

# S u i c i d e P r e v e n t i o n & L a t e r L i f e .

An overview & reflections on  
co-producing peer initiatives.

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Mental Health  
Foundation





# Mental Health Foundation

- Our **vision** is for a world with good mental health for all
- Our **mission** is to help people understand, protect, and sustain their mental health
- **Prevention** is our priority, across the lifecycle.



# Suicide is incredibly complex we know there are specific factors that increase the risk of suicide

## Mental ill-health:



**1 in 3**

Around 1 in 3 people who die by suicide are known to mental health services

**Occupation:** Men in lowest skilled occupations had a 44% higher risk of suicide and men and women who are managers, directors and senior officials have a 70% lower risk

**Self-harm:** 50% of people who die by suicide had a history of self-harm



# Involving People with Lived Experience.




Suicide prevention work can be greatly enhanced by co-producing initiatives with people with lived experience of suicide.

- Those who have tried to commit suicide and live with the impact of this.
- Those who manage suicidal thoughts.
- Those who live with someone who fits into the above two categories.
- Those who have been bereaved by suicide.



# Professor Louis Appleby Priorities & considering how they relate to later life.

**1.**  
Reducing risk in men



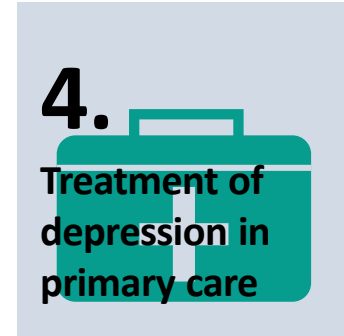
**2.**  
Preventing and responding to self-harm



**3.**  
Mental health of children and young people



**4.**  
Treatment of depression in primary care



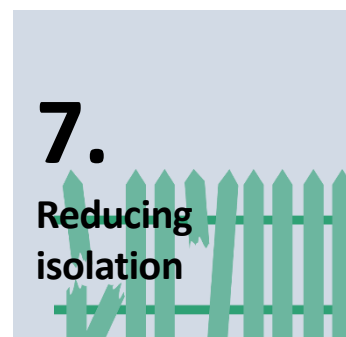
**5. +**  
Acute mental health care



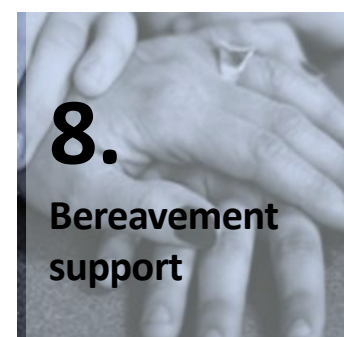
**6.**  
Tackling high frequency locations



**7.**  
Reducing isolation



**8.**  
Bereavement support



# The UK population is aging rapidly:

- The number of people aged 65 and over growing by nearly half in the past 30 years. Over 50% of all people aged 75 and over live alone and a quarter of over 65-year-olds are living with depression.
- Yet, it is estimated that 85% of older people with depression receive no help from the NHS.
- In addition, 60% of older people say they feel lonely sometimes or always and the evidence shows that social isolation is worse for your health than smoking.

# Self-harm in later life



- In 2018 research from the University of Manchester found that over-65s whose medical records showed reported self-harm were 20 times more likely to die from suicide the following year.
- With only 12% of those reporting self-harm being referred to psychiatric services.



# Risks to Later Life Mental Health

- Loneliness
- Bereavement & transitions, Margaret, from the Standing Together Project, experiences.
- Physical health issues, impairments to managing medication.
- Caring for a life partner
- Poor quality of life. Dwindling social connections
- Age Discrimination and unconscious bias of health care professionals.
- How later life care is currently commissioned.

# Protective factors and the importance of peer based Initiatives



- Building social connections, validation people's emotional landscapes, sharing practicalities to managing difficult times
- We have a decade of expertise delivering intergenerational community based peer group initiatives.
- There is growing evidence that peer groups improves wellbeing.
- Co-production is essential to best meet the needs of those we work with e.g. the development of Standing Together Cymru



<https://www.mentalhealth.org.uk/sites/default/files/our-ups-and-downs-growing-up-getting-on-rotherhithe-babes.pdf>



# Future developments

- Building a body of evidence through our later life peer initiatives.
- By 2022 we will have worked and evaluated the experiences of 1000 people through peer group initiatives.
- Co-producing the way we take later life work forward.
- Articulating taboo subjects, when people say they have reached the end of the road in care homes. How can they, their families and the people working with them be best supported. In order to understand and address mental health needs in end of life care, to enable people to die well.