

Evaluation of Barnet's Suicide Prevention Campaign (October to December 2021): Was the Campaign Effective in Reducing Suicides?

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Content Warning

The material contained in this report relates to suspected suicides in Barnet and across London between 2021 and 2023.

This information is presented in fully anonymised and aggregated form, which arguably does little to reduce the distressing nature of this subject, and could in fact exacerbate it. Every suicide is a tragedy, whose complexity, uniqueness and far-reaching effects cannot be captured by numbers, percentages or estimates - if not imperfectly, and in the hope that this may help prevent further deaths.

Please treat this information carefully and confidentially. Sharing details of suicide methods and locations can lead to imitative suicidal behaviours, and decontextualised information about prevalence, trends and risk factors may prove harmful, as well as misleading.

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Executive Summary

This report outlines the findings of a research study carried out by Middlesex University on behalf of the London Borough of Barnet Public Health Directorate.

In October 2021, the multi-agency Barnet Suicide Prevention Partnership launched a campaign to prevent suicidality amongst working-aged men. The campaign ran until December 2021 and sought to encourage men to talk about their mental health, seek help and support other men in their lives, via:

1. Targeted promotion of the [“Stay Alive” app](#)
2. A large scale digital and outdoor media campaign
3. Community outreach targeting male-dominated industries
4. The first [“Andy’s Man Club”](#) peer-to-peer support group in the borough

The aim of this study was to investigate whether this campaign was successful in reducing suicides in Barnet.

Using data on suspected suicides between 1st March 2021 and 30th November 2023 (from the [Thrive LDN ‘real-time suicide surveillance’ \(RTSS\)](#) system), we compared monthly age-standardised suicide rates in the borough to those of immediately adjacent boroughs (Brent, Camden, Enfield, Haringey and Harrow - to control for potential ‘spillover effects’), and the rest of London:

- a) ‘during and outside’ the campaign period
- b) before, during and after the campaign

Using ‘click’ data (i.e. the number of clicks on local support resources via the campaign’s app) we also estimated exposure to the campaign beyond the duration of the campaign itself, to explore the possibility of longer-lasting effects.

Our findings suggest that there was a sizeable drop in suicide rates in Barnet for the duration of the campaign and the following six months, and that the campaign might have helped save as many as ten lives between October 2021 and June 2022 - at minimal cost.

However, we cannot firmly exclude that this decrease in suicide rates happened by chance or confidently link it to the campaign, or to specific elements of the campaign. Suicides in Barnet appeared to have been high in the immediate pre-campaign period, making this a suboptimal baseline to measure the effectiveness of the campaign. In addition, our analyses were based on *suspected* suicides, so any inferences or conclusions about *suicides* should be made cautiously.

The report considers these findings and limitations in the context of an earlier campaign evaluation, and discusses their implications for future campaigns and further research.

Project Aims and Rationale

In the UK, men are three times more likely to die by suicide than women, with middle-aged men having the highest rates of suicide of any other group (based on age and sex) since 2010¹. This persistent pattern is also reflected at local level, with working-aged men disproportionately represented amongst Barnet's deaths by suicide. Reducing the risk of suicide in middle-aged men is therefore one of the key priority areas identified in the [Barnet Suicide Prevention Strategy 2021-2025](#), as well in the [National Suicide Prevention Strategy for England](#).

In October 2021, the multi-agency Barnet Suicide Prevention Partnership launched a campaign to prevent mental ill-health and suicidality amongst working-aged men, by encouraging men to talk about their mental health, seek help and, where possible, support other men in their lives.

The campaign run until December 2021, and included four interlinked elements:

1. Targeted promotion of the "[Stay Alive](#)" app, to signpost men (and others) to local and national support services, as well as useful information and tools to help stay safe in crisis.
2. A large scale digital and outdoor media campaign, with a focus on awareness building and urging Barnet residents to download the Stay Alive app for themselves or to help others in their lives.
3. Community outreach targeting male-dominated industries, to raise awareness of mental health support and suicide prevention, and encouraging attendees to undertake the [Zero Suicide Alliance training](#).
4. Establishing the first face-to-face "[Andy's Man Club](#)" peer-to-peer support group in the Borough, to provide a space for men to speak openly about their mental health in a judgment-free, non-clinical and confidential environment.

In 2022, each component of the campaign was individually evaluated. The results showed that:

- Digital promotion of the Stay Alive app reached over 100,000 people in Barnet
- In the 3 months of targeted promotion (i.e., October to December 2021), there was:
 - A 27% increase in new users in London and 5% increase in men in London using the app
 - Increased engagement with Barnet resources on the app's 'Find Help Now' section
 - An increase in website traffic to *StayAlive.app*
- User satisfaction with the app was positive, as was feedback from Andy's Man Club attendees.

The 2022 campaign evaluation report therefore concluded that the campaign had:

- Increased awareness of local mental health resources
- Contributed to destigmatising mental health and enabled men to feel more comfortable talking about mental health and suicide

¹<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2022registrations>

- Increased help seeking behaviour and improved coping mechanisms
- Improved understanding about the campaign's target group and how to engage with it
- Helped men understand the importance of talking to others, family friends and fellow workers.

The aim of this follow-up evaluation was to investigate whether, in addition to these important outcomes, the campaign was successful in reducing suicides in Barnet.

Research Methods

We used data on suspected suicides in London between 1st March 2021 and 30th November 2023 (from the [Thrive LDN 'real-time suicide surveillance' \(RTSS\)](#) system) to evaluate the impact of the Barnet suicide prevention campaign on suicides in the borough.

Our methodological approach, known as a 'natural experiment', is a well-established alternative to randomised designs to evaluate the effects of specific changes, policies and interventions on suicide rates.

In particular, we compared monthly age-standardised rates of suicide² (per 100,000 population) in Barnet versus immediately adjacent boroughs (Brent, Camden, Enfield, Haringey and Harrow - to control for potential 'spillover effects') and the rest of London:

- a) 'during and outside' the campaign period
- b) before, during and after the campaign
- c) Using 'click' data (i.e. the number of clicks on local and locally-available support resources via the campaign's app) we estimated exposure to the campaign beyond the duration of the campaign itself (October to December 2021), to explore the possibility of effects beyond this three-month period.

For each of these comparisons, we estimated:

- i. The likely number of averted suicides
- ii. Whether the campaign had a (statistically) significant impact on suicide rates in Barnet
- iii. Cost-effectiveness, measured as the cost of each averted suicide, based on the price of the entire campaign (£39,355).

As suicides in Barnet appeared to be high in the immediate pre-campaign period, we also compared the yearly incidence calculated using RTSS data from March to September 2021 to ONS ([Office for National Statistics](#)) estimates for the 2018-2020 period. These data are not fully comparable, as ONS collects data on 'confirmed' suicides (by date of registration), while the Thrive LDN RTSS records *suspected* suicides (by date of death). This comparison was therefore carried out for indicative purposes only.

² Standardised rates were calculated using RTSS data on the deceased's age, sex, borough of residence and date of death, alongside age, sex and borough of residence population data from the [2021 Census](#).

To produce a more conservative estimate of the campaign's impact on suspected suicides in Barnet, we repeated our analysis using a February to December 2020 baseline (i.e. excluding January to September 2021, which had higher rates of suicides than other years). This allowed us to use a more conservative time period as a control to check whether the results would still be significant.

We also carried out two 'placebo exercises' to estimate the amount of caution required in interpreting the results of our analyses. The first one consisted in estimating the impact of exposure to the campaign on each individual borough as if they had all been equally exposed. The second one consisted in estimating the impact of a placebo campaign that would have hypothetically been run 6, 12 and 18 months after the one that was actually run in Barnet. This enabled us to verify how frequently we would obtain significant estimates, which we know would be false positives.

Full details of each of these analyses and associated findings are presented in a separate technical report, available upon request.

Ethics and Data Access

This study was scrutinised and approved by the Psychology Department Research Ethics Committee at Middlesex University Research (ref: 21025).

Data access was subject to the terms of an information sharing agreement between Thrive LDN and Middlesex University, and a Memorandum of Understanding between the University and the Barnet Public Health Directorate. All data were anonymised and treated in accordance with GDPR.

Summary of Findings

A total of 1,408 suspected suicides were recorded in the Thrive LDN RTSS between March 1st 2021 and November 30th 2023. Of these, 1,336 individuals (94.9%) resided in London at the time of their death.

Inspection of monthly age-standardised rates of suicides in 1) Barnet; 2) Barnet surroundings (Brent, Camden, Enfield, Haringey and Harrow); 3) the rest of London, revealed that:

1. The overall yearly suicide rate was just below 7 suicides per 100,000 population, both in Barnet and the rest of London. It was substantially lower in the Barnet surroundings at around 5.5.
2. In the four months leading up to the campaign, this pace was higher in Barnet than in the rest of London, while it was slightly lower in the Barnet surroundings.
3. During the course of the campaign (October to December 2021), the pace at which suicides occurred in Barnet slowed down markedly (there were no suspected suicides amongst Barnet residents in November and December 2021, or in January 2022), while it increased somewhat around Barnet. The pace does not seem to have changed significantly for the rest of London.
4. The pace remained lower in Barnet for about six months after the intervention. This period also coincided with a period of continued engagement with the campaign's

suicide prevention app. Analysis of ‘click data’ showed a substantial increase in clicks to local support service from October 2021 (when the campaign was launched) to June 2022 (6 months after it ended).

Table 1 below summarises key findings of our comparisons:

- a) ‘during and outside’ the campaign period (i.e. October to December 2021 vs. all remaining months in the study period)
- b) before, during and after the campaign (i.e. March to September 2021; October to December 2021; January 2022 to November 2023)
- c) based on the campaign’s estimated lasting effects (in other words, October 2021 to June 2022)
- d) similar to c) but using a February to December 2020 baseline (as a more conservative ‘control’ period/baseline than March to September 2021).

Method	Suicides averted	Statistical significance*	Cost-effectiveness ³
a) Campaign on/off	3.2	No	£12,298
b) Campaign pre/on/post	7.2	Yes (w/ reservations) ^a	£5,466
c) Campaign w/ lasting effects	10.6	Yes (w/ reservations) ^b	£3,712
d) Campaign w/ lasting effects & conservative baseline	7.6	Yes (weak) ^a	£5,111

*Statistical significance was calculated to estimate whether the observed changes in rates (and associated number of averted suicides) were likely due to chance or attributable to the campaign. Weaker effects (significant at the 10% level) are identified in the Table as (a); stronger statistical significance (at the conventional 0.05 significance level) is identified as (b).

Our analysis suggests that the campaign may have had an impact on suicide rates in Barnet for the duration of the campaign itself and the subsequent six months – potentially helping save over ten lives during this nine-month period, at minimal cost.

However, we also found that these estimates need to be interpreted with caution, as they may (also) capture a return to Barnet’s ‘normal’ baseline after a high incidence period immediately prior to the campaign. A more conservative estimate is that seven lives were saved in the nine-months from the campaign launch in October 2021. This effect remains large in magnitude and statistically significant, but only at the 10% level (i.e. with a 10% probability of the results being due to chance).

Limitations of the Research

Limiting the conclusions that may be drawn on the basis of this study are the high baseline suicide rate in Barnet before the campaign launch, and evidence of a declining trend in the rest of London in the period after the campaign (which is unlikely to be due to ‘spillover’ effects from the campaign). In addition, our analyses were based on *suspected* suicides, so any

³ The entire campaign was costed at £39,355. We divide this sum by the number of suicides averted by the campaign according to our calculations.

inferences or conclusions about *suicides* should be made cautiously, and the possibility of missing or inaccurate data cannot be excluded.

Implications and Recommendations

This study adds to the small but growing literature on the effectiveness of suicide awareness campaigns (see e.g. [NICE, 2018](#)), suicide prevention apps (see e.g. [Melia et al, 2020](#)), and peer support for suicide prevention (see e.g. [Schlichthorst et al., 2020](#)). It also demonstrates the feasibility of using near-real time data from the Thrive LDN RTSS to examine borough-level variations in (suspected) suicides following a specific intervention or other change.

Our findings suggest that there was a sizeable drop in suicides in Barnet during and after the campaign, which is consistent with the positive evaluation results reported in 2022 (e.g. in terms of increased awareness of local mental health resources and help-seeking behaviours, and in relation to the campaign's reach and positive user feedback).

However, we cannot firmly exclude that this decrease in suicide rates happened by chance or confidently link it to the campaign (or to specific elements of the campaign), because of the aforementioned limitations.

One way of addressing these questions could be to repeat the campaign (or elements thereof) at a different time point and/or in different borough/s or local authority/ies, ideally selected on a random or quasi-random basis. Analysis of RTSS data could be complemented and triangulated using attempted suicide data (from the Thrive LDN RTSS 'expansion') and other indicators of help-seeking (e.g. calls/self-referrals to support services and helplines). National (as well as London-wide) comparisons could be explored, using [near to real-time suspected suicide surveillance \(nRTSSS\) data for England](#) and [police-led nRTSSS data from Great Britain](#); and a comprehensive cost-benefit analyses conducted.

As already shown in the 2022 Barnet Campaign Evaluation, qualitative research with people with lived/living experience of suicide, and those around them (including family and friends, and service providers), can provide crucial insights into *what* can be effective in preventing suicide, as well as *how, why, when* and *for whom*. Further, follow-up research could seek to explore from these important perspectives the longer-term reach and impact of different elements of this campaign, including the possibility of unintended consequences or oversights, and how to maximise the impact of any future campaign and the likelihood of long-lasting effects. Such an analysis could extend to examination of relevant discussions and interactions in a range of online spaces, including 'pro-choice' suicide sites and social media.