

Learning from the NHSE/I National Suicide Prevention Programme

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Background



Policy Overview

- The Five Year Forward View for Mental Health (FYFVMH) ambition to reduce suicides
- **£25 million transformation funding** allocated to high rate STPs for 2018/19 - 2020/21 to support its delivery.
- With the publication of the Long Term Plan (LTP), we have committed that from 2019/20 every area of the country will receive funding for suicide prevention and bereavement services, by 2023/24, from the **total pot of money of £57m** allocated through the Long Term Plan.

Suicide Reduction and Bereavement Support

- With the publication of the Long Term Plan (LTP), we have committed that by 2023/24:
 - The current suicide prevention programme will **cover every local area in the country**.
 - All areas will have suicide bereavement support services providing timely and appropriate support to families and staff in place.

Enablers

- A bespoke **national suicide reduction support package** with the National Confidential Inquiry into Suicide and Safety (NCISH), and NCCMH
- Support After Suicide Partnership (SASP) has been commissioned to set up a central resource hub as well as deliver **postvention bereavement implementation support**.
- **Regional suicide reduction leads** support all STPs in progressing suicide prevention plans.

Progress so far



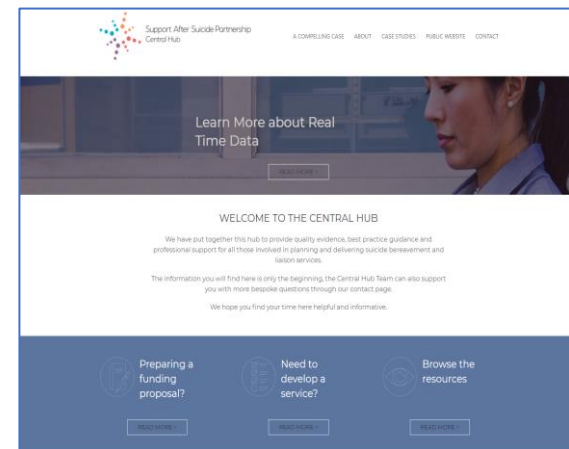
Suicide prevention

- Transformation and projects focused on local health, public health and local authority priorities
 - Place-based community prevention work
 - Suicide reduction within mental health services
 - Real time surveillance
 - Responding to impact of covid-19
- 30 systems (STPS/ICS) are in receipt of three years of suicide prevention funding
- The final 12 systems will begin to receive their funding in 2021/22.

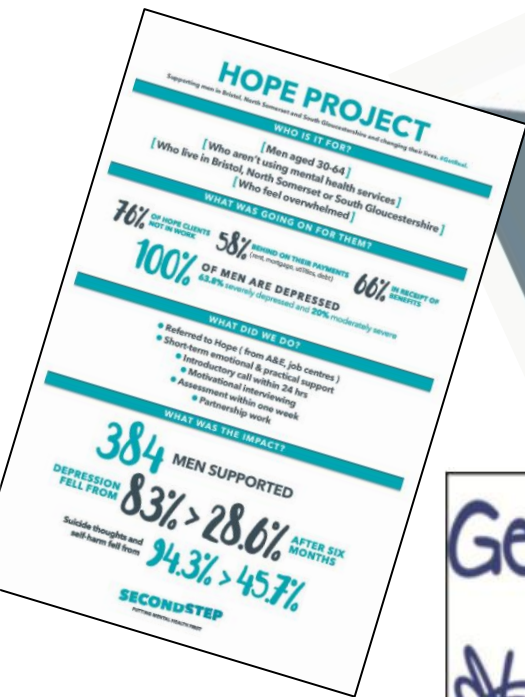


Suicide bereavement

- Establishing services in all areas of the country to provide proactive contact with the bereaved family and friends within 72 hours of a suicide.
- 18 systems are in receipt of suicide bereavement funding already
- 8 more areas will receive funding in 2021/22 and every area of the country will start receiving funding before 2023/24.



What innovation have we seen?



Start the conversation

There's no right or wrong way to talk about suicidal feelings. You are not alone.

I'm worried about someone

[Find services near you >](#)

I've been bereaved

[Find services near you >](#)

Overview of findings from Wave 1 sites

What have the local areas spent the transformation funding on?

Why were these investments chosen?

Type of activity	Percentage of total spend across all sites
Care Interventions	31%
Training	25%
Small grants	16%
Media and campaigns	8%
Postvention and bereavement support	8%
Real-time surveillance	6%
Research	4%
Unallocated/Unknown	2%

There was a diverse pattern of investment. Plans reflected local need, interest, experience and aspirations. Short term funding impacted on choice of projects..

What impact was hoped for, and on what basis was it hoped this would be achieved?

The evaluation took a pragmatic and wide understanding of impact.

Identified three different types of impact: system, engagement and behavioural.

The basis of local decision making on expected impact varied – there was some use of local and national evidence, and of logic models.

What is different now as a result of the funding?

System impact: We identified significantly closer working across systems, a higher priority to suicide and self-harm prevention, greater willingness to share data, and a widespread “can-do” attitude. This is a good basis for sustainable change.

Other impact: There was large scale involvement in a wide range of projects eg training, small grants programmes. There is evidence of engagement with a wider range of sectors and workplaces.

Overview of findings from Wave 1 sites cont...

Have these impacts been achieved?

Why/why not?

System impact: clearer joint focus, joint working, intelligence sharing, developing priorities.

Engagement impact: large scale involvement in wide variety of projects.

Behavioural impact: (actual change in behaviours as a result of the programme)

- We found projects with strong emerging evidence of positive impact including the Hope project (Bristol, North Somerset and South Gloucestershire), the training consortium (Lancashire and South Cumbria), and the Release the Pressure project (Kent and Medway).
- We also identified examples of projects which had strong local support and some evidence, including Real Time Surveillance (RTS), focussed postvention support (PVS), small grants programme, “orange button” (training identifier) type approaches and support apps.

Unintended consequences from the investment?

- A range of positive consequences resulted from closer working across areas.
- Transferable skills were developed
- Local positive impact on community organisations.

Lessons learned for future development and implementation

- There are clear benefits from delegation of this initiative to local teams.
- Local partnerships and strong local leadership are key to success.
- Importance of clarity regarding intended targets, outcomes and monitoring.
- Value in doing fewer things better.
- Early development of real-time surveillance has been beneficial.

Care interventions

Examples of projects delivered

Bristol North Somerset and South Gloucestershire	Hope project. Funded a local mental health charity to offer one-to-one support to men experiencing distress, or at risk of suicide, due to debt, housing or benefits problems. Initially took referrals from A&E but then also self-referral and referral from other agencies.
Cornwall and the Isles of Scilly	Get Set to Go. Service to increase participation of people with poor mental health in sport and physical activity.
Coventry and Warwickshire	Dual diagnosis community support pilot (CGL/MIND). Mindstance. Local substance misuse support provider and local MIND worked together to offer a structured, short term programme of support to people with both mental health and substance misuse problems.
Durham et al	Man health. Sessions to offer peer support and reduce social isolation for men.
Kent and Medway	Mental Health Matters helpline. An open access helpline offering free, confidential one-to-one phone support, or chat support via web or text, for anyone experiencing mental or emotional distress.
Norfolk and Waveney	Menscraft. Offered one-to-one support and group activities to men waiting to access psychological support. Recently expanded to offer in-reach to men in prison and on release.
South Yorkshire and Bassetlaw	Kooth (two areas). Online platform for young people to obtain one-to-one support.

Summary of impact

- Of the total 20 care intervention projects funded by the programme four projects were able to offer quantifiable evidence of a positive impact, with a further eight showing some evidence of positive impact.
- The range of impacts was diverse, including improvement in validated mental health and wellbeing scores, self reported reductions in self isolation, and increase in coping skills.

Small grants work

Examples of projects delivered

- All sites established a small grants programme of some kind. Whilst these were managed in different ways, they all provided small amounts of funding which local (mostly community) organisations could bid for.
- The majority were for amounts between £500 to £5,000.
- Some funds required recipients to focus on specific individuals or communities such as men, young people, people from Black and minority ethnic communities, or LGBTQ people.
- Other funds targeted specific areas or wards within their area. Many of the funds were classed as “innovation funds” and therefore gave preference to projects that demonstrated innovative approaches.

Case Study

- In Warwickshire five small grants projects were funded including Time4Hope (offering one to one counselling or peer support), Wildlife Trust eco-therapy to support mental health and a series of Mood Matters courses.

Summary of impact

- Personal impact on project participants eg improved mental wellbeing, reduced social isolation.
- Giving individuals and communities “a voice”.
- Community impact eg raising awareness, reducing stigma.
- Project and group impact eg raising funds for future work.
- Future impact eg testing out new approaches to delivering community projects.

We heard consistent feedback from steering groups regarding the difference that these small amounts of funding and projects had made in their areas.

Where to next for the suicide prevention programme



- Continued funding for some areas until 2023/24
 - Collaboration with VCS organisations across our mental health programmes
 - Continued focus on supporting mental health providers
- Continued national priorities
 - Establishing suicide bereavement services across the country
 - Supporting real time surveillance of suspected suicides
- Understanding and responding to the impact of covid-19

Thankyou!