The Big Question Summary: Understanding Suicide Risk and Support in Cumberland

This project explored local experiences of suicidal thoughts, self-harm, and help-seeking across Cumberland. Hundreds of residents shared their experiences, helping to build a clearer picture of who is most at risk and where support is working, or missing.

How data was collected

Between 2023 and 2024, a local research project gathered views from **894 Cumberland residents** through an online and paper-based survey exploring suicidal thoughts, self-harm, and access to support. After excluding responses from outside the area and incomplete data, **782 responses** were included in the analysis. Participants were recruited through social media, community networks, and local events, and were aged **18 years or over**.

To explore people's experiences in more depth, **27 interviews** and **6 focus groups** were also held with residents who had lived experience of suicidal thoughts or bereavement by suicide, or who had supported someone in crisis.

What we found

Many people are struggling: More than half of respondents said they had experienced suicidal or self-harm thoughts, and one in five had attempted suicide. People spoke of how **isolation, financial pressure**, and long waits for support can intensify these feelings.

Younger adults need more support: Those aged **18-40**, especially **18–25**, were most likely to experience suicidal thoughts or self-harm. Many linked this to **job insecurity, early life stress, and a lack of accessible, stigma-free help**.

Gender makes a difference: Women were **more likely to experience suicidal thoughts, make a suicide attempt, and be bereaved by suicide**, yet were **less likely to receive help** after suicidal thoughts or an attempt. Men had a higher prevalence of **self-harm thoughts and behaviours**. Social expectations and service gaps continue to make it harder for both groups to access the right kind of support.

Local differences: Carlisle, Workington, and rural Whitehaven had the highest levels of suicidal thoughts, while **Cockermouth, Maryport, and Workington** saw more self-harm. **Whitehaven, Maryport, and rural Carlisle** were least likely to receive follow-up after a suicide attempt. Residents linked these gaps to **transport barriers, deprivation, and local service inequalities.**

Older adults often left out: Those aged **60-79** were the least likely to receive help for suicidal thoughts, self-harm, or after an attempt, suggesting that **stigma, digital exclusion, and limited outreach** make it harder to access care later in life.

Suicide affects whole communities: Over half of participants had been bereaved or affected by suicide, most often older adults, women, and residents in Whitehaven and Carlisle. Many had lost friends, colleagues, or neighbours, showing how far-reaching suicide's impact can be.

Support remains inconsistent: Many described services as **reactive rather than preventative**, with people often **turned away until in crisis** or discharged without follow-up.

Getting help saves lives: People who received **early, compassionate support** were much **less likely to attempt suicide**, proving that **connection, continuity, and care make a life-saving difference**.

> **"You're traumatised, and people just expect you to go back to work or get on with it... but it doesn't go away. You carry it with you."**

What this means

Cumberland needs earlier, **easier, and more compassionate support**, reaching people before crisis, especially **young adults, women, men, and older adults** who are least likely to receive help.

Support must be **local and inclusive**, improving access in areas such as **Whitehaven, Maryport, Cockermouth, and rural Carlisle**, while tackling the wider issues people described: **isolation, poverty, stigma, and poor follow-up care**.

By strengthening **community-based and consistent support**, Cumberland can **save lives and build a more connected, caring system**.

What is needed going forward

The findings show that suicide prevention in Cumberland requires:

- **Earlier, easier support for young adults, women, and men**, who are most likely to experience distress but often least likely to receive help - including **self-harm-specific care for men** and **suicide-specific care for women** (outreach through maternity, menopause, or family-care pathways) to address distinct patterns of risk and support.
- **Targeted outreach and follow-up for older adults (60-79)**, who face barriers linked to stigma, isolation, and limited access to services.
- **Consistent aftercare** following self-harm or suicide attempts, ensuring reliable follow-up contact, safety planning, and ongoing support.
- **Place-based investment** in areas such as **Whitehaven, Maryport, Cockermouth, and rural Carlisle**, where distress is high and help-seeking remains low.
- **Inclusive, community-led support** that addresses overlapping issues such as **trauma, neurodivergence, substance use, bereavement, and social isolation**.

- **Better access** through improved transport, **digital options, and community spaces,** reducing the impact of rurality and disconnection.
- **Comprehensive postvention care for families, friends, colleagues, and communities** affected by suicide, ensuring no one faces loss alone.
- **Ongoing local research and data tracking, with lived-experience voices** at the centre of planning, evaluation, and future funding decisions.

About the Research

This research was conducted **by Liverpool John Moores University (LJMU) within the Institute for Health Research (IHR)**, in collaboration with **Cumberland Council**.

The study forms part of LJMU's ongoing work to improve understanding of suicide risk, mental health, and community wellbeing across the UK.

The **Institute for Health Research (IHR)** is a multidisciplinary centre at LJMU dedicated to improving population health through high-quality, applied research that informs policy and practice.

For more information, visit:
www.ljmu.ac.uk/research/centres-and-institutes/institute-for-health-research

Mental Health Support

If you or someone you know is in a mental health crisis and needs urgent help, you can call your local Crisis Team 24 hours a day, seven days a week.

If you live in North Cumbria

Telephone: NHS **111** and select option 2.

Those who are deaf or hard of hearing and use British Sign Language can text **07860 064 775**

If you live in South Cumbria

Telephone: **0800 953 0110**

If you need to speak to someone urgently

You can contact the Samaritans 24/7.

Telephone: **116 123**

www.samaritans.org

If the danger is immediate, call 999. If the person is not in immediate danger, call 101.