

East Sussex Suicide Prevention Plan

April 2019 – March 2020

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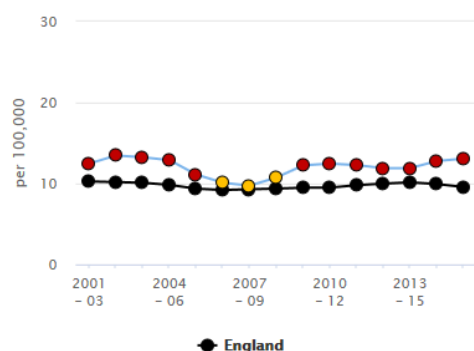
1. Introduction

Nationally suicide is a major issue for society. In 2017, a total of 5,821 suicides were registered in the UK. This equates to an age-standardised suicide rate of 10.1 deaths per 100,000 population; this is one of the lowest rates observed since 1981, when the rate was 14.7 deaths per 100,000¹. However, each one of these suicides is a tragedy and can be devastating for all those affected.

2. Suicide in East Sussex

East Sussex has a significantly higher suicide rate than the England average, which has been the case for a number of years.

Figure 1: Suicide Rate amongst East Sussex residents compared to England (Directly standardised rate - per 100,000)



Recent trend: –

Period	East Sussex				South East region	England
	Count	Value	Lower CI	Upper CI		
2001 - 03	163	12.5	10.6	14.6	10.0	10.3
2002 - 04	177	13.5	11.5	15.6	10.0	10.2
2003 - 05	177	13.2	11.3	15.4	9.8	10.1
2004 - 06	174	12.9	11.0	15.0	9.6	9.8
2005 - 07	154	11.1	9.4	13.0	9.1	9.4
2006 - 08	140	10.1	8.5	11.9	8.9	9.2
2007 - 09	134	9.7	8.1	11.6	9.1	9.3
2008 - 10	146	10.7	9.0	12.7	9.3	9.4
2009 - 11	167	12.2	10.4	14.3	9.5	9.5
2010 - 12	173	12.5	10.6	14.5	9.3	9.5
2011 - 13	174	12.3	10.5	14.3	9.9	9.8
2012 - 14	170	11.9	10.1	13.9	10.1	10.0
2013 - 15	172	11.9	10.2	13.9	10.2	10.1
2014 - 16	184	12.8	11.0	14.8	9.8	9.9
2015 - 17	190	13.1	11.2	15.1	9.4	9.6

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

Source: Indicator 4.10, Public Health Outcomes Framework, Public Health England
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/>

Local analysis of data from the office for National Statistics mortality files for the ten year reporting period 2006 – 2016 showed that:

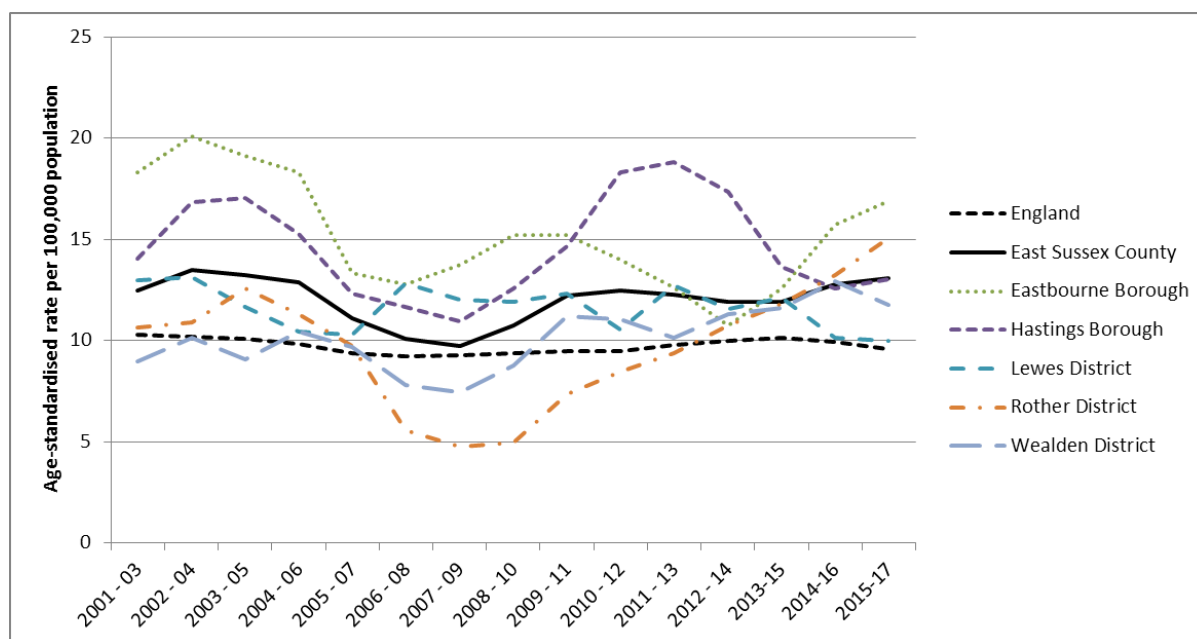
- There were 896 suicides that occurred in East Sussex (an average of 81 suicides per year) of which around two thirds (594) were East Sussex residents and a third (302) non-East Sussex residents.
- 31% (276) of all the suicide deaths occurring in East Sussex took place at Beachy Head.

¹ Suicides in the UK: 2017 registrations, Office for National Statistics, September 2018

- Of all the suicide deaths at Beachy Head, 80% were of non-residents: suicide at Beachy Head accounted for 74% (222) of all non-resident suicides and 9% (54) of all resident suicides.²
- The commonest methods of suicide for East Sussex residents were ‘hanging, strangulation and suffocation’, and ‘poisoning’ as is the case nationally. However the proportion of deaths due to falling from a height was several times higher than the national average.
- The recent suicide audit showed that the largest proportion (58%) of resident suicides occurred at home.

Figure 2 and Table 1 show that the suicide rates vary by local authority within East Sussex. Rates have generally been highest in Hastings and Eastbourne followed by Lewes, but since 2008/10 rates in the more rural areas of Rother and Wealden have been increasing, and in 2015/17 Rother became the second highest in East Sussex. Table 1 shows that the age standardised suicide rates for 2015-2017 were highest in Eastbourne, at 16.9 per 100,000 population, and lowest in Lewes, at 10. In 2015-17 Eastbourne has the 2nd highest rate in England.

Figure 2: Suicides in England and East Sussex local Authority of residence, 2001 to 2017



Source: Indicator 4.10, Public Health Outcomes Framework, Public Health England
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/>

² The term Beachy Head refer to the approximately 3.7 miles of sea cliffs spanning from Birling Gap westwards to Holywell at the western edge of Eastbourne.

Table 1: Numbers of suicides and age standardised suicide rates per 100,000 population by local authority, 2015-2017

Local Authority of residence	Number of deaths	Age-standardised Suicide Rate (per 100,000 population)	Rank out of 326 districts and unitary authorities in England
England	13,846	9.6	
East Sussex	190	13.1	
Eastbourne	45	16.9	3
Hastings	31	13.0	36
Lewes	28	10.0	133
Rother	36	15.0	11
Wealden	50	11.8	65

Source: Indicator 4.10, Public Health Outcomes Framework, Public Health England

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/>

There are links between deprivation and suicide in that local analysis found that people who lived in the most deprived 20% of East Sussex lower super output areas accounted for a third of all resident suicides. There was less than half this number of deaths for residents living in the least deprived 20% of areas, as well as for residents living in the second most deprived 20% of areas³.

In addition, East Sussex has a higher rate of emergency hospital admissions for self-harm than England (Figure 3); this represents episodes of self-harm that are severe enough to warrant hospital admissions. There is a significant and persistent risk of future suicide following an episode of self-harm. Highest rates are in Hastings where it has the 15th highest rate in England.

Figure 3: Emergency hospital admissions for intentional self-harm, age standardised rate per 100,000 population, 2017/18

Local Authority of residence	Age-standardised Suicide Rate (per 100,000 population)	Rank out of 314 districts and unitary authorities in England
England	186	
East Sussex	235	
Eastbourne	200	131
Hastings	327	18
Lewes	285	39
Rother	253	62
Wealden	156	218

Source: Indicator 2.10ii, Public Health Outcomes Framework, Public Health

England <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/>

³ Suicide in East Sussex: Analysis of ONS mortality data, 2006-2013, Public Health Briefing, December 2015

Summary of findings of suicide audit

A recent suicide audit examined all deaths from suicide recorded on the public health database between 2004-2013 using data collected from East Sussex Coroner's Office.

East Sussex residents

- Between 2004 and 2016, the deaths of 906 people in East Sussex were recorded on the public health database, 589 of whom were East Sussex residents (65%) and 317 of whom were non-residents (35%).
- Suicide in East Sussex residents follows the national pattern, in that most suicides are in males between 30-59 years of age.
- In 2016, 71% of East Sussex residents dying by suicide were either single, bereaved from their partner, or separated/divorced; 44% were living alone.
- Nearly half (49%) were unemployed or retired, and 36% were in paid employment or self-employed.
- Twenty four percent had a work-related issue noted in their records and 25% financial issues (2015-16).
- The majority had physical and/or mental health issues noted: 66% had one or more physical health issues and 71% had at least one mental health issue; 41% had both physical and mental health issues noted. Only 15% of people had no health issue mentioned. Depression was the most frequently recorded health issue.
- A significant minority (44%) had drug or alcohol issues noted by the Coroner.
- Over a third (37%) had relationship issues (separation, relationship breakdown, bereavement) noted in the coroner's records (2015-16).
- Being a victim or perpetrator of abuse was noted for 8% and 11% cases respectively.
- 9% were noted to have contact with law enforcement agencies.
- A large minority (44%) of East Sussex residents had made at least one previous suicide attempt, and 13% had made a suicide attempt in the previous 12 months (2011-16); 7% had a family member(s) who had made previous attempts.
- There were similar numbers of deaths from suicide during winter, spring and summer but lower numbers in autumn. The month with the highest number of suicides was May.
- Most suicides involving East Sussex residents (58%) occurred at home; 10% were at Beachy Head (2008-2016) and 3% were at other cliffs.
- The method of death for suicides in East Sussex shows a different pattern to that seen nationally, reflective of the presence of Beachy Head. ONS data shows that hanging is the most common method of suicide across the UK as a whole, accounting for 58% of suicides in males, and 43% of suicides in females in 2015². In East Sussex, the most common method of

death recorded in the Public Health database for East Sussex residents (2015 and 2016) was hanging for males (45%) and self-poisoning for females (34%). 'Fall and fracture' was the cause of death for 4% of both males and female in the UK, but for 10% of males and 13% of females in East Sussex.

- A suicide note (letter or other documentation of the person's intentions) was left in 41% of cases.
- 64% of East Sussex residents dying by suicide had seen a GP in the six months prior to their deaths and 14% had seen a GP in the week before they died (2011- 2016).
- 57% were referred or seen by secondary mental health services; 26% were seen in the month before their death; Serious Incident reviews were carried out for 23% of cases (2012-16).

Suicides at Beachy Head

- 297 people died by suicide at Beachy Head in the years 2004 to 2016.
- 66 (22%) of these were residents of East Sussex and 231 (78%) were not East Sussex residents.
- There were 14 suicides at Beachy Head involving non-UK residents, 40 involving London residents, 72 of residents of counties bordering East Sussex and 104 from other parts of the UK, highlighting the importance of Beachy Head as a public place for suicide.
- Overall 74% of those dying by suicide at Beachy Head were male. Of the residents 68% were male and 32% female; for non-residents 75% were male and 24% female; the non-residents tended to be younger.
- The number of suicides of non-East Sussex residents at Beachy Head has been higher in the years since 2010 than in the preceding years.
- A high proportion lived alone (44% of residents and 38% of non-residents).
- Around 40% had work-related issues noted and 28% of the non-resident suicides had financial issues noted.
- 91% of East Sussex residents and 77% of non-residents had mental and/or physical health issues noted by the Coroner, and depression was the health issue noted most frequently. Of the residents, 65% had one or more physical health issue and 76% one or more mental health issue noted; of the non-residents 36% had one or more physical health issues and 62% one or more mental health issues noted.
- Drug and alcohol issues were noted in 33% of suicides at Beachy Head. This proportion was higher for East Sussex residents (41%) than non-residents (31%).
- 39% of those dying by suicide at Beachy Head had attempted suicide previously (2011-2016). This proportion was similar for both East Sussex residents and non-residents.

- Overall, the number of deaths by suicide at Beachy Head was highest in the spring and summer and lowest in the autumn. The number of deaths for residents was highest in the spring and for non-residents in the summer.
- The largest percentage of resident deaths occurred on Sundays and non-resident deaths on Saturdays, Sundays and Mondays.
- Almost half of the non-residents who died by suicide at Beachy Head had left a suicide note.
- 45% had had contact with secondary care mental health services, 19% in the month before they died.
- The method of death at Beachy Head was jumping or falling from a high place for 94% of East Sussex residents and 99% of non-residents.

3. Key sources of guidance and information

In 2012 the government published its first suicide prevention strategy in 10 years: *Preventing suicide in England: A cross-government outcomes strategy to save lives* with the following stated objectives:

- A reduction in the suicide rate in the general population in England; and
- Better support for those bereaved or affected by suicide.

The strategy identified six key areas for action in support of these objectives; the East Sussex suicide prevention action plan is based on these:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Four follow up reports⁴⁵⁶⁷ have since been published, incorporating the findings from more recent research and making further recommendations for local action. This includes adding a seventh key

⁴ Preventing suicide in England: One year on. First annual report on the cross government outcomes strategy to save lives. January 2014

⁵ Preventing suicide in England: Two years on. Second annual report on the cross government outcomes strategy to save lives. February 2015

⁶ Preventing suicide in England: Three years on. Third progress report of the cross government outcomes strategy to save lives. January 2017

⁷ Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives January 2019

area to reduce rates of self-harm as a key indicator of suicide risk as recommended in the second annual report. The fourth annual progress prioritises the following areas: working in partnership to embed local suicide prevention plans; delivering the zero suicide ambition in mental health inpatient settings; continuing the focus on reducing male suicide with particular regard to middle age men; addressing other vulnerable groups such as people with autism and learning disabilities and those who have experienced trauma by sexual assault and abuse. Self-harm and suicide in young people is also a priority as is the continued focus on improving support for those bereaved by suicide. Initiatives to address societal drivers of suicide are also highlighted e.g. gambling addiction, debt, substance misuse and the impact of harmful online suicide and self-harm content. People in receipt of employment benefits are identified as requiring multi-agency work to tailor approaches to improve mental health. Where possible we have incorporated these in our action plan and will continue to develop work in these areas.

We have also ensured that we target our work at population groups identified as high risk e.g.

- Men, including young men and middle aged men
- People in the care of mental health services, including inpatients and those recently discharged from inpatient care
- People with a history of self-harm, untreated depression, drug or alcohol dependency
- People facing financial difficulties
- Offenders
- University students
- Reservist and former service personnel
- Specific occupational groups including doctors, nurses, vets, farmers and agricultural workers
- Children and young people who have experienced complex trauma
- Lesbian, gay, bisexual or transgender people
- People living with long term conditions
- Refugees and asylum seekers
- Older people experiencing social isolation and loneliness

In addition to the national strategy and the four follow-up reports, the following key publications have informed our local suicide prevention work:

- PHE (October 2016), *Suicide prevention: developing a local action plan to support local areas in implementing the Government's suicide prevention strategy*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice%20resource.pdf
- PHE (2015) *Suicides in Public Places*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf
- Samaritans (September 2012) *Men, suicide and society: Why disadvantaged men in mid-life die by suicide*.
<https://www.samaritans.org/sites/default/files/kcfinder/files/press/Men%20Suicide%20and%20Society%20Research%20Report%20151112.pdf>
- Men's Health Forum and Mind (2011) *Delivering male: Effective practice in male mental health*. <https://www.mind.org.uk/media/273473/delivering-male.pdf>
- Samaritans (2017) *Dying from inequality: Socioeconomic disadvantage and suicidal behaviour*.
<https://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans%20Dying%20from%20inequality%20report%20-%20summary%281%29.pdf>
- Office of National Statistics (2017) *Suicide by occupation, England: 2011 to 2015*.
<https://www.ons.gov.uk/releases/suicidesbyoccupationengland2011to2015>
- Healthcare Quality Improvement Partnership (HQIP), (2018) *National Confidential Inquiry into suicide and safety in mental health*. <https://www.hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-annual-report-2018/#.XOvAD-IYbIU>
- Department of Health and Social Care and Department for Education, (December 2017) *Transforming children and young people's mental health provision: a green paper*.
<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>
- Health Education England and the National Collaborating Centre for Mental Health (2018), *Self-harm and Suicide Prevention Competence Frameworks*, (October 2018).
<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks/self>

Discussion at the East Sussex Suicide Prevention group and Beachy Head Risk Management Group meetings further informed our action plan. Going forward local work will continue to be informed by our suicide audit, based on data collected from the Coroner's office for suicides occurring between 2004 and 2016. The ESSPG will collaborate with the upcoming STP programme of work (see below) which will have a significant impact on the direction of travel for the ESSPG going forward. Public Health will work with local partners and regional colleagues to implement recommendations from the independent report on the self-assessment of local authority multi-agency suicide prevention plans by Samaritans and University of Exeter;

<https://www.samaritans.org/news/samaritans-and-university-exeter-publish-first-state-nation-report-local-suicide-prevention/>

4. Key achievements in 2018/19

- East Sussex Public Health oversaw the first phase of the commissioned Social Marketing Campaign, delivered by Social Marketing Gateway (June-December 2018) to support the reduction of male suicide in East Sussex and to complement the work of other partners in this area. Social Marketing Gateway has conducted desktop research, consulted with key stakeholders and developed draft campaign materials in hard copy and digital formats.
- The Public Health commissioned men's suicide prevention project delivered by Grassroots Suicide Prevention charity commenced its second phase in April 2018. Delivery focused on the development of an e-learning interactive video and a short awareness raising workshop Real Talk. Some training delivery and further networking will continue into 19/20. An evaluation of the project commissioned by ESPH from the University of East London was conducted on work to date.
- Worked in partnership with University of Brighton and University of Sussex to establish a joint Suicide Safer University working group and model of practice. The group has met three times and will develop its work in 19/20.
- Support for those affected by suicide - A counselling service for those that have attempted/been bereaved by suicide commissioned by East Sussex Public Health is now funded through ESCC's adult social care mental health budget. The service will be recommissioned in 2019 for a two year period.
- Commissioned a Clinical Audit: *Risk assessment and management of adults and young people with self-harm or suicidal intent in Accident and Emergency*. The audit was conducted by an FY2 doctor, during her placement in Public Health, at the A&E departments of Eastbourne District General Hospital and the Conquest to gain a better understanding of the pathway through A&E for patients who present with self-harm/suicidal intent.
- Engaged People in Partnership to bring valuable lived experience to the East Sussex Suicide Prevention Group going forward.
- East Sussex Public Health submitted a successful funding bid to NHS England (on behalf of the Sussex and East Surrey Sustainability Transformation Partnership (STP)) for a wide ranging programme of work. Work will commence in 19/20 and will be closely linked to the work of the ESSPG and the other Local Authority groups in the area.
- The main stakeholder group for suicide prevention in East Sussex, the East Sussex Suicide Prevention group, continued to recruit new members and facilitate partnership working.

East Sussex Public Health continued the multi-agency suicide prevention work at Beachy Head coordinated via the Beachy Head Risk Management Group. Beachy Head Chaplaincy Team provide

regular verbal reports to the BHRMG. Information, activity and key achievements of the BHRMG are reported back to the wider multi-agency suicide prevention group by Public Health and other stakeholders.

Building on previous investment and achievements the following work pertaining to Beachy Head was initiated or progressed during 2018-2019:

- 1. Infrastructure development at Beachy Head;** wooden car park signage removed and replaced with signs containing the car park name and grid reference to aid searches; fencing repair/renewal programme undertaken and work will be carried forward in 19/20; cliff-top safety awareness messages (leaflets/posters) promoted in suitable locations across the area and new cliff-top safety signage placed by car parks and ticket machines; BHCT, SPFT and the Police developed a memorandum of understanding regarding information sharing and have strengthened their relationship; Public Health, BHCT, SPFT, ASC and Sussex Police have commenced work to clarify and improve pathways and protocols regarding people presenting at Beachy Head who have had a conversation with BHCT, are unknown to mental health services and are not subject to resultant police involvement; continued work with taxi drivers locally and are exploring national partnerships to address opportunities to intervene; developed relationship with the Eastbourne Hospitality and Hotel association to raise awareness of suicide and their preventative role; continued to disseminate suicide prevention resources to relevant agencies; held a World Suicide Prevention Day event and community Park Run events raising awareness and distributing resources to the general public; continued work with National Samaritans Media Advisory service; facilitated stronger partnership work at Beachy Head.
- 2. Support for voluntary agency;** Worked with Beachy Head Chaplaincy Team to continue support for their communication strategy, and to continue to develop and refine the ESPH commissioned database so enabling BHCT to provide regular reports to the BHRMG.
- 3. Beachy Head programme:** Public Health commenced a programme of work to rethink and reframe the issues pertaining to Beachy Head. The project involves a range of key stakeholders with a vested interest working together to further understand the issues and identify new and innovative solutions. The work is occurring between April-July 2019; its outcomes will inform and drive actions going forward. As 80% of the estimated suicides at Beachy Head in 2018 were non East Sussex residents (i.e. from elsewhere in the UK or abroad) it is recognised that national support and resources will need to be sourced to implement findings from the programme.

The action plan for 2019/20 is described below.

East Sussex Suicide Prevention Plan 2019/20

Topic	Action	Lead
	<p>campaign strategy (March 2020)</p> <ul style="list-style-type: none"> • Work closely with the improving access to mental health services work stream and with the STP Suicide Prevention Programme Manager (March 2020) • Develop a tailored Logical Planning Framework to allow process and output evaluation. Gather baselining data prior to the campaign launch, to allow comparisons to be made post-campaign (In process) 	
<p>1.2 People with mental health problems</p>	<p>Sussex Partnership NHS Foundation Trust:</p> <ul style="list-style-type: none"> • Continue to implement and embed plans resulting from the Quality Improvement Process to implement the Trust wide 'Towards Zero Suicide Strategy' and the East Sussex localised action plan (Ongoing) • SPFT to consult with all SPFT teams on localised suicide prevention action plans to ensure relevant activity is captured (July 2019) • Continue to improve family/carers/friends involvement in safety planning (Ongoing) • Ensure teams continue to implement collaborative, co-produced risk assessment and planning through a 'Culture of Safety' (Ongoing) • Provide suicide intervention skills training to clinicians and ensure staff consider the impact that living with long term conditions has on suicidal risk (Ongoing) • Ensure learning from Serious Incident reviews of suicides continues to be used to inform changes in practice within the Trust and that key messages are shared 	<p>Deputy Director of Adult Services, E. Sx, (SPFT)</p>

Topic	Action	Lead
	<p>with staff via the Report and Learn Forum (Ongoing)</p> <ul style="list-style-type: none"> • Deliver risk assessment training for A&E staff on induction in mental health awareness and assessing and managing suicide risk using the risk assessment tool (Ongoing) • Deliver HEE funded suicide prevention training to primary care and health care staff across the STP to develop skills in risk assessment, risk formulation and safety planning (December 2019) • Contribute to a whole system approach to suicide prevention which includes all Trust staff; strategic engagement with partners; and a community approach to suicide prevention (Ongoing) 	
1.3 Offenders	<ul style="list-style-type: none"> • Continue to ensure nurses, healthcare and front line staff receive suicide prevention training appropriate to their role and needs at HMPs Lewes to ensure understanding and effective implementation of the ACCT (Assessment, Care in Custody and Teamwork) system (Ongoing) • Continue to undertake multi-disciplinary complex case reviews to address the ongoing safety of prisoners on ACCT (Ongoing) • Continuation of the Listener scheme at HMPs Lewes in partnership with local Samaritans branches (Ongoing) • Continue working with Public Health England’s Health and Justice Lead and involve in suicide prevention work as appropriate. Make further links with others working in the criminal justice sector and involve in ESSPG meetings (Ongoing) 	<p>HMPs Lewes</p> <p>HMPs Lewes, Eastbourne and District Samaritans, Brighton Hove and District Samaritans Consultant in Public Health, ESCC</p>

Topic	Action	Lead
	<p>health including an 'Imminent Risk Protocol' (Ongoing)</p> <p>University of Sussex:</p> <ul style="list-style-type: none"> • Develop a new student record system enabling all support services to effectively compare and analyse data (March 2020) • Continue with the catalyst funded mental health programme for Post Graduate Research students (March 2020) • Work with sixth form colleges to develop and implement a newly awarded Catalyst funded undergraduate mental health peer support programme aimed at improving the transition for students from sixth form to University (Ongoing) • Continue with the mental wellbeing peer support programme 'Tea and Talk' and the pilot student wellbeing Enlightenment App in partnership with the Students' Union (March 2020) • Continue with the SHERPA programme in Counselling for students with emotional dysregulation issues (March 2020) • Introduce Imminent Risk Protocol to improve communication and rapid response 	<p>Manager Student Wellbeing, University of Sussex</p>

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Topic	Action	Lead
	<p>to students in crisis (March 2020)</p> <ul style="list-style-type: none"> • Eastbourne and District Samaritans to attend the Universities to raise awareness of their service at e.g. mental health awareness week, freshers' fairs and career events (March 2020) 	<p>Outreach Deputy Director, Eastbourne and District Samaritans</p>
<p>1.5 Reservist & Former service personnel</p>	<ul style="list-style-type: none"> • MHFA and MHFA Adult Half Day will continue to be delivered • Roll out the additional mental health and suicide prevention course developed in 18/19 • Develop a suicide prevention fact sheet and action card for the Armed Forces Community to develop skills and knowledge and disseminate to Armed Force Community Networks via events and training delivery • The Armed Forces Community to adapt and disseminate the suicide prevention campaign materials currently being developed by Social Marketing Gateway for targeted use with their own networks; the materials will signpost people to specific Armed Forces services and information 	<p>NHS Director Armed Forces Community, (CCGs)</p>
<p>1.6 Training for those working with at-risk groups</p>	<ul style="list-style-type: none"> • Grassroots to continue delivery of the men's suicide prevention project commissioned by ESPH (see 1.1 above for delivery details, Training June 2019, networking and ChangeMaker Programme Ongoing). • Grassroots to deliver 4 safeTALK courses (half-day suicide alertness training) to Sussex Police call handlers (March 2020) 	<p>CEO and Project Lead, Grassroots Suicide Prevention</p>

Topic	Action	Lead
	<ul style="list-style-type: none"> • Grassroots to deliver ASIST to all CGL front line staff (commissioned by CGL, 2019) • Develop a service specification to commission suicide prevention training for delivery commencing in 2019 considering at-risk groups to target • Promote and disseminate the HEE and NCCMH self-harm and suicide prevention competency frameworks to partners and training providers • The Survivors of Suicide Project lead to continue to deliver ‘Suicide Awareness for Families and Carers’ courses with the Sussex Recovery College at the Eastbourne and Hastings campuses • SPFT to continue to deliver ‘Suicide Awareness: Coping with Suicidal Thoughts and Feelings’ training in the Recovery College in conjunction with the Assessment and Treatment Team <p>For suicide prevention training within Sussex Partnership NHS Foundation Trust see 1.2 For training with the Armed Forces Network see 1.5</p>	<p>Consultant in Public Health, ESCC</p> <p>Counselling Partnership, Survivors of Suicide, SDCA</p> <p>Deputy Director of Adult Services, E. Sx, SPFT</p>
<p>Key area 2: Tailor approach to improve mental health in specific groups</p>		
<p>2.1 Perinatal period (from conception to one year post birth)</p>	<ul style="list-style-type: none"> • Continue to ensure all Health Visitors and Children’s Centre staff, where appropriate to role, have access to training about perinatal mental health and ‘Mental Health First Aid and signposting for adults’ via the ESCC learning portal in partnership with SWIFT and ESCC Social Work Development Team. This is a multi-disciplinary training but mandated for HV team staff and recommended for 	<p>Perinatal Mental Health Lead for the Integrated Health Visiting and Children Centre Services</p>

Topic	Action	Lead
	<p>Children Centre Keyworkers (Ongoing)</p> <ul style="list-style-type: none"> • Perinatal Mental Health Lead to deliver workshops on the assessment and intervention of Mental Health in Adults which includes suicide prevention within the ESCC Mental Health Learning Pathway. Where possible workshops will be delivered in partnership with Eastbourne and District Samaritans (March 2020) • Complete the development of mental health and suicide prevention Response Guidance for the Integrated Health Visiting and Children’s Centre Services and ensure guidance is implemented (Ongoing) • Perinatal Mental Health Lead to continue to strengthen links between Health Visiting and Children's Centre services and other services providing mental health care and suicide prevention including: Samaritans; Counselling Plus and Grassroots (Ongoing) 	
2.2 Children and young people	<p>LAC, CARE LEAVERS, YJS</p> <ul style="list-style-type: none"> • Strengthen links with Head of Specialist Services in ESCC Children’s Service Division and involve more directly in suicide prevention work (Ongoing) • Continue to implement the Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (LTP) including the provision of additional support to schools; improved access to evidence based treatment; development of workforce skills and confidence and work in partnership across the STP area to improve practice and pathways for children and young people who self-harm and those in crisis (March 2020) 	<p>Consultant in Public Health, ESCC</p> <p>CAMHS Commissioner and Transformation Plan Programme Manager, CCGs & Consultant in Public Health, ESCC</p>

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Topic	Action	Lead
	<ul style="list-style-type: none"> • CCG's (Hastings and Rother; Eastbourne, Hailsham and Seaford; High Weald Lewes Havens) to bring together mental health commissioning and the Local Transformation Plan and update the LTP (October 2019) • CCG's to launch an i-ROCK service in Spring/Summer in Eastbourne and in Newhaven respectively (July 2019) • Co-locate the Children and Young People Mental Health and Wellbeing services of CCG's/Local Authority SPOA/SPFT/CHAMS into a single customer facing point at St Marks in Eastbourne to reduce the issue of some children being referred to multiple organisations (July 2019) • Continue to embed learning from sharing good practice about suicide prevention into the LTP schools and colleges work stream (March 2019) • Ensure the CAMHS transition policy is embedded and teams during transition have formulation plans that consider self-harm and suicide • Review the Prevention Concordat for Better Mental Health to identify any gaps or opportunities for further development of current initiatives to promote the positive mental health and wellbeing of children and young people (March 2020) • Eastbourne and District Samaritans to contribute to schools' PSHE education delivery on emotional mental health by offering talks that schools will be encouraged to include within their planned curriculum (March 2020) • Review, update and publicise guidance on interventions that support whole-school approaches to health improvement (including emotional health and 	<p>Deputy Director of Adult Services, E. Sx, SPFT</p> <p>Consultant in Public Health, ESCC</p> <p>Outreach Deputy Director, Eastbourne and District Samaritans</p> <p>Health Improvement Specialist (Children, Schools and Families), Public Health,</p>

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Topic	Action	Lead
	<p>wellbeing) to all schools via the Virtual School Bag, Czone and others means of communication e.g. the PSHE Hubs (Summer 2019)</p> <p>For action relating to University Students see 1.4</p>	ESCC
2.3 Survivors of abuse or violence	<ul style="list-style-type: none"> • The Joint Unit for Domestic and Sexual Violence and Abuse to continue to work with partners to review and redevelop the Domestic and Sexual Violence and Abuse and VAWG strategy. A strategic framework has been approved through the respective community safety partnerships in Brighton & Hove and East Sussex and work is underway to engage stakeholders in the development of collaborative task and finish partnerships to maximise service improvement. The work will be reflected in the delivery plan for the strategy (2019) • Explore effective collaborative activities, partnerships and relevant work strands linking to the suicide prevention agenda and share information with the ESSPG (2019) • The Joint Unit to undertake a review of the training currently provided to the domestic violence and sexual violence workforce; to include assessment of the suicide prevention components within the existing offer and explore potential training partnerships to provide additional targeted suicide prevention training (2019) 	Joint Strategic Commissioner, Safer Communities - Joint Domestic, Sexual Violence & Abuse and Violence against Women & Girls Unit Brighton & Hove and East Sussex
2.4 People living with long-term conditions	<ul style="list-style-type: none"> • Continue to deliver suicide prevention training to practitioners providing IAPT services (March 2020) • Continue to develop a culture of openness and learning; use lessons learned from 	Deputy Director of Adult Services, E. Sx, SPFT

Topic	Action	Lead
	<p>serious incidents to improve service delivery and patient outcomes with regard to vulnerable groups including those with long term conditions. Further embed the 'report and learn' process into the wider Care Delivery Service (Ongoing)</p>	
<p>2.5 People especially vulnerable (due to social & economic circumstances)</p>	<ul style="list-style-type: none"> • Grassroots to include services working with people seeking help for problems such as debt, divorce/separation, relationship issues and bereavement in the promotion and targeting of training (June 2019) • Ensure providers of housing support services are linked into the suicide prevention agenda by being made aware of training and resources available (Ongoing) • Liaise with Seaview in Hastings and other services working with people with multiple and complex needs, to consider their suicide prevention training needs and link in with this agenda (March 2020) • Pilot Level 1 of Making Every Contact Count (MECC), a basic 1 hour session, with a number of Patient and Participation Groups in East Sussex (March 2020) • Continue to deliver Level 2 MECC to the workforce across East Sussex (Ongoing) • Explore adding the Samaritans number on a leaflet produced by ESCC each year that contains emergency numbers and is distributed to residents each Christmas (December 2019) • Work in partnership with the Rebourne Corner Day Centre for homeless and vulnerable people in Eastbourne to provide outreach sessions to attendees 	<p>CEO and Project Lead, Grassroots Suicide Prevention</p> <p>Consultant in Public Health, ESCC</p> <p>One You East Sussex</p> <p>Outreach Deputy Director, Eastbourne and District Samaritans</p>

Topic	Action	Lead
2.6 Older people	<ul style="list-style-type: none"> To continue to link in with the Personal and Community Resilience work-stream ensuring those involved are aware of suicide prevention training and resources (Ongoing) 	Consultant in Public Health, ESCC
2.7 People who misuse drugs or alcohol	<ul style="list-style-type: none"> Liaise with the substance misuse commissioner regarding the delivery of suicide prevention training to substance misuse service workers (Ongoing) Work with the substance misuse commissioner regarding the work of and learning from the recently convened Drug Related Death Working Group to share relevant lessons learned and proposed activity in relation to suicide prevention (Ongoing) <p>CGL</p> <ul style="list-style-type: none"> Continue to encourage staff to use the toolkit for assessing suicide risk of their clients (Ongoing) Continue strengthening links with Adult Social Care, SPFT and HiM Work in partnership with ASC to pilot a bi-monthly in reach service to Eastbourne District General Hospital and the Conquest Hospital (May 19 - Ongoing) Strengthen links to A&E departments in East Sussex (March 2019) Establish and launch robust joint working protocol with SPFT and work together in suicide prevention, formulation and care planning (Ongoing) <p>For suicide prevention training within CGL see 1.6</p>	<p>Consultant in Public Health, ESCC, Strategic Commissioning Manager, Substance Misuse, ESCC</p> <p>Deputy Service Manager, East Sussex STAR, CGL</p> <p>Deputy Director of Adult Services, E. Sx, SPFT /Genine Dungate, Deputy Service Manager, East Sussex STAR, CGL</p>

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Topic	Action	Lead
2.8 LGBT groups	<ul style="list-style-type: none"> • Ensure all commissioned suicide prevention services consider the needs of LGBT groups (Ongoing) • Identify organisations working with LGBT groups and target suicide intervention training places to staff and volunteers (June 2019) • Develop relationships with The Clare Project & TNB (trans non binary) and the Hastings and Rother Rainbow Alliance (HRRRA) regarding their work in East Sussex to support the mental health of LGBT and non binary people with regard to suicide prevention • Inform the ESSPG on how to access best practice advice and training from LGBT organisations and liaise with LGBT groups in East Sussex regarding their access to suicide prevention training opportunities 	<p>Consultant in Public Health, ESCC</p> <p>CEO and Project Lead, Grassroots Suicide Prevention Charity</p> <p>Consultant in Public Health, ESCC</p>
2.9 Refugees and Asylum seekers	<ul style="list-style-type: none"> • Make links with organisations working with refugees and asylum seekers to raise awareness of suicide risk, suicide prevention work, training opportunities and resources (March 2020) • Promote the summer 2019 Grassroots training offer to refugees and asylum seekers (July, 2019) 	<p>Consultant in Public Health, ESCC</p> <p>CEO and project Lead Grassroots Suicide Prevention Charity</p>
2.10 People with untreated depression	<ul style="list-style-type: none"> • Work with GP leads to identify opportunities to improve the identification and management of depression in primary care (March 2020) 	<p>Consultant in Public Health, ESCC</p>

Topic	Action	Lead
Key area 3: Reduce access to the means of suicide		
<p>3.1 High-risk locations: Beachy Head</p>	<ul style="list-style-type: none"> • Complete the Beachy Head work programme and explore national funding opportunities to resource the implementation of findings (March 2020) • Work in partnership with key stakeholders to prioritise and implement the ideas generated from the Beachy Head programme (September 2019 - Ongoing) • Ensure the Beachy Head Risk Management Group continues to meet three-four times a year to facilitate joint working (Ongoing) • Beachy Head Chaplaincy Team (BHCT) to continue conducting regular searches at Beachy Head and to work in partnership with Street Triage, SPFT and the police to prevent suicide (Ongoing) • BCHT, SPFT, ASC and Sussex Police to continue to refine and agree pathways, protocols and support for people seen by BHCT who are not in touch with mental health services and where no resulting police involvement occurs (March 2020) • BHCT to explore funding streams to significantly increase the chaplaincy volunteer base, increase paid staff time and resource equipment and training (Ongoing) • Continue to develop a relationship with the hospitality industry in Eastbourne and target specific hotels/hostels most likely to encounter people potentially planning to go to Beachy Head to raise awareness and distribute resources (March 2020) • Pilot Samaritans attendance at Birling Gap Café to raise awareness of suicide 	<p>Consultant in Public Health, ESCC, BHRMG</p> <p>CEO, (BHCT), SPFT, ASC, Sx Police</p> <p>Deputy Director of Adult Services, E. Sx, SPFT, ASC, Sx Police, BHCT</p> <p>Eastbourne and District Samaritans Property Operations</p>

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Topic	Action	Lead
	<p>prevention services and resources (2019)</p> <ul style="list-style-type: none"> • Explore adding warning notices on car park tickets regarding people leaving cars unattended overnight in Beach Head car parks (Ongoing) 	<p>Manager, Birling Gap Visitor Centre, Eastbourne and District Samaritans Specialist Advisor, (Downland), EBC</p>
<p>3.2 Beachy Head Chaplaincy Team data management</p>	<ul style="list-style-type: none"> • BHCT to continue to provide regular reports on suicide prevention work at Beachy Head to the BHRMG (Ongoing) • BHCT/Police to sign off memorandum of understanding regarding information sharing (Date TBC) • BHCT /SPFT/Police to review agency data sharing arrangements and establish formal arrangements going forward (March 2020) • Continue evaluating and improving all information sharing processes and outcomes and consider the use of a multi-agency risk assessment process (Ongoing) • Street Triage team and BHCT to commence daily liaison to exchange information regarding people at risk presenting at Beachy Head and chaplaincy rota detail (June 2019 - Ongoing) 	<p>CEO, BHCT</p> <p>T/Superintendent, East Sussex Division, CEO, (BHCT)</p> <p>Deputy Director of Adult Services, E. Sx, SPFT, CEO BHCT, T/Superintendent, East Sussex Division, ASC</p> <p>Urgent Care and Street Triage, SPFT, CEO, BHCT</p>
<p>3.3 Access to high risk locations (Bus and Taxi companies)</p>	<ul style="list-style-type: none"> • Explore National partnerships to highlight the issue of taxi drivers taking people to Beachy Head and address opportunities for National involvement (Ongoing) • Continue to find ways to involve bus and taxi drivers in suicide prevention; strengthen relationship with Council Taxi Forum and district and borough 	<p>Consultant in Public Health, ESCC</p> <p>Eastbourne and District</p>

Topic	Action	Lead
	<p>licensing leads to raise awareness of the issues and their potential roles in suicide prevention (Ongoing)</p> <ul style="list-style-type: none"> • Work to ensure drivers have suicide prevention resources in their cars and have a standardised approach to taking people to Beachy Head (Ongoing) • Attend annual taxi driver briefings in Hasting and Eastbourne (Ongoing) • Explore an awareness, training and support offer to taxi drivers through e-learning via Zero Suicide, HEE training packages, face to face briefing/ skills sessions, and distribution of suicide prevention resources (Ongoing) 	<p>Samaritans, Deputy Director of Adult Services, E. Sx, SPFT CEO, BHCT</p>
<p>3.4 Hanging and strangulation in in-patient and criminal justice settings</p>	<ul style="list-style-type: none"> • Ensure robust implementation of protocols for the removal of potential ligatures and other suicide methods from high-risk patients; continue annual in-patient ligature audit (Ongoing) • Continue to ensure National Offender Management Service (NOMS) framework for delivering safer custody procedures and practices is implemented (Ongoing) 	<p>Deputy Director of Adult Services, E. Sx, SPFT HMPs Lewes Prison</p>
<p>Key area 4: Provide better information and support to those bereaved or affected by suicide</p>		
<p>4.1 Counselling and group work support for those bereaved by suicide and at risk of suicide</p>	<ul style="list-style-type: none"> • Ensure recommendations from the externally commissioned service evaluation of the Survivors of Suicide service continue to be implemented and monitor referrals, services usage and outcomes (Ongoing) • Recommission the SOS service for a further two years (September 2019) • Provide additional funds to expand the SOS services capacity in the Eastbourne area 	<p>Counselling Partnership, Survivors of Suicide, SCDA Strategic Commissioning Manager, Mental Health, ESCC Consultant in Public health,</p>

Topic	Action	Lead
	<ul style="list-style-type: none"> • Work with the STP Suicide Prevention Programme Manager overseeing the implementation of the Sussex and East Surrey suicide prevention programme of work to improve access to, and provision of, bereavement support services • Continue with third party referral arrangement from East Sussex Survivors of Suicide (SOBS) group to Eastbourne and District Samaritans (Ongoing) • Continue to offer postvention support to the University of Brighton and the University of Sussex 	<p>ESCC</p> <p>Eastbourne and District Samaritans</p>
<p>4.2 Information for those affected by suicide</p>	<p>Ensure information on suicide prevention and current service provision is available and disseminated widely including:</p> <ul style="list-style-type: none"> • Disseminate suicide prevention resources i.e. Help is at Hand booklet, the localised Help is at Hand z cards, the East Sussex resource card and other relevant resources and encourage providers to order their own stock (Ongoing) • Publicise the SPFT/Grassroots suicide app through commissioned services, stakeholder groups and training events (Ongoing) • Ensure Coroner’s Offices in Hastings and Eastbourne continue to provide the Help is at Hand booklet/z card to all bereaved families (Ongoing) 	<p>Consultant in Public Health, ESCC, All</p> <p>Public Health Consultant, ESCC, Counselling Partnership, Survivors of Suicide, SCDA</p> <p>Consultant in Public Health, ESCC</p>
<p>4.3 Postvention work in schools and colleges</p>	<ul style="list-style-type: none"> • Ensure information about appropriate postvention support (e.g. Samaritans Step-by-Step service) is disseminated to all schools and colleges (Ongoing) • Review, update and publicise guidance to all schools via the Virtual School Bag and others means of communication e.g. the PSHE Hubs (Summer 2019) 	<p>Consultant in Public Health, ESCC</p> <p>Health Improvement Specialist, Public Health, ESCC</p>

Topic	Action	Lead
	<ul style="list-style-type: none"> • Ensure the Campaign aimed at reducing suicide in men, delivered by Social Marketing Gateway works closely with the media to reduce stigma of male help-seeking and to inform the public of relevant local services (March 2020) • Samaritans’ Media Advisory team to provide training, support, monitoring and analysis of local news coverage of suicide and advise the STP suicide prevention steering group on issues of concern (to be commissioned by the STP) 	<p>Director of Projects, Social Marketing Gateway.</p> <p>Consultant in Public Health, ESCC, Executive Lead, Media Advisory Service, Samaritans</p>
<p>Key area 6: Support research, data collection and monitoring</p>		
<p>6.1 Suicide audit</p>	<ul style="list-style-type: none"> • Explore and identify new ways to enhance the suicide audit process to enable earlier identification of potential clusters and to maximise all learning from data (Ongoing) • Support partner agencies in their data collection, management and use of data (Ongoing) • Continue to present audit findings at relevant fora to raise awareness of local suicide prevention issues (March 2020) <p>Note: For information pertaining to data and Beachy Head see 3.2</p>	<p>Consultant in Public Health, ESCC</p>
<p>6.2 Coroner and Real time surveillance</p>	<ul style="list-style-type: none"> • Pending publication of PHE guidance and information on Real Time Surveillance (RTS) liaise with the East Sussex Coroner in his role on the national committee chaired by Professor Appleby to explore the development of RTS 	<p>Consultant in Public Health, ESCC</p>

Topic	Action	Lead
Key area 7: Self-harm prevention		
7.1 People who self-harm	<ul style="list-style-type: none"> • Prioritise and start to implement the Clinical Audit Action Plan following the recommendations of the 2018 Clinical Audit: <i>'Risk assessment and management of adults and young people with self-harm or suicidal intent in Accident and Emergency'</i>(March 2020) • Continue to implement the LTP schools work stream (Ongoing) • Work in partnership across the STP region to improve the model of care for young people experiencing a mental health crisis and develop robust pathways for children and young people who self-harm 	<p>Consultant in Public Health, ESCC, Senior Sister (ESHT)</p> <p>CAMHS Commissioner and Transformation Plan Programme Manager, CCGs, Consultant in Public Health, ESCC</p>
Key area 8: Making it happen locally		
8.1 Embed suicide prevention agenda within mental health strategies and plans	<ul style="list-style-type: none"> • Chair and contribute to the delivery of the STP Suicide Prevention Steering Group (March 2020) • Recruit a programme co-ordinator to work with partners to deliver the STP suicide prevention programme (July 2019) • Provide up-dates on suicide prevention work to relevant mental health provider groups and forums (Ongoing) 	<p>Consultant in Public Health, ESCC</p> <p>Director in Public Health, ESCC</p> <p>Consultant in Public Health, ESCC</p>
8.2 Use resources effectively	<ul style="list-style-type: none"> • Ensure collaborative working between key organisations and continue to review suicide prevention structures and processes to reduce overlap and maximise impact through the East Sussex Suicide Prevention Group and the BHRMG 	<p>Consultant in Public Health, ESCC</p>

Topic	Action	Lead
	<p>(Ongoing)</p> <ul style="list-style-type: none"> Continue to work with local leads in neighbouring local authorities to share learning and to work jointly where appropriate (Ongoing) 	
8.3 Service user engagement and involvement	<ul style="list-style-type: none"> Continue to involve People in Partnership, the service user engagement and involvement service provided by Southdown, to ensure user involvement in local work (Ongoing) 	Consultant in Public Health, ESCC, People in Partnership, Southdown Housing
8.4 Community engagement	<ul style="list-style-type: none"> World Suicide Prevention Day 2019: Grassroots to work with the Towner Gallery Eastbourne to show the film Evelyn, alongside a ChangeMaker photography exhibition (September 2019) The Social Marketing campaign to promote the umbrella brand 'Preventing Suicide in East Sussex; Together we can stop it 'uniting all local efforts and explore potential expansion to other target audiences in the future (September 2019 - Ongoing) SPFT to organise Park Run events in East Sussex to raise awareness of suicide prevention and distribute resources. SPFT to explore World Suicide Prevention Day initiatives for 2019 (Summer – September 2019) Work to ensure that the SPFT initiative aligns with the commissioned social marketing work to prevent message confusion (Ongoing) 	<p>CEO and Project Lead Grassroots Suicide Prevention Charity</p> <p>Consultant in Public Health, ESCC, Director of projects, Social Marketing Gateway</p> <p>Deputy Director of Adult Services, E. Sx, SPFT</p> <p>STP Suicide Prevention Programme Manager</p>

Appendix 1: Membership of East Sussex Suicide Prevention group

Consultant in Public Health, ESCC (Chair)

Deputy Director Adult Services, SPFT

Water Safety Co-ordinator, East Sussex Fire and Rescue Service

Youth Offending Team, ESCC

CEO & Project Lead, Grassroots Suicide Prevention

Strategic Commissioning Manager (Mental Health), East Sussex Joint Commissioning Unit

Outreach Deputy Director, Samaritans, Eastbourne

Outreach Deputy Director, Samaritans, Hastings and Rother

Counselling Partnership, Survivors of Suicide, SCDA

General Manager, Health in Mind, SPFT

Deputy Services Manager, East Sussex STAR drug and alcohol service, CGL

Perinatal Mental Health Lead, Integrated Health Visiting and Children's Centres services, ESHT

Operating Unit Manager, SECAMBS

HMP Lewes Prison

HMP Lewes Prison, Safer Custody manager

Programme Manager – Children and Young People's Mental Health and Well Being, Hastings and

Rother CCG, Eastbourne Hailsham and Seaford CCG, High Weald Lewes Havens CCG

T/Superintendent, East Sussex Division, Sussex Police

Senior Sister, A&E, ESHT

Senior Programme Manager, MH and Dementia Transformation, NHS HWLH CCG

Manager, Emotional Well-being team, Children's services, ESCC

Head of Counselling and Well-being, University of Brighton

Director, NHS Armed Forces Community, Lead Sussex Armed Forces Network

Health and Wellbeing Manager, Health and Justice lead for Kent, Surrey and Sussex, South East

Centre, Public Health England

Joint Sexual Abuse and Domestic Abuse Partnership office

East Sussex Probationary Service

Health and Safety Coordinator, ESFS

People in Partnership, Southdown Housing

Appendix 2: Membership of Beachy Head Risk Management Group

Consultant in Public Health, ESCC (Chair)

Deputy Director Adult Services, Esx. SPFT

Chief Inspector, Eastbourne District, Sussex Police

Eastbourne & District Samaritans

Beachy Head Chaplaincy Team

Professor of Sociology in Health and Medicine, Brighton University

Senior Coastal Operations Officer, HM Coastguard, RNLI

Consultant Psychiatrist, SPFT

Counselling Partnership Project, Survivors of Suicide, SCDA

Specialist Advisor (Downland), Eastbourne Borough Council

Practice Manager, Approved Mental Health Practitioner and Emergency Duty Service, Adult Social Care, ESCC

Head of Service, Mental Health, Adult Social Care, ESCC

Urgent Care and Street Triage, SPFT

Property Operation Manager, Birling Gap Visitor Centre and Alfriston Clergy House, National Trust

Prevention Inspector, Eastbourne, Sussex Police

Chief Inspector, Borough Commander Eastbourne, Lewes and Weald Police

Grassroots Suicide Prevention

Prevention Inspector Eastbourne, Sussex Police

Southdown National Park