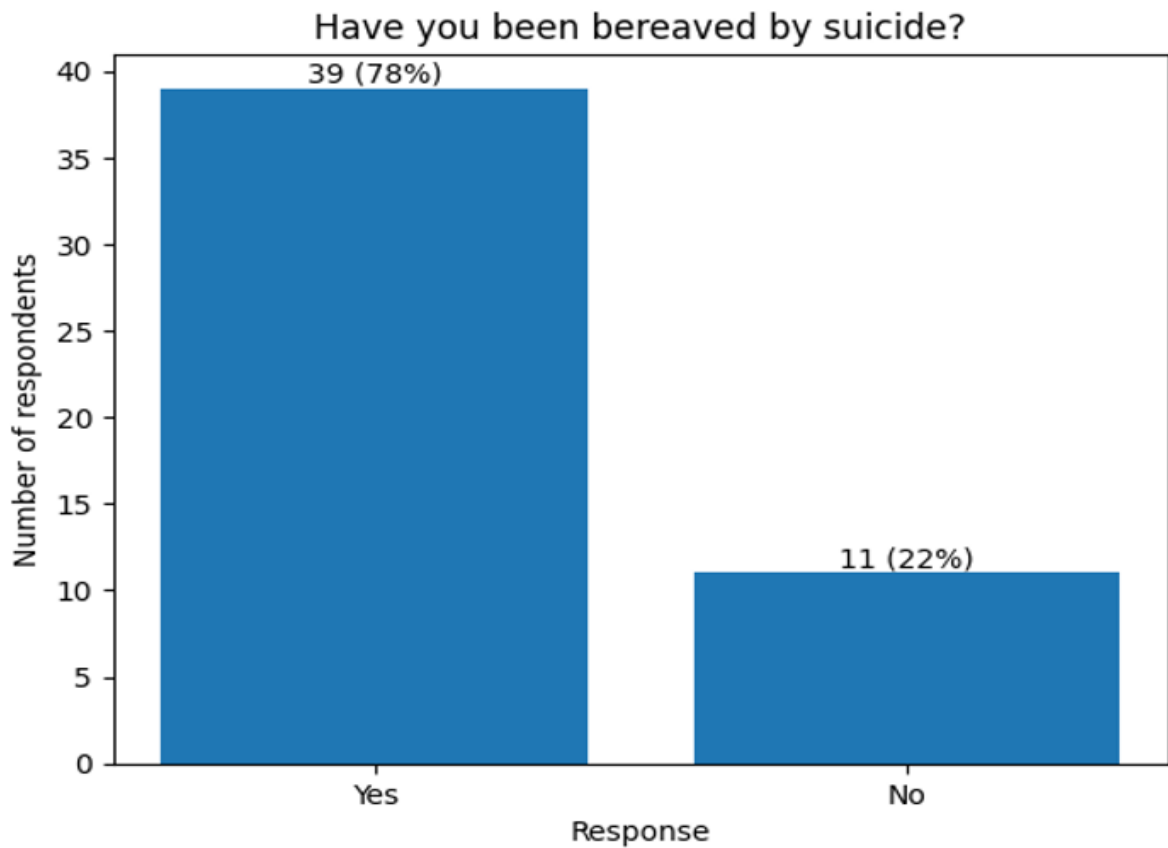
The Survey

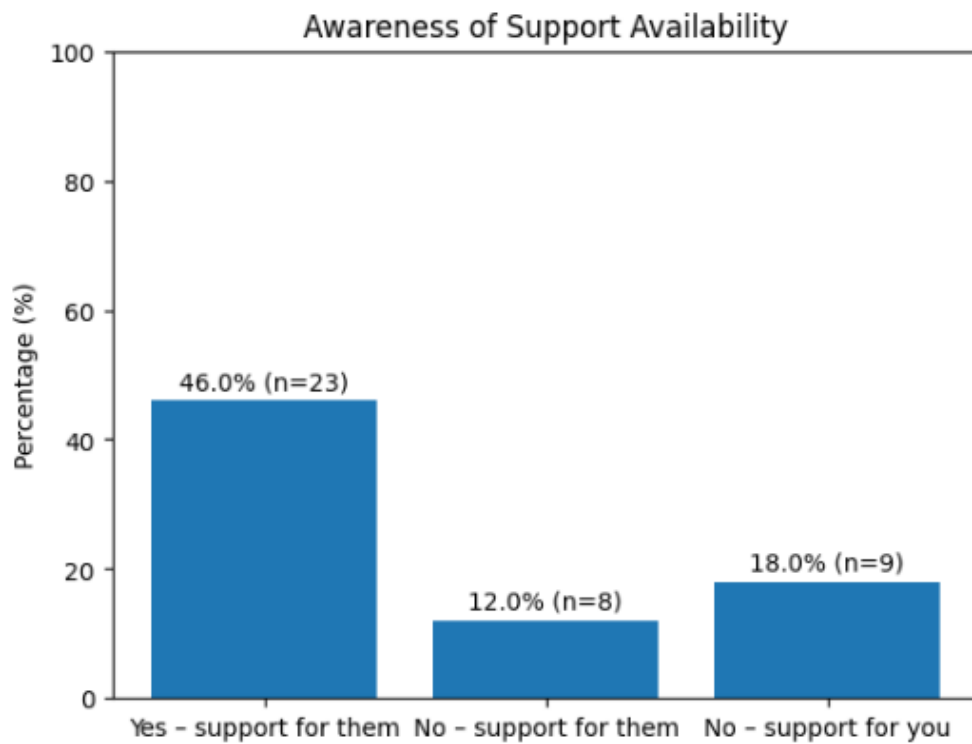
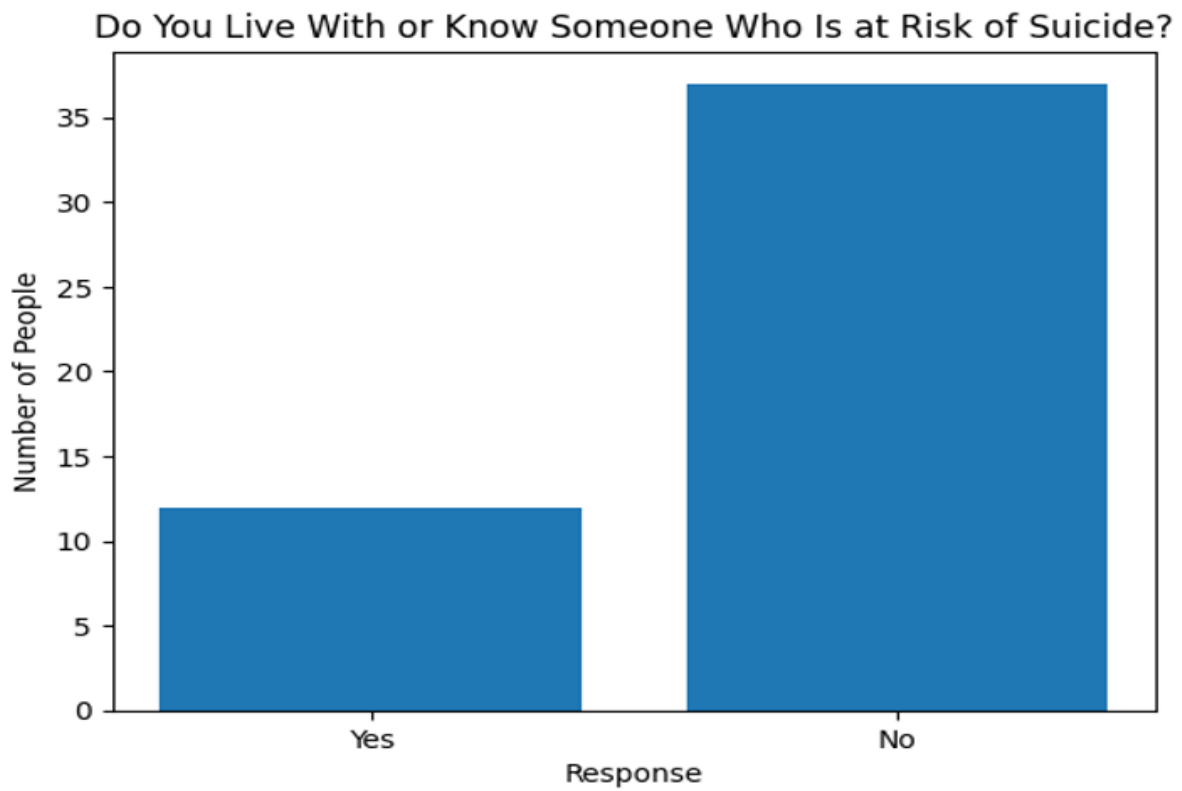
The survey was launched in July 2025 and ran until November 2025. It was originally scheduled to close at the end of September, however an initial low response rate meant we had to extend it.

Due to the sensitive nature of the subject, we initially chose not to distribute the survey in the usual fashion and target specific people and groups instead but again, due to the low number of responses, we widened our distribution to our membership and via social media. A volunteer was instrumental in gathering feedback from personal contacts and local support groups.

We received 50 responses to the survey and collected stories from 4 individuals. Those individuals gave their permission for their stories to be included in this report.

Results from the survey





Other questions we asked

- What support was available and when was it offered?
- Who offered the support?
- What do you think might have made a difference in the person's decision to take their own life?
- Have you tried to access support?
- What kind of support did/are you getting

We used artificial intelligence to identify themes from the survey results. Major themes across the responses were:

1. Mental health care gaps

Many responses point to missed, delayed, or inadequate care:

- Lack of access to mental health services or long waits
- Being discharged too early after suicide attempts
- Medication issues (stopping antidepressants, lack of review, side effects)
- Poor continuity of care (lost records, service changes, lack of joined-up thinking)
- Insufficient support for psychosis, bipolar disorder, trauma, or addiction

→ A recurring sense that **systems failed to respond when risk was visible.**

2. Communication and being heard

Repeated references to:

- Not knowing the severity of distress
- Loved ones not sharing debt, gambling, trauma, or symptoms
- Friends or professionals not taking warnings seriously (e.g. hearing voices)
- Difficulty talking within families or marriages

→ Many felt that **if someone had truly listened—or spoken up—the outcome might have changed.**

3. Isolation and lack of social connection

This appears in many forms:

- Being a “loner”
- Cutting off family and friends
- Loss of relationships (partners, children, work identity)
- Overwork and lack of life outside employment
- Limited community or pastoral support (e.g. university, workplace)

→ A strong sense that **connection and belonging matter deeply.**

4. Substance use and addiction

Several responses mention:

- Alcohol misuse
- Drug dependence
- Gambling addiction
- Missed appointments linked to addiction

→ These were often seen as **compounding factors** that reduced stability and support.

5. Trauma and life stress

Including:

- Childhood abuse or unresolved disclosures
- Occupational trauma (peacekeeping, witnessing death)
- Relationship breakdowns
- Parenting stress
- Financial shock and hidden debt
- Bereavement

→ Trauma often went **unspoken, untreated, or misunderstood**.

6. Stigma and beliefs about responsibility

Some responses highlight:

- Stigma around men's mental health
- Feeling blamed or judged (by social services or internally)
- The importance of being told "it wasn't your fault"

Shame and stigma appear to **silence help-seeking**.

7. "Nothing could have changed it"

A significant number say:

- It was impulsive
- They intended to succeed
- It felt inevitable
- "Nothing"

→ This reflects **grief, shock, and the human need to make sense of the unbearable**, not failure.

Overall picture:

Taken together, these responses suggest that people don't see suicide as caused by one thing. Instead, they describe:

- **Accumulated distress**
- **Missed opportunities for care**
- **Silence, isolation, and misunderstanding**
- **Systems that didn't adapt to the person**
- And in some cases, **severe mental illness beyond anyone's control**

Many answers hold **both hope and resignation at the same time**—*“maybe something could have helped, but we didn't know, and now it's too late.”*

The results from the survey have been shared in full, with commissioners, providers and other key decision makers, however they have been excluded from this report to protect participants' anonymity.

We acknowledge that some of the comments that have influenced the themes that artificial intelligence identified, around lack of support from mental health services, are very negative. While the opinions of the people who made those comments is valid, we are also aware of some very good care and support from these services.

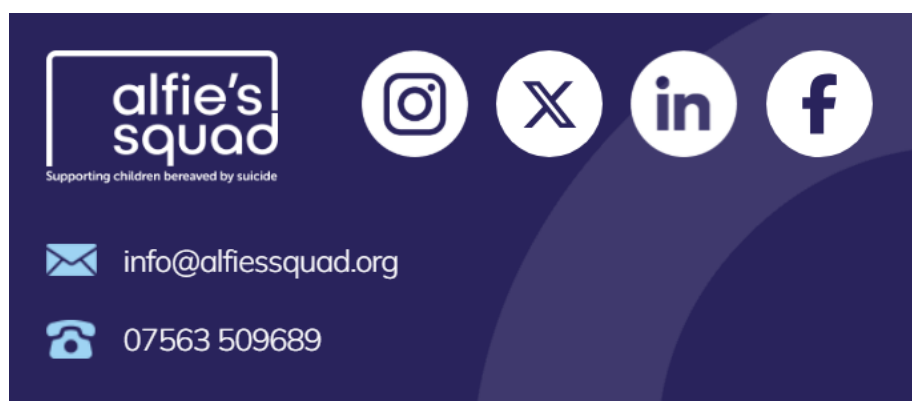
Alfie's Squad

Alfie's Squad provides specialist suicide bereavement support for children, young people, and their families. Through peer support groups, they help children feel understood, less alone, and supported after the loss of a loved one to suicide.

We met with Alison, Alfie's mum, who told us how Alfie had set up Alfie's Squad in 2017 after losing his dad to suicide. She talks of how Alfie appeared on the television show, *This Morning*, to talk about what he was doing and the impact that losing his dad had on him.

After Alfie's appearance on television, he received emails from people who told them they had now reconsidered taking their own life after considering the terrible impact it would have on their loved ones.

Alison believes that people who present to services with suicidal thoughts should be encouraged to think about the impact that their suicide would have on others.



The Crisis Café

The Healthwatch team visited the Crisis Cafe, and we felt it was an excellent service, providing much needed support for some members of our community. The people we spoke to were very appreciative of the services that are on offer and the support they receive.

However, we felt that this is not the most appropriate venue for some members of our community who might not feel they can relate to people who are homeless, or experiencing addiction.

We felt that an additional venue might need to be sourced, such as a library or other community premises, where people who don't yet consider themselves at crisis point, and simply want to feel less isolated and lonely, can go to connect with others, who might understand what they are experiencing.

We feel this would tie in with what our survey results identified, that talking to other people in a similar situation can be more beneficial than obtaining support from a medical professional.

Recommendations

- **Explore the creation of a local model based on the work of Alfie's Squad to support people affected by suicide.**
- **Commission a service that offers support for people who are at risk of being bereaved by suicide.**
We know from our survey and from conversations we've had that people who know someone who is demonstrating or expressing suicide thoughts feel very alone, and they believe that no support will be offered to them until the person they are worried about has actually taken their own life.
- **Consider a service in addition to the Crisis Café.**
A safe space for people who are experiencing isolation and loneliness or struggling with their mental wellbeing, to talk to others and make friends.
- **Explore what training agencies such as the Police have in dealing with people who are suicidal or have been bereaved by suicide.**
- **That it becomes standard that medical professionals refer into services such as SOBS, Amparo and CGL, as appropriate.**
- **That experts by experience be included at strategic meetings where possible and appropriate.**

Acknowledgements

We would like to thank:

- Ruth Du-Plessis, former Director Public Health St Helens.
 - Shirley Goodhew, acting Director Public Health St Helens.
 - Matthew Thompson and Zara Henson, Public Health St Helens
 - The Mental Health & Suicide Prevention Communities of Practice Group
 - The St Helens Wellbeing Service, especially Lynn Saunders, for her support in writing the survey.
 - Everyone who completed the survey or shared a story with us
 - Everyone who has supported us to produce the survey to be the most appropriate and effective
 - Everybody who has supported our work and helped us to distribute the survey.
 - Amparo
 - Papyrus
 - Alfie's Squad
 - Staff and visitors at the Crisis Café
 - Volunteer Ciaran Kennedy, who worked tirelessly to gather feedback
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Support Available:

St Helens Council

[Find mental health support - St Helens Borough Council](#)

OK TO ASK Campaign

[OK TO ASK](#)

The Live Well Directory

[Home | The Live Well Directory for Liverpool City Region](#)

NHS 111

[Get help from 111 online](#) or call [111](#) and select the mental health option.

Reason to Stay website:

It shares anonymous letters of hope with anyone who visits. Little messages written by real volunteers who want to offer empathy, warmth, and encouragement to someone who might be having a tough moment.

[Home | Reasons To Stay](#)

ADDvanced Solutions:

Learn about Neurodevelopmental conditions such as Autism, ADHD and specific learning difficulties. Telephone 01744 582172.

Andy's Man Club:

This group for men meets every Monday evening at Windleshaw Sports Club from 7.00pm until 9.00pm in Windleshaw Road, St Helens. There are facilitators available to signpost or provide instant guidance. Other activities are also arranged around the club and booking-in is not required.

CALM - Campaign Against Living Miserably:

This is a large national organisation and incorporates several other organisations. It can be easily reached online if more local resources are required.

Chrysalis Centre for Change:

Mental health and domestic abuse support for women, based in The Beacon Building in College Street, St Helens, WA10 1TF. For further details telephone 0300 102 0044 or go to www.chrysaliscentre.org

Come Together Hub:

A peer-led recovery community offering support groups led by people with lived experiences. Contact can be made via the email: matty@cometogetherhub.com, via Facebook or by visiting: cometogetherhub.com

Gambling Helpline:

For further details Tel: 0808 8020 133

Homestart St Helens:

A local community network of trained volunteers and expert support helping families with young children through their challenging times, there for parents when they need us the most. Families can self-refer through the website or can be referred by a professional. They are based at Peter Street St. St Helens WA10 2EQ. Telephone: 01744 737400 or visit: www.homestartsthelens.org.uk

The Dads Matter service can also be accessed via Homestart.

CGL (Change, Grow Live):

A free confidential drug and alcohol service for adults, families and carers for people over 19 years. Telephone 01744 410752 or visit: www.changegrowlive.org

KOOTH:

Online support counselling for those between 11yrs and 25yrs

St Helens Listening Service:

This service is based on the 3rd Floor of The Beacon Building and provides confidential counselling services for young people between 11 yrs and 18yrs, some cases up to 25yrs. For further details Tel: 01744 415260.

Making Space:

Provides emotional support and advocacy, family counselling and bereavement counselling, evening helpline, home visits and peer support groups. Based at Peter Street Community Centre, WA10 2EQ and the contact number is: 01744 808212.

SOBS (Survivors of Bereavement by Suicide):

Helping individuals support each other, at the time of their loss and in the months and years that follow. Providing safe, confidential environments where people can share their experiences and feelings, giving and gaining support from each other.

Telephone: 07580 358312 or email: sthelens@uksobs.org

Saints Community Development Foundation:

For further information -

Telephone: 01744 362174,

Website: www.saintsrlfc.com/saints-community-development-foundation/

Or email: saintscommunityfoundation@gmail.com

Standing Tall Foundation

Provides fast access support for adults struggling with addiction. Based at The Living Well Borough Road, St Helens WA10 3RN. Telephone 07788 240184 or visit:

www.standingtallfoundation.org.uk

The Good Grief Trust

For signposting to a choice of bereavement services visit: www.thegoodgrieftrust.org

Richard's Light: Bringing comfort, connection and hope, to those navigating loss.

[Facebook](#) - Richard's Light CIC

This report will be shared with

- Mental health commissioners and providers
 - Public Health St Helens
 - The St Helens Mental Health & Suicide Prevention Communities of Practice.
 - The People's Board
 - The Mental Health & Wellbeing Board
 - St Helens Place Partnership Board
 - The Health & Social Care Scrutiny Committee
 - Healthwatch England
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Contact us

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Independent Complaints Advocacy

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