



Suicide Prevention & Harm Reduction Event

October 2025



Key background info:

- The event was Coventry and Warwickshire's Suicide Prevention Network's Annual Event.
- The event focussed on Co-Occurring Mental Health, Alcohol and Drugs (COMHAD) needs.
- The event was held in partnership with Coventry and Warwickshire's Reducing Drug and Alcohol Related Deaths and Harms Sub-group.
- Speakers on the day included professionals from the mental health and drugs and alcohol workstreams across Coventry and Warwickshire, including Warwickshire County Council (WCC), Coventry City Council (CCC), Coventry and Warwickshire Partnership Trust (CWPT) and Change, Grow, Live (CGL).
- The event was designed to inform but also consider how links can be strengthened between support services and how the barriers residents currently face can be reduced.
- The day mostly focused on adults, but there was some focus on children and young people.
- The day also provided attendees with the chance to receive some basic harm reduction and suicide prevention training.

Partner organisations represented:

Approx 60 attendees from a range of organisations across Coventry and Warwickshire attended. The organisations included:

- Coventry City Council (CCC)
- Warwickshire County Council (WCC)
- Coventry and Warwickshire Partnership Trust (CWPT)
- University Hospital Coventry and Warwickshire (UHCW)
- Coventry, Warwickshire, and Worcestershire Mind (CWWM)
- Change, Grow, Live (CGL)
- George Eliot Hospital
- Warwickshire Rural Hub
- Kooth
- Nuneaton and Bedworth Borough Council

- Warwickshire Police
- Office of the Police and Crime Commissioner, Warwickshire

An event video has been produced which includes the aims of the day, a summary of presentations, and a review of the day.

Agenda

Time	Title	Presenter(s)
9:45	Welcome and check in	Sam Stirling
10:00	The Power of Words: Why Language Matters	James Baker
10:15	Strategic context: why are we here?	Laura Pain
10:25	Data: Real Time Surveillance	Iulia Boldis
10:45	Co-occurring Mental Health and Substance Misuse	Molly Cox
Break		

Time	Title	Presenter(s)
11:45	Welcome back/activity setting	Catherine Aldridge
	Table-top activity: case studies	Amander Allen
12:45	Feedback	
Lunch		
13:30-13:45	Check in	Sam Stirling
13:45	Drug and Alcohol Awareness	Tahseena Uddin
14:15	Suicide prevention and Harm Reduction	Michela Hughes
14:45	Closing	Jane Fowles Rachel Chapman
15:00	Marketplace and networking	All



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Presentations included:

- The Power of Words: Why Language Matters - James Baker, CWPT
- Strategic context: why are we here? – Laura Pain, WCC
- Data: Real Time Surveillance - Iulia Boldis, CCC
- Co-occurring Mental Health and Substance Misuse - Molly Cox, CGL
- Drug and Alcohol Awareness - Tahseena Uddin, CGL
- Suicide Prevention and Harm Reduction - Michela Hughes, CWWM.



Photo of speakers / activity facilitators.

A tabletop activity looked at two case studies of individuals with co-occurring mental health and drug / alcohol issues and how support could be improved. Feedback involved sharing ideas and recommendations for improving current practice.

Key themes from day:

- Importance of joint working across and within organisations. Multi-disciplinary team meetings are key.
- The new and developing Psychological Skills Hub should help to bridge the gap between mental health and drugs and alcohol services and provide better support and care for people with co-occurring issues.
- Importance of considering language that is used and how this may act as a barrier to engagement
- Stigma remains a barrier to engagement.
- Need to consider the role of suicide in radicalisation.
- Anti-anxiety medications – are Primary Care Networks (PCNs) being encouraged to limit access to these medications given the links to suicide data. They are also increasingly noted in Drug Related Deaths.
- Consider opportunities that we need to be better taking advantage of, e.g. in A&E/ Custody.

One of the key themes was about access to services:

- Ensure there is no 'wrong' front door – importance of supporting people however they contact services.
- For some people, do they even know about / can access a front door? How do we make services more accessible for all?
- Need for better outreach / in-reach / co-location options. See following further examples / suggestions:
- Does lack of access in rural areas impact on those engaging with necessary mental health support e.g. those working in farming industry?
- Consider creation of more one stop shop drop-in hubs (to reduce people having to travel to several different services).
- Importance of outreach into communities to raise awareness of support and ensure people can access support as easily as possible.
- Importance of ensuring community support services know about support available for those with co-occurring issues so they can signpost / refer for more specialist support.





Commitments from the day:

Participants were invited to make a commitment as a result of learning on the day. (The commitments below are in participants own words).

- Treat everyone with respect.
- Be willing to learn for confidence to help service users.
- Spread the word about the services available in the area.
- Explore and engage with local services to better support people.
- Establish contact & talk to James, Catherine & Laura re farming & rural issues, also about ideas for research.
- Had a great day lots of networking and met with great people.
- Flying the flag for transitional work between children and adults to disrupt extra familial harm and reduce child mental health decline.
- To be less afraid to discuss suicide.
- Support broader agenda in UHCW and co-correlation.
- To work more collaboratively with other services to limit the need for separate interactions - to make it more person centred.
- To build professional relationships.
- Think about language!!!
- Share the dual diagnosis policy with front line services within CWPT.
- Ensure language used remains person centred and safe.
- To share the dual diagnosis policy with more staff teams.
- Support with connecting drug and alcohol service and mental health services better together.
- Think about how we build the learning from today into commissioning.
- Continuing to join up pathways and advocate for person centred doors and response.
- Use COMHAD not Dual Diagnosis.

- If their shine no longer glistens, don't judge - show that you listen.
- Networking, relationship building, directory building.
- Improving local pathways and service user pathway/experience exercises.
- To consider how I can support in prevention work, aiming to avoid us having the same conversations around suicide in ten year's time.
- I will utilise more local connections including the voluntary sector to further support client's suffering with poor mental health.
- I'm going to suggest to our Service manager that we all contribute towards creating an asset map that has all the organisations available to signpost or refer a service user too.
- To proactively use a trauma informed approach and work concurrently to improve and ensure a person informed way.
- To continue to be an advocate for our young people/adults to rightly receive the support from all services that they need and deserve. They are people not statistics.
- I will share my knowledge with my teams and ask my team members how confident they are in discussing suicide.
- My commitment is to continue to work collaboratively with other services to ensure my clients get the support they need.
- Keep reminding colleagues of COMHAD policy and the importance of encouraging our service users to consent to as much joint working and info sharing as possible. To ensure that all get the help they need.





Feedback from the event:

‘Amazing! Thank you. Today was very informative and we made some great connections.’

Kairos Women Working Together (Kairos)

‘Great event yesterday – some interesting stuff falling out and some new connections made!’
Warwickshire Police

Next steps:

Key issues / themes raised throughout and following the event will be reviewed by the event organising team and discussed at key meetings, including the Coventry and Warwickshire Suicide Prevention Steering Group and Coventry and Warwickshire Reducing Drug and Alcohol Related Deaths and Harm sub-group.