Rethink Mental Illness.

Activating community-based solutions for suicide prevention in North West London ICB

Rethink Mental Illness is the charity for people severely affected by mental illness. We provide expert information and services, and campaign to improve the lives of people living with mental illness, their families, friends and carers.

1. Introduction

1.1 In 2023, there were 6,069 suicides registered in England and Wales (11.4 deaths per 100,000 people), which is the highest rate in 25 years[i]. Bold action must now be taken to reduce these rates.

1.2 There have been improvements to mental health services over the last decade. The NHS Long Term Plan and subsequent Community Mental Health Framework drove changes across the mental health sector and transformed community mental health services. Despite this, recent challenges, such as the pandemic and the cost-of-living crisis, have increased demand, putting immense pressure on health and care staff and budgets. Approximately 1.2 million people are on waiting lists for mental health treatment[1].

1.3 In September 2023, the previous government launched a cross-sector suicide prevention strategy[2] accompanied by £10m of investment for a DHSC Suicide Prevention Grant-fund; and £150m for NHS mental health crisis support.

1.4 We support the Government's pledges to ensure that suicide rates begin to decline within five years. In particular, the aim to recruit 8,500 additional mental health staff and to expand community-based mental health services to alleviate the burden on hospitals and offer timely support to those in need.

1.5 Our report, 'Right Treatment, Right Time'[3] identifies key issues that the Government will need to address to effectively improve services and reduce suicides. Too many people are still experiencing delays in care, are unable to receive tailored support and treatment, and are falling through the gaps of mental health services.

- More than a third of individuals who responded to our survey whose needs had been assessed were still waiting for treatment. The survey also showed that mental health is worsening while individuals wait for community support - four in five individuals experienced a deterioration in their mental health while they waited for support. Two-thirds of people (65%) whose mental health deteriorated while waiting said they experienced suicidal thoughts, and for one quarter (25%) it led to a suicide attempt.

1.6 In this briefing we will share our example of community intervention suicide prevention, which in 2024, in conjunction with North-West London Integrated Care Board, won the HSJ Best Mental Health Partnership award and has been proven to have positive outcomes. This model demonstrates the value of grassroots community-based approaches to suicide prevention.

1. Rethink Mental Illness (2024). *Right Treatment, Right Time Report.*
2. Department of Health and Social Care (2023). *Suicide Prevention in England: 5-year cross-sector strategy.*
3. Rethink Mental Illness (2024). *Right Treatment, Right Time Report.*

2. Case Study

2.1 Introduction

The North West London suicide prevention programme offered a social response to suicide prevention in North West London ICB. Delivered across eight London boroughs (Hillingdon, Harrow, Brent, Kensington and Chelsea, Hammersmith and Fulham, Hounslow and Ealing), the voluntary, community and social enterprise (VCSE) sector and the involvement of people with lived experience of mental illness and/or suicidal thoughts lay at the heart of this approach. The programme was linked in with the broader transformation of community mental health services happening in the area, as part of the rollout of NHS England's Community Mental Health Framework. The work was driven by North West London Integrated Care Board, working closely with Rethink Mental Illness and a broader alliance of VCSE providers. This work was part of the transformation of community mental health services.

2.2 Aims

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

1. **Investment in place-based community prevention** - focusing on local 'at risk' groups (for example, middle-aged men, people who self-harm, adults with a learning disability or autism) and providing opportunities for cross-agency working.
2. **Reduction of suicide rates within mental health services** – focusing on a reduction of self-harm within psychiatric hospitals and among people currently linked to or receiving support from community 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.

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2.3 Delivery

The following work was undertaken to achieve the aims:

Community Grants allocated to smaller voluntary sector organisations based on co-production, innovation and a social response to suicide prevention.

A total of 58 community grants totalling £755,172 were awarded across the three-year programme. The grants ranged from £2000 to £32,000 and were allocated between the eight boroughs, according to deprivation levels and population density. 14,784 people were directly supported.

The grants were used to facilitate a range of community support. people engaged in a range of activities including: 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.

A total of 32 people who have experience of mental illness and suicidal thoughts were recruited and trained and played a significant role throughout the community grants process. Reflecting the diversity of the participating boroughs, individuals selected came from a variety of ethnic backgrounds. They had paid involvement in all aspects of the work, including participating as active members on the grant awarding panel and chaired steering group meetings which monitored the progress of the programme.

Co-produced suicide awareness training offered to people living and working in the eight boroughs of North West London.

This training was designed to build community capacity, aiding the prevention and reduction of suicides. Training was targeted in areas where it was known that there were high rates of suicide and associated risk factors such as unemployment. Content was focused on increasing knowledge and awareness, highlighting appropriate language associated with suicide risk factors, as well as offering guidance for having safe conversations and tools for self-care. 93 co-produced suicide wwareness training sessions were provided to 64 organisations where 1,215 people were trained.

Creation of a multi-agency suicide prevention plan, steering group and suicide prevention network.

A multi-agency network was established with stakeholders from local authorities, public health, people with lived experience and the voluntary sector. Suicide prevention network meetings were held, bringing together representatives from these different sectors. Together, they developed a live multi-agency plan covering action across the eight boroughs. This was shared with the wider community via a series of five webinars, reaching 3,000 people.

People with lived experience of mental illness and suicidal thoughts played a significant role across all three aspects of this work, including participating as active members of the grant awarding panel, and chairing Suicide Prevention Network meetings.

3. Outcomes

Each of the projects completed evaluations of their work, highlighting overwhelming positive outcomes across a range of criteria.

Improved general wellbeing as well as improved physical and mental health
"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)

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

Improved self-confidence and self-worth
"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)

Service adaptations
"Our YANA (You Are Not Alone) programme supports disenfranchised communities falling between service gaps, resulting in "marginalised" groups highly represented among YANA... for example, 47% are LGBTQ+ and 55% are Black or People of Colour."
(Facilitator, Body & Soul)

Increased knowledge of support services, preventative actions and pathways
"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)

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

Increased ability to share own experience and having conversations about suicide and self-harm
"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)

Strengthening of social resources: creating and maintaining social networks
"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)

4. Key lessons

Learning across all of the projects and the programme as a whole was brought together into a report: A social response to suicide prevention (available upon request). The key lessons below emerged as criteria that were significant to the success of the suicide prevention programme.

4.1 The value of grassroots VCSE organisations in community based mental health services

The role of community is central to suicide prevention. Communities serve as a link between individual needs, policies, and local statutory and voluntary services.

VCSE organisations, and particularly community-based grassroots organisations, must be at the heart of national policy and strategy on suicide prevention. VCSE organisations are often deeply embedded in their communities and are therefore in a good position to engage with people who have experience of severe mental illness and/or suicidal thoughts and support them to be part of the development and implementation of effective services These organisations are well placed to develop a social response to suicide prevention and to build more resilient communities, but their stability and success relies on adequate and sustainable funding.

To effectively engage with grassroots community organisations, there needs to be a shift from the traditional methods of grant allocations by ICBs, which can be time-consuming and labour intensive. As well as this, the data collection requirements (particularly those that focus on quantitative outputs) often fail to represent the value delivered by their work. More qualitative evaluation would allow a better understanding of the impact that the work has had. More flexibility is important to improve access to grant funding for grassroots community organisations and enable partnership working with statutory organisations.

4.2 Working in partnership

By establishing connections between grassroots community organisations and the NHS, it is possible to build capacity to reach more people, particularly those who may not be accessing traditional health services. This enables partnership working with a focus on prevention, which in turn can reduce NHS waiting times and demand on services[4].

Partnership working between VCSEs and Public Health Leads in Local Authorities can generate reciprocal benefits. It is clear that the provision of grants and training to grassroots community organisations helped to enhance their engagement with statutory services and develop trusting relationships, and statutory services (such as Public Health Leads) benefitted in turn from the resources and expertise that the VCSE sector can offer[5].

Effective partnership working relies on all stakeholders being viewed and treated as equal. It is important to establish shared priorities and a common language to overcome cultural challenges between organisations.

4.3 The involvement of people with lived experience of mental illness and/or suicidal thoughts, in the design and development of community mental health services

People with experience of mental illness and suicidal thoughts should be regarded as experts, and their voices must be heard. Organisations, systems and services can learn from them and design services and support that better meets their needs and reduces the number of people reaching crisis point. They must be integral in all aspects of suicide prevention work – from designing services through the grant application process, through to service monitoring and reporting.

Staff who specialise in working with people with lived experience (e.g. Co-Production Officers) are key to this work. They can provide a bridge between services, individuals and community members.

4.4 The power of early intervention

This model takes a preventative approach. This not only supports people to avoid a mental health crisis, but it can also avoid the need for more costly interventions, such as hospital admission, or presentation to Emergency Departments.

4. Alderwick H, Hutchings A, Mays N (2022). *A cure for everything and nothing? Local partnerships for improving health in England.*

5. NHS Confederation (2024). *What we do.*

5. Policy recommendations

These policy recommendations have been formed through our analysis of evidence in the Right Treatment, Right Time report, alongside this case study. To reduce the impact of mental health to the UK in both social and economic terms, there must be a focus on early intervention and prevention, and people must be supported to address the issues in their lives that have a negative impact on their mental health.

5.1 A focus on early intervention and prevention

In terms of early intervention, we see promising progress in some areas through the transformation of community mental health services and rollout of the Community Mental Health Framework, delivered by the NHS, local authorities and VCSE organisations. As with the NWL Suicide Prevention Programme, co-production and close involvement of the VCSE has been central to the development and delivery of these services. This has made them more joined-up, responsive, and tailored to need. For example, in Somerset, after 5 years of transforming their model of community mental health care, the ICB is reporting a 16% reduction in mental health hospital admissions. However, pressure on ICB budgets threatens to divert funding from these kinds of innovative approaches to plug financial deficits.

The government needs to ensure ICBs retain effective models of community mental health care by ensuring accountability and financial controls over the ring-fencing of funds.

Early intervention and prevention also means addressing the mental health needs of our children and young people. Between 2015 and 2020, 465 young people aged between 10 and 17 died by suicide in England[6], and almost 1.4 million young people now live with mental health conditions. The onset of severe mental illness typically occurs during adolescence and early adulthood - around 50% of mental health issues are established by the age of 14, and 75% by the age of 24[7].

Without effective prevention and intervention services, the impact on demand for adult services when children with unmet needs transition to adulthood could be huge. Evidence from the NWL Suicide Prevention programme and the transformation of adult community mental health services more broadly makes it clear that partnership between VCSE organisations of all sizes with other relevant stakeholders such as the NHS, local authorities and schools is essential to prevent escalating mental health needs and keep children and young people out of hospital[8].

Building on the existing pledge to expand early support hubs, in the longer term, the government must deliver a comprehensive, whole-system transformation of mental health services for children and young people.

6. Office for National Statistics (2022) *Number of suicides in children aged under 18 years in England, occuring between 2015 and 2020.*
7. Jones P. B (2018) *Adult mental health disorders and their age at onset.*
8. Rethink Mental Illness (2024). *Right Treatment, Right Time Report.*
9. The Tavistock Institute of Human Relations (2024) *"I needed that level of support".*

5.2 A cross-government plan for mental health

A long-term cross-government strategy to improve mental health across all government departments is critical in addressing the drivers of mental illness. It is imperative to improve outcomes for people with mental ill health across all sectors, including education, employment, social security and housing. By aligning policies and procedures, the issues that affect people and can increase their mental health problems could be alleviated, mental health crises could be avoided, and suicide rates could be reduced.

For more information, please contact Kirsten Taylor-Scarff, Senior Policy Officer at Rethink Mental Illness: **kirsten.taylorscarff@rethink.org**

5.3 Bolstering the clinical and non-clinical workforce

To cut mental health waiting lists and prevent people reaching crisis point, investment is needed in the NHS workforce, with a particular focus on community mental health. Investment in both clinical and non-clinical staff is much needed to add capacity to the already stretched NHS workforce and support individuals with both clinical and non-clinical needs. This should include roles like Mental Health Navigators, which an independent evaluation has demonstrated are effective at helping to reduce isolation, encourage engagement in healthy behaviours and ensuring adherence to treatment[9]. This should also include staff to expand the delivery of psychological therapies for those in contact with community mental health services for adults and older adults living with severe mental illness.

Rethink Mental Illness reports available by request:

A social response to suicide prevention – May 2024
This is the full report on which this briefing is based.

'Comedy by referral – healing by feeling funny' – May 2024
This report details the impact of our pilot example of a social response to suicide prevention. A co-produced comedy course for men.

Rethink Mental Illness.

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Leading the way to a better quality of life for everyone severely affected by mental illness.

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