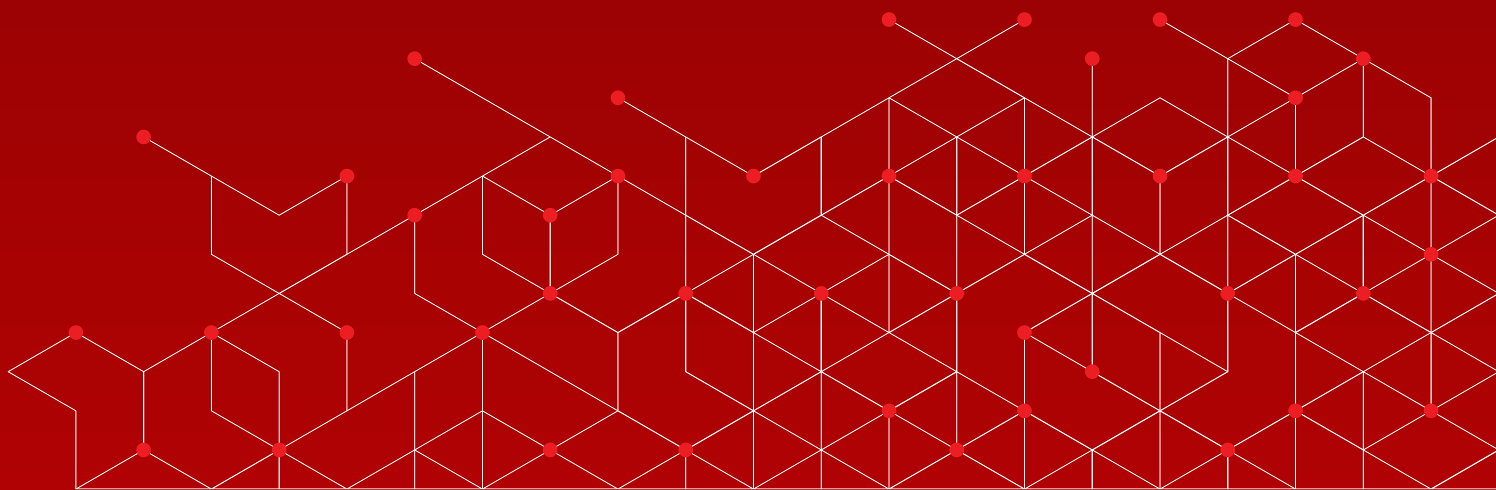

A WHOLE SOCIETY BLUEPRINT FOR SUICIDE PREVENTION

Lessons from Churchill Fellows

2019 - 2023

the CHURCHILL fellowship

FOREWORD

Our aim is to equip individuals to address society's challenges. Suicide is a complex societal challenge that demands learning and collaboration across every sector. That is why in 2019, with the support of The John Armitage Charitable Trust, and in partnership with Samaritans, we launched our Suicide Prevention Programme.

Most of the 28 Fellows whose work is highlighted in this report undertook their Fellowships during an extraordinary period of global disruption. Despite travel restrictions and uncertainty, they adapted quickly to gather valuable international insights and translate them into practical learning for the UK.

Their work demonstrates the unique value of the Fellowship model. Individuals, grounded in lived and professional experience, asking bold questions and bringing back ideas that systems alone often miss.

Together, the insights from our Fellows form a whole society blueprint for suicide prevention. One that is caring, connected and accountable. I am deeply grateful to our Fellows, our funding partner, The John Armitage Charitable Trust, and our Knowledge Partner, Samaritans. I look forward to seeing the impact of this work develop over time.

Julia Weston
Chief Executive, Churchill Fellowship

Working in partnership
SAMARITANS

We know suicide is preventable, yet year on year we continue to see far too many people die to suicide. At Samaritans, we are acutely aware that behind the statistics are people — with their own lives, their own families, their own stories. We must redouble our efforts to tackle suicide and explore the wealth of insight we have at our disposal to support us to take action.

As a Knowledge Partner in the Churchill Fellowship's Suicide Prevention programme, it is encouraging to see the diverse range of evidence from the work of the Fellows, covering such varied ground. From exploring the importance of training healthcare staff, to a focus on prison and policing systems, and how we can better support refugee and asylum seeker communities.

This insight reinforces that no one organisation or government department can tackle suicide alone. Effective suicide prevention takes us all, working in tandem, and importantly working in partnership with people with lived experience. Together, we can prevent suicide.

Julie Bentley, Chief Executive, Samaritans

EXECUTIVE SUMMARY

Suicide is not inevitable. Yet in 2024, 7,147 deaths were registered in the UK[1] as suicide, each one a profound human tragedy and a reminder that more must be done.

Suicide remains one of the most urgent public health and societal challenges we face. It is shaped not only by individual distress, but by inequality, trauma, culture, unsafe transitions in care, stigma, isolation and gaps in leadership. Preventing suicide demands more than crisis response. It needs coordinated, courageous action across every part of society.

This report brings together the work of Churchill Fellows funded between 2019 and 2023. Travelling, adapting and collaborating through a period of global upheaval, they have gathered fresh thinking and practical innovation to inject a new energy into the suicide prevention sector. As individuals, often rooted in lived experience or frontline practice, they are uniquely placed to challenge assumptions and connect learning across boundaries.

With Government strategies in every nation of the UK setting out important ambitions, the Fellows suggest where practice still falls short, including gaps in data, weak accountability and services that do not consistently reflect the communities they serve.

Covering healthcare, education, policing, prisons, domestic abuse, asylum systems, bereavement and community settings, their insights converge into seven connected themes. Together, they offer more than recommendations. They provide a whole society blueprint for suicide prevention. One that's caring, connected and culturally responsive.

The knowledge exists. What is needed now is leadership and collective will. This report is both evidence and invitation — to strengthen collaboration, build safer systems and ensure no community remains unseen.

1 ONS, Suicides in England and Wales dataset, 3 October 2025, Table 1; NRS, Probable suicides 2024, 16 September 2025, Table 1; NISRA, Suicide Statistics 2024, Suicide Deaths 2024 tables, 20 November 2025, Table 1c

ABOUT THE CHURCHILL FELLOWSHIP

The Churchill Fellowship is a UK charity that supports people who want to create positive change in their communities and sectors. We enable individuals from all backgrounds, life experiences and career stages to spend 4 to 8 weeks exchanging ideas, building relationships and learning directly from experts, organisations and innovators across the world whose expertise can help shape practical solutions for the UK.

This learning can take place through travel, online, or a mix of both, and we encourage Fellows to carefully consider their carbon footprint. Fellows also contribute their own expertise, supporting reciprocal knowledge exchange with the people and organisations they meet.

Our Fellows work across every field from health and education to the arts, community development, and the environment.

With a community of more than 4,000 Fellows, the Churchill Fellowship helps people share learning, develop ideas, and put new approaches into practice across the UK.

Suicide Prevention Programme 2019 – 2023

In 2019, the Churchill Fellowship launched a dedicated three-year programme focused on suicide prevention, intervention and postvention. The programme was created in response to the growing recognition that suicide prevention requires learning beyond clinical settings and crisis services. It demands action across society.

In partnership with The John Armitage Charitable Trust and Samaritans, we invited applications from individuals seeking to explore global approaches to preventing suicide and self-harm, and to supporting those bereaved by suicide.

The programme built on an existing group of Churchill Fellows already working in suicide prevention and bereavement support. Their work demonstrated both the depth of need and the potential for international learning to inform UK policy and practice. This dedicated programme enabled us to expand this learning community and develop a focused network of Fellows with diverse professional and lived experience perspectives.

ABOUT THIS BLUEPRINT FOR SUICIDE PREVENTION

Suicide prevention cannot rest with the health sector alone. This is the central message emerging from the collective work of the Churchill Fellows, whose insights underpin this report. Their research spans continents and contexts, demonstrating that progress depends on how well systems connect across society.

Each Fellowship focused on a distinct issue, from doctors' wellbeing to domestic abuse-related suicide, from children bereaved by suicide to culturally informed support for displaced communities. Taken together, these projects demonstrate that suicide is shaped by multiple, interacting factors: transitions between services, workplace cultures, inequality, trauma, stigma, environmental design and the strength of relationships around a person.

This report organises those insights into seven connected themes forming a practical framework for coordinated action.

The themes that follow are designed to support implementation as much as reflection. They highlight approaches already tested internationally and adaptable within UK systems.

Each summary can only be a brief overview of each Fellow's report. We encourage readers to explore the full Fellowship reports, linked in the **directory**, where detailed evidence, ideas and recommendations can be explored in depth.

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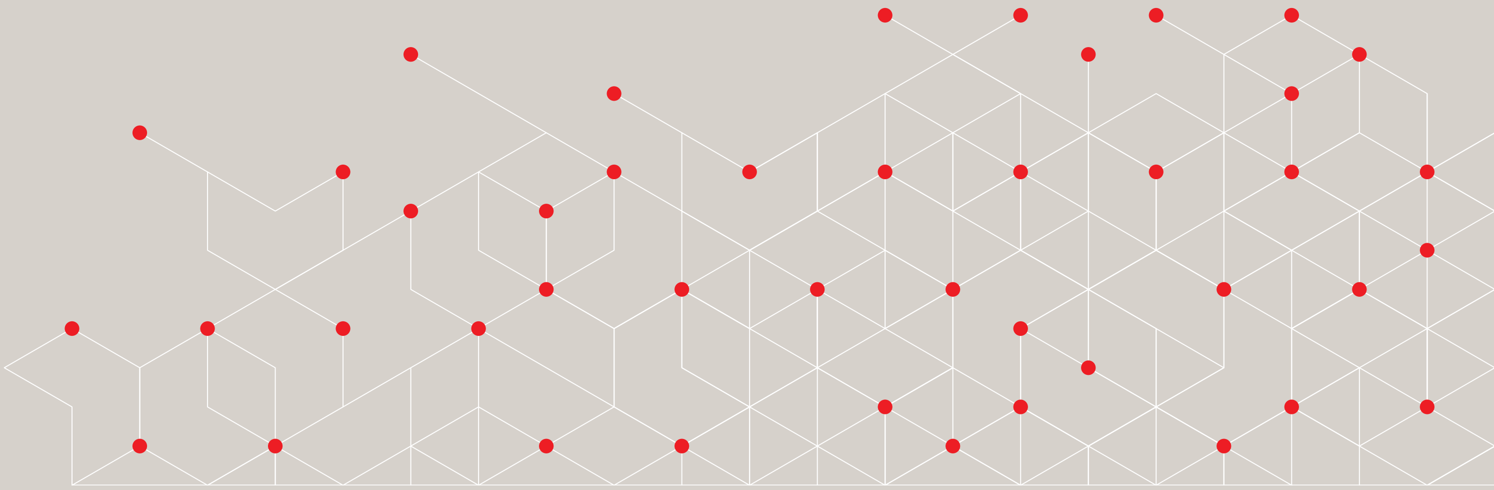

THEMES

THEME 1: Leadership can build connected, accountable and compassionate systems

THEME 2: Using data and insight to make the invisible visible

THEME 3: From tokenism to power. Embedding lived experience in decision-making

THEME 4: Breaking the Silence – tackling stigma and harmful cultures

THEME 5: Start early with education, intervention and skills training

THEME 6: Safety in community with culturally informed support

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THEME 1.

Leadership can build connected, accountable and compassionate systems

Strong, accountable leadership with cross-sector responsibility is the cornerstone of effective suicide prevention.

The Fellows demonstrate through their work that suicide prevention succeeds when leaders take responsibility for creating safe and coherent systems. **Oscar Donnelly's** report on the Zero Suicide model shows how leadership commitment combined with training, data and coordinated pathways can reduce deaths in healthcare settings.

Similarly, **Dr Ananta Dave** identifies how NHS organisational culture and regulatory processes directly influence doctors' willingness to seek help, arguing that compassionate leadership is a precondition for staff safety.

Rhea Newman's study of Japan reinforces the importance of political leadership. Japan's Basic Act on Suicide Prevention created cross-government accountability, localised planning and sustained funding. Her findings show that when suicide is framed as a societal and not an individual issue, systems align behind it.

Dr Sangeeta Mahajan's Fellowship further underlines the leadership challenge. Drawing on international models, she argues that without coordinated leadership to ensure safe transfers of care, to empower families as partners and to fund mental health infrastructure on a par with physical health, systems will continue to fail people at critical transition points.

In policing, **Sergeant Stuart Charlesworth's** Fellowship on Post-traumatic stress disorder (PTSD) shows that leadership is just as pivotal. His comparative work with US and Australian forces demonstrates that support systems only succeed where senior leaders champion them and embed mental health as a strategic priority.

Multiple Fellows reveal what happens when leadership is absent. For example, **Tim Woodhouse** identifies that the lack of a defined national category for domestic abuse related suicide leaves many deaths uncounted and unaddressed. **Pauline Milne** demonstrates that in nursing, the absence of strategic oversight leads to wellbeing initiatives that are fragmented or reactive.

Transforming suicide prevention demands courageous leadership now. National and local leaders must move beyond aspiration and embed shared responsibility across every sector. This means committing to stable, long-term funding that allows local partnerships to plan and to sustain impact. It also requires organisational cultures that actively protect and support frontline staff, recognising that compassion and accountability are not optional extras but are the foundations of safety.

Without decisive, coordinated leadership, efforts will remain fragmented. When we get it right, we can build systems that save lives.

THEME 2.

Using data and insight to make the invisible visible

Several Fellows highlighted critical visibility gaps, describing how systems fail when they cannot see the people most at risk. **Anna Wardley** exposes the absence of national data on children bereaved by parental suicide, a group known to have elevated risk across their life. Without systematic identification or follow-up, we cannot quantify how many children are affected, so often these children remain unsupported.

Yuriko Skelton and **Sophie Gokalp** reveal similar visibility gaps for asylum seekers and refugees, whose deaths may be misclassified or simply unrecorded. Their work demonstrates that the intersection of trauma, poverty, immigration status and cultural displacement cannot be understood through current clinical metrics and data.

Pauline Milne highlights insufficient recording of suicide and self-harm among nurses, masking occupational risk. **Rhiannon Evans** shows how the needs of care-experienced young people are obscured by inconsistent data and fragmented service pathways.

The Fellows are clear. We cannot prevent what we cannot see. Suicide prevention requires real-time data, sharper intelligence and much better recording of the factors that shape risk, including domestic abuse, immigration status and bereavement history.

This is not simply about better statistics. Data must move beyond counting deaths to illuminating context and unmet need. When used well, it becomes a tool for action that enables earlier intervention, smart targeting of resources and better support for those most at risk.

Without stronger data systems, people will continue to fall through gaps. With them, we can target our responses and take necessary urgent action.

THEME 3.

From tokenism to power. Embedding lived experience in decision-making

Lived experience appears in nearly every Fellowship project as a factor in credible, effective suicide prevention. International models explored by Fellows highlight the value of lived experience governance structures, where people with lived experience shape policy, commissioning and oversight.

Naomi Watkins-Ligudzinska shows how Australia's youth mental health system places lived experience, not clinical hierarchy, at the heart of service design. This produces models that feel accessible, empowering and relevant.

Anna Wardley's work places bereaved children at the centre of support design, ensuring that interventions reflect their realities rather than adult assumptions.

Rhiannon Evans similarly demonstrates that care-experienced young people must shape interventions intended for them, otherwise programmes fail to address relational instability and complex trauma.

In culturally specific settings, **Anoo Bhalay** shows how Punjabi Sikh women's lived experience challenges cultural silence and opens space for healing.

Kane Dodgson highlights the impact of survivor storytelling through public art, showcased in public galleries and community story spaces in the US.

Purposeful and ethical engagement with lived experience is the theme of **Maria Roberts'** Fellowship, demonstrating that lived experience is expertise, not simply testimony.

Embedding lived experience in commissioning, governance and evaluation must become the norm, not the exception. This is not about consultation panels or symbolic representation. It requires paid roles, real decision-making authority and investment in developing a skilled peer workforce.

When people with direct experience shape systems from the outset, prevention becomes more responsive and more effective. Anything less risks treating lived experience as tokenism rather than as a strategic asset.

THEME 4.

Breaking the Silence – tackling stigma and harmful cultures

Culture powerfully shapes risk and silence magnifies it. Fellows consistently demonstrate that silence, whether rooted in stigma, shame, professional expectations or institutional norms, prevents help-seeking and early intervention.

Within healthcare, both **Dr Ananta Dave** and **Pauline Milne** identify cultures that expect clinicians and health care professionals to be 'invulnerable'. This fosters self-blame, fear of regulatory consequences and reluctance to disclose distress. **Rory Keddie** notes that medical training often reinforces these norms from the earliest stages.

In prisons, **Piers Barber** documents how silence after a suicide deepens trauma, destabilises relationships, and increases further risk. A lack of open, structured postvention makes harm ripple across prison wings and staff teams.

Sergeant Stuart Charlesworth's report on PTSD in policing reinforces this cultural dimension, where untreated trauma and rigid expectations of toughness can drive officers to conceal distress. Systems that offer peer support and open remembrance of colleagues who have died by suicide can begin to dismantle stigma and open police officers up to seeking help.

Men's mental health is explored by **Jonathan Isserow**, revealing the effects of rigid masculinity on help seeking and stigma.

Breaking harmful cultures demands leadership. Leaders must be willing to model vulnerability, speak openly about distress and set the tone for compassion over silence. Policies and regulatory practices must reinforce that openness, creating workplaces where seeking help is seen as strength, not failure.

At the same time, change cannot be imposed from above alone. Community-led initiatives have the power to challenge stigma from within in ways that feel authentic and lasting. When leadership and communities work together, we can break the silence that perpetuates stigma.

THEME 5.

Start early with education, intervention and skills training

The Fellows' work collectively shows that support and intervention must be embedded in education, training and everyday systems – not just in crisis care.

Nina Smith's Fellowship demonstrates that when schools adopt whole-school approaches, including staff training, embedded mental health professionals, student education and clear protocols, suicide risk reduces and help-seeking increases.

Rory Keddie argues that medical education must include mandatory, skill-based suicide prevention training. Without this, clinicians enter practice unprepared for the emotional demands of patient care or their own wellbeing risks. **Dr Sangeeta Mahajan's** work also highlights mental health literacy among doctors and first responders as a core early-intervention tool.

Rhiannon Evans highlights care-experienced young people, whose early relational instability requires trauma-informed education and consistent adult support. Early education around healthy relationships is identified by **Tim Woodhouse** as preventative against domestic abuse-related suicide.

Dr Chris Hanvey's time exploring suicide prevention in Sweden also highlights the importance of investment in early intervention and community-based prevention, taking time to build culturally sensitive strategies and services.

Marsha McAdam powerfully argues for early detection and intervention for young people with borderline personality disorder to transform their life trajectories.

Across the Fellows' work, a common message is that waiting for crisis is too late. Effective suicide prevention begins early and is built into the fabric of everyday systems. That means creating multi-layered support, from strengthening emotional literacy to fostering safe and stable relationships. From equipping staff with the confidence and skills to respond to designing environments that notice distress before it escalates.

Early intervention comes from a culture of attentiveness and care. Ensuring schools, workplaces, health services and communities are equipped to recognise and respond to vulnerability early, helps to reduce risk and prevent harm long before crisis takes hold.

THEME 6.

Safety in community with culturally informed support

Community environments often reach people overlooked by clinical systems. Fellows show that culturally relevant models rooted in communities can engage people facing social exclusion, trauma, cultural displacement or stigma.

Naomi Watkins-Ligudzinska highlights the success of youth hubs such as Headspace, which offer mental health support alongside social, educational and vocational support. These hubs reflect a broad and holistic understanding of wellbeing.

Sophie Gokalp and **Yuriko Skelton** demonstrate how asylum seekers and refugees benefit from cultural rituals, peer networks, storytelling and trauma-informed community care. Such models acknowledge the deep, non-clinical roots of distress.

Anoo Bhalay shows that culturally tailored support that integrates faith and cultural identity can reach Punjabi Sikh women more effectively than medicalised approaches.

Community, culture, identity and belonging are not peripheral factors but are central to risk and resilience. If prevention efforts fail to reflect the realities of people's lives, they will continue to miss those most in need.

Broadening our approach means investing in culturally rooted support, strengthening community networks and recognising that connection and dignity are protective forces. By embedding belonging at the heart of prevention, we move closer to systems that reach everyone.

THEME 7.

A system built for safety

Across the Fellows' work, a consistent message is that suicide prevention relies on systems that create safety before, during and after moments of crisis. Postvention and environmental safety are two expressions of this, building environments and responses that reduce further risk and harm.

Several Fellows highlight that what happens after a suicide profoundly influences future risk. **Anna Wardley** shows that children bereaved by parental suicide need structured, long-term support to prevent grief from becoming a lifelong vulnerability.

In some institutions, the risks can be high. **Piers Barber's** work in prisons reveals how trauma can destabilise entire estates where risk increases without coordinated postvention.

Safety also depends on how systems anticipate and reduce risk. **Oscar Donnelly's** work with Zero Suicide illustrates how structured protocols, reliable follow-up and clear clinical pathways reduce avoidable deaths in healthcare settings.

Beyond services, **Bob Blemmings'** Fellowship shows how high-risk public places, especially bridges, can become significantly safer through design interventions like barriers, crisis phones and trained responders.

Lorna Fraser's work identifies the importance of training and guidance to inform journalists and trainees alike, reducing risk through safe reporting and representation of suicide.

Alison Jordan's Fellowship evolved from an exploration of suicide bereavement in the US to the development of Pete's Dragons, a postvention service in Devon for children and young people bereaved by suicide.

Taken together, these insights make one thing clear: safety cannot sit in a single service or setting. It must be woven through homes, schools, workplaces, prisons, hospitals, media and public spaces alike.

Suicide prevention depends on environments that are intentionally designed to protect life -before, during and after moments of crisis. A whole-society approach means building systems that respond with compassion, learn rigorously from every death and act decisively to reduce future risk.

When safety becomes a shared responsibility across all the places people live and move, prevention moves from reactive responses to sustained protection.

WHAT HAPPENS NEXT

The collective work of the Churchill Fellows shows that suicide prevention is not just a task for clinicians, commissioners or crisis teams. It is a shared societal responsibility, shaped by leadership, culture, community and the environments in which people live their lives.

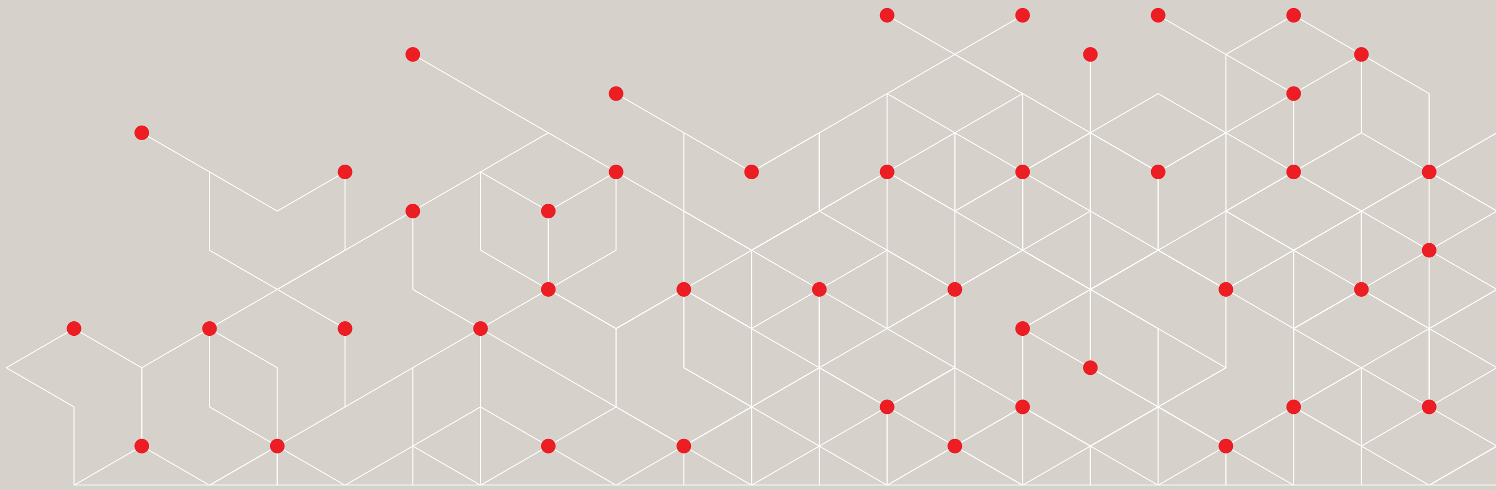
The foundations for progress are already in place. Across sectors and regions, Fellows have influenced policy, piloted new services, trained frontline professionals and developed community-based initiatives. Many are now working collaboratively bringing together practitioners, researchers, lived experience leaders and policymakers. Together their insights provide a practical framework for a more compassionate and connected national approach.

The challenge now is to ensure this learning becomes embedded in mainstream practice rather than remaining within isolated projects. This requires sustained cross-sector partnerships, stronger evaluation and data capacity, meaningful lived experience leadership and a commitment to prevention across every setting.

This report is not an endpoint but a blueprint for continued action. It is intended for those shaping policy and commissioning services, leading organisations, working on the frontline and advocating for change. The responsibility now lies in translating learning into system-wide improvement.

While the dedicated Suicide Prevention programme has concluded, the Churchill Fellowship continues to welcome applications addressing suicide prevention and related challenges through its open category.

**The whole society blueprint is here.
The time to act is now.**



CHURCHILL FELLOWS REPORT SUMMARIES

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PREVENTING SUICIDE AT PUBLIC PLACES: LESSONS FROM INTERNATIONAL PRACTICE

Bob Blemmings, Churchill Fellow 2019

Bob Blemmings' Churchill Fellowship explores how suicide at public places (particularly bridges and other high structures) can be prevented through design, partnership and proactive intervention. Building on his professional experience in policing and hostage negotiation in Northern Ireland, particularly around the Foyle Bridge in Derry/Londonderry, Bob travelled to Canada and the United States to study innovative, evidence-based approaches to reducing deaths at frequently used sites.

His findings highlight that preventing suicide at public places is not simply a matter of barriers or surveillance, but of creating a coordinated, compassionate system that integrates environmental design, real-time response and post-incident care. The report identifies effective strategies such as physical deterrents, intelligent monitoring, trained responders and collaborative leadership as critical to saving lives.

Learnings

Means restriction works. Interventions such as safety barriers, lighting and crisis phones can reduce suicide deaths.

Design with prevention in mind. Suicide deterrence should be built into infrastructure planning from the outset.

Data and monitoring. Collecting, analysing and sharing incident data can identify patterns and support early intervention.

Collaborative response. Police, health professionals and community groups working together leads to better outcomes, an example being the Mobile Crisis Intervention Team model in Toronto.

Training and awareness. Frontline staff benefit from consistent, scenario-based training in crisis negotiation and de-escalation.

Recommendations

Bob's Fellowship report shows that suicide prevention must be embedded in design of bridges and high structures to create safer public spaces for everyone.

Key recommendations are to:

1. Incorporate suicide prevention design standards into all new and existing structures.
2. Establish multi-agency partnerships to coordinate local responses at high-risk sites.
3. Provide specialist training in de-escalation for police and first responders.
4. Use real-time data sharing agreements to target resources effectively.
5. Ensure sustained investment in community-based prevention and bereavement support.

BACK TO THEME 7.

PREVENTING DOCTORS FROM DYING BY SUICIDE: CONSTRUCTING CROSS-ORGANISATIONAL COLLABORATION

Dr Ananta Dave, Churchill Fellow 2019

Dr Ananta Dave is a Chief Medical Officer and Consultant Psychiatrist in the NHS. Her Fellowship explores how organisational culture, stigma and leadership impacts suicide among healthcare professionals.

Drawing insights from medical institutions in the US, including SUNY Downstate Center in New York and the University of California Schools of Medicine, Ananta examines how systemic and cultural issues in the NHS affects healthcare professionals' mental health.

Ananta's report argues that suicide among healthcare professionals is a public health concern, requiring cross-organisational collaboration focused on prevention rather than a reliance on individual resilience.

Learnings

Culture. Doctors are sometimes expected to be superhuman, leading to a culture of silence around vulnerability.

Stigma. Fear of judgement and potential professional consequences can deter help-seeking.

Leadership. Compassionate leaders, focused on prevention, play a key role in changing workplace culture.

Specialist services. Dedicated mental health services for healthcare workers can save lives, with effective US models such as Chief Wellness Officers.

Collaboration. Sustainable progress depends on partnerships across NHS organisations, regulators, academia and the voluntary sector.

Recommendations

Ananta's Fellowship report urges a shift from a culture of silence and survival to one of collaboration and compassion for those who care for others. Key recommendations are to:

1. Develop supportive induction programmes for healthcare workers.
2. Provide universal training on mental health and suicide prevention, including for medical students.
3. Ensure designated Mental Health Accountable Officers in every NHS organisation, with responsibility for workforce wellbeing.
4. Provide reflective and safe discussion spaces to deal with emotional burden of work.
5. Encourage compassionate regulatory processes by the General Medical Council, supporting those under investigation through the process.
6. Provide accessible, confidential mental health services for staff, with local suicide bereavement support.
7. Invest in specialist training to enable doctors to treat colleagues.
8. Create of a *Centre of Excellence* to coordinate research into staff wellbeing, policy and best practice.

BACK TO THEME 1. BACK TO THEME 4.

BRINGING ZERO SUICIDE TO NORTHERN IRELAND

Oscar Donnelly, Churchill Fellow 2019

Oscar Donnelly's Churchill Fellowship examines how the internationally recognised Zero Suicide model can be adapted to improve patient safety and reduce deaths by suicide within Northern Ireland's mental health service.

Oscar visited leading organisations in the USA and Australia, including the Henry Ford Foundation, Centerstone Health and Gold Coast Health, all of which demonstrated significant reductions in suicide following implementation of a Zero Suicide approach and a Suicide Prevention Pathway.

His report highlights that achieving zero suicides is an aspirational, yet practical framework built not on a single intervention but on leadership, training, culture change and evidence-based care.

Learnings

Leadership and culture. Sustained commitment from senior leaders from the outset and a move toward a compassionate, prevention focused *Just Culture* which shifts focus from blame is essential.

The Suicide Prevention Pathway. Effective systems use structured pathways screening, assessing, treating and following up suicidality as a distinct clinical issue.

Collaborative safety planning. Involving patients and families reduces risk and improves engagement.

Training and skills. Staff training in both skills and in developing a positive suicide prevention culture is vital.

Data and quality improvement. Consistent measurement, audit and learning can support the success of the Zero Suicide model.

Recommendations

Oscar's Fellowship report explains that Zero Suicide's courageous leadership, collaboration and culture change can meaningfully reduce suicides in Northern Ireland.

Key recommendations are to:

1. Develop and implement a Suicide Prevention Pathway for Northern Ireland under the *Towards Zero Suicide Collaborative*.
2. Embed *Just Culture* principles across all services to support staff learning and safety.
3. Invest in comprehensive workforce training and competency frameworks.
4. Integrate lived experience leadership in system design and evaluation.
5. Use data-driven quality improvement to monitor outcomes and guide reform.

BACK TO THEME 1. BACK TO THEME 7.

SAFER MEDIA REPORTING: LESSONS FROM AUSTRALIA

Lorna Fraser, Churchill Fellow 2019

International research has shown that media depictions of suicide can influence increases and falls in suicide rates, depending on how the topic is covered. Lorna Fraser leads Samaritans' media guidelines work in the UK, supporting media and organisations across mental health and suicide prevention to safely report on suicide and self-harm.

Media guidelines work is unique and highly specialised, with expert knowledge and research scattered worldwide. This fellowship offered Lorna an opportunity to learn from colleagues in Australia, a leader in this field and home to some of the world's foremost researchers on suicide and the media, to inform and shape Samaritans' approach.

Learnings

Media guidelines work is unique. Time spent with like-minded colleagues was invaluable for exploring challenges and solutions, finding opportunities to progress this work in the UK.

Funding is critical. In Australia, EveryMind secured substantial funding for the MindFrame programme, enabling a large team to work sustainably.

MindFrame has a broad remit. With a wider focus, including mental health, stigma reduction, and alcohol or substance dependency, there can be engagement with journalists and programme researchers across diverse topics.

Dedicated promotion. The Mindframe team includes a staff member to solely promote the service and work across media professionals.

Adherence to guidance. Media regulation and attitudes toward reporting vary internationally. Improving journalists' understanding of both the risks and benefits of responsible coverage encourages adherence to guidance.

Recommendations

Lorna's Fellowship highlights ways that international collaboration and networking can support safer media reporting here in the UK.

Key recommendations are to:

1. Collaborate and share learnings internationally, establishing networks for discussing challenges and solutions globally and locally in the UK.
2. Dedicate resources to secure funding through mental health, suicide prevention, and corporate partnerships.
3. Deliver training for journalism students to inform future newsrooms and for organisations communicating about suicide.
4. Develop Suicide Prevention Communications Guidance for non-media organisations to improve awareness of evidence for safer communicating.
5. Engage OnDemand platforms to address risks from internationally produced content amid evolving media landscapes.

BACK TO THEME 7.

FROM LOSS TO GROWTH: A STRUCTURED APPROACH TO SUPPORTING CHILDREN BEREAVED BY SUICIDE

Alison Jordan, Churchill Fellow 2019

Alison Jordan's Churchill Fellowship began as an exploration of suicide bereavement, prevention and intervention across the United States. Over time, it evolved into the live development and implementation of new approaches within UK practice.

Learning was embedded directly into service delivery at Pete's Dragons, a commissioned postvention service in Devon, shaping a redesigned pathway for children and young people bereaved by suicide, alongside the introduction of a structured residential model.

Over time, repeated patterns of need began to emerge making the development of a structured approach not just beneficial, but necessary. This work led to the creation of the SAFE model (Safety, Attachment, Feeling, Empowerment), a developmentally informed framework guiding both one-to-one and group-based support.

Learnings

Children experience suicide bereavement differently. They require support designed specifically for them.

Safety and trusted relationships are key. These are the foundation for all meaningful therapeutic work.

Healing is not linear. Structured, sequenced support strengthens outcomes.

The importance of connection. Intensive, relational environments (such as residentials) can accelerate connection, regulation and growth.

Effective postvention is prevention. What happens after a death shapes future risk.

Recommendations

Alison's Fellowship report highlights how postvention is prevention for children and young people bereaved by suicide.

Key recommendations are to:

1. Prioritise developmentally informed support pathways for bereaved children and young people.
2. Recognise postvention as a core component of suicide prevention strategy.
3. Invest in approaches that combine structure with relational depth.
4. Embed routine outcome measurement to guide and evidence impact.
5. Strengthen real-time data and surveillance to inform timely, targeted responses.

BACK TO THEME 7.

BRIDGING THE GAPS IN SUICIDE PREVENTION

Dr Sangeeta Mahajan, Churchill Fellow 2019

Dr Sangeeta Mahajan's Churchill Fellowship explores how international models of suicide prevention used in the USA and Australia can inform a cohesive approach in the UK. Visiting Beyond Blue (Melbourne), Headspace (Bendigo), National Alliance on Mental Illness (Concord) and the American Foundation for Suicide Prevention (New York) amongst many others, the report examines how collaboration, effective communication and mutual learning across families, health and voluntary sectors can help young people stay on the side of life.

This report is dedicated to Saagar Naresh, Sangeeta's twenty-year-old son, who died within ten weeks of being diagnosed with a severe mental disorder in 2014. He was deeply loved by so many, had so much to offer to the world and so much to live for.

Learnings

Safe transfer of care. Proper planning and co-ordination between teams when care is transferred from one setting to another. Proactive follow-up after discharge or crisis can save lives.

Mental health literacy among doctors and first responders. Medics are a high-risk group. They must be trained to recognise and respond appropriately to poor mental health – other's and their own.

Empowerment and education of carers. Families and/or friends are an essential part of a vulnerable person's safety net. They must be recognised as such and empowered through psychoeducation and family networks.

Sustained funding and infrastructure. 'Parity of esteem' between physical and mental health remains a rhetoric rather than a reality. Government needs to invest in this, starting with a health-care workforce trained in mental health.

Non-clinical spaces. Creating healing and engaging spaces, easily accessible in the community for early, sub-acute and acute phases of mental ill-health. These are cost-effective alternatives that complement medical services.

Recommendations

Sangeeta's Fellowship report emphasises three C's in suicide prevention – Compassion, Collaboration and Communication.

Key recommendations are to:

1. Build cohesive partnerships between families, health and voluntary sectors.
2. Mandate mental health literacy and suicide prevention training across health services.
3. Empower carers through structured support and psychoeducation.
4. Increase government funding in mental health training and infrastructure.
5. Develop non-clinical spaces to provide accessible community-based support.

BACK TO THEME 1. BACK TO THEME 5.

EXPLORING HOW DIFFERENT ORGANISATIONS PROVIDE PSYCHOSOCIAL SUPPORT, FOCUSED ON SUICIDE PREVENTION FOR THE ASYLUM SEEKER AND REFUGEE POPULATION

Yuriko Skelton, Churchill Fellow 2019

Yuriko Skelton's Churchill Fellowship investigates how organisations in Australia, Canada and the USA deliver psychosocial support to refugees and asylum seekers at risk of suicide. Drawing on her volunteering experience with The Listening Place in London, Yuriko's report explores how lessons from trauma-informed, community-based programmes overseas could strengthen UK suicide prevention practice.

Yuriko's Fellowship highlights how stigma, cultural isolation and insecure immigration status can exacerbate distress among refugee and asylum seeker communities. Visiting agencies such as QPASTT (Queensland), World Wellness Group (Brisbane), Refugee Health Program (Toronto) and NESTT (Vermont), Yuriko found that effective services take a holistic, culturally responsive approach combining therapy with peer connection and empowerment.

Learnings

Holistic frameworks. There are benefits to integrating mental health support with support on trauma, housing, employment and legal insecurity.

Cultural humility and safety. Continuous reflection and co-production with refugee communities builds trust.

Advocacy and empowerment. Practical help with navigating systems, accessing benefits or family reunification can reduce hopelessness and restore a sense of control.

Value of lived experience. Peer workers can bridge cultural divides and model recovery to people in distress.

Volunteer training. With supervision and clear boundaries, non-clinical volunteers can offer consistent emotional support.

Recommendations

Yuriko's Fellowship report concludes that suicide prevention for refugees and asylum seekers should extend beyond therapy. Compassion, advocacy and cultural understanding need to be embedded into every level of support.

Key recommendations are to:

1. Expand understanding of the barriers faced by these groups for volunteers and staff in support services such as The Listening Place.
2. Crisis support services should establish partnerships with refugee health and legal services to integrate advocacy and to signpost to further help.
3. Involve people with lived experience to bridge cultural divides and to design and deliver culturally competent services.
4. Integrate advocacy and social navigation into suicide prevention models.

BACK TO THEME 2. BACK TO THEME 6.

TIME TO COUNT: SUPPORTING CHILDREN AFTER A PARENT DIES BY SUICIDE

Anna Wardley, Churchill Fellow 2019

Anna Wardley's Churchill Fellowship examines how children and young people bereaved by parental suicide are missing vital care and support. Motivated by personal experience, Anna visited organisations across Australia, Denmark, Sweden and the USA to study best practice in suicide bereavement and early intervention.

Anna's report highlights that in the UK, children bereaved by suicide remain largely invisible. No national data is collected to record how many are affected and services are fragmented or inconsistent. By contrast, other nations demonstrate the impact of systematic referral systems, coordinated multi-agency responses and trauma-informed care that includes the voices of bereaved children.

Learnings

Suicide bereavement is unique. It requires tailored, long-term and age-appropriate support.

Data drives change. Without counting affected children, policy and funding gaps will persist.

Systematic referral systems are needed. The example is given of Australia's *StandBy Support After Suicide* and the *Queensland Police Referral System*, which ensures immediate outreach to prevent people from falling through gaps after being bereaved by suicide.

Involve the community in response. Models such as the *Trauma Intervention Program (TIP)* in the USA, show how trained citizen volunteers can provide emotional first aid.

The importance of open communication. Honest, age-appropriate dialogue helps children make sense of loss and reduces stigma. Peer-to-peer support is important to allow young people to share their loss and feel less alone.

Collaboration is essential. Multi-agency, cross-sector partnerships can deliver consistent care and recovery.

Recommendations

Anna's Fellowship report concludes that it is time for the UK to count and care for all children bereaved by suicide, particularly after a parent or primary carer ends their own life.

Key recommendations are to:

1. Establish national data collection to record all children affected by suicide bereavement.
2. Value and support lived experience, through representation, storytelling and peer-to-peer support.
3. Create a coordinated, trauma-informed national framework for suicide bereavement support with children and young people at its heart.
4. Embed automatic, systemic referral systems within police, schools and health services to ensure children and young people receive timely support after suicide bereavement.
5. Invest in specialist training and support for professionals working with suicide bereaved children, including schools, early years providers, colleges and other education settings.

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THE WILLOW PROJECT: SUICIDE PREVENTION IN CHILDREN AND YOUNG PEOPLE

Naomi Watkins-Ligudzinska, Churchill Fellow 2019

Naomi Watkins-Ligudzinska, wellbeing consultant and founder of The Willow Project, undertook her Churchill Fellowship to explore how Australia and New Zealand approach suicide prevention and postvention for children and young people aged 4 to 30.

Motivated by her frontline experience in counselling and bereavement support, Naomi visited organisations including Roses in the Ocean, Orygen, StandBy Support After Suicide, Lifeline, Headspace and the Black Dog Institute. Her report identified that both countries operate collaborative, community-based systems that integrate lived-experience leadership, prevention education and early access to mental health support.

Naomi's report concludes that UK suicide prevention remains largely inaccessible, reactive, inconsistent and overly clinical. She advocates for a national shift towards accessible, joined-up community services supported by sustained investment and cross-sector collaboration.

Learnings

Lived-experience leadership. Services and policies informed by young people, survivors and bereaved families are more responsive and empathetic.

Community-based models. Integrated hubs such as Headspace provide accessible, one-stop wellbeing support and move beyond a one-size-fits-all approach.

Education saves lives. School- and youth-based training normalises help-seeking, builds resilience and prevents suicide.

Postvention is prevention. Timely, specialist bereavement support reduces long-term suicide risk.

Evaluation and data are essential. Ongoing outcome measurement sustains programme effectiveness and funding.

Compassionate collaboration. Multi-agency partnerships underpin sustainable suicide prevention. Everyone has a role to play.

Recommendations

Naomi's Fellowship report concludes that saving young lives depends on community and connection.

Key recommendations are to:

1. Commit statutory national and local youth suicide prevention funding for third-sector providers who know young people best.
2. Embed lived-experience involvement and expertise at every level of policy and service design.
3. Create integrated and inclusive youth wellbeing hubs offering early intervention and crisis support.
4. Provide psychoeducation and tailored support for families and organisations affected by youth suicide.
5. Mandate robust evaluation across all suicide prevention programmes and embed research within service delivery.

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BROKEN BADGES, A COMPARATIVE ANALYSIS OF PTSD IN UK, AMERICAN AND AUSTRALIAN POLICE OFFICERS

Sergeant Stuart Charlesworth, Churchill Fellow 2020

Sergeant Stuart Charlesworth of Greater Manchester Police undertook his Churchill Fellowship to investigate how police services in the United States and Australia respond to post-traumatic stress disorder (PTSD) and trauma exposure among officers.

His personal experience of PTSD, following the 2012 murders of two colleagues in Manchester, inspired his Fellowship.

Through visits to forces including NYPD, Fairfax County Police, Arlington Police (Virginia) and Victoria Police (Australia), Stuart examined how international approaches to mental health and suicide prevention could inform improvements within UK policing. His findings reveal that PTSD in policing is a cultural, structural and leadership issue, not just clinical. Supporting those with PTSD and trauma exposure needs early intervention, sustained support and open acknowledgment.

Learnings

Leadership drives culture. Support programmes succeed only when championed from the top.

Proactive support. Regular wellness checks and early intervention can prevent crisis.

Peer support matters. Trusted, trained peers help break stigma and encourage officers to seek help.

Clinician understanding. Effective therapeutic support must grasp police culture and the nature of operational stress.

Open remembrance. Honouring officers lost to suicide reduces stigma and encourages openness.

Practical wellbeing tools. Initiatives such as chaplains, therapy dogs, mindfulness and dedicated recovery spaces aid resilience.

Recommendations

Stuart's Fellowship report concludes that tackling PTSD in policing requires systemic leadership, cultural openness and compassion.

Key recommendations are to:

1. Focus on early intervention before the point of crisis.
2. Establish a peer support system of training across all UK forces.
3. Invest in, review and adapt support policies and programmes consistently.
4. Formally and responsibly recognise suicide-related deaths in memorials to challenge stigma.

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NARRATIVES OF MASCULINITY: PARTICIPATORY METHODS IN MEN'S MENTAL HEALTH

Jonathan Isserow, Churchill Fellow 2020

Jonathan Isserow, an art therapist, filmmaker and researcher at the University of Roehampton, undertook his Churchill Fellowship to explore how creative, participatory and visual methods can support men's mental health and challenge harmful narratives around masculinity. Motivated by the persistently high rates of male suicide, Jonathan's report examines how creative mediums can create spaces for men to express vulnerability and build connection, redefining what it means to be strong.

Through fieldwork in Canada and the United States, Jonathan visited initiatives such as DUDES Club in Vancouver, HeadsUpGuys, and digital campaigns like Man Therapy, observing how these models use creativity, peer connection and humour to foster openness and emotional literacy. He argues that creative expression helps men externalise pain and reconnect with community, particularly those who may not engage with traditional clinical services.

Learnings

Rigid masculinity harms men. Cultural expectations of stoicism and control inhibit emotional openness and help-seeking.

Participation builds trust. Peer-led, culturally relevant spaces empower men to share experiences and challenge stigma.

Creative media as therapy. Art, film and visual storytelling engage emotion beyond words and deepen understanding.

Digital innovation matters. Hybrid and online approaches broaden access while sustaining connection, especially important for men who are reluctant to engage face to face.

Diversity and inclusion. Mental health interventions must reflect different identities across culture, sexuality and social background.

Recommendations

Jonathan's Fellowship report concludes that reshaping masculinity through creativity and participation offers men new ways to connect, communicate and care for themselves and others.

Key recommendations are to:

1. Integrate creative participatory methods into men's mental health policy and practice.
2. Co-produce initiatives with men, ensuring authenticity and long-term engagement.
3. Train professionals in gender-sensitive, intersectional practice.
4. Develop hybrid community-digital models to reach under-served men.
5. Fund preventative creative community-based programmes that celebrate empathy and belonging.

BACK TO THEME 4.

PROTECTING NURSES FROM SUICIDE

Dr Pauline Milne MBE, Churchill Fellow 2020

Dr Pauline Milne's Churchill Fellowship investigates how evidence-based suicide prevention initiatives for healthcare workers in the United States can inform UK practice to better protect nurses' mental health and reduce suicidality.

Prompted by the persistent statistic that nurses in the UK have a 23% higher suicide rate than the general population, Pauline's report focuses on reducing stigma, promoting early intervention and embedding wellbeing and compassionate leadership into professional culture.

During visits to California, Charlottesville, Washington D.C., Pennsylvania and New York, Pauline met with leaders from a range of healthcare organisations, academic institutes, professional organisations, nursing labour unions and not-for-profit organisations focused on suicide prevention.

Learnings

Stigma remains a barrier. Nurses often fear professional repercussions for disclosing mental ill health and suicidality.

Proactive screening saves lives. Anonymous wellbeing checks can identify risk early, e.g. the Interactive Screening Programme, an integral part of the HEAR (Healer Education Assessment and Referral) Programme, detects depression and suicide risk.

Leadership accountability. Chief Wellness Officers ensure wellbeing is a strategic, not optional, priority.

Education and training. Integrating mental health awareness into nurse training builds lifelong coping skills and increases awareness

Data and research gaps. Better UK-specific, profession-level data on nurse suicides are urgently needed to inform prevention strategies.

Recommendations

Pauline's Fellowship report concludes that safeguarding nurses' mental health is essential to sustained care. Duty of care must also be in place for those who provide it.

Key recommendations are to:

1. Establish national data collection on nurse suicides, including those who have retired or left employment, with more data on risk factors and personal characteristics.
2. Pilot the HEAR programme in UK nursing contexts.
3. Appoint Chief Wellness Officers across healthcare organisations and universities where nurses are educated
4. Embed mental health literacy and stigma reduction into nursing education and leadership development.
5. Introduce national measures of staff wellbeing to be used alongside other performance metrics
6. Hold healthcare organisations to account for organisational culture, compassionate leadership and staff wellbeing.

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BUILDING A WHOLE-SOCIETY APPROACH TO SUICIDE PREVENTION: LEARNING FROM JAPAN

Rhea Newman, Churchill Fellow 2020

Rhea Newman's Churchill Fellowship explores how Japan's national suicide prevention framework, anchored in cross-government coordination and community engagement, can inform suicide prevention policy in the UK.

Drawing on four weeks of fieldwork across Japan in 2023, Rhea interviewed experts from government, academia, NGOs and healthcare to understand how Japan has achieved significant reductions in suicide since introducing its Basic Act on Suicide Prevention (2006).

Japan's reforms reframed suicide as a societal, not individual, problem, making it a shared responsibility across government ministries, local authorities, employers and citizens. While there are important social and cultural differences between Japan and the UK, Rhea's report finds that learning from Japan's 'whole society' model could strengthen the UK's ambition to make suicide prevention everybody's business.

Learnings

Leadership and accountability. Cross-party political commitment and dedicated leadership can sustain progress.

Infrastructure and coordination. A dedicated research body, such as the Japan Suicide Countermeasures Promotion Centre, can advance policy based on data and evaluation across regions.

Local delivery. Local authorities tailor prevention plans to local needs and context and benefit from opportunities to share best practice.

Multi-stakeholder approach. Suicide prevention needs to involve different sectors including education, employment, justice and welfare as well as health.

Whole-society engagement. NGOs, volunteers, businesses and the media play visible roles in awareness, outreach and shaping narratives around suicide.

Data-driven practice. Real-time data and research inform adaptive, evidence-based interventions.

Recommendations

Rhea's Fellowship report concludes that reducing suicide demands coordinated, well-resourced leadership across government, local authorities and wider society as a genuine whole society commitment.

Key recommendations are to:

1. Reinstate a Minister for Suicide Prevention and establish a cross-government committee.
2. Provide five-year strategic reviews with measurable targets and sustained funding, as well as an annual report to Parliament to assess progress.
3. Strengthen local authority capacity through guidance, sharing best practice, long term funding and data access.
4. Expand research to understand the most effect approaches, particularly for high-risk demographics.

BACK TO THEME 1.

INTERNATIONAL PERSPECTIVES ON POSTVENTION IN PRISON CUSTODY

Piers Barber, Churchill Fellow 2023

Piers Barber's Churchill Fellowship centres on how prisons can better support prisoners and staff following a suicide in custody. Piers travelled to New Zealand, Australia and Canada to carry out field research on how structured multi-agency postvention (the support provided following a suicide) can be embedded into everyday prison operations.

Prisoners and prison staff are particularly vulnerable following a suicide, owing to complex challenges in the prison system and particular risks amongst prisoners. Postvention can be difficult to deliver in prisons due to factors such as secrecy, poor communication and prison geographies.

Piers' report shows that effective clinical, cultural and peer support can reduce trauma, prevent further deaths and strengthen long-term recovery for everyone affected.

Learnings

Better postvention is urgently needed. High suicide rates, repeated exposure and confined environments mean both prisoners and staff face sustained psychological risk.

Principles of effective response. Postvention works best when integrated into strategic planning, ensuring immediate, medium and long-term follow-up.

For prisoners. There is no one-size-fits-all approach to support. Instead, a range of support is needed such as mental health checks, access to trained peers, chaplaincy/cultural leaders or protected spaces for reflection.

For staff. Address cultural stigma and silence, offering psychological first aid, structured debriefs and ongoing trauma-informed support.

Learning through investigation. Inquests and reviews should minimise harm and ensure lessons are communicated back to frontline teams with time to process and meaningfully reflect.

Recommendations

Piers' Fellowship report calls for system-wide prioritisation of postvention to break cycles of trauma, build resilience and honour lives lost.

Key recommendations are to:

1. Embed postvention in prison strategy, leadership and training, establishing high levels of suicide literacy.
2. Balance the procedural and pastoral by mapping coordinated multi-agency support including healthcare, chaplaincy/spiritual support and peer schemes.
3. Provide both internal peer support and external support for affected prisoners.
4. Resource comprehensive staff aftercare and counselling.
5. Strengthen learning from incidents through transparent review, sharing and reflecting on findings openly.

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SUICIDE INTERVENTION: BRITISH PUNJABI SIKH WOMEN, A HOLISTIC APPROACH

Anoo Bhalay, Churchill Fellow 2023

Anoo Bhalay's Churchill Fellowship explores culturally tailored suicide prevention for British Punjabi Sikh women, a group facing both disproportionately high rates of self-harm and suicide and low uptake of mental health support. Drawing from field research across India and Canada, her report examines how migration, patriarchy, stigma and intergenerational trauma influence mental health.

Through interviews, academic analysis and exploring lived experience, the report details how traditional gender roles and cultural silence perpetuates psychological distress.

Anoo's report argues that current UK mental health services lack cultural competence and fail to meet the specific needs of South Asian communities. Her findings emphasise a holistic model of care that blends faith, family and community with modern therapeutic practices to promote healing and resilience.

Learnings

Early intervention. Early recognition of emotional distress is vital.

Holistic self-care. Psychological first aid, mindfulness and cultural grounding can reduce suicidal ideation.

Childhood and family. Support in childhood around emotional development, particularly from parents, can protect against crisis later in life.

The stress of migration. Cultural adjustment, debt and family separation heighten vulnerability.

Community empowerment. Stigma can be tackled through open discussion in communities about mental health, suicide and gender inequality.

Recommendations

Anoo's Fellowship report concludes that addressing suicide among Punjabi Sikh women requires compassion, cultural understanding and community-led healing.

Key recommendations are to:

1. Create a Punjabi Sikh Suicidology Network to share knowledge and resources.
2. Deliver culturally adapted suicide prevention training in community spaces.
3. Combine faith-based and clinical care using holistic, trauma-informed methods.
4. Improve data collection on South Asian women's mental health.
5. Promote women's leadership in suicide prevention and advocacy.
6. Support international collaboration on culturally responsive wellbeing models.

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WHY STORIES MATTER

Kane Dodgson, Churchill Fellow 2023

Kane Dodgson's Churchill Fellowship explored how storytelling can transform mental health and suicide prevention. He travelled to Philadelphia, Ithaca and New York City to learn from projects like Mural Arts Philadelphia's Porch Light, Story House Ithaca and the Strangers Project.

As an artist, writer, therapist and survivor, Kane brought all of these aspects of himself to learn how storytelling can support those who are not connected to mental health services, preventing them falling into the cracks.

His Fellowship shows how peer-led storytelling, expressive writing and public art help cut through isolation and build trust.

Learnings

Stories aren't just words. Stories shape what happens next. They can trigger more harm (the Werther Effect) or inspire survival (the Papageno Effect).

Belonging is biological. Stories spark trust on a chemical level, helping people feel less alone by synching up the minds of the speaker and listener.

Art and writing matter. Expressive writing and public murals calm the brain, break down stigma and build real connection, all at minimal cost.

People hold the answers. Spaces open to everyone, with no waiting lists or labels, let us share and learn from each other's lived experience. These stories offer insight into what helps people move back from crisis.

Recommendations

Kane's Fellowship report concludes that for support to be truly person-centred, it first needs to be story-centred.

Key recommendations are to:

1. Co-design and leadership for survivors in mental health and suicide prevention programmes from day one, with funding and support to match.
2. Build a network of non-clinical Community Story Spaces as places for people to connect early, share and learn recovery tools and contribute to public story galleries.
3. Make public art part of prevention, inspired by Philadelphia's Porch Light Initiative. A UK version of this programme can bring community-created art to areas most at risk.
4. Equip everyone by adding storytelling modules to gatekeeper training, so professionals and the public can reach those outside of the system and provide story-centric support.
5. Use the time that people are spending on waiting lists to provide expressive writing resources and opportunities to participate in storytelling sessions.
6. Explore the connections between stroke and suicide risk, incorporating into stroke prevention policy and training.
7. Start a nationwide movement for storytelling art spaces, capturing stories in living galleries shared live and online.

BACK TO THEME 3.

PREVENTION OF SELF-HARM AND SUICIDE IN CHILDREN AND YOUNG PEOPLE WHO HAVE BEEN IN FOSTER, KINSHIP OR RESIDENTIAL CARE

Professor Rhiannon Evans, Churchill Fellow 2023

Rhiannon Evans, Professor in Social Science and Public Health at Cardiff University, undertook her Churchill Fellowship to explore international approaches to preventing self-harm and suicide among care-experienced children and young people.

Rhiannon's report builds on the UK's evidence gaps identified in the NIHR-funded CHIMES project, which found few proven interventions targeting this at-risk group.

Through fieldwork in the USA and South Korea, Rhiannon examined innovative practice that could be used in the UK, along with evaluation methods that could support transfer or adaptation of these approaches between countries. The report identified the Fostering Healthy Futures programme from the USA as a promising candidate for UK adaptation. This evidence-based mentoring and skills curriculum has been shown to improve the mental health and wellbeing of children in foster care.

Learnings

Cultural and contextual understanding. Prevention must be culturally grounded, reflecting the differences in self-harm and suicide across societies.

Intervention adaptation. Evidence-based programmes must be sensitively tailored to UK systems and resources.

Research methodology. Rapid and responsive evaluation methods are critical for testing interventions in social care settings.

Promising intervention. Fostering Healthy Futures demonstrates measurable impact and transferability with adaptations to mentoring models.

International collaboration. Global partnerships enrich understanding and improve innovative intervention design.

Recommendations

Rhiannon's Fellowship report concludes that preventing suicide among care-experienced children and young people requires innovative practice in the UK, looking to evidence-based approaches available internationally that can be adapted to address specific national contexts.

Key recommendations are to:

1. Evaluate Fostering Healthy Futures for UK delivery through a robust evaluation design.
2. Strengthen adaptation and implementation frameworks for social care.
3. Fund evaluation research in suicide prevention.
4. Continue to build international research networks on youth self-harm and suicide.
5. Prioritise culturally sensitive approaches for care-experienced children and young people.

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HEALING THROUGH CONNECTION. EXPLORING COMMUNITY-BASED MODELS OF SUPPORT FOR ASYLUM SEEKERS AND DISPLACED PEOPLE

Sophie Gokalp, Churchill Fellow 2023

Sophie Gokalp's Churchill Fellowship investigates how communities in Bosnia and Herzegovina, Georgia and Turkey support asylum seekers and refugees at risk of suicide. Her report addresses growing concern about deaths within the UK asylum system due to vulnerabilities including trauma, living conditions and isolation, and explores how community-based, culturally informed support can foster recovery and hope.

The report finds that conventional clinical approaches are often inadequate for people facing displacement and systemic marginalisation. Across all three countries, Sophie documents examples of collective rituals, storytelling remembrance and lived experience that keep communities connected.

Learnings

Healing in community. Shared storytelling, creative expression and cultural rituals can help rebuild identity and resilience.

Memorialisation matters. Public remembrance through vigils, art and collective mourning acknowledges pain and transforms grief into solidarity.

Lived experience leadership. Initiatives led by refugees or displaced people lead to greater trust and ensure cultural relevance.

Trauma-informed support. Embedding psychosocial care within community life reduces isolation and prevents retraumatisation.

Recommendations

Sophie's Fellowship report shows that suicide prevention and recovery for asylum seekers begins with community, where compassion, connection and remembrance can transform trauma into hope.

Key recommendations are to:

1. Urgently improve data collection on suicide deaths of asylum seekers in the UK to understand the nature and scale of the issue.
2. Provide specialised community-based suicide prevention alongside legal and welfare support.
3. House asylum seekers within communities to prevent isolation.
4. Integrate psychosocial care and peer training into refugee sector funding.
5. Support memorial and storytelling projects that promote healing and advocacy.
6. Empower lived-experience leaders in policy, research and service design and facilitate peer support networks.

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EMPOWERING MEDICAL STUDENTS AND FUTURE HEALTH WORKERS WITH SKILLS IN SUICIDE PREVENTION

Rory Keddie, Churchill Fellow 2023

Motivated by the death of his close friend Olly, Rory Keddie's Churchill Fellowship explores how suicide prevention education can be effectively embedded in medical and healthcare training. His report spans India, the United States and Canada, examining how universities and health systems teach suicide prevention to future doctors and clinicians.

Rory's findings build upon the work of Olly's Future and its Dr SAMS (Suicide Awareness in Medical Students) programme, which delivers interactive, evidence-based training to medical students across the UK. He aimed to identify how such training can become standard within curricula, equipping future clinicians with skills and confidence to support people in distress. The report also looked at the mental wellbeing of medical students themselves and how to better engage young people generally in suicide prevention.

Learnings

Training gaps persist. Many medical graduates lack suicide prevention knowledge, despite regular contact with at-risk patients.

Education saves lives. Structured, practical training improves confidence, communication and early intervention.

Cultural adaptation. Successful international models tailor content to local mental health contexts and resources.

Support for trainees. Wellbeing, supervision and peer-led initiatives protect student mental health.

Sustainable delivery. 'Train the trainer' models and digital learning platforms allow scalable, cost-effective education.

Recommendations

Rory's Fellowship report concludes that suicide prevention education should be a mandated and universal component of medical training, empowering clinicians to save lives with compassion and confidence.

Key recommendations are to:

1. Embed suicide prevention education early across all UK medical and healthcare curricula.
2. Develop national competency standards for suicide prevention training.
3. Expand the Dr SAMS programme nationally, integrating digital tools such as online and simulation-based learning.
4. Fund peer-support and wellbeing initiatives within medical schools, fostering a culture of openness.
5. Promote collaboration between universities, NHS organisations and charities to sustain training impact.

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CAN YOU LISTEN & HEAR WHAT I SAY? A TALE OF 3 COUNTRIES

Early detection and early intervention for young people with borderline personality disorder (BPD)

Marsha McAdam, Churchill Fellow 2023

Marsha McAdam's Fellowship explores how early detection and early intervention for borderline personality disorder (BPD), emotional unstable personality disorder (EUPD) or complex emotional needs (CEN), can transform life trajectories for young people.

Drawing on lived and living experience and fieldwork in Australia and the United States, it finds that current systems often respond too late, too reactively, and too inconsistently.

Personality disorder (PD) is listed as a leading contributor to disease burden among mental health conditions in the Global Burden of Disease (GBD) study and should therefore be recognised as a public health priority. Marsha's report reframes BPD as a developmental, relational and treatable condition, particularly when identified early.

Learnings

Training gaps persist. Early detection and intervention works. Identifying and supporting young people early where they are at improves outcomes and reduces suicide risk.

Relational care is central. Effective services prioritise trust, continuity, and human connection over crisis-driven responses.

Stigma delays care. Negative attitudes and diagnostic avoidance prevent access to appropriate support.

Flexible, developmental models are more effective. Youth-focused, stage-based approaches outperform rigid adult-derived models.

Families and lived experience matter. Involving caregivers and peer workers improves engagement and recovery.

Systems that act early change trajectories. Rapid follow-up and wraparound care prevent escalation and repeated crises.

Recommendations

Marsha's Fellowship report shows that when young people are met early and with genuine human understanding, their futures can change dramatically.

Key recommendations are to:

1. Make early detection and early intervention a national priority with a cross-government strategy across health, education, and community systems.
2. Update NICE guidelines (CG78) to align with modern frameworks and to support developmentally informed diagnosis.
3. Shift from crisis to continuity of care by investing in wraparound, community-based services with rapid response.
4. Strengthen workforce capability, address stigma and embed relational care as a core competency.

BACK TO THEME 5.

MORE THAN A STORY. GATHERING LIVED AND LIVING EXPERIENCE WITH SAFETY AND PURPOSE

Maria Roberts, Churchill Fellow 2023

Maria Roberts' Churchill Fellowship explores how suicide lived and living experience (LLE) can be gathered safely, ethically, and meaningfully to strengthen suicide prevention.

Across the UK and Australia, there is increasing recognition that lived experience, including suicidality, bereavement and caring, is essential to effective prevention. However, practical guidance on how to involve people well remains limited, particularly in ensuring safety and purpose.

Maria identifies the principles and conditions required for safe and effective engagement, drawing on fieldwork in Australia, with over 40 interviews and time spent with organisations including Roses in the Ocean, StandBy Support After Suicide and the National Mental Health Commission.

Learnings

Safety must underpin all involvement. Emotional and psychological safety is essential before, during and after participation.

Engagement must be purposeful. Lived experience should inform decisions, not be reduced to simply storytelling. Treat LLE as expertise, not testimony.

Develop a national approach to training and workforce development. Flexible roles, supervision and wellbeing structures are critical.

Power-sharing is essential. Meaningful involvement requires partnership in co-design, leadership and decision-making.

Language shapes culture. Inclusive, respectful language influences belonging and participation.

Context matters. Identity, culture, and community shape how experiences are shared and understood.

Confidence and guidance are lacking. Many organisations remain uncertain about consent, boundaries, and safe practice.

BACK TO THEME 3.

Recommendations

Maria's Fellowship report outlines that despite the commitment to lived experience in suicide prevention, practice remains inconsistent. Structured, safe and meaningful engagement improves outcomes for everyone.

Key recommendations are to:

1. Develop clear national guidance that provides practical frameworks for safe, ethical and meaningful LLE involvement, building on international best practice and genuinely co-produced.
2. Strengthen workforce capability by investing in training, supervision and support for both lived experience contributors, professionals and organisations commissioning or embedding LLE work.
3. Shift from inclusion to partnership, embedding lived experience in co-design, decision-making and leadership roles.
4. Embed standards within policy and commissioning, as well as aligning funding with LLE best practice, to promote quality, consistency and accountability.
5. Create structures that enable people to contribute safely over time, supporting sustainable involvement.

SCHOOL BASED SUICIDE PREVENTION STRATEGIES. OVERCOMING OBSTACLES AND BREAKING BOUNDARIES

Nina Smith, Churchill Fellow 2023

Nina Smith's Churchill Fellowship investigates how Australia and the United States implement suicide prevention in educational settings and how these models could inform UK practice. With suicide the leading cause of death among under-25s in the UK, this report explores how schools can become better equipped to support children and young people through early identification, intervention and recovery support.

Nina's findings highlight the importance of clear legislation, confident leadership and integrated mental health support in helping schools build a culture where concerns are recognised early and responded to safely.

Learnings

Legislation and policy. Across both Australia and the United States, many states now have legislation that sets out clear duties for schools – including requirements for suicide prevention policies, staff training, and student education. While the details vary, this legislative focus is helping to create more consistent expectations and strengthening schools' capacity to respond to risk.

Whole-school approach. Leaders, teachers, mental health support leads and students themselves all have a role to play in suicide awareness and prevention.

Embedded mental health services. Full-time on-site mental health professionals improved early access to support for students and reduced barriers caused by waiting lists or stigma. These roles also provided vital support for teachers and enabled more coordinated responses to risk.

Suicide prevention education. Training all school staff (including student teachers) to identify distress, respond safely, and follow clear protocols enables early intervention and support.

Collaborative networks. Partnerships between education, health and community sectors underpin sustainable, coordinated support.

Recommendations

Nina's Fellowship report concludes that with openness, compassion and clear policy, schools can be life-saving environments where suicide prevention is everyone's responsibility.

Key recommendations are to:

1. Ensure suicide awareness training for all school staff, including those in teacher training. Mental health leads training must also include suicide-specific content.
2. All schools should have dedicated teams of mental health professionals supporting both students and staff.
3. Suicide awareness must be a compulsory part of the curriculum from Year 6 upwards.
4. Develop comprehensive policies and protocols for suicide prevention, intervention and postvention in every school, including crisis situations and safety planning.
5. Start upstream with mental health promotion strategies in schools with a specific budget for each school.
6. Recognition that mental health and school success are interlinked.

BACK TO THEME 5.

66 WAYS TO REDUCE DOMESTIC ABUSE RELATED SUICIDES

Tim Woodhouse, Churchill Fellow 2023

Tim Woodhouse's Churchill Fellowship investigates domestic abuse-related suicides as a significant but largely unrecognised public health crisis in the UK. Based on international fieldwork in Iceland, Slovenia and the United States and informed by survivor voices, research and frontline practice, it is estimated that more than 1,800 suicides each year in the UK are linked to domestic abuse.

Despite this, domestic abuse-related suicides are not routinely identified, counted or addressed, with missed opportunities across frontline domestic abuse services, social services, health, education, police and the justice system. The report presents 66 detailed recommendations aimed at embedding prevention, intervention and postvention into policy, practice and culture, with Tim calling for an end to what he calls a national scandal hiding in plain sight.

Learnings

Recognition and data. Without formally naming, defining and recording domestic abuse-related suicides, prevention is impossible.

Dual risk. Both victims and perpetrators of domestic abuse are at heightened suicide risk and require different but coordinated responses.

Prevention through education. Teaching healthy relationships and emotional literacy from childhood builds long-term protection for boys and girls.

Joined-up systems. Collaboration between domestic abuse, health, education and justice services is essential for early intervention and safety.

Language and culture. The words professionals use to influence disclosure and support matter. Trauma-informed language saves lives.

Recommendations

Tim's Fellowship report concludes that domestic abuse-related suicides are preventable, but only if society names the problem, counts it and acts on every lever for change.

Key recommendations are to:

1. Urgently bring together a national taskforce to collectively agree an action plan.
2. Significantly improve data collection on domestic abuse-related suicides across health, policing and coronial systems.
3. Embed domestic abuse and suicide awareness training across all frontline sectors.
4. Introduce healthy relationship and suicide awareness education in schools and universities.
5. Fund postvention and bereavement support for families affected by domestic abuse-related suicides.
6. Ensure that every victim of domestic abuse is asked whether they are considering suicide.

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A LIGHT IN THE DARKNESS: SUICIDE PREVENTION IN SWEDEN

Dr Chris Hanvey, Churchill Fellow 2024*

Dr Chris Hanvey's report explores Sweden's national and local approaches to suicide prevention, examining what the UK can learn from a country that has made sustained, long-term efforts to reduce suicide through public health, social policy and community-based services.

Drawing on visits to leading research centres and services including the Karolinska Institute, Umeå University, Gothenburg, and national helplines such as Hjärplinjen and MIND, the report highlights how Sweden treats suicide prevention as a shared societal responsibility. Chris examines how research, welfare systems, healthcare, voluntary organisations and lived experience are brought together to create a coherent national response.

The report argues that effective suicide prevention depends on long-term investment that prioritises social connection, equality and early support.

Learnings

Public health approach. Suicide prevention in Sweden is framed as a population-level issue, requiring coordinated action across government, health, education and social care.

Research-led policy. Strong links between academic research and national strategy ensure that interventions are evidence-based and continually evaluated.

Early intervention. Focus is placed on early prevention, including among schools, families and community settings.

Accessible support. National helplines and voluntary sector organisations provide low-threshold, non-stigmatising support alongside statutory services.

Social context. Poverty reduction, housing security and social welfare are recognised as central to reducing suicide risk.

Recommendations

Chris' Fellowship report demonstrates the value of Sweden's approach in embedding suicide prevention across policy areas, rather than confining it to mental health services alone.

Key recommendations are to:

1. Adopt a whole-system, public health approach to suicide prevention in the UK, both locally and nationally.
2. Strengthen links between research institutions and policy-making.
3. Invest in early intervention and community-based prevention, taking time to build culturally sensitive strategies and services.
4. Develop better understanding of how helplines, with the assistance of AI, can continue to operate with increasing demand and changing technology.
5. Address social and economic determinants as core components of suicide prevention.

*While Chris was not a Fellow within the Suicide Prevention programme, his work strongly complements the themes explored by the cohort and has been included to enrich the wider learning captured in this report.

BACK TO THEME 5.

DIRECTORY OF SUICIDE PREVENTION FELLOWS

This report features summaries of Fellow reports published to date, but in total, 28 Fellows were funded as part of the Suicide Prevention Programme.

Because of global events in the last five years, many of the programme Fellows have just recently completed travel and are reflecting on what they have learned. To keep updated on their work, you can access their personal page on the Churchill Fellowship website.

All programme Fellows' details are below.

> **Bob Blemmings,** Churchill Fellow 2019

> Suicide prevention at high-risk locations

> **Dr Ananta Dave,** Churchill Fellow 2019

> Preventing doctors from dying by suicide: Constructing cross-organisational collaboration

> **Oscar Donnelly,** Churchill Fellow 2019

> Towards Zero Suicide in Northern Ireland

> **Lorna Fraser,** Churchill Fellow 2019

> Work to prevent suicide portrayals increasing UK suicide rates

> **Alison Jordan,** Churchill Fellow 2019

> Testing theories in suicide prevention and postvention

> **Dr Sangeeta Mahajan,** Churchill Fellow 2019

> Bridging the gaps in suicide prevention

> **Million Joseph,** Churchill Fellow 2019

> Preventing suicide among young people in inner-city areas.

> **Yuriko Skelton,** Churchill Fellow 2019

> Suicide prevention programmes for displaced populations

> **Anna Wardley,** Churchill Fellow 2019

> Time to Count: Supporting children after a parent dies by suicide

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> **Naomi Watkins-Ligudzinska,** Churchill Fellow 2019

> The Willow Project: suicide prevention in children and young

> **Sgt Stuart Charlesworth,** Churchill Fellow 2020

> Broken badges, a comparative analysis of Post-traumatic stress disorder in UK, American and Australian police officers

> **Sarah Dangar,** Churchill Fellow 2020

> To examine statutory reviews of non-homicide domestic abuse-related deaths

> **Jo Driscoll,** Churchill Fellow 2020

> An integrated approach on returning to education following a crisis

> **Jonathan Isserow,** Churchill Fellow 2020

> Narratives of masculinity: participatory methods in men's mental health

> **Faith Martin,** Churchill Fellow 2020

> Investigating excellence in supporting parents whose children self-harm or attempt suicide

> **Dr Pauline Milne,** Churchill Fellow 2020

> Protecting nurses from suicide

> **Rhea Newman,** Churchill Fellow 2020

> Building a whole-society approach to suicide prevention: learning from Japan

> **Piers Barber,** Churchill Fellow 2023

> International perspectives on postvention in prison custody

> **Anoo Bhalay,** Churchill Fellow 2023

> Suicide intervention: British Punjabi Sikh women, a holistic approach

> **Kane Dodgson,** Churchill Fellow 2023

> Suicide, a different story

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> **Professor Rhiannon Evans,** Churchill Fellow 2023

> Prevention of self-harm and suicide in children and young people who have been in foster, kinship or residential care

> **Sophie Gokalp,** Churchill Fellow 2023

> Healing through connection. Exploring community-based models of support for asylum seekers and displaced people.

> **Darrell Gale,** Churchill Fellow 2023

> Can public campaigns and activism reduce suicides at Beachy Head?

> **Rory Keddie,** Churchill Fellow 2023

> Empowering medical students and future health workers with skills in suicide prevention

> **Marsha McAdam,** Churchill Fellow 2023

> ”Can you listen and hear what I say?” A tale of 3 countries

> **Maria Roberts,** Churchill Fellow 2023

> More than a story. gathering lived and living experience with safety and purpose

> **Nina Smith,** Churchill Fellow 2023

> School based suicide prevention strategies

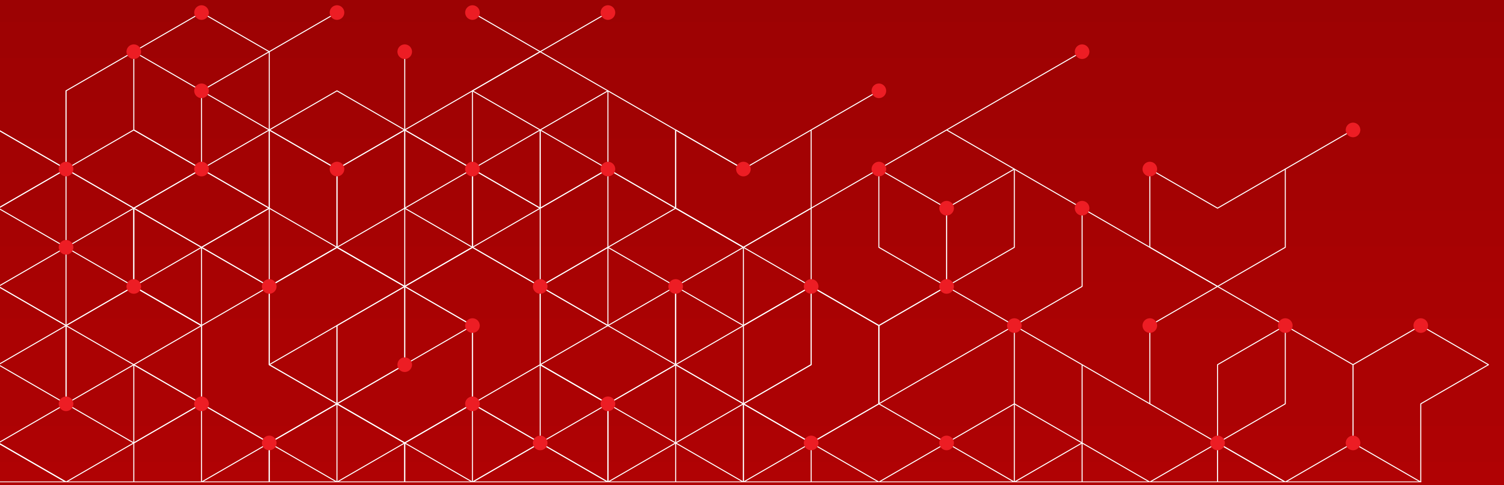
> **Tim Woodhouse,** Churchill Fellow 2023

> 66 ways to reduce domestic abuse related suicides

> **Chris Hanvey,** Churchill Fellow 2024*

> A Light in the Darkness: Suicide Prevention in Sweden

*While Chris was not a Fellow within the Suicide Prevention programme, his work strongly complements the themes explored by the cohort and has been included to enrich the wider learning captured in this report.



This report is both evidence and invitation – to strengthen collaboration, build safer systems and ensure no community remains unseen.

To find out more about the Churchill Fellowship visit **www.churchillfellowship.org** or contact **engagement@churchillfellowship.org**

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