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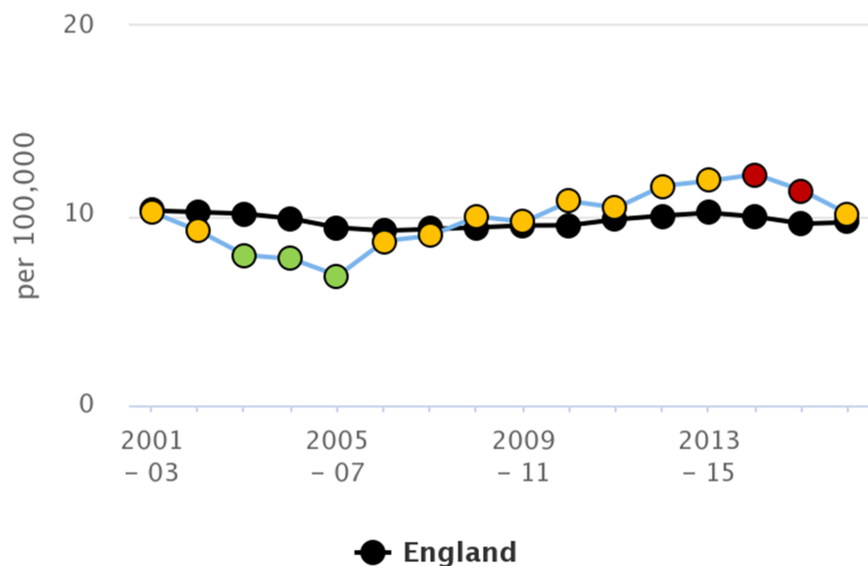
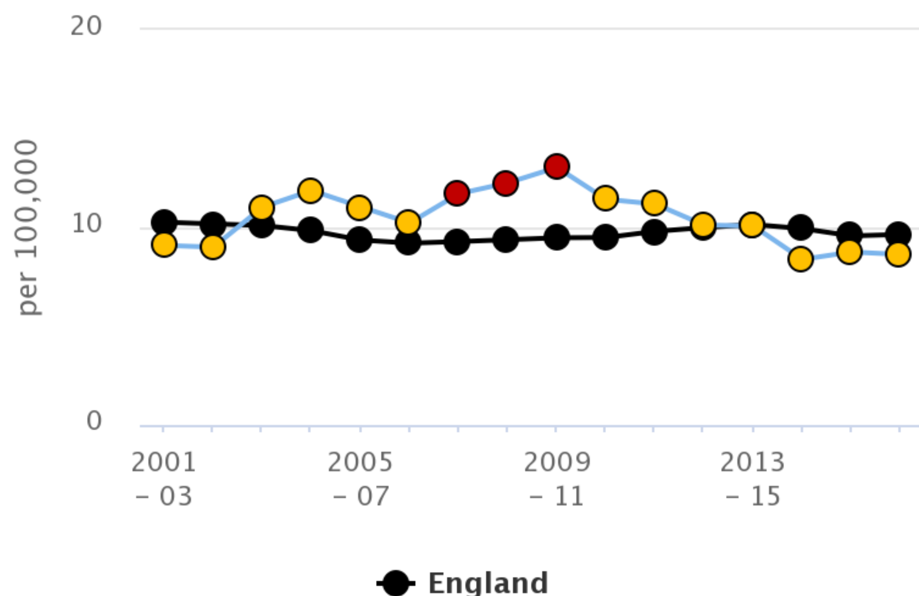
COVENTRY AND WARWICKSHIRE

Suicide Prevention using a population health approach

Background

NHS Suicide Prevention Transformation Funding awarded to Coventry and Warwickshire Health and Care Partnership due to high rates among middle-aged men





Funding to support national target of 10% in suicide mortality rates by 2020/21

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Population Health Management

Key principles:

- Understanding access, outcomes, risk factors & opportunities among population groups
- Strengthening use of data & intelligence (individual & aggregated level)
- Empowering patients & frontline workers
- Keeping people well & improving quality of life

Population Health Approach

Wider determinants of health, such as income, wealth, education, housing, transport and leisure are the most important driver of health.

We need to join up services to support the needs of our patients, especially those with long-term conditions.

THE WIDER DETERMINANTS OF HEALTH

OUR HEALTH BEHAVIOURS AND LIFESTYLES

AN INTEGRATED HEALTH & CARE SYSTEM

THE PLACES & COMMUNITIES WE LIVE IN & WITH

Our health behaviours and lifestyles are another important driver of health and include smoking, drinking alcohol, diet and exercise.

Our local environment is an important influence on our health behaviours, and social relationships and community networks impact on mental health.

Understanding the data…

Understanding risk factors using local data and intelligence

- Key risk factors identified:

• Financial difficulties • Housing • Physical illness &/ chronic pain • Adverse childhood events • Previous self-harm	**• Loneliness/isolation • Relationship breakdown • Transition between services • Substance misuse/dual diagnosis**

Population health approach to suicide prevention

- **Define & understand your target population**
  - Whole population prevention activity
  - 75% of deaths by suicide are males
  - Approx. half in 40-59 age group

- **Use data to direct activity, monitor impacts & respond to changes**
  - Quality improvement approach in place for NHS E funded activity

- **Empower patients & workforce**
  - Beyond the data…
  - Co-production, strengths-based approaches

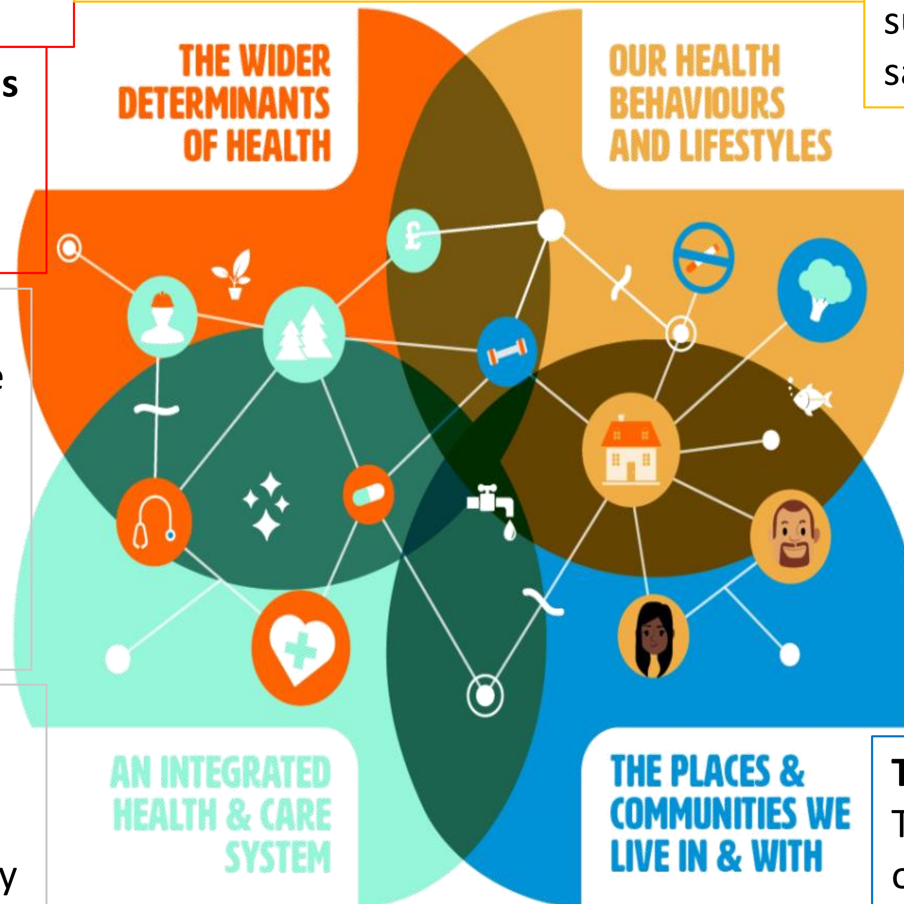
Suicide Prevention

Physical environment – signage in hotspots

Co-production – people with lived experience, commissioners, providers, VCS

Stay Alive App – tool to support individuals develop safety plan and 'Life Box'

Supporting workplaces – campaigns and training with large employers and unions



Mindstance course –Mind & CGL to provide additional support for people with dual diagnosis

Upskilling the workforce - health, blue lights services, Citizens Advice, DWP workers, CGL, housing & homeless support, DV support

Promoting wellbeing and reducing isolation– eg: Wildlife Trust funding to increase volunteering, physical activity and engagement with nature

Safety planning – moving from risk assessment towards strengths-based safety planning in specialist MH services

Tackling stigma – It Takes Balls to Talk, Year of Wellbeing and additional social media campaign activity

Safe Havens - community-based evening drop-in support closer to where people live

Survivor stories

Research Design:

- Access to a trained counsellor pre and post interview, for up to one month post interview
- Opportunity to feel empowered to talk about their experience in a supported way, using an academically recognised approach and facilitated by a registered mental health professionals
- Interview approach will ensure positive outcomes are highlighted, supporting the individual on their road to recovery
- Signposting to support services

Outcome:

Sharing personal stories through digital media and comms channels in a way that the peer group can relate to will have a positive impact, and may save another life

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Kaleidoscope – A Lived Experience

- Regardless of the period of time since their bereavement, participants had either none or very little support following their bereavement
  - 32% of people were offered or accessed professional or specialist support
  - 8% found their own support which was group based, however respondents reported that they only attended once as it did not meet their needs, however there was nothing else suitable available
  - 32% of people reported that they felt unable to access support due to not being an immediate family member
- Support was patchy and inconsistent (sometimes not offered or available to all)
- Too generic – not specialist, participants reported that talking was helpful but it was not targeted at their needs at the time
- Frequent mention of need for specialist support and not just groups e.g. age specific and online options
- Practical and not just emotional support was considered to be important

Crafty Blokes and the art of Wellbeing

Contacts

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