

Using a Suicide Prevention Approach within Housing

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Overview

Berwickshire Housing Association (BHA) has embedded a **suicide prevention approach** across its organisational culture, housing services and community activity. This approach recognises housing as a **critical protective factor** in suicide prevention, particularly through sustaining tenancies, reducing social isolation, responding safely to distress and ensuring timely access to specialist support.

Rather than being driven by a single intervention, BHA's work reflects a deliberate **shift towards prevention, early identification of risk, and safe system responses** when tenants or staff encounter suicidal distress. This has been shaped by lived experience, staff learning, partnership working and BHA's role as a community anchor organisation in a rural setting.

Background: How did the work develop?

BHA's suicide prevention approach emerged from sustained, real-world experience of tenants living with **mental ill-health, distress, isolation and crisis**, alongside a growing understanding of the **emotional and psychological impact on housing staff** who are often the first to notice changes or respond to risk.

Key drivers included:

- ♥ Increased exposure to suicidal distress and crisis situations among tenants
- ♥ Recognition that housing-related stressors (financial pressure, isolation, tenancy insecurity) can increase suicide risk
- ♥ Awareness that frontline housing staff frequently encounter risk without being mental health specialists

Instead of framing suicide prevention as clinical work, BHA focused on:

- ♥ Reducing known risk factors
- ♥ Strengthening protective factors
- ♥ Creating safe pathways to specialist support
- ♥ Ensuring staff can respond appropriately without carrying risk alone

This work has evolved through **three interconnected strands**, each contributing directly to suicide prevention.



1. Supporting community mental health and wellbeing (primary prevention)

BHA recognises that **strong, connected communities with good mental wellbeing are more resilient to suicide risk**. As part of its primary prevention role, BHA has invested in initiatives that tackle isolation, promote belonging and normalise conversations about mental health and seeking help.

Key actions include:

- ♥ A **Community Initiatives Programme** providing small grants to grassroots groups focused on connection, inclusion and wellbeing
- ♥ Securing ongoing **National Lottery funding** for the *BHA BeFriend Service*, reducing loneliness and isolation for people aged 65+, a group known to be at increased suicide risk
- ♥ Active participation in **local and regional mental health and suicide prevention forums** since 2019
- ♥ National partnership with **NHS 24's Breathing Space**, including promotion of crisis support messaging and installation of a Breathing Space bench
- ♥ Regular use of social media and community channels to **promote help-seeking and reduce stigma**

These actions explicitly aim to reduce known suicide risk factors such as isolation, disconnection and untreated distress, while increasing awareness of support and crisis help.

2. Partnership working for specialist support and referral (secondary prevention)

In early 2020, BHA identified growing concern about tenants experiencing deteriorating mental health, disengagement and crisis, with **clear implications for suicide risk and tenancy breakdown**.

This was intensified by:

- ♥ COVID-19 restrictions
- ♥ Limited rural mental health provision
- ♥ High thresholds for statutory services

To address gaps in suicide prevention and crisis response, BHA partnered with **Penumbra** to create the **BeWell Tenancy Support and Wellbeing Service**, launched as a pilot in late 2020.

BeWell contributes to suicide prevention by:

- ♥ Providing **rapid access to specialist mental health support**, including for tenants experiencing suicidal ideation or acute distress
- ♥ Offering **person-centred, non-time-limited support**, reducing crisis escalation
- ♥ Addressing housing-related stressors (debt, fuel poverty, isolation) that increase suicide risk
- ♥ Supporting tenancy sustainment, recognising **housing security as a key protective factor**
- ♥ Linking tenants to **community supports** that rebuild connection and safety



Now over four years old, BeWell continues to function as a **secondary prevention intervention**, supporting people at highest risk before situations escalate to crisis or homelessness. Access to specialist mental health expertise has reduced the risk carried by housing staff while significantly strengthening safeguarding for tenants.

3. Upskilling and supporting the workforce (safe systems & postvention)

BHA recognises that **safe suicide prevention requires confident, supported staff** and clear organisational boundaries. Responding to suicidal distress can have a profound impact on housing colleagues if left unsupported.

BHA therefore prioritised psychological safety and suicide-aware practice by:

- ♥ Training staff in **ASIST and Scottish Mental Health First Aid**, improving confidence to recognise risk and respond appropriately
- ♥ Providing access to **Employee Assistance Programmes**, clinical supervision and wellbeing resources
- ♥ Developing a **toolkit** to support staff and managers following distressing incidents, including exposure to suicidal behaviour
- ♥ Embedding **structured debriefing and reflection**, a key element of suicide postvention and prevention of secondary harm

This approach ensures that staff are neither expected to manage risk alone nor discouraged from responding compassionately and safely.

Results to date: What has changed?

Through embedding a suicide prevention approach, BHA has:

- ♥ Explicitly recognised housing as part of the suicide prevention system
- ♥ Reduced escalation of crisis by strengthening early identification and intervention
- ♥ Improved tenant safety and tenancy sustainment where mental health is a key risk factor
- ♥ Increased staff confidence to respond to suicidal distress appropriately
- ♥ Embedded psychological safety, reflection and learning across teams
- ♥ Maintained clear awareness of organisational limits and the critical role of specialist services

Early feedback points to improved experiences for tenants and a more confident, supported workforce.



Learning and reflections

Key learning includes:

- ♥ Housing providers are a crucial, often overlooked suicide prevention partner
- ♥ Early intervention reduces both human and system cost
- ♥ Staff wellbeing and post-incident support are central to safe suicide prevention
- ♥ Clear boundaries and referral routes protect everyone
- ♥ Suicide prevention is most effective when embedded into organisational culture, not delivered as a one-off initiative

Next steps and sharing learning

BHA will:

- ♥ Continue developing its suicide-aware toolkit and induction materials
- ♥ Seek external evaluation of BeWell's suicide prevention impact
- ♥ Share learning locally, regionally and nationally
- ♥ Adapt practice in line with emerging suicide prevention evidence

BHA regularly contributes to national learning events and welcomes contact from others seeking to embed suicide prevention within housing.

Want to know more?

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