

Practical and financial advice within suicide prevention services can make them more effective

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In the UK over three-quarters of people who die by suicide are men, with the highest rates in middle age, although the rates of suicide are growing in women.

About the research

When people contemplate suicide, research shows that a range of factors may be at play, such as debt, housing and employment issues, relationships, and alcohol or drug misuse.

However, suicide prevention services often focus on emotional support, rather than the other practical issues that people face.

Hope, run by mental health charity Second Step, aims to help men in mental health crisis by providing a series of one-to-one sessions with a Hope project worker, with access to specialist advice where needed.

The sessions provide both emotional and practical support, directly tackling financial, employment, housing or welfare benefit difficulties. The service was rolled out in Bristol, North Somerset and South Gloucestershire in 2018.

Researchers from the National Institute for Health and Care Research Applied Research Collaboration West (NIHR ARC West) conducted a study to understand the impact of Hope on the men they supported, who had experienced suicidal feelings/ made suicidal attempts.

Questionnaires compared how men felt before and after being in the Hope project for six months. The questionnaires focused on depression, suicidal thoughts and whether the men felt in control of their finances.

Researchers also interviewed the men using Hope services, the staff delivering it and NHS staff who referred men into the Hope service.

The results, published in [BMC Psychiatry](#) and the [Journal of Mental Health](#), demonstrate the profound effect that Hope had on the men who engaged with it, several who said 'Hope saved my life'.

Policy implications

- Suicide prevention services need to focus on the multiple issues that people may face when feeling suicidal through an integrated approach. These could include debt, housing, welfare benefit, finance or employment problems, relationships, bereavement and alcohol or drug use problems alongside psychological and emotional issues.
- Suicide prevention services can benefit from being more integrated with practical and financial advice. By connecting, directly supporting and advocating with people so they can access practical, expert financial and housing advice, this can help people feel more in control of their life circumstances, which can help to reduce suicidal feelings.
- Hope is an exemplar of an effective integrated service, and there is a strong need to ensure such services are appropriately funded. Traditional funding streams may need to be more flexible to cover both mental health (i.e. NHS psychiatric services), and practical and legal advice (i.e. local authority/Legal Aid) within combined services.
- Timely support in community-based settings and informal approaches are an accessible alternative to traditional health services.
- The Hope service in its current form targets middle aged men because of the high rates of suicide in this group. The service could be developed and adapted to target other, at risk, population groups.



Image credit: [Angela C](#) from [Pixabay](#)

Key findings

Eighty men completed questionnaires before and six months after being in the Hope project. They showed around an average 50 per cent reduction in scores measuring depression and suicidal thoughts after six months, compared to when they first started with Hope. They also felt more in control of their finances.

Interviews with 16 men supported the findings from the questionnaires and several of the men expressed that Hope “kept me alive”. Most men interviewed described being able to move forward and tackle challenges with more confidence.

“They sorted my life out... at the time, I had my money slashed to bits which I don’t know how I survived plus I felt myself sinking into depression... I wasn’t sleeping, I wasn’t eating, I was a bit of a mess. They certainly helped me.” (Service user 16)

Through having a community-based, informal approach Hope workers created non-judgemental and trusting relationships. This helped men to open up and share concerns and suicidal feelings. Some men contrasted this to traditional health services (GP/ hospital).

“I felt that they [Hope] wanted to help, whereas I felt like the other ones, if it went the wrong way, would lock me up.” (Service user 23)

Hope workers supported men to access the multiple services they needed.

“She came with me to my appointments. She came to the [health clinic] when I had to see the psychiatrist... we went down to the council and discussed some sort of programme to get me out of the hostel I was in”. (Service user 12)

NHS mental health referrers and service users highlighted how the service provided support to people in crises, who might otherwise fall through service gaps, or remain on long waiting lists.

“I tried to hang myself. It was really, really bad... I was in A&E... they basically say to you “you’re not bad enough to be admitted to the psychiatric unit... We have to refer you back to your GP” ... I had a GP ringing me the next day “oh we’ll refer you to (mental health support provider) they’ll speak to you within a week” and then they say to you “oh there is a seven to 10 month waiting list”. (Service user 19)

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Further information

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