



Croydon Multi-Agency

SELF-HARM AND SUICIDE PREVENTION STRATEGY

2025-2028

The intended audiences of this strategy are individuals, organisations across national and local government, the NHS, private sector, Voluntary, Community and Social Enterprise sectors, academia, and people bereaved by suicide.

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Croydon Multi-Agency SELF-HARM AND SUICIDE PREVENTION STRATEGY 2025-2028



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We thank all those who have helped us to produce this strategy through signposting, contributing at consultation events, and providing comments to earlier drafts.

We express particular thanks to the individuals and families affected by suicide and self-harm, whose experiences and feedback have helped shape this document.

01

Executive Summary

Our aims, in line with those set out in the national strategy - **Suicide prevention in England: 5-year cross-sector strategy (DHSC, 2023)⁽¹⁾**, are to:

- reduce the suicide rate over the next 4 years – with initial reductions observed within half this time or sooner
- improve support for people who have self-harmed
- improve support for people bereaved by suicide through the coordinated actions of our respective organisations and communities.

29%

decrease in deaths by suicide since 2018-20 due to coordinated multi-agency efforts.

52%

decrease in self-harm since 2018-19 due to coordinated multi-agency efforts.

The intended audiences of this strategy are individuals, organisations across national and local government, the NHS, the private sector, the VCSE sectors, academia, and people bereaved by suicide.

Death by suicide and self-harm are global public health priorities. Every suicide is a tragedy that affects families and communities and has long-lasting effects on the people left behind. Self-harm is a strong risk factor for subsequent death by suicide.

The effects of the COVID-19 pandemic and the cost-of-living is adding extra pressure on residents and this situation might heighten the risk of self-harm and death by suicide. This strategy sets out actions that are focused on prevention and early intervention in the wake of these new societal challenges, while also ensuring there is the right support for people experiencing suicidal thoughts and feelings as well as for those bereaved by suicide.

In Croydon, 60 suicide deaths were recorded in 2021-23 and 180 emergency admissions to hospital for intentional self-harm during 2023-24. Coordinated multi-agency efforts have led to a 29% decrease in deaths by suicide since 2018-20 (when 84 suicide deaths were recorded) and a 52% decrease in self-harm since 2018/19 (when there were 375 admissions recorded).

Death by suicide and self-harm affect men and women in different ways and the reasons for this are complex. Suicide deaths are concentrated

among men: 51 suicide deaths among males recorded in Croydon in 2021-23; 9 in females. Self-harm disproportionately affects women: in most years, there are twice as many hospital admissions in females than males. Death by suicide and self-harm also disproportionately affect other vulnerable groups, including children and young people, autistic and LGBTQ+ individuals.

Death by suicide has a ripple effect on families and communities. People affected or bereaved by suicide are at higher risk of mental health issues than the general population, including future death by suicide. Suicide bereavement is estimated to affect up to 9% of adolescents⁽²⁾ and 7% of adults⁽³⁾ annually. Timely, tailored, and compassionate bereavement support is therefore essential to support families and communities in these difficult times.

A reduction in the rate of suicide is a priority within the Croydon Joint Health and Wellbeing Strategy, signalling the commitment of partners across the NHS and Local Government to work together to save lives lost to suicide through both whole population and targeted actions. To this end, we have the vision that Croydon will be a home for resilient and thriving communities who receive timely, tailored, and effective support to prevent self-harming, and suicide attempts and deaths from taking place; and that supports those bereaved or affected by suicide.

02

Introduction

Death by suicide and self-harm are global public health priorities. Every suicide death is a tragedy that affects families and communities and has long-lasting effects on the people left behind.

Death by suicide occurs throughout the lifespan. In England and Wales, intentional self-harm, including death by suicide, is the third leading cause of death among young people aged 10 to 19 years⁽⁴⁾. In 2023, it is estimated that 6,069 people sadly took their life in England and Wales; this is an increase of 7.6% in the number of suicides since 2022 (5,642 deaths)⁽⁵⁾.

Consistent with previous years, deaths by suicide were higher among men; 4,506 deaths in men in 2023 (74.2%) compared to 1,563 women⁽⁵⁾. In addition to the considerable societal costs death by suicide has, there is an economic impact too. Every death by suicide is estimated to be nearly £1.7 million which accounts for loss in productivity, caring for those left behind, and more⁽⁶⁾.

Self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent. Self-harm

results in approximately 110,000 inpatient admissions to hospital each year in England. About 1 in 3 people who self-harm for the first time will do it again during the following year, and about 3 in 100 who self-harm over 15 years will take their own lives⁽⁷⁾.

Besides the impact on population health, self-harm has considerable implications for healthcare costs (medical, psychiatric, and social care)⁽⁸⁾. Evidence suggests that the costs of self-harm presentations to the NHS budget is approximately £162 million each year⁽⁸⁾. Because self-harm is a stronger risk factor for subsequent death by suicide, these episodes represent an important opportunity for prevention⁽⁹⁾.

This multi-agency strategy outlines our approach to reduce self-harm and death by suicide in Croydon. Facilitated by the Croydon Public Health Team, this strategy has been developed by a

multi-agency group which includes a range of statutory, local, and voluntary agencies (Appendix A) to ensure it represents the collective priorities of local agencies. By working across these multi-agency groups the aim is to have the greatest positive impact on the health and wellbeing of Croydon residents.

The strategy provides a framework to devise a local action plan aimed at strengthening protective factors that are:

- known to improve and sustain the mental health and wellbeing of our communities
- address risk factors to reduce the risk of self-harm and death by suicide
- support those bereaved or affected by suicide death in a timely and compassionate manner.

Our vision is:

Croydon will be a home for resilient and thriving communities who receive timely, tailored, and effective support to prevent self-harm attempts and death by suicide from taking place; and that supports those bereaved or affected by suicide in a timely and compassionate manner.

02 Introduction

A reduction in the death rate from suicide is a priority within the Croydon Joint Health and Wellbeing Strategy⁽¹⁰⁾, signalling the commitment of partners across the NHS and Local Government to work together to save lives lost to suicide through both whole population and targeted actions.

To this end, this strategy will harness this commitment to achieve the following aims:

- reduce the suicide rate over the next 3 years – with initial reductions observed within half this time or sooner
- improve support for people who have self-harmed
- improve support for people bereaved by suicide.



WE (THE MULTI-AGENCY GROUP) WILL ACHIEVE THESE AIMS BY:

01

Providing a multi-agency response which will address the wider determinants of mental health that create opportunities to reduce the risk of poor mental health developing or escalating.

02

Providing proactive, joined-up integrated care and early mental health support to residents, particularly those at risk of self-harm and death by suicide.

03

Ensuring those bereaved or affected by suicide death receive the support they need in a timely and compassionate manner.

03

Policy context

In 2023, the refreshed national suicide prevention strategy – Suicide prevention in England: 5-year cross-sector strategy (DHSC, 2023)⁽¹⁾, set the national ambition 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 continued need for local authorities and partners to maintain local suicide prevention strategies and action plans which bring together partners to reduce the rate of suicide in the general population and to provide better support for those bereaved or affected by suicide.

The first Croydon Self-harm and Suicide Prevention Multi-agency Strategy was developed in 2017.

Building on this work, the 2025-2028 strategy sets out in this document and the accompanying action plan to refresh our approach to prevent self-harm and death by suicide in Croydon,

and to align our objectives and actions to current and emerging local needs.

The refreshed strategy will also contribute to achieving ambitions set up in other relevant local strategies and action plans.

This includes, but it is not limited to, the South West London ICB Transforming Mental Health Services for Children, Young People (0-25) and their Families across South West London⁽¹⁾, the Joint Health and Wellbeing Strategy⁽⁸⁾, One Croydon Health and Care Plan Refresh⁽¹²⁾, the Croydon's Autism Strategy⁽¹³⁾ and its forthcoming refresh, and Mayor's business plan⁽¹⁴⁾.



One of the key themes of this strategy is that suicide is everyone's business and everyone has a role to play in suicide prevention.⁽¹⁾



04

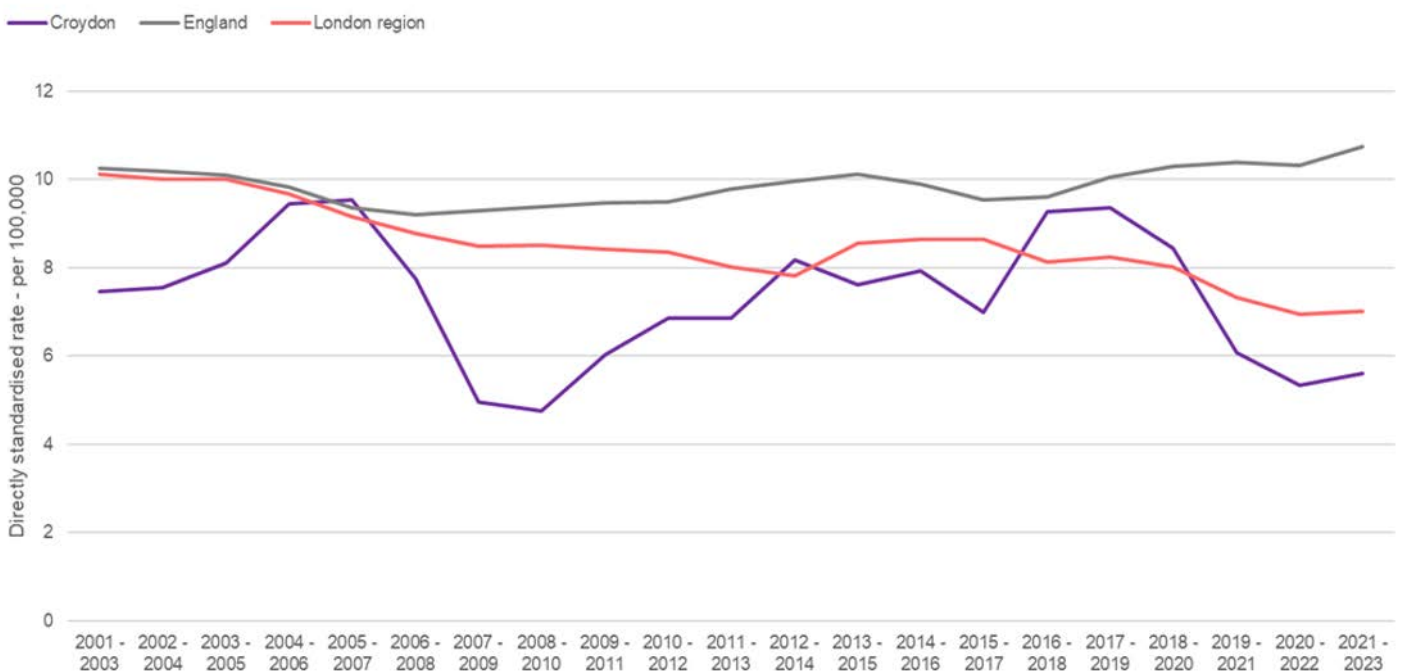
Local picture

In the latest three-year data (2021-23), 60 deaths by suicide were recorded in Croydon; 51 suicide deaths were in males and 9 were in females.

This represents a decrease of 29% since 2018-20 when there were 84 suicides. This is a larger decrease than seen across England (6% decrease) and London (11% decrease).

The directly standardised suicide rate in Croydon in persons aged 10 years+ in 2021-23 was 5.6 per 100,000 population, down from 8.4 per 100,000 in 2018-20. This rate is statistically lower than the rate seen across England (10.7) and similar to the rate seen across London (7.0).

Suicide rate

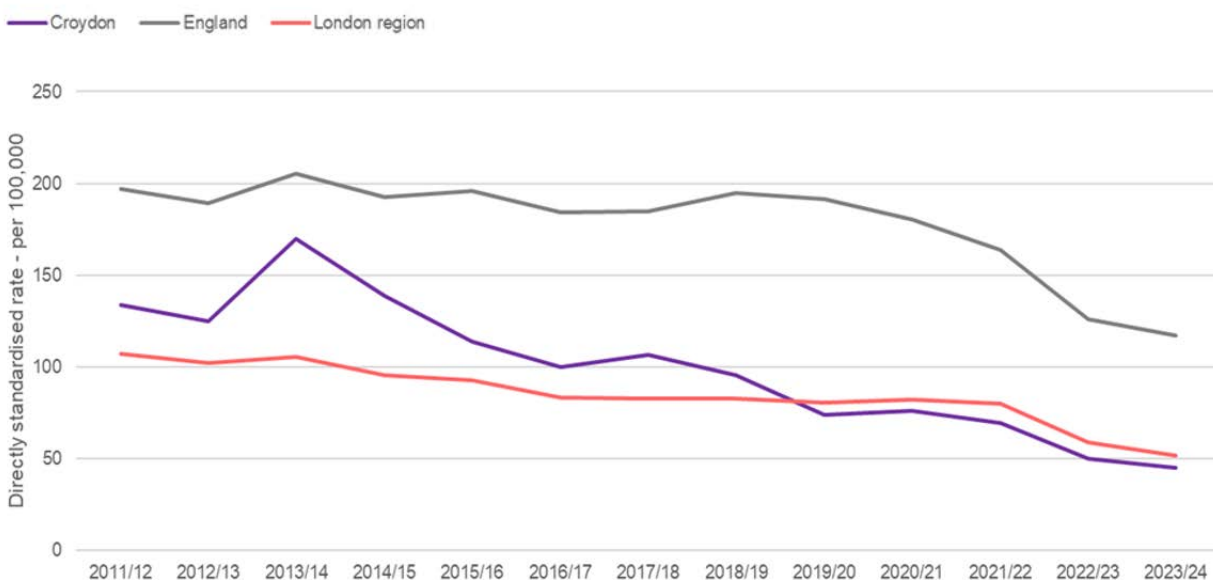


Source: Office for National Statistics, taken from Office for Health Improvement and Disparities Fingertips profile

04 Local picture

In the latest data (2023-24), Croydon had the tenth lowest rate in London of intentional hospital admissions for intentional self-harm. In this year, 180 emergency admissions to hospital for intentional self-harm were recorded in Croydon residents. In most years, there are twice as many admissions in females than males. The number of admissions has dropped locally in Croydon, across London and England since 2020/21.

Rate of emergency hospital admissions for intentional self-harm



Source: Office for National Statistics, taken from Office for Health Improvement and Disparities Fingertips profile

For further detail, see the Croydon's Self-harm and Suicide Needs Assessment full report [here](#).

05

Impact of COVID-19 pandemic and cost-of-living on mental health

Signs of the impact of COVID-19 on the population's mental health have been reflected in the increased use of helplines during the pandemic reported by mental health charities⁽¹⁵⁾.

Furthermore, several surveys in the UK suggested an adverse impact of the pandemic on mental health⁽¹⁶⁾. Although provisional data from the Office for National Statistics (ONS) has found no evidence that national suicide rates increased⁽¹⁷⁾, there are concerns that rates of self-harm and deaths by suicide may continue to rise in the aftermath of the pandemic.

Due to delays in registering suicide deaths, which have increased since the pandemic, only 29.5% deaths registered in 2024 had a date of death in the same year⁽¹⁷⁾.

In addition, there is evidence that the pandemic has exacerbated risk factors for death by suicide including isolation, economic adversity, trauma, bereavement, domestic violence, and alcohol misuse.

The cost-of-living is adding extra pressure on residents and this situation might heighten the risk of self-harm and death by suicide. For instance, mental health charities have reported an increase in emotional support contacts related to finances from both adults and young people⁽¹⁸⁾.



Adequately supporting those on the lowest incomes, who are most at risk of experiencing mental health problems and are at higher suicide risk, is imperative right now.⁽¹⁸⁾



06

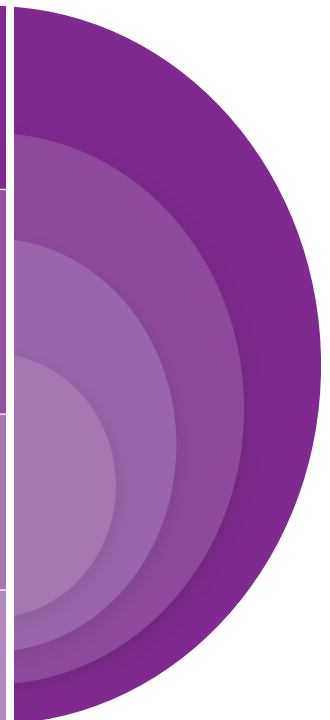
Our priorities

People are less likely to consider suicidal thoughts and behaviours if a range of protective factors are present.

However, protective factors for death by suicide and self-harm are complex and broad, and achieving a reduction in self-harm and death by suicide through addressing the protective factors requires contribution across all sectors of our society (Figure 1).

Figure 1: A comprehensive approach to suicide prevention and self-harm

Action across the wider Determinants of health	<ul style="list-style-type: none"> • Economic support • Tackling social isolation • Meaningful and good employment 	<ul style="list-style-type: none"> • School readiness • Built environment
Universal Mental Health and Wellbeing approaches	<ul style="list-style-type: none"> • Building resilience • Anti-stigma campaigns • Suicide prevention and self-harm awareness training • Mental Health First Aid 	<ul style="list-style-type: none"> • Access to wellbeing self-harm resources • Bereavement services • Trauma informed approaches
Targeted support	<ul style="list-style-type: none"> • Access to psychological therapies • Early identification and treatment of mental illness 	<ul style="list-style-type: none"> • Mental wellbeing community programmes for at risk groups
Acute support	<ul style="list-style-type: none"> • Access to effective support in community and acute Mental Health Services 	<ul style="list-style-type: none"> • A&E mental health teams • Crisis support



To respond to this challenge, partners came together to discuss a way forward for Croydon and to agree a renewed approach for the local self-harm and suicide prevention strategy and action plan.

Drawing on national intelligence, evidence-based and best practice, a self-harm and suicide needs assessment, and partners' feedback, the strategy contained in this document sets out the high-risk groups, priority areas, and actions that will need to be delivered across a range of partners and across the health and care system to accomplish our vision to have reduced the suicide rate by 2028. The multi-agency group also endeavours to continue building up and strengthening partnerships, improving communications, and developing and maximising training opportunities to skill-up the front-line staff to Make Every Contact Count (MECC).

06 Our priorities

Our six priority areas to help reduce self-harm and death by suicide in Croydon are:



01

Reduce self-harm and death by suicide among high-risk groups.



02

Reduce access to means and methods of suicide and self-harm.



03

Strengthen collaboration across agencies and organisations to ensure access to effective mental health care and treatment.



04

Provide timely and tailored support and information to those bereaved or affected by suicide deaths.



05

Support the collection, monitoring, and use of data and intelligence to improve the understanding of local need.



06

Support the media in delivering sensitive approaches to deaths by suicide.

06 Our priorities

There is no single cause for death by suicide. Death by suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair.

Many suicide deaths happen in moments of crisis with a breakdown in the ability to deal with life stresses (e.g., financial problems, relationship break-up, chronic pain, and illness).

Additional risk factors linked to suicide at a population level include gambling, alcohol and drug misuse, social isolation and loneliness, and domestic abuse.

Groups who are at higher risk of suicide are young people (and their families), middle-aged men, people who are LGBTQ+, people in the care of mental health services, people in contact with the criminal justice system, specific occupational groups, those misusing drugs and alcohol, people with a history of self-harm, those with long term conditions, autistic people, pregnant women and new mothers, and people bereaved by suicide.

06 Our priorities

Priority area 1:

Reduce self-harm and suicide attempts among high-risk groups

Young people

➤ What are we doing?

Data shows that suicide is a leading cause of death in young people⁽¹⁹⁾. There is evidence that care experienced people are more likely to experience suicidal ideation and behaviour, and to die by suicide, than those who are not care experienced⁽²⁰⁾. Reviews and work carried out by the Croydon Safeguarding Children Partnership (CSCP) have evidenced that children and young people who are care experienced are more vulnerable and potentially at greater risk of suicide and self-harm.

Collective efforts are dedicated locally to improving and sustaining the mental health and wellbeing of children and young people and to equipping professionals to support children and young people at risk of self-harm and death by suicide. This includes a range of training and support for schools (e.g., Mental Health Support Teams, Mind suicide prevention training, Hold the Hope training, Suicide Prevention Explore, Ask, Keep-Safe (SPEAK) training), and training for professionals working with children and young people, delivered by Grassroots and London South Bank University (LSBU) (with a focus on supporting young people who identify as LGBTQ+).

Croydon Multi-Agency Safeguarding Hub (MASH) supports coordinated information gathering and referrals direct to appropriate support services for children and young people who need help and protection. SWL ICS has rolled out the Crisis Project which supports children and young people presenting in emergency departments. Local volunteer organisations (e.g., Croydon Drop In, Off the Record) provide support and offer a range of activities to children in crisis and with mental health issues.

Croydon Safeguarding Children Partnership is committed to sharing learning to reduce self-harm and death by suicide and has developed a comprehensive resource guide for professionals supporting young people in crisis. This was an outcome of a conference held in 2023 in response to 3 specific suicides of young people in the borough. This conference involved the family of one of the young people who had died by suicide, to share the family perspective.

➤ What will we do:

Our multi-agency group will focus on building and sustaining resilience among children and young people and improving their emotional wellbeing. This will be achieved by involving wide ranging systems and structures, including schools, health services, social care, and voluntary sector. The focus will be on training professionals working with young people to support young people at the earliest opportunity.

We will also engage with existing partnerships, services, and community groups to raise awareness of self-harm and death by suicide, and to tackle stigma and discrimination associated to mental health.

The CSCP publishes reviews to support learning from safeguarding incidents, including deaths by suicide in young people. **Chloe** and **Jake** (not their real names) are two recent examples of these reviews. The resulting recommendations will be incorporated into the suicide and self-harm prevention action plan to ensure that the learning inform future multi-agency practice.

We will develop a suicide cluster response plan and protocol to be utilised following a suspected suicide or serious self-harm in a young person.



06 Our priorities

Priority area 1:

Reduce self-harm and suicide attempts among high-risk groups



Neurodivergent people

➤ What are we doing?

We have implemented the Croydon's Autism Strategy 2021-2024⁽¹³⁾ which sets the priorities to make life easier for autistic residents and their families, and to increase awareness and understanding of autism across the population. We will support implementation of the refreshed strategy once published.

One of the priorities of Croydon's Autism strategy is to support autistic people who are going into crisis, particularly around their mental health and wellbeing. This self-harm and suicide prevention strategy will underpin this local priority.

➤ What will we do:

Our multi-agency group will foster environments that support the emotional needs of people with neurodiversity, guided by the commitments in Croydon's updated autism strategy and SLaM's Autism Strategy, and will embrace neurodiversity in communities, schools, healthcare settings, and workplaces to improve inclusivity for all people.

We will ensure that suicide prevention programmes are tailored to the needs of autistic people and will endeavour to remove barriers to access support and treatment. We will progress discussions between mental health partners about ensuring data on neurodiversity is recorded and build review of neurodiversity into our data monitoring processes.

06 Our priorities

Priority area 1:

Reduce self-harm and suicide attempts among high-risk groups



Men

➤ What are we doing?

Targeted interventions are being delivered locally to engage men in support groups and activities such as the Men's Shed in New Addington, Here to Talk training for barbers and hairdressers, and Proper Blokes Club walks around the borough (launched summer 2025).

Men's Sheds are about social connections and help reduce loneliness and isolation. They are community spaces for men to connect, converse, create, and have fun. We will build a network of Mental Health Champions through the community-based initiatives we organise that support men.

There are other local opportunities to promote and strengthen protective factors which includes working with Jobcentre Plus and other organisations to Make Every Contact Count (MECC). We will ensure our staff and partners are equipped with the skills, knowledge, and necessary information to identify suicidal signs, and to support and signpost men at high-risk of death by suicide to appropriate services.

➤ What will we do:

Our multi-agency group will focus on strengthening protective factors that help reduce the risk of suicide death among men.

This will include actions ranging from providing social and community support to improving access to timely and effective clinical care and treatment.

06 Our priorities

Priority area 1:

Reduce self-harm and suicide attempts among high-risk groups

Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+)

➤ What are we doing?

Croydon Safeguarding Children Partnership has identified young people from LGBTQ+ community to be a higher risk of suicide death and uncovered a gap in professionals' confidence and knowledge to appropriately deal with young people who have mental health issues and who belong to the LGBTQ+ community. To equip our professionals to respond to this challenge, we have developed and offered bespoke training (see Case Study).

➤ What will we do:

Our multi-agency group will work to create affirmative, inclusive, and supportive environments and to tackle stigma and discrimination towards the LGBTQ+ community living in the borough. We will begin by offering tailored training to staff who support young LGBTQ+ individuals in crisis.



06 Our priorities

Priority area 2: Reduce access to means and methods of suicide

➤ What are we doing?

We have previously had a working group which encompasses leads from the Railway Industry, Police, Samaritans, and Croydon Council. The group has been working together since 2017 to tackle local challenges and to identify and implement actions that raise awareness of suicide in railway stations (e.g., Small Talk Saves Lives Campaign). The group has also coordinated the delivery of training aimed at skilling up railway staff to recognise signs of suicide and to deal with complex situation in the stations.

Following ongoing concerns about the level of incidents taking place at Croydon's railways, the group has reformed and ran a multi-agency workshop with partners across the borough in late 2024 to co-create an action plan of activity to reduce the risk of suicide around East Croydon railway station.

Following this event the key actions have been embedded into the multi agency strategy action plan and will meet on a regular basis to review data, that will feed into discussions at the Steering Group.

➤ What will we do:

Our multi-agency group will work with partners and organisations to foster suicide safer communities and to raise awareness about ways to reduce risk around rail locations in the borough.

We will continue to work in collaboration with the Railway Industry, Police, Samaritans, and other organisations to raise awareness and to equip railway staff and other front-line staff working around Croydon's railways to support passengers and people accessing the railway stations that might be at risk of suicide.



06 Our priorities

Priority area 3:

Strengthen collaboration across agencies and organisations to ensure access to effective mental health care and treatment

➤ What are we doing?

A key element of suicide prevention is ensuring that individuals with suicide risk have timely access to evidence-based treatments, suicide prevention interventions, and coordinated systems of care. Supporting effective, uninterrupted, and safe transition of care from Children and Young People's Mental Health services into Adult Mental Health services by establishing robust pathways and facilitating exchange of information among various practitioners and organisations can reduce patients' suicide risk. This could be extended to transitions in care among individuals receiving health and behavioural health services.

Maternal deaths from mental health-related causes account for nearly 40% of deaths occurring within a year after the end of pregnancy with maternal suicide remaining the leading cause of direct deaths in this period⁽²¹⁾. At least half of women who died by suicide had multiple adversities, including a history of trauma, and many of these women struggled to engage with services⁽²¹⁾. Croydon partners are developing a perinatal mental health strategy that will focus on good parental mental health and parent-infant relationships from start with pregnancy planning throughout pregnancy and after birth, with prevention of escalating need as the key focus of the strategy.

We are working to put services back into the community and ensuring residents have access to integrated services that are tailored to the needs of the community. To achieve this, we have recruited Mental Health Personal Independence coordinators who will provide greater support in primary care. We have also created the Croydon Mental Health and Wellbeing Hub at the Whitgift Centre, and we have improved the crisis pathway establishing the Recovery Space, Mental Health Crisis line expansion, and a Mental Health Clinical Assessment Unit at Croydon Health Services Emergency Department.

Public Health Croydon is piloting culturally sensitive counselling approaches through various voluntary and community sector organisations, as well as delivering a coordinated training offer around Trauma Informed practice, Mental Health First Aid, and Making Every Contact Count. Croydon Drop-In is expanding its provision to support young people affected by suicide and self-harm in community locations.

In addition, we are committed to share learning from serious cases reviews and adult safeguarding reviews. To this end, concerted efforts are devoted to enable organisations to implement actions and recommendations provided by the Croydon Safeguarding Children Partnership and Adult Safeguarding Board.

➤ What will we do:

Our multi-agency group will focus on strengthening collaborations across agencies and organisations to improve early detection of signs of self-harm and suicide ideation; to establish robust referrals pathways and improve transition among services; to respond effectively to individuals in crisis, and to facilitate access into crisis and mental health services.

We will raise awareness of the Vulnerability Panel that seeks to ensure vulnerable children, young people and adults to support better transition into appropriate services to meet their needs.

The group will also actively review the recommendations from serious case reviews produced by the safeguarding boards and integrate these findings into the self-harm and suicide prevention action plan.

06 Our priorities

Priority area 4:

Provide timely and tailored support and information to those bereaved by suicide

➤ What are we doing?

A rapid response exists to support residents who have been bereaved or affected by suicide. This is led by the bereavement support lead officer from the SWL Mental Health Network at West Central London Mind.

➤ What will we do:

Our multi-agency group will collaborate with partners and suicide prevention champions to ensure coordinated, timely, and compassionate support is provided to those bereaved or affected by suicide. Our multi-agency group will ensure that the suicide bereavement support offer is reflected in organisations response pathways following a death by suicide.



06 Our priorities

Priority area 5:

Support the collection, monitoring, and use of data and intelligence to improve the understanding of local need

➤ What are we doing?

Monitoring trends, reviewing the latest evidence, and providing high-quality, timely data are fundamental steps to inform prevention interventions, and to identify and implement targeted support to reduce suicide and to support those bereaved by suicide. In England, work is proceeding at pace to embed a national, real-time suicide surveillance system.

Locally, we monitor data trends and use data to inform local interventions using national and local datasets, including real-time data from the Thrive LDN Real-Time Suicide Surveillance System (RTSS). Establishing robust data sharing agreements between agencies, assimilating and analysing these datasets to provide a comprehensive narrative about suicide and self-harm trends in the borough, and sharing these data updates and analyses widely to inform future commissioning will be a key focus among local partners.

Further, the voices, perspectives and insights of people with personal experience should inform the planning, design and decisions at all levels of suicide prevention activity. This includes people with experience of feeling suicidal, those who have made previous suicide attempts, and people who are bereaved by suicide. We review in-depth studies of deaths by suicide, where applicable, through our local safeguarding boards and in doing so, gain in-depth understanding of individuals and their families affected by suicide.

➤ What will we do:

Our multi-agency group will ensure we improve and maintain robust mechanisms that enable the gathering, sharing, and monitoring of self-harm and suicide intelligence across partners to identify needs and to inform future interventions.

We will establish a co-ordinated data surveillance system involving Public Health analytic capacity to support our ability to respond to suspected suicides and clusters.

We will establish opportunities for engagement with those with lived experience of suicide. We will also ensure the findings from serious case reviews and case studies explored through the local safeguarding boards are reviewed by partners of the multi-agency steering group.



06 Our priorities

Priority area 6:

Support the media in delivering sensitive approaches to suicide

What are we doing?

Many partners locally have processes in place to support local and national campaigns around suicide and self-harm prevention. Croydon Council's public health communications supports promotion around key national awareness raising days and weeks, including Suicide Prevention awareness day, and World Mental Health Day.

What will we do:

Our multi-agency group will support the media in delivering sensitive approaches to suicide and will endeavour to support local and national raising awareness campaigns. We will utilise partner toolkits around sensitive communication of messages around suicide and self-harm.



07

Measuring success

We aim to have reduced the number of local suicides by 2028 from the 2018-2020 baseline.

To monitor progress, we will use key Public Health Outcome Framework (PHOF) indicators related to self-harm and suicide, including:

- Suicide rate (persons, male, female).

- Suicide crude rate 65+ years: per 100,000 (5-year average), male.

- Emergency Hospital Admission for Intentional Self-Harm

- Hospital admissions as a result of self-harm (10-24)

- Hospital admissions as a result of self-harm (10-14)

- Hospital admissions as a result of self-harm (15-19)

- Hospital admissions as a result of self-harm (20-24)

We aim to have reduced the number of local suicides by 2028 from the 2018-2020 baseline.



08

Governance

This Strategy has been formally signed-off by Croydon's Health and Wellbeing Board.

This Strategy has been formally signed-off by Croydon's Health and Wellbeing Board. The Health and Wellbeing Board will be ultimately accountable to oversee the strategy and ensure it reflects populations' needs; it is informed by the latest evidence, intelligence, and policy; and it captures all partners collaborative efforts to address self-harm and suicide in Croydon. To ensure progress is on track, a Multi-agency Steering Group will provide an annual progress report and recommendations to the Board.

The strategy will also be presented at Croydon's Cabinet on an annual basis for discussion and review.

It is envisioned that the action plan accompanying this strategy will be a 'living' document that will evolve as new priorities and evidence emerge.

Over the course of the three years, the action plan will be monitored against the priorities set in this strategy and will try to address risk among as many vulnerable population groups as realistically possible.

The Mental Health Programme Board will approve on the Steering Group's recommendations for which vulnerable groups and activities will be prioritised in each of the years of the plan.

09

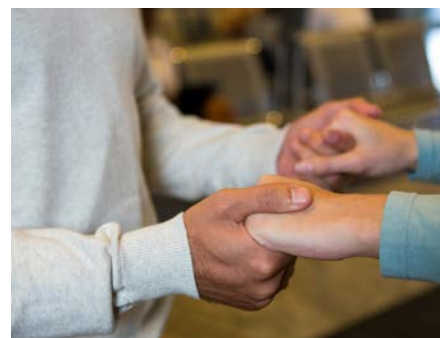
Partners engagement

Between 2022-23, a series of partners' engagement workshops and online meetings took place involving partners from social and health care, education, community voluntary action, commissioners, and local authority.

Partners reflected on local needs and priorities areas to reduce self-harm and suicide in Croydon, and to support people bereaved by suicide.

Partners' input and feedback informed the present strategy and action plan. Detailed information of the process is included in the self-harm and suicide needs assessment that accompanies this report.

In this strategy, we included two case studies to showcase the good work that is being delivered in Croydon. We hope these case studies serve as an example for other boroughs, and we hope they may inspire others to replicate this work in their areas.



10

Case studies

We present two case studies to show the work that is underway in Croydon.

Case study 1:

Training professionals to support LGBTQ+ community

Improving children and young persons' mental health outcomes are a priority for Croydon.

Locally it has been identified that among children and young people, those who are questioning their gender identity or sexual orientation experience poorer mental health. Children Safeguarding Rapid Reviews have uncovered a proportion of suicides where the young person identified as non-binary. An increasing number of local A&E admissions of young persons in crisis are from individuals who are questioning their gender identity or sexual orientation.

Professionals working with the LGBTQ+ community have expressed concerns about the complexities to discuss gender identity and sexual orientation when mental health of a young person is also a concern. Professionals describe this feeling from “unskilled to even have a conversation about gender types I don’t understand” to feeling “unsupported, without any tools or appropriate knowledge to open up these important conversations, when I’m already worried about whether they are going to self-harm (again)”.

The Croydon Safeguarding Children Partnership Mental Health Priority Group was set up in June 2021 to identify, propose, and implement actions to improve mental health outcomes for children and young people. For instance, the CSCP group in collaboration with London South Bank University academics, professionals, and people with lived experience developed a bespoke training for professionals working with LGBTQ+ individuals. The training aimed at equipping professionals with skills to assess and support LGBTQ+ young persons who are at-risk of self-harm or suicide, to grow their knowledge and understanding of the range of gender identities and sexual orientations, and to be better equipped to form more trusting connections with young people which will support better practice. Professionals perceived their confidence of safeguarding improved after participating in 2 half-day training sessions.



01
CASE STUDY

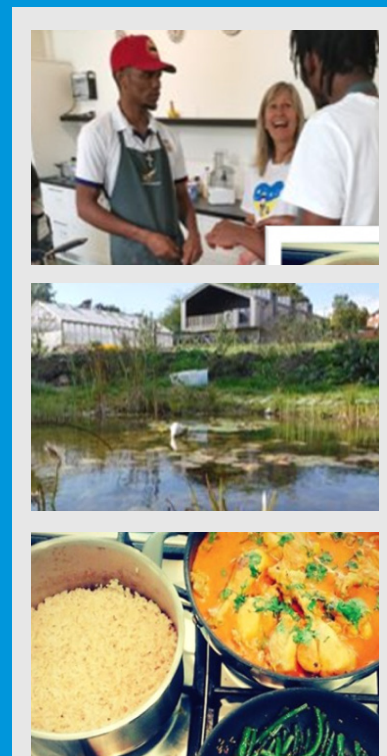
10 Case studies

Case study 2: Men's sheds

Men's Sheds is a community-based initiative that tackles issues related to men's health. Men's Sheds have been identified as one of the solutions to improving men's health and their access to information and support.

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.

Croydon Men's Shed 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, Men's Shed offers the opportunity for men to access social support, information, and advice as well as share experiences and concerns in an environment that is relaxed.



02
CASE STUDY

Appendix

Appendix A: List of Partners

Croydon Council

Croydon Health Services NHS Trust

Croydon Health and Wellbeing Board

Croydon Mental Health Forum

Croydon Safeguarding Adult Board

Croydon Safeguarding Children Partnership

CVA Mental Health Alliance

Drugs and Alcohol services

East Croydon Railway Multiagency Group (Samaritans, Network Rail, Govia Thameslink Rail, British Transport Police)

One Croydon Alliance

South London and Maudsley NHS Foundation Trust (NHS)

SWL Mental Health Programme Board

SWL ICS Children's Commissioning Team

SWL ICS Medicines and Optimisation Team

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