

Croydon Self-Harm and Suicide Prevention Needs Assessment

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1. Executive summary

Every suicide is a tragedy that affects families and communities and has long-lasting effects on the people left behind. Self-harm is a stronger risk factor for subsequent suicide, these episodes represent an important opportunity for prevention.

Suicide prevention is a national and local priority with a role for both statutory and community organisations. A collaborative system-wide approach is fundamental to understand, address, and support those at risk of self-harm or suicide. The Croydon Multiagency Self-Harm and Suicide Prevention and Action Plan 2023/26 signals our local commitment to reduce suicide by 10% by 2026, to support those at risk of self-harm and those bereaved by suicide.

This needs assessment is a key element of Croydon in leading self-harm and suicide prevention planning and integration at local level. It aims to identify gaps and opportunities for the efficient targeting, commissioning, and implementation of self-harm and suicide prevention interventions, and to inform self-harm and suicide prevention plans.

Review of the literature and best practice, quantitative analysis of national and local data, and qualitative engagement with stakeholders (professionals and community representatives) were used and triangulated to identify priority groups and to formulate evidence-based recommendations to inform the development of the local strategy and action plan.

This needs assessment identified that suicide rates vary across areas within Croydon and there is a socio-economic gradient to suicide with people in the most deprived communities experiencing higher rates of suicide. In line with national trends, findings from this needs assessment identified men to be at greatest risk of suicide. Other groups identified to be a greatest risk of self-harm and suicide were children and young people, and people from LGBTQ+ community.

The identified needs guided the development of recommendations, which provided an opportunity to inform the development of the local strategy and action plan. This needs assessment recognises there are other groups who are at higher risk of suicide than the general population. Over the course of the three years, the action plan be updated regularly to respond to emerging needs and will try to address risk among as many vulnerable population groups as realistically possible.

The strength of this needs assessment is in the consistency of findings, and the commitment of stakeholders to willingly share their views on self-harm and suicide prevention needs. This needs assessment has built high expectations that mental health and suicide prevention services can be improved to meet the identified priorities with effective planning and collaboration among organisations as the key first step.

2. Introduction

2.1 Purpose of the Health Needs Assessment

This needs assessment is a part of the Croydon's Joint Strategic Needs Assessment (JSNA) and is concerned with self-harm and suicide prevention among children and young people and adults in Croydon. The broader mental health and wellbeing of Croydon's residents are addressed in the Health and Wellbeing Strategy (Priority 4: mental wellbeing and good mental health are seen as a driver of health) (1).

This needs assessment first sets out the local and national context about self-harm and suicide in England. Subsequently, the report presents an analysis of local needs aimed at identifying individuals who are at higher risk of self-harm and suicide than those in the general population. This is followed by an overview of the current service provision, alongside a summary of how well the current service provision in Croydon is meeting local needs. It continues with an overview of the evidence about what works well to address and prevent self-harm and suicide in the population, and analysis of the potential unmet needs and service gaps, and how these can be addressed based on the evidence in the context of local and national policy drivers.

This needs assessment concludes with a set of recommendations to inform the Multiagency Self-Harm and Suicide Prevention Strategy and Action Plan 2023/26. Recommendations from this needs assessment will also be valuable to policymakers and providers interested in planning, improving, and developing evidence-based self-harm and suicide prevention interventions in Croydon.

2.2 Scope of the Health Needs Assessment

This needs assessment relates to the mental health and wellbeing of residents of Croydon at risk of self-harm and suicide, and those bereaved by suicide. It does not cover broader mental health and wellbeing issues affecting the population of Croydon.

2.3 Methodology

This needs assessment used four key processes for gathering information and insights:

1. **A literature review:** to understand the burden of self-harm and suicide on children and young people, adults, and other vulnerable populations; and to gather evidence of effective interventions and examples of best practice.
2. **Stakeholder engagement:** workshops and meetings with professionals and community representatives working with people at risk of self-harm.
3. **National and local data:** to identify high level needs and service use across Croydon.
4. **Audit:** it was not possible to conduct an audit.

2.4 Limitations

Due to COVID-19 pandemic, it was not possible to conduct an audit. There are plans to re-establish communications and links with the coroner's office to conduct an audit in the future.

In line with the Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR), there are restrictions about what self-harm and suicide records can be published. For this reason, where data records are equal or below 5 cases, these have been omitted from this needs assessment.

3. Policy context

In 2012, the national suicide prevention plan, *Preventing suicide in England: a cross-government outcomes strategy to save lives* (2) set the national ambitions to reduce the suicide rate in the general population in England and to provide better support for those bereaved or affected by suicide. The strategy highlighted the clear need for local authorities and partners to develop a local suicide prevention strategy and action plan which would work across a network of stakeholders to reduce the rate of suicide in the general population and provide better support for those bereaved or affected by suicide.

In January 2015, the All-Party Parliamentary Group on Suicide and Self-harm Prevention recommended three key elements to the successful implementation of the local strategy:

1. The establishment of a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations.
2. The completion of a suicide audit.
3. The development of a suicide prevention strategy and/or action plan that is based on the national strategy and local data.

Building on this, in 2016 the *NHS England's Five Year Forward View for Mental Health* (3) set the ambition that by the end of the decade, the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. The NHS Long Term Plan committed to make suicide prevention a priority. This commitment has been supported by allocating £2.3 billion of funding for mental health and £57 million of this specifically allocated to suicide prevention and bereavement.

In 2017, Thrive London (LDN) (4) was launched to improve the mental health and wellbeing of all Londoners. Working with partners across the city, Thrive LDN has set a Zero Suicide ambition for London. Thrive LDN is working with partners to help coordinate a collective response to the public mental health challenges which are developing.

4. Epidemiology

4.1 National

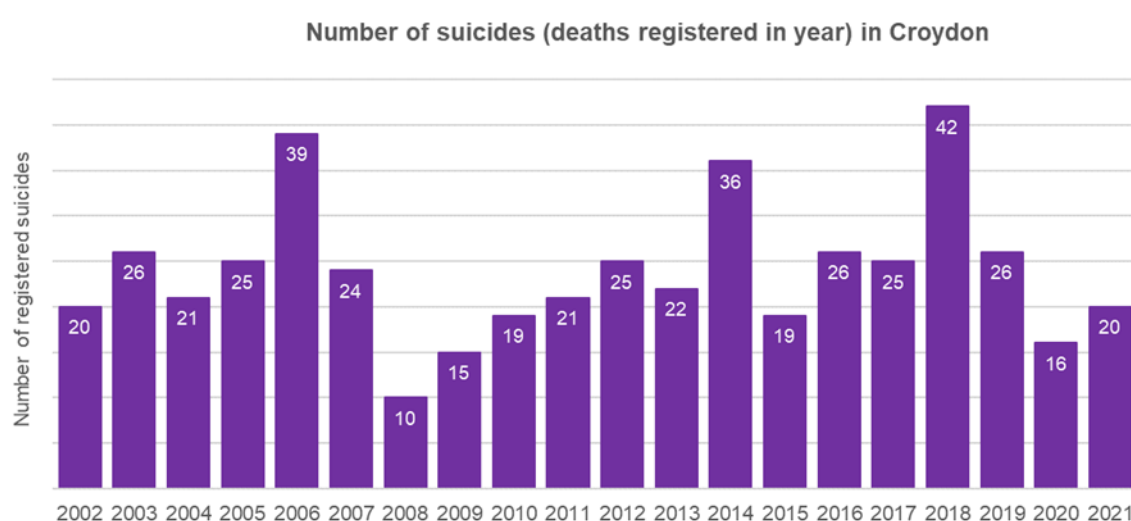
In England, one person dies every two hours as a result of suicide (5). When someone takes their own life, the effect on their family and friends is devastating. Many others involved in providing support and care will feel the impact. Furthermore, there are societal and economical costs.

There were 5,583 suicides registered in England and Wales in 2021, 6.9% higher than in 2020 (5,224 deaths), and equivalent to an age-standardised mortality rate (ASMR) of 10.7 deaths per 100,000 people. While this was statistically significantly higher than the 2020 ASMR (10.0 deaths per 100,000 people), it was consistent with the pre-coronavirus (COVID-19) pandemic rates in 2019 and 2018 (6). The reported decrease in 2021 is possibly driven by two factors: the delay in death registrations because of the pandemic and a possible decrease in male suicides at the start of the pandemic (6).

Of those registered suicide deaths in 2021, 75% were male (4,129 deaths compared with 1,454 female deaths) which is consistent to the trend seen since the mid-1990s. Both males and females aged 45-49 years had the highest suicide rate. For the fifth consecutive year, London has had the lowest suicide rate of any region of England (7.0 deaths per 100,000) and the Northeast had the highest rate in 2020 with 13.3 deaths per 100,000 (6).

4.2 Croydon

Since 2002, an average of 24 deaths due to suicide have been registered each year in Croydon. This number varies by year, with 2018 having the largest number of suicides registered. Numbers fell considerably in 2020 in-line with regional and national trends. In Croydon, the number is still slightly lower than those seen before pre-pandemic in 2018 and 2019 (6).

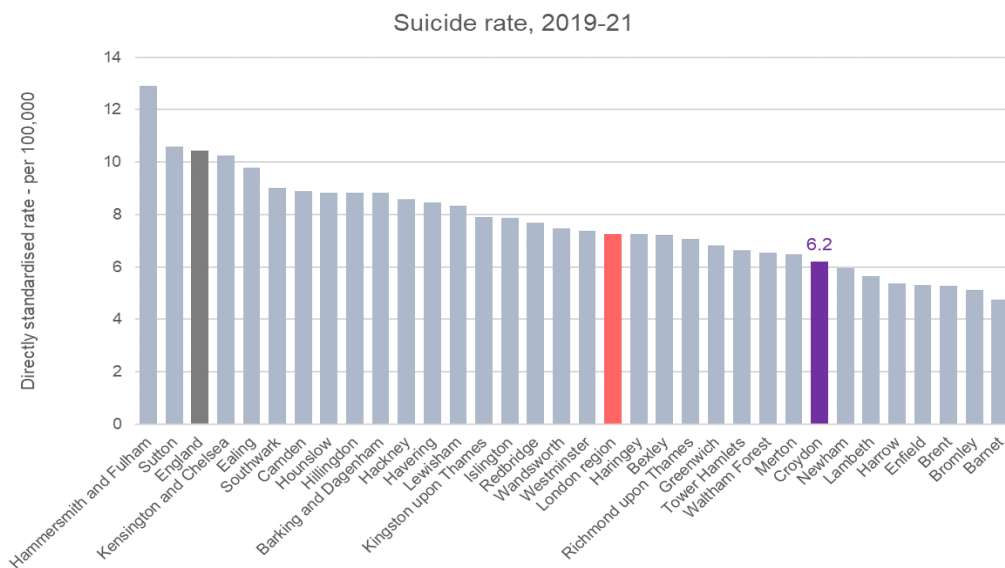


Source: ONS Suicides in England and Wales by local authority

In the latest data (2019-21) 62 suicides were recorded in Croydon, a decrease of 33% since the previous three years of 2016-18 when there were 93 suicides. This is larger decrease than both England (10% increase) and London (7% decrease) (7).

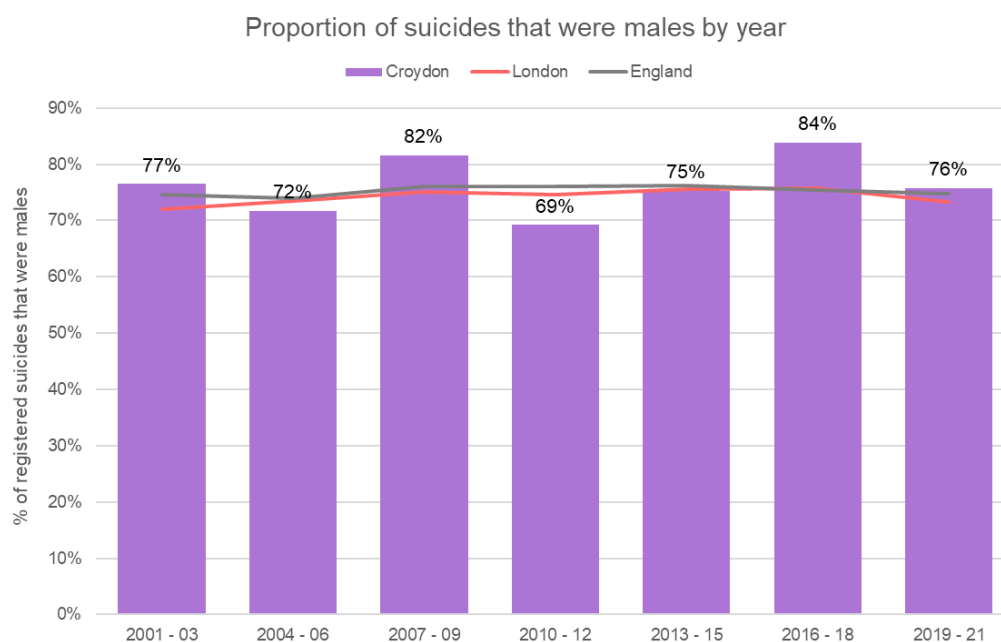


Croydon was ranked 25th out of 32 London boroughs and the rate of 6.2 per 100,000 was statistically similar to London and statistically lower than England (7).

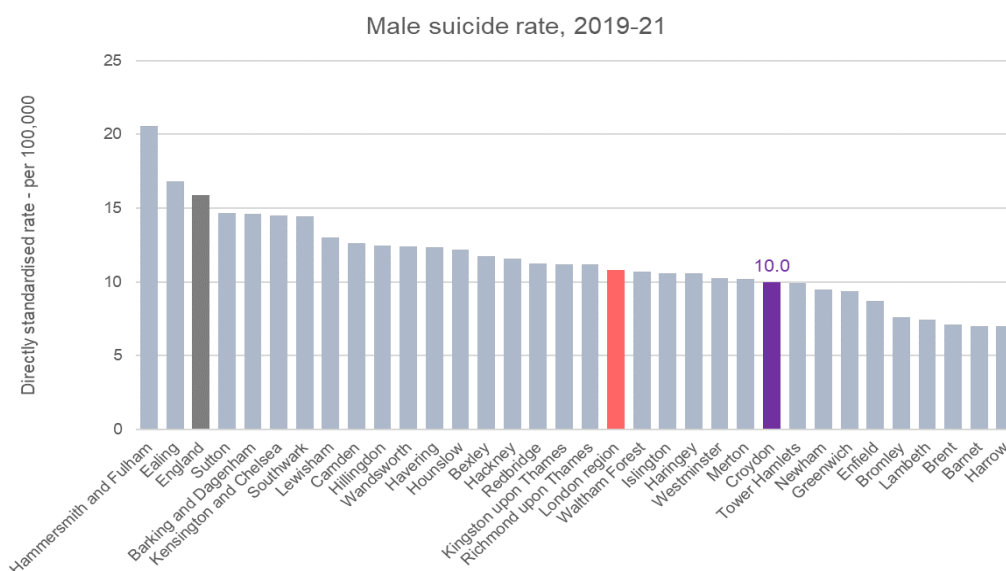


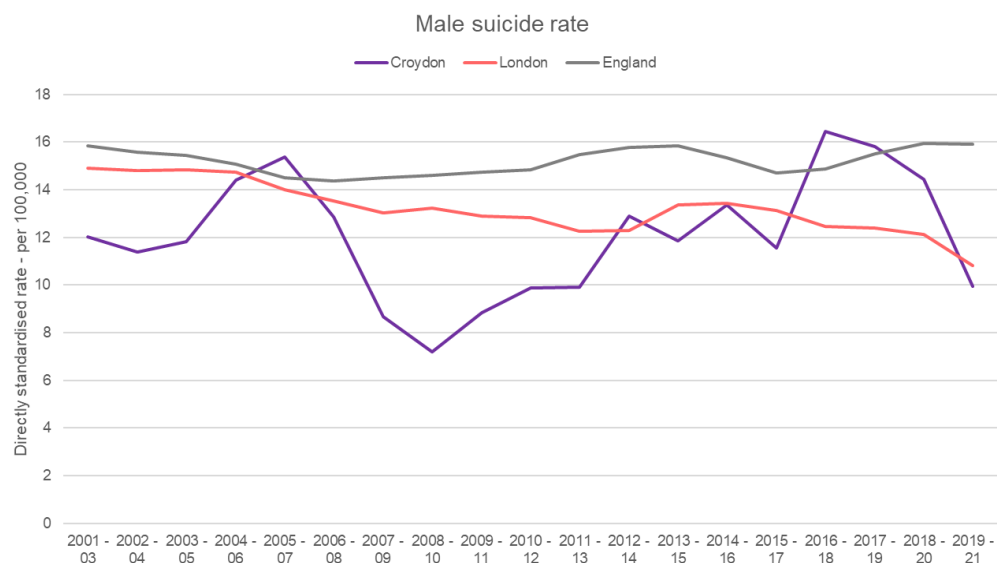
4.2.1 Males

In Croydon, as across the country, males have a much higher suicide rate than females. In England and London, around three in every four suicides are men. In Croydon, this proportion has fluctuated over the years but, on average, is also around 75% (7).



47 male suicides were recorded in Croydon between 2019-21, a decrease of 40% since the previous three years of 2016-18 when there were 78 male suicides. This is larger decrease than both England (9% increase) and London (10% decrease). In the latest data (2019-21) Croydon was ranked 23rd out of 32 London boroughs and the rate of 10 per 100,000 was statistically similar to London and statistically lower than England (7).

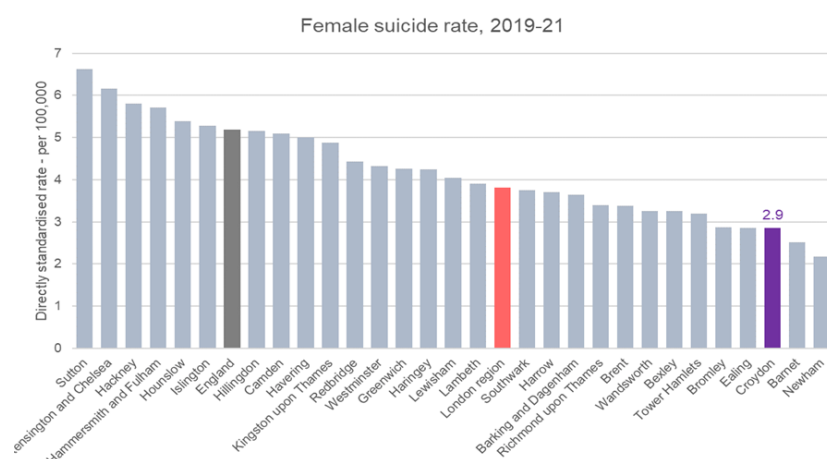


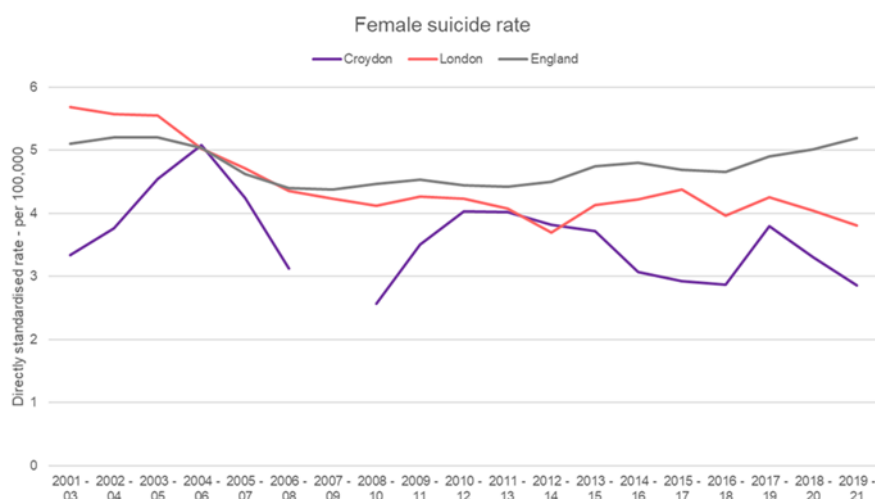


4.2.3 Female suicides

15 female suicides were recorded in Croydon between 2019-21, the same number as seen in 2016-18. London as a whole saw a 2% decrease in the same three years and England saw a 13% increase (7).

In the latest data (2019-21) Croydon was ranked 27th out of 29 London boroughs and the rate of 2.9 per 100,000 was statistically similar to London and statistically lower than England (7).



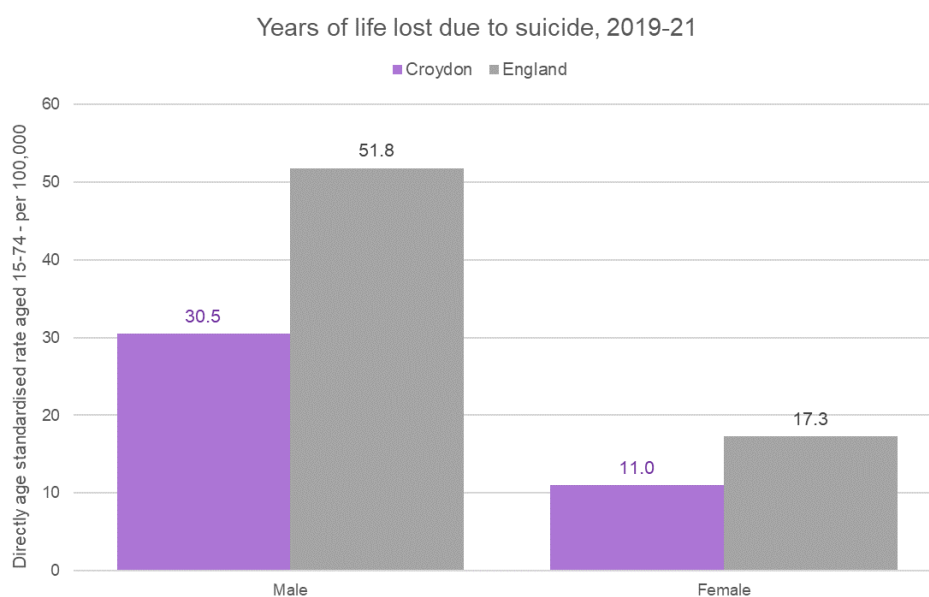


4.2.3 Years of life lost to suicide

Years of life lost is a measure of premature mortality and gives an estimate of the length of time a person would have lived had they not died prematurely.

In the latest data (2019-21) in Croydon, an estimated 30.5 years of life were lost to suicide in men and 11 years in women (per 10,000 population (3-year average)) (7).

The latest figures for males are statistically lower than the England average and statistically similar for females. In the latest data Croydon ranked 20th out of the London boroughs for the largest years of life lost in both males and females (7).



4.2.4 Self-harm

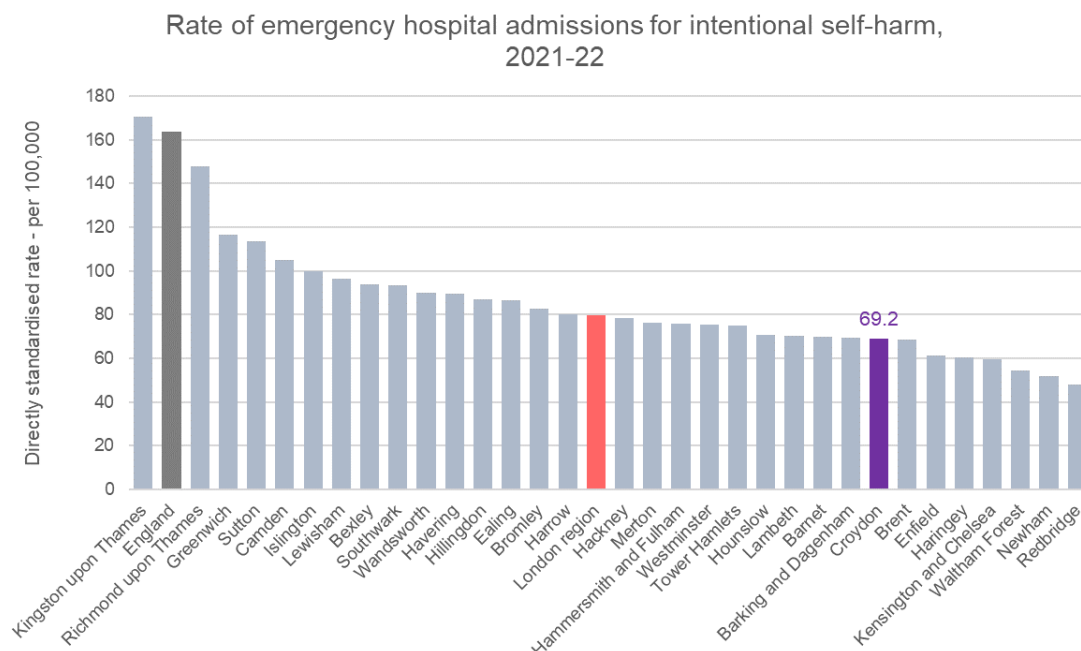
Self-harm is an 'intentional injury to one's own body resulting in tissue damage' (8) and is an expression of personal distress. There are varied reasons for a person to harm themselves irrespective of the purpose of the act.

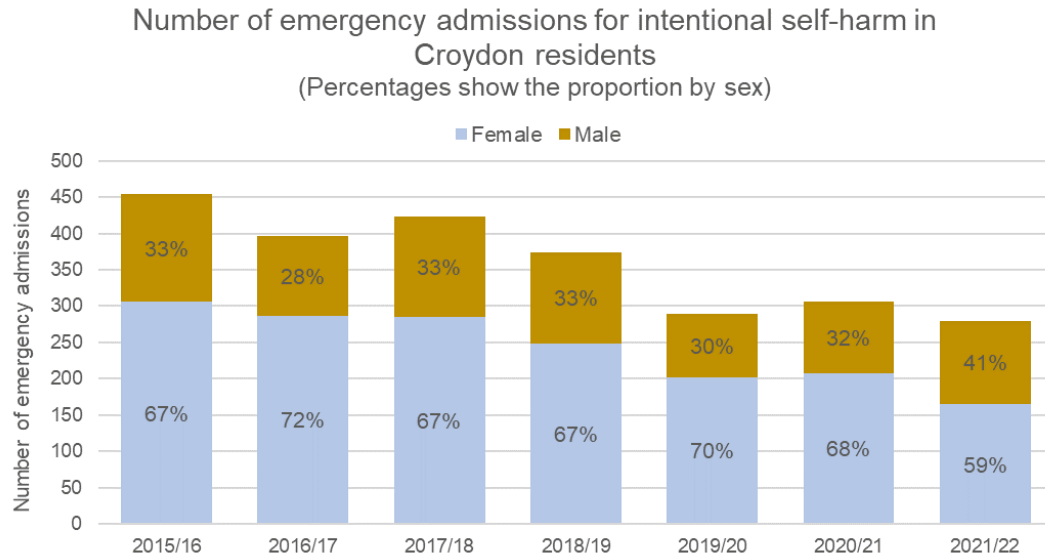
Self-harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year. One study of people presenting at A&E showed a subsequent suicide rate of 0.7% in the first year - 66 times the suicide rate in the general population. After 15 years, 4.8% of males and 1.8% of females had died by suicide (9). Aside from the obvious danger of death, self-harm and suicide attempts can be seriously detrimental to an individual's long-term physical health, if they survive.

Self-harm can happen at any age; however, self-harm is most common among young people (10). One in four young women and one in ten young men have self-harmed at some point in their life (10). Research suggests that the rates of self-harm have risen fastest amongst young people since 2000 (10). Prevalence of self-harm is based on surveys from people admitted to hospital after an event, thus it is likely that research underestimates how common self-harm is. This is because many people do not seek help after self-harm.

280 emergency admissions to hospital for intentional self-harm were recorded in Croydon during 2021/22. The number of admissions has dropped locally since 2018/19 by 25% when there were 374 admissions. This is a larger decrease than both England (15% decrease) and London (3% decrease) (7).

In the latest data (2021-22) Croydon was ranked 25th out of 32 London boroughs and the rate of 69.2 per 100,000 was statistically lower than both London and England (7).





5. Who is at risk and why?

Those who are the most vulnerable in our society are disproportionately at risk of suicide and self-harm. Local and national intelligence has identified the following high-risk groups and risk factors for suicide and self-harm as illustrated in Table 1. Priority groups are defined as those groups for whom evidence nationally and/or locally shows a significant increased risk of prevalence or harm in relation to self-harm and/or suicide.

Table 1. High-risk groups and risk factors for suicide and self-harm

High risk groups and risk factors	Self-harm	Suicide
People living in deprived areas (11)	✓	✓
Those who have previously self-harmed or attempted suicide (12)	✓	✓
Those who work as carers, in the arts or low-skilled workers (11)		✓
Those in contact with the criminal justice system (12)	✓	✓
LGBTQI+ (12) (13)	✓	✓
Middle aged men (11)		✓
Young women (14)	✓	

People with mental health issues (13)	✓	✓
Children and young people (13)	✓	
Minority ethnic groups		✓
Neurodiverse groups		✓
Physical disability/long term condition		✓
People who have had adverse childhood experiences (13)	✓	✓
People bereaved by suicide (13) or had a friend/family self-harm	✓	✓

5.1 Children and young people

Self-harm is the single biggest predictor of suicide risk among children and young people (15). Many children and young people who die by suicide have previously demonstrated their risk through self-harm or expressing suicidal ideas (15). Having a friend who self-harms increases the probability that other young people do the same (16). Bullying and cyberbullying increases the risk of self-harm, suicidal ideation, and suicide attempts (17). Most children and young people who die by suicide in England are not known to specialist mental health services and almost half are not known to any agency (18).

Among children and young people, those from LGBTQ+ community (19), children with special needs and disabilities (SEND) (20), and neurodiverse (21), are more likely to experience poorer mental health and are at higher risk of self-harm and suicide. Adverse childhood experiences (ACEs) are strong predictors for mental health and wellbeing. ACEs refers to a range of psychological and physical experiences that occur during childhood and/or adolescence (e.g., neglect, bullying, physical abuse, poverty, parental alcohol, or substance misuse, parental poor physical or mental health, parental suicide, etc.). These experiences can have lasting effects on health, well-being, as well as life opportunities, and evidence shows that ACEs increase the risk of suicide (22).

Based on national survey data (23), it is estimated that of the 5,500 babies born in Croydon each year, almost 458 (8.3 %) will have experienced four or more ACEs by the time they reach 18 years, placing them at very much higher risk of experiencing worse outcomes as an adult. Further, of the 5,500 children born each year in Croydon, it was estimated that 12% (660 children) would experience mental illness, 12% (660 children) would experience domestic violence, and 14.3% (787) would experience physical abuse.

Nationally, rates of self-harm are two to three times higher in women than men (24). In a 2014 survey based in England, 22% of 15-year-old girls said they have previously self-harmed, with almost three times as many girls reporting self-harm than boys (11). In Croydon, in each year, there are approximately twice as many admissions in females than males. Around a third of all self-harm admissions are in those aged 15-24 in Croydon; the majority of these being aged

21 and below. In this age group (15-21), for every male admission there are over 5 female admissions. (25)

5.2 Men

Men are four-to-five times more likely than women to die by suicide (26). The reasons behind this are complex. Some risk factors for suicide may affect men and women in different ways. For instance, men are more likely to be subject to a variety of cultural expectations that can contribute to suicide risk such as stressors that challenge traditional male roles, e.g., unemployment and divorce. Social expectations placed on men may mean that they are less likely to disclose or seek help for suicidal thoughts or behaviours compared to women (27).

5.3 LGBTQ+

The term Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+) refers to a broad group of people who are highly diverse when it comes to gender, sexual orientation, race/ethnicity, and socioeconomic status.

The prevalence of mental health issues, misuse of alcohol and other drugs, and suicidal thoughts and behaviours within the LGBTQ+ community are significantly higher than that of the general population. Current evidence shows that the LGBTQ+ community have a greater risk of self-harm and suicidal behaviour than their heterosexual peers (13). In the UK, one in two LGB youth has self-harmed at some point in their life and 44% has thought about suicide. Several factors might trigger attempts of self-harm and suicide among members of the LGBTQ+ community, such as stress and anxiety resulting from prejudice, stigma, and discrimination (family rejection, bullying, violence), experiencing homophobia, biphobia, and transphobia, rejection, and stigma. This experience, and the fear of it happening, can prevent individuals from seeking help when they need it. Likewise, professionals might find it difficult to address difficult conversations with patients around gender, identity, sexual orientation, and mental health (28).

Among the LGBTQ+ community, transgender individuals experience unique challenges that need specific attention. Emerging evidence shows that transgender persons have higher rates of suicidal behaviours and suicidal attempts compared to the general population (29) and heterogeneity in suicide behaviour exists within transgender populations (30). In the UK, trans young people have higher rates of substance misuse, more than one in three have experienced major depression, and at least one in two has reported self-harm behaviour (31).

The Croydon mental health priority group was one of several task groups formed in the wake of safeguarding practice reviews where a number of Croydon young people who were known across the spectrum of statutory and non-statutory services, sadly took their own lives. In 75% of the reviews, young people identified as LGBTQ+ and aspects of their sexuality or gender may have been directly or indirectly relevant in their poor mental health.

5.4 Neurodiversity

Neurodiversity describes the idea that people experience and interact with the world around them in many different ways; there is not one “right” way of thinking, learning, and behaving, and differences are not viewed as deficits (32). Neurodiversity refers to the diversity of all people, but it is often used in the context of autism spectrum disorder (ASD), as well as other neurological or developmental conditions such as ADHD or learning disabilities (32).

Autistic people and those with elevated autistic traits are at increased vulnerability of mental health problems. Autistic people are at significantly higher risk of suicidal thoughts and behaviours compared with non-autistic people (33). Autistic adults with no learning disabilities are nine times more likely to die by suicide than the general population. Evidence has shown a significant increased risk of dying by suicide in autistic people compared with the general population (33). Figures show that as many as 11-66% of autistic adults had thought about suicide during their lifetime, and up to 35% had planned or attempted suicide (34).

In the UK, autistic people make up approximately 1% of the population but 11% of suicides (21). Since it is estimated that there are half a million undiagnosed autistic adults in the UK, this percentage is probably to be higher.

5.5 People with mental health issues

Evidence suggests that patient suicide numbers and rates in the UK are relatively stable. Over 2010-2020, there were 1,673 suicide deaths in the UK by patients, 27% of all general population suicides (35). In 2016-2020, there were 373 deaths per year in patients who had experienced recent economic adversity, i.e., serious financial problems and loss of job, benefits or housing. The number increased over this five-year period (35).

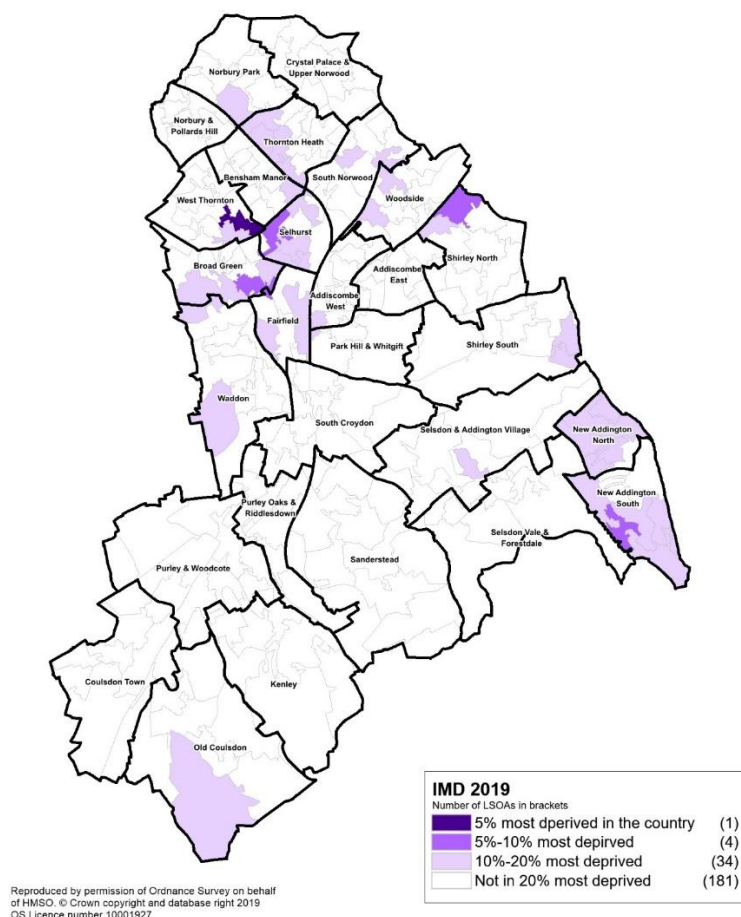
5.6 Long term conditions

Long term conditions, poor physical health, and disability are risk factors for poor mental health (36). Evidence suggests that there are elevated rates of suicide in patients diagnosed with a severe physical health condition (e.g., cardiovascular disease, cancer, or chronic obstructive pulmonary disease) compared to individuals with similar socio-demographic characteristics (37) (38).

5.7 People living in areas of deprivation

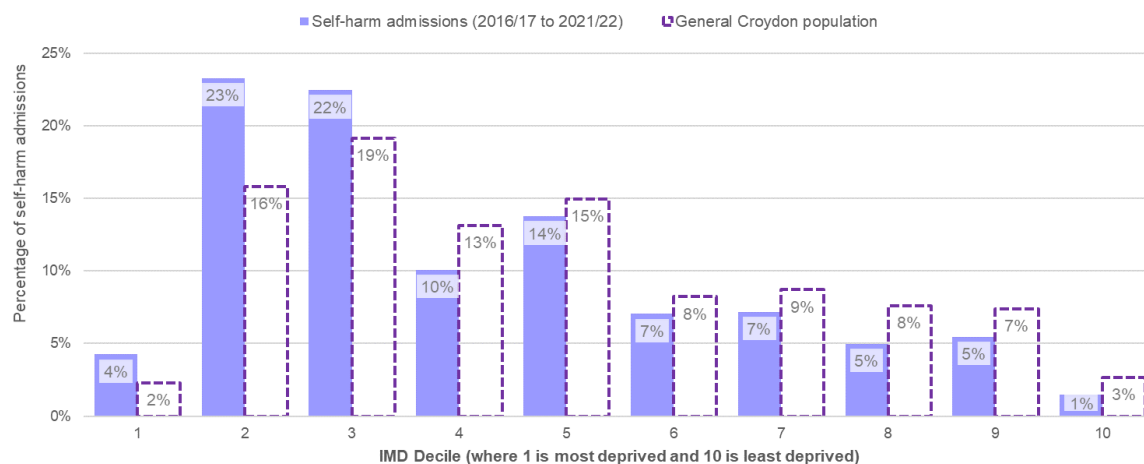
People among the most deprived 10% of society are more than twice as likely to die from suicide than the least deprived 10% of society (11). Within Croydon, approximately 8,950 residents live in areas that are amongst the 10% most deprived in the whole country (39). The figure below illustrates deprivation across the borough with the darker colours demonstrating the most deprived areas.

Indices of Deprivation 2019 Croydon Lower Super Output Areas (LSOAs)



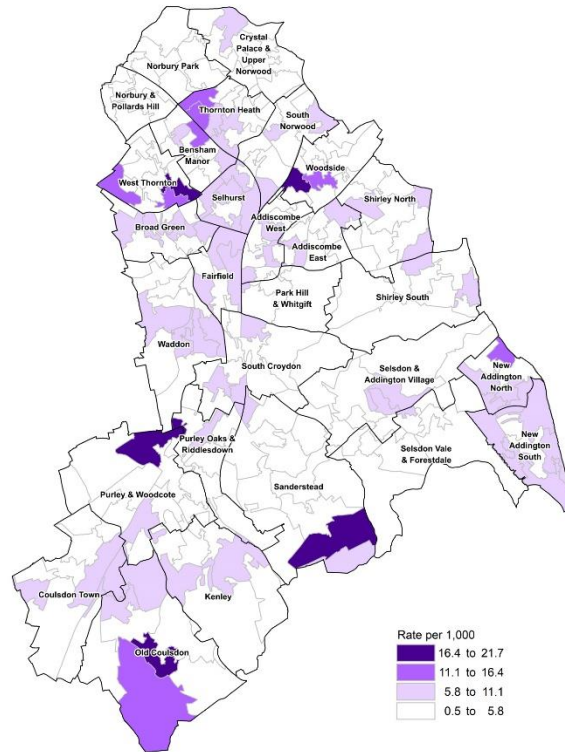
There are also proportionately high numbers of self-harm admissions in those living in more deprived areas of Croydon when compared to the general population. Croydon has a number of hotspots where there have been high rates of self-harm over the last six years, particularly in Old Coulsdon, South Sanderstead, Russell Hill, Woodside and south Thornton Heath (25).

Percentage of emergency admissions for intentional self-harm in Croydon residents by deprivation



Rate of emergency admissions for self-harm

Rates calculated as total number of emergency admissions for self-harm over six year period (2016/17 to 2021/22) from Hospital Episode Statistics per 1,000 total population from ONS mid-year estimates, 2020



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5.8 Those who have previously self-harmed or attempted suicide

Self-harm, (with or without suicidal intent) is the strongest risk factor of suicide (12), although for many, self-harm is a coping mechanism and not an attempt of suicide.

5.9 Those who work as carers, in the arts or low-skilled workers

Suicide is the leading cause of death in England in adults below the age of 50, and past research shows that some occupations are at particular high risk (40). National statistics show a 44 % higher risk of suicide among males working in the lowest-skilled occupations, and a 25% higher risk among female health professionals than the national average (40). Higher risk among female health professionals is largely explained by high suicide rate among female nurses.

5.10 People in contact with the criminal justice system

Those who have been or who are involved with the criminal justice system commonly face multiple disadvantages including, but not limited to, social exclusion, substance misuse,

homelessness, and mental and physical health problem, which are all factors likely to increase the risk of suicide. Recent evidence shows that male prisoners that have suffered from multiple adverse childhood experiences are substantially more likely to have a lifetime mental illness diagnosis, self-harm, or suicide attempt, and to have low mental wellbeing whilst in prison (41). Nationally there has been a sharp increase in deaths by suicide following police custody (42).

5.11 People bereaved by suicide

The emotional, mental, and social impact of suicide is difficult to measure. However, suicide causes a ripple effect in families and communities and the impact of suicide lasts for many years (43).

Suicide bereavement¹ is estimated to affect up to 9% of adolescents and 7% adults annually (44). Estimates vary on how many people are affected by each suicide, ranging from 6 to 60 people (44). A national cross-sectional study by the Division of Psychiatry, University College London, found that adults bereaved by suicide had a higher probability of attempting suicide than those bereaved by sudden natural causes (44).

Suicide bereavement is a risk factor for adverse outcomes related to complicated grief (i.e., the primarily emotional (affective) and natural reaction to the loss of a significant other. It has been suggested that poor mental health outcomes after suicide bereavement may be related to the lack of support reported after suicide loss, with stigma implicated as one of the barriers to seeking or being offered help.

In the suicide prevention field, postvention 'describes activities developed by, with, or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation' (45). Increasing the number of postvention services is a key aspiration of the National Suicide Strategy, highlighting significant unmet need nationally. Postvention services can work to reduce the health inequalities friends, families, colleagues, and partners experience (43).

5.12 Methods of suicide

Access to means is a major risk factor for suicide. Restricting access to suicide means is an important component of suicide prevention and provides a basis for prevention strategies. Evidence suggests that reducing access to common methods of suicide leads to a reduction of overall suicide rates (46).

It is important to understand the most common methods used for suicide to help devise prevention strategies. For example, restricting access to certain items that may be used when someone wishes to take their own life. Many suicide attempts take place during a short-term crisis, so it is important to consider a person's access to lethal means during these periods of increased risk. Certain lethal means (e.g., analgesics, pesticides) might be more readily available or stockpiled at home.

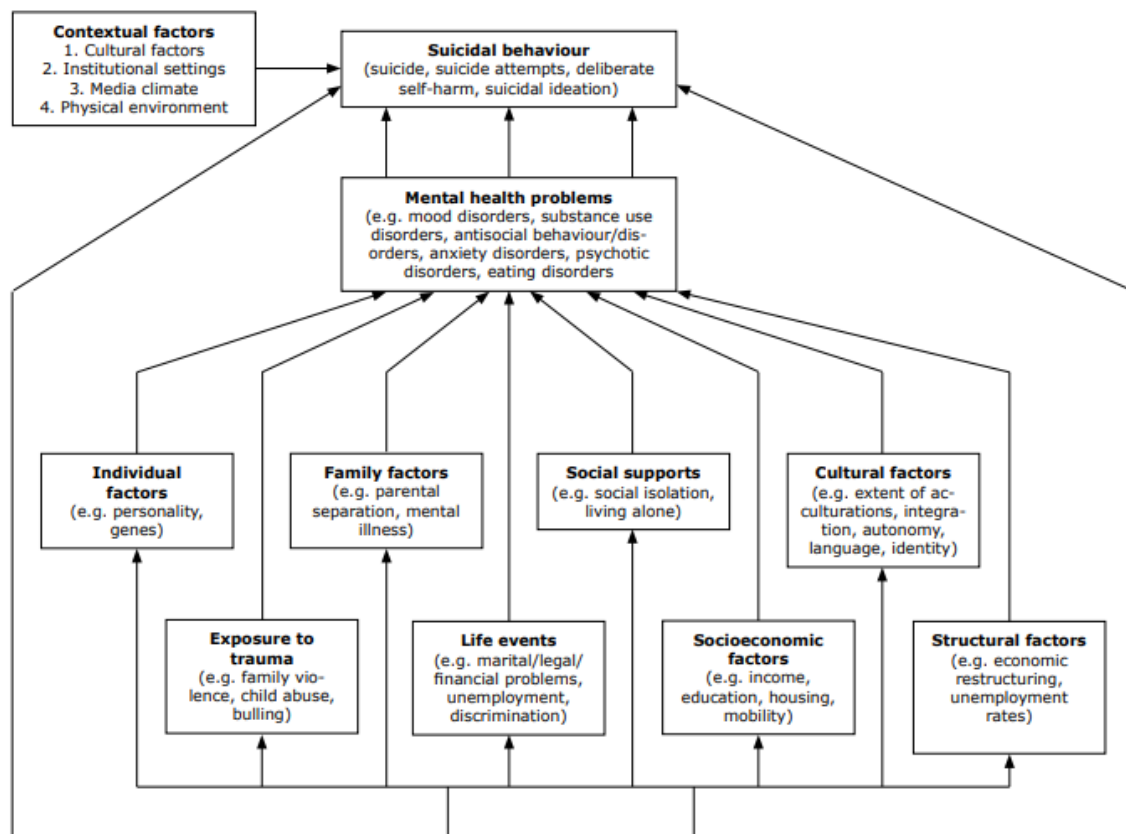
¹ Suicide bereavement refers to the period of grief, mourning and adjustment after a suicide death, that is experienced by family members, friends and any other contacts of the deceased affected by the loss. (44)

6. What works

The World Health Organization states that ‘for national responses to be effective, a comprehensive multisectoral suicide prevention strategy is needed’ (12). This is because the pathways to suicide behaviour is complex as illustrated in figure 15 (47).

It is suggested that the most effective approach to self-harm and suicide prevention is based on multilevel interventions which are likely to have a synergistic potential (i.e., achieving an enhanced effect as a result of the combined effects of multiple interventions) (48). A recent systematic review and meta-analysis showed that multilevel interventions are more effective than individual interventions and that effect size rises significantly with the number of levels involved (48).

Pathway into suicide behaviour



Multilevel interventions should take into consideration:

Wider determinants and primary prevention: this would involve accounting for and addressing the sociohistorical and economic factors that influence individuals' mental health and that could lead into crisis (e.g., homelessness, job loss, substance misuse), and providing holistic early intervention. This could include using Making Every Contact Count (49), five steps to mental wellbeing (50), whole school or college approach to promoting children and young people's mental health and wellbeing (51), Thrive Framework for system change (52), and more. There are also opportunities at population level through public awareness campaigns, encouraging help seeking behaviours, reducing stigma, improving media

reporting and portrayal of self-harm and suicide to help reduce prevalence of self-harming behaviours.

Secondary prevention: a recent systematic review identified that suicide prevention interventions for patients admitted to a psychiatric ward in general hospitals and in outpatient specialty mental health settings have large effects in preventing suicide (48). There is an increasing number of adolescents who have been victims of cyberbullying and who are referred to healthcare providers to be treated for secondary symptoms developed as a result. To provide effective treatment to these adolescents there is need to provide cyberbullying intervention programmes adapted to healthcare settings that include teaching communication skills/social skills, empathy training, coping skills, and education on digital citizenship (17). Healthcare professionals should address these skills or refer to mental health specialists.

Policy and environment: suicide prevention strategies are key to establish a strategic framework to guide interventions, to ensure that policy objectives are prioritised at regional and local levels, and to provide a mandate to enable decision-makers and commissioners to commit resources towards self-harm and suicide prevention. Evidence shows that national suicide prevention programmes are effective to reduce suicide rates (53). There is strong evidence that introducing restrictions to means can reduce suicide (54). Reducing substance use through community-based policies and practices are also effective strategies to prevent suicide (55).

7. Current response to local need

This section looks at the current interventions delivered in Croydon, in response to local need, national vision, and Croydon's ambitions (Table 2). There is a large and wide-ranging amount of activity taking place in Croydon that impacts on self-harm and suicide prevention. It is important that this is delivered in a strategic and coordinated way that ensures multiple organisations work together to help shape services, and programmes and policies that influence the environment and lifestyle factors in a bid to ensure opportunities to help prevent self-harm and suicide.

Table 2 List of interventions directly or indirectly addressing self-harm and suicide prevention needs, policies, and achievements to-date.

Interventions	Aim	Achievements
Policy		
Self-harm and suicide prevention strategy refresh	<ul style="list-style-type: none"> Public Health has led the refresh of the Multi-agency Self-Harm and Suicide Prevention strategy and action plan 2023-2026 	<ul style="list-style-type: none"> Stakeholders engaged in the process to inform and refresh the strategy and action plan. Strategy and action plan to be completed by end March 2023.
Health and Wellbeing Strategy	<ul style="list-style-type: none"> The HWB Strategy 2018/23 had the ambition to work together to make Croydon a greater place to live, work and play for all its residents through creating rapid improvement in health and wellbeing of our communities. The strategy has a specific goal to improve the mental health of our residents, to ensure a better start that will make significant impact on the emotional resilience and mental health of children 	<ul style="list-style-type: none"> Implementation of the Children and Young Person' Mental health Transformation plan Mental Health Transformation plan The Croydon Mental Health Strategy
Mayor's Business Plan 2022-2023	<ul style="list-style-type: none"> Sets out the Mayor's priorities for the next four years, building on his manifesto pledges for residents 	<ul style="list-style-type: none"> Implementation of plan
Croydon's Autism Strategy 2021 -2024	<ul style="list-style-type: none"> Croydon's first autism strategy, which will work to improve the lives of thousands of autistic residents and their families, and increase awareness and understanding of autism across the whole population 	<ul style="list-style-type: none"> Implementation of strategy
CYP Emotional Wellbeing and Mental Health Croydon's Local Transformation Plan	<ul style="list-style-type: none"> Local plan focused on improving the emotional wellbeing and mental health services for the children and young people of Croydon, along with their families and carers. 	<ul style="list-style-type: none"> Implementation of Local Transformation Plan
SLaM Strategy	<ul style="list-style-type: none"> Sets strategic ambitions to achieve a greatest impact on improving people's lives 	<ul style="list-style-type: none"> Implementation of strategy
Partnerships		

Railway Multiagency Group	<ul style="list-style-type: none"> East Croydon station has been identified as a hotspot for suicide. A multiagency group has been established to provide a collaborative response to raise awareness and prevent suicides from taking place. The multiagency group includes partners from the railway industry, British Transport Policy, Samaritans, and Croydon Council 	<ul style="list-style-type: none"> Quarterly meetings to discuss priorities and agree actions.
South West London Suicide Prevention Group	<ul style="list-style-type: none"> Partnership aimed at bringing together Suicide Prevention Leads from SWL boroughs and SWL ICS Mental Health Leads to identify opportunities for collaboration, share learning, and discuss priorities and agree actions 	<ul style="list-style-type: none"> Quarterly meetings.
Support		
Croydon specific bereavement support	Croydon Council has an education psychologist team to offer specific support to any schools impacted by a bereavement to offer support and guidance to teachers and pupils.	<ul style="list-style-type: none"> Support provided to those who required the service
Mental Health First Aid Programme	Croydon Council has been offering free Mental Health First Aid (MHFA) training to people living and working in Croydon since 2020. They have also supported residents to become MHFA instructors so people across the community are able to deliver the MHFA training. The course teaches people how to identify, understand and help someone who may be experiencing a mental health issue.	To date, over 700 residents have joined the course. Mental Health First Aid Video clip: https://youtu.be/NwzFqHFyq2U

Trauma Training Programme	<p>Croydon's 600 place trauma training programme launched in May 2022 aimed at anyone living and working in Croydon. With the aim to help people recognise the signs of trauma and understand its impact on people living and working in Croydon. The session covers:</p> <ul style="list-style-type: none"> • adversity in childhood, the impact this can have on brain development and behaviour; what we mean by trauma and how to mitigate against the impact of trauma. • the various types of stress and the importance of self-care. • practical skills to help communicate with and support those who may have experienced adversity or trauma. • skills to help communities to build resilience and protective factors so that they are more able to cope with events that occur. 	<p>To date, 1000 people living and working in Croydon have joined the training.</p>
Self harm and suicide prevention awareness sessions and community champions	<ul style="list-style-type: none"> ▪ There are things we can all do to help someone who is feeling suicidal. As part of the work at a South West level, those who live or work in Croydon can access free self-harm and suicide awareness sessions and become suicide prevention champions to help them understand the signs of those who may be suicidal and how to offer the right support. 	<ul style="list-style-type: none"> ▪ Since February 2022 to December 2022, we have had 241 people from Croydon attend an awareness session. ▪ These awareness sessions have also been offered to those working in schools in Croydon and to date there have been 163 people attend.

South West London suicide bereavement liaison service	<ul style="list-style-type: none"> ▪ The Suicide Bereavement Liaison Service aims to support individuals and families bereaved by suicide and link them to relevant services. ▪ The service is led by a designated suicide bereavement liaison officer, who will receive referrals for support from police and/or health care professionals, and will proactively contact anyone bereaved following suicide to offer: <ul style="list-style-type: none"> - One-to-one support - Support during inquests or other related matters - Guidance on where to find bereavement support services or mental health services for more specialist support - Training to bereavement support organisations, GPs and Community Pharmacists to up-skill them to support those bereaved by suicide - Resources and support 	<ul style="list-style-type: none"> ▪ Dedicated suicide bereavement liaison officer in post who provides support to Croydon residents.
Men's Shed	<ul style="list-style-type: none"> ▪ Men's Sheds have been identified as one of the solutions to improving men's health and their access to information and support. ▪ The Men's Shed is a community-based initiative that tackles issues related to men's health and has been set up by Good Food Matters in New Addington. They offer a communal space that provides opportunities for men to come together and engage in meaningful social and recreational activities such as cooking, gardening, building and informal learning as well as reducing loneliness and social isolation. ▪ In addition, they offer the opportunity for men to access social support, information and advice as well as share experiences and concerns in an environment that is relaxed. ▪ Men's Sheds have been known to engage men who are less inclined to access health services especially mental health services. Users of Men's Sheds have also reported improved mental health and wellbeing. 	<ul style="list-style-type: none"> ▪ Commissioned by Public Health as part of the South West London Mental Health for All Ages Strategy ▪ Weekly sessions attended regularly by 26 residents from diverse ethnicity backgrounds.

The Lions Barber Collective	<ul style="list-style-type: none"> It is recognised that hair and beauty professionals are often a trusted confidant and friendly ear to their customers. The Lions Barber Collective train barbers to help raise awareness for the prevention of suicide. We also know that men do not regularly see their GP or health professionals and are more likely to see their barber, thus, this project provides an opportunity to reach a cohort that are sometimes difficult to reach. 	<ul style="list-style-type: none"> Commissioned by Public Health as part of the South West London Mental Health for All Ages Strategy Two online sessions (November 2022 and March 2023).
Community Voluntary Sector	<ul style="list-style-type: none"> Volunteer organisations are instrumental to provide support to their community in a safe and relatable space. Several organisations advocate for residents and help to overcome barriers and stigma attached to self-harm and suicide. Local organisations provide support to those experiencing mental health and wellbeing challenges, and those at high risk of self-harm and suicide including but not limited to Off the record, Croydon Drop in, Mind in Croydon, Samaritans, Croydon Mental Health Forum 	<ul style="list-style-type: none"> Established network of community support
Training for professionals	<ul style="list-style-type: none"> Training and raising awareness session for professionals 	<ul style="list-style-type: none"> LGBTQ training Anna Freud and Papyrus resources and training for schools SWL ICB training for schools
Campaigns		
Small Talk Samaritans	<ul style="list-style-type: none"> Small Talk is a campaign launched by Samaritans in partnership with Network Rail, British Transport Police and the wider rail industry which focuses on prevention of suicide on railways. The campaign encouraged people to engage in small talk to help 	<ul style="list-style-type: none"> Campaign Feb 2023. Included raising awareness in East Croydon Station led by Samaritans.

8. Stakeholders engagement

As part of the development of the needs assessment and Croydon Multiagency Self-Harm and Suicide Prevention Action Plan 2023/26, a series of stakeholders' engagement workshops and online meetings were hosted between June and December 2022 aimed at:

- Presenting the plan to refresh the local strategy and action plan
- Inviting stakeholders to:
 - o inform and co-produce the strategy and action plan,
 - o identify areas of good work,
 - o identify areas for improvement,
 - o identify gaps in offer, and
 - o set priorities to improve outcomes for Croydon residents.

Stakeholders' engagement activities involved partners from social and health care, education, community voluntary action, commissioners, railway industry, and local authority officers (Appendix 1). Stakeholders told us:

What's working well?

- Community voluntary organisations provide a range of services that support children and young people, and adults.
- Talking therapies.
- Slowly starting to focus on raising awareness amongst minority ethnic groups.
- Mental Health First Aid (MHFA) training.

What needs improvement?

- Improve referrals pathways, including transition from children to adults' mental health services, and data sharing among organisations.
- Better coordination of self-harm and suicide prevention training provided to professionals.
- Raise awareness of support services and prevention approaches.
- Tackle stigma.
- Engagement and support for parents and carers.

What are the gaps?

- Tailored and culturally appropriate services for high-risk groups, including children with SEND and ACES, LGBTQ+ groups (particularly transgender community), autistic people, refugees, and minority ethnic groups.
- Understanding and raising awareness of the role of social media in suicidal ideation and cyberbullying.
- Addressing inequalities and barriers to access support and services (e.g., language barriers).

9. Unmet needs

This section outlines the gaps in current provision in relation to need and the evidence based to inform the recommendations.

- Fragmented routine data collection and data sharing between organisations.

- Lack of training for professionals, and lack of awareness of the needs of specific groups in the population (e.g., LGBTQ+ with mental health issues) that increases opportunities for self-harm and suicide risk.
- Lack of sufficient resources in different languages to raise awareness and to provide support for those at risk of self-harm and suicide among minority ethnic groups.
- Lack of robust local systems to address cyberbullying and other internet-related risks.
- Lack of robust systems and processes to support mental health patients transitioning between services.

10. Recommendations

- Ensure the refreshed Self-Harm and Suicide Prevention Strategy and Action Plan 2023/26 accounts for the gaps identified in this needs assessment and set priorities for action accordingly.
- Establish a multi-agency steering group that enables the implementation of the action plan.
- Identify a Board that will provide governance to the strategy, will champion the prevention agenda, and will hold partners to account for the delivery of the strategy and action plan.
- Develop a robust plan and deliver a systematic training programme to enhance the skills and awareness amongst professionals working with people at greatest risk of self-harm and suicide.
- Develop a targeted plan and dedicate specific resources to provide tailored support to individuals from LGBTQ+ community (e.g., continue to support bespoke LGBTQ+ training for professionals).
- Continue to support prevention and early intervention initiatives that target men at risk of suicide (e.g., Men's Shed, Barbers training).
- Continue to remove barriers and improve access to early intervention, mental health services, and smooth transition between services.
- Develop and implement a plan to improve data sharing among organisations and strengthen collaborative partnerships.
- Develop and implement a plan to support CVS organisations who work with high-risk groups.
- Promote and provide guidance for safe internet use to tackle cyberbullying that might lead to self-harm and suicide prevention, particularly among children and young people.
- Continue to develop and support children and young people to develop mental and emotional wellbeing and resilience through whole school approaches and the implementation of the Croydon's Local Transformation Plan.
- Continue to work in collaboration with Samaritans, railway industry, and the British Transport police to raise awareness about suicide prevention and to train and support staff working in rail stations.
- Raise awareness and make efforts to reduce access to suicide means (e.g., raise awareness among parents to safely stock medication at home).
- Continue to support national and local public awareness campaigns, encouraging help seeking behaviours, reducing stigma, improving media reporting and portrayal of self-harm and suicide to help reduce prevalence of self-harming behaviour.
- Work with communities, schools, and professionals to reducing the stigma associated with help-seeking behaviours.

Appendix 1. Stakeholders list

Local Authority

Croydon Safeguarding Children Partnership

Croydon Safeguarding Adult Board

SWL Mental Health Programme Board

SWL ICS Children's Commissioning Team

SWL ICS Medicines and Optimisation Team

Health and Wellbeing Board

VCS Mental Health Alliance

Croydon Mental Health Forum

East Croydon Railway Multiagency Group (Samaritans, Rail Industry, British Transport Police)

Croydon Health Services NHS Trust

South London and Maudsley NHS Foundation Trust (NHS)

Health and Wellbeing Board

One Croydon Alliance

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