

# Brighton & Hove Suicide Prevention Strategy: Action Plan 1 April 2015- 31 March 2016

## Contents

|  |   |
|--|---|
| 1. Rates of suicide and self-harm in Brighton & Hove         | 2 |
| 2. Key sources of guidance and information                   | 3 |
| 3. Risk groups   | 4 |
| 4. Hotspots  | 6 |
| 5. Action planning for suicide prevention in Brighton & Hove | 6 |
| 6. Action plan for 2015-16                                   | 6 |

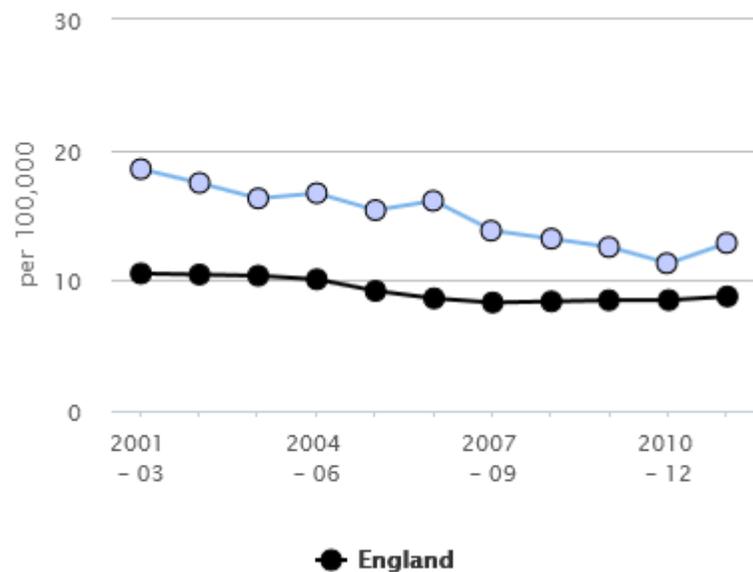
## 1. Rates of suicide and self-harm

Brighton & Hove has had a higher rate of deaths by suicide than the national average for over a century. Current rates are the third highest among local authority areas in England, following Blackpool and County Durham (ranked 146 of 148 local authorities).

Rates for deaths by suicide fell nationally in the first decade of the century, but have risen recently. This trend is mirrored in Brighton & Hove, where we have seen a rise in rates in the most recent data, for the three years 2011-13. The graph below left shows the trend in the rate for Brighton & Hove (in blue) compared to England (in black). There is more variation in the local rate as the numbers are smaller, but the rise in rate per 100,000 residents from 11.3 in 2010-12 to 12.9 in 2011-13 is a cause for concern. The rise in national rates has coincided with the economic downturn, though the rise in local rates appears to have lagged a little behind.<sup>1</sup> A new Suicide Prevention Profile has recently been published by Public Health England which gives more details about risk by age and gender.<sup>2</sup> Rates for women are standardised across the region; for men, local rates are not significantly different for younger men, but are higher than average among middle aged and older age groups.

### Rates of death by suicide per 100,000; 2001-3 to 2011-13

Brighton & Hove in blue, England average in black.



### Age/gender groups where the Brighton & Hove rate is significantly higher than the average for England

| Indicator   | England | Brighton & Hove |
|---|---------|-----------------|
| Male suicide crude rate 35 – 64 years: per 100,000 males (5 year average) | 20.1    | 30.5            |
| Male suicide crude rate 65+ years: per 100,000 males (5 year average)     | 12.1    | 21.4            |

<sup>1</sup> <http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#gid/8000043/pat/6/ati/102/page/4/par/E12000008/are/E06000043>

<sup>2</sup> <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#gid/1938132828/pat/6/ati/102/page/0/par/E12000008/are/E06000043/iid/41001/age/1/sex/4>

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

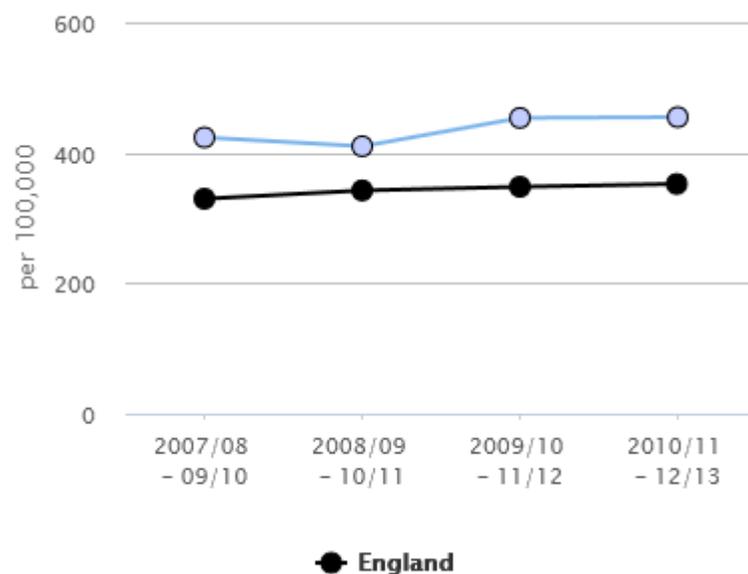
## Self-harm

There has been a national rise in self-harm since 2008 among men and younger girls. Local rates of hospital admission for self-harm are much higher than average: nearly double the national average for adults<sup>3</sup> and significantly higher than average for young people aged 10 – 24 years.<sup>4</sup> 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.

### Young people hospital admission for self-harm: rate per 100,000 aged 10 – 24

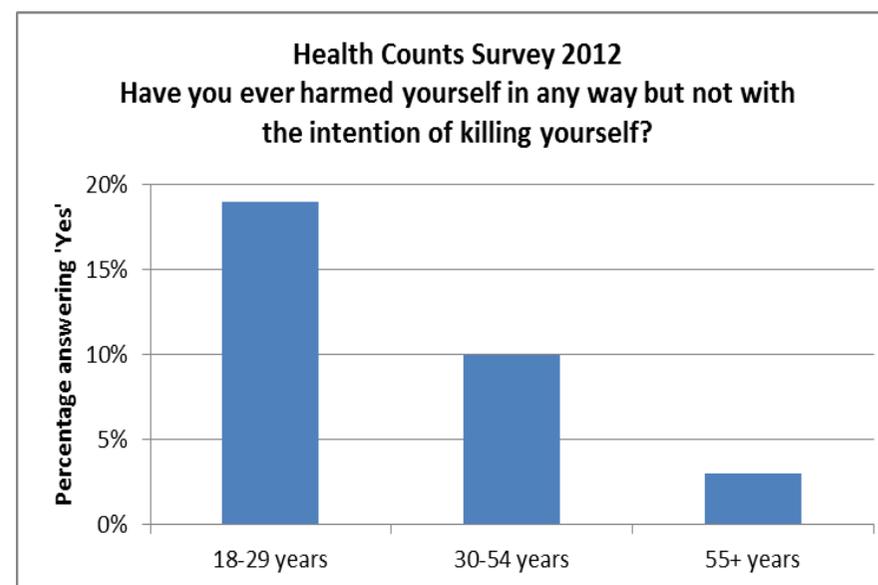
Trends over the past six years

Brighton & Hove in blue, England average in black.



### People reported having ever self-harmed by age group

Health Counts Survey of Brighton & Hove residents



<sup>3</sup> <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data#gid/8000055/pat/44/ati/19/page/0/par/E40000004/are/E38000002>

<sup>4</sup> <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#gid/1938132754/pat/6/ati/102/page/0/par/E12000004/are/E06000015>

## 2. Key sources of guidance and information

The 2012 cross-government strategy *Preventing Suicide in England*<sup>5</sup> 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.<sup>6,7</sup>

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.

## 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

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<sup>5</sup> <https://www.gov.uk/government/publications/suicide-prevention-strategy-launched>

<sup>6</sup> <https://www.gov.uk/government/news/progress-on-suicide-prevention> (One Year On)

<sup>7</sup> <https://www.gov.uk/government/publications/suicide-prevention-second-annual-report> (Two Years On)

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
- LGB and Trans people
- BME 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 MUS, 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

#### 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.<sup>8</sup> Signage is also likely to be effective.<sup>9</sup> 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.<sup>10</sup>

#### 5. 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 our Director of Public Health and includes representatives from local voluntary, statutory and emergency services (see Appendix 2 for details).

To identify priorities for 2015-16, two planning meetings were held: the first on January 16 with a wider view of suicide prevention, and the second on February 10 with a focus on preventing self-harm. A mid-year review will be held on 6 October 2015, and an end of year workshop in February or March 2016.

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<sup>8</sup> Martin Knapp et al. Mental health promotion and mental illness prevention: the economic case. London School of Economics, 2011.

<sup>9</sup> National Institute for mental Health in England (NIMHE). Guidance on action to be taken at suicide hotspots. Department of Health, 2006.

<sup>3</sup> 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>

## 6. Action plan for 2015-16

|     | Topic   | Action already in place  | New proposed projects  | Working group |
|-----|---|--|--|---------------|
| 1.1 | Research, audit and learning from significant incidents | Coroners audit   | Continue to update – report on 2012 and 2013 to go to the group, to include analysis of triggers and history of previous attempts.   | 1             |
| 1.2 |   | Research articles and new national guidance previously went to Suicide Strategy Prevention Group quarterly meetings  | Quarterly email bulletins to suicide prevention group.   | 1             |
| 1.3 |   | Clinicians' meetings (GPs and Sussex Partnership)  | Continue meetings and summary reports.<br>Raise awareness among local general practice clinicians of patient risk factors.   | 2             |
| 1.4 |   | SPFT SI themes analysis.   | Update annually.   | 1             |
| 2.1 | High risk groups - general                              | Grassroots training programme – ASIST, SafeTalk, Understanding Self-Injury - for frontline staff working with vulnerable groups.                                       | <ul style="list-style-type: none"> <li>Self-harm and suicide prevention training programme for frontline staff to continue.</li> <li>Suicide Safer City programme to be further developed, including suicide safer organisations.</li> <li>World Suicide Prevention Day 2015 to be supported.</li> </ul>   | 4             |
| 2.2 |   | Review of gaps in psychosocial support between CCG and public health has prompted commissioning of new services from 1 April 2015 eg for Trans people, deprived areas. | Continue gap analysis of psychosocial support for vulnerable groups, working towards provision of new services where gaps are identified.  | 4             |
| 2.3 | People with mental ill-health                           | Concordat provides for a single point of access in a crisis.<br><br>CCG review of S136/ Street triage issues.  | <ul style="list-style-type: none"> <li>Review communication between primary and secondary care, including risk assessment and escalation protocols.</li> <li>Ensure adequate arrangements are in place for follow up after discharge from secondary care.</li> <li>Provide tailored training for frontline staff in occupational groups where required.</li> <li>Consider the need for further provision of crisis support.</li> </ul> | 2<br><br>4    |
| 2.4 | Alcohol and substance misuse                            | New contract with Cranstoun includes co-located nurses for substance misuse and mental illness.  | Review progress on this and other Dual Diagnosis issues.   |               |
| 2.5 | Vulnerable men, those in financial difficulty.          | New contracts for mental health support in 2015 for both vulnerable men and deprived areas.  | <ul style="list-style-type: none"> <li>Further development of resources for high risk groups, including those in financial difficulty.</li> <li>Samaritans to develop a proposal for outreach to men.</li> <li>Explore options for a leaflet campaign in traditional male environments.</li> </ul>   | 4             |

|     | Topic  | Action already in place   | New proposed projects  | Working group |
|-----|--|---|--|---------------|
| 2.6 | People in contact with the Criminal Justice System | Samaritans support Listeners in HMP Lewes and in the Bail Hostel.   | Further work to increase support at HMP Lewes.   | 4             |
| 2.7 | LGBT   | MindOut, Allsorts, Switchboard and a range of other organisations provide support.<br><br>New contracts for Trans support (young people and adults) in place for 2015.  | Continue to monitor Coroner's records for LGBT issues.   | 1             |
| 2.8 | Bereaved by suicide                                | Survivors of Suicide (Rethink) and Cruse provide support.<br>City Council Webpage signposts resources.  | Explore options for better signposting, support and information sharing for friends and family following a death by suicide (postvention).   | 4             |
| 3   | Self harm  | <ul style="list-style-type: none"> <li>• A&amp;E shadowing for acute staff (MHLT).</li> <li>• Public health schools programme offers an Emotional Wellbeing Curriculum for all schools, supported by training (Basic Awareness &amp; Strategies and Interventions).</li> <li>• Grassroots provide training, Understanding Self-Injury, to frontline staff working with high risk groups.</li> </ul> | <ul style="list-style-type: none"> <li>• To address the demand of young people attending A&amp;E, particularly for self-harm, to implement a mental health liaison team at RACH (responsible for providing expertise and resource to young person and RACH staff including training)</li> <li>• Assess options for the introduction of brief interventions in A&amp;E for adults and children</li> <li>• PH Schools Programme – supporting schools to feel confident to deal with self-harm issues (specific training)</li> <li>• Understand the need and gap in Primary Care knowledge around self-harm (PLS and JSNA)</li> <li>• Understand the impact of social media on self-harm (threat and opportunity) as well as opportunities around sharing of information and self-care plans</li> <li>• Explore further use of Safety Plans held by individuals, such as the one used by Grassroots</li> <li>• Explore the role of the school nurse in supporting young people who are self-harming. Link with Community CAMHS pilot</li> </ul> | 3             |

|   | Topic                 | Action already in place  | New proposed projects   | Working group |
|---|-----------------------|--|---|---------------|
| 4 | Hotspots              | Seafront signage<br>Work with National Rail on CCTV, training and support from Samaritans. | <ul style="list-style-type: none"> <li>• Continue to map areas of high risk through Coroner's records and emergency services information on locations of deaths.</li> <li>• Take action to reduce risk (eg install signage, barriers) as needed and in line with evidence base.</li> <li>• Provide training where this may support staff working at higher risk areas.</li> </ul> | 4             |
| 5 | Work with local media |  | Explore best options for reissuing guidance to local press.   |               |