

Brighton & Hove Suicide Prevention Strategy: Action Plan 1 April 2017 - 31 March 2018

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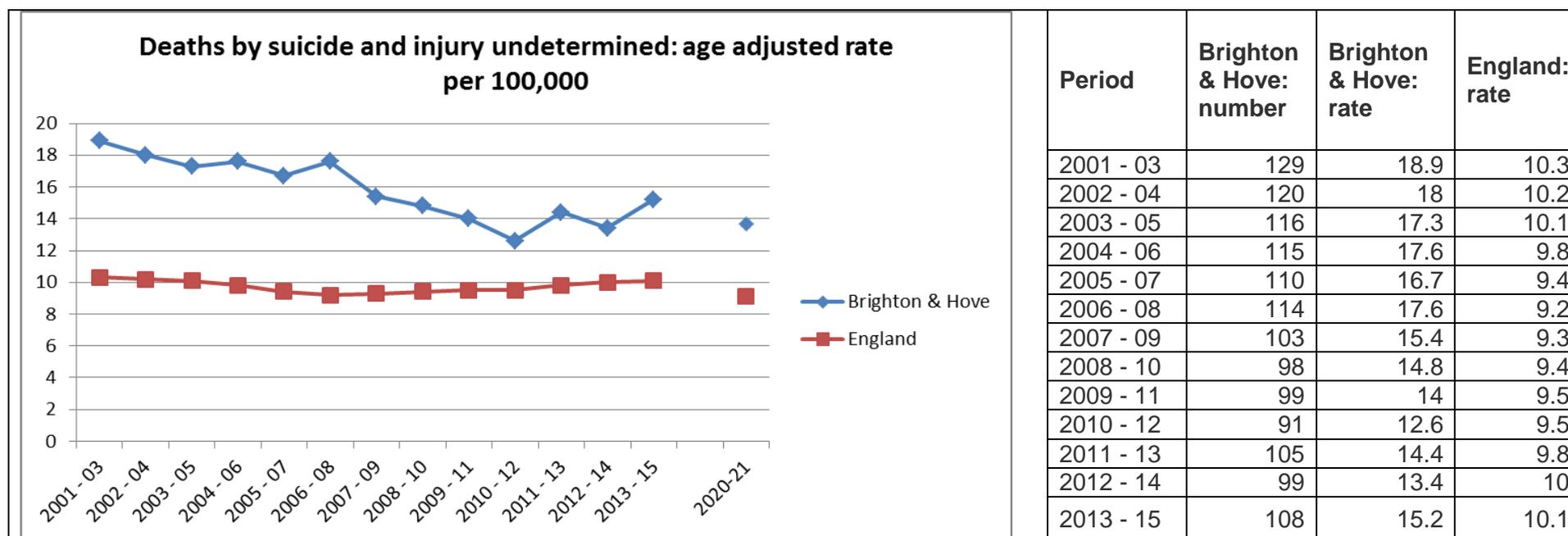
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1. Introduction

A multi-agency suicide prevention strategy group has been meeting in Brighton & Hove since the 1990s. Currently, the steering group for the strategy meets three times a year. In addition, a wider stakeholders' meeting is held annually each March, to share progress and to contribute to the action plan for the following year. Workstream groups take forward the actions agreed during the year; see page 20 for details.

During 2016/17, considerable attention has been given to suicide prevention at national level, as rates of deaths have risen in England. Public Health England has collated a new profile for data related to suicide and has published several new guides, including guidance on local suicide prevention planning. *Implementing the Five Year Forward View for Mental Health* has set a target to reduce the rate of deaths from suicide by 10% between 2016-17 and 2020-21, based on Public Health England data. See page 25 for further details of key national guidance.

Locally, rates of deaths by suicide and injury undetermined¹ have risen recently, and coordinated effort will be needed to reach the target set, as shown in the graph below.² There is more variation in the local rate than the national one, as the number of deaths each year is smaller, but the rise in rates is seen in both national and local trends. The most recent local rate is the fourth highest in England; Brighton & Hove is ranked 144 of 147 among county and unitary local authority areas.



¹ 'Injury undetermined' refers to deaths given an open verdict by Coroners.

² <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data>

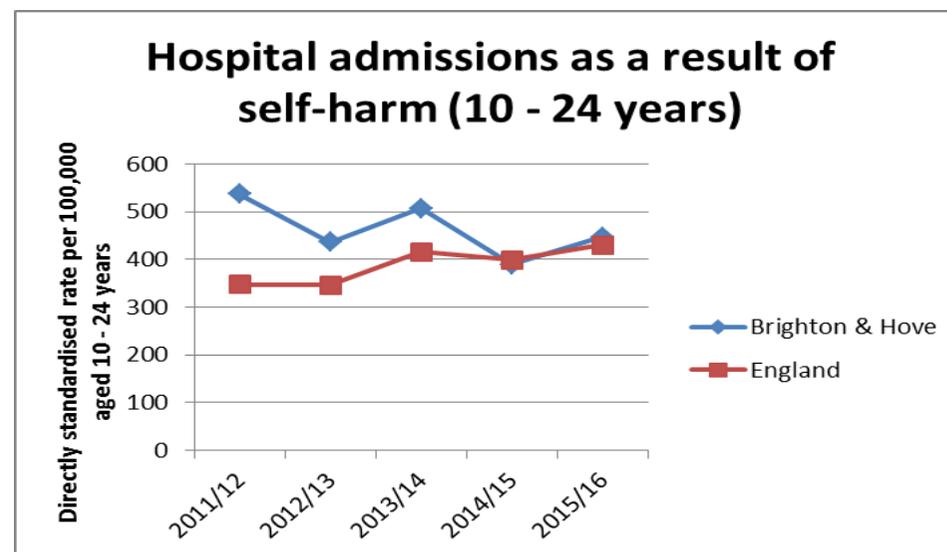
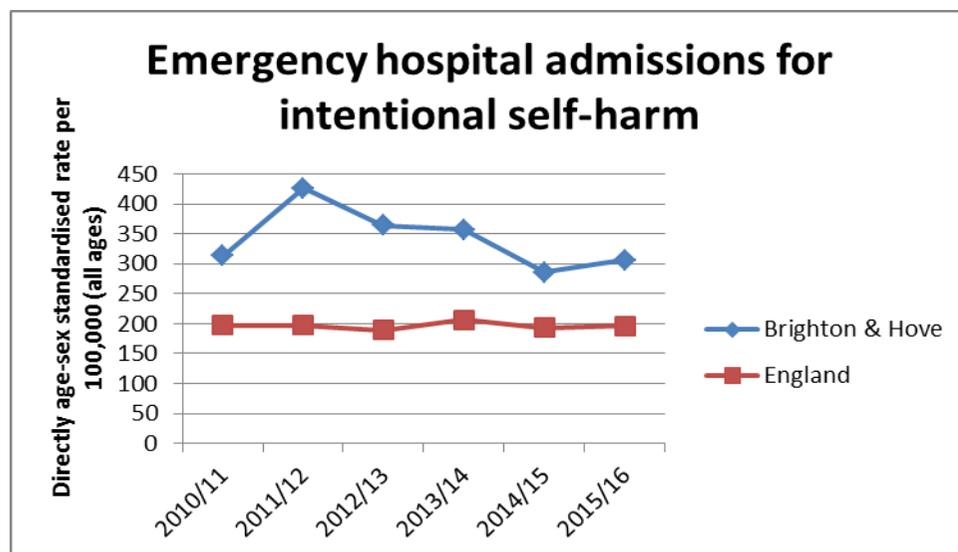
To reach the target of a 10% reduction, Brighton & Hove would need to see an average fall of 2.5% in the latest aggregated rate published in each of the four years between 2016-17 and 2020-21. By 31 March 2018, we would want to see a fall in the most recent rate from 15.2 to 14.8 per 100,000.

Year	Most recent PHE profile data will be for:	Rate per 100,000 in Brighton & Hove	Progress to target
2016-17	2013-15, aggregated for 3 years	15.2	baseline
2017-18	2014-16, aggregated for 3 years	14.82	2.5% reduction
2018-19	2015-17, aggregated for 3 years	14.44	5% reduction
2019-20	2016-18, aggregated for 3 years	14.06	7.5% reduction
2020-21	2017-19, aggregated for 3 years	13.68	10% reduction

Rates of self-harm

The national strategy for suicide prevention published in 2012 included an emphasis on addressing self-harm, and the third annual report on this strategy published in January 2017 establishes the principle that self-harm should be addressed in its own right in addition to being a risk factor for suicide. This local strategy and action plan includes a commitment to reducing rates of self-harm, reflecting national policy.

Rates of hospital admission for self-harm in Brighton & Hove have risen in the most recent data for 2015/16, both for young people and for all ages. However, rates are still lower than in 2011/12 and for young people are now near to the national average.³



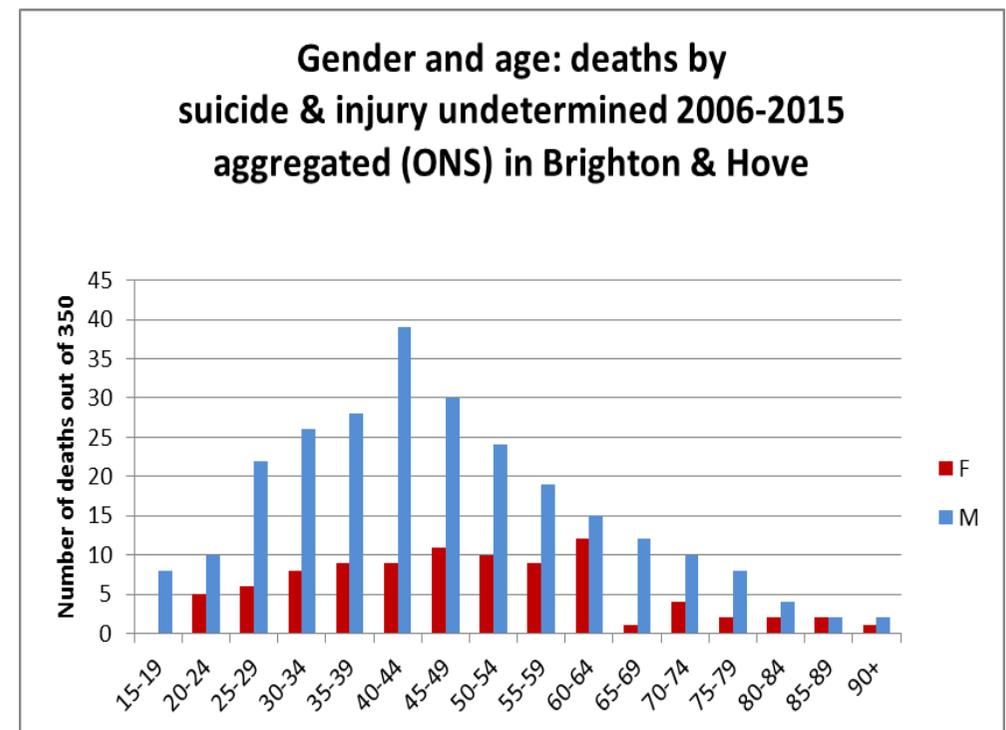
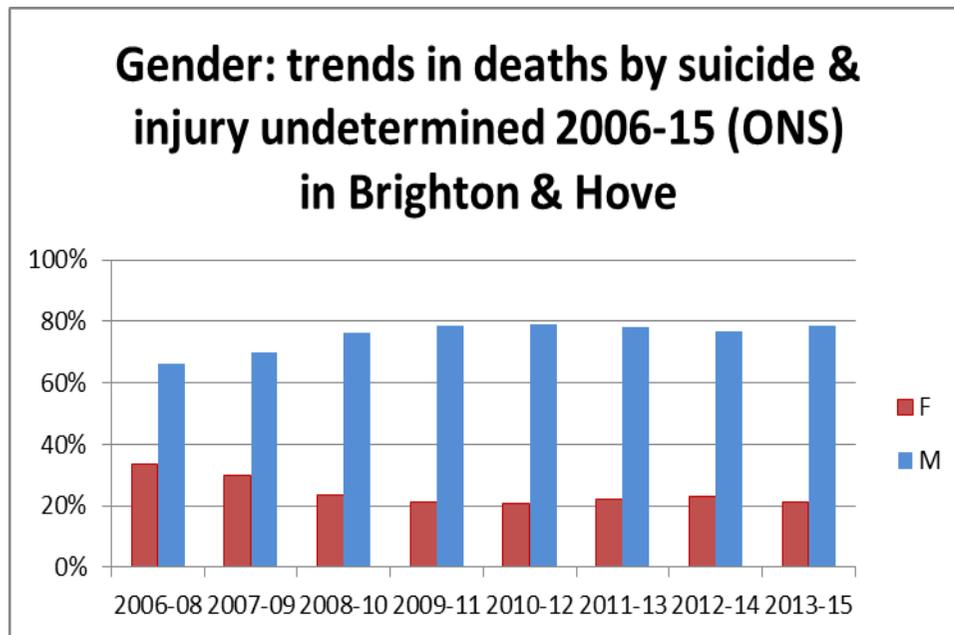
³ <http://fingertips.phe.org.uk/profile-group/mental-health>
3 November 2017

2. Understanding local rates of suicide and self-harm

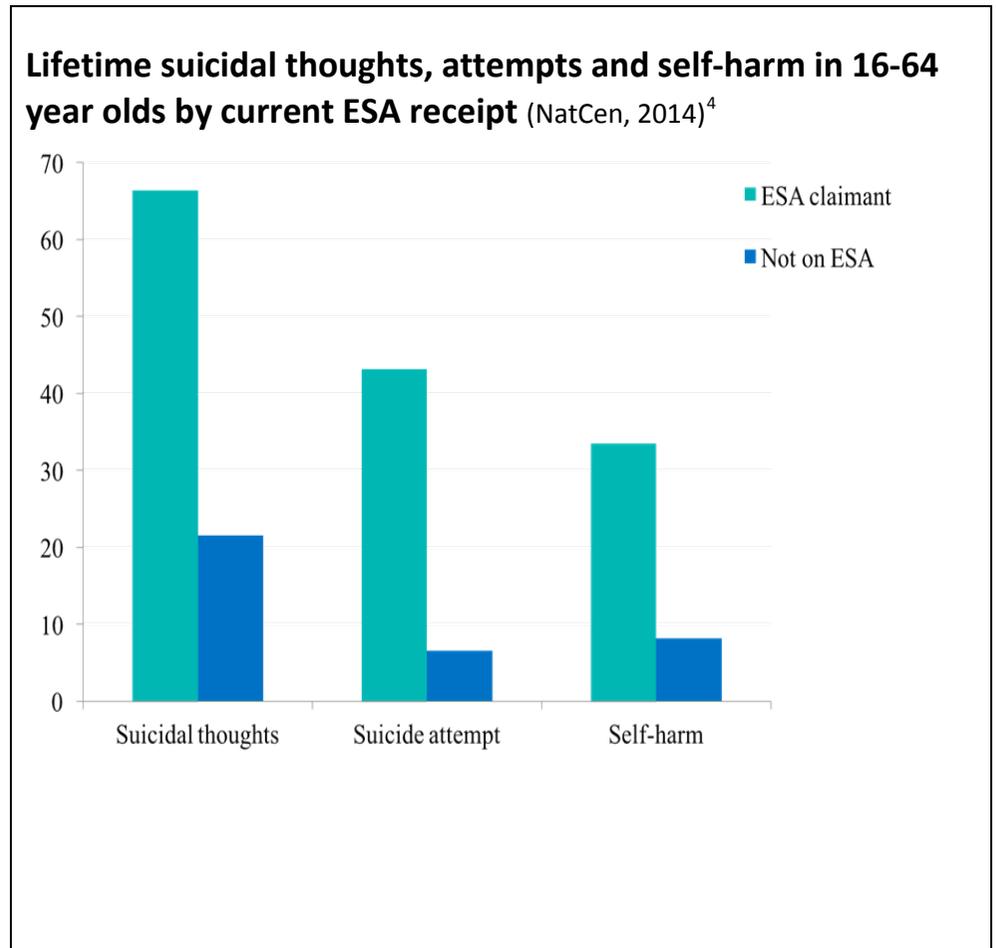
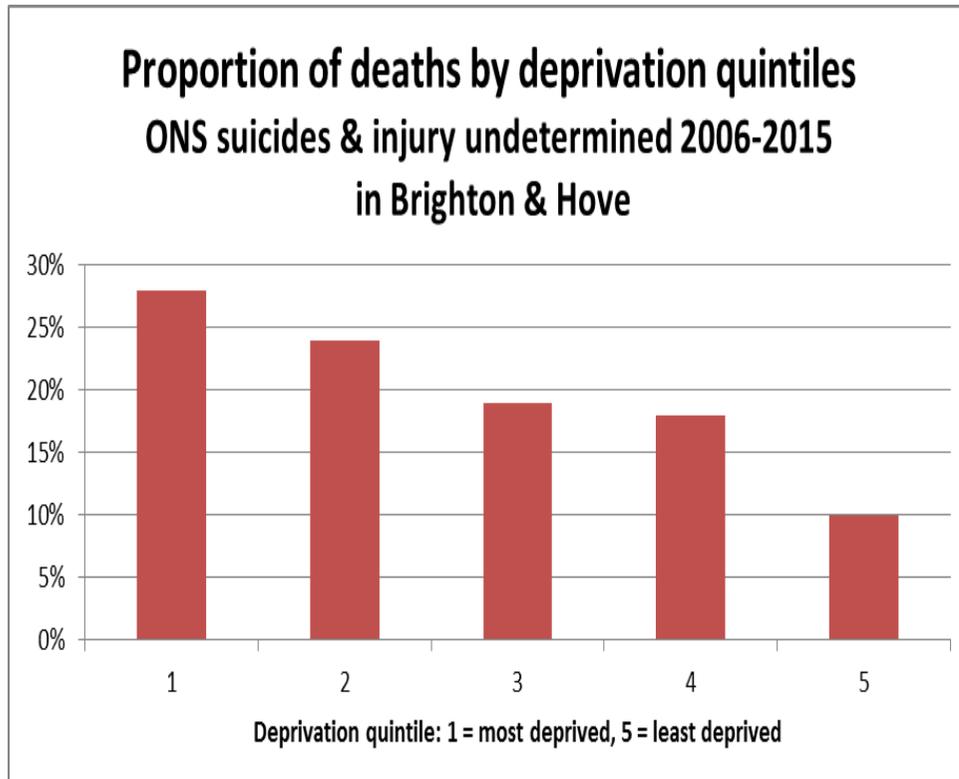
Information about people who die by suicide in Brighton & Hove provides an important focus for prevention efforts. The total number of deaths each year attributable to suicide in the city is around 35 currently so once sub-categories are considered, numbers can be small. This needs to be borne in mind when considering information about single years.

Age & gender

Across England, the most recent rise in rates of death by suicide and injury undetermined has been driven by a rise in female deaths. In contrast, in Brighton & Hove, the recent rise has been driven by an increase in male deaths. Male deaths now account for 79% of the total in Brighton & Hove, compared to 75% nationally. The average age of men who die by suicide was 47.3 years in 2013-15; for women it was 46.8 years.



Deprivation is another key risk for suicide. The graph below left shows the association between deaths by suicide and injury undetermined and home postcode, linked to measures of deprivation in Brighton & Hove. The graph below right shows the difference in suicidality between people in receipt of Employment Support Allowance and people not in receipt of this benefit, nationally.



⁴ S McManus, C Turley, Suicidal thoughts, suicide attempts and self-harm in England (Adult Psychiatric Morbidity Survey), NatCen 2014

Some of the risk factors for suicide listed by Public Health England on the suicide prevention profile are strongly linked to deprivation. Brighton & Hove has higher rates of care leavers and also of people who are homeless or insecurely housed. The city has near to average rates of unemployment and lower rates of long term unemployment than the average for England; however, it has significantly higher rates of ESA claimants for mental & behavioural disorders per 1,000 working age population.⁵ According to the audit of Coroner's records for those who died by suicide in 2015, 40% were unemployed and a further 28% were economically inactive including retired people, students and home carers.

Mental health problems

Brighton & Hove has higher rates of mental health problems than the average for England, including higher proportions of people on a GP register for depression and for severe mental illness.⁶ A significantly higher proportion of Brighton & Hove residents than nationally report high levels of anxiety.⁷

As shown above, rates for hospital admission for self-harm are also above the average for England, if all ages are included. The strongest identified predictor of suicide is previous episodes of self-harm: nationally, 50% of people who die by suicide have a history of self-harm, and local Coroner's records reflect this.

Other risk factors

Loneliness and relationship breakdown are recognised risks for suicide. Brighton & Hove has higher proportions of residents living alone than the average for England, both for all ages and for older people. The Coroner's records for 2015 also showed that nearly half of those who died by suicide had recent experience of bereavement or relationship breakdown. People bereaved by suicide are particularly vulnerable, and for every person who dies by suicide at least 10 people are directly affected.⁸

Brighton & Hove has a higher proportion of Lesbian, Gay, Bisexual and Trans residents than average. LGBT people report lower levels of mental wellbeing than heterosexual people and may experience higher levels of suicidal thoughts.⁹ The audit of Coroner's records for 2015 identified that 16% of people who died were LGBT.

3. Higher risk locations

Between 2006 and 2015, 63% of deaths by suicide in Brighton & Hove reported by ONS took place at home. When considering deaths in public places, the seafront is the highest risk or highest frequency location for the city: of deaths in public spaces in Brighton & Hove, 43% happened along the 13 kilometres of seafront and cliffs. Including all deaths of Brighton & Hove residents in public places including those outside the city, 72% took place along the wider coast, and 17% were at Beachy Head; 12% were in local woods and 16% on the wider railway network.

There is evidence that suicide in public places can be prevented by a range of interventions including barriers, CCTV, training for staff working near the site and Samaritans signs.¹⁰

⁵ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

⁶ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

⁷ <http://www.phoutcomes.info/> Indicator 2.23 (iv), Health Improvement

⁸ Local suicide prevention planning: a practice resource, 2016

⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/2013to2015>

¹⁰ Preventing suicides in public places, 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf

4. The commissioning context

The 2012 cross-government strategy *Preventing Suicide in England*¹¹ 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

The guidance published by Public Health England in 2016 on local planning for suicide prevention suggests eight priorities for action:

1. Reducing risk in men, especially in middle age
2. Preventing and responding to self-harm
3. Mental health of children and young people
4. Treatment of depression in primary care including safer prescribing
5. Safer acute mental health care
6. Tackling high frequency locations
7. Reducing isolation
8. Bereavement support especially for people bereaved by suicide

Implementing the Five Year Forward View for Mental Health¹² recommends interagency working on the priorities set out in the national strategy, Public Health England guidance and National Confidential Inquiry (see page 26), based on localised 'real-time' data, with a strong focus on:

1. Primary care
2. Alcohol & drug misuse
3. High risk groups including young people who self-harm
4. High risk locations

Brighton & Hove City Council and NHS Brighton & Hove both commission services relevant to this agenda, including:

- peer support for a range of different vulnerable groups
- training for frontline staff in suicide and self-harm awareness as well as mental health first aid
- better support for those presenting with self-harm to A&E
- support for those bereaved or affected by suicide
- a range of mental health support services including advocacy, employment support and supported accommodation
- mental health treatment services

¹¹ <https://www.gov.uk/government/publications/suicide-prevention-strategy-launched>

¹² <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

The recommissioning of community mental health support contracts jointly being undertaken by the CCG and Health & Adult Social Care team at the Council will provide further opportunities to shape these services in line with recent guidance.

The wider range of services relevant to suicide prevention includes:

- Children and young people's mental health is supported through CAMHS and other services including online counselling and YMCA support. The Public Health Schools Programme has prioritised support for staff, parents and pupils related to emotional wellbeing.
- Drug & alcohol services, tackling homelessness, action to address loneliness in older people, money advice, support for neighbourhood and community groups and workplace mental health initiatives are among the wide range of services relevant to suicide prevention.
- The Older People's Programme and Age-Friendly City approach.

5. Action plan for 1 April 2017 - 31 March 2018

Workstream		Action for 2017-18	Progress to date	Further action needed
1. Research, audit and local data	1.1	Continue to update all relevant local data, for review by the steering group, working groups and at the annual planning meeting in March: <ul style="list-style-type: none"> • Office for National Statistics • Coroner's records • Sussex Police and other emergency services • British Transport Police 	<p>The public health intelligence team have generated maps of suicide-related incidents attended by Sussex Police (July 2016 to April 2017). The maps show the seafront to be a particularly high risk area; the carpark and cliffs above the Marina and eastwards, and Marine Drive & the area around the Palace Pier show the highest frequency of incidents. These findings have been shared with the high risk locations subgroup and with the steering group.</p> <p>The PH intelligence team has also generated a chart showing the annual numbers of deaths reported by ONS, shared with the steering group.</p>  <p>ONS number suicides by year 2001-16.xlsx</p> <p>British Transport Police continue to send daily alerts to deaths on the rail network; none in Brighton & Hove so far in 2017.</p>	<p>Analysis of ONS data for the March stakeholders' meeting.</p> <p>Lead: PH intelligence By: 1 March 2018</p>
	1.2	Develop a protocol for data analysis including how learning will be fed into action planning.	<p>A protocol for data analysis has been written and agreed by the public health team:</p>  <p>Suicide audit and information.docx</p>	

Workstream		Action for 2017-18	Progress to date	Further action needed
	1.3	New national guidance and key research articles to be circulated to the wider Suicide Strategy Prevention Group or steering group/ working groups, as relevant.	Key documents circulated to relevant groups since April 2017 include: <ul style="list-style-type: none"> • Commissioning effective mental health prevention (Prevention concordat) section on suicide & self-harm • Support after a suicide • Workplace suicide awareness guidance • Government response to the Health Select Committee's recommendations • Suicide by Children and Young People, NCI • Illegal money lending report for health and social care staff 	Ongoing Lead: Clare Mitchison, PH specialist
	1.4	Consider how to incorporate learning from deaths of young people, especially those under the age of 20, into action planning.	On the steering group agenda, November 2017.	To be agreed Lead: Kerry Clarke, commissioner for CYP
2. Clinicians pathways and learning	2.1	Continue clinicians' meetings between GPs and Sussex Partnership clinical staff. Discuss with CCG and Sussex Partnership staff how best to embed these meetings into the governance process.		Learning from clinicians' meetings to be disseminated. Better links between the clinicians' meetings and significant Incident reporting systems. Lead: Becky Jarvis, Clinical lead, & Amanda Waller, CCG. By: 31 March 2018

Workstream		Action for 2017-18	Progress to date	Further action needed
	2.2	Consider training needs related to mental health & suicide prevention for local GPs and practice nurses and provide opportunities as appropriate. This should include response to those bereaved and response to a death of a young person.		Evidence of training needs assessment and provision. Lead: Amanda Waller, MH commissioner, CCG By: 29 January 2018
	2.3	Sussex Partnership's suicide prevention strategy for Brighton & Hove will include: <ul style="list-style-type: none"> • Work towards implementation of National Confidential Inquiry recommendations for suicide prevention in mental health trusts; • Implementation of updated Clinical Risk Policy and Training Strategy to reflect multidisciplinary based risk formulation in complex cases, new electronic clinical records, learning and evidence from national (e.g. NCIHC, Suicide Prevention Strategy) and local sources (e.g. SI Reviews). The policy includes a set of minimum standards); • Expanded training offer including revised e-learning to reflect the updated policy and learning from serious incidents, and face-to-face courses including ASIST, HEE KSS funded team training, reflective practice and 'risk circles'; • Audit of risk, crisis, relapse prevention and care planning; • Work towards implementation of Triangle of Care (a programme of work that promotes effective carer involvement in risk and care planning and formal family liaison and support for people affected by suicide). 	Progress report due at Steering Group meeting 3 November 2017.	To be agreed. Lead: Kate Hunt, Sussex Partnership local lead for Suicide Prevention By: 29 January 2018

Workstream		Action for 2017-18	Progress to date	Further action needed
	2.4	Liaise with course leaders for counselling PGDip at Brighton University to feed into suicide prevention content.		Discussion held, and action agreed. Leads: Katie Cuming, PH consultant, Clare Mitchison, PH specialist By: 29 January 2018
3. Self-harm	3.1	Conduct a Self-harm Needs Assessment and implement its recommendations as relevant.	The Needs Assessment is making good progress. Its scope is young people aged 25 or less. Publication is due in January or February 2018.	Needs Assessment published. Lead: PH registrar & intelligence team Early recommendations to steering group, 29 January 2018 Suicide prevention action plan for 2018-19 reflects its findings. Lead: Clare Mitchison By: 31 March 2018
	3.2	Evaluate innovation fund projects addressing self-harm & feed learning into the suicide prevention action plan for 2018-19.		See 4.6 below
	3.3	Map coverage and evaluate effectiveness of training provided: <ul style="list-style-type: none"> through the Public Health Schools programme by Grassroots Suicide Prevention – understanding self-injury course for parents through CCG initiative & innovation fund project 	Self-harm training is being provided through the channels described. In 2016-17, Grassroots provided 5 'Understanding and working with Self-Injury' courses, reaching 79 individuals. 92% of course attendees returning a follow-up survey reported that had applied the understanding, knowledge and skills in the past 6 months, most commonly at work. The contract for this provision is ongoing in 2017-18.	Reports to steering group: <ul style="list-style-type: none"> Kerry Clarke for PH schools Stella Comber for Grassroots Clare Mitchison for Innovation Fund project By: 12 June 2018

Workstream		Action for 2017-18	Progress to date	Further action needed
	3.4	<p>A&E departments at the Royal Sussex County Hospital and the Royal Alexandra Children's Hospital:</p> <ul style="list-style-type: none"> • Monitor continued provision of psychosocial assessments at A&E following self-harm and follow-up for those at risk. • Support (where evaluation shows evidence of effectiveness) the continued provision of PIT clinics at RSCH. 		<p>Monitor implementation and evaluation. Report to steering group.</p> <p>Lead: Amanda Waller & CCG commissioners</p> <p>By: 29 January 2018</p>
4. High risk groups and locations	4.1	<p>High frequency/high risk locations:</p> <ul style="list-style-type: none"> • Continue to map areas of higher risk through information on locations of deaths and attempts. • Take action to reduce risk in line with the evidence base: consider further signage and improved fencing. • Provide training where this may support staff working at higher risk areas, including night time economy staff. 	<p>See 1.1 above – new maps have confirmed the seafront as a high-frequency location.</p> <p>Work has begun with a surveyor employed by the Council to review the costs of improving the fencing above the Marina and eastwards, a particularly high-risk area.</p> <p>Samaritans signage is already in place along the seafront.</p> <p>Training for the lifeguard and seafront team is due to be refreshed in the spring of 2018, and arrangements for this are being negotiated.</p>	<p>Identify costs and options for funding improvements to the fencing on the cliffs above the Marina.</p> <p>Lead: Clare Mitchison By: 31 March 2018</p> <p>Consider further Samaritans signs. Leads: Samaritans, Clare Mitchison By: 31 March 2018</p> <p>Include training for seafront staff in 2018-19 SP action plan. Lead: Clare Mitchison By: 31 March 2018</p>

Workstream		Action for 2017-18	Progress to date	Further action needed
	4.2	<p>Training:</p> <ul style="list-style-type: none"> Map coverage of sectors/organisations provided with suicide prevention or mental health courses by Grassroots Suicide Prevention; evaluate the impact of these courses. Provide tailored training for frontline staff in occupational groups where required. 	<p>Grassroots continue to provide a range of courses, including ASIST, SafeTALK, Understanding and working with Self-Injury, Mental Health First Aid and Mental Health Awareness. Course evaluation has been consistently very positive, with follow-up at 6 months showing many examples of practical application of the skills learned.</p> <p>'Bespoke' courses for specific occupational groups such as emergency responders have been regularly provided in addition.</p>	<p>Grassroots report on activity each May.</p> <p>Lead: Stella Comber</p> <p>Summary report to the 12 June steering group meeting.</p>
	4.3	<p>Continue gap analysis of psychosocial support for vulnerable groups, working towards provision of new services where gaps are identified.</p> <p>Recommissioning of contracts in 2017-18 to ensure support is provided for vulnerable groups.</p> <p>Consider how best to reach people who may be at higher risk including:</p> <ul style="list-style-type: none"> Men People who are financially disadvantaged or unemployed LGB & Trans people People who are socially isolated People misusing drugs or alcohol Recent or vulnerable migrants 	<p>Work on the recommissioning for 1 April 2019 is underway, and consultation & engagement will provide further feedback on services for vulnerable groups.</p> <ul style="list-style-type: none"> Men: an outreach campaign has been commissioned; Grassroots is the lead partner with support from the Samaritans, Brighton and Hove LGBT Switchboard, and MindOut. Financial disadvantage/unemployment: the Men's Shed at BYC & Leach Court is providing support to men who are unemployed. Mind in B&H is also providing outreach mental health promotion to disadvantaged communities in the city. The CCG commissions money advice at Millview hospital. 	<p>Monitor recommissioning plans to ensure groups at higher risk of suicide are included.</p> <p>Leads: Clare Mitchison, Amanda Waller</p> <p>Report on project by Christmas 2018.</p> <p>Lead: Stella Comber</p> <p>Monitor implementation of Shed & outreach contracts.</p> <p>Leads: Clare Mitchison, CCG commissioners</p> <p>Ongoing</p>

Workstream		Action for 2017-18	Progress to date	Further action needed
			<ul style="list-style-type: none"> • LBG & Trans people: the CCG and Council currently fund support from Allsorts Youth, MindOut, Switchboard, and the Clare Project. • Social isolation: Befriending and other community support services including transport and signposting are already commissioned. • Drugs & alcohol: A dual diagnosis steering group has been meeting for some years and a shared care pathway has been developed. Training for drug & alcohol staff in suicide awareness is being provided. • Recent or vulnerable migrants: An in-depth needs assessment is due for publication at the start of 2018. 	<p>Consider support needs in the context of recommissioning.</p> <p>Monitor development of plans for social prescribing.</p> <p>A small working group is now working to identify further issues including outreach in hostels, health promotion materials, evaluation of care pathways.</p> <p>Respond to relevant recommendations</p> <p>Leads: public health & CCG commissioners Ongoing</p>
	4.4	<p>Bereavement by suicide:</p> <ul style="list-style-type: none"> • Develop a protocol for responding to a death by suicide and providing support to those bereaved, including work with schools. • Consider developing a support system based on Coroner/Police alerts in the aftermath of a suspicious death, including distribution of Help is at Hand. 	<p>A working group has met twice to take this work forward. A 'grief support' card has been developed and planning is underway to distribute this and Help is at Hand with each invitation to inquest from the Coroner's office and by Sussex Police attending incidents.</p>	<p>Protocol and materials to be agreed.</p> <p>Leads: Sussex Police, Clare Mitchison By: 31 March 2018</p>

Workstream		Action for 2017-18	Progress to date	Further action needed
	4.5	<p>Challenge to stigma and signposting to support:</p> <ul style="list-style-type: none"> World Suicide Prevention Day 2017 to be supported, including the #IAMWHOLE campaign. Monitor use of crisis card developed with Sussex Police. Workplace suicide prevention guidance to be circulated. Outreach to communities supported, including links to Sussex and Brighton Universities. 	<p>World Suicide Prevention Day has been supported by Grassroots, with a public event, training course and wider publicity.</p> <p>The mental health crisis card is in use, and a reprint has been requested.</p> <p>Workplace guidance circulated.</p> <p>The CCG has been working with a digital media company to promote IAPT services to students at Brighton & Sussex Universities.</p> <p>Grassroots to consider 'Suicide Talk' sessions.</p>	<p>Leads: Stella Comber, Clare Mitchison, Amanda Waller Ongoing</p>
	4.6	Innovation fund projects: support delivery and evaluation of 16 community projects aimed at reducing suicide and self-harm, feeding learning into future planning.		<p>Reports on outcomes to be included in the annual planning meeting for 2018-19.</p> <p>Lead: Clare Mitchison By: 21 March 2018</p>
Workstream		Action for 2017-18	Target for 31 March 2018	
5. Steering group	5.1	Monitor implementation of this action plan through the year.	Steering groups on 8 June & 3 November 2017. Action plan updated for each meeting.	<p>Steering group meeting on 29 January 2018; and a wider stakeholders' meeting on 21 March 2018.</p> <p>Lead: Clare Mitchison Ongoing</p>
	5.2	Review other gaps arising in-year, including any identified by liaison with the LSCB and SAB.		Lead: Kerry Clarke Ongoing

Workstream		Action for 2017-18	Progress to date	Further action needed
	5.3	Consider how best to gather and incorporate service user feedback.		<p>The consultation for mental health support services will bring together a wide view of support and crisis services from service users and the wider public.</p> <p>Leads: Amanda Waller & Clare Mitchison By: 31 March 2018</p>
	5.4	Monitor media coverage.		<p>Lead: Clare Mitchison Ongoing</p>

Appendix 1: Brighton & Hove Suicide Prevention Action Plan: end of year annual report 2016-17

The action plan for 1 April 2016 to 31 March 2017 was designed to incorporate the comments and ideas generated during a planning meeting in March 2016, attended by a wide range of local statutory and voluntary organisations.

Five workstreams were asked to deliver on the actions identified.

Workstream 1: Research, audit and local data

Planned actions for 2016-17:

1. Continue to update all relevant local data, including information from the Office for National Statistics (ONS), Public Health England (PHE), HM Coroner's records and emergency services.

Progress in 2016-17:

- ONS data for 2015 was added to analysis of previous years, to provide updated information including updated trends.
- The audit of Coroner's records was continued for deaths in 2015.
- Sussex Police contributed data about suspicious deaths and related incidents.

This information was taken to Working Group 4 in June 2016, a Steering Group meeting in November 2016, and to the annual planning meeting in March 2017, as well as a Mental Health Network meeting in December 2016 and a meeting with the Seafront team in November 2016.

2. Circulate new national guidance and research to suicide prevention colleagues.
Guidance shared at steering group and working group meetings as well as annual stakeholders' meeting.

Learning in 2016-17: main points

<i>Source</i>	<i>Time period</i>	<i>Learning</i>
ONS/ PHE fingertips Deaths by suicide - residents of Brighton & Hove	2013-15 and trends since 2001-03	<p>ONS provides demographic details linked to deaths caused by suicide or ‘injury undetermined’ (this includes deaths with an open or relevant narrative verdict).</p> <p>Recent rise in rates Local age standardised rates for suicide rose in 2013-15, the latest published information; the rate is now the highest since 2007-9.</p> <p>Driven by an increase in male deaths Across England, there has been a rise in rates among women but not men. This is not the case in Brighton & Hove, where the increase has been driven by a rise in male deaths.</p> <p>Age As for England, the highest risk age group is 40 – 49 years.</p> <p>Deprivation The proportion of deaths by suicide in Brighton & Hove among those whose home postcode is in the most deprived areas is nearly three times higher than for those who live in the most affluent areas.</p> <p>Location The seafront continues to be a higher risk area for the city. Of all deaths in public places in the city between 2016 and 2015, 43% were along the seafront and cliffs. Of deaths in public places outside the city, 17% were at Beachy Head and 15% were on railways.</p> <p>Cause of death Hanging continues to be the most common cause of death, followed by poisoning and falls.</p>
Sussex Police	2016	<p>The seafront is a high risk area Sussex Police data includes both ‘suspicious deaths’ and related incidents, such as threatened suicide and self-harm, that are attended by the Police. This shows that the seafront continues to be the highest risk area in the city.</p>

<i>Source</i>	<i>Time period</i>	<i>Learning</i>
HM Coroner's audit Deaths by suicide – taking place in the city	2015 and trends from previous years	<p>The records kept by the Coroner include a wide range of information. Systematically gathered data include verdict, cause of death, date & place of birth and death, gender, address, occupation, marital status, registration with GP. Information is also collected about medical history including contact with mental health services. With the aim of establishing intent, softer information about factors that may have triggered suicidality is also gathered: this provides a valuable source of information about risks associated with life events such as debt, bereavement or loss.</p> <p>Mental health diagnosis, self-harm, physical ill health, drugs & alcohol, relationship breakdown, unemployment – common risk factors identified for records/ registrations in 2015</p> <p>For the 2015 records, review of the underlying risk factors associated with suicide showed that 77% of individuals had an existing mental health diagnosis, 49% had a physical illness or disability, 32% misused drugs and alcohol, and 30% experienced a relationship breakdown. 40% were unemployed and a further 28% were retired, students, unpaid carers or travelling.</p> <p>LGBTQ Sexual and gender orientation are not systematically recorded by the Coroner and may not be mentioned unless they contribute to the circumstances surrounding a death. In previous years, the proportion of LGBT individuals dying by suicide has not appeared to be above the proportion living in the city, but in 2015, the proportion was 16%, higher than the estimated 11- 15% of residents. Given that this is likely to be an underestimate, this group is likely to be at higher risk.</p>

Planned actions for 2016-17:

1. Continue clinicians' meetings between GPs and Sussex Partnership clinical staff. Annual summary report to be shared and actions taken as needed.

Progress in 2016-17: All GP practices where a patient dies by suicide are offered a supportive meeting to review learning. If the individual was in touch with mental health professionals, these clinicians are also invited. Meetings have been continuing through 2016-17, and a report is due shortly.

Workstream 3: Reducing rates of self-harm

Planned actions for 2016-17:

1. Evaluate the pilot scheme for brief psychological interventions by the Mental Health Liaison Team for people 17 years and over presenting with self-harm at the Royal Sussex County Hospital emergency department, and extend the scheme if appropriate.

Progress in 2016-17: The pilot has been evaluated and the results were positive. The scheme is continuing.

2. Review data about current levels of population need and service provision.

Progress in 2016-17: A review meeting was held in June 2016 and high levels of need locally were identified. A self-harm JSNA was agreed.

3. Set up an innovation fund with priority for reducing rates of self-harm as well as suicide.

Progress in 2016-17: A joint fund was identified by the CCG and public health team, with a total value of £66,000. Local statutory and voluntary organisations were invited to bid and awards of up to £5000 per project were made in December 2016 to 15 organisations, plus 4 schools. Many of the activities or projects are intended to reduce the risks of both suicide and self-injury.

An introductory workshop was held in March 2016 to discuss evaluation and reporting, and to enable networking between project leads. Projects are due to end by 31 January 2018, with reports due by the end of February.

Workstream 4: high risk groups and locations

Planned actions for 2016-17		Action: April 2016 – March 2017
1. High frequency/risk locations		
1.1	Continue to map areas of high risk through data on locations of deaths and attempts.	<ul style="list-style-type: none"> • Updates on high risk locations have been provided for the mid-year review meeting (November 2016), the steering group (January 2017) and the annual planning meeting (March 2017).
1.2	Take action to reduce risk (eg install signage, barriers) and in line with evidence base.	<ul style="list-style-type: none"> • The costs of improved fencing above the Marina and eastwards have been identified; investment beyond the current budget would be needed. • A representative from the seafront team is now attending the working group. Meetings have been facilitated between the seafront team and Sussex Police, and with A&E, with the aim of improving communications.
1.3	Provide training for staff working at higher risk areas.	<ul style="list-style-type: none"> • Training for seafront staff was delivered on 17.11.2016 by Grassroots Suicide Prevention: a bespoke package on suicide intervention including referral to services.
2. Training		
2.1	Map coverage of sectors/organisations by self-harm and suicide prevention training programme for frontline staff.	<ul style="list-style-type: none"> • Grassroots Suicide Prevention has provided training for 64 different organisations between 1 April 2016 and 31 October 2016, supported by funding from public health. These include 31 voluntary organisations, 6 schools/universities/educational organisations, and a variety of services such as the Police, RNLI and St. John's Ambulance, and a range of teams within the Council. Places trained per course type: <ul style="list-style-type: none"> • Understanding and Working with Self-Injury: 30 • ASIST: 57 • MHFA: 25 • One in Four: 30 • safeTALK: 14
2.2	Provide tailored training for	<ul style="list-style-type: none"> • Tailored bespoke training has also been provided, for:

	<i>Planned actions for 2016-17</i>	<i>Action: April 2016 – March 2017</i>
	frontline staff in occupational groups where required.	<ul style="list-style-type: none"> - ICT24 staff in February 2016; - Sussex Police Neighbourhood Response Team (Staff Work and Wellbeing x2 at Team Development Days in November 2016; approximately 150 participants).
3 Challenge to stigma		
3.1	Suicide Safer City programme to be further developed, including suicide safer organisations.	<p>The Brighton & Hove application for Suicide Safer City accreditation from Living Works coordinated by Grassroots Suicide Prevention has not yet been accepted: there were difficulties with the accreditation process.</p> <p>Other areas of progress in-year:</p> <ul style="list-style-type: none"> • The CCG's #IAMWHOLE campaign is designed to reduce mental health stigma among young people & others. • Mental health calendar events including World Mental Health Day, Mental Health Awareness Week and Time to Talk day were supported by Mind in Brighton & Hove.
3.2	World Suicide Prevention Day 2016 to be supported.	<ul style="list-style-type: none"> • WSPD was celebrated, at an event organised by Grassroots Suicide Prevention.
3.3	Update the Council webpages to ensure signposting is effective.	<ul style="list-style-type: none"> • Council webpages are regularly checked for accuracy and extended to include a page for people bereaved by suicide.
4 Support for high risk groups		
4.1	Continue gap analysis of support for vulnerable groups.	<ul style="list-style-type: none"> • A review of commissioning for peer support by public health and the CCG has begun; recommissioning will enable new services to start on 1 April 2019.
4.2	Consider how best to reach people who may be at higher	<ul style="list-style-type: none"> • Men's Outreach Campaign led by Grassroots Suicide Prevention and B&H Samaritans, May – July 2016.

	<i>Planned actions for 2016-17</i>	<i>Action: April 2016 – March 2017</i>
	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 the criminal justice system.	<ul style="list-style-type: none"> • Presentation to taxi drivers by Grassroots Suicide Prevention and public health: need for further support and information – both for the public and the drivers. • Men's Shed now running at Brighton Youth Centre and Leach Court (for seniors). • At Lewes Prison, the Samaritans in Brighton & Hove continue to provide a Listeners service. • Rethink's Mendos group continues to provide support for people involved in the criminal justice system who have suicidal thoughts. • MindOut provides support for LGBTQ communities through its out-of-hours service, peer support group 'Out of the Blue' and the LGBT pocket resource. Allsorts Youth provides activities, peer support and one-to-one support for young LGBTQ people. The Clare Project provides peer support for trans adults. Many other services across the city also provide support for this community. • The Older People's Programme addresses isolation in older people. • Mental health support is now built into some pathways for LTCs commissioned by the CCG.
5 Crisis		
5.1	Develop a resource to help Sussex Police signpost mental health support. Consider development of an email list for blue light services to communicate any changes in crisis contact details.	<ul style="list-style-type: none"> • A mental health 'crisis card' has been developed by Sussex Police with support from public health, for use by Neighbourhood Response Teams.
5.2	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.	<ul style="list-style-type: none"> • The Concordat group for Brighton & Hove continues to monitor crisis support. New projects include: <ul style="list-style-type: none"> ○ Development of The Greenhouse at Millview, a calm space for those not needing sectioning. ○ User views and feasibility study for development of a Crisis Café, for anyone in need of mental health support. • A nurse triage scheme, funding a psychiatric nurse to go out with Sussex Police.

	<i>Planned actions for 2016-17</i>	<i>Action: April 2016 – March 2017</i>
	Continue work on diverting people with mental health needs from arrest, sectioning in police cells and prison.	<ul style="list-style-type: none"> • The MindOut's out-of-hours service provides crisis support for the LGBTQ community. • The Samaritans in Brighton & Hove continue to provide support to anyone in distress.
6 Clusters		
6.1	Consider how we can better identify and respond to clusters or contagion of suicides or attempts.	Schools, with the support of the Educational Psychology team, have the capacity to respond to any death by suicide. Any death by suicide in a young person is reviewed by the LSCB. Learning from case reviews needs to be fed back to commissioners more systematically.

5. Steering group

	<i>Planned actions for 2016-17</i>	<i>Action: April 2016 – March 2017</i>
1	Sussex Partnership Suicide Prevention Action Plan or Strategy for Brighton & Hove: review for opportunities for joint working.	Representatives from Sussex Partnership have begun attending the steering group and have shared some progress on their Suicide Prevention Strategy. The completed document is not yet available for the steering group to review.
5.3	Review other gaps arising in-year.	Gaps identified in the annual planning workshop in March 2017 are being incorporated into the action plan for 2017-18.
5.4	Monitor media coverage.	Problematic media coverage was not identified.
5.5	Seek views of those with lived experience on draft action plan.	Two individuals with lived experience of suicidal thoughts or attempts reviewed the action plan for 2016-17 and their comments were reflected in the final document.

Appendix 2: membership of suicide prevention groups

Steering group	Chair: Brighton & Hove City Council, Consultant in Public Health <ul style="list-style-type: none"> • Brighton & Hove City Council , public health specialist (suicide prevention)
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	<ul style="list-style-type: none"> • Brighton & Hove City Council, public health lead for Children & Young People's mental health • CCG mental health commissioning team lead for suicide prevention • CCG clinical lead for mental health including suicide prevention • CCG Children and Young People's mental health commissioning lead • CCG Quality and Patient Safety Manager • Sussex Partnership NHS Foundation Trust, clinical lead, psychology • Sussex Partnership NHS Foundation Trust, quality lead • Voluntary sector representative from Working Group 4 • Leads for all workstreams if not included in the above list
Workstream 1 (no formal meetings)	<p>Lead: Brighton & Hove City Council, Public Health Specialist</p> <ul style="list-style-type: none"> • Public health analysts • HM Coroner and team • East Sussex Fire & Rescue Service • Sussex Police
Workstream 2 Clinicians' meetings	<p>Lead: CCG, Clinical lead for mental health</p> <ul style="list-style-type: none"> • Brighton & Hove City Council, Consultant in public health • CCG, Quality lead for mental health
Workstream 3 Meetings as required	<p>Lead: CCG Children and Young People's mental health commissioning lead</p> <ul style="list-style-type: none"> • Brighton & Hove City Council , public health specialist (suicide prevention) • Brighton & Hove City Council, public health lead for Children & Young People's mental health • Grassroots Suicide Prevention • CAMHS • Sussex Partnership NHS Foundation Trust, Mental Health Liaison Team • Sussex Partnership NHS Foundation Trust, Brighton & Hove • Wellbeing Service (IAPT and primary mental health care) • Downslink YMCA

Working group 4 Two-monthly meetings	Chair: rotating <ul style="list-style-type: none"> • Allsorts Youth Project • Brighton & Hove City Council, public health • Cruse Bereavement • Grassroots Suicide Prevention • Mind in Brighton & Hove • MindOut • Rethink, Survivors of Suicide and Mendos groups • The Samaritans in Brighton & Hove
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Organisations represented at the annual stakeholders' action planning meeting, March 2017

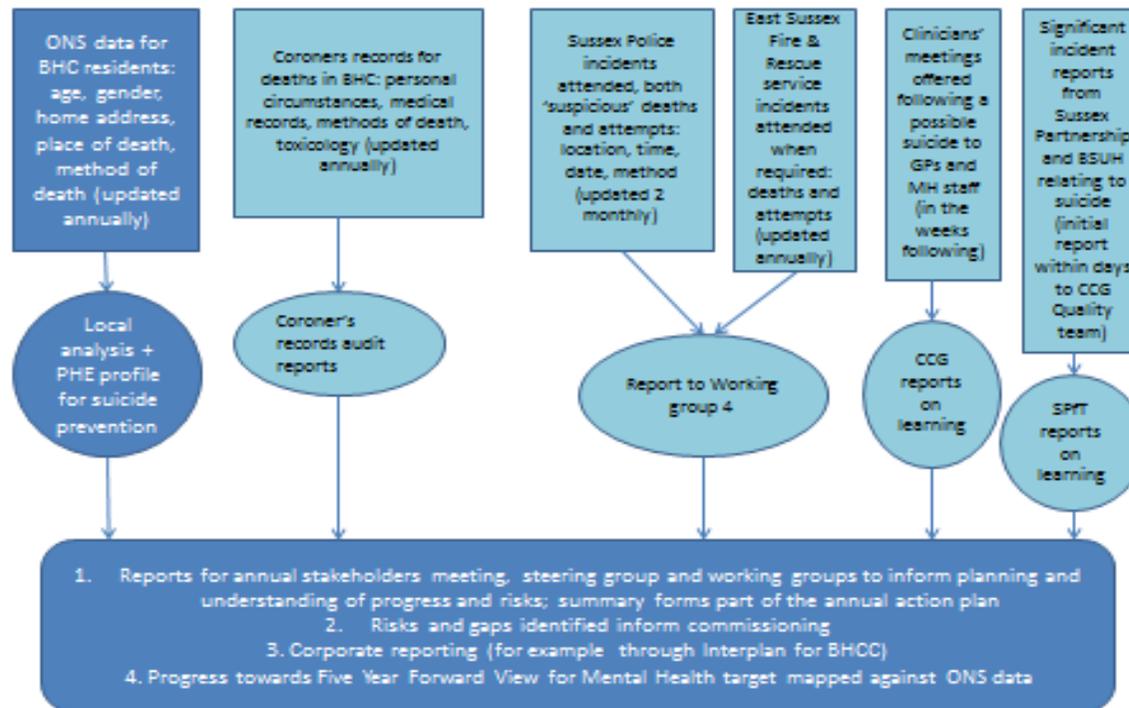
- Allsorts Youth Project (support for LGBT youth)
- Brighton & Sussex Medical School
- Brighton & Hove City Council, Public Health
- Brighton & Hove City Council, Housing including Seniors Housing
- Brighton and Hove Food Partnership (community gardens)
- Brighton Housing Trust
- Brighton Oasis Project
- Brighton University
- Brighton & Hove Youth Collective
- CAMHS (Child and Adolescent Mental Health Services)
- CCG – NHS Brighton & Hove, Clinical Commissioning Group
- Cruse Bereavement (voluntary organisation)
- Fabrica, Men in sheds project
- Grassroots Suicide Prevention (training & campaigning, voluntary organisation)
- Mankind
- MIND in Brighton & Hove
- Mind Out
- Refugee radio
- Rethink
- Royal National Lifeboat Institution (voluntary organisation)
- Safety Net (keeping children safe, voluntary organisation)
- Sussex Partnership NHS Foundation Trust including mental health liaison team at A&E for adults and for children
- The Samaritans in Brighton & Hove (voluntary organisation)
- Southdown Housing (Day services & Recovery college)
- YMCA Downslink Group (support for young people)
- Wellbeing Service (IAPT and primary mental health care)

Appendix 3: Data flows

We base priorities for action on local information about suicide including:

1. 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.
2. Information from emergency services about the location of incidents related to suicide; this includes British Transport Police and the seafront team as well as Sussex Police and East Sussex Fire & Rescue Service.
3. Information from significant incident reports and other learning following a death.
4. Information from the Office for National Statistics (ONS), and based on this, Public Health England's profile at <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>
5. A wide range of other information about risk factors for suicide including Public Health England's profiles at <https://fingertips.phe.org.uk/profile-group/mental-health> for trends and local rates of self-reported mental wellbeing, mental ill-health and self-harm.

The diagram below shows the information that feeds into our planning, with dark blue boxes denoting national sources which include local data, and light blue boxes showing local sources.



Appendix 4: Higher risk groups

Groups at higher risk of suicide identified in the national suicide prevention strategy:

- 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 the national suicide prevention strategy as needing a tailored approach to improve mental health:

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

The Public Health England suicide prevention profile lists risk factors for suicide. 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, unemployed or insecurely employed, or in financial difficulty
- People living alone
- People who have suffered significant bereavement, recent relationship difficulties or separation/divorce
- People experiencing or perpetrating violence or abuse
- People abusing alcohol or drugs
- People experiencing chronic pain, physical illness or disability

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

The National Confidential Inquiry published a 20 year review in October 2016, which highlighted key risks among mental health patients:

- Alcohol and drug use
- Economic adversity
- Recent UK residents (5 years residency or less)
- People in the care of crisis resolution home care teams
- Isolation
- Recent self-harm

The National Confidential Inquiry published a review of suicides by children and young people (Jan 2014 – April 2015) and found the following common themes:

- Family factors such as mental illness
- Abuse and neglect
- Bereavement and experience of suicide
- Bullying
- Suicide-related internet use
- Academic pressures, especially related to exams
- Social isolation or withdrawal
- Physical health conditions that may have social impact
- Alcohol and illicit drugs
- Mental ill health, self-harm and suicidal ideas

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.

Appendix 5: Key sources of guidance and information

- Suicide prevention strategy for England and associated guidance: <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>
- Public Health England (PHE) guidance: Local suicide prevention planning https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf
- PHE fingertips Suicide Prevention Profile <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>
- PHE's atlas of suicide prevention rates, risks and action planning, Healthier Lives – suicide prevention <http://healthierlives.phe.org.uk/topic/suicide-prevention>
- Five Year Forward View target & guidance (chapter 8) <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>
- National Confidential Inquiry report, review of 20 years <http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci>
- National Confidential Inquiry report into Children and Young People's suicide http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/cyp_report.pdf
- Parliamentary Select Committee for Health report on suicide prevention <https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news-parliament-20151/suicide-prevention-report-published-16-171/>
- PHE: Preventing suicide in public places: a practice resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf
- PHE: Identifying and responding to suicide clusters and contagion: a practice resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf
- ONS data on occupational links to suicide risk <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015>
- Business in the Community, PHE and the Samaritans Toolkit for Employers: Reducing the risk of suicide http://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf
- Business in the Community, PHE and the Samaritans Postvention Toolkit for Employers: Crisis management in the event of a suicide http://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_crisis_management_in_the_event_of_a_suicide_toolkit.pdf
- An updated version of Help is at Hand, for people bereaved by suicide <http://supportaftersuicide.org.uk/wp-content/uploads/2016/09/England-Help-is-at-Hand.pdf>
- Support after a suicide: A guide to providing local services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582095/Support_after_a_suicide.pdf
- National Suicide Prevention Alliance: Developing and delivering local bereavement support services <http://www.nspa.org.uk/wp-content/uploads/2017/01/NSPA-postvention-framework-20.10.16.pdf>
- National Suicide Prevention Alliance: Evaluating local bereavement support services <http://www.nspa.org.uk/wp-content/uploads/2017/01/NSPA-postvention-evaluation-24.10.16.pdf>

Appendix 6: Mental Wellbeing Innovation Fund projects 2017

	<i>Organisation</i>	<i>Project – brief outline</i>
1	Brighton and Sussex University Hospitals	Specialist training in suicide prevention and understanding self-harm to staff at BSUH where there are higher numbers of patients who have mental health problems or have self-harmed: Medical Assessment Unit, ED, Orthopaedic, ENT and Critical Care Unit.
2	Brighton Oasis Project	Two x 6-week therapeutic, self-care groups for young women aged 13 – 17 and 18 - 21 who are at risk of or engaged in self-harm. Qualified therapist facilitating; may be referred by care worker or social worker or can self-refer. Meetings will be in a local nail bar - offering manicures, pedicures etc in a de-stigmatising environment.
3	Friends, Families and Travellers	Two groups for 12 Gypsy and Traveller men with mental health issues, 18 - 60 years: to develop WRAP model and mental health 'first aid tool box'; peer support including social media; educate the group participants about the benefits of self-management and encourage engagement into mainstream services.
4	Grassroots Suicide Prevention	Following on from our success rolling out the men's suicide prevention awareness campaign entitled #AlrightMate through poster and online promotion, we would like to use similar messaging and designs to reach men in Brighton & Hove outside of our networks through public street art.
5	Impact initiatives	Two x 6-week groups for young women 16 - 25 accessing Stopover Residential projects for homeless young people to promote wellbeing and prevent self-harming thoughts and behaviours. Supported by: one to one support sessions; two mental health awareness training sessions for staff; and a mentor programme.
6	Mankind UK Ltd	30 drop-in sessions (3x10 groups) for vulnerable young men (16-25); link to Jordan Stephens (Rizzlekicks) through Audio Active and to young men through YMCA DLG. The project will tackle any negative beliefs that the young men have about themselves or others and the use of harmful practices as a coping strategy.
7	MindOut LGBTQ Mental Health Project	A suicide prevention peer support group for trans and non-binary people. Our Trans Advocacy Service is working with a wide range of trans people, the vast majority of whom are or have been suicidal and actively at risk of self-harming. Many have expressed a wish to develop mutual support.
8	Refugee Radio	A mindful hiking support-group for adult male sufferers of Post-Traumatic Stress Disorder (PTSD) and depression. Participants will include refugees and asylum seekers suffering the results of war, torture and/or sexual violence but also British nationals and others who are military veterans or survivors of abuse.
9	Rethink Mental Illness	A short film about the experience of suicidality, featuring 5 male participants of different ages and backgrounds. The film will promote life after thoughts and/or attempts of suicide and identify support that has been important to them in their journey to recovery.

	<i>Organisation</i>	<i>Project – brief outline</i>
10	Safety Net	Parenting workshops that will: <ul style="list-style-type: none"> • Raise parents' awareness and understanding of teenage self-harm • Increase parents' personal resilience & reduce isolation • Develop skills to manage self-harming behaviour.
11	Southdown Housing Association	We plan to provide 2 x 8 week courses on Coping with Suicidal Distress within the Brighton and Hove Recovery College for people with mental health issues – we will particularly target people who have lived experience of suicidal thoughts and feelings, and who live with these thoughts on a regular, often daily, basis.
12	St Peter's Medical Centre	Impact Initiatives will provide a series of art activity programmes for young people aged 18-25, in small groups of 6-8. Courses will run for 6 weeks, 2 hours per week, at the YPC, Ship Street. St Peters Medical Centre will pilot ways to reach out to high risk young people registered at the surgery and at other 'cluster' practices.
13	Turner Community Project	3x6 week wellbeing group work programmes for young women accessing the Turner Community Project. One to one support session will be offered alongside. Two mental health awareness training sessions for staff will be provided and a small scale young women's mentor programme will ensure sustainability.
14	The Hangleton and Knoll Project	Our project will deliver a programme of activities to young women aged 13-19 who are experiencing emotional, social and mental health issues. We will use group work and arts based methodologies as a means for young women to explore and support each other around issues concerning their mental health.
15	YMCA DownsLink Group 1	YMCA Right Here will create a 'Talking about Suicide' foldout pocket guide aimed at young people, both those who are thinking about suicide and their friends, peers and confidants ; it will also be helpful for people of all ages.
16	Linked projects in four schools	<ul style="list-style-type: none"> • Moulsecomb primary school • Dorothy Stringer High School • Longhill High School • Hove Park School