



**North West London  
Integrated Care System**  
Working together for better health and care

**Rethink  
Mental  
Illness.**

# North West London Suicide Prevention Programme

## A Social Response to Suicide Prevention

Tatreez Collective

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# Executive Summary

Evidence suggests top-down government suicide prevention strategies must be implemented with a grass roots approach to decrease suicide rates. Communities play a vital role in suicide prevention, a bridge between needs, policies and established interventions. North West London Integrated Care Board and Rethink Mental Illness have implemented this through a combination of co-production and Experts by Experience being placed centrally. This report captures the results of a grant distribution model where collaboration, power sharing and a dismantling of hierarchies has brought some extraordinary results. Communities have been involved in co-producing solutions for themselves where social support and connections have brought about a decrease in isolation and a sense of belonging and bonding in the realisation that others in similar positions are facing similar thoughts.

## Community Grants

102 applications were reviewed at 6 panels. This led to £755,172 of grants being awarded to 58 smaller voluntary sector organisations, who often struggle to access traditional therapeutic services. Each panel consisted of 5-8 judges from NW London ICB, MIND, CNWL Trust, Rethink Mental Illness, West London Trust, VCSE members and Experts by Experience.

## Co-Produced Suicide Awareness Training

93 co-produced Suicide Awareness Training sessions were provided to 64 organisations where 1215 people were trained. A vocabulary around suicide prevention was shared, giving participants the confidence and skills to have difficult conversations through active listening, demonstrating empathy and signposting.





Suicide: Just Say Something  
Baton of Hope

## Service Reporting

12 Steering Groups and 4 Suicide Prevention Network Meetings were held with multi-agency stakeholders including representatives from local authorities, public health, Experts by Experience and the voluntary sector. This ensured insight and good practice and resources were constantly shared throughout the programme.

A live multi-agency plan was co-created alongside action learning sets for the 8 boroughs, resulting in 5 webinars that reached 3,000 people. Resource codes were created on Economic Hardship, Bereavement Support for those bereaved by suicide, Addiction and Acute Mental Healthcare and Support for Caregivers of someone who has attempted to take their lives. An event was also held for World Suicide Prevention Day to share mental health stories, raise awareness and encourage local communities to act.

Delivery of the programme was achieved through:

- Establishment of a North West London suicide prevention network
- Development of a multi-agency plans
- Co-production activity
- Suicide prevention training
- Projects and activities offering direct support

Programme success was monitored and reported against the following objectives:

- Delivery against a multi-agency suicide prevention plan and related action learning sets.
- Working towards a national 10% reduction in suicides by 2023/4.
- Working closely with mental health providers to ensure plans are in place for a 'zero suicide' ambition for mental health inpatients.



# About the Programme

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The North West London Suicide Prevention programme is based on alliance building and a social response to suicide prevention in North West London. To deliver this, Rethink Mental Illness and North West London Integrated Care Board connected voluntary, community and social enterprise grassroots organisations. This included the police, transport, health and social care sector, using the principles of generous leadership to maintain this connection and integration.

There were three overall aims of this programme:

- 1. Investment in place-based community prevention-** Focus on local “at risk” groups (e.g. middle-aged men, people who self-harm, adults with a learning disability or autism) and provide opportunities for cross-agency working.
- 2. Reduction of suicide rates within mental health services-** Focus on a reduction of self-harm within acute hospitals and mental health services.
- 3. Respond to the impact of the coronavirus pandemic-** Focus on the increased demand on services available and those impacted health inequalities.







With co-production at its heart, the programme covers the 8 boroughs; Hillingdon, Harrow, Brent, Westminster, Kensington and Chelsea, Hammersmith and Fulham, Hounslow and Ealing. Providing a place-based community mental health model to people with lived experience at the centre.

By building alliances, maintaining co-production, and sharing insight, this programme has aimed to reduce suicide and close the gaps of inequality. Through targeting issues innovatively and with people who have lived experience, a co-produced suicide awareness training was offered free to NHS staff, the voluntary sector, smaller community organisations and faith groups as well as members of the police service.

The 3 key elements of the North West London Suicide Prevention Programme are:

1. Community Grants allocated to smaller voluntary sector organisations based on co-production, innovation and a social response to suicide prevention.
2. Co-produced Suicide Awareness Training offered to people living and working in the 8 boroughs of North West London.
3. Service reporting through a live multi-agency suicide prevention plan, steering group and suicide prevention network



# Suicide Awareness Training

Training focused on building community capacity to support prevention and reduction of suicides. Training reached professionals working in primary and secondary care in the first year of the contract and was then extended to staff in drug and alcohol services, housing departments, homeless services, citizens' advice, and community groups during the remainder of the programme. The training included a train-the-trainer approach to support the legacy of the programme.

Training was targeted in areas where it was known that there were:

- Relatively high rates of suicide and associated risk factors
- Most affected by the coronavirus pandemic, in terms of suicide risk factors (unemployment / financial hardship etc.)

The training focused on increasing knowledge and awareness of topics that included, but were not limited to:

- Prevalence of suicide
- Suicidal behaviours and ideation
- Appropriate language associated with suicide risk factors
- Guidance for having safe conversations
- Tools for self-care





## About the Community Grants

Tiny Forests by Earthwatch

In the first 18 months, a total 17 community grants were awarded. The grants ranged from £2000 to £27,346 and were allocated between 8 Boroughs, according to deprivation levels and population density. Unfortunately, no applications were received from Hillingdon or Harrow, however, specific grant recipients were asked to target Harrow and Hillingdon for referrals. The process for application involved a short, simple form to encourage smaller organisations to apply. A proportionate reporting model was adopted (based on the value of the grant) and an element of flexibility was supported when it came to reporting requirements given the diversity of grants awarded, both of which are in-keeping with recent sector-wide commitments related to grant-making practice<sup>1</sup>.

In the following 18 months, a total of 41 community grants were awarded. The grants ranged from £2,000 to £32,000 and were allocated across all 8 boroughs equally with outreach conducted in Hillingdon and Harrow resulting in 7 successful applications.

Experts by Experience (E-by-Es) have played a significant role throughout the community grants process, having had paid involvement in all aspects of the work, including:

- Conducting due diligence checks on organisations
- Participating as active members on the grant awarding panel
- Chairing steering group and suicide prevention network meetings
- Visiting grant recipients at the beginning, middle and end of the grant period
- Co-producing evaluation tools, including a theory of change
- Attending necessary training and project meetings

Below is the “criteria for successful applications” that was used, along with a list of the high-risk groups that were specifically targeted. Given how small some of the organisations were that applied, the grant panel was discussion-based with no scoring process.

## Success Criteria



- Developing and expanding mental health provision through co-production or community engagement
- Addressing suicidal ideation through innovation
- Encouraging partnership and collaborative working
- Providing a social response to suicide prevention

## High risk groups targeted



- Men, including Eastern European men
- People in lowest socio-economic groups
- Survivors of abuse and violence
- People in financial difficulty (including people addicted to gambling)
- Specific occupational groups
- Autistic people
- Asylum seekers
- The homeless
- Women who are pregnant or have given birth within the last year
- LGBTQ+ groups





# About this Report

This report documents the key outputs and outcomes delivered as a result of the Suicide Prevention programme. The Community Grants were evaluated through a synthesis of the evaluative materials, including; primary survey data from stakeholders, grant recipients and E-By-Es, evidence-based materials, including; photographs and videos. E-by-Es were heavily involved in the evaluation process, they liaised and communicated with individual grant recipients consistently throughout the running of their programmes which in turn enabled us to collect significant primary and up-to-date data.

This report reflects on some of the key 'lessons learnt' to date and how effective the community grant programmes have been in achieving objectives and aims in relation to suicide prevention.

## Key deliverables

Throughout the programme, the following activities took place:

### First 18 months:

- 17 Community Grants awarded
- A total of 1,348 people were directly supported; just under 100,000 people engaged with awareness raising activities and campaigning (see; Suicide & Co, The Traveller Movement, Men's Walk and Talk, and The Wilde Foundation).
- A range of outputs have been delivered including: 1-2-1 support; creative workshops; drop-ins; group support; training; awareness raising activities; information and advice; signposting and referrals; and provision of immediate support, such as food.

### Second 18 months:

- 41 Community grants awarded
- A total of 13,436 people were directly supported: people engaged in a range of activities including: cycling; suicide awareness tailored sessions and mentors trained for Asian women; chess sessions; gym sessions provided; and coaches trained for the Trans and non-binary community. (Example programmes; Gapped, She Wise, Afghan Chess Club)
- A range of outputs were delivered: 1-2-1 support; creative and physical sessions; drop ins; group support; training; awareness raising activities; information and advice; signposting and referrals; and provision of immediate support, such as food.



# Experts by Experience

A total of 32 Experts by Experience have been recruited and trained. The E-by-Es represented both men (16) and women (16) from a variety of ethnic backgrounds (Black 5; Indian 9; Mixed race 1; White 17). 1 E-by-E was a part of the LGBTQ community; 2 were on the autistic spectrum. Collectively, they had a variety of lived experience depression; self-harm; suicide ideation; eating disorders; addiction; and bereavement by suicide.



## Training Included:

- Evaluation toolkit workshop
- Theory of change workshop
- Asset Based Community Development Session (Online) with Cormac Russell & Judah Armani from Nurture Development
- Collaborative Development Workshop
- Research and Impact Evaluation Workshop with Rebecca Moran
- E-by-E handbook designed and distributed.
- 7 x E-by-E Evaluation Meetings/ Steering group meetings
- E-by-E involvement in Blue Sky Thinking workshop to plan future programming
- 12 Grant Panels held (E-by-E representation at each)
- 102 grant applications reviewed.
- E-by-E developed relationships with each of the grant recipients
- Ongoing coaching and support for E-by-Es has been provided by Rethink staff to support sustained engagement.
- Placement scheme for E-by-Es development where an E-by-E comes to the office on Mondays for a period of 2 months

## Key Outcomes

### Grant Outcomes

Many of the grants had positive feedback within their effectiveness of suicide prevention. The data collected via evaluative survey responses from the grant recipients currently indicates that there have been a variety of successful outcomes achieved across the breadth of grants awarded.

#### Outcomes Identified:

- Improved general wellbeing as well as improved physical and mental health
- Skill development
- Improved self-confidence and self-worth
- Reduced social isolation and increased social connection.
- Service adaptations
- Increased awareness and understanding of suicide and its broader impact
- Increased knowledge of support services, preventative actions and pathways
- Expanded community outreach and support networks
- Increased levels of empathy, emotional understanding and vulnerability
- Increased ability to share own experience and having conversations about suicide and self-harm
- Strengthening of social resources: creating and maintaining social networks



# Improved General Wellbeing - Physical and Mental Health

The analysis of evaluation data showed that the grants had a positive impact on people's overall wellbeing and physical and mental health. There was some incredibly positive feedback received from participants across the range of grants, describing their experience with words and phrases such as; 'wonderful', 'a life saver' and 'amazing'.



The Wilde Foundation

*"We saw an improvement in men's mental and physical wellbeing, participation in physical activity as well as building of friendships and positive relationships." (Facilitator, Man On)*

*"The sessions allowed us to share and compare our feelings and normalise our loss of sense of direction or purpose." (Participant, The Listening Place)*

*"100% reported a reduction in self-harm. 85% reported having had no contact with local crisis teams. 85% reported having had no contact with their local A&E department." (Facilitator, Body & Soul)*



## Skill Development

There was a significant number of grants that enabled participants to upskill themselves in things such as: filmmaking; woodworking; writing; drawing; painting; and performing. These skills gave participants alternative ways to understand and express some of their more challenging and distressing emotions. The more skill-based activities and workshops that were provided had an impact on people's motivation to 'get creative' and get more involved with group activities.

*"Some of them also found a new skillset to inspire them - such as drawing or woodworking."*  
(Facilitator, The Upper Room)

*"Tangible improvements in life skills such as cooking and travelling have been observed."* (Facilitator, Resources for Autism)

*"I have had a lot of heavy news this week and it lit up my day and motivated me to get writing."*  
(Participant, Outside Edge Theatre Company)

## Improved Self-Confidence and Self-Worth

Most participants from the grants commented on the positive impact that the support has had on their confidence and self-worth. This was a particularly notable outcome in the case that the grants had supported people in to developing their personal skillset.

*"The men have grown in their self-confidence, created healthy relationships within the group, some have joined writing groups others have gone on to try other stand- up gigs"*  
(Facilitator, Comedy on Referral)

*"The programme helped build my self-esteem and confidence, I have and improved relationship with my family, I have learned to be authentically myself."* (Participant, Body and Soul)

*"Participants said they had a sense of belonging, felt accepted, validated and a place to build their self-worth."*  
(Facilitator, Mind Food)

*"I have had a lot of heavy news this week and it lit up my day and motivated me to get writing."*  
(Participant, Outside Edge Theatre Company)

## Reduced social isolation and increased social connection

Several participants from across the grants noted that they felt less isolated. Most of the grants encouraged social and peer connection and helped participants to feel supported and less alone with their daily struggles. Feedback received often revealed showed that participants had made friendships and connections with people they felt they could be themselves with.

*“Participants experience increased social connectedness and decreased feelings of isolation.” (Facilitator, Resources for Autism)*

*“My problems aren’t as bad when I’m not alone. Being alone with these thoughts is the worst but thanks to the programme, I was able to get to know others going through similar hardships.” (Participant, The Listening Place)*

*“Participants have also built positive relationships with each other that extends outside of the session as participants have regularly met up outside of sessions.” (Facilitator, Man On)*

*“You’ve got time to be with people and bond with them. It makes me push myself. It’s a big change for me.” (Participant, Outside Edge Theatre)*



## Service Adaptations

Body & Soul reflected on the fact that members from some BAME communities were likely to present as less engaged across the programme. As such, they are creating a new programme specifically for members who are Black or of colour. They also realised that connecting with members before and after their first session increased engagement rates.

*““Marginalised” groups: YANA inherently supports disenfranchised communities falling between service gaps, resulting in “marginalised” groups highly represented among YANA e.g. 47% of members are LGBTQ+, 55% members are Black or People of Colour.” (Facilitator, Body & Soul)*

## Increased Awareness of Support Services, Preventative Actions and Pathways

Many participants who took part in the grant programmes were able to learn of new pathways, preventative action methods and were made aware of what support networks are accessible when they feel at risk, or when a loved one or someone else they know is at risk of harm. Several programs have taught participants how to identify safe and supportive pathways of action, as well as highlighting the impact of mental health, suicide and suicide prevention.

*“86% feel better able to respond appropriately when a person is at risk of suicide or self-harm and 78% feel better able to ask for support”. (Facilitator, The New Normal)*

*“I have a better knowledge about where to go and get the help if needed.” (Participant, BME Health Forum)*

*“Since our last workshop, my family and I have been having conversations about our mental health, and the role our community plays in this.” (Participant, Tatreez Collective)*



# Expanded Community Outreach and Support Networks

Most of the community grants provided people with a place to develop and sustain connections with other people and build their own individual support networks. This in turn, had as a broader positive impact act on the community and an individual's ability to reach out for help confidently and safely.



*“Participants have become active advocates within their networks, engaging in meaningful conversations about mental health, which has led to an increase in referrals to our services and external support systems such as alcohol and addiction services.” (Facilitator, Family Friends)*

*“We have created a WhatsApp group where participants can reach out to a network of women who can offer each other support, outside of the project.” (Facilitator, Sanctuary for Sisterhood)*

## Increased levels of Empathy, Emotional Understanding and Vulnerability

Majority of the grants have encouraged participants to have conversations about mental health with honesty and open-mindedness. Some projects focussed on perception and thinking around the reality of mental health issues, emphasising an individual's experience as well as understanding another person's. The grants that provided a space to openly discuss the impact of mental health on someone, have resulted in an increased knowledge of day-to-day life struggles. Participants expanded on their own vulnerability, empathy towards others and a general emotional understanding of the variety of impacting factors on someone's mental health.

*"93% try more to respond to situations with empathy and kindness."*

*"93% feel better able to respond to people with empathy."*

*"85% feel more comfortable if a family member shares about suicidal feelings."  
(Facilitator, The New Normal)*

*"The men who attended the course now possess the compassion, and empathy needed to support each other, recognize warning signs, and advocate for themselves and others who may be struggling with suicidal thoughts."  
(Facilitator, Paddington Development Trust)*

## Increased Ability to Share Own Experience and Have Conversations about Suicide and Self-Harm

Across the range of grants, several provided participants with safe, supportive and culturally appropriate spaces to acknowledge and share their feelings and emotions. This often led people to feeling more heard and understood, increasing participants confidence and the ability to talk openly and honestly about suicide and self-harm.

*"The group setting allowed one to be more open with one's thoughts. I felt allowed to express myself. It is useful to hear other people's situations and issues." (Participant, The Listening Place)*

*"We really needed this space to talk about these issues, because it's not easy" (Participant, Tatreez Collective)*



## Strengthening of Social Resources: Creating and Maintaining Social Networks

Many of the grant outcomes reveal that there has been a strengthening of social resources, there has been an improved access to the wider community. Through both participants and facilitators creating and maintaining social networks and ties, raising awareness and about talking accessibility for people within the community, improvement has presented itself through the work of the following programmes;

- Sanctuary for Sisters have been approached by other churches and charities to expand their groups and workshops.
- Creative Spaces coached young mothers, growing their networks and their vocabulary around suicide prevention increased with improved confidence and ability to access support.
- The Upper Room worked with Polish men and addiction, received a positive response from local health professionals who wanted to refer people. However, this was only a 10-week programme and limited in resources.
- Br8kTheSilence works with faith communities and have been asked by other church leaders to expand into new areas in North West London.





# HSJ



# PARTNERSHIP AWARDS 2024

## Unexpected Activities of the North West London Suicide Prevention Programme

Our analysis and evaluation of the whole programme identified several unexpected additional outputs of the successful work and support provided to and within the North West London boroughs.

- CAPE and 80 other stakeholders working with Public Health Lead in Ealing co-produced a suicide prevention plan, resulting in grants given to a grass root organisation; the Upper Room who work with and Polish men.
- A group for bereaved families was set up by an E-by-E in partnership with SoBS, because of meeting at the North West London World Suicide Prevention Conference.
- SoBS: A film and posters were produced by E-by-Es, aiming to tackle taboos and myths around suicide. These were and shared nationally.
- Co-produced safety plans for North West London were created to support community organisations, police and other non-clinical leaders. Aiming to engage more effectively with people who were feeling suicidal.
- E-by-Es developed their skills and expertise by speaking at events/conferences and having a 2-month placements within Rethink Mental Illness.



- Webinars were produced from the multi-agency suicide prevention plan. These were popular and successful, resource QR codes were created to share information, this reached over 3,000 people nationally
- Increased suicide rates in Hammersmith and Fulham resulted in an agile response with the New Normal (grant recipient) connecting in with VCSE groups in the area and training community leaders.
- Extra training provided to staff in hostels in the areas of Hounslow due to an increase in suicides amongst refugees and asylum seekers.
- Forums were set up and facilitated externally to support carers of those who have attempted suicide.
- A co-produced comedy course in partnership with Recovery Colleges were produced, with discussions to be replicated in other areas.
- Head of Suicide Prevention and E-by-Es were invited to share on, good practice, collaboration, co-production and innovation at 4 national Suicide Prevention conferences.
- Rethink Mental Illness won the HSJ Best Mental Health Partnership with the NHS Award. Showcasing the social response to suicide prevention as a model for replication nationally



## Grant Evaluation: Themes from Survey Data

To support the final evaluation, the Rethink Mental Illness Team developed a final evaluation survey that was sent to E-by-E's, grant recipients and stakeholders. The overall aim of the survey was to collect consistent data from all participants involved and across all stages of the programme. This survey had 46 respondents from community grants out of 58, 8 key stakeholder respondents out of 19 and there were 4 E-By-E respondents out of 32. The final evaluation survey emphasised anonymity, aimed to gather non-biased, honest and fully transparent responses. The survey included questions about the barriers and challenges that were faced during the grant programme.

Using thematic analysis, the following barriers and challenges were identified:

Throughout the programme, the following activities took place:

- Participants not showing up to appointments or sessions suffering because of from self-isolation and anxiety.
- Difficulty contacting and connecting with in-borough support services; GP's or other mental health initiatives.
- Participant social anxiety and general difficulty with mental health on a daily/weekly basis.
- High demand for some projects; not enough resources and funding to accommodate more people.
- Difficulty coping with the capacity interest/demand for program participation.
- Male-dominated groups/communities, difficulty in women participating in some projects.
- Difficulty securing physical space to host project classes/workshops- Securing venues, going through safeguarding procedures.
- Participants experiencing crisis during a weekly running project.
- Increase in vulnerability from supporting others, exposure to other people and personal challenges.



- Facilitator issues; partners, volunteers, hosts not being able to attend, finding replacements at short notice.
- External organisation assistance; difficulty in hiring/getting help for a group setting with a professionally trained individual, project specialisms (LGBTQ, Neurodiversity, Language).
- Drop-ins; male dominated, difficulty attracting and having women attend some groups.
- Difficulty in referring participants to other services to seek further help due to language barriers; English speaking services, limited for ethnic minorities.
- Finding locations/base to host project, coming to agreements with affordable rent costs.
- Budget- Limited budget meant there was an inability to facilitate more sessions/workshops, especially following from high demand for joining from others in the community.
- Group sessions- Conducting group sessions required more resources and staff/volunteers. Resources were already stretched and limited.
- Struggle of having consistent participants in group sessions and workshops. Project organisers fear and worry of the effectiveness and impact on non-consistent participants.





# Expert by Experience Evaluation

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The E-By-E survey responses provided insightful feedback in relation to the programme and how it made an impact on recipients of the community grants as well as participants involved in the programmes being run.

## Impact of the Community Grants on Suicide Prevention Locally

- Enhancement of social inclusion and fulfilment for participants involved with the community grants projects. Specifically, people who are high-risk and suffer with suicidal ideation.
- The projects allow at-risk people to turn up to events and groups that are aiming to support them, there have been positive reactions and responses from participants to these groups.
- Generally, E-By-Es found that the impact of individual programmes was easier to measure through consistent evaluation; beginning, middle and end of projects. This consistency allowed for cohesive progress check-ins with facilitators and participants of the community grants.

## Important Factors in Funding Suicide Prevention Projects

- E-by-Es found that participants being part of the community was positively contributing to the projects, it is vital for the people involved as it assists them in remaining connected to their peers.
- A common theme was that the community grants had a positive impact on many participants, it was stated that having somewhere to go to discuss thoughts helped feelings improved people's attitudes to their daily lives and improved their daily routines.
- E-by-Es identified that there was an interesting variety of projects using different, yet significant tools and techniques for suicide prevention in targeting different communities.





## Benefit of Involving E-By-Es in the Evaluation Process

Tiny Forests by Earthwatch

Direct E-by-E observation and evaluation highlighted the impact on the grants awarded and how they cut across different levels of prevention and the breadth as individual projects, overall being a real benefit to those involved. The following E-By-E statements highlight the important role community programmes play in relation to suicide prevention.

*“Lived experience is critical, I find systems are too reliant on work experience and academic experience, so lived experience becomes the critical missing component.”*

*“I think it's been hugely impactful, especially the breadth of projects and the varying communities reached.”*

*“There can never be a successful 'one size fits all' approach and so coming at it from many angles is an excellent format.”*

The varied lived experience represented by the E-by-Es enabled them to understand and empathise with the value and benefits of different community activities and interventions. This led to some highly informative, open and responsible discussions that supported the grant-making decisions. For example:

*“Having the time to meet [the E-by-E] from Rethink and discuss maternal mental health and suicide in person was a great introduction for our mothers' group. There is still a feeling of shame attached to struggling with mental health for many of the women in our community and spending time, talking openly with someone who has lived experience was a great way to start to gently open a wider dialogue.”*  
(Facilitator, Creative Spaces London)

## Challenges Faced as an E-By-E

In context of the whole programme, the role of being an E-By-Es meant that there were some challenges. Survey responses state the below:

- Understanding the suicide prevention model, context of suicide and the unique process was difficult for some.
- Being exposed to the reality of life struggles of participants, difficult to hear challenges participants experience on a day-to-day basis.
- Some E-by-Es found accessing reimbursement for involvement of their time complex and time consuming.
- Monthly peer support with E-by-Es only lasted 3 sessions as both leaders were unable to commit the time to facilitating the sessions. However, in December 2023 an E-by-E recommenced these sessions, holding them every two months. 3 additional peer support sessions were held.

The final evaluation survey given to the E-by-Es also included questions in relation to their individual experience in the role as an E-By-E. Feedback shows that they felt well supported in their role and they believed strongly in the benefit of having E-by-E involved in the programme as a whole.

## E-by-E Experience Feedback

*“Everyone was very understanding and were good listeners throughout the project.”*

*“Throughout this time, I have never been made to feel under any pressure to participate and my feelings and ability to contribute have always been explicitly taken consideration.”*

*“E-by-E involvement can reduce any misuse of grants.”*

Additionally, our E-by-E's provided evaluative notes, their observations and analysis being conducted at the beginning, middle and end of grant programmes. Below are some of the key reflections that E-By-Es shared following their relationships and observations of grant recipients.



## E-by-E Themes from Grant Evaluations

- Projects allowed participants to build trust and familiarity amongst others, allowing for confidence and vulnerability in group sessions.
- Projects provided a space for people/participants to talk openly about life concerns, struggles.
- Projects provided participants a space to talk about their own problems in relation to mental health when people felt safe, comfortable, supported by facilitators and peers.
- Evidence of provision of organic growth and demand for projects within communities.
- Discussion occurs naturally with people when the environment and space provided by the facilitators is safe, secure and confidential.
- Grass roots organisations and projects provide help, support and a space to bridge this gap e.g. supporting ethnic minorities who feel alienated from NHS mental health services and distrust them.



## Stakeholder Evaluation

Our key stakeholders involved in the North West London Suicide Prevention Programme had commonalities within their organisational goals in relation to suicide prevention; Raising awareness and increasing understanding of the issues on suicide prevention, as well as providing information and support to those impacted and bereaved by suicide. There were also common objectives to work together through co-production, prioritising actions to support people most at risk, develop local innovations and amplify regional and national initiatives. Collectively, they aimed to elevate the discourse surrounding suicide prevention to ensure it is comprehensive, culturally sensitive, and empowering for all involved

We reached out to all the stakeholders involved in the programme and 8 provided us with some feedback in relation to how their partnership with Rethink Mental Illness made an impact to suicide prevention and communities locally. Our analysed survey data reveals the following:

### Range of ways stakeholders worked with the Rethink Mental Illness Team

- Encouraged local organisations to apply for community grants
- Inclusion within the grants panel
- Attended suicide awareness training and booked specific in borough courses
- Attendance and creation of suicide prevention steering groups
- Attended webinars Creating and producing suicide prevention training and safety plans
- Community grants programme and opportunity sharing
- Suicide Prevention Community of Practice
- Borough Based support via North West London and Ealing steering groups as well as local events



## How the Rethink Partnership Helped You Achieve Your Set Goal

- The steering groups provided an opportunity to learn from others, many found they benefitted from Rethink's resources including, training and community grants programmes.
- Collaboration on the Webinars – Webinars would not have been produced independently without Rethink's partnership.
- Shaping Safety Planning embedded in the suicide prevention training offered to those working, living and travelling in Kensington, Chelsea and Westminster.
- Ensuring that bereaved voices are heard as part of the suicide prevention discussions.
- Understanding the services being provided regionally to support those being treated for depression, long term physical conditions and misuse of alcohol and drugs.
- Establishing a suicide safer community initiative, securing commitment of senior local leaders across statutory, voluntary and community sector partners to suicide prevention.
- The North West London steering groups led support on local development of action plans and representation at our local strategy meetings.
- Ability to fund creative projects and facilitate discussion and action. • Strengthening of networks and collaboration, supported important events and campaigns, access to training.

## Overall Experience Working with The North West London Suicide Prevention Programme

*"Rethink have provided a new focus on suicide prevention in North West London." (Key Stakeholder)*

*"The quality of the training and the number and variety of webinars. Both have reached thousands of people and have increased awareness of the issues." (Key Stakeholder)*

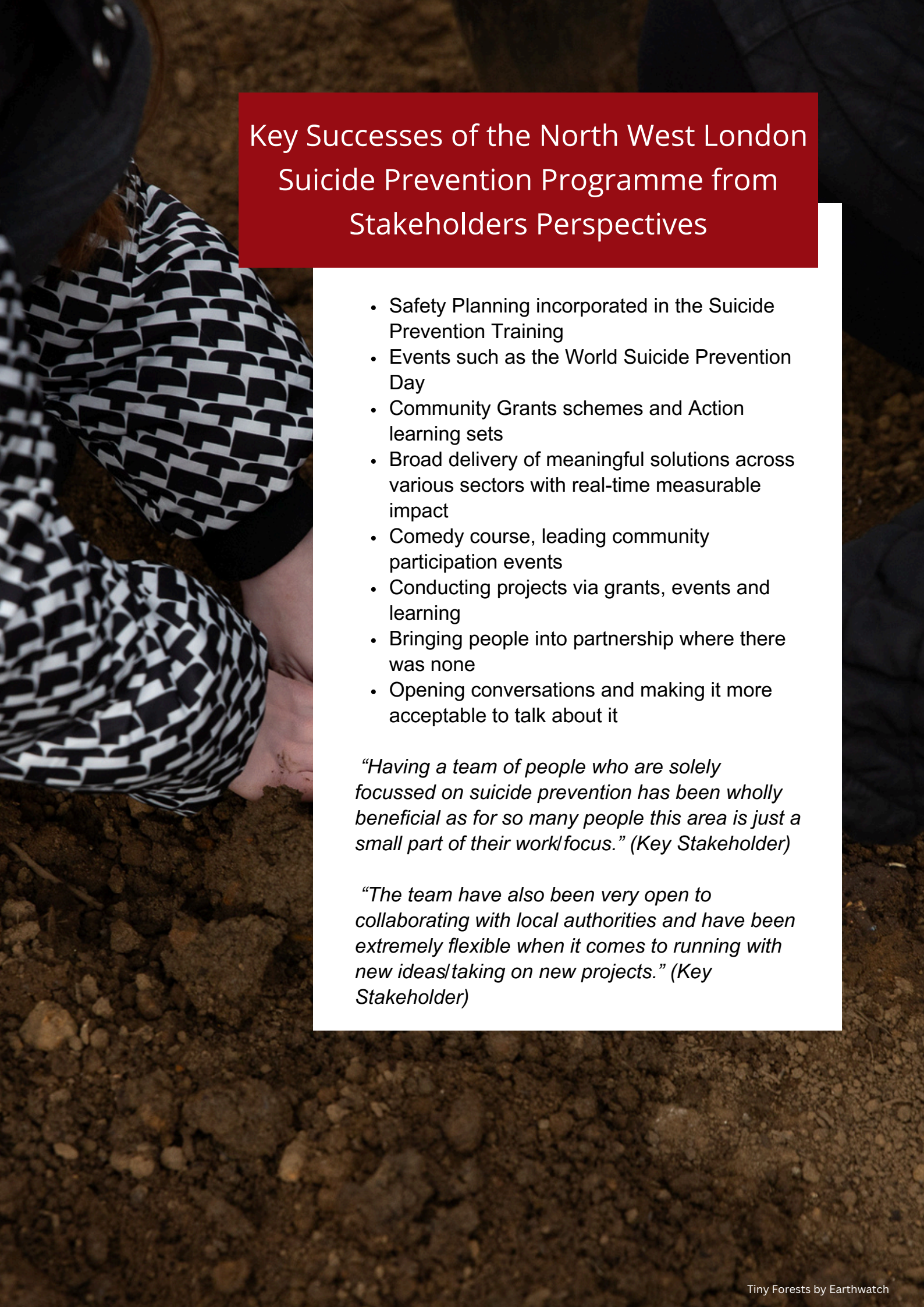
*"Excellent, innovative and consistently supportive." (Key Stakeholder)*

*"Very positive with a very good cadence of oversight whilst giving projects to licence and autonomy to exercise their expertise to deliver impactful solutions." (Key Stakeholder)*

*"This has been one of the most productive suicide prevention initiatives that I have worked with, the voice of the community is truly heard and listened to. The team have been open minded and challenged as and when necessary. The support for us locally has been invaluable." (Key Stakeholder)*

*"I have valued the opportunity to learn and collaborate on such an important area of work. It's been the best project by far." (Key Stakeholder)*





## Key Successes of the North West London Suicide Prevention Programme from Stakeholders Perspectives

- Safety Planning incorporated in the Suicide Prevention Training
- Events such as the World Suicide Prevention Day
- Community Grants schemes and Action learning sets
- Broad delivery of meaningful solutions across various sectors with real-time measurable impact
- Comedy course, leading community participation events
- Conducting projects via grants, events and learning
- Bringing people into partnership where there was none
- Opening conversations and making it more acceptable to talk about it

*“Having a team of people who are solely focussed on suicide prevention has been wholly beneficial as for so many people this area is just a small part of their work/focus.” (Key Stakeholder)*

*“The team have also been very open to collaborating with local authorities and have been extremely flexible when it comes to running with new ideas/taking on new projects.” (Key Stakeholder)*



## Benefit of Working with Rethink Mental Illness on This Programme

- Having a straightforward application and evaluation process for the community grants
- Accessible applications
- Incorporation of community-led approaches towards suicide prevention
- Co-production resources and Suicide prevention awareness events
- Devoted commitment to reduce risk of suicide for high-risk groups

*“Rethink Mental Illness have an innovative and creative approach in their addressing of such a sensitive issue. They have great experience in co-production and working with those with lived experience. The lead has been a real expert in helping us grasp both local and national issues. They have created space for our thinking and been objective in their approach.” (Key Stakeholder)*

*“Rethink Mental Illness are very well acquainted with mental health and suicide prevention providers across London, and this has been helpful in running very insightful Community of Practice meetings/sessions as the attendance and contribution was rich and diverse.” (Key Stakeholder)*

*“Bringing together a breadth of applicable knowledge and experience. Excellent collaborative framework.” (Key Stakeholder)*

## What Could be Done Differently to Improve or Enhance the Impact of the Programme

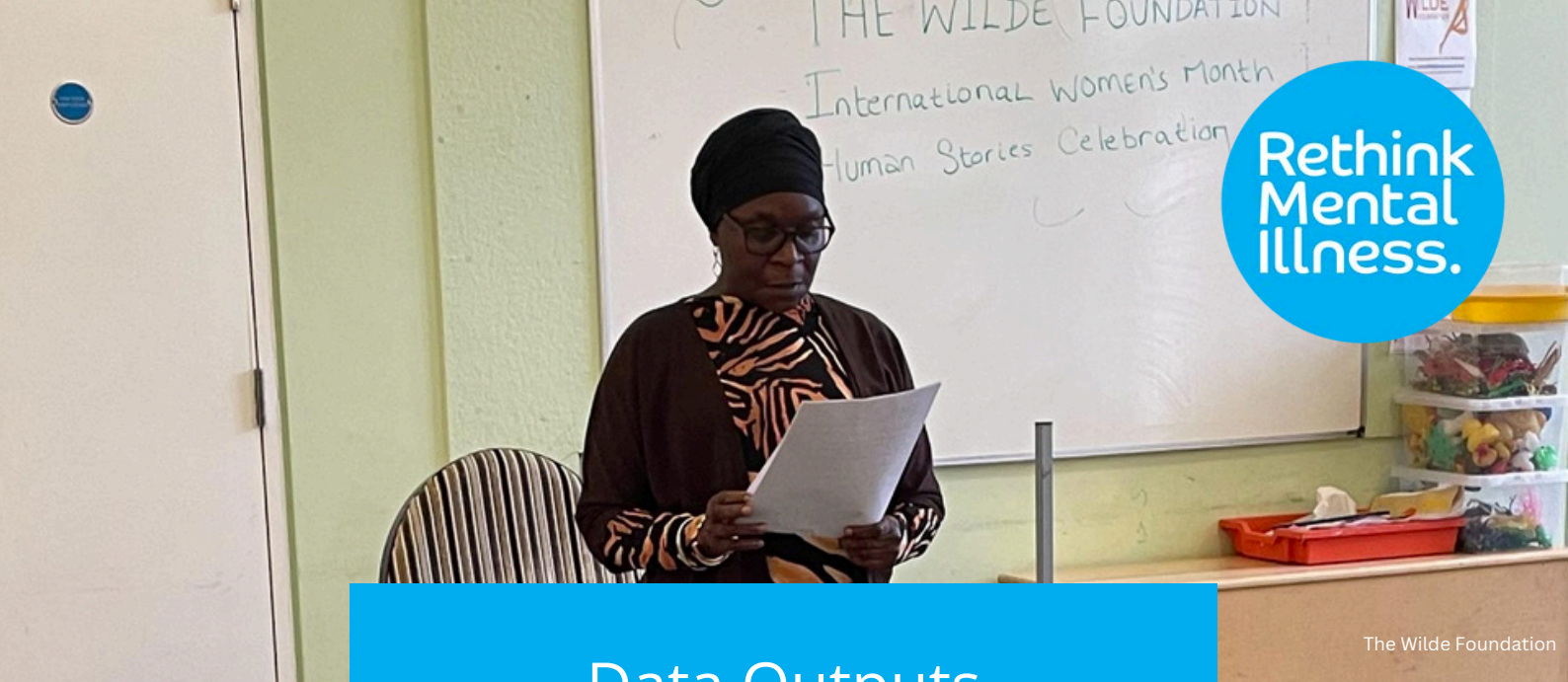
- Extended funding of the programme
- Earlier engagement with some providers to join steering group meetings
- Training offer communication via NHS providers
- Better clarity initially on the role of the Rethink staff with regards to project delivery and resultant expectations on others
- More in-person meetings

*“It has been a very positive experience and I’m sorry that the contract has ended. I’m concerned that the focus on suicide prevention in NW London will diminish as a result.” (Key Stakeholder)*

## Legacy, or Hoped for Legacy, of this Programme

- Effective inter-agency working towards suicide prevention across North West London
- Commitment to tackling factors that can lead to suicide such as addiction
- Co-Produced Suicide Prevention Action Plan
- Local Suicide Prevention Steering Group
- Create a collaborative network such that aspects that would have been siloed are connected, with a cross-fertilisation of knowledge, experience and mutual support
- Regular meetings with partners across boroughs and communities
- Ensuring lived experience is central to the work and done in a safe, supportive, non-triggering way. Communities and a multiagency approach are central to this work





# Data Outputs

All but three grants have been delivered within the agreed timescales and the majority have met their original outputs. The outputs achieved are directly related to several of the known risk factors associated with suicide

<b>Grant/Organisation</b>	<b>Gathered Outputs</b>
Ashford Place & Silver Jubilee	23
Dad's House	88
The Wilde Foundation	87
Sunshine of Hounslow	32
Hestia	34
Breaking Bread	33
SPID Theatre	65

Sobriety Films UK	15
The Listening Place	551
Body & Soul	15
Comedy On Referral	20
Suicide & Co	100,000
Men Walk Talk	43
The Traveller Movement	670
The Log Cabin	43
Survivors of Bereavement by Suicide (SoBS)	20
Wellbeing For Us	77
Resources for Autism	25
Outside Edge Theatre Company	59
CAPE	Not Submitted
Central London Samaritans	970
Let's Get it Right	Not Submitted



Family Friends	140
Migrants Organise LTD	58
The New Normal	251
Voluntary Action Harrow	513
Creative Spaces London	27
Man On	8
Centre for ADHD & Autism	21
Br8ke The Silence	25
The Wilde Foundation	46
For Women	380
Real UKU	98
Smile of a King	3
Wellbeing For Us	43
BME Health Forum	216
Autism Hounslow	40

Hillingdon Autistic Care and Support	In Progress
Outside Edge Theatre Company	149
SheWise	28
Afghan Chess Club	In Progress
Bipolar UK	In Progress
The Listening Place	9
Comedy on Referral	13
Body & Soul	21
Gapped Cycling	In Progress
Tatreez Collective	20
The New Normal	10 (In Progress)
PECS Education	15 (In Progress)
Tiny Forest by Earthwatch	75 (In Progress)
Asian Community Concern	In Progress
Sanctuary For Sisterhood	30



The Wilde Foundation	48
Give Space	Not Submitted
The Upper Room	32
Suicide & Co	77
Paddington Development Trust	8
MindFood	145
Total Outputs	105,419

## Evidence-Based Evaluation

The outputs listed above have been evidenced in a variety of ways depending on the grant including:

- Participant feedback forms that are routinely collected by grantee organisations.
- Outcome measurement tools (one grantee used the Columbia Suicide Severity Rating Scale and one grantee used SWEMWBS).
- Video evidence e.g. participant diaries.
- Participant outputs e.g. films created.
- E-by-E observations.
- Feedback provided to E-by-Es when visiting the grant recipients
- Surveys collected from: E-by-Es, stakeholders and grant recipients

# Challenges Related to the Grant-Making Process

It has been difficult to balance the relationship-based funding approach with the capacity of the E-by-Es and staff team. For example, initially, the Community Grants Panel met monthly in the first year of funding.

Rethink Mental Illness received positive comments about this process from applicants, especially the discussion-based response. They were also able to seek feedback on their initial application and re-apply. However, this was labour intensive and time consuming for the panel and Rethink staff.

*"It was so refreshing to work in a way where we could talk through ideas and receive comments on our application" (Applicant, Suicide & Co).*

Whilst some applicants preferred the prompter, monthly decision-making process, it was felt that the panel should meet quarterly to enable more equal access to the funds from all Boroughs.

Overall feedback from applicants was positive about the discussion-based panel:

*"We weren't successful the first time and that was disappointing, we also had to wait a long time till the next panel, but we put in another application, so we didn't duplicate what was already being offered in North West London and we received the money – Rethink have been great, I've also spoken at their webinar" (Recipient, She Wise)*

*"It was difficult not being successful after a couple of applications, but I took on the feedback and applied elsewhere, I've also been in contact with the Team and hope to work with them again" Bella (Applicant, Think Tenacity)*

*"It was so different and supportive to get feedback and have another chance to apply" (Recipient, The New Normal)*

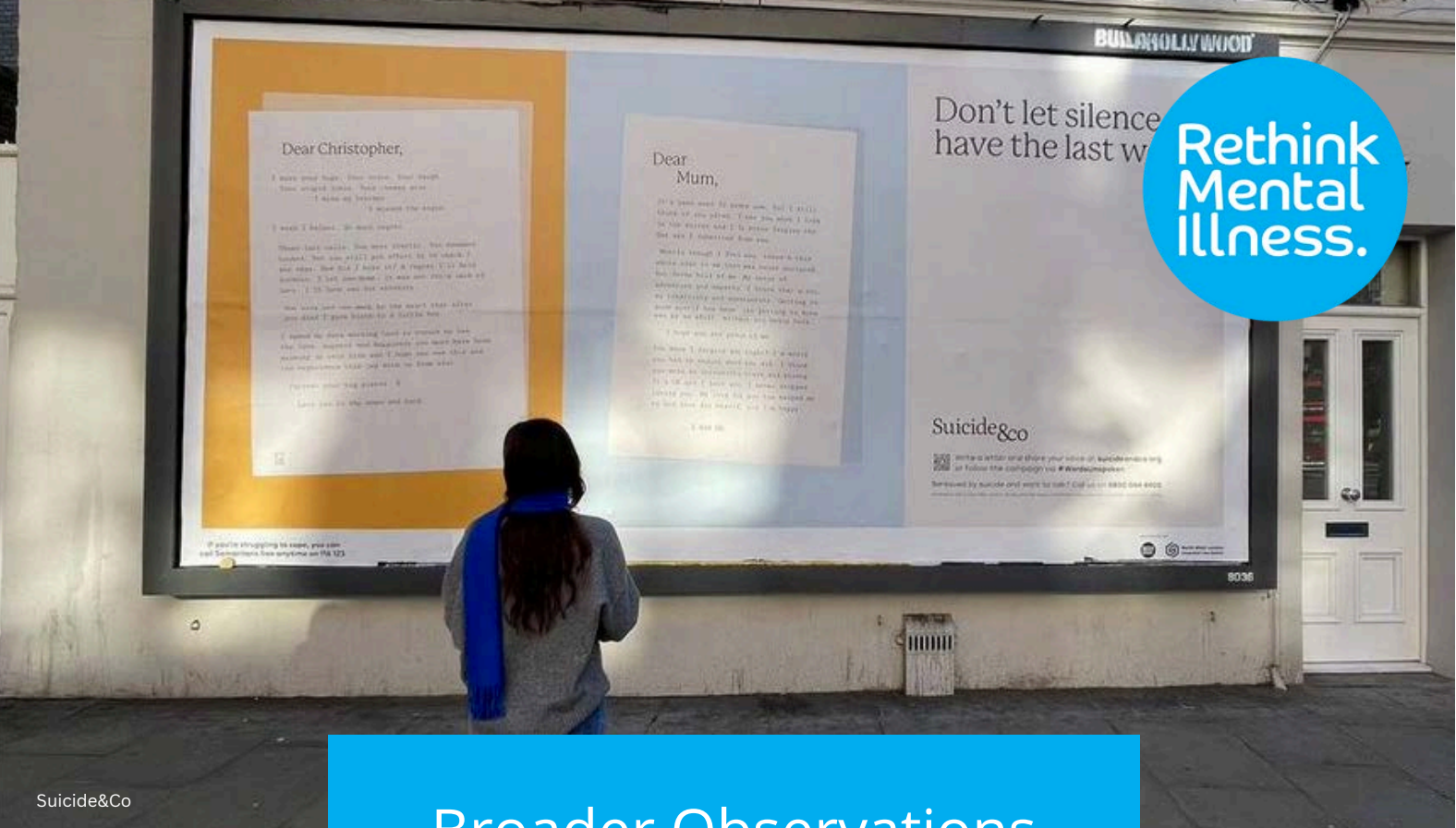
One complaint was received about the grant process by an applicant who applied twice and was unsuccessful. He felt the panel did not consider his application seriously, he was given inaccurate feedback the first time and that he was treated unfairly. The complaint was dealt with through Rethink's complaint procedure, the decision process explained, and the outcome accepted by the complainant.



## Challenges Related to the Evaluation

·The light-touch reporting has meant that it has not been easy to collate the evaluative information (e.g. around outputs and outcomes) achieved across the grants, with minimal information received from some grant recipients about their own learning and reflections, which could have been a useful evidence source

- Challenges to E-by-E Involvement and recruiting E-by-Es with access to networks is time consuming
- A high turnover of E-by-Es who are often juggling various jobs, volunteering roles or facing personal challenges
- Support was needed for the varied roles offered to E-by-Es including chairing and planning meetings, evaluation, co-production, analysing data, report writing and speaking at events
- Experts by Experience at times found resistance to using the evaluation tools they had designed. For example, the survey co-produced towards the end of the first funding year was easier for some organisations to use than others
- It can be difficult to prove that preventative grants will have an impact on overall suicide rates
- Engagement and responses have been uneven across projects. In some grassroots organisations, the administrative infrastructure to meet evaluation requirements does not exist.



## Broader Observations

Grants that had a noticeable legacy stood out during this evaluation synthesis. Their potential to continue to have an impact beyond the grant programme is particularly important when undertaking preventative work. For example, grants that focussed on awareness raising, skill development and resource development have the capacity for future impact, along with the continued social connections that some participants have formed because of group-based support and/or shared experiences (e.g. several participants are now part of ongoing WhatsApp groups).

What appears to be particularly valuable to people accessing support, is that a programme provides them with:

- New or different ways of coping or expressing themselves
- Having social connections that they can continue to draw on
- Safe, local places to share and release some of their more challenging emotions outside of a clinical setting
- The opportunity to meet people who have similar experiences or are in a similar situation as each other
- Support that inspires or demonstrates to people the benefits of seeking support.



In much of the feedback received, 'how' support is delivered appears to be a critical factor for people.

*"A provider's empathy and openness to the people they are helping is really important." (E-by-E Feedback)*

Where support is provided (i.e. in terms of the physical space and environment) also appears to be important to people. Meeting in places where people would naturally meet, where there was no clinical label and the environment itself was welcoming. In many ways, this demonstrates the unique and essential value of community-based support.

*"It was fantastic meeting at the Comedy Store every week, it wasn't your usual depressing venue but was somewhere cool and iconic" (Participant, Comedy Project)*

Several participants noted their disappointment that interventions were often short-lived; this relates to the point above about ensuring that the legacy of grants are considered.

*"Thank you. A very empowering experience but short lived if no continued availability or support to create." (Participant)*

*"Everything was great, but I was sad when it ended. 6 weeks went very quickly and would love to take part in this project again." (Participant)*





On a few occasions, participants specifically noted that the support they had received from grant recipients had more impact on them than previous traditional clinical interventions they had engaged with, demonstrating the value of investing in innovative, community-based support.

*“For me, [the leader] was getting into stuff that therapists haven’t been able to communicate clearly, or as entertainingly, to me before...” (Participant, Recovery College Comedy Club)*

*“The spa day with others did more for me than all the counselling I’ve had in the last year” (Participant, Wilde Foundation)*

Evaluation of the grants has identified the significance of women-only groups and how impactful and effective they can be to the women that participate. The women-only groups have highlighted the need for safety and security when conducting support-based events and workshops.



The Upper Room



Afghan Chess Club



Four projects were aimed specifically at women:

- Body & Soul: 'YANA'
- She Wise: 'Holistic Wellbeing Support Programme'
- Sanctuary for Sisterhood: 'Free Your Voice'
- For Women: 'Suicide Prevention'
- Creative Spaces London: 'Active Mamas Project'

Two projects adapted existing programs; 'Body & Soul' adapted a Dialectical Behavioural Therapy course for women who struggle with reproductive issues. 'For Women' adapted Mental Health Awareness training for different languages (Russian, Farsi, English and Arabic) and women.

'Sanctuary for Sisterhood', 'Creative Spaces London' and 'She Wise' have an activity or workshop-based program, some especially tailored to BAME women. This is necessary as *"no other organisations are providing detailed, bilingual hands-on support to women and girls experiencing mental health issues, whether it is in a normal setting or traumatic scenarios"*. (Facilitator, She Wise)

Overall, addressing women's issues and experiences through these different methodologies creates an important space for women to share and relate to one another. This in turn breaks stigma and taboos for issues such as domestic violence, reproductive issues or generally, poor mental health within different communities.

*"Women are asking for more information; they want to hear more because it's crucial for them to express their feelings and concerns in safe and secure place."* (Facilitator, For Women)



# Training

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## Co-produced Suicide Awareness Training Monthly Totals:

	Nov'21	Dec'21	Jan'22	Feb'22	March'22	Apr'22	May'22	June'22	July'22
<b>Sessions delivered</b>	0	2	6	7	5	3	5	5	4
<b>Delegates attended</b>	0	23	96	109	65	36	38	82	57

	Aug'22	Sept'22	Oct'22	Nov'22	Dec'22	Jan'23	Feb'23	March'23	Apr'23
<b>Sessions delivered</b>	3	4	2	1	0	2	3	4	2
<b>Delegates attended</b>	38	49	18	15	0	31	37	48	32

	May'23	June'23	July'23	Aug'23	Sept'23	Oct'23	Nov'23	Dec'23	Jan'24
<b>Sessions delivered</b>	3	2	2	2	4	5	6	3	4
<b>Delegates attended</b>	36	29	21	18	56	52	95	34	43

	Feb'24	March'24	Totals between Nov'21-March'24
<b>Sessions delivered</b>	2	2	93
<b>Delegates attended</b>	28	29	1215

## Upcoming Bookings

	Apr'24	May'24	June'24	July'24	Aug'24	Sept'24	Totals
<b>Sessions booked</b>	4	4	5	0	0	1	14
<b>Expected attendees</b>	80	68	84	0	0	12	244

## Feedback collected: November 2021 – March 2024

Responses: 676

Response rate: 55.64%

Delegates are asked several questions following their experience of attending the training. A summary of this feedback that can be found below.

Delegates scored an average of 5.86 out of 10 for their skills and knowledge in relation to suicide before the training session. After the training, the average score was 8.28 which is a 41% increase in skills and knowledge.



## Summary

- 98% of delegates either agreed or strongly agreed that they found the training useful
- 93% of delegates either agreed or strongly agreed that the training met their expectations
- 90% of delegates either agreed or strongly agreed that they would change the way they think/behave because of the training
- 96% of delegates either agreed or strongly agreed that the training will have a positive impact on the culture and practice in their community in relation to suicide

## Delegate Feedback

*“Have confidence to start, explore and maintain difficult conversations - not only about suicide and suicidal thoughts but also about mental wellbeing in general. Have confidence to stay in conversations through awkward silence.”*

*“Have more courage to broach the question 'Are you having suicidal thoughts?' and following it up through the flow chart. Also give much more thought to the preparation of such a dialogue through looking after myself as well as the person I talk to. Also explore the various local contact groups that can help someone when the 'professional' channels aren't working for someone.”*

*“I am becoming more aware of the risk factors and dangers involved with suicidality, and how to notice these. This course has helped me to better understand what a suicidal person may be thinking and feeling, and the obstacles they may sometimes have encountered to getting help. I feel increased confidence in proactively talking about possible suicidal ideation to help someone who is struggling, and to listen without judgment and signpost them to sources of support. I intend to normalise talking about mental health and help to raise awareness and reduce stigma and shame.”*

# Suicide Awareness Training – Total

## Organisations Trained:

1. Hestia
2. Advance Charity
3. Passage
4. My Romania Community
5. Befriend
6. West London NHS
7. Voluntary Action Harrow
8. London School Of Economics and Political Science (LSE)
9. The Upper Room + Barons Court Project
10. London Borough Of Hounslow (almht Team)
11. The College of North West London and City of Westminster (CNWL)
12. Harrow Health Matters
13. Suicide & Co
14. Met Police (Hammersmith Police Station)
15. Cruse West London
16. Young Ealing Foundation
17. Volunteer Centre, The Westway Trust and Age UK
18. HYCS (Hounslow Youth Counselling Service)
19. Central And North West London NHS Foundation Trust (CNWL)
20. St Mungos
21. London Borough Of Hounslow (Public Health)
22. The House of Barnabas
23. (Learning & Development Support Team) London Borough of Hillingdon
24. London Borough Of Hounslow (Public Health)
25. The Traveller Movement
26. Church Army/Marylebone Project
27. H4all Wellbeing Service
28. Dash
29. Hammersmith, Fulham, Ealing, & Hounslow Mind
30. Groundswell
31. London Borough Of Hounslow
32. Home-start WKCHF
33. We Are Trinity
34. The New Normal Charity
35. Hillingdon Autistic Care & Support
36. P3 Charity
37. Brahma Kumaris Spiritual University
38. Family Friends UK
39. Hounslow Council
40. Brent Mental Health Service
41. BME Health Forum
42. SBHL
43. West London NHS Mint Team
44. LB Of Hillingdon
45. Communities Support Team
46. London Fire Brigade
47. Sufra NW London
48. Turning Point
49. Home Start Hillingdon
50. The Confederation, Hillingdon CIC
51. Regent's University London
52. Need To Talk
53. One You Westminster



54. Westminster And RBKC Council
55. Safeguarding Partnership
56. Earthwatch
57. Crisis Skylight Brent
58. Hammersmith And Fulham Children Services
59. University Of West London
60. City Of Westminster Council
61. Hammersmith & Fulham Adult Social Care
62. The Disability Foundation
63. NHS NW London/Ealing Training Hub
64. Social Prescriber Link Worker Team - West London GP Federation

## Co-Produced Suicide Awareness Training: Learning and Reflection

### What Went Well

- Co-production Officers conducting outreach and informed local organisations of the training.
- Communities enjoyed the flexibility of being offered training at their own site, at Rethink's offices or online.
- The flexibility of an open list for training where 1-2 people from an organisation could join an open group was appreciated.

### Challenges to Training

- Co-producing the training with Experts by Experience was time consuming and involved skilled co-facilitators.



Sobriety Films

# Action Learning Sets

A live Multi-agency Plan was co-created in the form of action learning sets for the 8 boroughs

### **Economic Hardship**

- Supporting those that are unemployed, low skilled or low incomes and areas of deprivation
- London Healthy Workplace Award - proactively encourage the uptake of the Award, specifically targeting employers with a predominant male workforce e.g., in the construction industry
- Promote mental health in BAME groups through specific community groups
- More access to employment, training, education and volunteering including community engagement for people at risk of suicide (plus cuts across many other priorities)

### **Social Isolation**

- Combat social isolation and loneliness across the boroughs
- Increase access to peer-led and meaningful activities including those where disclosures may occur in a more relaxed setting
- Continue promotion of opportunities for training on suicide prevention, including the Samaritans awareness training on loneliness and isolation as a risk area for suicide, and the “Help when you’re feeling low” webpages. Promotion will be targeted towards those who work with at risk groups and schools



## **Acute Mental Health Care – Drugs & Alcohol Related Incidents in A&E**

- Promote men's health in community locations
- Improve the support for those in suicidal crisis – including the care pathway, implementation of safety plans and the training of GPs/primary care.
- Ensure that the mental health care pathway is working during COVID-19 for those currently needing services, new patients and those who need to re-access services
- Training for substance misuse practitioners
- More joint working with mental health services to reduce impact of lack of dual diagnosis services and minimise needs gaps. More considered development of specialist dual diagnosis team
- Directory of crisis care services with statutory and mental health services working with voluntary sector providers
- Suicide prevention training for blue light and other front-line services
- Single point of contact for adults at risk of suicide to be re-publicised with GPs and others in the voluntary sector

## **Bereavement Support Services**

- Raise awareness about suicide bereavement services with key stakeholders and so that it can be promoted to residents.
- Investigate and evaluate the current postvention interventions
- Strengthen, develop and promote support available for people bereaved or affected by suicide.
- Support those bereaved by Covid-19

## **Reducing Access to Means of Suicide Risk, e.g., High-Frequency Locations**

- Identify high risk locations and review signposting at these locations
- Identify local hot spots (rail and tube lines and stations) and opportunities to reduce access to means
- Adequate staffing, available in areas of risk, or trained in suicide awareness and prevention



## Preventing & responding to Self-Harm (Adults):

- Raising awareness of self-harm, effective treatments and improving resilience
- Ensure that every patient who presents with an episode of self-harm and suicidal ideation is given access to a psycho-social assessment
- GPs - work with PCNs, train staff, prescribing practices, stockpiling and means to suicide
- Develop support groups for children and young people and parents' children who self-harm and their parents
- Specialised training re: self-harm, suicide ideation and suicide for children's services staff and including foster carers

## Combating stigma and taboos around suicide through campaigning:

- Work with men who wouldn't identify themselves as having a mental health issue
- Enhance community participation in preventing suicide by developing a local Suicide Safer training offer for the third sector to increase capacity in local communities to increase awareness on mental health, wellbeing, and suicide prevention
- Mental health first aid classes taught in community spaces (symptoms of mental health challenges i.e substance abuse, PTSD, anxiety, depression, Warning signs of suicide or self-harm, how to help someone access the appropriate mental health support)





# Webinars

The following webinars where stories from Experts by Experience were amplified and resource packs created on the topics relating to the Action Learning Sets.

## Webinar Numbers

- Starting the conversation: The circle of support after a suicide attempt: 502 registered and 250 attended
- Considering addiction and suicide prevention: 600 registered and 350 attended
- Bereavement after suicide: 347 attendees
- Innovative approaches to suicide prevention: 1135 attendees
- Innovative approaches to Suicide Prevention: Shifting Power through stories Conference: 345 online and 70 in-person attendees
- Economic Hardship and Mental Health: 252 attendees

## Webinars: Learning and Reflection

### **What Went Well:**

- Action Learning Sets and Webinars - A direct outcome themes from the multi-agency suicide prevention plan for North West London
- Webinar panel and speakers led by E-by-Es and key stakeholders with large numbers participating (3,000)
- QR codes with resources attached for each webinar shared nationally
- Experts by Experience were central to the planning and as speakers.
- Additional Local Authority Meetings were requested and held to share learning, action plans and encourage collaboration.

## Feedback For Webinars



*"This is the best training I have done as a social prescriber, so well set out and presented, easy to follow..." (Webinar Attendee)*

*"Thanks everyone for sharing your insight into such a heart wrenching subject" (Webinar Attendee)*

*"Thank you really interesting and glad to hear the triangle of care mentioned as well" (Webinar Attendee)*

*"Thank you all for speaking today. The talks have been moving, insightful, and inspirational, and I'm going to take a lot from today and consider further how I can adapt my practice." (Webinar Attendee)*

*"The team has worked tirelessly towards making a more cohesive and collaborative approach on trying to reduce the number of suicides and break down stigma across CNWL, with a great partnership approach with NHS CNWL. I believe the good practice will benefit the group" (Key Stakeholder)*

## What Was Challenging

- Technical difficulties
- Unexpected dropouts of speakers
- Local Authority meetings; difficulty in gaining momentum and attendance





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## National Impact of Programme

### Invited to Showcase This Innovative Model at the Following National Conferences

- Institute of Government and Public Policy's 3rd Annual Suicide Prevention Conference (2023) Innovation in communities.
- National Suicide Prevention Conference (2023): Co-production and Experts by Experience in Collaborative Suicide Prevention.
- Suicide and Co's Sector Summit (2024): Collaboration and Innovation with the VCSE.
- National Suicide Prevention Conference (2024): Adopting a Person-Centered Approach Within Suicide Prevention Services Through Co-Production.

- National Suicide Prevention Alliance (2024): A social response to suicide prevention from a black male perspective

### Awards and Ceremonies

- Won the HSJ Awards: Best Mental Health Partnership with the NHS Award (2024).
- Shortlisted for the Ideas Alliance and Experts by Experience Collective Power Awards (2022).

## Recommendations Moving Forward

- Future provision of NHS funding to be given to grass roots community organisations for a social response to suicide prevention is effective and key to making communities more resilient through legacies of social connections.
- As illustrated by winning the HSJ Best Mental Health Partnership 2024 this model has the potential to shape and influence future collaboration in the NHS nationally.
- Experts by Experience to be integral at all levels of the programme, paid and central to webinars, grant making panel and distribution, co-production, analysing data and evaluation, chairing meetings.
- Co-production Officers key to future programmes as integral to conducting outreach to find community leaders in VCSE organisations
- The offer of free training and grants to VCSE organisations quickly led to the development of trust, participation in activities and key relationships
- The use of webinars were an effective platform for Experts by Experience to amplify their voice, share stories and work towards system change with key healthcare leaders.
- Encourage VCSEs to co-produce solutions for themselves and provide culturally appropriate support for their own communities who do not access traditional therapeutic services addressed health inequalities.
- VCSEs to work with Public Health Leads in Local Authorities to share resources and expertise with Experts by Experience and encourage co-production.
- ICBs to be flexible in their approach to distributing grants with a bottom-up approach; this can be time consuming as relational.
- A team dedicated to suicide prevention is useful when working across multiple boroughs and agencies as Suicide Prevention is often a smaller part of other Job descriptions.
- Culture clash between organisations; the NHS, Local Authorities and VCSEs was evident at times with different vocabularies and priorities. Important for all stakeholders to be treated and viewed as equal.
- Traditional methods of gathering data were not always appropriate for this model, flexibility on more qualitative evaluating should be encouraged.
- This model enables upstream preventative interventions leading to more costly downstream acute interventions delivered by the NHS often in acute/Emergency Department NHS settings are avoided. Future measurement of this is needed.
- Future-proofing regarding capacity building and establishing connections between grassroots organisations and the NHS system is key to enabling more joint working upstream in other health and social care areas. A larger piece of research would need to be conducted to exponentially forecast savings as benefit.





## Conclusion

This innovative programme gained national recognition through the HSJ Awards (2024) serving as a platform to shape the future of the NHS. It could encourage more Integrated Care Boards to work in a similar way, shifting power to local communities in an era of austerity. This programme was a social response to suicide prevention and distributed grants to smaller voluntary and community sector groups who find it difficult to access funds. The process was simple and involved outreach and regular feedback on the application process, encouraging a cross section of the community to apply, ensuring all demographics from the local population receive a fair share of the funding.

The programme addressed health inequalities using co-production and experts by experience, it tackled the complex and risk averse arena of suicide prevention. This programme recognised often overlooked Experts by Experience involvement in the co-production of all aspects of activities from the suicide awareness training to the grant distribution. It amplified the voice of seldom heard groups who do not access traditional therapeutic services through collaborations, webinars and national conferences. Communities play a vital role in suicide prevention, a bridge between needs, policies and established interventions. Funders have historically struggled to ensure smaller grassroots organisations which often represent seldom heard groups can access funding in a timely way to produce tailored services to suit their communities. This model is proof of concept evidencing a community led social response to suicide prevention works.

Thank you

## To our Experts by Experience

Renuka  
Miz  
Kushuk  
Gordon  
Rhinal  
Turnanem  
Owen  
Richard

Rishi  
Tom  
Kenny  
Isobel  
Salma  
Chrysanthi  
Aurelia  
Mark

Ranna  
Esther  
Niloufar  
John  
Sue  
Syreeta  
Ben  
Grace

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