Appendix 1

Brighton & Hove Suicide Prevention Strategy:
Action Plan 1 April 2016 - 31 March 2017

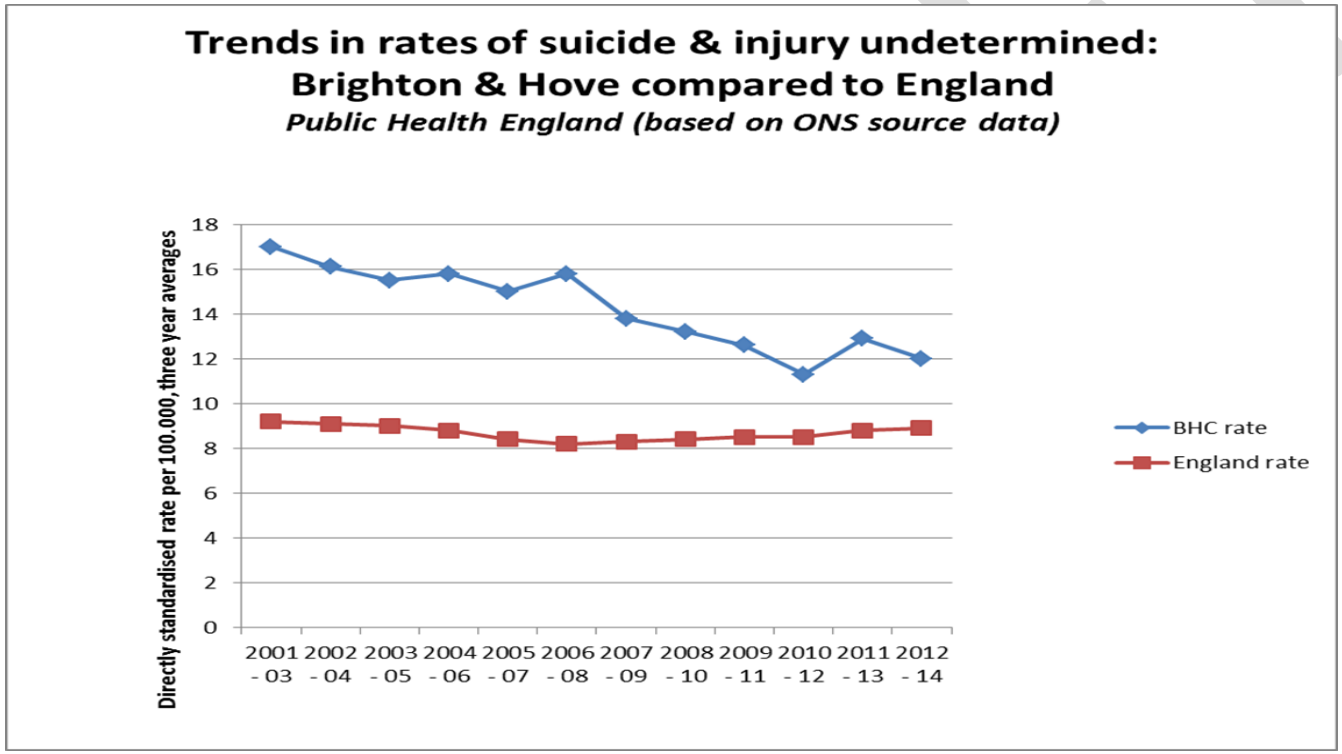
Contents

1. Rates of suicide and self-harm

Brighton & Hove has had a higher rate of deaths by suicide than the national average for over a century. Current rates are the ninth highest among local authority areas in England; Brighton & Hove is ranked 136 of 144 local authorities. Overall, the local rate, age-standardised and based on 3-year averages, is significantly higher than the rate for England.

The graph below left shows the trend in the rate for Brighton & Hove compared to England. Rates for deaths by suicide fell nationally in the first decade of the century, but have risen recently. There is more variation in the local rate as the numbers are smaller, but the pattern is broadly similar.

A new Suicide Prevention Profile has recently been published by Public Health England which gives more details about risk by age and gender.[1] Brighton & Hove has significantly higher rates of suicide among men aged 35 – 64. Detailed analysis of deaths among women is not published as numbers are too small at local level.



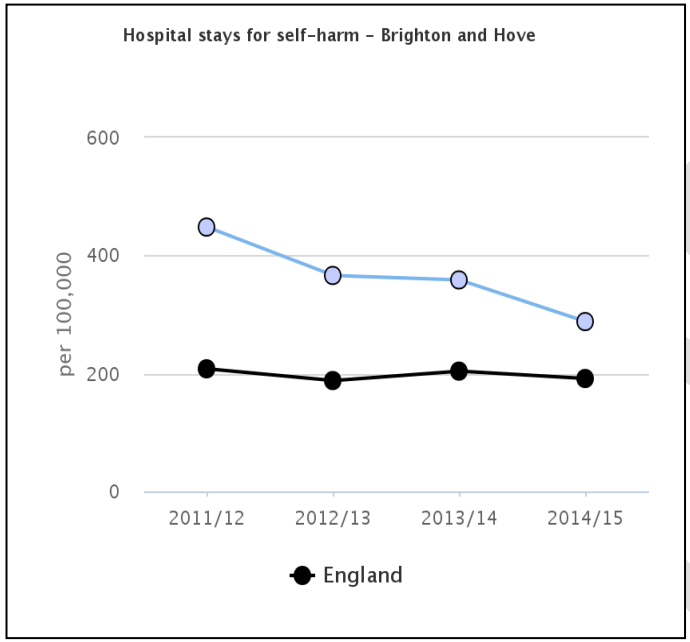
[1] http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data

Source: Public Health England (based on ONS source data)

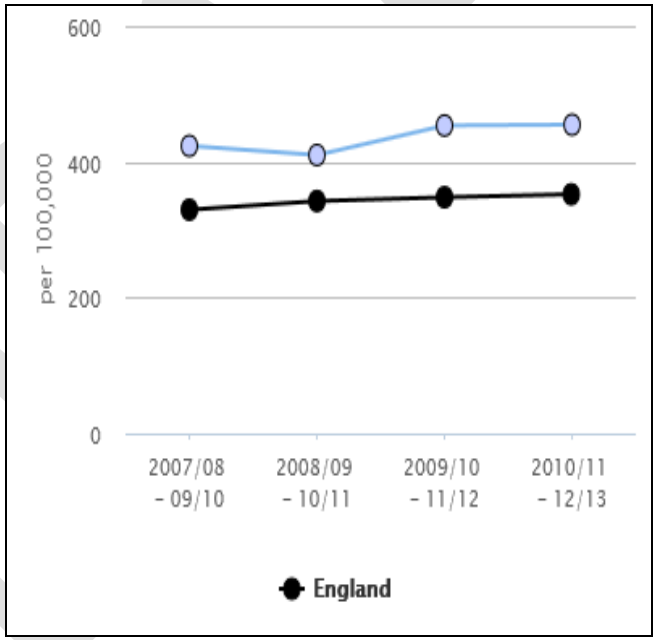
Self-harm

The rate of hospital admissions for self-harm among young people aged 10 – 24 years has been rising in Brighton & Hove, as it has across England.[2] In contrast, rates for hospital stays for self-harm among people of all ages have been falling locally. [3] In a local survey in 2012, one in ten adults said that they had deliberately self-harmed – this was highest in those aged 18-24 (19%). This rate is closer to the national average.[4]

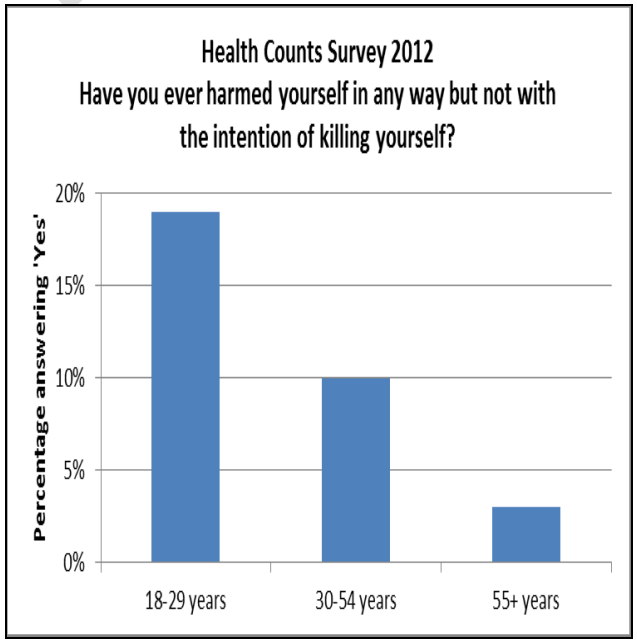
Hospital stays for self-harm, all ages
Brighton & Hove rate in blue, England in black



Hospital admissions for self-harm, 10 – 24 yrs



People reporting self-harming (ever)
Health Counts Survey of Brighton & Hove residents



[2] http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/
[3] http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/
[4] http://www.bhconnected.org.uk/content/local-intelligence

2. Key sources of guidance and information

The 2012 cross-government strategy *Preventing Suicide in England*[5] identifies priorities for action under six headings:
1: Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Two follow-up annual reports have been published since, updating information about rates of suicide and risk groups, and making recommendations for local action.[6,7]

The National Institute for Health and Care Excellence (NICE) has published guidance on the short and longer term clinical management of self-harm, and the national strategy for suicide prevention includes self-harm in its remit.

Local information

We have also based on priorities for action on local information including:

- Audit of HM Coroner's records, to which she has kindly allowed access, to identify common circumstances, with the aim of focussing our efforts on those people or places or means that present particularly high risks.
- Information from emergency services about the location of incidents related to suicide.
- Information from significant incident reports and other learning following a death.
- Information from Public Health England on our local prevalence of mental wellbeing, ill-health and self-harm, as well as suicide rates.

[5] https://www.gov.uk/government/publications/suicide-prevention-strategy-launched
[6] https://www.gov.uk/government/news/progress-on-suicide-prevention (One Year On)
[7] https://www.gov.uk/government/publications/suicide-prevention-second-annual-report (Two Years On)

3. Risk groups

Groups at higher risk of suicide identified in national guidance:

- Young and middle aged men
- People in the care of mental health services, including inpatients
- People with a history of self-harm
- People in contact the criminal justice system
- Specific occupational groups, such as doctors, nurses, veterinary workers, famers and agricultural workers

Groups identified in national guidance as needing a tailored approach to improve mental health:

- Care leavers or those who were looked after children
- Military veterans
- Lesbian, Gay, Bisexual and Trans people
- Black and Minority Ethnic groups and asylum seekers

The PHE site lists risk factors for suicide by area. Risk factors for which Brighton & Hove has higher rates:

- Looked after children & young people leaving care aged under 18
- Statutory homelessness
- People living alone – households occupied by a single person
- Older people living alone – households occupied by a single person aged 65 or more

Additional groups identified as at higher risk locally through the audit of Brighton & Hove HM Coroner's records:

- People with a mental health diagnosis, especially depression – including those not in current treatment by mental health services
- People living in deprived areas or who are unemployed long term
- People living alone
- People who have suffered significant bereavement, recent relationship difficulties or separation
- People experiencing or perpetrating violence or abuse
- People abusing alcohol or drugs
- People experiencing chronic pain

Patient risk factors in general practice identified through the Clinicians' meetings following a death:
newly registered patients, cultural groups with particular stigmas around self-harm (eg Chinese), patients for whom English is a barrier to communication, self-diagnosis with insomnia, previous impulsive behaviour, significant and painful anniversaries, socially isolated men, dual diagnosis, housebound people, patients on high risk medication for physical illnesses (eg insulin) who are also at high risk of mental ill-health, chronic pain and medically unexplained symptoms, physical presentations of symptoms associated with depression (eg weight loss), poor communication between GPs and care coordinators for mental health services.

Significant event analysis by Sussex Partnership has identified older people with a new diagnosis of dementia and their carers as a potential risk.

The national strategy report: *Preventing Suicide in England: Two Years On* identifies the following new specific risk groups:

- Men in prison who self-harm
- Men aged 35-44 years experiencing the impact of economic recession
- Older people who present at A&E following self-harm
- People who have been discharged from mental hospital within the past 3 months, especially in the first 2 weeks
- People who are in the care of crisis resolution home care teams

Public Health England identifies these risk groups for self-harm:

- Women - rates are two to three times higher in women than men
- Young people - 10-13% of 15-16-year-olds have self-harmed in their lifetime
- People who have or are recovering from drug and alcohol problems
- People who are lesbian, gay, bisexual or gender reassigned
- Socially deprived people living in urban areas
- Women of South Asian ethnicity
- Individual elements including personality traits, family experiences, life events, exposure to trauma, cultural beliefs, social isolation and income

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4. Hotspots

Most deaths in Brighton & Hove are by hanging at home but of those that take place in public spaces, many are near to the coast or city centre – see Appendix 1. The seafront and the railway have both been identified as local hotspots or high risk areas.

Nationally, there is evidence that physical barriers are effective.[8] Signage is also likely to be effective.[9] Increasing the likelihood of intervention by a third party (through surveillance and staff training) and encouraging responsible media reporting of suicide (through guidelines for media professionals) are also 'promising' approaches.[10]

[8] Martin Knapp et al. Mental health promotion and mental illness prevention: the economic case. London School of Economics, 2011.
[9] National Institute for Mental Health in England (NIMHE). Guidance on action to be taken at suicide hotspots. Department of Health, 2006.
[3] Cox GR et al. Interventions to reduce suicides at suicide hotspots: a systematic review. BMC Public Health: *13:214,* 9 March 2013. *http://www.biomedcentral.com/1471-2458/13/214*

5. Gap analysis against national strategy: Preventing Suicide in England (2012)

	National strategy:areas for action	***Vulnerable groups***	***Local action***
1	Reduce the risk of suicide in key high-risk groups	Young and middle-aged men	A men's outreach campaign is in development by Grassroots Suicide Prevention and Samaritans. A Men's Shed is being set up in Kemp Town.
		People in the care of mental health services, including inpatients	Sussex Partnership Suicide Prevention action plans to be developed for each service area, including Brighton & Hove.
		People with a history of self-harm	Workstream 3 programme, see below.
		People in contact with the criminal justice system	Rethink's Mendos group supports people leaving prison. The Samaritans provide a listening service in HM Prison Lewes and Brighton Bail Hostel.
		Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers	Grassroots Suicide Prevention has provided support for specific occupational groups. The NHS Practitioner Health Programme (PHP) scheme supports doctors with mental health or substance misuse problems. The audit of Coroner's records has highlighted education and health workers as a high risk locally; few agricultural workers.
2	Tailor approaches to improve mental health in specific groups	Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system	Support for children and young people is commissioned by both the Public Health Schools Programme and wider commissioning of services by both the Clinical Commissioning Group and Council.
		Survivors of abuse or violence, including sexual abuse	The CCG has commissioned a new service to support for victims of trauma.
		Veterans	Provision through Sussex Armed Forces Network.
		People living with long-term physical health conditions	Progress on lifestyle advice and health promotion for people with long term mental health conditions; some pathways eg MSK include mental health screening and referral.
		People with untreated depression	The Mental Health Locally Commissioned Service supports improved care at GP practices. NHS checks in deprived areas include screening for depression.
		People who are especially vulnerable due to social and economic circumstances	Public health commissions a programme of mental health promotion activities in deprived areas from Mind. Financial inclusion work at the Council also supports those at risk.
		People who misuse drugs or alcohol	Programmes of work for Substance misuse and Alcohol misuse are led by the public health specialist team at the Council.
		Lesbian, gay, bisexual and transgender people	MindOut, Allsorts Youth, Switchboard, Clare Project & other organisations provide support.
		Black, Asian and minority ethnic groups and asylum seekers	The Council's Community Safety Team works closely with statutory and voluntary sector partners to ensure that the city's services are responding to changes in patterns of immigration to the city, in

			particular the arrival and needs of very vulnerable migrants whose experiences of trauma and migration may lead them to have a higher suicide risk. The Trust for Developing Communities and a variety of voluntary organisations such as BMEYPP, BMECP provide support to some sectors of our Black and Minority Ethnic Communities.
3	Reduce access to the means of suicide	Local 'hotspot' along the seafront	Signage along seafront with Samaritans Freephone number. Training for seafront staff, RNLI and coastguards.
		Some railway and woodland deaths also	Work between Network Rail and national Samaritans. Training for city parks staff.
4	Provide better information and support to those bereaved or affected by suicide		Survivors of Bereavement by Suicide (SOBS) group. Survivors of Suicide (SOS) group. Cruse Bereavement support. Local information: Council webpage; leaflet to be developed. National information: Help is at hand, Support after Suicide website.
5	Support the media in delivering sensitive approaches to suicide and suicidal behaviour		Grassroots Suicide Prevention has provided training for the Argus staff, and has provided the Samaritans guidelines.
6	Support research, data collection and monitoring	Data sources include: • Office for National Statistics (ONS): deaths by suicide & injury undetermined, Brighton & Hove residents. • Coroner's records for suicide, open, narrative verdicts, deaths in Brighton & Hove. • Sussex Police incidents attended. • East Sussex Fire & Rescue incidents attended.	ONS and Police data have been recently updated. Coroner's audit: 2013 is incomplete. Restarting in 2014 or 2015. National guidance and research is also important.

6. Action planning for suicide prevention in Brighton & Hove

A multi-agency group has been meeting in the city since the 1990s to agree strategy and actions to reduce the rate of suicide. This group is currently chaired by a Consultant in Public Health and includes representatives from local voluntary, statutory and emergency services (see Appendix 2 for details).

To identify priorities for 2016-17, a planning meeting was held on 8 March 2016. A mid-year review will be held in October 2016, and an end of year and planning workshop in February or March 2017.

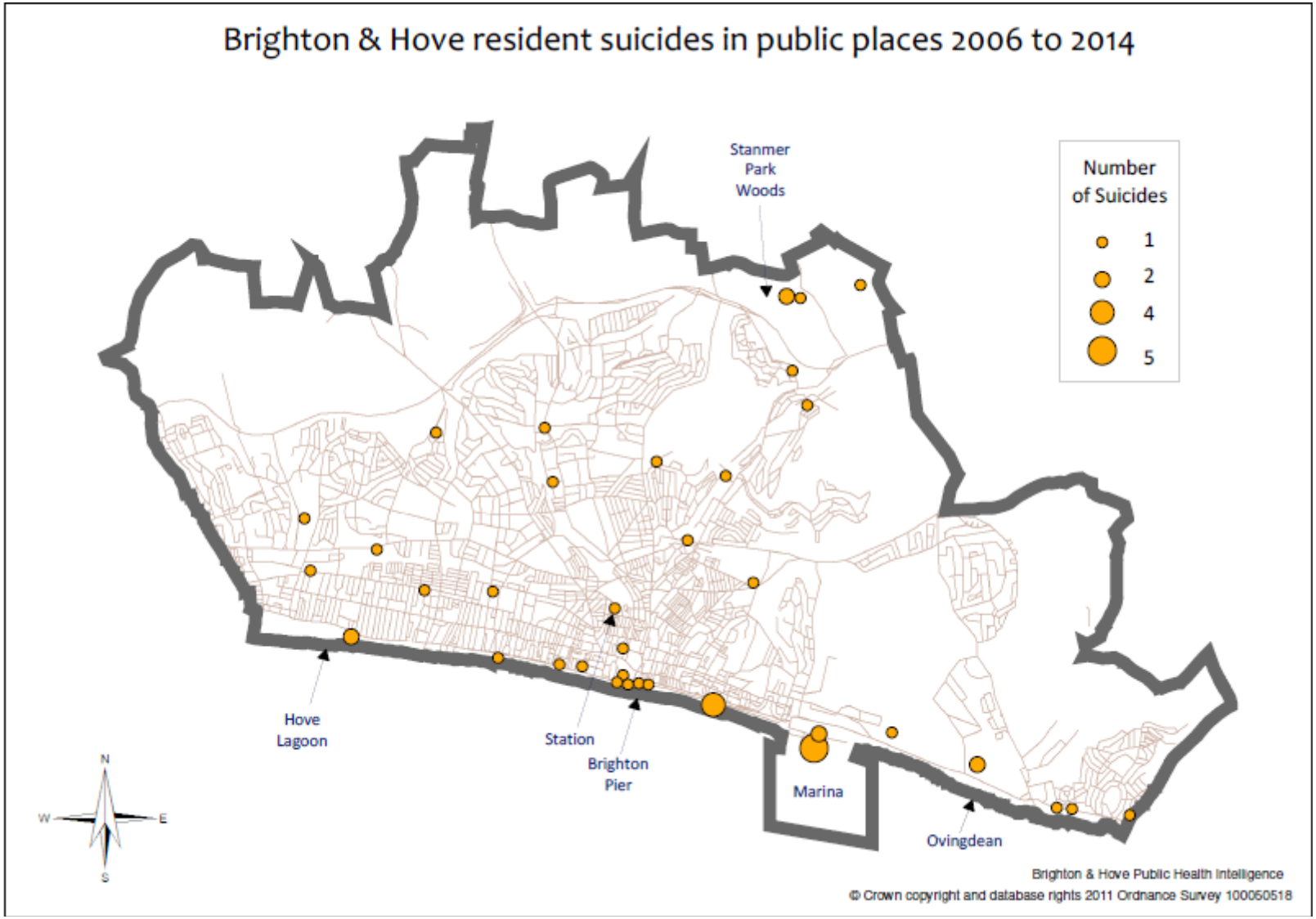
7. Action plan for 2016-17

	Workstream		Action in 2016-17
1	Research, audit and local data	1.1	Continue to update all relevant local data, for review at the annual planning meeting in March 2017, and mid-year if relevant new data becomes available: • Office for National Statistics • Coroner's records • Sussex Police • East Sussex Fire & Rescue
		1.2	New national guidance and key research articles to be circulated to the wider Suicide Strategy Prevention Group.
2	Clinicians: pathways and learning	2.1	Continue clinicians' meetings between GPs and Sussex Partnership clinical staff. Annual summary report to be shared and actions taken as needed. Review communication between primary and secondary care, including risk assessment and escalation protocols. Ensure adequate arrangements are in place for follow up after discharge from secondary care.
		2.2	Consider any clinical recommendations from the Sussex Partnership Clinical Advisory Groups relevant to suicide or self-harm.
		2.3	Training for nurses in preventing suicide in LBG and trans young people.
3	Self-harm	3.1	Evaluate the pilot scheme for brief interventions by the Mental Health Liaison Team at the Royal Sussex County Hospital emergency department, and extend the scheme if appropriate.
		3.2	Review data about current levels of population need and service provision, including Public Health England data, serious case reviews, Wellbeing Service & CAMHS data from T2 and T3, Safe & Well at School Survey, organisations trained in Understanding Self-Injury by Grassroots SP, primary care knowledge about self-harm, public health schools programme, information from hostels, YMCA, social care, school counsellors, Right Here, etc.
		3.3	Social media: quality assurance for *A Safer City*, ensure that consistent messages and information are provided. Consider review of social media options for adults who self-harm.

	Workstream		Action in 2016-17
		3.4	Safety plans: share models currently in use to identify any benefits in sharing or coordinating templates.
		3.5	Other options: • Recording of history of self-harm in adult clinical notes. • Addressing family interventions. • Connecting training across the system. • Voice of young people. • Out of hours/ crisis information. • University student needs. • Support for children and young people affected by or bereaved by suicide.
4	High risk groups and locations	4.1	Hotspots: Continue to map areas of high risk through information on locations of deaths and attempts. Take action to reduce risk (eg install signage, barriers) and in line with evidence base. Provide training where this may support staff working at higher risk areas.
		4.2	Training: Map coverage of sectors/organisations by self-harm and suicide prevention training programme for frontline staff. Provide tailored training for frontline staff in occupational groups where required.
		4.3	Challenge to stigma: Suicide Safer City programme to be further developed, including suicide safer organisations. World Suicide Prevention Day 2016 to be supported. Update the Council webpages to ensure signposting is effective.
		4.4	Continue gap analysis of psychosocial support for vulnerable groups, working towards provision of new services where gaps are identified. Consider how best to reach people who may be at higher risk including men, people who don't engage with services or are isolated, people with a new diagnosis of dementia, older people with multiple medications and long-term conditions, people with untreated depression, those in touch with criminal justice system.

	Workstream		Action in 2016-17
		4.5	Crisis: Develop an email list for blue light services to communicate any changes in key information about crisis contact details. Consider developing a card or phone link. Continue work on diverting people with mental health needs from arrest, sectioning in police cells and imprisonment. Consider issues arising from work on the Crisis Care Concordat, including the 'Prevention Concordat'. Consider the need for further provision of crisis support, such as a safe/calm space, including the needs of people with Personality Disorder.
		4.6	Clusters: Consider how we can better identify and respond to clusters or contagion of suicides or attempts.
5	Steering group	5.1	Suicide Safer City application: review action plan for additional gaps and consider how to shape the city suicide prevention action plan for 2017-18.
		5.2	Sussex Partnership Suicide Prevention Action Plans for each service: review for opportunities for joint working.
		5.3	Review other gaps arising in-year.
		5.4	Monitor media coverage.
		5.5	Seek views of those with lived experience on draft action plan.

Appendix 1: map of deaths by suicide in public places



Appendix 2: membership of the Brighton & Hove City Suicide Prevention Strategy Planning group 2016-17

1. Attendance at the annual planning meeting, 8 March 2016

Jacky Austen	Manager, Community Services in Brighton & Hove	Sussex Partnership NHS Foundation Trust
Gillian Bendelow	Professor in Sociology of Health and Medicine, School of Applied Social Science	University of Brighton
Rachel Brett	Director of Communities	Downslink YMCA
Gill Brooks	Commissioner, Children and Young People's mental health	Clinical Commissioning Group
Jo Bullen	Team leader, paediatric liaison mental health team, Royal Alexandra Children's Hospital	Sussex Partnership NHS Foundation Trust
Daniel Cheesman	Director	Samaritans in Brighton & Hove
Kerry Clarke	Commissioner for children and young people	Public health, Brighton & Hove City Council
Greg Condry	Outreach team	Samaritans in Brighton & Hove
Debi Fillery	Nurse consultant for safeguarding, Supervisor of midwives, RACH	Brighton & Sussex University Hospitals
Ruth Finlay	Project manager, Suicide prevention	Public health, East Sussex County Council
Sarah Gates	Mental Health Liaison Officer	Sussex Police
Alex Harvey	Office manager	Grassroots Suicide Prevention
Jane Hoyle	RSCH Mental Health Liaison Team	Sussex Partnership NHS Foundation Trust
Peter Huntbach	Older People's Housing Manager	Brighton & Hove City Council
Becky Jarvis	GP, Clinical Lead for Mental Health	Clinical Commissioning Group
Helen Jones	Director	MindOut
Peter Joyce	CAMHS General Manager	Sussex Partnership NHS Foundation Trust
Melinda King	Inclusion and Partnership Co-ordinator	East Sussex Fire & Rescue Service
Navpreet Mangat	Intern	Grassroots Suicide Prevention
Stuart Marks	Manager	Brighton & Hove Cruse Bereavement Care
Clare Mitchison	Public health specialist	Public health, Brighton & Hove City Council
Mike Newman	Clinical services manager	Pavilions
Gurprit Pannu	Clinical Director, Brighton & Hove Adult Treatment Services	Sussex Partnership NHS FoundationTrust
Eileen Remedios	Costal Safety Officer	Royal National Lifeboat Institution
Wendy Robinson	Service Manager SOS & MENDOS Services	Rethink
Launa Rolf	Clinical Quality and Patient Safety Manager	Clinical Commissioning Group
Anna Roscher	Youth Volunteer Coordinator	Allsorts Youth
Liz Tucker	Research officer, DAAT	Public health, Brighton & Hove City Council
Emma Wadey	Director of Nursing Standards & Safety	Sussex Partnership Foundation Trust
Becky Woodiwiss	Public health specialist	Public health, Brighton & Hove City Council

2. Workstreams and strategy steering group

	Membership: organisation (lead/chair in bold)	*Membership: individuals (lead in bold)*
Steering group	**Brighton & Hove City Council, public health** Clinical Commissioning Group (CCG) Grassroots Suicide Prevention	**Katie Cuming, Consultant in Public Health** Clare Mitchison, lead for Workstream 1 Gill, Brooks, lead for Working group 3 Miranda Frost, lead for Working group 4
Workstream 1 (no formal meetings)	**Brighton & Hove City Council, public health** Coroner's Office East Sussex Fire & Rescue service Sussex Police	**Clare Mitchison, Public Health Specialist** • Liz Tucker, Public Health • Public health analysts • HM Coroner and Linda Porter, administrator • Melinda King, ESFRS • Emma Gee, Sussex Police
Workstream 2 Clinicians' meetings	**Brighton & Hove City Council, public health** NHS Brighton & Hove, Clinical Commissioning Group (CCG)	**Katie Cuming, Consultant in public health** • Becky Jarvis, clinical lead for mental health, CCG • Launa Rolf, Quality lead for mental health, CCG
Working group 3 Quarterly meetings	**CCG** Brighton & Hove City Council, public health Grassroots Suicide Prevention Sussex Partnership NHS Foundation Trust Wellbeing Service YMCA Downslink Group	**Chair: Gill Brooks, Commissioner for CYP mental health** • Clare Mitchison, public health specialist • Kerry Clarke, Public health schools programme • Miranda Frost, Grassroots Suicide Prevention • Peter Joyce, CAMHS • Lisa Page/ Elena Riseborough, MHLT • Jacky Austen, Sussex Partnership • Mary Verrall, Wellbeing Service • Rachel Brett/Mark Cull/ /Anita Barnard, Downslink YMCA
Working group 4 Quarterly meetings	Grassroots Suicide Prevention Allsorts Youth Project Brighton & Hove City Council, public health Cruse bereavement support Mind in Brighton & Hove MindOut Rethink, Survivors of Suicide Samaritans of Brighton & Hove Survivors of Bereavement by Suicide (SOBS) Sussex Partnership NHS Foundation Trust Wellbeing Service	**Chair: Miranda Frost, Grassroots Suicide Prevention** • Anna Roscher, Allsorts Youth • Clare Mitchison, public health specialist • Stuart Marks, Cruse • Shirley Gray, Mind • Helen Jones, MindOut • Wendy Robinson, SOS • Anne Bellis, Greg Condry, Samaritans • Paula Seabourne, SOBS • Emma Wadey, Sussex Partnership • Peter Ley, Wellbeing Service