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# West Sussex Suicide Prevention Framework and Action Plan

## 2023-2027

With thanks to the following organisations who have worked with us to develop and deliver this framework and action plan.


BRITISH TRANSPORT POLICE

NetworkRail

Cruse Bereavement Support

NHS Sussex

allsorts youth project
www.allsortsyouth.org.uk

GRASSROOTS SUICIDE PREVENTION

SAMARITANS

stonepillow

NHS Sussex Partnership NHS Foundation Trust

NHS Sussex Community NHS Foundation Trust

West Sussex mind


NHS University Hospitals Sussex NHS Foundation Trust

west sussex county council

TURNINGTIDES ENDING LOCAL HOMELESSNESS

YMCA Here for young people Here for communities Here for you

# Table of Contents

# 1. Introduction

Suicide is used in this strategy to mean a deliberate act that intentionally ends one's life. The World Health Organisation (WHO) highlights suicide as a major public health risk, accounting for one in 100 of all deaths globally[1]. Every suicide is a tragedy that affects families and communities and has long-lasting effects on the people left behind.

Suicide is a serious public health problem; however, suicides can be prevented with timely, evidence-based interventions. For an effective response, local, comprehensive multisectoral suicide prevention strategies are needed[2].

With 5,275 people sadly taking their life in England in 2022[3], it is of the utmost importance that we do all we can to reduce this number as far as possible in West Sussex. However, it is equally important, that when someone ends their life by suicide, their family, friends, and broader community who have been bereaved, have the support they need to manage their loss. Bereavement itself is a risk-factor for suicide[4].

The COVID-19 pandemic has brought new challenges and change across the world, nationally, and locally, to each of our lives, with disruptions to the way we live, work and how we interact with others. Furthermore, cost-of-living pressures in the UK will likely continue to have an impact on people's mental health and wellbeing.

On 11 September 2023 the government published its new national strategy Suicide Prevention in England: 5-year cross-sector strategy[5]. This strategy is the update to the previous strategy published in 2012 and there have been five government progress reports published since then, with the most recent report issued in March 2021. The new national strategy reflects the latest evidence and national priorities for preventing suicides, outlines eight action areas and covers the following priority groups and risk factors at population level.

| **Priority groups** | **Risk factors at a population level** |
|---|---|
| • Children and young people<br>• Middle-aged men<br>• People who have self-harmed<br>• People in contact with mental health services<br>• People in contact with the justice system<br>• Autistic people<br>• Pregnant women and new mothers | • Physical illness<br>• Financial difficulty and economic adversity<br>• Gambling<br>• Alcohol and drug misuse<br>• Social isolation and loneliness<br>• Domestic abuse |

[1] One in 100 deaths is by suicide (who.int)
[2] One in 100 deaths is by suicide (who.int)
[3] Quarterly suicide death registrations in England - Office for National Statistics
[4] Bereavement by suicide as a risk factor for suicide attempt (national library of medicine)
[5] Suicide prevention strategy for England: 2023 to 2028 GOV.UK

Work commenced in September 2022 to develop this new West Sussex Suicide Prevention Framework and Action Plan 2023-2027, which updates the West Sussex Suicide Prevention Strategy 2017-2020. The purpose of the document is to provide a framework and plan for action for multi-agency partners in West Sussex to work together to reduce risk of suicides. It covers all ages, and dovetails with the Sussex Suicide Prevention Strategy (this includes the local authority geographical areas of Brighton and Hove, East Sussex, and West Sussex) and Action Plan (2024-2027), to ensure an aligned approach locally and Sussex-wide. Both documents follow national guidance and strategy and will adapt and absorb the latest evidence and information as and when published. Two main areas of focus have informed their development:

1. A review of the latest evidence, including academic research, government policy, public health guidance, and national and local data.
2. An engagement exercise with key stakeholders from the Sussex Suicide Prevention Partnership in summer 2022, where views were sought on seven proposed action areas for the Sussex Suicide Prevention Strategy and Action Plan (2024-2027). Groups and individuals consulted include community and voluntary sector groups, NHS, and local authorities.

Our West Sussex framework and action plan recommends bringing together knowledge about people at higher risk of suicide and applying evidence of effective interventions to reduce the risk of suicide across West Sussex. It incorporates evidence of existing priorities and looks at areas where there is increasing evidence, rising concern and priorities covered within the national suicide prevention strategy for England: 2023 – 2028.

## 2. Our Vision

The aim of this framework and action plan is to reduce the risk of suicide in West Sussex.

In line with the national strategy, Suicide prevention in England: 5-year cross-sector strategy[6], and associated Suicide prevention strategy: action plan[7] and aligned with the Sussex Suicide prevention Strategy and Action Plan the aims are to:

- reduce the suicide rate over the next five 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.

West Sussex is a place where:

- We are committed to reducing the risk factors and increasing the protective factors for suicide across the life course.

[6] Suicide prevention in England: 5-year cross-sector strategy - GOV.UK
[7] Suicide prevention strategy: action plan - GOV.UK

- 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.

## 2.1 Our Approach

Our approach focuses on the below nine key areas, as these were developed prior to the publication of the national strategy (2023 – 2028) they are mapped against the new national strategy action areas.

1) System leadership and governance

   National Strategy action area 8: "Making Suicide everybody's business"

2) Communications

   National strategy action area 4: "Promote online safety and responsible media content, improve support and signposting and helpful messaging"

3) Reduce the risk of suicide and improve the mental health of key high-risk groups

   National strategy action areas 3 and 5: "address common risk factors linked to suicide at a population level" and "provide effective crisis support"

4) Tailor approaches to mental health in risk groups

   National strategy action areas 2 and 5: "provide tailored, targeted support to priority groups" and "provide effective crisis support"

5) Reduce access to means of suicide

   National strategy action area 6: "reduce access to means and methods"

6) Provide bereavement support to those bereaved and affected by a suicide

   National strategy action area 7: "provide effective bereavement support to those affected by suicide"

7) Use of data to support planning, response and learning

   National strategy action area 1: "improve data and evidence"

8) Training

   National strategy action area 8: "making suicide everybody's business"

9) Reduce the risk of self-harm

   National strategy action area 2: "provide tailored support to priority groups"

The West Sussex Suicide Prevention Framework action plan for year two (April 2024 – March 2025) will reflect the Sussex Suicide Prevention Strategy 2024 – 2027 and national strategy (2023 – 2028) action areas.

## 3. Governance and Accountability

The need to develop local plans that engage a wide network of stakeholders was established in the government's national strategy for England, 'Preventing suicide in England[8]' released in 2012. Councils were given the responsibility for leading the development of local suicide action plans through their work with health and wellbeing boards.

The new national strategy highlights the importance of cross-sector working and joint action, including at a local level through integrated care partnerships, integrated care boards (ICBs), local authorities and local suicide prevention organisations.

This is a partnership framework and action plan monitored and overseen by the West Sussex Suicide Prevention Steering Group (multi-agency) which reports into the West Sussex Mental Health Oversight Board and the Pan-Sussex Suicide Prevention Steering Group. In addition:

- Updates will be shared, as required, with the West Sussex Health and Wellbeing Board.
- Specific actions for children and young people are overseen and implemented by the Children and Young People Suicide Prevention sub-group of the West Sussex Suicide Prevention Steering Group, linking with the Children and Young People Emotional Wellbeing and Mental Health sub-group, which reports to the West Sussex Children's First Board. Updates as required, are shared with West Sussex Safeguarding Children's Partnership, NHS Sussex Children's Board, and the West Sussex Health and Wellbeing Board.

Appendix 1 presents this information in diagrammatic form.

Governance and accountability structures will be regularly reviewed and updated where required.

Whilst public health teams in local authorities provide leadership, multi-agency partnerships have responsibility for overseeing and delivering much of the suicide prevention activity, addressing as they do many of the known risk factors, such as alcohol and drug misuse[9].

Councils (including district, borough, and parish councils) span efforts to address wider determinants of health such as employment and housing. NHS Integrated Care Boards hold the responsibility for all health and care services and specific to suicide prevention, bereavement support. In addition, there are important opportunities to reach local people who are not in contact with health services through online initiatives and through working with the voluntary and community sector.

[8] Preventing suicide in England - A cross-government outcomes strategy to save lives (opens a pdf)
[9] Public Health England Local Suicide Prevention Planning A practice resource (opens in a pdf)

NHS trusts provide over half of all NHS hospital, mental health and ambulance services. Consequently, they have a crucial role to play in suicide prevention including front line mental health services.

# 4. Risk factors and groups or individuals who have increased risk

## 4.1 Socio-economic deprivation

Suicide rates are higher among men and women living in the most deprived areas of England. Middle-aged men (40-59 years) have higher suicide rates in the most deprived areas – up to 36.6 per 100,000 compared to 13.5 per 100,000 in the least deprived areas. The effect of social deprivation on risk of suicide impacts more on working-age people, but not on those aged under 20 or those aged over 65 (it is likely that risk factors other than deprivation are more significant at these ages)[10].

West Sussex is overall a relatively affluent area. In terms of relative deprivation, compared to other areas, it is one of the least deprived areas in the country, ranking 129 out of 151 upper tier authorities (1 being most deprived, 151 being least deprived). In relation to neighbouring authorities, West Sussex is less deprived than East Sussex (ranked 93) and Brighton and Hove (ranked 87). However, there are areas of deprivation within the county, with Crawley ranking as the most deprived lower-tier local authority area in West Sussex, followed by Arun, Adur, and Worthing, and coastal areas of the county, including Bognor Regis and Littlehampton in Arun district[11]. Social mobility is low in some areas of the county, notably Crawley.

## 4.2 Men

Men aged 35 – 49, particularly from lower socio-economic groups, are most at risk of taking their own life[12]. For men aged 40 to 50 years, the highest rates of suicide were in disabled people, those who have never worked or are in long-term unemployment or are single (never been married or in a civil partnership)[13]. Personality traits, challenges of mid-life, relationship breakdown, bereavement, lack of health-seeking behaviour and socio-economic factors – such as unemployment and addictions including alcoholism and gambling – are some of the various reasons men might take their own lives. For older men, loneliness, long-term ill-health, caring for a partner and financial worries are contributory factors.

## 4.3 Occupation and unemployment

Analysis of 2011[14] Census data demonstrates different risk profiles amongst different occupations for example, men working in the lowest-skilled occupations had a 44% higher risk of suicide than the male national average. The risk among

[10] How does living in a more deprived area influence rates of suicide (ONS.GOV.UK)
[11] West Sussex Joint Strategic Needs Assessment briefing indices of deprivation 2019 (opens a pdf)
[12] Suicide by middle-ages men University of Manchester (opens a pdf in browser)
[13] Sociodemographic inequalities in suicides in England and Wales - Office for National Statistics (ONS.GOV.UK)
[14] 2011 ONS Census data is used in this plan where 2021 ONS census data is not yet published.

men in skilled trades was 35% higher than the average. Individuals working in roles as managers, directors, and senior officials – the highest paid occupation group – had the lowest risk of suicide. Among corporate managers and directors, the risk of suicide was more than 70% lower for both sexes[15].

The risk of suicide was elevated for those in culture, media, and sport occupations for males (20% higher than the male average) and females (69% higher than female average). There is also higher risk in some health professional groups.

Unemployment is a key risk factor for all, particularly men between 40 and 60, along with other causes including unmanageable debt, and social isolation[16]. In the 2008 – 2010 recession there was a 1.4% rise in suicide rates for every 10% increase in unemployment in men[17].

In West Sussex 92,900 people aged 16-64 years are estimated to be economically inactive (April 2020 to March 2021). Of these, over 68,500 are not seeking a job; with 16,000 people with long term sickness, 14,900 looking after the home or family, and 15,700 retired.

The employment rate gap is the difference in the percentage of people who are part of a vulnerable group who are employed, compared to the percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64). In 2020/21 the employment rate gap for people with learning disability was 77.9% in West Sussex compared to the overall rate across England of 70.6%. In 2020/21, for people with a long-term health condition, the employment rate gap in West Sussex was 7.1%, worse than England rate of 9.9%. In West Sussex the employment rate gap for people in contact with secondary mental health services was 67.3% in 2020/21, this was similar to the England rate of 66.1%.

## 4.4 Economic adversity, debt, gambling and the cost of living

A national study of 1,516 UK male suicides in 2021 found that 30% of these men had experienced financial problems. These include debt due to gambling; concerns about money owed on credit cards, loans, or mortgage repayments; worries that benefit payments would be reduced or stopped; and threats of court proceedings or bailiff notices. In 2021, 2% of UK male suicides reported gambling problems with or without associated financial problems[18].

A national survey of counsellors and psychotherapists in 2022 found that 66% of respondents' clients' mental health was declining due to the cost-of-living pressures, including increasing insomnia because of anxiety. The survey respondents reported that their clients were cutting back on exercise through

[15] Suicide by occupation, England - Office for National Statistics (ons.gov.uk)
[16] How does living in a more deprived area influence rates of suicide? September 2020 - a blog by Ben-Windsor-Shellard – ONS.GOV.UK
[17] Suicides associated with the 2008-10 economic recession in England: time trend analysis, The BMJ
[18] Suicide by middle-aged men 2021 National Confidential Inquiry into Suicide and Safety in Mental Health (opens a pdf)

cancelling sports clubs and gym membership, and some are stopping therapy due to cost[19].

## 4.5 Family and friend carers

Male and female carers, who look after people who are sick, elderly and disabled, have a higher-than-average risk of suicide[20]. There are an estimated 90,405 unpaid carers of all ages in West Sussex, representing 10.4% of the total population (similar to England). Around 9 million people in the UK provide unpaid care to family or other relatives.

## 4.6 Children and young people

Concern has grown for children and young people as the numbers of suicides have risen both nationally and locally. Suicide in the under 20s has seen increases for a decade[21]. For the year 2019-2020, there were 108 deaths in children and young people in England that were assessed as likely to be due to suicide. Whilst the number of suicides in children and young people remains relatively small in Sussex, the numbers in younger age groups are increasing, matching national trends.

A UK-wide study[22] of suicide deaths in young people aged 10-19 years, reported antecedents such as witnessing domestic abuse, bullying, self-harm, bereavement (including by suicide) and academic pressures. Nationally overall, 60% of those young people who died by suicide, had been in contact with specialist children's services.

Nationally, the change in rates of suicide amongst young people is mirrored by increasing rates of hospital admissions for self-harm in the same age (10 to 24 years), particularly for young females.

[19] British Association of Counsellors and Psychotherapists Cost of Living Survey September 2022
[20] Suicides in England and Wales Statistical bulletins - Office for National Statistics (ons.gov.uk)
[21] Recent trends in suicide: death occurrences in England and Wales between 2001 and 2018 (ons.gov.uk)
[22] Children and young people who die by suicide: childhood-related antecedents, gender differences and service contact - Cambridge Core

**What do we know about suicide issues in children and young people?**

Below are key findings from suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) (2017)[23]

- 52% of suicides in under 20's reported **previous self-harm**.
- **Events in childhood** impact negatively on health in adulthood (physical and mental health), reducing the impact will help reduce young people and adult suicides.
- **Trauma, including suspected or confirmed cases of abuse,** neglect, and domestic abuse, was seen in more than a quarter (27.1%) of children who died by suicide.
- **Family-related problems**, such as divorce, custody disputes, parental substance use, or a family history of suicide or mental health concerns, were seen in more than a third (39.8%) of children who died by suicide.
- **Bereavement** was a specific issue for young people with 25% of under 20's and 28% of 20–24-year-olds experiencing bereavement.
- **Looked After Children** were a population group accounting for 9% of suicides in under 20's, with specific issues highlighted around housing and mental health.
- 6% of suicides in under 20's occurred in **lesbian, gay, bisexual, and transgender (LGBT) people** of whom one quarter had been **bullied.**
- **Suicide-related internet use** was found in 26% of deaths in under 20s.
- **Students under 20** more often took their lives during April and May linked to academic pressures.
- **Mental health concerns** were identified in a third (31.4%) of the suicide deaths examined, with the most common diagnoses being attention-deficit/hyperactivity disorder (ADHD) or depression.
- **ADHD** is a neurodevelopmental condition along with Autism Spectrum Conditions. Both have a significantly increased risk of suicide ideation, self-harm, attempted suicide, and death by suicide. Co-morbidities such as extreme levels of anxiety, depression and being the victim of severe bullying are common.

Looked after children have an especially increased suicide risk[24], with specific issues highlighted around housing and mental health[25]. In 2021/22 there were 399 Looked After Children in West Sussex, a rate of 49 per 100,000 children.

[23] National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) 2017 (opens a pdf)
[24] National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) 2017 (opens a pdf)
[25] National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) 2017 (opens a pdf)

## 4.7 LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Querying (or Queer), Intersex, plus

People from the LGBTQI+ community are increasingly identified as having higher risk of suicide. Nationally 6% of suicides in under 20s occurred in lesbian, gay, bisexual, and transgender (LGBT) people, of whom one quarter had been bullied[26]. Higher prevalence of mental health problems among people who are LGBT may be linked to experience of discrimination, homophobia, or transphobia, bullying, social isolation, or rejection because of sexuality[27].

## 4.8 Bereavement

Suicide has a broad impact, not only on immediate family and close friends, but also on colleagues and wider society. Those bereaved by suicide have an increased risk of suicide and are more likely to experience poor mental health[28].

## 4.9 Disability

Nationally, disabled people have higher rates of suicide compared with non-disabled people. This data is from the 2011 Census where disability status was assessed by asking "Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?"[29].

## 4.10 People with pre-existing mental illness

Most suicides are related to significant mental illness, with depression, substance use disorders and psychosis being the most relevant risk factors; anxiety, personality, eating, and trauma-related disorders, as well as organic mental disorders, also contribute[30]. There is an approximate 10-fold increase in the risk of suicide in people under care for mental illness[31].

## 4.11 Pregnant women and new mothers

In the UK, suicide is the leading cause of direct deaths 6 weeks to a year after the end of pregnancy[32]. In 2020, nationally women were 3 times more likely to die by suicide during or up to 6 weeks after the end of pregnancy compared with 2017 to 2019. Impacts on affected families are devastating and often have lasting effects, particularly on children from a very early stage in their development.

Overall, the level of risk of suicide after pregnancy is not higher than at other times in a woman's life. However, the high risk compared with other causes of maternal death (most of which are rare) and the potential long-term

[26] National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) 2017 (opens a pdf)
[27] Mental health support if you are gay, lesbian, bisexual, lgbtq (NHS.UK)
[28] Suicide by middle-aged men University of Manchester and Bereavement and suicide - bereavement as an antecedent of suicide in children and young people University of Manchester
[29] Sociodemographic inequalities in suicides in England and Wales (ONS.GOV.UK)
[30] Suicide Risk and Mental Disorders Bradvik, L, 2018 National Library of Medicine (Int J Environ Res Public Health)
[31] Preventing suicide in England 2021 - Fifth progress report of the cross-government outcomes strategy to save lives (opens a pdf)
[32] MBRRACE-UK_Maternal_Surveillance_Report_2023.pdf (ox.ac.uk)

consequences on children's development mean we must take action to prevent suicides in this group. The increasing numbers of teenage maternal suicides, in particular care leavers, in recent years is a significant concern and particular targeted support is needed for this age group.

## 4.12 Self-harm

Self-harm, the deliberate action of causing physical harm to oneself, is a clear sign of emotional distress. The relationship between self-harm and suicide is complex. In many cases self-harm is used as a non-fatal way of coping with feelings and stressors, particularly in young people. Nevertheless, self-harm is the single biggest single indicator of suicide risk[33].

Whilst suicide is more common in men, nationally self-harm is more common in women[34]. Approximately 50% of people nationally who die by suicide have previously self-harmed[3536]. In a large study based on the UK national database of presentations to hospital for self-harm, 45% of presentations to hospital were from the most deprived areas.

Rates of self-harm (all ages) in each local authority area in Sussex in 2021/22 (as measured using hospital admissions for serious self-harm) are higher than the England average as shown in Table 1 below.

**Table 1: Rates of self-harm (all ages) for Brighton and Hove, East Sussex, and West Sussex local authority areas 2021/22**

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| England | – | 93,895 | 163.9 | 162.8 | 164.9 |
| Sussex | – | - | - | - | - |
| Brighton and Hove | – | 885 | 284.1 | 265.3 | 303.8 |
| East Sussex | – | 1,240 | 250.3 | 236.4 | 264.8 |
| West Sussex | – | 1,575 | 189.2 | 179.9 | 198.9 |

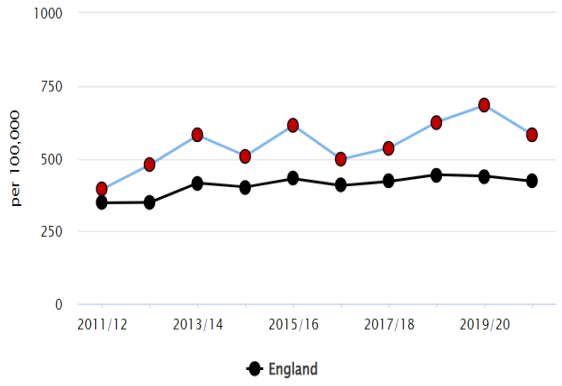
*Source: Hospital Episode Statistics (HES), NHS Digital, for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2023, Reused with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid year population estimates produced by ONS and supplied to Office for Health Improvement and Disparities Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.*

The National Suicide Prevention Strategy 2012, updates, and NHS data[37] show an increase in need for mental health services, particularly for young people admitted to hospital for self-harm.

Chart 1 demonstrates that while West Sussex emergency hospital admissions for intentional self-harm (18-24 years old) are consistently above England's average, in line with national trends the numbers of young people admitted to hospital has seen an overall increase since 2017/18 to 2020/21 in this population group. To note, the below data includes repeat admissions and there are multi-agency programmes in place in West Sussex to reduce risk of self-harm for young people.

[33] Self-harm - assessment, management and preventing recurrence – guidance by NICE – September 2022
[34] Suicide and Self Harm, Knipe, D May 2022, The Lancet
[35] Children and young people who die by suicide: childhood-related antecedents, gender differences and service contact - BJPsych Open, Cambridge Core
[36] Suicide prevention: third annual report - GOV.UK
[37] NHS England - NHS helps record numbers of young people with their mental health as students return to universities

**Chart 1: West Sussex Self-Harm Hospital Admissions for 18 – 24 years old 2011/12 – 2020/21.**




**Recent trend:** Increasing & getting worse

| Period | | West Sussex Count | Value | 95% Lower CI | 95% Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2011/12 | | 505 | 394.4 | 360.6 | 430.6 | 350.9 | 347.4 |
| 2012/13 | | 616 | 478.8 | 441.5 | 518.4 | 350.6 | 348.9 |
| 2013/14 | | 748 | 579.5 | 538.5 | 622.9 | 422.7 | 415.8 |
| 2014/15 | | 665 | 509.1 | 471.0 | 549.5 | 415.0 | 401.9 |
| 2015/16 | | 798 | 613.7 | 571.6 | 658.0 | 469.3 | 430.5 |
| 2016/17 | | 637 | 497.4 | 459.3 | 537.8 | 449.0 | 407.1 |
| 2017/18 | | 685 | 535.9 | 496.3 | 577.9 | 467.6 | 421.2 |
| 2018/19 | | 795 | 625.4 | 582.5 | 670.7 | 470.2* | 444.0 |
| 2019/20 | | 860 | 682.6 | 637.4 | 730.2 | 508.9 | 439.2 |
| 2020/21 | | 745 | 581.8 | 540.4 | 625.5 | 505.6 | 421.9 |



Source for the above chart: Fingertips.phe.org.uk

## 4.13 Domestic abuse

There is a clear association between intimate partner abuse and attempted suicide, with attempted suicide nearly three times higher in those who have experienced domestic abuse[38]. Suicidality is high in both those who perpetuate intimate partner abuse and those who are victims / survivors of domestic abuse[39]. A national study found a strong graded relationship between exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults[40].

## 4.14 Substance misuse

People who abuse alcohol and drugs experience greater than average economic disadvantage, debt and unemployment, social isolation, and other complex needs, and have higher rates of mortality and morbidity[41].

Collectively, substance use disorders confer a risk of suicide that is 10–14 times greater than that of the general population; deaths related to substance use are highest among people with alcohol use disorders followed by persons who abuse opiates[42].

People who are dependent on alcohol are approximately 2.5 times more likely to die by suicide than the general population[43]. In England, nearly half (45%) of all patients under the care of mental health services who die by suicide have a history of alcohol misuse, accounting for 545 deaths per year on average[44].

[38] The Conditional Indirect Effects of Suicide Attempt History and Psychiatric Symptoms on the Association Between Intimate Partner Violence and Suicide Ideation C Wolford-Clevenger 2017
[39] The perpetrators of domestic violence - Romans - 2000 - Medical Journal of Australia
[40] Adult substance misuse treatment statistics 2020 to 2021 GOV.UK
[41] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK
[42] A Closer Look at Substance Use and Suicide | American Journal of Psychiatry Residents' Journal
[43] Alcohol-Related Risk of Suicidal Ideation, Suicide Attempt, and Completed Suicide: A Meta-Analysis, PLOS ONE
[44] National Confidential Inquiry into Suicide and Safety in Mental Health University of Manchester

## 4.15 Neurodivergence

Neurodivergence is the term used for people whose brains function differently in one or more ways than is considered standard or typical[45]. Every person's brain is unique to them and they will have unique skills, abilities and needs. Someone who is neurodivergent behaves, thinks and learns differently to those who are neurotypical. The term neurodivergence includes Autism and attention-deficit/hyperactivity disorder (ADHD) conditions.

There is emerging evidence that Autism and ADHD are significant indicators for suicide risk. National research looking at 372 coroners' inquest records, from 1 January 2014 to 31 December 2017 in two regions of England, showed that 10% of those who died by suicide had evidence of elevated autistic traits, indicating likely undiagnosed autism[46]. This is 11 times higher than the rate of autism in the UK.

Neurodivergent individuals can be exposed to certain social and emotional challenges and may struggle with social interactions, communication, and emotional regulation, which can also lead to feelings of isolation, loneliness, and despair. The increased risk may also relate to social stigma, discrimination, bullying, and marginalisation in society.

People with neurodivergent disorders may also face additional barriers when trying to access mental health support and resources, including the lack of neuro-affirmative practices and challenges in understanding the needs of neurodivergent people.

Neurodivergent people may also face barriers in gaining support to access employment or to remain in employment. Such support is available through Access to Work and specifically specialist work-based coaching[47].

## 4.16 Homelessness

Suicide is the second most common cause of death among people who are homeless or rough sleepers in England and Wales, accounting for 13% of deaths among homeless people or rough sleepers in 2018[48].

People who are homeless have a higher proportion of mental disorders than people with stable accommodation, particularly psychotic illness, personality disorders and substance misuse[49]. Nationally 45% of people experiencing homelessness have been diagnosed with a mental health issue, compared to an estimated rate of 25% in the general population[50]. This rises to 8 out of 10 people who are sleeping rough.

## 4.17 Military veterans

There are comparatively few international studies investigating suicide in military veterans but a recent study in the UK investigated the rate, timing, and risk

[45] What does it mean to be neurodivergent? (verywellmind.com)
[46] Autism and autistic traits in those who died by suicide in England, The British Journal of Psychiatry, Cambridge Core
[47] Access to Work: get support if you have a disability or health condition (GOV.UK)
[48] Deaths of homeless people in England and Wales - Office for National Statistics (ONS.GOV.UK)
[49] The Prevalence of Mental Disorders among the Homeless in Western Countries: Systematic Review and Meta-Regression Analysis - PMC (nih.gov)
[50] 2021 Mental Health Statistics: prevalence services and funding in England

factors for suicide in personnel who left the UK Armed Forces (UKAF) over a 22-year period (1996 to 2018)[51]. This found that overall suicide risk in veterans was comparable to the general population but there were important differences according to age, with higher risk in young men and women. Several factors increased the risk of suicide, but deployment was associated with reduced risk.

### 4.18 People in contact with the criminal justice system

People in contact with the justice system have higher rates of suicide and self-harm behaviour than the general population and there are higher rates of suicide in people on probation compared with the general population[52].

## 5. Data

### 5.1 National profile

In 2022, there were 5,275 recorded suicides in England, equivalent to an age-standardised mortality rate of 10.6 deaths per 100,000 people, this rate was similar to 2021 but statistically significantly higher than 2020; however, 2020 saw a decrease in suicide rates because of the impact of the coronavirus (COVID-19) pandemic on the coroner's inquests, and a decrease in male suicides at the start of the pandemic[53].

Based on 2019 data, numbers of suicides began to increase in England in 2018, after four years of decline. While the exact reasons for the 2018 increase are unknown and could include changes to the recording of deaths by suicide, the latest data shows that the rise was largely driven by an increase among men- who have continued to be most at risk of dying by suicide[54]. Of the suicides recorded in England in 2021, just under 74% were men, at 15.8 per 100,000 population, compared to 5.5 per 100,000 population for women[55]. In recent years, nationally there have also been increases in the rate of suicide among young adults, with females under 25 reaching the highest rate on record for their age group. Overall, people aged 10 to 24 years, and men aged 45 to 64 years have seen the greatest increases in suicide rates during the period[56]. Data from the National Child Mortality Database shows that Suicide and Deliberate Self Harm remains one of the leading causes of deaths for the reviews of children in England aged 15-17 years[57].

### 5.2 West Sussex profile

West Sussex has a population of approximately 867,600[58]. Chart 2 below shows that the rate of suicide (all ages) in West Sussex of 11.5 per 100,000 population (75 people per year) exceeds the England average of 10.4 per 100,000 population but is lower than other parts of Sussex (Brighton and Hove rate 14.1

[51] New figures provide latest data on veteran's suicide (GOV.UK)
[52] Health & Justice | Home page (biomedcentral.com)
[53] Quarterly suicide death registrations in England - Office for National Statistics
[54] Suicide prevention in England: fifth progress report – (GOV.UK)
[55] Suicides in England and Wales: 2021 registrations ONS.GOV.UK
[56] Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives (opens a pdf)
[57] Child death data release 2022 | National Child Mortality Database (ncmd.info)
[58] Joint Strategic Needs Assessment (westsussex.gov.uk)

and East Sussex rate 12.1 per 100,000 population). The rate is measured over a three-year period, 2019 – 2021[59].

**Chart 2: Comparison of West Sussex suicide rate with England, the South-East region, and local authorities in the South-East[60]**

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| **England** | – | 15,447 | 10.4 | 10.3 | 10.6 |
| South East region | – | 2,558 | 10.6 | 10.2 | 11.0 |
| Brighton and Hove | – | 113 | 14.1 | 11.4 | 16.8 |
| Isle of Wight | – | 48 | 13.8 | 10.0 | 18.4 |
| Milton Keynes | – | 91 | 12.9 | 10.4 | 15.8 |
| East Sussex | – | 179 | 12.1 | 10.3 | 14.0 |
| Reading | – | 49 | 12.0 | 8.8 | 16.0 |
| West Berkshire | – | 48 | 11.9 | 8.7 | 15.8 |
| Kent | – | 479 | 11.7 | 10.6 | 12.7 |
| West Sussex | – | 265 | 11.5 | 10.1 | 12.9 |
| Buckinghamshire UA | – | 157 | 11.0 | 9.3 | 12.7 |
| Medway | – | 76 | 10.6 | 8.4 | 13.3 |
| Surrey | – | 316 | 10.1 | 9.0 | 11.2 |
| Oxfordshire | – | 181 | 10.0 | 8.6 | 11.5 |
| Portsmouth | – | 56 | 9.9 | 7.4 | 13.0 |
| Southampton | – | 63 | 9.5 | 7.2 | 12.3 |
| Hampshire | – | 321 | 8.9 | 8.0 | 9.9 |
| Slough | – | 31 | 8.7 | 5.8 | 12.5 |
| Bracknell Forest | – | 28 | 8.4 | 5.6 | 12.1 |
| Windsor and Maidenhead | – | 31 | 8.2 | 5.5 | 11.7 |
| Wokingham | – | 26 | 6.0 | 3.9 | 8.8 |

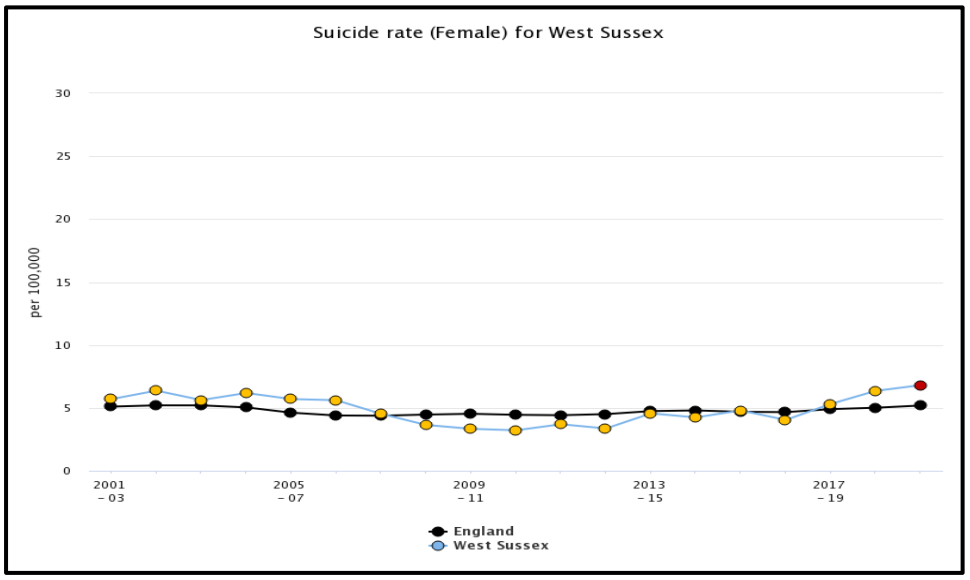
*Source: Office for National Statistics*

The rates of suicide amongst men and women in West Sussex per 100,000 population, are slightly higher than the England rates per 100,000 population; 16.6 for men, compared with the England rate of 15.9, and 6.8 for women, compared to 5.2 for England.

[59] Local Authority Health Profiles - Data - OHID (phe.org.uk)
[60] Suicide Prevention Profile - OHID (phe.org.uk)

The suicide rate for women in West Sussex has increased since 2017 in comparison to England, as shown by Chart 3 below (where the dot in the chart is yellow, the rate is not significantly different to England, where the dot is red it is significantly worse).

**Chart 3: Suicide rate (female) for West Sussex[61]**




Since February 2022, real-time surveillance (RTS) data has been available in West Sussex. This is information gathered via police colleagues at the scene of an unexpected death which may be due to suicide. These suspected suicides have not yet gone through the coronial system, but they present important and timely information on local suicides.

The advantage of real time surveillance is it allows us to respond quickly to emerging trends that point to particular risk factors or high-risk groups locally. We can put in place prompt mitigations and the data also allows us to provide timely support to those who have been recently bereaved or affected by suicide.

[61] Public Health profiles, Office for Health Improvement and Disparities

## 6. Suicide Prevention Framework Action Plan 2023-2027: Year 1 actions[62]

This plan has been developed with multi-agency partners to respond to the data and evidence and incorporates input from the engagement exercise with key stakeholders from the Sussex Suicide Prevention Partnership during summer 2022. As this happened before the national strategy "Suicide Prevention in England: 5-year cross-sector strategy (11 September 2023)[63] was published, the West Sussex action plan has been mapped to the eight action areas of the national strategy. The West Sussex action plan will be updated annually and for year 2 (April 2024 – March 2025) the action plan will be developed in line with the new national strategy and the Sussex Suicide Prevention Strategy action areas. Delivery of the action plan is monitored via the West Sussex Suicide Prevention Steering Group.

| Key Action Area | Action | Success measures / Outputs and outcomes |
|---|---|---|
| **1.System leadership and governance**<br><br>National Strategy action area 8: "Making Suicide everybody's business" | • To publish and disseminate the Suicide Prevention Framework and Action Plan 2023-2027 and update the plan annually and as required – it is a 'living' document, adaptable to changing guidance, national and local strategies<br>• To collaborate with and involve 'Experts by experience' and communities throughout delivery of the action plan | Annual update of framework and action plan<br><br>Service delivery is co-produced and informed by 'Experts by experience' |

[62] PHE_LA_Guidance_25_Nov.pdf (publishing.service.gov.uk)
[63] Suicide prevention strategy for England: 2023 to 2028 - GOV.UK (www.gov.uk)

| Key Action Area | Action | Success measures / Outputs and outcomes |
|---|---|---|
| **2.Communications and engagement**<br><br>National strategy action area 4: "Promote online safety and responsible media content, improve support and signposting and helpful messaging" | • Develop and deliver a communications and engagement plan for improving mental health and prevention of suicide and self-harm<br>• To conduct an evidence review and develop a plan to reduce online harms | Increasing understanding, awareness and uptake of services and support<br><br>Evidence review report and plan to reduce online harm developed |
| **3. Reduce the risk of suicide in priority groups**<br><br>National strategy action areas 3 and 5: "address common risk factors linked to suicide at a population level" and "provide effective crisis support" | **Adults**<br>• Support for those who have attempted suicide<br>• Strengthen access to support for cost-of-living pressures and financial challenges<br>• Develop a plan for reducing isolation and loneliness for men 35-59 years<br>• Delivery of support for older people focused on tackling social isolation, increasing access to advice and information<br>• Delivery of 10 ways to improve safety and reduce suicide in mental health services framework[64]<br>• To agree work with General Practices and pharmacies<br>• Review evidence and data to understand risks for suicides for women including pregnant women and new mothers and develop recommendations for action | **Adults**<br>Increase in support<br>Reduction in risk of suicide by high-risk group<br>A plan for reducing isolation and loneliness for men 35-59 years<br>Delivery of the 10 ways to improve safety programme<br>Work agreed within General Practices and pharmacies<br>Review conducted and recommendations agreed for support for women including pregnant women and new mothers |

[64] A national framework developed by the National Confidential Inquiry into suicide and safety in mental health services University of Manchester (opens a pdf in a browser)

| Key Action Area | Action | Success measures / Outputs and outcomes |
|---|---|---|
| **3. Reduce the risk of suicide in priority groups (cont)**<br><br>National strategy action areas 3 and 5: "address common risk factors linked to suicide at a population level" and "provide effective crisis support" | **Children and Young People (CYP):**<br><br>• Ongoing delivery of multi-agency mental health triage to reduce risk of self-harm and suicide<br>• Support for CYP transitioning to adults' services and review support for Care Leavers regarding suicide prevention, mental health and housing<br>• Ongoing delivery of Mental Health Support Teams (MHSTs) 2023/24 to cover 50% of state-funded schools in West Sussex (national target coverage)<br>• Adapt the Sussex toolkit for Unexpected Deaths in schools for West Sussex schools, and deliver training to support implementation of the toolkit<br>• LGBTQI+ training for schools | **Children and Young People (CYP):**<br><br>Reduced risk of self-harm and suicide<br><br>Support offer for people transitioning from CYP services to adults<br><br>Mental Health Support Teams (MHSTs) covers 50% of state-funded schools in West Sussex<br><br>Production and implementation of West Sussex unexpected death toolkit and delivery of training<br><br>Provision of LGBTQI+ training |
| **4.Tailor approaches to improve mental health in specific groups**<br><br>National strategy action areas 2 and 5: "provide tailored, targeted support to priority groups" and "provide effective crisis support" | • Increase access for support for gambling<br>• Increase support to address the impact of cost-of- living pressures, debt, gambling and financial challenges<br>• Increase access to suicide prevention support for people with multiple needs<br>• Review support for carers through commissioned services<br>• Support for frontline mental health workers through debrief processes and access to support<br>• Data review of suspected suicides and those in contact with the criminal justice system | Improved access to information and support for priority groups<br><br>Review report of support for carers<br><br>Report on criminal justice and suicide |

| Key Action Area | Action | Success measures / Outputs and outcomes |
|---|---|---|
| 4.1 Victims / survivors, perpetrators of and children exposed to domestic abuse | • Review of Domestic Abuse Services pathways regarding risk of suicide and self-harm<br>• Suicide prevention training for staff (WSCC, NHS and Community and voluntary sector)<br>• Develop a communication briefing for staff working across different services to describe the links between suicidality and domestic abuse | Domestic abuse service pathway review conducted<br>Domestic abuse services in Children's Services are trained on suicide prevention<br>Communications briefing for staff produced |
| 4.2 Co-occurring substance misuse and mental health issues | • Improve system and treatment pathways for people with co-occurring substance misuse and mental health conditions and who experience health inequalities<br>• Development of a joint co-occurring conditions pathway protocol for adults between mental health, substance misuse, and housing and homelessness services, followed by training and evaluation | Report of a survey of professionals who have sought help for individuals with co-occurring mental health and substance misuse conditions<br>Joint care pathway and protocol and workforces trained |
| 4.3 People experiencing homelessness | • Review of data for suicides for people experiencing homelessness or housing issues<br>• Development of plan to reduce suicide risk in rough sleepers and homeless families | Data review conducted<br>Delivery of the West Sussex mental health and housing plan |
| 4.4 Neurodiversity | • Review of the neurodevelopmental care pathway (ADHD, ASD, dyspraxia, learning disabilities) | Pathway review conducted |
| 4.5 LGBTQI+ | • LGBTQI+ needs assessment to identify priorities for action | Needs assessment report |

| Key Action Area | Action | Success measures / Outputs and outcomes |
|---|---|---|
| **5. Reduce access to means of suicide**<br><br>National strategy action area 6: "reduce access to means and methods" | • Development and delivery of Network Rail Hub of Hope campaign that signposts people to mental health support<br>• Support work on suicide prevention and railways<br>• Safe prescribing and upskilling primary care practitioners in identification and initial management of risk<br>• Implementation of Pharmacy Quality Scheme: Suicide awareness training and action plan | Delivery of Hub of Hope campaign<br><br>Workplan with railways on suicide prevention<br><br>Safe prescribing and upskilling primary care practitioners in identification and initial management of risk embedded<br><br>Number of practices delivering the Pharmacy Quality Scheme |
| **6. Provide bereavement support to those bereaved and affected by a suicide**<br><br>National strategy action area 7: "provide effective bereavement support to those affected by suicide" | • Provision for bereavement support for those bereaved and affected by a suicide<br>• To scope and plan an all age needs assessment for bereavement support for all those bereaved in Sussex<br>• Ongoing work with the media in delivering sensitive details and adhering to guidance on responsible reporting | Delivery of bereavement support, annual reports and evaluations<br><br>Needs assessment scope and plan developed<br><br>Work with media regarding responsible reporting |

| Key Action Area | Action | Success measures / Outputs and outcomes |
|---|---|---|
| **7.Use of data to support planning, response and learning**<br><br>National strategy action area 1: "improve data and evidence" | • Ongoing development and implementation of the Real Time Surveillance (RTS) system and response, analysis of data to inform action to limit the impact of a suspected suicide<br>• Alignment of RTS working across Sussex<br>• Incident debriefs and sharing of learning | RTS monthly and annual review<br>Aligned response structures<br>Sharing of learning with services |
| **8. Training**<br><br>National Strategy action area 8: "Making Suicide everybody's business" | • Development of training needs analysis for training on suicide prevention across multiple agencies: NHS, WSCC, educational settings, voluntary sector, and first responders (police, fire brigade, ambulance, coast guard)<br>• Development and delivery of training programmes | Training needs analysis report<br>Training programmes delivered |
| **9. Reduce risk of self-harm**<br><br>National Strategy action area 2: "provide tailored support to priority groups" | • Working with partners across health and care system including in multi-agency steering groups to reduce risk of self-harm<br>• Delivery of Self Harm Learning Network training for professionals working with at-risk groups and parents, families and carers. Forthcoming training and information to cover neurodiversity including learning disability, autism, ADHD, body dysmorphia and eating disorders | Training reports<br><br>Review and update the Managing self-harm guidance and toolkit for schools |

## 7. Glossary of terms

| | |
|---|---|
| ACE | Adverse Childhood Experiences |
| ADHD | Attention deficit hyperactivity disorder |
| ASD | Autistic Spectrum Disorder |
| CAB | Citizens Advice Bureau |
| CYP | Children and Young People |
| DPH | Director of Public Health |
| HEE | Health Education England |
| HWB | Health and Wellbeing Board |
| ICB | Integrated Care Board |
| ICS | Integrated Care System |
| LGBTQI+ | Lesbian, Gay, Bisexual, Transgender, Querying (or Queer), Intersex, plus |
| MHRA | Medical and Health Care Products Regulatory Agency |
| NCISH | National Confidential Inquiry into Suicide and Safety in Mental Health |
| OHID | Office for Health Improvement and Disparities |
| PCN | Primary Care Network |
| RTS | Real Time Surveillance |
| SECAmb | Southeast Coast Ambulance Service |
| SHLN | Self-harm Learning Network |
| SPFT | Sussex Partnership NHS Foundation Trust |
| VCSE | Voluntary Community Social Enterprise |
| WSCC | West Sussex County Council |

## 8. Acknowledgements

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With thanks to the following people and organisations for their contributions to the development of this framework and action plan:

Kim Adsett, Public Health, WSCC
Dan Barritt, Public Health, WSCC
Jim Bartlett, Communities, WSCC
Hilary Bartle, Stonepillow
Kate Belbin, Sussex Police
Kate Birrell, Public Health, WSCC
Marie Bliss, Adults' Services, WSCC
Jamie Carter, NHS Sussex
Sophie Carter, Children, Young People and Learning, WSCC
George Chapman, Sussex Partnership NHS Foundation Trust
Michelle Crowley, Public Health, WSCC
Cara Davis, Children, Young People and Learning, WSCC
David Davis, NHS Sussex
Karen Dennison, Public Health, WSCC
Gemma Dorer, Sussex Partnership NHS Foundation Trust
Tim Feltham, Communications and Engagement, WSCC
Ruth Finlay, NHS Sussex
Andrew Gordon, Sussex Police
Libby Hill, Public Health, WSCC
John Holmstrom, Turning Tides
Stephen Humphries, Children, Young People and Learning, WSCC
Louise Jackson, Children's Safeguarding, NHS Sussex
Rachel Jevons, Public Health, WSCC
Sophie Krousti, Public Health, WSCC
Rachel Loveday, Public Health, WSCC
Daniel MacIntyre, Public Health, WSCC
Fiona Mackison, Public Health, WSCC
Laura Mallinson, Children, Young People and Learning, WSCC
Mike McHugh, ESCC on behalf of Sussex public health teams
Henry McLaughlin, Public Health, WSCC
Carly Mendy, Sussex Partnership NHS Foundation Trust
Andrea Morgan, Children, Young People and Learning, WSCC
Barry Newell, Public Health, WSCC
Louise Patmore, Changing Futures
Graeme Potter, Public Health, WSCC
Tanya Procter, Children, Young People and Learning, WSCC
Doffey Reid, Children's Safeguarding, NHS Sussex
Jo Rogers, Changing Futures
Loretta Rogers, Adults' Services, WSCC
Bevan Rowlands, Public Health, WSCC
Greg Slay, Adults' Services, WSCC
Alison Thomson, Public Health, WSCC
Danielle Wilkinson, Public Health, WSCC

Appendix 1: Governance structure West Sussex Suicide Prevention Framework and action plan 2023 - 2027