

# Brighton & Hove Suicide Prevention Action Plan

**2024-2027**

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## 1 Steering group membership

The Brighton & Hove suicide prevention steering group oversaw the development of this action plan and will oversee its delivery. The group includes representatives from the following organisations and teams:

- Brighton & Hove City Council – Public Health
- Brighton & Hove City Council – children’s safeguarding
- NHS Sussex – Mental Health Commissioning
- NHS Sussex – clinical director
- Sussex Partnership NHS Foundation Trust
- University Hospitals Sussex NHS Foundation Trust
- Community Works
- Change Grow Live
- Sussex Police
- British Transport Police
- South East Coast Ambulance Service
- Coroner’s office
- University of Brighton
- University of Sussex

The steering group thanks everyone who has contributed their views and thoughts throughout the process of developing this action plan. Each and every view is valued as part of the ongoing work to prevent suicide in Brighton & Hove.

## 2 Introduction

The World Health Organisation highlights suicide as a major public health risk, accounting for one in 100 of all deaths globally. Every death by suicide is a tragedy and a cause of profound distress to friends, families, and communities. It is estimated that for every one suicide there can be up to 135 people significantly impacted.<sup>1</sup>

The reasons why people take their lives are complex and are often linked to circumstances, risk factors and experiences over an extended period of time, with those who are socially excluded more likely to be affected. Whilst the risk of suicide is very much higher in those with mental health problems, three quarters of people who die by suicide are not in contact with mental health services.

Reducing deaths by suicide is a national, regional and local priority. Preventing suicide is everyone's business, and effective suicide prevention requires a partnership approach with health, social care, voluntary sector, education, communities, business and wider partners working in a coordinated way to reduce risk and to support those affected. An inclusive, compassionate society that builds individual and community resilience, avoids the marginalisation of individuals, and supports people at times of crisis will help to prevent suicides.

Covid-19 and the cost-of-living crisis bring additional challenges. Whilst national data suggest that suicide rates did not increase during the pandemic, there is widespread evidence that the pandemic deepened inequalities.<sup>2</sup> Groups most affected by the pandemic overlap with communities most affected by the cost-of-living crisis. There are concerns both for those for whom the pandemic exacerbated existing problems, and for those for whom the pandemic resulted in new issues such as job loss, mounting debts, reduced income, bereavement and loneliness or social isolation.

This document describes the city's three-year action plan to reduce deaths by suicide. It is aligned with the three-year Sussex suicide prevention strategy 2024-2027,<sup>3</sup> and the five-year national strategy 2023 to 2028.<sup>4</sup>

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<sup>1</sup> Cerel J, McIntosh JL, Neimeyer RA, Maple M, Marshall D. The continuum of "survivorship": Definitional issues in the aftermath of suicide. *Suicide and Life-Threatening Behavior*. 2014;44(6):591–600.

<sup>2</sup> [The Health Foundation. The continuing impact of COVID-19 on health and inequalities](#)

<sup>3</sup> [Sussex Suicide Prevention Strategy \(2023-2027\)](#)

<sup>4</sup> [UK Government. Suicide prevention strategy for England: 2023 to 2028](#)

### 3 Vision and aims

Our vision is that Brighton & Hove is a place where:

- we commit to reducing the risk factors and increasing the protective factors for suicide across the life course.
- we build individual and community resilience to improve lives and prevent people falling into crisis by tackling the risk factors for suicide.
- we recognise that suicides can be prevented, and that people do not inevitably end up considering suicide as a solution to the difficulties they face.
- we create an environment where anyone who needs help knows where to get it and is empowered to access that help

The Brighton & Hove suicide prevention action plan aims to

- reduce the risk of suicide,
- provide better support for people who self-harm
- provide better support for those bereaved by suicide.

Our local vision is aligned with the Sussex suicide prevention strategy and our aims are aligned with the Sussex strategy and the national suicide prevention strategy.

## 4 Strategic context

### 4.1 National strategic context

In September 2023, the Department of Health and Social Care published a new suicide prevention strategy, *Suicide Prevention in England: 5 year cross-sector strategy*<sup>5</sup>, replacing the previous 2012 strategy. Through action across the NHS, local government, the voluntary, community and social enterprise sectors, employers and individuals, the strategy aims to bring everyone together around three ambitions:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- improve support for people who have self-harmed
- improve support for people bereaved by suicide

It proposes that the following principles are incorporated in the design and delivery of interventions, services, resources and activities to prevent suicides:

- suicide is everybody's business
- mental health is as important as physical health
- nobody should be left out of suicide prevention efforts
- early intervention is vital
- voices and insights of people with personal experience should inform the planning, design and decisions at all levels of suicide prevention activity
- strong collaboration, with clarity of roles, is essential.
- timely, high-quality evidence is fundamental.

It sets out actions in eight areas:

1. **Improve data and evidence** to ensure that effective, evidence-informed, timely interventions continue to be adapted.
2. **Provide tailored, targeted support to priority groups**, including those at higher risk.
3. **Address common risk factors** linked to suicide at a population level by providing early intervention and tailored support.
4. **Promote online safety and responsible media content** to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
5. **Provide effective crisis support** across sectors for those who reach crisis point
6. **Reduce access to means and methods of suicide** where this is appropriate and necessary as an intervention to prevent suicides
7. **Provide effective bereavement support** to those affected by suicide

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<sup>5</sup> [UK Government. Suicide prevention strategy for England: 2023 to 2028](#)

8. **Make suicide everybody's business** so that we can maximise our collective impact and support to prevent suicides

Based on evidence and data, stakeholder engagement and expert views, the national strategy identifies the following priority groups and population risk factors.

**Priority groups**

- children and young people
- middle-aged men
- people who have self-harmed
- people in contact with mental health services
- people in contact with the justice system
- autistic people
- pregnant women and new mothers.

**Risk factors at a population level**

- Physical illness
- Financial difficulty and economic adversity
- Gambling
- Alcohol and drug misuse
- Social isolation and loneliness
- Domestic abuse.

The national strategy calls for better understanding of trends and suicide rates in the following groups:

- occupational groups
- autistic people
- people affected by domestic abuse
- people experiencing harmful gambling
- ethnic minority groups including people who are Gypsy, Roma or Travellers
- refugees and asylum seekers
- people who are LGBT+.

The national strategy was published after much of the development of our local plan had been undertaken and the plan has been reviewed to address potential gaps.

## 4.2 Sussex strategic context

Between 2019 and 2023, Sussex benefited from an NHS England funded suicide prevention and self-harm programme which was delivered across Brighton & Hove, East Sussex and West Sussex. This initiative capitalised on cross-partner collaboration and integration of programmes of work involving statutory and local organisations. The work brought efficiencies and innovations across Sussex whilst also enhancing local approaches. As the NHS England funded programme came to an end, the need for a more cohesive and formalised response to emerging trends across Sussex became apparent, and a Sussex suicide prevention strategy was developed by the Sussex suicide prevention steering group.

Completed in autumn 2023, the strategy was developed with local suicide prevention steering groups in Brighton & Hove, East Sussex and West Sussex and our Sussex partners including Sussex Integrated Care Board, Sussex Police, Community and Voluntary sector representatives and Sussex Partnership NHS Foundation Trust that provides mental health, learning disability and neurodevelopmental services to people living in Brighton & Hove and Sussex.

Working at Sussex level does not negate the need for local plans and activities but brings added value and opportunities for collaboration, sharing of best practice, consistency and innovation. The Sussex strategy contains a framework setting out evidence-based actions that can be adopted at both Sussex and local level. The Sussex action plan for 2023/24 can be seen at [Appendix 1](#) and has the following action areas:

- Working with Sussex-wide partners
- Suicide Response/Postvention
- Training/learning
- Communications
- Engagement with media
- Lived Experience
- Self-harm.



### 4.3 Brighton & Hove strategic context

Suicide prevention is one of the strategic plans that sits under the city's Health and Wellbeing Board and is aligned with the Brighton & Hove Joint Health & Wellbeing Strategy 2019-2030.<sup>6</sup>

Suicide prevention, improving mental wellbeing and reducing inequalities are priorities in several of the city's action plans including:

- The Brighton & Hove Shared Delivery Plan of the five-year Sussex Strategy Improving Lives Together.<sup>7</sup>
- The Brighton & Hove Children and Young People's Mental Health and Emotional Wellbeing action plan
- The Brighton & Hove Combatting Drugs Partnership action plan which includes a workstream aimed at reducing drug related deaths.
- Brighton & Hove Autism Strategy 2023<sup>8</sup> which highlights the importance of collecting data on the number of autistic people who die by suicide and identifying autistic people as a high-risk group in suicide prevention policy.
- A better Brighton & Hove for all: Council Plan 2023 to 2027<sup>9</sup>

Suicide prevention is a key component of safeguarding. The Brighton & Hove Adult Safeguarding Board highlights suicide prevention as a key area of interest and notes its link to safeguarding concerns in several SARs (Safeguarding Adult Reviews). The Brighton & Hove Safeguarding Children's Partnership has identified suicide prevention as one its priorities in the business plan for 2023-2026.

Suicide prevention is an element of the work of the Sussex Child Death Overview Panel which reviews all child deaths. It undertook a thematic review of deaths by suicide in 2021-2022<sup>10</sup>

Improving population mental health and wellbeing and reducing inequalities in mental health are key components of suicide prevention. Local mental health and wellbeing approaches are informed by the Brighton & Hove all-ages Mental Health and Wellbeing Joint Strategic Needs Assessment 2022.<sup>11</sup>

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<sup>6</sup> [Brighton & Hove City Council. Health and Wellbeing Strategy 2019-2030. \(brighton-hove.gov.uk\)](https://www.brighton-hove.gov.uk)

<sup>7</sup> [Sussex Health and Care. Sussex Integrated Care Strategy Shared Delivery Plan \(brighton-hove.gov.uk\)](https://www.brighton-hove.gov.uk)

<sup>8</sup> to be signed off by Brighton & Hove Health and Wellbeing Board in November 2023

<sup>9</sup> [Brighton & Hove City Council. Draft Corporate Plan 2023 to 2027 \(brighton-hove.gov.uk\)](https://www.brighton-hove.gov.uk)

<sup>10</sup> [Sussex Child Death Review Partnership. Pan Sussex CDOP Annual Report 2021-22 \(sussex.ics.nhs.uk\)](https://www.sussex.ics.nhs.uk)

<sup>11</sup> [Brighton & Hove City Council and NHS Brighton & Hove. Mental health and wellbeing JSNA report \(brighton-hove.gov.uk\)](https://www.brighton-hove.gov.uk)

The transformation of the city's mental health and wellbeing services is delivered through the adults and older adults Community Mental Health Transformation Programme, the Urgent and Emergency Care delivery group and the Children and Young Person's Mental Health and Emotional Wellbeing Partnership.

- The adult and older adults programme aims to develop new, more joined-up ways of delivering care in the community for people with mental health conditions, and bring local services together, including mental health, social care, primary care, local authority, and voluntary community and social enterprise services (VCSE).
- The Sussex Mental Health Urgent and Emergency Care Improvement plan aims to strengthen support for people experiencing a mental health crisis.
- The children and young persons' programme aims to transform support for children and young people through workstreams including: transition pathways for 16-25 year olds, more joined-up services, neurodevelopment pathway, all-ages eating disorders pathway, expanding reach of the Schools Mental Health Service, crisis care, early support and specialist services.<sup>12</sup>

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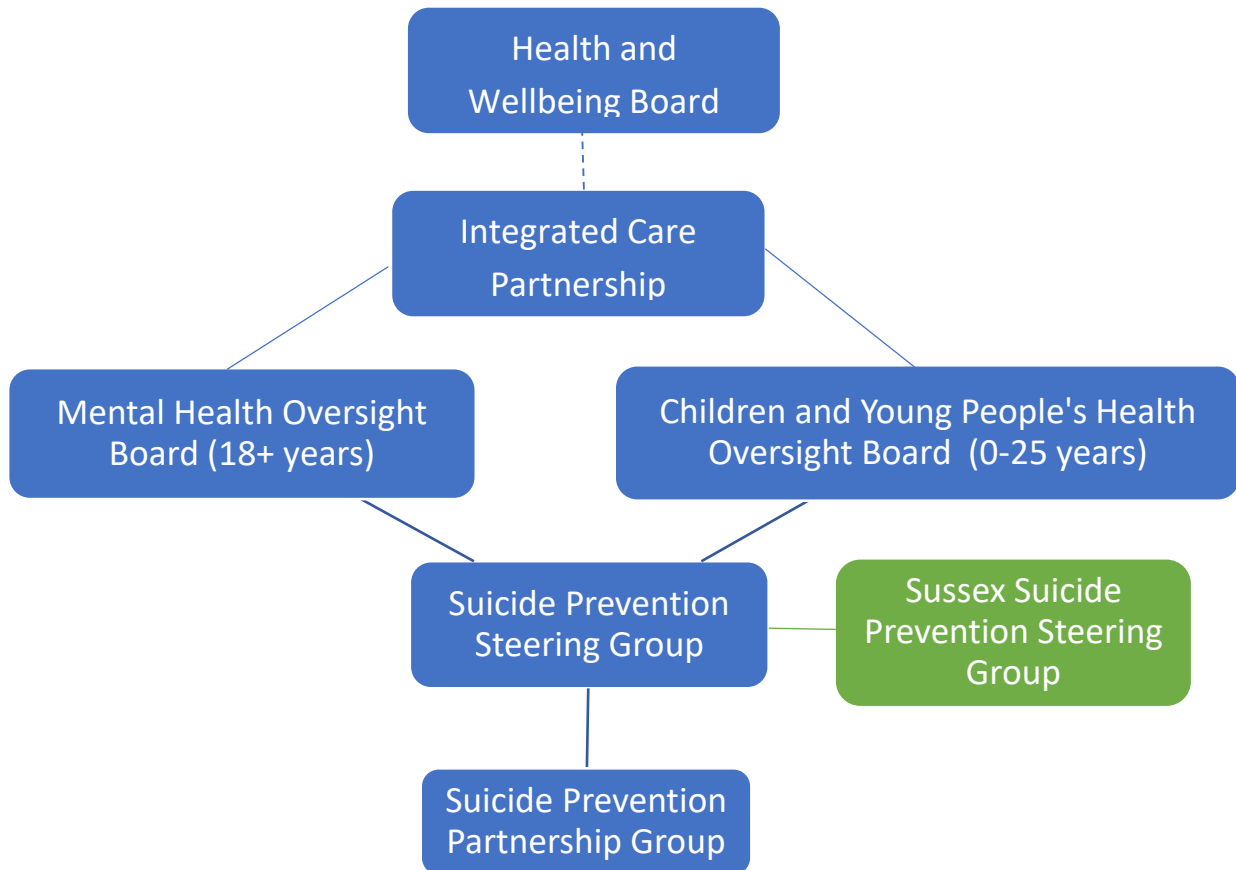
<sup>12</sup> [Sussex Health and Care. Foundations for our Future Strategy 2022-2027](https://www.sussex.nhs.uk/our-organisation/strategy/our-strategy-2022-2027/)  
([sussex.ics.nhs.uk](https://sussex.ics.nhs.uk))

## 5 Governance and engagement

### 5.1 Governance

Governance of the Brighton & Hove Suicide prevention work is shown in Figure 1.

**Figure 1: Governance of suicide prevention activity in Brighton & Hove**



Suicide prevention activities in the city are overseen by the multi-agency **Brighton & Hove Suicide Prevention Steering Group**. This includes oversight of the delivery and monitoring of the action plan; liaising with Sussex initiatives; identifying emerging themes and trends; and sharing learning. It reports to the Brighton & Hove Mental Health Oversight Board and the Brighton & Hove Children and Young People's Health Oversight Board. It liaises with the Sussex Suicide Prevention Steering group.

The **Brighton & Hove Suicide Prevention Partnership Group** reports to the steering group. The partnership is open to organisations with an interest in suicide prevention. It aims to share expertise and information; shape strategic developments, promote good practice and promote local, regional, and national resources across the city.

## 5.2 Engagement

The development of the Brighton & Hove action plan and the Sussex strategy was shaped through engagement with our communities and stakeholders.

### **Sussex Strategy**

In the second half of 2022, an engagement exercise took place with stakeholders from the Sussex Suicide Prevention partnership giving partners the opportunity to shape the Sussex suicide prevention strategy. Over 230 people (71 from Brighton & Hove) responded to the survey.

### **Brighton & Hove action plan**

Feedback on the plan was sought in several ways:

- The steering group includes representatives from different sectors, including NHS Sussex, Brighton & Hove City council teams, Voluntary & Community Sector, Police, Ambulance Service, Fire and Rescue, Universities and others who contributed throughout the development process
- A workshop was held in mid-June 2023 where over 40 stakeholders from across the city contributed their expertise.
- The plan was circulated during August and September 2023 to wider stakeholders for comment

## 6 The local picture

### 6.1 The population of the city

The city of Brighton & Hove is located between the South Downs and the sea. It has a population of over 276,000 people.

### 6.2 Suicide– numbers and rates

This section describes suicides rates, trends and patterns in the city based on data published by the Office of National Statistics (ONS). The ONS data on suicide includes all deaths from intentional self-harm for persons aged 10 years and over, and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over. All deaths by suicide are certified by a coroner and cannot be registered until an inquest is completed, resulting in a delay between the date of death and the date of registration.

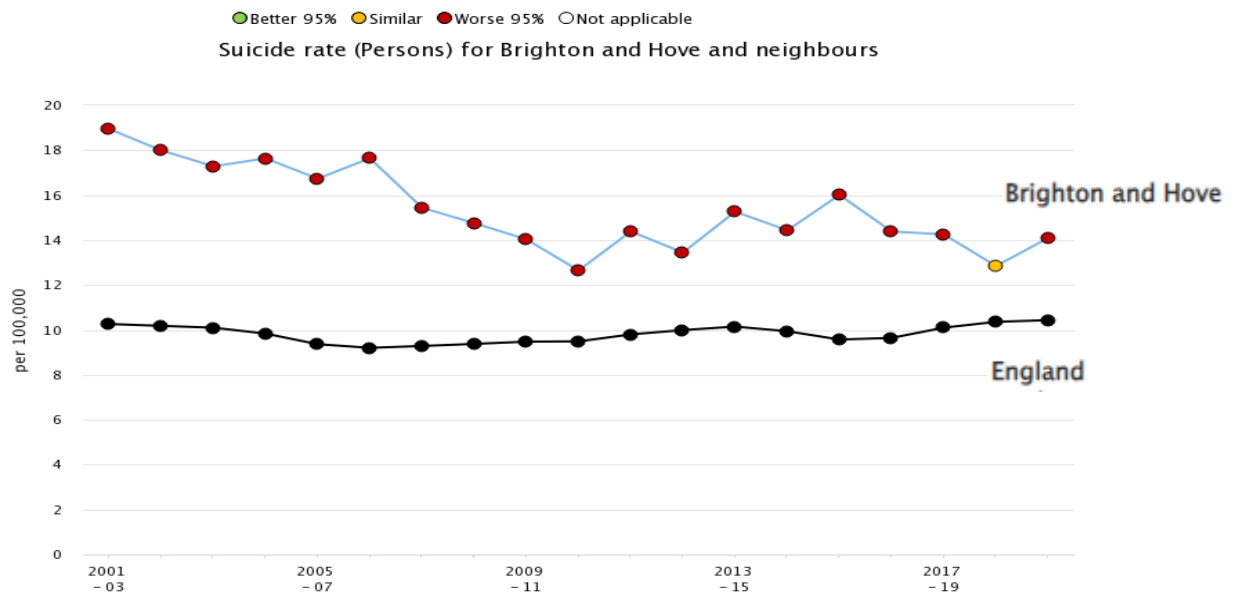
The ONS data includes limited information about the characteristics of those who died however sub-analyses are possible by age, sex and deprivation (based on postcode) locally through death registration data available to public health teams.

#### 6.2.1 Trends over time

Among Brighton & Hove residents, there were an average of 38 deaths by suicide per year in the three years 2019 to 2021. The suicide rate during this period was 36% higher than the England rate, with the highest suicide rate in the South East region. Over the last 20 years, the rate in Brighton & Hove has been statistically significantly higher than in England aside from 2017-2019 (Figure 2).

Although not consistently reported, suicide mortality data dating back to the early 1900s shows that although the age-standardised mortality rate from suicide fluctuated, it was almost always higher locally when compared to the national rate.<sup>13</sup>

**Figure 2: Suicide and undetermined injury deaths in Brighton & Hove, and England, 2001-2003 to 2019-2021**



**Source:** Office for Health Improvement and Disparities, Suicide Prevention Profile [Suicide Prevention Profile – OHID \(phe.org.uk\)](https://www.phe.org.uk/publication/suicide-prevention-profile)

Figure 3 shows that Brighton & Hove has the highest rate compared to CIPFA nearest neighbours (those areas that have similar populations to Brighton & Hove).

**Figure 3: Comparison of Brighton & Hove suicide rates against Nearest Neighbours, 2019-2021**

Suicide rate 2019 - 21 Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	15,447	10.4	10.3	10.6
Neighbours average	-	-	-	-	-	-
Brighton and Hove	-	-	113	14.1	11.4	16.8
Leeds	-	14	281	13.9	12.2	15.5
Bournemouth, Christchurch and Poole	-	8	133	12.7	10.5	14.9
Salford	-	11	84	12.3	9.8	15.3
Southend-on-Sea	-	4	58	12.1	9.2	15.6
Bristol	-	3	140	11.8	9.7	13.8
Newcastle upon Tyne	-	7	85	11.6	9.1	14.4
Nottingham	-	6	94	11.2	8.9	13.9
Sheffield	-	12	168	11.0	9.3	12.7
Liverpool	-	9	143	11.0	9.1	12.8
Manchester	-	13	154	10.8	9.0	12.7
Plymouth	-	5	76	10.7	8.4	13.5
Leicester	-	15	90	10.6	8.5	13.1
Portsmouth	-	1	56	9.9	7.4	13.0
Southampton	-	2	63	9.5	7.2	12.3
Coventry	-	10	89	9.3	7.3	11.5

**Source:** Office for Health Improvement and Disparities, Suicide Prevention Profile [Suicide Prevention Profile – OHID \(phe.org.uk\)](https://www.phe.org.uk/publication/suicide-prevention-profile)

## 6.2.2 Variation by sex

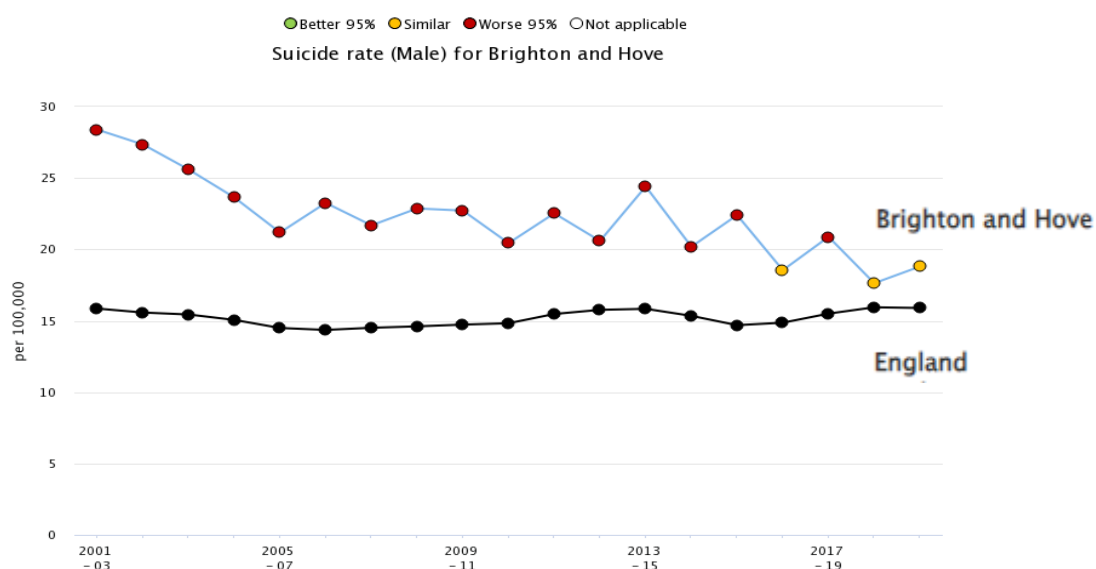
Data on deaths by suicide from the Office of National Statistics is based on what is recorded on the death certificate or information about the circumstances of the death provided by a Coroner.<sup>14</sup> This means that sex might not reflect an individual's gender identity.

At a national level, males are three times more likely to die by suicide than females. Male deaths constitute a lower proportion of suicides in Brighton & Hove (69%) than in England (75%) and the South East (74%), although the difference is not statistically significant and has varied over time.

For males, the suicide rate has shown a downward trend and for three of the last four time periods, the rate is not statistically significantly higher than England (Figure 4).

For females, there has been an increase in rates in recent years. From 2014-16 onwards, rates have been statistically significantly higher than England (Figure 5). The rate in 2019-21 for females is the highest in the South East.

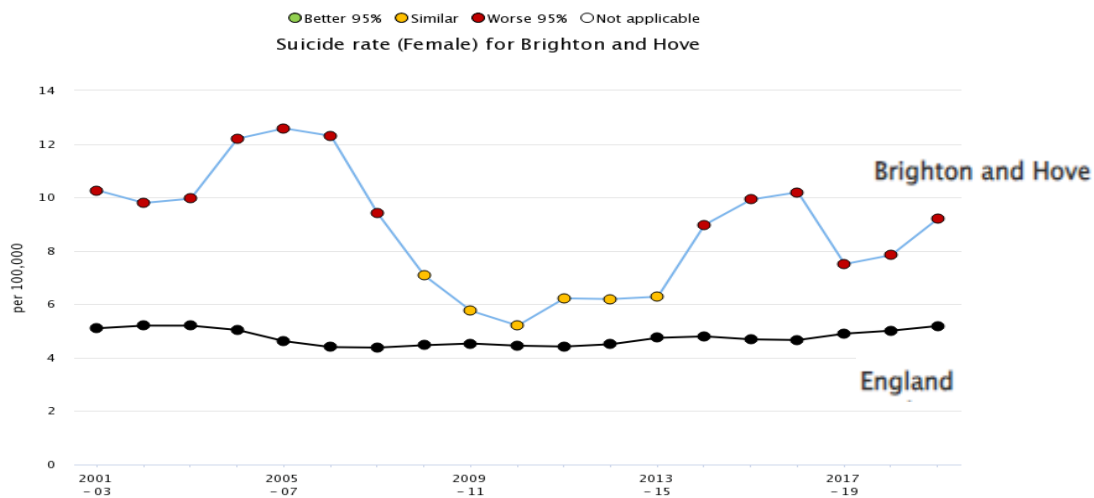
**Figure 4: Male three-year rolling suicide and undetermined injury deaths (per 100,000 population) for Brighton & Hove and England, 2001-03 to 2019-21**



**Source:** Office for Health Improvement and Disparities, Suicide Prevention Profile [Suicide Prevention Profile – OHID \(phe.org.uk\)](https://www.phe.org.uk/publication/suicide-prevention-profile)

<sup>14</sup> [Office of National Statistics. Suicide rates and transgender people. \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/articles/suicideratesandtransgenderpeople/2019-07-18)

**Figure 5: Female three-year rolling suicide and undetermined injury deaths (rate per 100,000 population) for Brighton & Hove and England, 2001-03 to 2019-21**



**Source:** Office for Health Improvement and Disparities, Suicide Prevention Profile [Suicide Prevention Profile – OHID \(phe.org.uk\)](https://www.phe.org.uk/publication/suicide-prevention-profile)

### 6.2.3 Variation by age

The age distribution of deaths by suicide in Brighton & Hove is similar to England. Brighton & Hove rates by age-group and sex and Brighton & Hove numbers by age-group and sex over 10 years (2012 to 2021) are shown in Figures 6 and 7 respectively. They show that

- The highest rate in males is in those aged 45 to 54 and for females in those aged 55 to 64.
- Middle age men are the highest group in terms of rates and numbers
- The most common age-group for both males and females was 45 to 54 (25% of deaths for males, 21% for females)
- Over 1 in 10 (11%) were aged under 25
- One in 20 (5%) were aged 75 or over
- For males, the rates in 45 to 54 year olds is 2.75 times higher than in those aged under 25
- For females, the rates in 55 to 64 year olds is 2.25 times higher than in those aged under 25

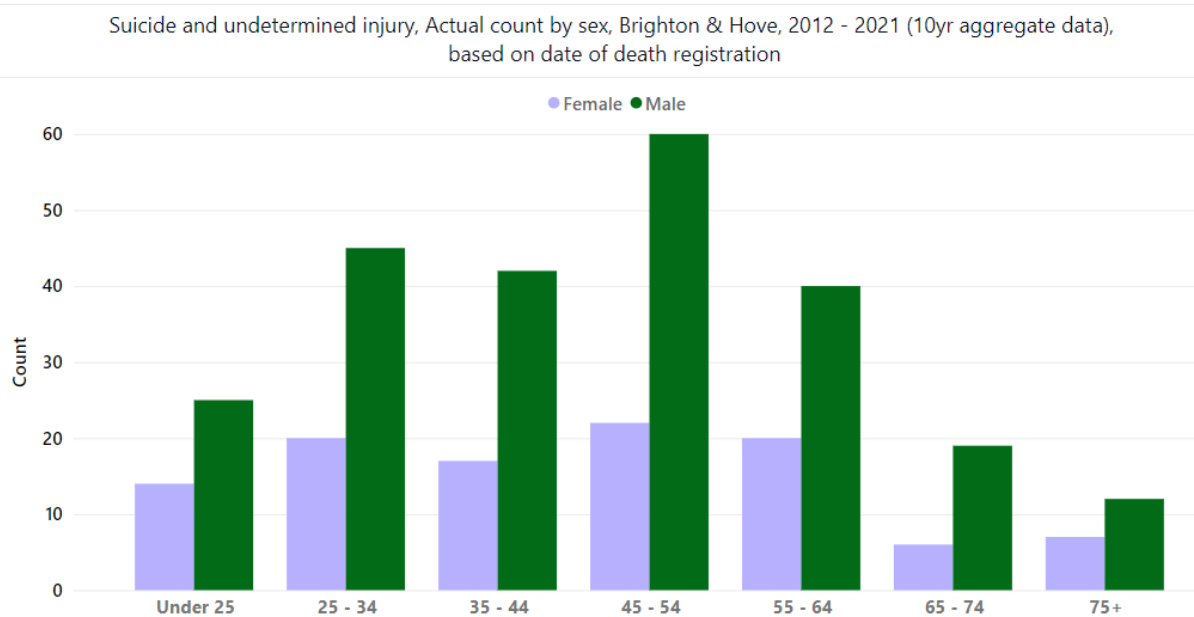


**Figure 6: Suicide and undetermined injury death rate by age-group and sex. Brighton and Hove 2012 to 2021**



**Source:** NHS Digital. Primary Care Mortality Database [Primary Care Mortality Database \(digital.nhs.uk\)](https://digital.nhs.uk)

**Figure 7: Suicide and undetermined injury, actual count by age-band and sex, Brighton & Hove 2012-2021**



**Source:** NHS Digital. Primary Care Mortality Database [Primary Care Mortality Database \(digital.nhs.uk\)](https://digital.nhs.uk)

## 6.2.4 Variation by deprivation

In England, males and females living in the most deprived areas tend to have higher suicide rates than those living in the least deprived areas, however the gap between the most and least deprived areas is only seen among adults, particularly working age adults and is stronger in males than females.<sup>15</sup>

In Brighton and Hove, Figure 8 shows some association with deprivation with lowest rates in the least deprived quintile for both males and females.

**Figure 8: suicide and undetermined injury, directly standardised rate per 100,000 residents by sex and deprivation quintile, Brighton & Hove, 2012 - 2021**



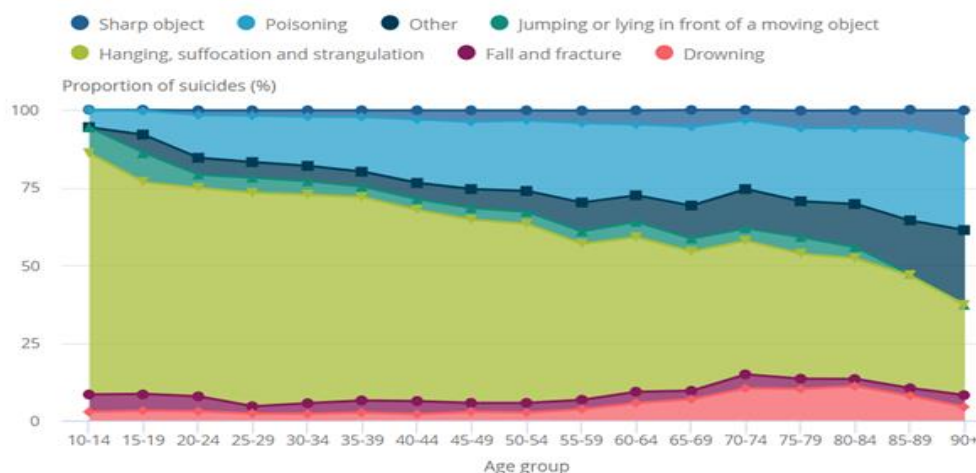
**Source:** NHS Digital. Primary Care Mortality Database. [Primary Care Mortality Database \(digital.nhs.uk\)](https://digital.nhs.uk)

## 6.2.5 Method of death

Figure 9 shows how method of death varies by age in England and Wales, with hanging, suffocation and strangulation becoming less common and poisoning becoming more common with increasing age at time of death. Poisonings, for the most part, are drug poisoning deaths but can include alcohol or other substances.

<sup>15</sup> [How does living in a more deprived area influence rates of suicide? | National Statistical \(ons.gov.uk\)](https://www.ons.gov.uk)

**Figure 9: Proportion of suicides by method and age group, England and Wales, registered between 2018 and 2020**



**Source:** Office for National Statistics – Suicides in England and Wales: 2020 registrations: [Suicides in England and Wales— Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/articles/suicidesinenglandandwales/2020registrations)

Table 1 shows that the three most common methods of suicide in Brighton & Hove are: Hanging, suffocation and strangulation; Poisoning; and Fall and fracture. There are a higher proportion of deaths of Brighton & Hove residents from poisoning, falls and drowning than England and Wales, highlighting the important link with local work reducing drug related deaths, and our geographical features as a coastal city.

**Table 1: Deaths by suicide by method of death, Brighton & Hove resident deaths in comparison to England and Wales, 2018-20**

Method of Death	Brighton & Hove		England & Wales
	(n)	%	%
Hanging, suffocation and strangulation	40	38%	58%
Poisoning	28	27%	20%
Fall and fracture	17	16%	4%
Drowning	7	7%	4%
Other	13	12%	14%
<b>Total</b>	<b>105</b>		

**Source:** Brighton & Hove City Council Public Health team, from Office for National Statistics death registration data 2020

## 6.3 Groups and communities at higher risk of suicide

There are some groups and communities who are at a higher risk of suicide, for others, there is growing concern. This includes children and young people - although rates are low, they have been increasing at a national level over the last decade. Individuals may be members of more than one higher risk community creating intersectionality which can lead to further heightened risk.

The Sussex suicide prevention strategy describes the national evidence for groups identified, in the national strategy or at a local level, as being at increased risk, for groups where there is growing concern and for common population risk factors. A short summary is given below:

- **children and young people** – the national suicide rate for under 25's is lower than older age groups but has been increasing over the last decade, particularly for females.<sup>16</sup> Specific risk factors include bereavement, mental illness, having a physical health condition, being LGBT+ and experience of the care system
- **care experienced:** People with experience of the care system in the UK have been found to be 4 to 5 times more likely to attempt suicide than their peers<sup>17</sup>.
- **middle-aged men** – males aged 40 to 50 in England have the highest rates of suicide of any age and sex since 2010.
- **people who have self-harmed** –self-harm is associated with a significant risk of suicide, as well as being an important issue to address in its own right.
- **people in contact with mental health services** – there is approximately an 8-fold increase in risk of suicide for people under mental health care for mental illness<sup>18</sup> and people in contact with mental health services represent 27% of deaths by suicide in England.
- **people in contact with the justice system** – higher rates of suicide and self-harm have been reported nationally in this group compared to the general population. Men make up over 90% of the prison population<sup>19</sup>.
- **autistic people** – national evidence suggests autistic people are at a higher risk of dying by suicide due to a variety of factors including trauma, pressure to 'mask' autistic traits and a sense of not belonging.

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<sup>16</sup> [UK Government. Suicide prevention in England: 5-year cross-sector strategy \(www.gov.uk\)](http://www.gov.uk)

<sup>17</sup> [Barnardos. Report on mental health support for young people leaving care \(barnardos.org.uk\)](http://barnardos.org.uk)

<sup>18</sup> The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies - ScienceDirect

<sup>19</sup> [House of Commons Library. Prison Population Statistics \(parliament.uk\)](http://parliament.uk)

- **pregnant women and new mothers**– suicide is the leading cause of death at 6 weeks to 12 months after the end of pregnancy nationally.<sup>20</sup>
- **Black and racially minoritised groups** – pattern of risk varies by different groups. Rates of suicide were highest in the White and Mixed/Multiple ethnic groups for both men and women<sup>21</sup>
- **Gypsy Roma Traveller communities** – there is evidence of increased risk for Gypsy, Roma, Traveller and nomadic communities - the suicide rate for Irish Traveller women is six times higher than the general population, and seven times higher for Irish Traveller men.<sup>22</sup>
- **LGBT+ community** - a review of several studies found increased suicide risk in LGB+ adults with 20% reporting attempting suicide in their lifetimes.<sup>23</sup> Almost half (46%) of transgender people and almost a third (31%) of LGB+ cisgender people reported suicidal thoughts in the last year<sup>24</sup>
- **physical illness** – national evidence suggests that a diagnosis of a severe physical health condition may be linked to higher suicide rates.
- **disability** - national data suggests disabled people have much higher rates of suicide. For disabled men, rates are three times higher (48 per 100,000) than non-disabled men (16). For disabled women, rates are four times higher (19) than non-disabled women (4.5).<sup>25</sup>
- **financial difficulty and economic adversity** – national evidence shows an increased risk of suicide for people with debt, and economic recession has been consistently linked to suicide.
- **harmful gambling** – there is increasing national evidence of the relationship between harmful gambling and suicide, including in younger people. Harmful gambling can be a dominant factor without which suicide may not have occurred.
- **substance misuse** – consistent links have been evidenced nationally between alcohol and/or drug dependence, self-harm and suicide.
- **domestic abuse** – national research on intimate partner violence, suicidality and self-harm showed that suicide attempts were 2 to 3 times more common in victims of intimate partner violence than non-victims.

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<sup>20</sup> [UK Government. Suicide prevention in England: 5-year cross-sector strategy \(www.gov.uk\)](http://www.gov.uk)

<sup>21</sup> [Office for National Statistics. Sociodemographic inequalities in suicides in England and Wales \(ons.gov.uk\)](http://ons.gov.uk)

<sup>22</sup> [Friends, Families and Travellers. Suicide Inequalities report \(gypsy-traveller.org\)](http://gypsy-traveller.org)

<sup>23</sup> [AJPH. Lifetime Prevalence of Suicide Attempts Among Sexual Minority Adults. Vol. 106 \(5\) \(aphapublications.org\)](http://aphapublications.org)

<sup>24</sup> [Stonewall. LGBT Health in Britain \(stonewall.org.uk\)](http://stonewall.org.uk)

<sup>25</sup> [Office of National Statistics. Sociodemographic inequalities in suicides in England and Wales \(ons.gov.uk\)](http://ons.gov.uk)

- **social isolation and loneliness** – social isolation (having few people to interact with regularly) and loneliness (not having the quality/quantity of relationships wanted) have been closely linked to suicidal ideation, particularly for under 25s, and middle-aged men.
- **homelessness** People who are homeless are at increased risk of drug-related deaths and dying by suicide. In England and Wales, 35% of deaths of homeless people were related to drug poisoning, 10% related to alcohol poisoning and 14% due to suicide. Together these three causes accounted for an estimated 59% of deaths in homeless people.<sup>26</sup>

Some of the communities with higher risk of suicide are proportionately larger in Brighton & Hove:

- **People with mental health problems.** Compared to England, Brighton & Hove has a higher proportion of people with a common mental health problem such as anxiety or depression (1 in 5 adults in Brighton & Hove, 1 in 6 in England), and a greater proportion of people diagnosed with a severe mental illness such as schizophrenia or bipolar disorder.<sup>27</sup>
- **Children in care and care leavers:** Brighton & Hove has a higher rate of children in care in the city than the South East and England (74 per 100,000 people in Brighton & Hove, 53 and 67 in South East and England respectively). There is also a higher rate of children leaving care locally (30 per 100,000) compared to South East and England (22 and 23 respectively).<sup>28</sup>
- **Young people.** The city has a much higher proportion of people aged 19–38 years (37%) compared to only 24% in the South East and 26% in England<sup>29</sup>
- **Autistic people.** There is a perception of a large autistic community in Brighton & Hove. Whilst there is some evidence for this with higher numbers of children and young people on Education, Health and Care Plans, our understanding will deepen through the city’s planned Joint Strategic Needs Assessment programme.
- **People with alcohol and/or drug dependence:** Compared to England, drinking and substance misuse are significantly higher in all ages in the city. Brighton & Hove has the 9<sup>th</sup> highest rate of deaths related to drug misuse at upper tier local authority level in England (2018-2020).<sup>30</sup>

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<sup>26</sup> [Office of National Statistics. Deaths of homeless people in England and Wales \(ons.gov.uk\)](https://ons.gov.uk)

<sup>27</sup> [Brighton & Hove City Council and NHS Brighton & Hove. Mental health and wellbeing JSNA report \(brighton-hove.gov.uk\)](https://brighton-hove.gov.uk)

<sup>28</sup> [Brighton & Hove City Council and NHS Brighton & Hove. Mental health and wellbeing JSNA report \(brighton-hove.gov.uk\)](https://brighton-hove.gov.uk)

<sup>29</sup> [Brighton & Hove City Council and NHS Brighton & Hove. Mental health and wellbeing JSNA report \(brighton-hove.gov.uk\)](https://brighton-hove.gov.uk)

<sup>30</sup> [Office for Health Improvement and Disparities. Public health profiles \(phe.org.uk\)](https://phe.org.uk)

- **People experiencing homelessness:** Brighton & Hove has the second highest rate of statutory homelessness (households in temporary accommodation) of all local authorities in England outside of London (18<sup>th</sup> highest in England including London) in 2017/18.<sup>31</sup>
- **People with multiple compound needs**<sup>32</sup> : Brighton & Hove has a higher estimated rate of people with multiple disadvantages than England. The majority have mental health needs.
- **LGBT+** According to the 2021 Census, one in ten (10.6%) of those living in Brighton & Hove aged 16 years or over identified as Lesbian, Gay, Bisexual or Other sexual orientation. This is the highest proportion of any upper tier authority in England. One in 100 residents identified as a gender different from their sex registered at birth, double that of the South East and England (both 0.5%).
- **Black and racially minoritised.** According to the 2021 Census, 4.8% of residents identified as mixed or multiple ethnic groups, higher than South East (2.8%) and England (3.0%).
- **People living in deprived neighbourhoods** Brighton & Hove is the 131<sup>st</sup> most deprived local authority in England out of 317 (2019 Index of Multiple Deprivation)

In Brighton & Hove, as is the case nationally, our understanding of suicide risk, trends, emerging issues and evidence varies by different groups. Whilst our understanding of mental health and wellbeing has been strengthened by the Brighton & Hove Mental Health and Wellbeing JSNA, there remain gaps in the evidence. Over the period of the action plan, there are several opportunities for increasing our understanding of suicide risk in our local communities:

1. The planned Brighton & Hove suicide audit of coroner records included in this action plan provides an opportunity to explore local data on deaths in communities identified in the national strategy as higher risk, for example, autistic people, refugees and asylum seekers and LGBTQ+ communities.
2. The city's three-year programme of needs assessments (2023/24 to 2025/26) provides a further opportunity to understand more about suicide and self-harm in some communities.<sup>33</sup> Planned in-depth needs assessments include:
  - Special Educational Needs and Disabilities (SEND), neurodiversity, and learning disabilities (children and young people aged 0-25)
  - Neurodiversity and learning disabilities (adults aged 18 and over)

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<sup>31</sup> [Office for Health Improvement & Disparities. Mental Health and Wellbeing JSNA \(phe.org.uk\)](https://phe.org.uk)

<sup>32</sup> Defined as people who have experienced at least two of the following needs: homelessness, mental health, domestic violence, alcohol, or drug dependence, offending. Brighton & Hove [Adults with Multiple Compound Needs JSNA \(brighton-hove.gov.uk\)](https://brighton-hove.gov.uk)

<sup>33</sup> [Brighton & Hove City Council. Joint Strategic Needs Assessments \(brighton-hove.gov.uk\)](https://brighton-hove.gov.uk)

- Young people transitioning between children's and adults' services (aged 16-25)
3. The Safe & Well at Schools Survey of primary and secondary school pupils and the Health Counts health and lifestyle survey of adults in living in the city.

Findings will inform our approach to suicide prevention.

## 6.4 Self-harm - hospital admissions and A&E attendances

Self-harm is defined as intentional injury to the body, often as a way to express deep emotional feelings such as low self-esteem, or coping with traumatic events.<sup>34</sup> Self-harm is associated with an increased risk of suicide, and around half of all people who die by suicide have a history of self-harm.<sup>35</sup> Improving support for people who self-harm is one of the three objectives of the national strategy.

Most self-harm occurs in the community and does not lead to hospital attendance however hospital admission data can be used to identify trends and patterns.

### 6.4.1 Self-harm admissions in all ages

There were 885 hospital admissions in residents of Brighton & Hove because of self-harm in 2021/22. The rates in Brighton & Hove are the 7<sup>th</sup> highest in England at upper tier local authority level, the third highest in the South East. The Brighton & Hove rate (284 per 100,000 in 2021/22) was significantly higher than England (164) and the South East (198).

Females have greater risk. Locally, the rate of admissions for intentional self-harm in females (389 per 100,000 people in 2021/22) is more than double the rate for males (165).

Up to date trend data is not currently available, as historic population data from the Office for National Statistics has yet to be rebased from the results of the 2021 Census,<sup>36</sup> however trends up to 2020/21 showed a small reduction in recent years in emergency admissions for self-harm across all ages, as shown in Figure 10.

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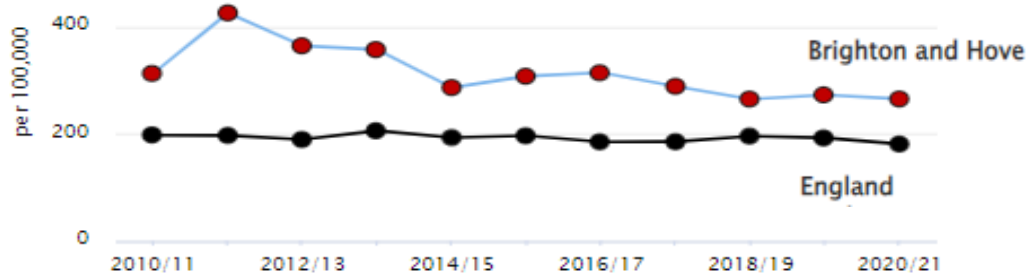
<sup>34</sup> [Sussex Partnership NHS Foundation Trust. Self-harm \(sussexpartnership.nhs.uk\)](https://www.sussexpartnership.nhs.uk)

<sup>35</sup> [UK Government. Preventing suicide in England: Third progress report \(gov.uk\)](https://www.gov.uk)

<sup>36</sup> Due to the need for the Office for National Statistics to rebase national and local population estimates and projections following the 2021 Census, there are currently no population estimates available for 2016 to 2021 and no projections beyond 2021.



**Figure 10: Emergency hospital admissions for intentional self-harm, directly age standardised rate per 100,000, Brighton & Hove and England, 2010/11 to 2020/21**



**Source:** Office for Health Improvement and Disparities, Suicide Prevention Profile [Suicide Prevention Profile – OHID \(phe.org.uk\)](https://www.phe.org.uk/publication/suicide-prevention-profile)

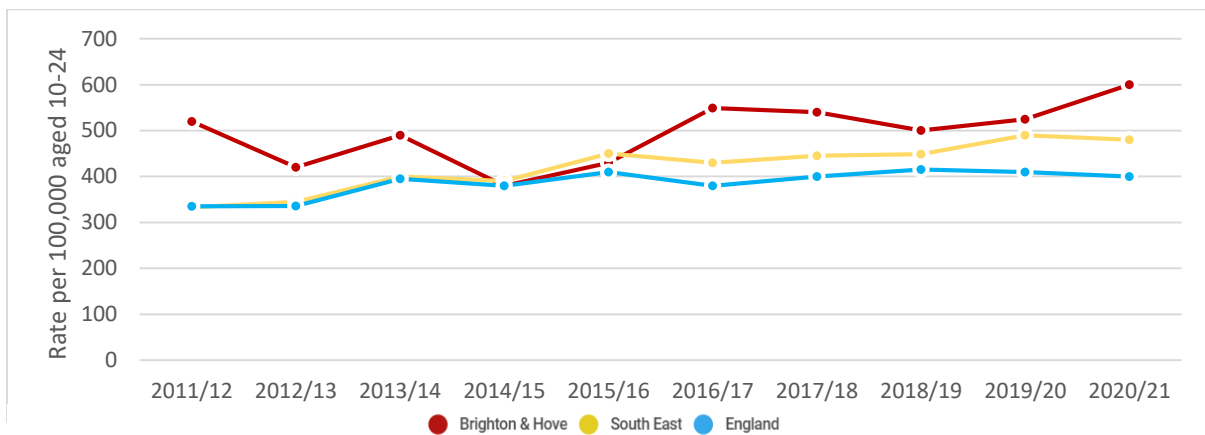
### 6.4.2 Self-harm admissions in those aged 10 to 24 years

There were 415 hospital admissions in residents aged 10 to 24 because of self-harm in 2021/22. Younger people aged 10 to 24 years have higher risk. Rates of hospital admission in this age group (720 per 100,000 in 2021/22) are more than double that for all ages (284). The Brighton & Hove rate is statistically significantly higher compared to England (427) and the South East (550). Brighton & Hove has the 3<sup>rd</sup> highest rate in the South East (at upper tier local authority level) and the 2<sup>nd</sup> highest of its CIPFA nearest neighbour comparator areas.

Up to date trend data is not currently available, as historic population data from the Office for National Statistics has yet to be rebased from the results of the 2021 Census,<sup>37</sup> however trends up to 2020/21 showed an increase in emergency admissions for self-harm in those aged 10 to 24 in Brighton and Hove. This is in contrast to England where rates have been more stable (Figure 11).

<sup>37</sup> Due to the need for the Office for National Statistics (ONS) to rebase national and local population estimates and projections following the 2021 Census, there are currently no population estimates available for the years 2016 to 2021 and no population projections beyond 2021.

**Figure 11: Emergency hospital admissions for intentional self-harm, ages 10-24, directly age standardised rate per 100,000, Brighton & Hove, South East and England, 2010/11 to 2020/21**

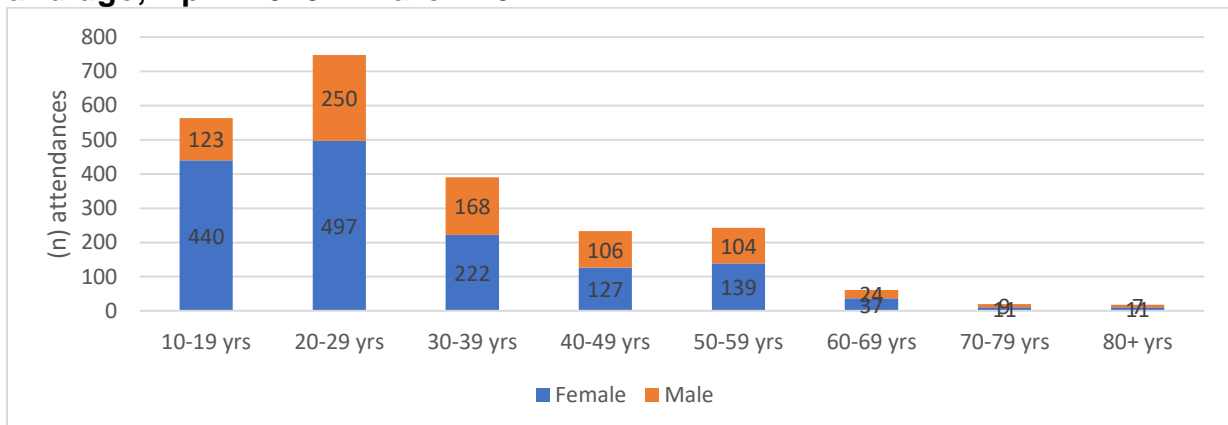


**Source:** Office for Health Improvement and Disparities, Mental Health and Wellbeing JSNA profile. [Mental Health and Wellbeing JSNA – OHID \(phe.org.uk\)](https://phe.org.uk)

### 6.4.3 A&E attendances for self harm

Local A&E attendance data for self-harm shows a similar pattern to self-harm admission data. Data from the Royal Sussex County Hospital and Royal Alex Children’s Hospital in 2019 - 2021 (Figure 12) shows that the highest numbers of A&E attendances for self-harm were in females aged 10 to 19 and 20 to 29.

**Figure 12. Royal Sussex County Hospital self-harm attendances, by sex and age, April 2019 – March 2021**



**Source:** Brighton & Hove City Council Public Health team, from A&E data provided by Royal Sussex County Hospital

Further information on self-harm can be found in the Brighton and Hove Self-Harm Needs Assessment for Children & Young people 2018.<sup>38</sup>

<sup>38</sup> [Brighton & Hove City Council. Self-Harm Needs Assessment for Children & Young people 2018 \(bhconnected.org.uk\)](https://bhconnected.org.uk)

## 7 Recent Progress

Below is a summary of some of the local initiatives and programmes over the past four years in Brighton & Hove and at Sussex that support suicide prevention. They have been grouped by the eight action areas in the national strategy.

### Improving data and evidence

The Brighton & Hove **Mental Health & Wellbeing Joint Strategic Needs Assessment**<sup>39</sup> was published in 2022 and summarises the local assets, challenges and need, with recommendations for improving mental health and wellbeing for all ages. It provides evidence of groups at higher risk of poor mental health and higher risk of suicide.

The 2020 Joint Strategic Needs Assessment on **Adults with Multiple Complex Needs**<sup>40</sup> highlighted the high suicide risk associated with individuals with two or more issues of housing/homelessness, substance misuse, offending, mental health and domestic abuse. The needs assessment has informed the city's Multiple Complex Needs transformation programme which aims to improve life quality & expectancy for people with Multiple Complex Needs and reduce the resource impact on the wider system. Reducing risk of suicide will support with delivering this aim.

The **Safe and Well at School Survey**<sup>41</sup> in Brighton & Hove has informed strategic and operational work including for mental health & suicide prevention. In 2021, over 12,500 pupils took part at primary and secondary level (10 secondary schools and 41 primary schools)

**The Real Time Surveillance system** has been in operation in Sussex since July 2021. This system allows Sussex Police to send notifications of a death by suspected suicide within hours or days of the incident. The system creates the opportunity for rapid response to incidents, identification of those affected or bereaved by the incident, opportunity for system learning and identification of emerging trends. A pan-Sussex analyst was recruited to review suicide data sources across Sussex to highlight geographic areas and population groups requiring focused interventions.

### Tailored, targeted support to priority groups,

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<sup>39</sup> [Brighton & Hove City Council and NHS Brighton & Hove. Mental Health & Wellbeing JSNA report \(brighton-hove.gov.uk\)](https://www.brighton-hove.gov.uk/reports-and-publications/mental-health-and-wellbeing-jsna-report)

<sup>40</sup> [Brighton & Hove City Council. Adults with Multiple Complex Needs JSNA \(brighton-hove.gov.uk\)](https://www.brighton-hove.gov.uk/reports-and-publications/adults-with-multiple-complex-needs-jsna)

<sup>41</sup> [Brighton & Hove City Council. Safe and Well at School Survey \(bhconnected.org.uk\)](https://www.brighton-hove.gov.uk/reports-and-publications/safe-and-well-at-school-survey)

Our local work to **support higher risk adults** is enhanced by the NHS and Council funded mental health support service provided by UOK. The service<sup>42</sup> is delivered by an alliance of 17 voluntary sector organisations some provide general support, others target specific communities and groups including:

- People with a mental health condition
- People bereaved and people bereaved by suicide
- Support for women
- Support for men
- Residents in Hangleton and Knoll
- Communities facing deprivation and exclusion
- LGBTQ+ people
- Autistic people
- Gypsy, Roma and Traveller communities
- People in contact with criminal justice system
- People in debt
- Professionals supporting those bereaved by suicide

The **Sussex Self Harm Learning Network**<sup>43</sup> held workshops for parents, carers and educators to increase their understanding of self-harm in young people and how to access support. Further workshops were run by Allsorts Youth Project in Brighton & Hove to increase understanding of the needs of LGBTQ+ young people. The workshops received positive feedback in the evaluation of the programme.

### **Addressing common risk factors**

The **Debt and Mental Health programme** provides strategic integration between mental health and debt support services, including a quarterly Mental Health & Debt Steering Group. In 2021/22, the number of local GP surgeries with online debt advice increased from 35% to 52%, and a mental health & debt webinar in 2021 was attended by over 150 professionals from BHCC and external organisations.

A **Loss of Life Reporting Protocol** is being developed and aims to monitor and learn from the deaths (including suicide) of people who were street homeless or lived in supported housing for people with a history of homelessness.

### **Promoting online safety and responsible media content**

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<sup>42</sup> [UOK. Mental Health & Wellbeing Support in Brighton & Hove \(uok.org.uk\)](https://uok.org.uk)

<sup>43</sup> [E-wellbeing. Self Harm Learning Network \(e-wellbeing.co.uk\)](https://e-wellbeing.co.uk)

There have been several local and Sussex-wide **suicide prevention campaigns** over recent years including **Warning Signs**<sup>44</sup> to prevent suicide in middle aged men across Sussex. The **First Hand**<sup>45</sup> website was developed as a national resource. It supports people who have witnessed a suicide but do not know the person who has died.

Grassroots Suicide Prevention produced the free **Stay Alive app**<sup>46</sup> with resources if someone is having suicidal thoughts or concerned about someone else.

### **Providing effective crisis support.**

The **Staying Well Space at Preston Park**<sup>47</sup> was set up to provide an out-of-hours mental health crisis prevention service available 365 days per year.

Sussex A&E **compassionate care call**. This involves a follow up call, after assessment after an episode of self-harm or suicide distress

**Shout text messaging crisis service** "Text 'Sussex' to 85258 launched in July 2022. From July 2022 to March 2023, 501 people used the service, a third of which related to suicidal thoughts.

### **Reducing access to means and methods**

The **Seafront Team** patrol the coastline, trained to save lives at sea and supported by lifeguards in the summer. They work closely with emergency services to improve response to incidents. In 2022, they responded to nearly 100 major incidents, including 11 mental health incidents.

### **Providing effective bereavement support.**

A **Sussex suicide bereavement support service** was set up partially funded by NHSE, with a single point of access, bespoke suicide bereavement services in each local authority, and a Sussex-wide suicide bereavement service for children and young people. In Brighton & Hove, in addition to Winston's Wish that support children bereaved by suicide, support is delivered by Rethink Mental Illness<sup>48</sup> it has supported over 150 residents since 2020.

**After Death Reviews** have been set up in Brighton & Hove to provide professional support and debrief for Primary Care staff after the death of a

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<sup>44</sup> [Preventing Suicide in Sussex. Warning Signs \(preventingsuicideinsussex.org\)](https://www.preventingsuicideinsussex.org/)

<sup>45</sup> [Grassroots Suicide Prevention. First Hand \(first-hand.org.uk\)](https://www.first-hand.org.uk/)

<sup>46</sup> [Grassroots Suicide Prevention. Stay Alive App \(prevent-suicide.org.uk\)](https://www.prevent-suicide.org.uk/)

<sup>47</sup> [Southdown. Staying Well Space at Preston Park \(southdown.org\)](https://www.southdown.org/)

<sup>48</sup> [Rethink Mental Illness. Brighton & Hove Suicide Bereavement Support \(rethink.org\)](https://www.rethink.org/)

patient by suicide. It provides resources for those bereaved and can identify risk factors for future learning.

The **Responding to an unexpected death toolkit**<sup>49</sup> was disseminated to all Brighton & Hove schools and colleges alongside training sessions on the toolkit and bespoke suicide awareness training. It aims to support schools & colleges to respond to an unexpected death, including suicide, and to provide information on whole school mental health and wellbeing

### **Making suicide everybody's business**

**GP fellows for mental health** are working in Sussex and aim to provide additional leadership for suicide prevention to reduce the negative impact of suicide within Primary Care.

**Innovation fund** – small grant fund for voluntary sector organisations across Sussex

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<sup>49</sup> [Brighton & Hove City Council. Responding to an unexpected death toolkit \(padlet.com\)](https://www.brighton-hove.gov.uk/~/media/Assets/2019/04/Responding%20to%20an%20unexpected%20death%20toolkit%20(padlet.com).pdf)

## 8 Brighton & Hove suicide prevention action plan and priorities

The approach in the plan is based on the eight action areas within the national suicide prevention strategy.

The Brighton & Hove suicide prevention steering group will oversee the delivery and monitoring of the plan. Updates will go to the Health and Wellbeing Board, Mental Health Oversight Board and Children and Young People's Health Oversight Board.

The plan is dynamic and will be reviewed and updated to ensure it is aligned with the latest data and evidence base including but not limited to the findings from the local suicide audit.

The plan has five priorities listed below. These were initially identified by the suicide prevention steering group and refined in the light of stakeholder feedback. They are based on local need, recommended national action and local and Sussex opportunities. They align with the Sussex strategy action plan.

Our five priorities are:

- Lived Experience (Action 1.1)
- Suicide audit (Action 1.2)
- Workforce suicide awareness and prevention training (Action 2.1)
- Self-Harm collaboration (Action 2.4)
- Response to incidents (Action 7.1)

Where there is alignment or overlap between a local action and a Sussex action (see [Appendix 1](#)), this is indicated by "Sussex Collaboration"

Each action has a named lead, however it is expected that all members of the steering group will support actions where required.

#	Action	Outcome / outputs	When	Lead
<b>Action Area 1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.</b>				
1.1	<p><b>Lived Experience</b> Explore options so that the voices of people with lived experience are embedded in suicide prevention.</p> <p><b>Sussex Collaboration</b></p>	<p>Set up lived experience sub-group and agree scope, outputs and outcomes</p> <p>Voices of people with lived experience of all ages are better embedded in the development and implementation of suicide and self-harm prevention work in the city.</p>	<p>2024</p> <p>2025 and ongoing</p>	Lived experience subgroup
1.2	<p><b>Suicide audit</b> Undertake an audit of suicides through review of the coroner's records in Brighton &amp; Hove for all ages</p>	<p>Audit undertaken</p> <p>Report produced describing the learning, themes and patterns for our high risk groups.</p> <p>Learning used to improve our prevention approaches</p>	<p>2024</p> <p>2024/2025</p> <p>2025 and 2026</p>	B&H Suicide Prevention Steering Group
1.3	<p><b>Sussex Suicide and Self-Harm Dashboard</b> Develop an all-ages Sussex Suicide and Self-Harm dashboard to shape and inform our response including to clusters and emerging issues. Dashboard to</p>	<p>Dashboard developed</p> <p>Process for monitoring and identify trends, clusters and emerging issues agreed</p> <p>Sussex and Brighton &amp; Hove response is more evidence based.</p>	<p>2024</p> <p>2024/2025</p> <p>2025 and 2026</p>	Sussex Suicide Prevention Steering Group



	include Real Time Surveillance and other data sets <b>Sussex Collaboration</b>			
1.4	<b>Understand needs of local population.</b> Learning used to shape suicide prevention activity and approaches. Opportunities include: <ul style="list-style-type: none"> <li>the Safe and Well at School Survey (SAWSS)</li> <li>Health Counts</li> <li>JSNAs on Special Educational Needs, learning disabilities, neurodiversity</li> </ul>	Carry out Safe and Well at School survey Survey report produced and action planning undertaken. Results used to better support our most vulnerable pupils. Undertake Health Counts Undertake joint strategic needs assessments (JSNA) within the city's JSNA programme Use findings to inform support to our higher risk groups	December 2023 March – July 2024 September 2024 onwards 2024 2025 and 2026	Public Health
<b>Action Area 2. Provide tailored, targeted support to priority groups, including those at higher risk.</b>				
<b>#</b>	<b>Action</b>	<b>Outcome / outputs</b>	<b>When</b>	<b>Lead</b>
2.1	<b>Workforce Suicide awareness and prevention training.</b> Develop workforce programme of tailored suicide awareness and prevention training. To include primary care, and people working with priority	Undertake needs assessment across NHS, Council and other city workforces Develop and commission a programme of tailored training Evaluate programme and make recommendations for sustainability	2024 2024/2025	Suicide Awareness Training Oversight Group

	groups in the national strategy (see section 4.1)	Frontline staff have more confidence and skills to talk about suicide in line with their job role	2025/2026	
2.2	<b>Community Mental Health Transformation</b> Increase accessibility of community mental health services for adults and older adults in line with the national requirements of the community transformation programme.	Delivery group meets regularly to review progress  Improved access and delivery of mental health services, improve patient outcomes and experiences, increase staff satisfaction and retention	2024 and ongoing	Community Transformation Delivery Group
2.3	<b>People in contact with secondary mental health services</b> Review the Sussex Partnership Foundation Trust's Suicide Prevention Strategy and align with city and Sussex activity.  <b>Sussex Collaboration</b>	People of all ages in contact with secondary mental health services are better supported		Sussex Partnership NHS Foundation Trust
2.4	<b>Recommission voluntary and community sector led mental health support for adults</b> Target support on groups locally identified as at increased risk of poor mental health and suicide.	Needs assessment undertake  Specification developed and service procured  Support to priority groups includes tailored suicide prevention activity. More people report an improvement in health & wellbeing, particularly in more vulnerable groups	2024  2024  2025 and onwards	NHS Sussex

2.5	<b>Self-Harm collaboration</b> Strengthen the city-wide strategic approach to supporting people who self-harm , with particular focus on children and young people <b>Sussex collaboration</b>	Sub-group set up and scope, outputs and outcomes agreed  Stronger understand of city response and opportunities identified for better, more joined-up support for people who self-harm	2024  2025 and onwards	Self-harm subgroup
<b>Action Area 3. Address common risk factors linked to suicide by providing early intervention and tailored support</b>				
<b>#</b>	<b>Action</b>	<b>Outcome / outputs</b>	<b>When</b>	<b>Lead</b>
3.1	<b>Substance misuse and mental health pathways</b> Map and review pathways of support for people with co-occurring mental health and substance misuse conditions for all ages	Map existing pathways and identify strengths and potential gaps  Make recommendations for improvement  People with co-occurring mental health and substance misuse conditions are better supported	2024  2024  2025 and 2026	Combatting Drugs Partnership
3.2	<b>Mental Health and Debt</b> Review existing Mental Health & Debt programme and make recommendations for future areas of work	Deliver webinar on the cost of living crisis and service improvement  Review of sustainability options is undertaken and recommendations developed  Workforce have better skills to support people with MH and Debt issues.	2024  2024  2025 onwards	Mental Health & Debt Steering Group

3.3	<b>Physical activity and mental health</b> Provide insight to the Let's Get Moving Brighton & Hove Strategic Partnership on suicide prevention and mental wellbeing, and empower partners to promote comms, provide brief advice and strengthen signposting to appropriate services	People with mental health needs are better supported to be active	2024	Suicide Prevention Steering Group
<b>Action Area 4 Promote online safety and responsible media content</b> to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm				
<b>#</b>	<b>Action</b>	<b>Outcome / outputs</b>	<b>When</b>	<b>Lead</b>
4.1	<b>Educate and inform the public about safe use of online platforms</b>  Promote the Samaritans' guidance on safe internet use with parents, carers, professionals and the public.  <b>Sussex collaboration</b>	Review existing approach to online safety in line with legislation and guidance and identify potential opportunities to strengthen.  The public is educated and equipped with knowledge and skills for healthy and safe usage of online platforms	2025	Both Brighton & Hove and Sussex Suicide Prevention Steering Group
4.2	<b>Reach and engage with groups at increased risk at all ages</b> Review our communications approach to targeting groups at greater risk of suicide and self-harm, promoting	Map our existing approach and identify strengths and potential gaps	2024	Both Brighton & Hove and Sussex Suicide Prevention

	prevention campaigns and signposting to local support. <b>Sussex collaboration</b>	High-quality signposting and support are prevalent in an accessible way for people who might need support for suicidal ideation and self-harm	2025	Steering Group
4.3	<b>Support and monitor local media approach to suicide reporting</b> Monitor and respond as needed to local media coverage of suicide, including engaging with local media outlets to ensure reporting is in line with Samaritans guidance <b>Sussex collaboration</b>	Scope an approach across Sussex  Implement and evaluate pan-Sussex approach  Improved media reporting on suicide and self-harm in line with Samaritans guidance		Sussex Suicide Prevention Steering Group
<b>Action Area 5. Provide effective crisis support across sectors for those who reach crisis point</b>				
<b>#</b>	<b>Action</b>	<b>Outcome / outputs</b>	<b>When</b>	<b>Lead</b>
5.1	<b>Crisis Support:</b> Improve accessibility and signposting to timely and effective support and information for anyone experiencing suicidal crisis.	The Mental Health Urgent and Emergency Care group meets regularly to oversee the improvement plan Expanded provision to allow for direct/drop-in access with enhanced staffing.  Improved access and delivery of mental health crisis services	2024 and ongoing	Mental Health Urgent and Emergency Care Delivery Group

5.2	<b>Pilot an education-based Children and Young People’s multi-agency meeting</b> Pilot of a Multi-Agency Triage meeting to reduce risk in young people who have been to A&E for attempted suicide or high levels of self-harm	Pilot is evaluated. Evaluation informs next steps Children and young people at high risk of self-harm and suicidal ideation are better supported	2024 2025	Suicide Prevention Steering Group
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**Action Area 6. Reduce access to means and methods of suicide where necessary as an intervention to prevent suicides**

#	Action	Outcome / outputs	When	Lead
6.1	<b>Benzodiazepines</b> Contribute to the Brighton & Hove programme focussing on benzodiazepines prescribing issues and apply learning	Sub-group meets regularly  Safer benzodiazepines prescribing in the city	Ongoing	Combatting Drugs Partnership
6.2	<b>Coastal Suicide Prevention</b> Contribute to the Sussex Coastal Suicide Prevention group and apply learning to the city including a review of local signs and fences.  <b>Sussex Collaboration</b>	Regular contribution to Sussex coastal group  Map current signs and fences, and identify opportunities for improvement  Suicide prevention response in Brighton & Hove coasts are informed by the evidence from Sussex and national learning	2024 and ongoing  2024 and 2025	Brighton & Hove Public Health, Sussex Coastal Suicide

**Action Area 7. Provide effective bereavement support to those affected by suicide**

#	Action	Outcome / outputs	When	Lead
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7.1	<p><b>Systematic response to incidents</b> Develop a city-wide response to suspected suicide notifications, reducing contagion and providing support to those bereaved by suicide</p> <p><b>Sussex Collaboration</b></p>	<p>Set up a response subgroup and agree scope, outputs and outcomes</p> <p>Develop city wide approach with identified responsible leads</p> <p>Improved identification and support provided to those affected by incidents. Agreed process for identifying clusters, emerging issues.</p>	<p>2024</p> <p>2025 onwards</p>	Response Subgroup
7.2	<p><b>Support to those bereaved by suicide</b> Review need for suicide bereavement support for all ages in Brighton &amp; Hove and Sussex</p> <p><b>Sussex Collaboration</b></p>	<p>Needs assessment undertaken</p> <p>Suicide Bereavement support services better address need</p>	2024	Sussex Suicide Prevention Steering Group,
7.3	<p><b>Toolkit in the Event of an Unexpected Death</b> Embed the use of the Toolkit in the Event of an Unexpected Death in schools</p>	<p>Promote toolkit across schools and colleges</p> <p>Review and refine toolkit</p> <p>Schools and their staff feel better prepared and have a greater suicide awareness.</p>	<p>2024</p> <p>2025</p>	Public Health
7.4	<p><b>Support for Primary Care staff</b> Offer After Death Reviews to support GPs and Primary Care staff following the suicide of a patient and identify learning opportunities</p>	<p>Support offered to GP practices</p> <p>Review of programme of After Death Reviews undertaken</p>	<p>Ongoing</p> <p>2024/2025</p>	NHS Sussex

		More staff working in Primary Care practices who have been affected by a suicide are supported.		
7.5	<b>Support for suicide response and prevention workforces</b> Participate in NHS Sussex project providing supervision for workforces operating in suicide response and prevention <b>Sussex Collaboration</b>	Sussex workforce oversight group meeting regularly Pilot report produced Findings of pilot inform suicide prevention activity Improved wellbeing reported by staff working on suicide prevention		Sussex Oversight Group for Suicide Response and Prevention Workforce
<b>Action Area 8. Make suicide everybody's business to maximise our collective impact and support to prevent suicides</b>				
<b>#</b>	<b>Action</b>	<b>Outcome / outputs</b>	<b>When</b>	<b>Lead</b>
8.1	<b>Working with local partners</b> Bringing together the wider partners	Suicide prevention partnership meets regularly  An annual face to face event to share good practice and local delivery	2024 ongoing	Suicide Prevention Steering Group



## 9 Appendices

### 9.1 Appendix 1 –Sussex Suicide Prevention Strategy – Key Actions 2023/24

\*\*\*Dependent on programme support capacity

Action Area	Key Actions	Lead(s)	Timescale
Working with Sussex-wide partners	<ol style="list-style-type: none"> <li>1. Commitment of partners to Sussex Suicide Prevention Strategy Group and sub-groups</li> <li>2. Endorsement of Sussex SP Strategy by 3x Health and Wellbeing Boards</li> <li>3. Publication of Sussex SP Strategy</li> <li>4. Publication of SPFT Suicide Prevention Strategy</li> </ol>	Director of Public Health, East Sussex County Council Directors of Public Health x 3	Ongoing  Nov 2023 - Jan 2024  Feb 2024
Suicide Response/Postvention	<p>Establish 'postvention' working group to oversee,</p> <ol style="list-style-type: none"> <li>1. Develop system capacity to identify and support those affected by suicide in real time</li> <li>2. Continued development of RTS analytical/surveillance capability, dashboard and inclusion of self-harm, suicidal behaviour and drug related deaths</li> <li>3. Deliver Sussex Workforce Wellbeing Project</li> <li>4. Scope potential to expand GP based 'After Death Reviews' (ADR) capacity beyond Brighton and Hove</li> </ol>	<p>Consultant in PH/ Programme Lead</p> <p>Consultant in PH/ Programme Lead</p> <p>Consultant in PH</p> <p>Clinical Director, NHS Sussex</p> <p>Consultant in PH/ Programme Lead</p>	<p>***</p> <p>***</p> <p>Ongoing</p> <p>Ongoing</p> <p>March '23 - Sept '24</p> <p>***</p>

	5. Undertake a Pan-Sussex bereavement health needs assessment (not limited to suicide bereavement) and develop business case for future bereavement support based on need.		
<b>Training/learning</b>	Establish 'training/learning' working group to oversee,  1. Undertake training needs analysis - with aim of scoping potential to organise and commission training across Sussex.  2. Develop system capacity to share learning from statutory and non-statutory incident reviews, including CDOP, serious incidents, inquests and ADRs.	Consultant in PH/ Programme Lead	***  ***
<b>Communications, Engagement with media and online safety</b>	1. Co-ordinate communications, campaigns and working with media across Sussex  2. Scope need for a web-based central resource and campaign portal  3. Complete communications strategy relating to Coastal Suicides  4. Evidence review of online harms and develop recommendations for action	ICS Comms team	Ongoing  ***  Nov 2023  June 2024
<b>Lived Experience</b>	Establish 'lived experience' working group to oversee,  1. Development of proposals to ensure a meaningful and sustainable approach to involving those with lived experience, in the design and delivery of suicide prevention activity.  2. Engage National Suicide Prevention Alliance (NSPA) to support local organisations and action develop Sussex lived experience local network.	SPFT/Consultant in PH/ Programme Lead	***
<b>Self-harm</b>	1. Continue Sussex Self-harm Learning Network and scope potential for Pan-Sussex strategic approach.	Consultant in Public Health	December 2023

	2. Develop self-harm prevention framework for children and young people, using the findings from local needs assessments.		Jan-June 2024
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