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Evaluation of Lancashire and South Cumbria's suicide prevention training programmes and community-based projects

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Executive summary

Introduction

Suicide is a serious public health problem, accounting for half of all violence-related deaths globally [1]. Addressing suicide is an international priority and World Health Organization member states, including the UK, have committed to reducing suicide rates by 10% by 2021 [2, 3]. In England, suicide prevention is a key priority at local level with health partners being required to develop Sustainability and Transformation Plans (STPs) that address national priorities, including suicide [3]. Analysis of suicide rates have demonstrated that of the 44 STP footprints across England, Lancashire and South Cumbria had the second highest suicide rate in 2012-14 (12.6 per 100,000 population) [4].

The high levels of suicide in Lancashire and South Cumbria has been recognised as a key priority in the Lancashire and South Cumbria STP which prioritises prevention and early intervention to reduce suicide and self-harm, and improve the mental wellbeing and resilience of the Lancashire and South Cumbria population [5]. In line with national targets, Lancashire and South Cumbria aims to reduce the number of people taking their own life in Lancashire by 10% by 2021 compared to 2016/17 rates. To achieve this, a suicide prevention strategy and logic model was developed and a number of work streams implemented (e.g. prevention, intervention, postvention) [6]. A broad range of activities were proposed and/or implemented to achieve the aimed outcomes, with measures of success indicated. The focus of this study is on the evaluation of two activities: a suite of training programmes on suicide prevention, self-harm intervention, and, mental health and resilience; and, an Innovation Fund to support community-based projects. Specifically, these activities aimed to help professionals, community members, and workplaces: increase levels of knowledge, skills and confidence to address suicide and self-harm; reduce stigma and foster positive attitudes to suicide and self-harm intervention work; and/or, improve participants' mental health and resilience. Thus, the suite of training programmes and community-based projects aimed to contribute to the achievement of three of the logic model's short-term outcomes within the prevention work stream:

- Increased awareness of suicide risks and suicide prevention;
- Improved mental health and wellness; and,
- Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately.

Methods

The study consisted of a process and outcome evaluation of the training programmes and community projects and aimed to monitor, document and describe their implementation, including dose and reach, and facilitators and barriers to implementation, and identify any impacts on the target groups. To meet research objectives, a range of methods were implemented including:

- **Review of project documentation:** documentation, materials and correspondence produced throughout the implementation of training programmes and Innovation Fund community projects were collated and reviewed.
- **Semi-structured interviews:** qualitative semi-structured interviews (n=6) were carried out with stakeholders who had a key role in the delivery of the training programmes and/or the Innovation Fund community projects.
- **Surveys:** a series of surveys were administered to individuals who participated in the training programmes on offer. The surveys were tailored to be applicable for programmes that fell into one of three types: suicide prevention training programmes; self-harm intervention programmes and other training programmes (e.g. mental health first aid, wellbeing coaching). All surveys measured perceptions of training, basic demographics and occupation information. Pre and post training surveys were completed by suicide prevention and self-harm intervention trainees to also measure changes in attitudes, knowledge and behaviours related to suicide prevention and self-harm intervention, respectively. In total 1,475 trainees took part in the surveys (suicide prevention training programmes, n=211; self-harm intervention programmes, n=105; other training programmes, n=1161).

Key findings

Two activities, within the prevention work stream, the suite of training programmes on suicide prevention, self-harm intervention and mental health and resilience, and an Innovation Fund to support and fund community-based projects, aimed to contribute to the achievement of three short-term outcomes identified in the logic model for Lancashire and South Cumbria: increased awareness of suicide risks and suicide prevention; improved mental health and wellness; and, communities and service providers being more skilled in identifying individuals at risk of suicide and able to respond appropriately. Each short-term outcome had a number of identified measures of success and key findings from the evaluation related to each of these measures is presented below.

Increased awareness of suicide risks and suicide prevention

One of the identified measures of success in the logic model for achieving the short-term outcome 'increased awareness of suicide risks and suicide prevention' was the proportion of people who were more aware of who is at risk of suicide and ways it can be prevented. This was achieved through both the Innovation Fund community projects and the suicide prevention and self-harm intervention training programmes.

Many of the Innovation Fund projects focused primarily on awareness raising activities. For example, the Massive Mental Health Walk organised by PH7 Life was attended by 250 people and the associated media campaign reached >500,000 individuals. Examples of other awareness raising projects included James Fest, a festival to raise awareness amongst young people and Positive Cycles, a project to build legacy bikes dedicated to individuals who died by suicide. Such projects had the dual benefit of not only raising awareness through their activities and events, but also fund raising to support activities and interventions for individuals with mental health issues and/or at risk of suicide, increasing the sustainability of

projects. For other community projects, whilst the primary aim was the provision of support to project participants, many also raised awareness in their local communities through encouraging participants to disseminate their knowledge and increasing their confidence to discuss suicide and self-harm with friends and family. For example, participants in the Bake Me Happy project by Lancashire BME Network were encouraged to share their baked items each week with two people in their wider community and discuss their learnings from the group on self-harm. Thus whilst the primary purpose of these projects was intensive support to group members, they facilitated wider awareness raising than their immediate project group through building peer support networks in the community.

The suicide prevention and self-harm intervention training programmes implemented across Lancashire and South Cumbria were also a crucial part of raising awareness, with over 1,500 individuals taking part. Findings from the evaluation demonstrated that the training programmes were successful in raising awareness amongst individuals, who not only had little previous training in these areas, but crucially those who were also encountering individuals at risk of suicide or self-harm and thus may not have had the appropriate knowledge, skills, or confidence to support them.

Improved mental health and wellness

One of the identified measures of success in the logic model for achieving the short-term outcome 'improved mental health and wellness' was an increase in provision of mental health awareness training programmes.

As part of the broader suite of training programmes implemented across Lancashire and South Cumbria, four different training programmes were delivered on the topic of mental health and resilience. Such programmes aimed to facilitate both increased mental well-being amongst trainees and/or the ability to support others and signpost to appropriate sources of support. Overall, 59 mental health awareness training programmes were delivered to 676 trainees during the implementation period. Evidence from evaluation surveys implemented with mental health and resilience programme trainees demonstrated that nine in ten survey participants had positive perceptions of the training programmes. Survey findings also suggested that such programmes reached a wide range of sectors and individuals in different job roles, including management, education, administration, local government, social care, and students/apprentices.

In addition to the training programmes several of the Innovation Fund community projects aimed to increase participants' wellbeing and increase resilience. Approximately 700 individuals engaged in the various community projects. One of the facilitating factors which was identified across these community projects in increasing wellbeing amongst participants was the innovative nature of the activities. Whilst the aim of many of the projects was to increase wellbeing, many did so not by directly addressing mental health issues (e.g. formal counselling) but through the provision of a safe space for disclosures and group discussions, and often through the guise of hobbies or activities such as fishing or baking.

Increased skill in identifying individuals at risk of suicide and ability to respond appropriately

Three of the identified measures of success for achieving this short-term outcome were: the number of people trained in suicide prevention and the impact/risk of self-harm; and, the proportion of trained individuals who had improved knowledge, skills and confidence in identifying individuals at risk.

Prior to implementation the aim of the suite of training programmes was to reach and train 3,000 individuals by the end of March 2020. In total, over 2,500 individuals were trained across all programmes (i.e. suicide prevention training programmes, self-harm intervention programmes, and training on mental health and resilience). Whilst this fell short of the target number, 26 additional programmes were organised for the last two weeks in March, but had to be cancelled due to government restrictions related to COVID-19. Thus, it is likely that only for this exceptional circumstance, the target number of 3,000 individuals trained would have been achieved within the time frame. Overall, 67 suicide prevention training programmes were delivered to 1,226 trainees and 20 self-harm intervention training programmes were delivered to 343 trainees during the implementation period.

Evidence from evaluation surveys implemented with suicide prevention and self-harm intervention trainees demonstrated that nine in ten survey participants had positive perceptions of the training programmes. Evaluation surveys also measured whether suicide prevention and self-harm intervention trainees had more positive attitudes to suicide and self-harm intervention work, were more confident in intervening with individuals identified as at risk, had increased knowledge of factors associated with self-harm and suicide, and, had increased clinical skills for responding appropriately to individuals disclosing suicidal thoughts or self-harm. For both suicide prevention programme trainees and self-harm intervention programme trainees, there was significant increases in positive attitudes to intervention work, confidence in intervening with at risk individuals, increased knowledge of factors associated with suicide and self-harm, and increased skills in appropriate clinical response to disclosures from pre to post training.

Conclusion

The training of specialist and non-specialist health workers in the assessment and management of suicidal behaviour, and associated risk factors such as mental disorders, including self-harm, is considered a key component of suicide prevention strategies [7]. Evidence from the current evaluation suggested that whilst many individuals attending training programmes had encountered individuals at risk of suicide or self-harm, few had previously had relevant training in how to respond appropriately. Crucially, following training on suicide prevention and self-harm intervention, trainees demonstrated significant improvements in attitudes to intervention work, confidence to intervene with at risk individuals, increased knowledge and increased skills in appropriate clinical responses to disclosures from pre to post-training measurement.

Training of community leaders and implementation of community-based self-help groups, peer support networks and other projects, outside the scope of traditional health and social care services, can provide a key way of engaging with hard to reach high-risk groups and

raising awareness of suicide and suicide prevention [7]. The implementation of Innovation Fund community projects and mental health awareness training across a broad range of organisations was critical in raising awareness of suicide and self-harm and addressing mental health issues. Reported outcomes from the Innovation Fund community projects suggested increased awareness of suicide risk and support services amongst project participants and their wider communities. Innovation Fund projects also contributed to increasing mental wellbeing of project participants, whilst the delivery of a suite of mental health awareness training programmes in workplaces and the community aimed to both support individuals with mental health issues, and create peer support networks to teach individuals to recognise risk and sign post others to further support where necessary.

The contribution of the suite of training programmes and Innovation Fund community based projects to achieving three short-term aimed outcomes 1) increased awareness of suicide and self-harm risk, 2) improved mental health and wellbeing, and 3) increased skill in identifying individuals at risk, is a vital step in achieving the long-term aim of a reduction in suicide rates across Lancashire and South Cumbria by 10% by 2021.

1. Introduction

Suicide is a serious public health problem, accounting for half of all violence-related deaths globally, and resulting in approximately 800,000 fatalities every year [1]. The most recent UK data showed a significant increase in suicide rates compared to the previous year; from 10.1 deaths per 100,000 population in 2017, to 11.2 deaths per 100,000 in 2018 [8]. Addressing suicide is an international priority and World Health Organization member states, including the UK have committed to reducing suicide rates by 10% by 2021 [2, 3]. In England, suicide prevention is a key priority at local level with health partners being required to develop Sustainability and Transformation Plans (STPs) that address issues such as suicide [3]. Analysis of suicide rates have demonstrated that of the 44 STP footprints across England, Lancashire and South Cumbria had the second highest suicide rate in 2012/14 (12.6 per 100,000 population) [4]. Suicide is the leading cause of death in Lancashire of males under 40 years old and females under 30 years old [9].

The high levels of suicide in Lancashire and South Cumbria has been recognised as a key priority in the Lancashire and South Cumbria ICS which prioritises prevention and early intervention to reduce suicide and self-harm, and improve the mental wellbeing and resilience of the Lancashire and South Cumbria population [5]. In line with national targets, by 2021, Lancashire aims to reduce the number of people taking their own life in Lancashire by 10% compared to 2016/17 rates. To achieve this, a suicide prevention strategy and logic model was developed and a number of work streams were implemented to meet the identified short, intermediate and long-term outcomes outlined in the logic model [6]. Twenty short-term outcomes across five work streams (Leadership, Prevention, Intervention, Postvention, and Intelligence) were identified. Whilst a broad range of activities were proposed and/or implemented to achieve the aimed outcomes, the focus of this evaluation report is on two activities: a suite of training programmes on suicide prevention, self-harm intervention, and mental health and resilience; and, an Innovation Fund to support and fund community-based projects. The suite of training programmes and the Innovation Fund community-based projects aimed to help professionals, community members, and workplaces: increase levels of knowledge, skills and confidence to address suicide and self-harm; reduce stigma and foster positive attitudes to suicide and self-harm intervention work; and/or, improve participants' mental health and resilience. Thus, the suite of training programmes and community-based projects aimed to contribute to the achievement of three of the short-term outcomes within the prevention work stream:

- Increased awareness of suicide risks and suicide prevention;
- Improved mental health and wellness; and,
- Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately.

Study aims and objectives

The aim of the study is to conduct a process and outcome evaluation of the implementation of two of the core components of the Lancashire and South Cumbria Suicide Prevention Strategy: suicide prevention training programmes and Innovation Fund community projects. The research included a number of research questions specific to each component being evaluated:

1. Suicide prevention and related training programmes
 - a. To monitor, document and describe the implementation of the menu of training programmes offered across Lancashire and South Cumbria, including dose and reach, and facilitators and barriers to implementation (process evaluation).
 - b. To identify changes in knowledge, attitudes, and behaviours related to suicide and self-harm prevention and intervention amongst trainees and their perceptions of the training programmes (outcome evaluation).
2. Innovation Fund community projects
 - a. To document and describe four Innovation Fund community projects which aim to prevent suicide and/or self-harm, and promote mental wellbeing, including dose and reach, and facilitators and barriers to implementation (process evaluation).
 - b. To identify any potential impacts of the interventions on the target group (outcome evaluation).

2. Methods

To meet research objectives, a range of methods were implemented.

2.1 Review of project documentation

Documentation, materials and correspondence produced throughout the implementation of training programmes and Innovation Fund community projects were collated and reviewed. This included internal evaluations and reports from both the training provider and the Innovation Fund community projects. Information collected through such review is used throughout the findings to complement data collected by other methods (e.g. stakeholder interviews).

2.2 Semi-structured interviews

Qualitative semi-structured interviews were carried out with stakeholders who had a key role in the delivery of the training programmes and/or the Innovation Fund community projects. Interviews (n=6) were conducted between February and April 2020 after or near the end of training programme and community project provision¹. Interview length ranged in time from 25 to 56 minutes, and were carried out over the telephone. All interviews were audio recorded and transcribed.

Interview questions focused on the design and implementation of the training programmes and community projects, barriers and facilitators to implementation, and perceived outcomes for target groups.

2.3 Surveys

A series of surveys were administered to individuals who participated in the various training programmes on offer.

2.3.1 Suicide prevention training programmes (e.g. ASIST, SafeTALK)

To identify changes in attitudes, knowledge, and behaviours related to suicide prevention and perceptions of the training programme trainees (n=211) completed pre and post training surveys. Survey questions included: basic demographic and occupation information; training history and experience working with suicidal individuals (pre only); perceptions of the training content, delivery and usefulness (post only); and, a number of validated measures (pre and post surveys) including:

- *Attitudes to Suicide Prevention Scale* [10] is a 14-item instrument where the response to each statement on suicide prevention work is measured on a 5-point Likert scale ranging from 'strongly agree' to 'strongly disagree'. An overall score, ranging from 14-70, is calculated whereby higher scores indicate more negative attitudes towards suicide prevention work.
- *Literacy of Suicide Scale* [11] is a 12-item instrument which consists of a series of statements to measure suicide literacy including knowledge on risk factors, signs/symptoms, cause/nature and treatment/prevention of suicide. Respondents

¹ Funding for training programmes and the Innovation Fund community projects ran up to March 2020.

indicate whether they think each statement is true or false (or do not know). A total score is calculated based on the number of correct responses to items on the scale (range 0-12).

- *The Suicide Intervention Response Inventory 2* [12] is a 25-item instrument comprising a series of hypothetical client remarks followed by two possible practitioner replies; one which is considered facilitative for suicide prevention and the other which is neutral or deleterious to effective intervention. Seven items from the original 25-item scale were used in the current study². Respondents evaluate the appropriateness of each response on a 7-point Likert scale from +3 (highly appropriate response) to -3 (highly inappropriate response). The respondent's total score represents the number of correct responses, indicated by a higher Likert score allocated to the more effective response option for each question.
- Questions measuring confidence about intervening with suicidal individuals were based on questions developed and validated with teachers [13] and mental health professionals [14].

2.3.2 Self-harm intervention training programmes (e.g. *Understanding Self-Harm, Introduction to Self-Harm Seminar*)

To identify changes in attitudes, knowledge, and behaviours related to self-harm prevention and intervention perceptions of the training programme, trainees (N=105) completed pre and post training surveys. Survey questions included: basic demographic and occupation information (pre only); perceptions of the training content, delivery and usefulness (post only); and, a number of validated measures including:

- *Self-Harm Antipathy Scale* [15] is a 30-item instrument including statements about people who self-harm and requires the respondent to indicate agreement or disagreement with each statement on a 5-point Likert scale³ (Strongly agree=5 – strongly disagree=1). Positive items (e.g. self-harming individuals can learn new ways of coping) were reverse scored (e.g. strongly agree=1). Responses to each item were summed to produce a total score, where higher scores indicated higher levels of antipathy.
- *Understanding of Self-Harm* [16] was based on 20 statements from a study of service providers' understanding of self-harm, of which 10 statements were based on findings in the literature as being accurate perceptions of self-harm and 10 items which were considered to be common myths about self-harm. Respondents indicate whether they think each statement is true or false (or do not know)⁴. A total score is calculated based on the number of correct responses to items on the scale (range 0-20).
- *The Suicide Intervention Response Inventory 2* [12] (detailed above).

² Selected items were removed following discussion with commissioners to shorten the length of the measure.

³ 7-point Likert scale used in original study. 5 point scale used in the current study to maintain consistency with the scale used in the attitudes to suicide prevention measure.

⁴ 5-point Likert scale was used in the original study. True/false/do not know response options were used in the current study to maintain consistency with the scoring approach used for measurement of knowledge in the suicide prevention survey.

- Questions measuring confidence about intervening with suicidal individuals (detailed above).

2.3.3 Other training programmes (e.g. supporting student mental health and resilience, mental health first aid, wellbeing coaching)

The broad and diverse content, aims, and target audience of other training programmes which didn't focus specifically on suicide or self-harm prevention meant that bespoke surveys and measures were beyond the scope of the current evaluation. Broader perceptions of the training programme were captured by inviting all trainees on such programmes to complete a short paper-based post-training survey (N=1161). Survey questions covered basic demographic and occupation information, and perceptions of the training content, delivery and usefulness.

2.4 Data analyses

Quantitative analyses were undertaken in SPSS (v.26) using descriptive statistics and paired samples t-test.

Thematic analyses was used to analyse the data from the semi-structured interviews. The analysis is presented with illustrative quotes where appropriate to highlight key findings.

2.5 Ethical approval

Ethical approval for the study was granted by Liverpool John Moores University Research Ethics Committee (REC no. 19/PHI/038).

3. Findings

3.1 Training programmes

3.1.1 Overview of training

A Lancashire and South Cumbria Suicide Prevention Training Consortium was commissioned to provide a range of training courses, interventions and campaigns to help professionals and community members grow in skills and confidence to talk about suicide and help to prevent it.



“The training is a huge part of the work we are doing, in terms of educating people which not only gives people knowledge and skills and awareness, but that in itself does tackle stigma by busting the myth and making people more comfortable and accepting and talking more openly about suicide, self-harm and mental health in general.” **Commissioner**

The consortium was led by Lancashire Mind and whilst six organisations were initially involved in the delivery of programmes, over time this reduced to three providers *“We also fed out to other providers and asked what they could offer and initially we had about six providers. However, by the end there was only three providers involved because providers just dropped off either because they didn’t have the capacity and some delivered none at all. The three that were remaining worked very hard to deliver what was left”*. A broad range of courses and interventions, implemented by the various providers, were offered to a range of sectors across Lancashire and South Cumbria during 2019. Key targets for participating in the training and/or benefactors of the training were middle-aged men and individuals bereaved by suicide.

“Targeting the male population because the statistics are showing that men are three times more likely to die by suicide, especially working-aged males... the other key areas of supporting the bereaved by suicide because you know that people who have been bereaved by suicide are 65% more likely to attempt suicide themselves.” **Commissioner**



A summary of each of these courses, including provider, level of intervention, target groups, duration and content is provided in Table 1 (courses which were offered but uptake was insufficient to run them are highlighted in grey). The courses offered covered three levels of specialism:

Advanced suicide prevention training

Courses specifically targeted at individuals who were very likely to encounter, or be required to support, people expressing suicidal thoughts. This level of training is considered most

appropriate for professionals with some background in mental health (although this was not a prerequisite).

Intermediate suicide prevention training

A broad range of courses, suitable for individuals with no background in mental health or suicide prevention. They also included a range of tailored programmes for individuals to support particular risk groups (such as drug/alcohol services or settings supporting children and young people).

Universal interventions

A broad range of interventions, including both training courses (e.g. Supporting Student Mental Health and Resilience) and non-training interventions (e.g. Wellbeing Coaching). Generally these do not directly address suicide prevention skills but address related issues which are risk factors for suicide and self-harm (e.g. mental health problems). They also include more in depth training for individuals providing support to those expressing suicidal thoughts.

Table 1: Training courses overview⁵

Provider	Name	Type	Duration	Course delivery	Aims	Number sessions	Types of organisations attending	Number attendees	Drop-out rate (mean)
Every Life Matters, Papyrus and Realign Futures	ASIST	Advanced suicide prevention	2 days	<ul style="list-style-type: none"> • Presentations • Audio-visual learning aids • Group discussions • Skills development and practice 	<ul style="list-style-type: none"> • Understand how personal and societal attitudes affect views on suicide and interventions • Provide guidance and suicide first aid to at risk individuals • Identify key elements of a suicide safety plan and actions to implement it • Appreciate value in improving suicide prevention resources in the community • Recognise other important aspects of suicide prevention including life-promotion and self-care 	14/17 (3 cancelled due to COVID-19)	Charity Local government Mixed – open access	297	18.2%
Every Life Matters and Realign Futures	SafeTALK	Advanced suicide prevention	½ day	<ul style="list-style-type: none"> • Presentations • Access to support from local community nominated individual • Audio-visual learning aids • Skills development and practice 	<ul style="list-style-type: none"> • Identify and respond to situations where suicide thoughts might be present • Recognise that signs of needing help are often missed • Move beyond the tendency to miss, dismiss and avoid suicide • Apply the TALK steps: Tell, Ask, Listen, and KeepSafe • Know community resources and how to refer individuals for further help 	9/12 (3 cancelled due to COVID-19)	Charity Education Health Mixed – open access	165	14.0%

⁵ Please note that these descriptions and figures were provided directly by the training course facilitators/developers.

Provider	Name	Type	Duration	Course delivery	Aims	Number sessions	Types of organisations attending	Number attendees	Drop-out rate (mean)
Lancashire Mind	Understanding Self-Harm	Intermediate suicide prevention	½ day	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Understand and challenge stigma around self-harm Have confidence in responding to disclosures Have a better understanding of strategies to support self-harm Reflect on own practice and policies in relation to self-harm 	13/17 (4 cancelled due to COVID-19)	Charity Education Health Local Government	239	15.6%
Lancashire Mind	Supporting Student Mental Health and Resilience	Intermediate suicide prevention	2 hours	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Understand the importance of building resilience from an early age Recognise the signs of common mental health issues in young people Confidence in discussing mental health with young people Awareness of sources of support for young people and their parents 	5	Education Sport	78	20.9%
Carlisle Eden Mind	Mental Health Awareness Level One	Intermediate suicide prevention	½ day	<ul style="list-style-type: none"> Presentations Discussions Support to complete a workbook to achieve a level 1 college qualification 	<ul style="list-style-type: none"> Understand the definition and causes of mental health problems Identify common perceptions of mental health difficulties Understand how stereotyping can affect perceptions Learn where support can be sought Identify cultural diversity in mental health issues 	0		0	

Provider	Name	Type	Duration	Course delivery	Aims	Number sessions	Types of organisations attending	Number attendees	Drop-out rate (mean)
Carlisle and Eden Mind	Mental Health Awareness Level Two	Intermediate suicide prevention	2-3 days, often delivered as 6 shorter sessions	<ul style="list-style-type: none"> • Presentations • Discussions • Support to complete a workbook to achieve a level 2 college qualification 	<ul style="list-style-type: none"> • Same aims as level one (above) • In addition to increasing knowledge about a specific mental health conditions including stress, anxiety, phobias, depression, post-natal depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, eating disorders 	0		0	
Lancashire Mind, Realign Futures and Every Life Matters	Mental Health First Aid	Intermediate suicide prevention	2 days	<ul style="list-style-type: none"> • Presentations • Discussions • Group activities • Manual and workbook 	<ul style="list-style-type: none"> • Understanding of mental health and factors that affect wellbeing • Practical skills to identify triggers and signs of mental health issues • Confidence to intervene and support an individual in distress • Enhanced interpersonal skills such as non-judgemental listening • Knowledge of sources of further support 	19/21 (2 cancelled due to COVID-19)	Charity Education Fire service Local Government Mixed – open access	239	19.2%
Lancashire Mind	Suicide Awareness – Let's Start the Conversation (separate young person version)	Intermediate suicide prevention	1 hour	<ul style="list-style-type: none"> • Presentations • Crisis planning toolkit 	<ul style="list-style-type: none"> • Basic level of suicide awareness • Respond to disclosures around suicide • Help support people in crisis 	44/47 (3 cancelled due to COVID-19)	Charity Education Energy Health Local Government Retail	764	28.4%

Provider	Name	Type	Duration	Course delivery	Aims	Number sessions	Types of organisations attending	Number attendees	Drop-out rate (mean)
Lancashire Mind	Managing Mental Health in the Workplace	Intermediate suicide prevention	½ day	N/A	<ul style="list-style-type: none"> • Increased awareness of mental health in the workplace • Ability to challenge stigma around poor mental health • Understanding of how to support staff experiencing poor mental health • Understanding of good practice 	23/27 (4 cancelled due to COVID-19)	Charity Construction Debt Education Legal Local Government Retail	282	24.9%
Lancashire Mind, Realign Futures and Every Life Matters	Youth Mental Health First Aid	Intermediate suicide prevention	2 days	<ul style="list-style-type: none"> • Presentations • Discussions • Group activities • Manual and workbook 	<ul style="list-style-type: none"> • Understanding of mental health and factors that affect young people's wellbeing • Practical skills to identify triggers and signs of mental health issues • Confidence to intervene and support a young person in distress • Enhanced interpersonal skills such as non-judgemental listening • Knowledge of sources of further support 	2	Emergency services Local Government	19	21.9%

Provider	Name	Type	Duration	Course delivery	Aims	Number sessions	Types of organisations attending	Number attendees	Drop-out rate (mean)
Lancashire Care Foundation Trust	Change Talks	Intermediate suicide prevention	1 hour session per week for 6 weeks	<ul style="list-style-type: none"> • Presentations • Lived experience speakers • Audio-visual learning • Group discussions • Activities/Group activities 	<ul style="list-style-type: none"> • Understand mental health issues and various disorders including depression, anxiety and eating disorders • Understand how to access help and support • Learn coping strategies • Understand the negative impact social media can have • Recognise signs and symptoms of mental health problems in other people • Understand how pupils can support each other • Understanding of drugs and knife crime 	0		0	
Lancashire Mind	Introduction to Self-harm Seminar	Universal interventions	1 hour	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Increased awareness of self-harm • Understand common misconceptions about self-harm • Understand and challenge stigma around self-harm 	7	Education Fire service Local Government Mixed – open access	104	15.7%
Blackpool Teaching Hospitals NHS Foundation Trust	Perinatal and Infant Mental Health Awareness Training	Universal interventions	1 day	<ul style="list-style-type: none"> • Presentation • Videos • Discussions • Practice scenarios 	<ul style="list-style-type: none"> • Increased knowledge of perinatal and infant mental health • Impact of individual, family and society • How to support 	3	N/A	41	N/A

Provider	Name	Type	Duration	Course delivery	Aims	Number sessions	Types of organisations attending	Number attendees	Drop-out rate (mean)
Lancashire Mind	Self-awareness – Stress, Anxiety and Depression	Universal interventions	1 hour	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Increased self-awareness Understanding of the signs and symptoms of anxiety and depression Understanding of the common misconceptions about stress, anxiety and depression Understand and challenge stigma 	10/14 (4 cancelled due to COVID-19)	Education Charity Health Community/voluntary Local Government Mixed – open access	58	30.9%
Carlisle Eden Mind	Substance Misuse and Mental Health Seminar	Universal Interventions	3 hours	<ul style="list-style-type: none"> Presentations Discussions Support to complete a workbook to achieve a level 1 college qualification 	<ul style="list-style-type: none"> Awareness of types of substances and why they are misused Understanding of the social and personal effects of substance misuse 	0		0	
Lancashire Mind	Wellbeing Coaching	Universal interventions	6 x 1 hour sessions	<ul style="list-style-type: none"> 1-to-1 support 	<ul style="list-style-type: none"> Increased self-awareness Able to recognise the signs symptoms and triggers around own wellbeing Able to take action to improve own wellbeing 	N/A	N/A	13	N/A
Lancashire Mind	Peer Support in the Workplace	Universal interventions	½ day	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Understanding of the skills and qualities of a peer supporter Understanding of duty of care and safeguarding Self-care and personal boundaries 	0		0	
Lancashire Mind	Group Peer Support in the Community	Universal interventions	3 hours	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Understanding of peer support principles Increased knowledge and skills to facilitate group peer support 	0		0	

N/A: not available at time of writing.

3.1.1 Resources

Allocation of training resources were divided out on the basis of the size of the organisation in order to maximise the number of individuals who would be trained in one session and to ensure that sessions were fully subscribed to ensure the best possible return for cost of running the session. No one organisation could receive more than £5000 worth of training. Another factor considered in the allocation of resources was the number of potential individuals who could benefit from the trainee's attending the session, for example a small group of teachers receiving training would have greater impact through their ability to support a large cohort of students. Where possible, to save money, venues which were free to use were identified to hold the sessions to conserve resources *"Also, there was just practical on the ground things of always looking for training venues free of charge so that less funding was used. For venue costs, if we were spending less money on venue costs, then we had more funding to actually fund places on training"*.

3.1.2 Dose and reach

A total of 164 training programmes were delivered to 2,564 attendees between July 2019 and March 2020⁶.

The number of sessions delivered varied by programme type (Table 1). The highest number of sessions delivered were of the suicide awareness seminar (44 sessions). Twenty-three sessions of Managing Mental Health in the work place were delivered, 19 sessions of Mental Health First Aid, 14 ASIST, 13 Understanding Self-Harm, 10 Self-Awareness – Stress, Anxiety and Depression, nine SafeTalk, seven Introduction to Self-Harm, five Supporting Student Mental Health and Resilience, and two Youth Mental Health First Aid (Table 1). Six programmes were not delivered due to low uptake (Table 1).

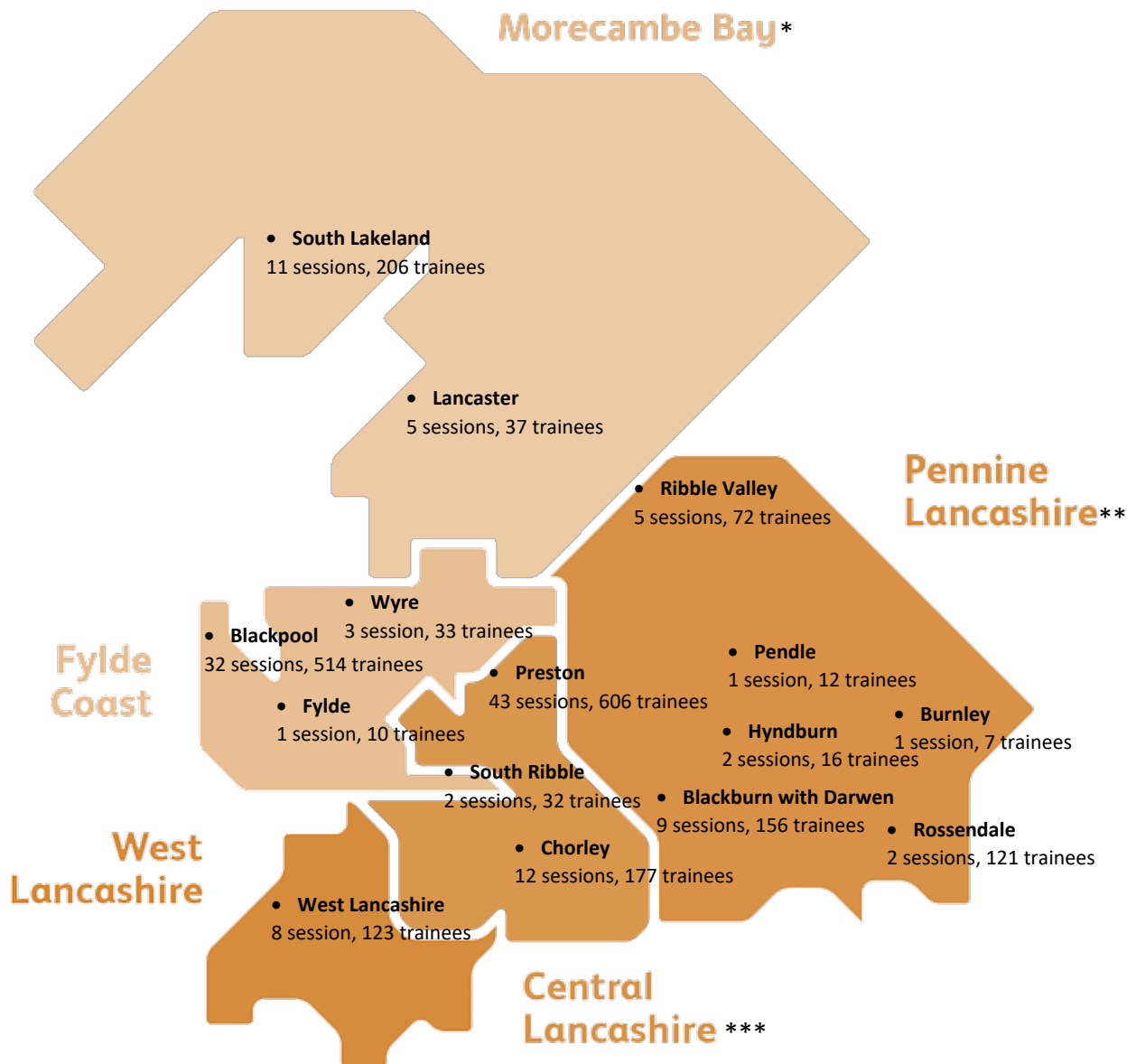
The number of trainees also varied by programme type (Table 1). The highest number of trainees were for the Suicide Awareness Seminar, with 764 participants. 297 trainees attended ASIST, 282 attended Managing Mental Health in the Workplace, 239 Mental Health First Aid, 239 Understanding Self-Harm, 165 SafeTalk, 104 Introduction to Self-Harm, 78 Supporting Student Mental Health and Resilience, 19 Youth Mental Health First Aid and 58 Self-Awareness – Stress, Anxiety and Depression. 13 individuals were supported through Wellbeing Coaching.

Location of training programmes

Whilst allocation of training programmes was not based on even targets across the geographical patch, analysis of programme implementation shows a spread across all local authorities in the ICS footprint, with some notably larger numbers of programmes delivered in Preston and Blackpool, areas which have some of the highest suicide rates (Figure 1).

⁶ 26 additional programmes organised after 17th March were cancelled due to government restrictions related to COVID-19.

Figure 1: Number of sessions and trainees by recorded location of training⁷



* The location of an additional four training courses with a total of 90 trainees was recorded as Cumbria.

** The location of an additional three training courses, with a total of 62 trainees was recorded as East Lancashire.

*** The location of an additional two training courses with a total of 17 trainees was recorded as Central Lancashire.

⁷ Location of delivered training sessions were recorded by the training provider overseeing implementation. Not all locations were recorded consistently (e.g. Ribble Valley/East Lancashire).

Drop-out rate

The overall drop-out rate for all training programmes was estimated by training providers at approximately 20%. Mean drop-out rates across programmes ranged from 14.0%-30.9%. (Table 1). Length of training did not appear associated with mean drop-out rate, with the drop-out rate highest for the Self-awareness – Stress, Anxiety and Depression programme (1 hour; 30.9%) and the Suicide Awareness Seminar (1 hour; 28.4%) and lowest for SafeTalk (1/2 day; 14.0%) and Understanding Self-Harm (1/2 day; 15.6%). Furthermore, even the longest course, the 2-day ASIST programme had a lower drop-out rate than the average across all programmes (18.2%). 19 sessions across eight programmes were oversubscribed.

Trainee demographics

Using data from trainees who completed the evaluation surveys, an overview of the demographics, job roles, previous training experience and encounters with individuals who were at risk, of trainees who attended suicide or self-harm intervention programmes was developed.

Three quarters (75.7%; n=137) of trainees on suicide prevention programmes who completed the evaluation survey were female, the majority (95.0%; n=172) were white, and aged between 25-54 years (71.9%; n=130; Table 2). The majority of trainees on self-harm interventions programmes were female (90.5%; n=95), white (96.2%; n=101) and aged between 25-54 years (92.3%; n=96; Table 2). Health and social care staff comprised half (50.0%; n=94) of all suicide prevention trainees, with other job roles including education, management, administration, financial and students and volunteers (Table 2). Health and social care staff comprised two thirds (67.4%; n=70) of all self-harm intervention trainees, with other job roles including education, management, administration, financial and students and volunteers (Table 2). Six in ten (64.5%; n=746) of trainees on other training programmes who completed the evaluation survey were female, the majority (95.2%; n=1098) were white, and aged between 25-54 years (71.6%; n=828; Table 2). The largest number of trainees for other training programmes had management (18.4%; n=212), administration (18.7%; n=216) or educational roles (13.6%; n=157), with fewer individuals from health and social care roles than on suicide or self-harm intervention training programmes (Table 2).

Table 2: Trainee demographics

		Suicide prevention programmes (N=211)	Self-harm intervention programmes (N=105)	Other programmes (N=1161)
		% (n)	% (n)	% (n)
Gender	Male	24.3 (44)	9.5 (10)	35.5 (410)
	Female	75.7 (137)	90.5 (95)	64.5 (746)
Age	16-24	8.8 (16)	1.0 (1)	10.9 (126)
	25-34	23.8 (43)	25.0 (26)	19.2 (222)
	35-44	22.1 (40)	34.6 (36)	24.8 (287)
	45-54	26.0 (47)	32.7 (34)	27.6 (319)
	55-64	16.0 (29)	6.7 (7)	13.6 (157)
	65+	3.3 (6)	0.0 (0)	3.8 (44)
Ethnicity	White	95.0 (172)	96.2 (101)	95.2 (1098)
	Other	5.0 (9)	3.8 (4)	4.8 (55)
Job role	Nursing/healthcare	12.2 (23)	20.2 (21)	5.0 (58)
	Administration	9.0 (17)	1.9 (2)	18.7 (216)
	Clinical support	16.5 (31)	8.7 (9)	0.0 (0)
	Counselling/mental health	8.0 (15)	1.0 (1)	2.2 (25)
	Management	9.6 (18)	10.6 (11)	18.4 (212)
	Financial support	3.2 (6)	6.7 (7)	4.6 (53)
	Education	6.4 (12)	8.7 (9)	13.6 (157)
	Social care	13.3 (25)	37.5 (39)	8.0 (92)
	Government	0.0 (0)	0.0 (0)	5.9 (68)
	Customer service	0.0 (0)	0.0 (0)	2.5 (29)
	Sport	0.0 (0)	0.0 (0)	1.6 (19)
	Trade	0.0 (0)	0.0 (0)	5.2 (60)
	Student/apprentice	4.8 (9)	4.8 (5)	5.3 (61)
	Volunteer	6.4 (12)	0.0 (0)	3.8 (44)
	Other	10.6 (20)	0.0 (0)	5.3 (61)

Trainees previous training and experience with individuals at risk

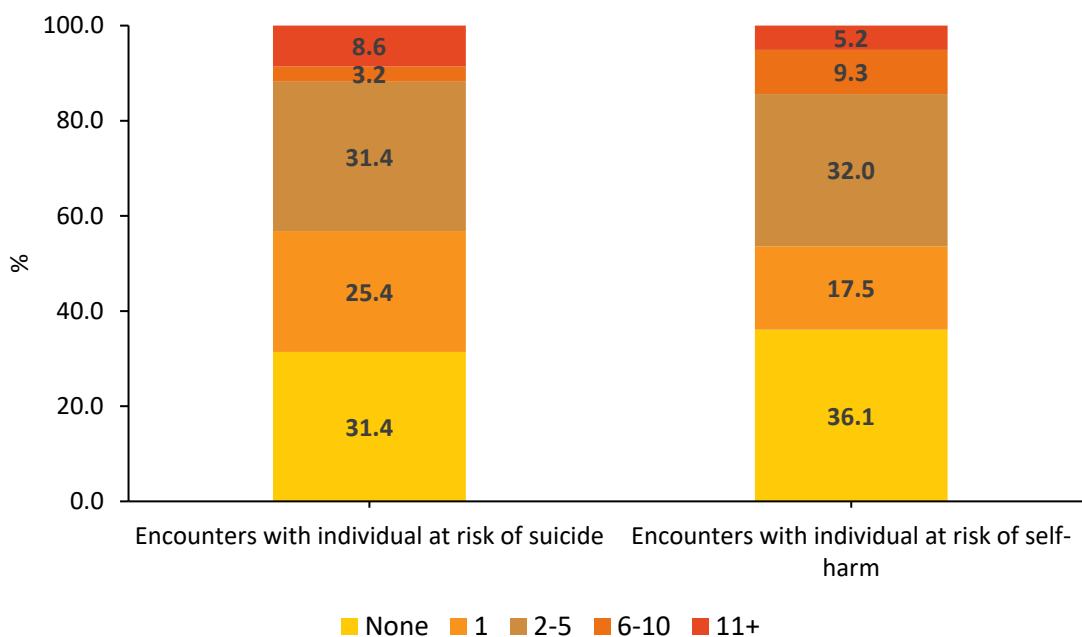
Of survey respondents who attended suicide prevention training (n=211), almost three quarters (73.2%, n=134) had never previously had training in suicide prevention. Six in ten (62.2%, n=115) had never had training on self-harm intervention and 36.2% (n=67) had never received any training in the area of mental health. Of survey respondents who attended self-harm prevention training (n=105), over six in ten (61.3%, n=57) had never previously had training in self-harm intervention. Two thirds (66.3%, n=63) had never had training on suicide prevention and 27.6% (n=27) had never received any training in the area of mental health.

Over two thirds (68.6%, n=127) of suicide prevention trainees reported having previously had an encounter with at least one individual at risk of suicide in the three months prior to attending the suicide prevention training programme. Over four in ten (43.2%, n=80) reported more than one encounter in the three months prior to training (Figure 2). Of those who had

had an encounter with at least one individual at risk of suicide in the three months prior to training more than two thirds (67.2%; n=82) had never had any training in suicide prevention.

More than six in ten (63.9%, n=62) self-harm intervention trainees reported having previously had an encounter with at least one individual at risk of self-harm in the three months prior to attending the self-harm intervention training programme. Over four in ten (46.5%, n=45) reported more than one encounter in the three months prior to training (Figure 2). Of those who had had an encounter with at least one individual at risk of suicide in the three months prior to training more than two thirds (61.1%; n=33) had never had any training in suicide prevention.

Figure 2: Survey respondents possible encounters with individuals at risk of self-harm or suicide in the three months prior to attending training



3.1.4 Facilitators and barriers

There were initial difficulties and delays getting the training programmes and consortium set up. Part of the issue was the need to have several different providers involved in a type of consortium to deliver the breadth of programmes on offer and to be able to offer them across the whole of Lancashire and South Cumbria footprint *“I think looking back, there are just things that couldn’t be anticipated and initially there was difficulties with the contract which delayed the start to delivery. I think again because of having a number of different training providers and possibly too many, that made communication pathways a bit more complicated. So I think in a way, not as a criticism, but just there wasn’t the anticipation of all the different complexities involved in doing a training package on such a wide scale”*. The delay in dissemination of the training programmes offer had consequences even once implementation had begun. Uptake of the training programmes was slow in the beginning but nearer the end of the funding, when the programmes had been more widely disseminated, the uptake of the programmes exceeded the resources available for delivery, creating waiting lists and a need to prioritise which organisations received the training *“All*

the bookings came towards the end. It took a long time to get the programmes started, people needed to plan it in, market it, get it to press and we were busiest at the end... by the end we were like 'no, no, sorry, no'".

A key facilitating factor in the rolling out of the programmes, and coping with the delayed start and increase in demand near the end, was careful monitoring and allocation of resources to organisations. This was overseen by the training programme co-ordinator from Lancashire Mind. Set criteria was used to determine which organisations got which training courses, these included consideration of the size of the organisation and for smaller organisations consideration of the number of people who could potentially be supported by the trainees (e.g. a small number of line managers could potentially support large number of their staff).

One of the key identified barriers to implementing the training programmes and ensuring value for money in delivering fully subscribed courses, was the drop-out rate of an estimated 20% across all courses. Stakeholders perceived that part of the issue contributing to the drop-out rate was the length and time commitment involved in participating in some of the programmes for example the two day ASIST training *"On reflection, we found that having two day courses is too much of a time commitment these days for people to attend, the course ASIST was two days"*. One of the ways of overcoming this, and reducing the time pressures and subsequent drop-out rates, was to design and offer a shorter one hour suicide prevention seminar which could provide individuals, particularly those with no prior training on the topic, with a facilitated discussion, raising awareness of the issue and developing basic key skills for prevention without the in-depth training and time commitment of a specialist programme like ASIST. Further, the one-hour seminar acted like a feeder course for people who were interested in getting further training.



"ASIST isn't always what everyone wants, even when I do the hour session and people's jaws were literally on the floor because this is not something they ever conceived of so they are not ready for a full on two day programme about it, they need an initial conversation". **Training provider/trainer**

The fact that courses were free to attend was also considered a factor in increasing the drop-out rate *"I think the monetary side of things does have an impact, if you paid for something in general human nature you're more likely to attend"*. Some organisations, knowing it was an offer of free training for staff, signed up to training programmes without gauging the interest of their staff or making the training mandatory for their staff *"So we had some organisations who would jump on it not only corporate but public sectors as well would jump on it 'oh my god free sessions' and would book onto it without actually gauging any interest"*. This contributed to low numbers but also sometimes to sessions being oversubscribed *"They then wouldn't offer it out as mandatory, it was offered as voluntary so some sessions we were turning up and it was over full, which I mean is great, and then other sessions booked for 20 and then only six showed up"*. Stakeholders considered two ways of making clear the cost of

the training as a deterrent to booking courses without gauging interest or signing up to courses to later drop-out. Initially, the menu of training programmes on offer which was disseminated out to organisations included the cost of each programme to demonstrate the value of what was being offered *“For example, for the ASIST course it is quite an expensive course and if people see that, this is how much it would’ve cost and we are getting this funded it does sort of add some weight and some value in to it”*. Another option considered was to charge a non-attendance fee to organisations for participants who signed up but then did not attend the session however, neither option was implemented as it was thought it would increase administration work and/or deter individuals and organisations from signing up.

A key facilitating factor to programme implementation, uptake and trainee retention was developing networks for dissemination of the programmes, building relationships with community members, organisation and key stakeholders and using feedback to tailor programmes and delivery methods *“It is those effective working relationships that really help to facilitate the role out of all the different work streams... I think that has come about because of the networking we have done, the relationships that we have built between people. I would say they are a key part of underpinning this work, is the networking and the relationships between people”*. For example, the one-hour suicide awareness seminar was developed following the initial high drop-out rates in the ASIST programme and based on trainer and trainee feedback. Crucially, co-production was used to ensure the content and delivery was relevant and useful to the target audience.



“When we did the suicide seminar, which was a one hour, which was the most popular, we co-produced it with members of the public. One of the reasons we did that was because it was obvious that most of them didn’t know what safeguarding means so we had three fictional stories. One was around what would you do if it was somebody that you loved or in your home, another around if it was a colleague or if it was somebody on the internet? So we tried to have a real conversation so it’s more like a facilitator discussion” **Training provider/trainer**

3.1.5 Outcomes

Pre and post-training questionnaires were used to assess the impact of the suicide and self-harm prevention training programmes on trainees’: attitudes to suicide prevention work; suicide literacy; competence and identification of suicide risk; and confidence in clinical management of suicide or self-harm risk. Post-training questionnaires also assessed trainees’ learning experience including: perceptions of delivery; trainer knowledge and interaction with the group; and, willingness to recommend the training to colleagues.

Trainee perceptions of programmes

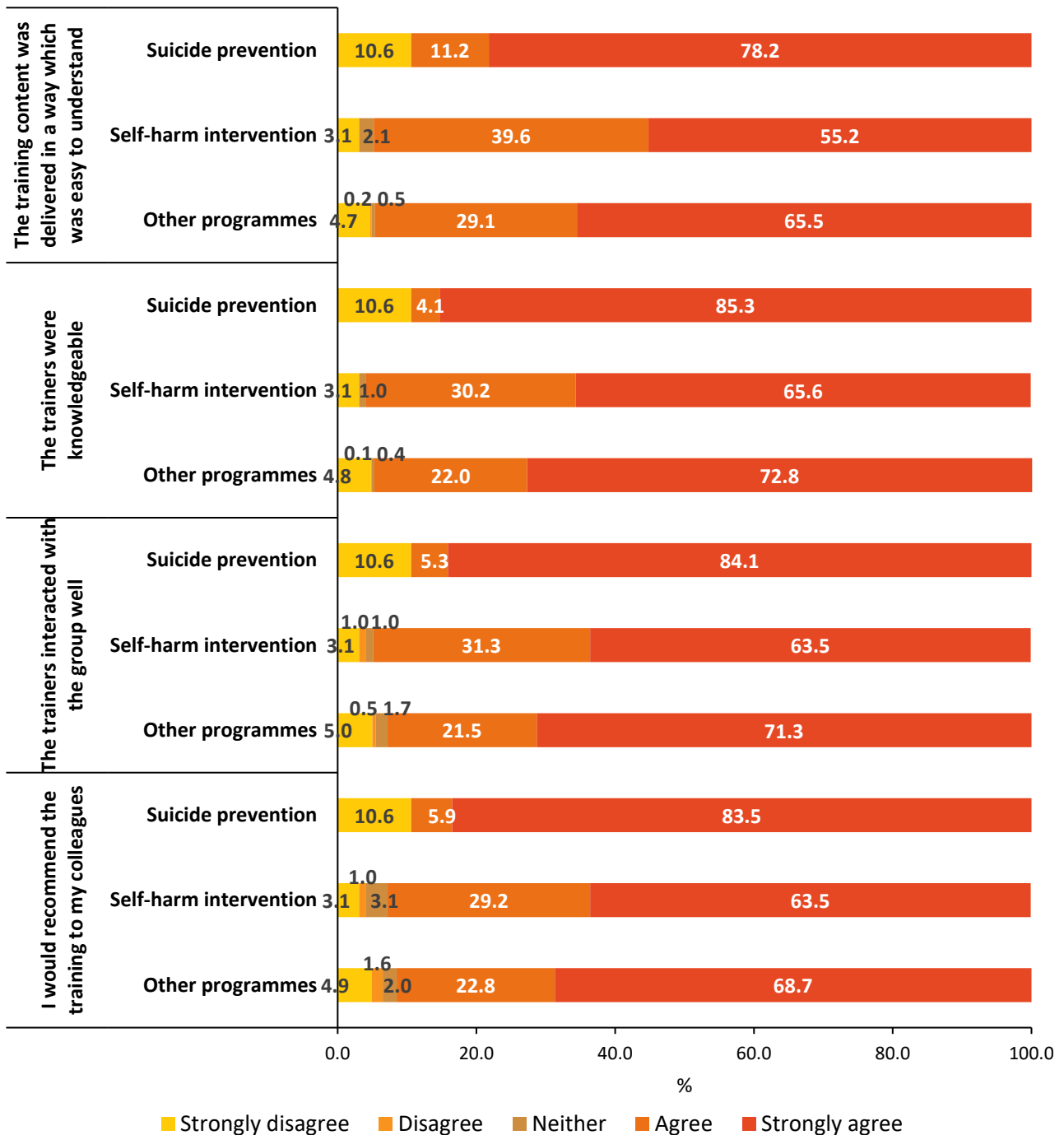
Overall, and across training programme types (i.e. suicide prevention, self-harm intervention or other), the majority of trainees (>89%) agreed⁸ that: the training content was delivered in a way that was easy to understand, the trainers were knowledgeable, the trainers interacted

⁸ Including agree and strongly agree.

with the group well, and they would recommend the training to their colleagues (Figure 3). A slightly smaller proportion of suicide prevention trainees agreed with each statement compared to self-harm intervention trainees or trainees from other programmes (Figures 3).

Feedback from interviews with key stakeholders also reinforced these positive perceptions from trainees of the programmes *“We got lots of people afterward saying ‘that was really good’, ‘more people should go on this’, ‘I would be really interested in the ASIST course now’*

Figure 3: Perceptions of training programmes, by programme type



Attitudes

There was a significant decrease in overall score (indicating a more positive attitude to suicide prevention) from pre ($M, 29.62; SD, 4.80$) to post ($M, 26.58; SD, 5.00$) training amongst suicide prevention trainees (Figure 4; Table A1). The average change in trainee attitude to suicide prevention score from pre to post-training was -3.04 ($p < 0.001$).

There was a significant decrease in overall score (indicating a more positive attitude to self-harm prevention) from pre ($M, 51.36; SD, 9.17$) to post ($M, 44.73; SD, 9.48$) training amongst self-harm intervention trainees (Figure 5; Table A2). The average change in trainee attitude to suicide prevention score from pre to post-training was -6.63 ($p < 0.001$).

Confidence

There was a significant increase in overall confidence score in intervening with an individual at risk of suicide from pre ($M, 20.88; SD, 9.12$) to post ($M, 31.46; SD, 6.05$) training amongst suicide prevention trainees (Figure 4; Table A3). The average change in trainee confidence score from pre to post-training was 10.6 ($p < 0.001$).

There was also a significant increase in overall confidence score in intervening with an individual at risk of self-harm from pre ($M, 21.04; SD, 6.91$) to post ($M, 28.52; SD, 5.42$) training amongst self-harm intervention trainees (Figure 5; Table A4). The average change in trainee confidence score from pre to post-training was 7.48 ($p < 0.001$).

Knowledge

There was a significant increase in overall knowledge of suicide risk score from pre ($M, 8.86; SD, 2.22$) to post ($M, 10.16; SD, 1.45$) training amongst suicide prevention trainees (Figure 4; Table A5). The average change in trainee knowledge score from pre to post-training was 1.30 ($p < 0.001$).

There was also a significant increase in overall knowledge of self-harm risk score from pre ($M, 15.87; SD, 2.69$) to post ($M, 18.09; SD, 1.77$) training amongst self-harm intervention trainees (Figure 5; Table A6). The average change in trainee knowledge score from pre to post-training was 2.22 ($p < 0.001$).

Clinical skills

There was a significant increase in overall clinical skills in responding to suicide and self-harm risk score from pre ($M, 2.22; SD, 1.57$) to post ($M, 2.87; SD, 1.59$) training amongst suicide prevention trainees (Figure 4; Table A7). The average change in trainee clinical skills score from pre to post-training was 0.65 ($p < 0.001$).

There was also a significant increase in overall clinical skills in responding to suicide and self-harm risk score from pre ($M, 1.67; SD, 1.03$) to post ($M, 2.89; SD, 1.59$) training amongst self-harm intervention trainees (Figure 5; Table A8). The average change in trainee clinical skills score from pre to post-training was 1.22 ($p < 0.001$).

Figure 4: Suicide prevention trainee attitudes, confidence, knowledge and clinical skills, pre and post training

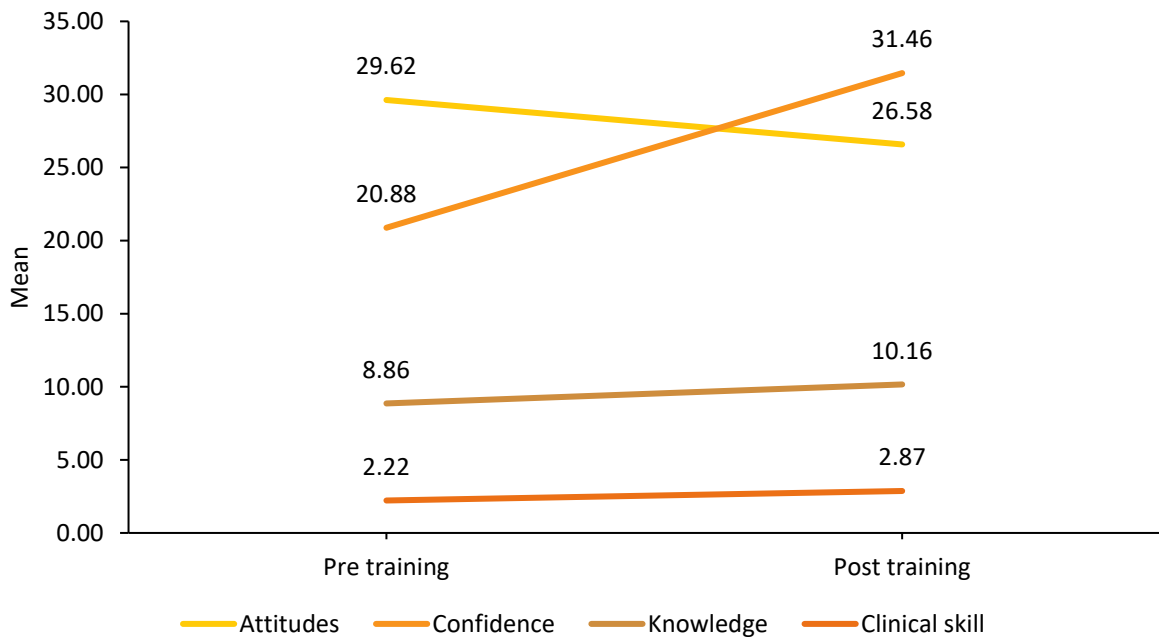
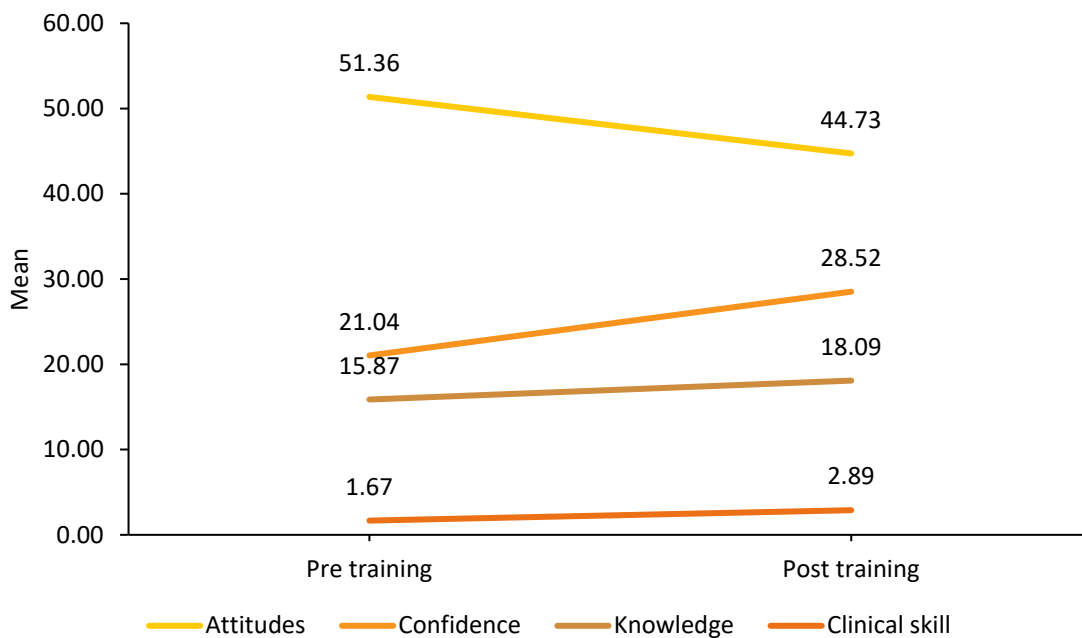


Figure 5: Self-harm intervention trainee attitudes, confidence, knowledge and clinical skills, pre and post training



3.2 Innovation Fund Community Projects

As part of the wider programme of suicide prevention work across Lancashire and South Cumbria ICS footprint, funding was available for community groups to support projects designed to prevent suicide and reduce self-harm. Criteria for the funding award included: impact; delivery; involvement of those the project aims to support; funding use and allocation breakdown; sustainability; and, evaluation. A panel of representatives from Public Health, NHS Clinical Commissioning Groups, the Suicide Prevention Team, Local Authorities and people impacted by suicide reviewed and considered the applications using a scoring matrix for each of the criteria.

The majority of funding was allocated to local groups from the voluntary or charity sector in Lancashire and South Cumbria. The allocation was not influenced by the target group of the project nor was it based on geographical spread of projects throughout the area, it was primarily decided based on the level of innovation of the proposed project *“What we did was very much about innovation, it was an innovation fund so we did score, one of the aspects of scoring was purely on innovation, so it was very much looking for creative projects that were a little bit different”*.

In total 25 projects were funded across the two phases. The projects varied widely regarding their target group and intervention type (see Table 3).

Table 3: Innovation Fund projects overview⁹

Project	Location	Type	Target groups	Duration	Project overview	Aims	Number attendees
Blackpool Inspirations	Lancashire	Targeted phone out service support	Individuals identified as at risk	N/A	<ul style="list-style-type: none"> Trained volunteers with lived experience of mental health difficulties provide targeted telephone support service to check in with individuals at risk of suicide 	<ul style="list-style-type: none"> Reduce suicide in Blackpool in all demographics Reduce frequency of suicide attempts in those with a severe history Reach and provide support to those not accessing statutory services Improve people who struggle with suicidal tendencies to enjoy a fuller life and improve wellbeing Improve support networks and coping strategies to make future suicidal attempts/ideation less likely 	N/A
Project Hope, Aawaz	N/A	Group support focused on suicide prevention, stigma and wellbeing	South Asian women	2 sessions a week for six months	<ul style="list-style-type: none"> Discussions, activities and awareness raising sessions 	<ul style="list-style-type: none"> Change the existing culture, break down taboos and stigma surrounding the subject. Provide an opportunity for participants to talk, and be signposted to further help 	41
The Birchall Trust	N/A	Trauma-informed counselling	Victims of sexual abuse and rape and their families	N/A	<ul style="list-style-type: none"> Horse therapy 	<ul style="list-style-type: none"> Support victims of rape and sexual abuse and their families Raise awareness of the subject Provide specialist training to professionals and the community 	~40

⁹ Project information collated from organisation websites, Innovation Fund showcase event presentations, interviews and organisation internal evaluation reports.

Project	Location	Type	Target groups	Duration	Project overview	Aims	Number attendees
Positive Cycles North West	N/A	Awareness raising/fund raising/counselling	Males	6 weeks of counselling funded for each bike sponsored	<ul style="list-style-type: none"> • Build Legacy Bikes dedicated to someone who has died by suicide • Legacy Bikes are sponsored by local companies and can be used to generate conversations about mental health • Money raised is used to support the counselling and mentoring service for men with mental health problems 	<ul style="list-style-type: none"> • Raise awareness of suicide and mental health • Improve mental health 	1 Legacy Bike per month
Birchwood Centre	West Lancashire	Alternative engagement activity to support wellbeing, peer support and address suicide and self-harm risk	Vulnerable young people	N/A	<ul style="list-style-type: none"> • Recruit and train vulnerable young people to transform a neglected, underused and overgrown garden for the community to use as an outdoor social hub that promotes learning, development, enterprise and a sense of wellbeing 	<ul style="list-style-type: none"> • Engage young people in environmental activities • Reduce self-harm and suicidal thoughts • Improve support networks • Transform open space into a vibrant outdoor social hub for the local community 	60

Project	Location	Type	Target groups	Duration	Project overview	Aims	Number attendees
Men in Sheds-AppleCast	West Lancashire	Alternative engagement activity to support wellbeing, peer support and address suicide and self-harm risk	Males	60 sessions (2-3 per week)	<ul style="list-style-type: none"> • Train and mentor males who struggle with mental health issues to carry out maintenance tasks, angling and animal husbandry at the charities rural location. 	<ul style="list-style-type: none"> • Improve skillset of those who took part • Encourage communication of issues • Gain volunteer experience and improve employability • Raise awareness or self-harm, suicide, and mental health issues • Improve confidence and self-worth in those who took part 	N/A
Bake Me Happy-Lancashire BME Network	East Lancashire	Alternative engagement activity to support wellbeing, peer support and address suicide and self-harm risk	Women with South Asian heritage and refugee/asylum seeker communities	8 weeks	<ul style="list-style-type: none"> • Bake an item each week to be shared with 2 people outside of the group • Encourage discussion about self-harm and suicide within the group • Information learned to be disseminated to the people the baked good is shared with 	<ul style="list-style-type: none"> • Increase participants knowledge of self-harm, support services and referral processes • Encourage individuals to engage with new people • Raise awareness of mental health and self-harm within the target population 	N/A
Community futures	Lancashire	N/A	Farmers and people who are geographically/socially isolated	N/A	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Identify individuals and create a database of health needs • Identify individuals at risk of suicide and/or self-harm and intervene • Improve connections for people isolated by economic or environmental circumstances 	N/A

Project	Location	Type	Target groups	Duration	Project overview	Aims	Number attendees
James Fest-Doherty's Destiny	West Lancashire	Awareness raising/fund raising/counselling	Young people	N/A	<ul style="list-style-type: none"> • A festival aimed at raising awareness around suicide prevention and mental health. • Information distributed to attendees and fundraising for continued work 	<ul style="list-style-type: none"> • Raise awareness of self-harm, suicide and mental health in young people. • Signpost people into health and wellbeing activities • Increase knowledge of support organisations available • Raise funds for additional work. 	N/A
Journal, Kane Dodgson	Lancashire	Awareness raising/peer support	Males who have previously attempted suicide	N/A	<ul style="list-style-type: none"> • Development of a book/film on men who have survived and thrived post-suicide ideation • Distribution of book in community spaces/to other men at risk • Creation of digital platforms/films capture stories and provide support 	<ul style="list-style-type: none"> • Utilise the expertise of post-suicide survivors to connect with and give purpose to hidden populations of men with suicidal thoughts • Develop understanding and learning through survivors stories 	N/A
Go Get You	Lancashire	Group support focused on suicide prevention, social connections and wellbeing	Gay and bisexual men	Weekly 45 minute sessions	<ul style="list-style-type: none"> • Movement and breathing work classes based on Qigong, Tai Chi and Mindful Self-Compassion practices 	<ul style="list-style-type: none"> • Reduce suicidal ideation/rumination • Reduce severity of anxiety and depression • Improve social connections/reduce social isolation • Improve self-acceptance/self-compassion/self-worth 	N/A

Project	Location	Type	Target groups	Duration	Project overview	Aims	Number attendees
Hyndburn Leisure	Lancashire	Physical activity support programme	Individuals at risk of suicide or self-harm (specific focus on men aged 30-60 years)	12 week programme	<ul style="list-style-type: none"> • Introduction to exercise • One-one support • Access to leisure facilities • Group sessions 	<ul style="list-style-type: none"> • Help individual's make new friends • Engage in regular exercise after programme completion • Improvements in mood, mental health and increased happiness 	N/A
Maundy Relief	Lancashire	Drop-in peer support and counselling group	Young people age 11-18 years	Twice a week for 3 hours	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Reduction in self-harm and/or suicidal thoughts 	N/A
Skelmersdale Overcoming Suicide (SOS)	West Lancashire	Awareness raising	All	N/A	<ul style="list-style-type: none"> • Production of posters and distribution in the local community to raise awareness about suicide and self-harm and what support services are available 	<ul style="list-style-type: none"> • Awareness raising 	N/A
The Billy Project Juniors	Lancashire	Fitness activities	Girls aged 13-19 years from areas of high deprivation	Weekly	<ul style="list-style-type: none"> • Range of fitness activities 	<ul style="list-style-type: none"> • Improved self-esteem and body image • Building friendships • Improved fitness • Relieve stress • Breaking barriers/integration • Improvements in behaviour and mood • Safeguarding • Reduced self-harm 	16

Project	Location	Type	Target groups	Duration	Project overview	Aims	Number attendees
Self-harm Safe Kits + Training (Every Life Matters)	South Cumbria	Parent and Child focused approach to understanding, managing and addressing self-harm	Young people, Trusted Adults and Parents	N/A	<ul style="list-style-type: none"> • Training with trusted adults to increase confidence, raise awareness and improve knowledge of self-harm and suicide in young people • Safe Kit development for young people and parents to help manage self-harm and direct to services. 	<ul style="list-style-type: none"> • Increase understanding of the topic in young people, trusted adults and parents • Provide alternatives to self-harm, and methods of managing behaviours • Provide an opportunity to reflect on own experiences 	190
Primary Care Training and Resources (Every Life Matters)	South Cumbria	Training for primary care around suicide and self-harm	Primary care workers, patients and their support network	N/A	<ul style="list-style-type: none"> • Produce resources that will identify suicide risk markers and signpost to support organisations • Training where discussions about suicide will take place and management techniques for risk situations will be taught. 	<ul style="list-style-type: none"> • Increase understanding of suicide risk • Improve confidence to support at risk people • Signpost individuals to support services 	N/A

Project	Location	Type	Target groups	Duration	Project overview	Aims	Number attendees
IMO Carrom (Inspire, Motivate, Overcome Charity)	East Lancashire	Alternative engagement activity to support wellbeing, peer support and address suicide and self-harm risk	BAME population	10 weeks	<ul style="list-style-type: none"> Encourage discussion over the board game Carrom, to improve social engagement. 	<ul style="list-style-type: none"> Increase community social engagement Reduce loneliness and improve self-harm and suicide rates amongst the community 	N/A
Reach Out (Lancashire Wildlife Trust)	West Lancashire	Alternative engagement activity to support wellbeing, peer support and address suicide and self-harm risk	Males aged 30-59	N/A	<ul style="list-style-type: none"> Increase awareness of self-harm and suicide and encourage people to take part in the early intervention opportunities offered by My Place 	<ul style="list-style-type: none"> Reduce the number of people at risk of self-harm or suicide by encouraging them to 'reach out' and self-refer to the project 	72
PH7 Life	East Lancashire	Awareness raising/fund raising/counselling	General Public	N/A	<ul style="list-style-type: none"> Participants take part in a walk to raise money and increase awareness of mental health 	<ul style="list-style-type: none"> N/A 	250

Project	Location	Type	Target groups	Duration	Project overview	Aims	Number attendees
It's About Time, Preston United	Lancashire	Alternative engagement activity to support wellbeing, peer support and address suicide and self-harm risk	British born Muslim Pakistani and Indian Young people (13-25 years)	3 hour weekly sessions for 48 weeks	<ul style="list-style-type: none"> • Led by mentors with counselling backgrounds in a cultural/religious sensitive manner • Group discussions on emotional wellbeing • Use of creative mediums such as art and music 	<ul style="list-style-type: none"> • Build future community led solutions to addressing issues of suicide and self-harm • Develop a better understanding of issues facing young people to support them effectively • Empower the community with young people with knowledge and capacity to support others • Contribute to wider clinical profession to provide more culturally sensitive service • Remove taboos around discussing mental health, suicide and self-harm 	Not implemented due to COVID-19 restrictions
Social Angels (Just Good Friends)	West Lancashire	Group support focused on suicide prevention, stigma and wellbeing	Young people with autism and similar behaviours	N/A	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Provide a safe meeting place for participants • Support young people to develop and maximise their talents through the arts • Provide support to young people with autism/similar behaviours to manage feelings and emotions to avoid self-harm 	N/A
The Men's Group and Divas (The Grange)	West Lancashire	Group support focused on suicide prevention, stigma and wellbeing	Young people	N/A	<ul style="list-style-type: none"> • Journal exercise with the group allowing encouraging discussion amongst them • Men's group take part in a weekly walk 	<ul style="list-style-type: none"> • Improve mental health, wellbeing and physical health • Reduce isolation • Increase engagement in society 	18 (12 female; 6 male)

Project	Location	Type	Target groups	Duration	Project overview	Aims	Number attendees
The Sewing Rooms	West Lancashire	Alternative engagement activity to support wellbeing, peer support and address suicide and self-harm risk	Young men (>50 years)	2 days per week for 22 weeks	<ul style="list-style-type: none"> • Based on the Men in Sheds model • Restoration of furniture as core activity • ‘Silver upholsterers’ – men over the age of 50 who previously took part in the programme will act as mentors • Psychosocial component teaches 5 ways to wellbeing 	<ul style="list-style-type: none"> • Provide a safe and welcoming environment where young men feel supported and valued • Support individuals to move from a negative to positive state • Provide an environment where creativity is demonstrated and celebrated • Teach 5 ways to wellbeing • Connect young men to things that keep them well, strong and resilient 	7 men
Wigan Warriors Community Foundation	West Lancashire	N/A	Males aged >18	8 weeks	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Improved health and wellbeing • Increased social inclusion and a better understanding of their own mental health needs 	N/A

N/A: Not available at time of writing

3.2.1 Resources

A total of £80,000 was available in two funding phases. Organisations could apply for funding between £500 and £5,000. Funded projects were required to be delivered by March 31st 2020.

One stakeholder observed that the resources required and applied for by Innovation Fund projects were relatively modest compared to the dose and reach of the interventions and thus represented good return on investment and something which should continue to be funded *“I think the community innovation project, in terms of sustainability would be brilliant to see them continue to be funded because in terms of monetary value we only gave up about £5,000 per project. Some of them didn’t even request that amount, some of them requested less and in terms of value they have just been fantastic”*.

3.2.2 Dose and reach

Whilst the commissioning of projects wasn’t based on even distribution of the funds across Lancashire and South Cumbria ICS footprint, the availability of two waves of funding and the spread of organisations who applied for the funding resulted in an even distribution of funded projects *“we were lucky that we had 2 waves of funding and we were lucky that they just naturally fell quite evenly throughout the Lancashire and South Cumbria geography”*.

The dose and reach of each Innovation Fund project varied by project type and target audience. An approximate number of individuals who attended and/or benefited from each project is given in Table 3¹⁰.

3.2.3 Facilitators and barriers

One of the key facilitating factors identified by stakeholders and project implementers was the existing networks, links and relationships each organisation already had within their local communities and intervention target group *“There was organisations that already existed and they already had the networks and links to local people”*. Many organisations were already supporting their local communities in various ways and through this work had identified a need for suicide prevention and self-harm supportive interventions. The established relationships with the community facilitated easier recruitment to the interventions, increased uptake and completion rate of courses, and allowed for consultation with the target group about the design of the intervention.

¹⁰ All numbers based on information provided by each organisation and not verified by the research team.

Whilst some organisations had no difficulties reaching their target groups, in the beginning a few projects struggled to get referrals in and engage their target group in the project. Some of the projects for example, one in a rural farming community and another attempting to reach males in the Muslim community had difficulties getting referrals. One way of overcoming this barrier was to target other community members who may be more likely to engage and build networks of peer support in the target communities.



“Certainly with one of the projects within the Muslim community and reaching the male population, that could be quite tricky but they got feedback from the women in the community who said ‘if you want to reach the men come through us because we are the ones when they come home at the end of the day and talk about issues they had’. That was where the project evolved in terms of recognising that also approaching women was an effective way of reaching men.” **Project implementer**

The innovation aspect of the projects was considered another key facilitating factor in engaging hard to reach groups who may consider suicide and self-harm stigmatised topics. One stakeholder explained that suicide prevention programmes did not have to specifically focus on the topic to be effective in reducing risk and increasing wellbeing *“a lot of projects use different methods of engaging people that are nothing to do with mental health, so it might be cake baking, or angling, or caring for horses. Getting people reconnected either to something such as a piece of work/project or to people, then helped in terms of their mental wellbeing gave them a much safer platform to then explore suicidal feelings or self-harm.”* Some project implementers echoed this point and observed that it is easier to get people to engage in an enjoyable activity such as art, baking or fishing, and through that, create the safe space for disclosures, provide information on support and build supportive peer networks: *“that helped the women because whilst they were focusing on something which was quite visual, we did sort of clay modelling and painting, they were able to talk about quite difficult issues and quite painful issues for some of them”.*

One of the identified potential barriers and risks associated with the innovation projects was identified as the complex nature of suicide prevention work. That both stakeholders and intervention implementers had to be able to both adapt their work to address the needs of the target group at the same time as ensuring there was adequate provision for the staff delivering the intervention both for their own mental health and risk after engaging with individuals contemplating suicide and safeguarding procedures to support project participants who were identified as being at high risk.

*“Suicide is very complex and we still don’t fully understand it and our work needs to mirror that. Our work will be complex in itself and one of the speakers at a national [suicide prevention] event I was at said “we need to be comfortable with complexity”. I think that is one of the challenges of working in this field, is that people working in it need to be comfortable with complexity and in terms of that sort of having a knock-on effect in terms of staff well-being and support for the staff working in suicide prevention.” **Commissioner***



The support and supervision provided to Innovation Fund projects by commissioners was identified as crucial to addressing the risks associated with implementing suicide prevention projects. Project implementing staff were also offered places on the suicide prevention training programmes which were being rolled out as part of the larger piece of work on suicide prevention in Lancashire and South Cumbria. It was considered important that project staff, who were going to be exposed to individuals with suicidal ideation had adequate support both from within their own organisation and via the supervision of the stakeholders overseeing the Innovation Fund projects.

*“Suicide prevention can’t just be managed like any other project. There is always that risk element and that was really important with supporting the Innovation Fund projects, is if they were working with people at risk of suicide then the staff there needed to be trained in it and have support networks in place, in terms of how you are going to refer them and how you are going to support them. That was really important too, for having those working relationships and continually and regularly speaking with them was not only supporting their project and them as colleagues but actually supporting the people that the project was for in terms of risk management.” **Commissioner***



Organisations were also encouraged to speak with one another and an event was held so project implementers could learn what others were doing and how they were overcoming any barriers encountered. All organisations receiving Innovation Fund funding were also expected to produce quarterly reports of progress and complete an internal evaluation of the impact of their projects in the form of a final report.

3.2.4 Outcomes

At the time of writing, 15 final reports on internal evaluation outcomes were completed and submitted to the commissioners and provided to the research team. Outcomes reported by project implementers in these reports are presented in this section.

Overall, Innovation Fund projects engaged with approximately 700 individuals during the course of the projects. Many of the projects were also aiming to achieve wider outcomes than

a narrow focus on project participants for example raising awareness of suicide prevention in communities and increasing multi-agency working to support hard to reach at-risk groups. In general, innovation projects reported improvements in their participants' mental wellbeing and support networks, increased awareness of local and national support services, new skills in various activities such as first aid, horse riding, baking, horticulture, fishing, and gardening, confidence to support others at risk of suicide or self-harm, and reduced suicide thoughts and self-harm. Specific outcomes reported for each Innovation Fund project are presented in Table 4.

Table 4: Innovation Fund project reported outcomes¹¹

Project	Outcomes
Bake Me Happy	Increased knowledge about self-harm amongst participants Improved peer support networks. Outreach by participants to other members of the community about self-harm prevention. Dissemination about local and national support to participants and wider community. First aid skills.
Birchwood Centre	Engaged vulnerable young people in environmental activities. Developed an open space into a social outdoor community hub. Reduced self-harm and suicidal thoughts amongst young people. Improved support networks and friendship groups amongst young people. Improved mental health amongst young people.
Community Futures	Increased partnership working to access and support hard to reach farming communities.
Every Life Matters (Self-harm safe kits and training)	Young people, parents and trusted adults have more understanding of self-harm, and how to manage it. Increased knowledge of support services available. Trusted adults also have an increased confidence in supporting young people at risk.
Every Life Matters (training)	Increased knowledge and confidence amongst primary care practitioners and community pharmacists on suicide prevention, providing support, developing safety plans and referral pathways.
IMO Carron (Inspire, Motivate, Overcome Charity)	Increase in community social engagement. Reduced loneliness. Increase in positivity, sense of achievement and wellbeing.
JamesFest (Doherty's Destiny)	Increased knowledge of suicide and self-harm amongst young people. Signposting participants to support services. Fund raising to continue the project. Awareness raising in the wider community through a music festival.

¹¹ Self-reported outcomes by community projects in their final reports.

Project	Outcomes
Men In Sheds (AppleCast)	Raised awareness of mental health issues and suicide in the community. Improvement in mental health amongst participants. Improved communication skills amongst participants.
PH7 Life	250 people took part in walk. 500 people accessed free group therapy. 12 people trained in mental health awareness. 6 people with severe depression/anxiety completed 4-week course.
Project Hope (Aawaz)	Reduced stigma associated with self-harm and suicide. Provision of a safe space for people to talk about their feelings and seek help.
Reach Out (Lancashire Wildlife Trust)	Improved engagement and interaction with others.
Social Angels (Just Good Friends)	Provision of a safe meeting place. Empowerment of participants. Improved management of feelings and emotions.
The Mens Group and Divas (The Grange)	Reduced isolation. Improved mental health and wellbeing. Increased engagement in society and the local community. Some participants went on to volunteer at the organisation.
The Birchall Trust	Reduction in suicide ideation. Improved mental health and wellbeing.
Wigan Warriors Community Foundation	Improved mental health and wellbeing. Increased social inclusion. Improved understanding of mental health needs. Increased confidence. Improved family relationships.

N/A: not available at time of writing.

3.2.5 Case studies

This section presents four cases studies of Innovation Fund community-based interventions. These interventions were selected by the commissioners for inclusion as a case study in the evaluation to illustrate the various intervention types funded during 2019/20 across Lancashire and South Cumbria ICS footprint.



Guys on Grange/DIVAs @thegrange

Background

Two years ago, the former City Learning Centre on Grange Park in Blackpool was transformed into a vibrant new community hub called @thegrange, managed by the charity Groundwork Cheshire, Lancashire and Merseyside (CLM) on behalf of Blackpool Council. The hub was initially piloted for two years and has since been funded for another year. Historically the estate was a vibrant place to live with several shops, churches and numerous restaurants, pubs and social clubs. However, financial pressures had led to the closure of many of these and community members felt there was generally a lack of services in the area. The centre itself was previously a training facility for the council, which had very little relevance to the local community.



“The community had no affinity with the building whatsoever; it is on the largest council estate in the country (Grange Park in Blackpool). The community did not feel like the place belonged to them, up until 2 years ago when the council said that they were turning it into a community hub.” **Project implementer**

The refurbished community centre offers residents the opportunity to take part in a range of activities, events, adult learning, and physical activities. It was estimated that around four to five activities were running per day as well as a volunteering reward scheme. Volunteers help in a community shop for several hours a week in order to receive points, which they can spend in the shop. Since opening, working together with partners the centre has engaged with over 10,000 people from the local area. Staff at the centre feel they have become trusted and respected in the local community. The centre regularly consults with the community to understand their needs and feedback from community members suggests they feel like their voices are now being listened to. Monitoring data obtained from the centre for the first year of operation suggests a wide provision of activities (e.g. education courses, volunteer activities), large engagement from the local community, and crucially indicates positive outcomes, including a reduction in anti-social behaviour in the local area (Box 1).

“We have a growing area out back and we have a community shop where the volunteers work 3 hours a week to earn 12 points and then they can use their points in the shop to buy stuff that they need.” **Project implementer**



Box 1: Outputs and outcomes from @thegrange first 12 months

- 92 activities, 15 large events
- 340 volunteers who gave over 15,000 hours of volunteer's time
- 12 volunteers progressed to work
- 623 learners through Adult Education courses
- 5441 library books issued
- 32% reduction in antisocial behaviour
- 61% reduction in deliberate fires

Over the past 12 months, the understanding of the needs of the local community has developed by stakeholders and staff involved in the centre. The centre was acting as a gatekeeper to signpost community members to relevant support services and had been approached by other services, such as the CASHER (Child and Adolescent Support and Help Enhanced Response) service at Blackpool Victoria Hospital, to deliver activities and key messages to young people in crisis. Through this work and conversations with community members, centre stakeholders identified a need to address the poor mental health in adults and young people in the community. The centre reported seeing an increase in the number of men having suicidal ideation and young girls self-harming and suffering from anxiety over the past 12 months, *“Blackpool has five times the national average for reported self-harm this is especially prevalent in young girls however Grange Park has five times as many reported self-harms than the Blackpool average which is massive so that’s why we set up the DIVAS project”*. Thus, two key high-risk groups were identified as particularly needing targeted support, men and adolescent girls.



“We often hear them say, ‘we don’t know what we would do without this place’.” **Project implementer**

Aims and objectives

The objectives of the project were to:

- Break the cycle of mental health problems with early interventions;
- Provide further structured support by signposting to other relevant services;
- Reduce social isolation through delivery of quality services;
- Build positive connections;
- Engage an underrepresented community; and,
- Engage with the transient population and new people in the area.

Target group

The target groups for the intervention were adult males (aged 18+ years) and adolescent females (aged 12-19 years).

Individuals were recruited to the programmes through a variety of different methods. Participants were predominantly individuals who were walk-ins to the centre, however the centre also raised awareness through a highly active Facebook page and a quarterly newsletter sent out to local residents’ home addresses. The centre also utilised local and community events: *“so recently we were a polling station in the election so everyone on the estate had to come here to vote. So that meant people who had never stepped through the doors in the two years that we had been opened. Since the Election day we have had more people coming back and taking part in activities across the board really. So, we have gotten access to a new audience there just by jumping on the back of the election”*.

Intervention content

Two separate targeted interventions, one for each target group, were designed and implemented: Guys on Grange for adult males and DIVAS for adolescent females.

Guys on Grange (Adults males)

A two-hour male only group was delivered weekly. A dedicated staff member delivered the sessions to maintain consistency and establish trust. The sessions comprised of weekly meetings in a “virtual pub” and incorporated activities associated with a pub (without alcohol) such as darts, cards, dominos, pool, table tennis etc. This was based on the premise that there were few positive social activities and opportunities for men in the local area. The aim of the group was to support men to form bonds and relationships with other men, enabling the participants to grow in confidence to discuss problems and emotions and increase resilience. The men’s group commenced in the run up to Christmas 2019 and had approximately six members, however it had to be cancelled due to staffing issues in January.

DIVAS (Adolescent females)

Sessions were run once a week by a dedicated staff member. The sessions comprised of a variety of activities and exercises ranging from fitness classes, crafts, body positivity, wellness, empowerment, life skills, mental health classes and day trips. The aim of these activities was to provide girls with a sense of belonging and a safe place to disclose or discuss issues. The Divas group had 14-16 regular members over the course of the project.

Resources

Resources were crucial to the design and implementation of the two projects, which needed additional funding than that which was available within the centre. Specifically, funding was used to increase a part-time staff member at the centre to full-time to run the groups, purchase equipment, and to cover the cost of day trips. Without the initial funding for a full-time development worker the programmes would not have been possible due to other commitments and events already running in the centre. This was made clear when staffing issues caused the Guys on Grange programme to be suspended for a couple of weeks due to capacity *“The only slight barrier would be the changes in staffing. So that kind of halted the progress for a couple of weeks but then it was very hectic in here over the Christmas period with all the other programmes that we do”*.

Evaluation

As part of funding requirements, the centre committed to monitoring the programmes in terms of outcomes achieved. This was done through a mixture of written and verbal feedback from project participants and staff. After the first few weeks when the project participants felt comfortable, they were asked to complete a questionnaire led by the development worker (during a 1-to-1 chat) to determine how they are feeling at the start of the project. This questionnaire was repeated at regular intervals to monitor progress (Box 2). Feedback also facilitated the centre adapting the programmes as appropriate and identifying where further external support may be required for participants.

Box 2: Internal evaluation measures

- The numbers attending each session
- Feelings of isolation
- Improvement in mental health
- Improvement in health and wellbeing
- Increased engagement in community
- Volunteering @ the grange
- Increased positive social relationships

Timescales

The programme began in September 2019 and was expected to last for two years. For the first year it was proposed the activities would be free to attend, with a small charge introduced in year 2 to help finance the project. Throughout the year it was envisaged volunteers and former programme participants would be trained to help run the sessions, with the possibility of the groups becoming completely self-sustaining in year two.

Facilitators and barriers to implementation

Initially, the biggest perceived barrier to implementing the programmes was considered to be funding. However in addition to securing the Innovation Fund money, the centre also sought to continue to raise money through other activities it regularly ran such as bingo, raffles etc. As part of its wider provision, the centre also bids for bigger funding pots and grants, whilst the building itself generates revenue through the renting of rooms to local organisation and businesses for events.



“When I first started off, I thought it would probably be the biggest mountain to climb but I don’t know why but everything just seems to have fitted into place.” **Project implementer**

The internal evaluation questionnaires were instrumental in adapting the programme when necessary. For example participants in the DIVAS group fed back that the time the sessions were held was not convenient as for practical and safety reasons they did not want to be travelling to the centre at night. Thus the centre was able to respond and change the scheduled time to straight after school.



“We asked if the girls were happy to continue on a Tuesday night and they said no that they would prefer to do it on a Wednesday after school. You have to do that because if we are not doing what they want it’s not going to work is it?” **Project implementer**

The main barrier identified was the changes in staffing which delayed the progress of the programmes for a couple of weeks. Due to the lack of staff and a busy Christmas period the programmes were not ran in December 2019. The men's group was particularly impacted and was not picked up after this point. In order to support the men accessing the centre during this period some one-to-one sessions were conducted and other activities separate from the Guys On Grange programme were still running. A new development worker also came into post in January 2020 and started to engage again with men who attend the centre to find out what activities would be the most beneficial.



"Maybe if it had been any other time of the year to not have those programmes running might have been an issue."

Project implementer

A key facilitating factor for both projects was the good working relationships between the centre and other local organisations. This was partly developed through an event that was ran as part of the Innovation Fund, which brought together different Innovation Fund community projects. Through this event the centre was able to make links with other organisations, had details of sources of support to signpost their members to and linked up with other stakeholders to deliver talks and activities at the centre.



"For example, we wanted to take the men's group fishing but there isn't anywhere around here so they suggested somewhere we could go. There was also someone in Blackpool who got funding, but we wanted him to come and do a talk. I think having those links and having places to signpost to has been the biggest help really."

Project implementer

Impacts of intervention

Whilst the Guys on Grange group had to be temporarily suspended, one-to-one support sessions continued. Several incidences occurred where two suicidal men came into the centre seeking help *"one man came in this week, so the development worker has worked with him one on one. That man had several issues but we have helped him get the support that he needs, such as housing association, mental health team, we took him personally to an appointment because we knew he wouldn't go unless we took him, we have made sure his mental health appointment was brought forward"*. The project implementer highlighted recording five safeguarding reports in relation to suicide or self-harm for a two-day period alone. This indicated that members of the community feel that the centre is a safe place to come and seek help.

Such help-seeking behaviour were also a feature of the DIVAS programme with two girls disclosing self-harm. The previous session that the girls had attended had focused on self-image and body confidence and the project implementer felt that this was why the girls felt comfortable enough to report their self-harm *"the girls said that they couldn't tell their parents, couldn't tell anyone at school but felt that they could tell us. So that started the ball"*

rolling with safeguarding yesterday. It was good to see that after two weeks of the activities and the tools of engagement they felt that they could open up”.



“What it has done, is enable the girls to have the confidence to speak out about their issues. Before the programmes, these girls were all over the show, arguing with each other and in gangs. The bitchiness is gone, and their levels of confidence has risen, and they are working through their problems. Feeling comfortable in their own skin and able to talk about their problems.” **Project implementer**

Next steps/sustainability

The centre felt that once the programmes were established they were very sustainable, particularly given once the development worker was in post, only a small amount of funding for day trips was required. This money can potentially be raised via the activities or events that the centre already run or through applying for funding *“just more if we want to take them on trips we will have to find a pot of money every year to put aside to the DIVAS project to pay for activities or trips. The atmosphere in the room is really lovely, really great, we will continue it once this funding has gone”*. The building itself is self-sustaining and helps supplement the costs of some of the events and outings by generating money through renting out rooms to local organisations and other local events. The only consideration is to ensure that a balance is struck between renting out rooms in the building and using them for community activities *“So, it is about making the building sustainable, so it is a balance of making sure the rooms are available for community groups to use and striking that balance of hiring the rooms out”*.

Next potential steps for the organisation may involve recruiting another staff member to the centre who would be responsible for signposting at-risk individuals to mental health, housing, employment support services etc. The individual would also assist at-risk individuals with managing and booking appointments *“people who need to access those services are sometimes too chaotic to do those sort of things themselves”*. However the addition of such a role would require further funding *“I had a chat with my manager yesterday and we are looking at more funding to have a person in the centre either part-time or full-time who can take on all these cases and it’s their job to know who to signpost people to, someone who doesn’t just give a telephone number to someone as say here you go contact them”*.

Project Hope, Aawaz

Aawaz آواز

Background

Aawaz is a voluntary sector organisation and registered charity based in Accrington. Aawaz was established in 1997 by Asian women and has over twenty years of experience working within communities and is well respected. The name Aawaz means “Voice” in Urdu and acts as the “voice” of Asian women across Lancashire and nationally. The organisation works with South Asian and Eastern European women and their family members, although more recently they have engaged with Syrian and Iranian families who are resettled in the area. Hyndburn in Accrington has an ethnically diverse community with 13% of its population from a South Asian Muslim heritage, predominately from Pakistan, India, and Bangladesh. Amongst these communities, arranged marriages is common, with many spouses arriving from abroad. Aawaz supports women who experience difficulties in these arranged or forced marriages. The organisation also works with families where a young person is involved in substance misuse, and other factors that contribute to unhealthy and/or unsafe relationship experiences.



“Our work is quite holistic it is very much a grass root, we consult women, we go out and do a lot of outreach and we talk to women and their families and find out what are the issues for them and then we look at if there is something that we could do working together to address the issues.” **Project implementer**

Within their broader remit, the organisation decided to implement an information and awareness-raising project around suicide prevention called Project Hope. Aawaz identified a need within the communities they worked with, as families are often disconnected from others in society increasing risk of suicidal behaviour. Families often do not understand or accept the concept of self-harm or suicide, and can be unwilling or unable to acknowledge or understand these issues. Project Hope was designed and established in collaboration with women who were already attending the organisation. The women spoke about how suicide is viewed in their religion and how this has shaped their views. Others spoke about losing a loved one to suicide and experiencing stigma and difficulties accessing support. Individuals highlighted that amongst their community, even the word suicide is taboo and seen as “haram” meaning un-permissible in the eyes of god (Islamic law), which leads to major stigma and rare discussion of the topic. Several high profile cases of suicide in the area further highlighted a need to address suicide prevention in these communities. Staff at Aawaz felt that Project Hope is an essential piece of work due to the number of cases of self-harm and domestic abuse being reported to the organisation *“We hear about various types of controlling behaviour exercised in order to keep the woman within the four walls at home, not allowing her any freedom or choice”*.

Aims and objectives

The overarching aim of AAWAZ is to support and work with women to help improve their chances of integrating into wider society and improve the lives of future generations. The organisation believes that its goal should be to make self-help the norm and equip women so that they can feel equal and valued, thereby eliminating a culture of dependency and helplessness. Project Hope has specific objectives within the overall aim of Aawaz including raising awareness, reducing stigma related to suicide and self-harm, enabling individuals to disclose their feelings, be aware of where to seek help and support others (see Box 3). Project Hope aims to develop women's confidence and courage to talk about suicide, self-harm and risk factors, to use their new found knowledge to protect and educate their own families, and to be more vigilant to any behavioural changes that may indicate risk. The aim is that these skills will encourage individuals to access early intervention and support to prevent escalation of any suicidal ideation.



“To remove the culture of dependency; improve the lives of South Asian women and their families; and, help create equal and cohesive communities where women can feel a sense of belonging and play their part in the wider society.” **Project implementer**

Box 3: Project Hope objectives

- Change existing culture and attitudes by raising awareness and increasing knowledge.
- Breakdown the taboo and stigma surrounding suicide and self-harm.
- Address about the issues of suicide and self-harm amongst the orthodox south Asian (Muslim) communities.
- To support service users' mental health, signpost them to further support and encourage them to support others in their community.

Target group

Aawaz is a grassroots organisation who are visible in the community and already do a lot of face-to-face work with members of the community. Individuals are made aware of the organisation primarily through word of mouth. Project Hope was primarily for individuals who were already part of the organisation, however, local residents were also informed and invited to information sessions. In total 41 women engaged in the programme, however not all these women attended every session. The women were a mix of ages including both younger and older women. Through supporting and working with these women, the organisation aimed for the women in turn to act as advocates and sources of support in their families and communities, reducing stigma around suicide and supporting prevention efforts.

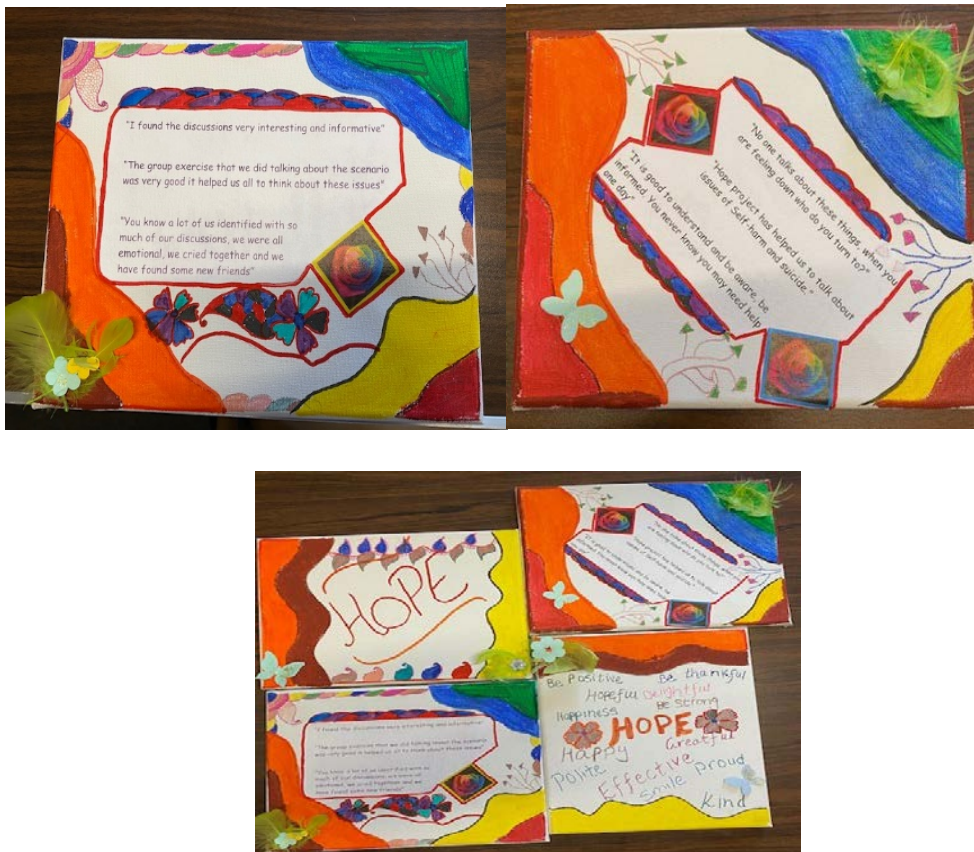


"We know one family who has had great problems with their neighbour, it felt like we needed to talk about these issues in a more open and public way, because a lot of it is quite hidden or people don't address it because they're embarrassed or they don't know how they feel about it." **Project implementer**

Intervention contents

Project Hope involved a series of multilingual discussion and awareness raising sessions, two days per week for a period of six months. It targeted both younger and older women and through dialogue and discussion aimed to create shared understanding of the issues and equip women to be vigilant, informed and confident to address suicide in their communities. The sessions covered topics such as mood swings, dealing with feelings and self-talk, self-worth, loneliness, diet, feelings of being unworthy and a burden, and, body shape and image. Topics were identified and designed with consultation from Aawaz service users. The sessions were conducted by a specific bilingual sessional worker, but also included 'people of influence' such as community leaders, school head teacher, individual with family suicide bereavement, social worker, local Imam, and a local priest to share religious and societal perspectives. The sessions also included work with a local theatre company who provided four art based activity sessions to support participants in illustrating their feelings and emotions in a therapeutic way (Figure 6).

Figure 6: Project Hope participants' artwork



Resources

As the organisation is a charity, additional funding was instrumental in setting up the project. The organisation currently consists of seven members of staff: *“I think we were able to work with the small amount of money that we’ve got because within the organisation we have a wonderful team of staff, not a large team there is only seven of us but they’re all really good and are willing to give their time”*. An essential element of the project was hiring a new sessional worker to deliver the programme for three hours a week, and who was experienced in delivering such programmes in a sensitive and appropriate manner. The role also required the staff member to be multilingual and have the right skills and professional background. Volunteers were used to assist in supporting individuals, and with production and distribution of awareness raising leaflets and posters etc. Sessional workers and volunteers involved in the project were given a comprehensive induction and there was ongoing supervision and training throughout the project to ensure that everyone was informed and supported. Other essential resources included having an appropriate venue and the materials needed for activities. The organisation worked with Horse and Bamboo theatre company and used some of the funding to pay a local artist who came and did some sessions for the project. Refreshments including tea, coffee and biscuits were also provided at sessions to help individuals feel welcome.

Evaluation

Aawaz conducted their own internal evaluation of Project Hope as part of their funding requirements. This included keeping a record of all participants and activities, collecting feedback/views from participants, keeping records of any referrals made for support, and monitoring changes in attitudes and understanding of suicide and self-harm. A pre and post-intervention questionnaire and case studies were used to collect and present evaluation data and determine any impact of the project on participants. The findings from this evaluation were collated in a report and provided to the project funders at the end of the project.

Timescales

Project Hope consisted of sessions on two days a week for six months from May to October 2019.

Facilitators and barriers to implementation

The strong pre-existing links Aawaz already had established with the local community was considered a facilitating factor to implementing the project and engaging their target group. Through these links the organisation was able to gather feedback on what the community felt the gaps were and what support



“I think what helped us to achieve what we set out to do was that the real strength was that we’d really consulted the communities and we talked particularly to the women because we work with women.”

Project implementer

they needed. It also meant there was not a lengthy recruitment period and the project was started reasonably quickly. The pre-established relationships also facilitated easier sharing of experiences between the women who were involved in the project sessions even when the size of the group grew over the course of the project.

Having the right staff in place was also seen as a facilitating factor, particularly having staff who are experienced and can address situations and topics quickly and appropriately as they arise. The manager of Aawaz highlighted the importance of staff being able to handle and address sensitive topics with participants by building trust, providing support, and reducing distress. Another important facilitating factor relating to staff was having a diverse range of staff in terms of skills, experiences, and age and gender. For example, one of the older male members of staff was perceived as vital to working within the local community, including communicating with elders and other key community members. The commitment of the team was also commended as a facilitating factor as a lot of the work in the charity is done on the goodwill of the employees and volunteers.



“So, an essential element of something like that was making sure that we had people who could actually deliver this in a sensitive and appropriate manner, who had the right skills, who had the right language.” **Project implementer**

One of the barriers to implementing the project was only having sufficient funding to hire the specific project staff member for the support sessions. There was insufficient resource available to also hire the staff member outside the three hours a week to answer questions or queries related to suicide, self-harm and mental health outside of the support sessions. This would have facilitated better relationship building with session participants and removed some of the burden on other staff who had to provide support for individuals outside of the project sessions. Further funding could also have been used to implement one to one support for individuals.



“I think that would have enhanced the whole process and, I think it is about building up relationships. That is something that would be important, but we accept that these are funding of the terms that it’s a very small pot and you can’t have everything.” **Project implementer**



“We only have X amount of funding and the professional worker is only here for 3 hours, she’s now gone so we can’t do anything’, we believe we have a duty of care and we will be able to assist that individual and talk through and spending time with them and all of those things are really important.” **Project implementer**

Another barrier to implementation was communication and language issues. Not all participants engaging in the sessions spoke English as their first language. Seven different languages were spoken amongst the group members making delivery of the programme difficult.



“Even if their command of the English language was good there were many sensitive discussions that requires linguistic ability to put things into context” **Project implementer**

This was partly overcome by hiring a bilingual member of staff to deliver the sessions. Similarly, the session facilitator also had to have in-depth knowledge of South Asian cultures and religious beliefs. However the wider team at Aawaz was able to support the session facilitator with their breadth of knowledge and experience working with this community’s culture and beliefs.

Impacts of intervention

Prior to intervention participation Aawaz staff collected some verbal feedback from participants as part of their internal evaluation (Box 4). The majority of participants believed suicide was against their religion, and that many people find it difficult to talk about their feelings. Less than one third of participants agreed that mental health issues can increase risk of suicide. Over four in ten participants agreed that belief in evil spirits could influence people to engage in suicidal behaviour, whilst over six in ten agreed that family problems, lack of control and loneliness could be factors in self-harm.

Box 4: Pre intervention participant verbal feedback (reported by Aawaz staff)

- 39 of the 41 participants believed that suicide was a wrong deed against their religion and belief in God.
- 26 participants cited family problems, unhappy with the family, feelings of being in an impossible situation and loneliness as the main reason why someone may consider harming themselves.
- 17 participants felt that people are driven to desperation because of evil spirits or black magic. They believe that evil spells can be cast on people to make them commit suicide.
- 13 participants said that poor mental health, distress, and illness can make someone take their own life.
- 31 participants felt that people find it difficult to talk about their problems and can feel cut off or they do not know whom to talk to. Others felt that it is a problem when you do not have anyone who can give you the right guidance.

At the end of the project, staff again collected verbal feedback from participants¹². Findings included a high proportion of the participants agreeing that: suicide was a sad thing and a great loss to an individual's family; it is important to maintain good mental health; and an increase in knowledge of support agencies relating to suicide (Box 5).

In general, qualitative feedback collected by Aawaz staff from service users as part of their internal evaluation, demonstrated that many service users felt they benefited from being part

Box 5: Post intervention participant verbal feedback (reported by Aawaz staff)

- 36 participants believed that suicide was a sad thing and that it's a great loss to the individual's family. They felt that the grieving family deserved the same respect and care as anyone else.
- 19 participants felt that in their experience loneliness and feeling isolated is strong trigger factors.
- 27 participants felt that it is important to maintain good mental health.
- 14 participants said that they felt confident to talk to someone if anyone was to approach them and wanted to discuss their problems.
- 39 participants said that the project has helped to understand that there are agencies that can help and listen.
- All the participants felt that suicide awareness should be made available to others in the community.

of the project and it provided an opportunity to talk about sensitive, stigmatised topics, changed their beliefs and encouraged them to help others in the future. One woman was asked for detailed feedback of her experience participating in the project and the impact it had; this was written up into a case study by staff at Aawaz (Box 6).



"This project is something very new to me, I had strong views about the subject, and I realise I was wrong." **Project participant**

"I don't understand how some people appear to have everything they could possibly want, money, careers, smart and good looking, but obviously deep down they are suffering and for some unknown reason they find themselves unable to carry on. By being part of Hope project I hope I can be there for someone." **Project participant**



¹² The same questions were not asked pre and post-intervention thus it is not possible to assess changes.



"I found the artwork really helpful, it reminded me of some happy times in my life." **Project participant**

"I now want to share my learnings, maybe I can be there for someone."

Project participant



"Project Hope gave me an opportunity to talk about things that we don't normally discuss." **Project participant**

At the end of the project, participants decided to host a 'Care and Share' morning at the local library. It was attended by the local Mayor, councillor, local schools, church and a representative from the Innovation Fund. It was attended by 25 of the service users and other members of their community. Participants spoke about their learning and journeys as part of Project Hope and discussed their artwork on display. The exhibition in the library remained on display after the event and continued to raise awareness about suicide and self-harm prevention in the local community. It was successful in generating further interest and Aawaz received 14 enquiries from individuals and two organisations interested in learning more about the project *"many visitors were interested in the exhibition and found it interesting"*.

Box 6: Case study (Aawaz internal evaluation)

*My main learning from this project is about emotions. Before I came here, I had depression, I felt so down, and I did not laugh or smile. My auntie passed away a little while ago and I felt "I am in a bad place". I heard about the HOPE project from Outreach worker who gave me information and invited me. When I came here, I felt much better. I felt welcomed and you looked after me even on the days when I did not want to join in. Talking about depression on the course was so helpful. I have made new friends here too. Life is better than it was. We talked about how to make yourself brave. A lot of people get upset and think everything is gone, but you can come back. I have made myself stronger. I have never felt suicidal, but I know someone who have come close. Now I know there are people who can help about it, and the upset it causes. There is so much shame and no one talk about it in my community, but it is so important to know about these things. In HOPE Project we also learned about stress and how to try and get over big stuff e.g. Bereavement, it can take a long time especially when a close person passes away. Learning how to help other people's grief, can also help me. **When I went home after each session, I felt strong.***



Next steps/sustainability

Aawaz would ideally identify additional funding to increase the scope of the work and continue it long term *“maybe over a period of 12, 18 or 24 months so that we could start looking at lots of other perspectives, I know that is the ideal, funding is always an issue”*. The aim is to continue to engage individuals by building on the programme further and adapting it to include other issues relevant to the participants. This includes more sensitive topics and challenging some of the pre-existing norms with the community whilst continuing to develop relationships with individuals to facilitate discussion *“if you have a relationship with someone you can challenge them and they know you are doing it for a reason not just being awkward or you’re not playing the devil’s advocate but you are doing it because it is for a good reason because you are looking at how can we improve the situation”*. The organisation had a lot of interest in the project with a high recruitment and participation rate so the charity feel that there is definitely a need and desire for the project to continue *“people have also asked us about ‘How did we do? How did we engage the women?’, we got such a good participation rating and I think again that also comes back to the fact that we are an organisation that is credible in the community and have built up relationships in the community”*. Crucially however the organisation feels that if too much time passes without receiving funding and the project is not implemented for an extended period of time then it would be more difficult to set it back up again and would require setting it back up from scratch *“If we were able to get some funds to do another piece of work to build on that, the project finished last year and it has already been about 5 months now, we want to really continue with it as opposed to leaving it for another 12 months and then starting again because that might mean that we are going back to the start again”*.

Men in Sheds, Apple Cast North West

Overview

Apple Cast North West was founded in 2006 and became a registered charity in 2008. In December 2016, the organisation merged with Red Apple Trust to become Apple Cast North West. The initial concept of the centre and activities implemented was based around using angling as a tool to develop respect and self-esteem and break down intergenerational barriers. The organisation has expanded over the years to be able to facilitate a greater variety of activities including woodworking, animal husbandry, horticulture, agriculture and angling tuition.

The Men in Sheds community group is an intervention developed by Apple Cast North West to tackle the increasing issues of mental health within the male population. The organisation noted that *“many of the young people we support face a number of complex barriers that prevent them from achieving in education or training and are in danger of becoming long term unemployed and socially and economically excluded.”* The project aims to promote the communication of issues by encouraging men to be part of a group activity, that meet on a regular basis to create things and connect with other like-minded people and share ideas.



“We work with people who suffer with poor mental health to do activities like woodwork and gardening, to help them open up and increase positivity.” **Project implementer**

The project was designed to have dual functionality, in that it will provide a much needed service in the local area by providing support for males who struggle with mental health issues, as well as developing a volunteer workforce to maintain the charity’s 26 acre site and develop skills in the process.

“We receive at least one request per week for activities for men who have depression. It will also provide a much needed volunteer base for this charity. Men who get involved with this project will actually be contributing something real and valuable to the community.” **Project implementer**



Aims and objectives

The organisation aimed to improve participant’s confidence, and provide them with a sense of accomplishment, whilst also supporting them with their mental health. Additionally, the activities carried out would also impart valuable practical skills that may help them to find employment, or a practical outlet for their emotions. The programme also aimed to bring about a communal sense of trust by encouraging participants to interact with each other and share their struggles. For some of the participants, it was hoped the intervention may also provide them with some structure, as well as giving respite to those who have carers. It was also hoped that some of the participants may go on to volunteer with the organisation, to enable them to continue their learning, and provide support to the charity.



“We wanted to give people skills that they could use to maybe find a job, or even just to continue as a hobby, to help them have some structure in their lives” **Project implementer**

Target group

The target group for the intervention was men, with no age restriction, however, the focus was on reaching socially isolated men in particular.

Recruitment was carried out through Facebook advertising, and referrals from other organisations such as POPYRUS (a UK suicide prevention charity).

Intervention content

The intervention included participation in a variety of activities at the centre. Such activities included fence repairs, making animal shelters, pathway repairs, building repairs and maintenance. These tasks typically required hiring of a handyman, however, the concept

behind Men in Sheds is to recruit men from the community as volunteers at the charity, rather than individuals who need support. The aim was to facilitate discussion with other men whilst completing these tasks for the charity and organically develop a peer support group. All activities were supervised by staff at the organisation and tools and materials provided for each task. As part of the intervention, participants have the opportunity to fish with staff at the organisation. Fishing was noted by the organisation as providing therapeutic benefits. Other activities which were run included a community suicide awareness angling event and visits and support from the local Samaritans group.

All participants were invited to attend on a weekly basis initially, with more regular meetings taking place over time. The pilot project ran for 20 weeks. At the time of writing, Apple Cast had worked with 10 individuals over the 20-week period, with participants attending 2-3 times per week. Eight participants had continued to attend and work with the organisation after the initial 20-week trial period.

Resources

Funding was necessary to facilitate the activities and was used for staff time, lunches for participants, fishing equipment, leaflets and guest speakers and an awareness raising community angling match. Whilst some funding was necessary for equipment, leaflets and lunches, the organisation was able to provide the site for the activities as well as some staff time to supervise the participants.

Evaluation

As part of funding requirements the organisation conducted an internal evaluation of the project. The organisation used an outcomes monitoring form as well as anecdotal feedback from staff to monitor the impact of the project. Observations of individuals participating in programme were also noted by staff and were used to identify areas of need for further support. This monitoring also enabled case studies of impact on individual's engaging with the project to be developed and to evaluate the project's success.



"We keep the case studies on record to show the project works, and it helps us understand our volunteers." **Project implementer**

Facilitators and barriers to implementation

Initially the programme struggled to find suitable referrals to the project. For this reason, and to minimise turning people away, a horticultural element to the programme was introduced, which increased uptake considerably. In addition to this, project facilitators discussed difficulties in keeping individuals from dropping out, with some participants missing sessions and others not returning.



"There was a couple of issues with people dropping off the radar, but most finished the full programme." **Project implementer**

Impacts of intervention

The project implementer felt that the project had enabled participants to develop practical skills relating to horticulture and fishing, interact with others, and begin to open up about their mental health struggles. The majority of participants finished the project and went on to become volunteers for the organisation. Of the initial 10 participants, eight continued on to work with the organisation after the 20-week pilot intervention period. The wider impact of the intervention was also discussed, with it being noted that by providing a place for participants to go, the charity are actually providing respite for their families, and creating valuable resources for the charity itself. For some participants, mental health struggles may have been due to a short term change in circumstances i.e. loss of a job, and the skills gained from the intervention were observed to be facilitating factors in helping them gain employment and thus improve mental health. Overall, as a result of the intervention, the organisation has gained additional volunteers, and are therefore able to carry out more work around mental health in the future. They have also been able to expand their facilities as a direct benefit of the work sessions the participants took part in, resulting in them being able to increase their offer to the community.



"It's not just about the individuals, it's about the respite we provide their families, and also the benefit their volunteering has to the charity." **Project implementer**

Next steps/sustainability

Whilst the specific Men in Sheds intervention is not being continued, the concept has been utilised to expand the intervention to a larger target group to include women and to incorporate a broader range of activities on offer. Additional funding acquired following the pilot period, has allowed the programme to offer additional activities such as animal care and horticulture, in addition to the primary activities of fishing and construction which were the main focus of Men in Sheds. The funding was used to hire a mentor to oversee these activities and the intervention has been rebranded 'Wellbeing' and already has begun to engage female participants.



"Men in sheds narrowed down the audience too much, so removing that title opens it up to more people. The project helped us to realise that and move forward from it in a better way. We have had female referrals, one of whom is now a full volunteer." **Project implementer**

Overview

Lancashire BME Network (LBN) is an organisation which aims to support local marginalised communities, including South Asian/refugee communities. LBN identified a need for specialist provision within these communities to deliver targeted interventions on self-harm based on anecdotal evidence collected through their engagement with the community that self-harm was a stigmatised topic and there was a belief that referral to services would lead to stigma and shame for the family. Lack of knowledge about available support services language barriers were also identified as important factors.



“Within the target community there hasn’t been very many studies around self-harm, due to low numbers presenting at A&E. However we knew anecdotally that incidents of self-harm were happening in the community, so we decided to develop the intervention out of that need.”

Project implementer

Bake Me Happy was designed and implemented by LBN to address these barriers to accessing support on self-harm amongst these communities. The Bake Me Happy intervention aims to engage women from the South Asian Heritage and refugee/asylum seeker communities of Hyndburn and Burnley in an emotional resilience course centred around baking. The project aimed to raise awareness of self-harm within these communities, to identify alternative coping strategies and discuss ways of confidentially accessing support from relevant services. The project began piloting in September 2019, and aimed to engage two cohorts of approximately 10 per group over an eight-week period. Sessions were held using community kitchens, one located in Burnley and one in Hyndburn.

Aims and objectives

The organisation aimed to improve participants’ knowledge and understanding of self-harm and build their confidence in discussing these issues and supporting others (Box 7). The project also aimed to educate participants in providing first aid to someone who had self-harmed. A wider aim of the project was to encourage participants to develop their own support network to continue the conversations outside of the intervention, and into the wider community. The aim was to facilitate the development of these peer support networks through encouraging participants to share their baked items with two people outside the group and engage in conversations



“We hoped to develop a self-sustaining peer support network, which will continue to meet after the project has ended.” **Project implementer**

about self-harm. Thus creating peer support networks within the community that would be sustainable after the project had ended.

Box 7: Bake Me Happy objectives

- Recruit and engage 20 participants in the Bake Me Happy programme.
- Increase participants' knowledge of self-harm, how to provide first aid to someone who has self-harmed, information about support services and referral processes.
- Encourage individuals to engage with two new people outside the group each week.
- Directly engage with 20 individuals through the programme and indirectly engage with 320 people through participants discussing the programme with others.
- Raise awareness of mental health and self-harm within the South Asian heritage and refugee/asylum seeker communities.
- Develop self-sustaining peer support networks which continue to meet after the project has ended.
- Leave a community legacy in terms of resources, community members willing to support others.
- Evidence the impact of the programme and outreach.

Target group

The target group for the intervention was adult women with South Asian heritage or refugee/asylum seeking communities of Hyndburn and Burnley.

Participants were recruited through general advertising within the organisation's centre and social media accounts. There was also targeted recruitment of some participants who were known to the organisation and who had previously expressed concern over self-harm in the community or who had experience of it.

Intervention content

The project was delivered in 3-hour sessions once a week for nine weeks. Each session was split into two parts, the first involving a baking activity and the second involving a group discussion on



Lancashire BME Network

Bake Me Happy

A 9 week baking and wellbeing course for women wanting to improve their baking skills, make new friends, boost confidence, talk and improve their outlook on life

Tuesdays 10am - 1pm
Starting 10th September 2019

**Chai Centre, Hurtley Street,
Burnley, BB10 1BY**

To register:
office@lancashirebmenetwork.org.uk 01254392974

The Lancashire BME Network

different topics related to self-harm (Box 8). Each session was facilitated by a staff member from LBN, and guest speakers were invited to sessions who shared their own experience of self-harm or were professionals working in self-harm prevention and intervention. First Aid training was provided by Lancashire Adult Learning, whilst a nurse working with self-harm provided an overview of the topic and spoke about available support services.

Box 8: Session content

	Baking session	Group discussion
Week 1	Scones	What is self-harm? Why do people self-harm? Why am I sharing my baking?
Week 2	Biscuits	Signs to look out for. How to ask the right questions. How to provide support.
Week 3	Cupcakes and icing	First Aid session (practical care and support for self-harmers).
Week 4	Flapjacks	Why don't we seek help? What to expect when we seek help. What services are available? Are they confidential?
Week 5	Mini banana and bread loaves	What is emotional resilience? How do I develop resilience?
Week 6	Mini pies or quiche	Emotional resilience – continued.
Week 7	Mini pizza	How do I support someone who needs help?
Week 8	Macarons	What can you do next? How can we support one another?

A key part of the intervention was encouraging participants to share items they baked with two people outside of the group. The items which were chosen to be baked in the sessions were specifically selected to allow participants to share with others. Facilitators provided participants with gift boxes to place their baked items in for sharing with others, which included a label ***“A random act of kindness to brighten your day”***. Participants were encouraged to share and discuss their learning on self-harm. A leaflet which included information on self-harm, emotional resilience and the contact details for local and national support services was provided to participants to support their conversations with others outside the group. Participants were also encouraged to share photographs or videos of those that they gifted their bakes to with the group.



“Second half, we sit down with tea and biscuits and discuss topics such as what is self-harm and their understanding of self-harm – sometimes we do an activity but other times we just try and get their opinions and how the community feel about this issue.” **Project implementer**

Resources

Funding was essential to the implementation of the project and was used to fund indirect project costs such as promotion, facilitator salary, overheads, management and design costs and direct project costs including the venue hire, resources for the baking activities (e.g. ingredients and baking equipment), printing of materials for the group discussion, and costs associated with facilitating participants’ attendance at the group such as covering childcare and transport costs.

Evaluation

As part of funding requirements, in addition to a desire to demonstrate impact of their work, project officers and facilitators planned an internal evaluation of the project. To measure changes in participants’ knowledge of self-harm, pre and post-evaluation surveys were completed by participants. These were designed by the facilitator and a volunteer using a series of established metrics including questions about self-harm, GAD7, Core 10 and PHQ 9¹³. Questions were also included on participants’ confidence in responding to someone who was self-harming and signposting to appropriate services. In addition to this, at the beginning of each weekly session, the facilitator ‘checked-in’ with each participant to find out whether they were able to achieve their outreach (i.e. sharing the baked goods with two people), and how this went. This allowed facilitators to gain a better indication of the outreach and knowledge dissemination of this aspect of the project.

Facilitators and barriers to implementation

From the outset of the intervention being advertised, facilitators reported a huge interest in participation from the target community. This allowed the organisers to easily fill both intervention cohort groups. It also gave them confidence that this project was a needed service in the community. Another identified facilitating factor was the attendance rate at the sessions, with the project facilitator noting that



“None of the ladies in the first cohort missed a session, they were really committed. This was a first for our interventions, where we had consistent attendance.” **Project implementer**

¹³ The GAD-7 is a screening tool and symptom severity measure for the four most common anxiety disorders (Generalized Anxiety Disorder, Panic Disorder, Social Phobia and PostTraumatic Stress Disorder). The CORE outcome measure (CORE-10) is a monitoring tool with items covering anxiety, depression, trauma, physical problems, functioning and risk to self. The measure has six high intensity/severity and four low intensity/severity items. The *Patient Health Questionnaire (PHQ)-9* is the major depressive disorder (MDD) module of the full *PHQ*.

all of first cohort of participants attended every session, which they felt demonstrated participants' commitment to the programme.

Despite the success in attendance rate of the first intervention cohort, the second cohort were noted to need a higher level of support, with one participant in particular requiring additional support from the facilitator. Whilst all participants completed the programme, attendance was more sporadic and not all participants attended every session. Another identified barrier was the cancellation of a number of external speakers who were due to deliver sessions, thus the second intervention cohort did not receive the same content and dose of the intervention as the first cohort. Whilst the smaller numbers attending the sessions was a barrier to supporting a greater number of individuals, the smaller group was also a facilitating factor as it allowed individuals to access more support from the facilitator and facilitated better use of the kitchen facilities while baking (e.g. no waiting to use the oven).

Impacts of intervention

From the facilitators' and project management perspective the project was successful in addressing a perceived gap in need in the target group *"filled a gap that we thought was there, but was previously unexplored within this community. Self-harm is happening in these communities, but they don't talk about it, so providing a safe setting for them to do this was really important"*.

One of the key impacts of the intervention on participants, noted by the project manager and facilitator was how the baking activities enabled individuals to develop relationships with each other, and develop wider peer support networks, one of the key objectives of the project. Many of the participants continued to meet each other outside of the organised sessions, and expressed the desire to continue similar programmes in the future.



"The group conversations really enabled people to open up and feel like they aren't alone. They really supported each other, it was great to see. They formed a WhatsApp group to support each other outside of group, and I know they went for walks together." **Project implementer**

Whilst it was difficult to quantify the wider number of individuals the project supported through participants engaging with two new people per week on the topic of self-harm, staff at LBN reported:

- 1200 hits on Facebook and Instagram social media posts about the project.
- 16 attendees over the two cohorts.
- 17 sessions held.
- 140 handouts provided.

In general, participants in the project were using their learning and knowledge to expand and deliver similar support to others in their community. For example, participants from the first intervention cohort met with the organisation Mindsmatter and together they are jointly delivering a community wellbeing project, similar to Bake Me Happy, the sessions will focus

on baking activities and guest speakers to discuss topics related to self-harm and mental health. The second cohort of participants included Islamic Studies teachers who noted that prior to participation in the programme, they had no knowledge of how to discuss self-harm or other taboo subjects in their classes. Following the sessions, it provided them with the skills, knowledge and confidence to raise the subjects in their teaching and support others.

Next steps/sustainability

The project manager felt the intervention has the potential to be rolled out with a variety of different audiences, and be adapted to address different public health issues: *“Really what we have developed can be adapted to any issue, not just self-harm. The model itself is about getting people to learn and discuss a topic in a safe environment, and what we have witnessed is that the activity just helps to take the pressure off people; it’s a good facilitator to discussion. Going forward, we could use this model to address other issues, or with other target populations quite easily”*. As a direct result of the success of the intervention, the project manager and facilitator have been approached by several different organisations based in Lancashire to run the programme and funding has been secured to deliver the programme in a local prison with prisoners identified as at risk of self-harm. There is also 60 individuals currently on a waiting list to engage in future rollouts of Bake Me Happy within LBN. Whilst such extended roll out is subject to further funding, the organisation has been able to develop a model which can be replicated in different settings, implemented by volunteers and previous programme attendees and which has wider impact on communities awareness of support for self-harm through the programme participants disseminating their knowledge through sharing their baked goods.

4. Summary of key findings

Suicide prevention is a priority at local and national levels, and Lancashire and South Cumbria, which has some of the highest rates of suicide nationally, has committed to aim to reduce the number of people completing suicide by 10% by 2021 in line with national targets. To achieve this aim a suicide prevention strategy and accompanying logic model was developed which covered five key work streams (Leadership, Prevention, Intervention, Postvention and Intelligence) and identified a range of short, intermediate and long-term aimed outcomes. To meet these outcomes a broad range of activities were implemented. Two of the activities, within the prevention work stream, included a suite of training programmes on suicide prevention, self-harm intervention and mental health and resilience, and an Innovation Fund to support and fund community-based projects. These activities aimed to contribute to the achievement of three short-term outcomes: increased awareness of suicide risks and suicide prevention; improved mental health and wellness; and, communities and service providers being more skilled in identifying individuals at risk of suicide and able to respond appropriately. This report presented the findings from a process and outcome evaluation of the training programme and Innovation Fund community projects to document the implementation of these activities, including dose and reach, and barriers and facilitators to implementation, and determine whether the aimed outcomes were achieved.

Increased awareness of suicide risks and suicide prevention

One of the identified measures of success for achieving the logic model short-term outcome 'increased awareness of suicide risks and suicide prevention' was the proportion of people who were more aware of who is at risk of suicide and ways it can be prevented.

The Innovation Fund was established to support and fund innovative community projects that aimed to raise awareness of suicide risks and suicide prevention and/or support at risk communities. Many of the Innovation Fund projects primarily focused on awareness raising activities. For example, PH7 Life aimed to raise awareness of the high rates of suicide through their Massive Mental Health Walk, which was a series of walks totalling 111 miles to represent the 111 people who die by suicide each week. 250 individuals took part in the walk and raised over £10,000, whilst the associated PR campaign reached over half a million people. This project had the double benefit as the money raised during the awareness campaign was used to fund: 12 people taking part in mental health awareness training; 500 people accessing group therapy and six individuals with mental health issues receiving one to one support. Similarly, other awareness raising projects such as James Fest, a festival which aimed to raise awareness amongst young people around suicide and mental health, and Positive Cycles, which built Legacy Bikes dedicated to individuals who died by suicide to raise awareness, also used the money raised through their awareness activities to fund support for individuals with mental health issues and/or at risk of suicide. Such community projects, which only received funding up to a maximum of £5000, have dual benefit in terms of their awareness raising activity and the use of funds raised through such activity to support individuals at risk and thus increase the sustainability of the project.

Whilst the primary objective of other community projects was the provision of support to group participants, many of these projects also raised awareness in their local communities through encouraging project participants to disseminate their knowledge and confidence in discussing suicide and self-harm with friends and family in the local community. For example, the Bake Me Happy project by Lancashire BME Network consisted of weekly group sessions for refugee or South Asian women, with part of the session focused on baking and part on increasing participants' knowledge and understanding of self-harm, reducing stigma and increasing their confidence to discuss these issues and support others. A key part of the project was encouraging participants to share baked items each week with two people in their wider community and share and discuss their learnings on self-harm. In this way, the project facilitated wider awareness raising than their immediate project group through building peer support networks in the community and encouraging the dissemination of knowledge. Other projects such as Project Hope, by Aawaz also facilitated wider awareness raising beyond their immediate project participants by equipping participants with the skills and confidence to disseminate their knowledge and support others in their communities.

The suicide prevention and self-harm intervention training programmes implemented across Lancashire and South Cumbria also contributed to increasing awareness of suicide risks and prevention work, with over 1,500 individuals taking part. Crucially, evidence from training evaluation surveys suggests that such training reached those who needed it most. Of those who attended suicide prevention training, almost three quarters had never had training in suicide prevention, six in ten had never had training on self-harm and one third had never had any training in the area of mental health. Similarly, of those who attended self-harm intervention training, six in ten had never had training on self-harm, two thirds had never had training on suicide prevention and over one quarter had never had any training in the area of mental health. Whilst most trainees had never had appropriate training, a high proportion had experienced individuals who were suspected of being at risk of suicide or self-harm in the three months prior to attending training. These findings demonstrate that the training programmes were successful in raising awareness amongst individuals who, not only had little previous training in these areas, but also crucially were experiencing encounters with individuals at risk of suicide or self-harm and thus may not have had the appropriate knowledge, skills, or confidence to support them.

Improved mental health and wellness

One of the identified measures of success for achieving the logic model short-term outcome 'improved mental health and wellness' was an increase in provision of mental health awareness training programmes.

As part of the broader suite of training programmes implemented across Lancashire and South Cumbria, four different training programmes were delivered on the topic of mental health: Managing Mental Health in the Work Place; Mental Health First Aid; Supporting Student Mental Health and Resilience; Self-Awareness – Stress, Anxiety and Depression. Overall, 59 mental health awareness training programmes were delivered to 676 trainees and 13 individuals were supported through wellbeing coaching during the implementation period. Evidence from evaluation surveys implemented with mental health and resilience programme

trainees demonstrated that nine in ten survey participants had positive perceptions of the training programmes, including agreeing that: the training content was delivered in a way that was easy to understand, the trainers were knowledgeable, the trainers interacted with the group well, and they would recommend the training to their colleagues. Crucially, evidence from the evaluation surveys suggested that such programmes were reaching a wide range of sectors and individuals in different job roles, including management, education, administration, local government, social care, and students/apprentices. Such programmes will facilitate both increased mental well-being amongst trainees (e.g. the Self-Awareness – Stress, Anxiety and Depression course) and/or the ability to support others and signpost to appropriate sources of support.

In addition to the training programmes which raised awareness and provided mental health support, several of the Innovation Fund community projects aimed to increase participants' wellbeing and increase resilience. Approximately 700 individuals engaged in the various community projects. One of the facilitating factors which was identified across these community projects in increasing wellbeing amongst participants was the innovative nature of the activities. Whilst the aim of many of the projects was to increase wellbeing, many did so not by directly addressing mental health issues (e.g. formal counselling) but through the provision of a safe space for disclosures and group discussions, and often through the guise of hobbies or activities such as fishing or baking. The key concept of these projects was developing peer support networks through engagement in enjoyable activities and facilitating project participants developing supportive relationships with other group members.

Increased skill in identifying individuals at risk of suicide and ability to respond appropriately

Three of the identified measures of success for achieving the short-term outcome in the logic model were: the number of people trained in suicide prevention and the impact/risk of self-harm; and, the proportion of trained individuals who had improved knowledge, skills and confidence in identifying individuals at risk.

Prior to implementation the aim of the suite of training programmes was to reach and train 3,000 individuals by the end of March 2020. In total, over 2,500 individuals were trained across all programmes. However whilst this fell short of the target number, 26 additional programmes were organised for the last two weeks in March, but had to be cancelled due to government restrictions related to COVID-19. Thus, it is likely that only for this exceptional circumstance, the target number of 3,000 individuals trained would have been achieved within the time frame. Initial delays in getting the training programmes and consortium of providers set up was perceived as a factor in the slow uptake of training at the beginning of the implementation period. This caused issues near the end of the implementation period, when programmes were more widely disseminated, the uptake of the programmes exceeded the resources available for delivery, creating waiting lists and a need to prioritise which organisations received the training. However this barrier was mitigated by allocating resources based on the size of the organisation and/or the potential number of individuals trainees supported (e.g. small number of trained teachers had the potential to support a large number of students). The relatively high drop-out rate for some programmes was also

considered a barrier by key stakeholders to maximising the number of individuals trained. Consideration was given to a non-attendance penalty to discourage drop-outs however this was not implemented due to the perceived amount of resources this would require. Learning from the initial phases of implementation suggested that the two-day ASIST course was a large commitment on trainees' time and the specialist nature of the course was not always appropriate, particularly for individuals who had never had training on suicide or self-harm intervention previously. Thus a one hour suicide awareness seminar was co-produced with members of the public to provide a facilitated discussion of the topic and was used as a feeder course for individuals who were then interested in taking part in further, more advanced training such as ASIST. Overall, 67 suicide prevention training programmes (ASIST, SafeTalk and Suicide Awareness Seminar) were delivered to 1,226 trainees and 20 self-harm intervention training programmes (Understanding Self-Harm and Introduction to Self-Harm) were delivered to 343 trainees during the implementation period.

Evidence from evaluation surveys implemented with suicide prevention and self-harm intervention trainees demonstrated that nine in ten survey participants had positive perceptions of the training programmes, including agreeing that: the training content was delivered in a way that was easy to understand, the trainers were knowledgeable, the trainers interacted with the group well, and they would recommend the training to their colleagues. Evaluation surveys also measured whether suicide prevention and self-harm intervention trainees had more positive attitudes to suicide and self-harm intervention work, were more confident in intervening with individuals identified as at risk, had increased knowledge of factors associated with self-harm and suicide, and, had increased clinical skills for responding appropriately to individuals disclosing suicidal thoughts or self-harm. For both suicide prevention programme trainees and self-harm intervention programme trainees, there was significant increases in positive attitudes to intervention work, confidence in intervening with at risk individuals, increased knowledge of factors associated with suicide and self-harm, and increased skills in appropriate clinical response to disclosures from pre to post training.

Conclusion

The training of specialist and non-specialist health workers in the assessment and management of suicidal behaviour, and associated risk factors such as mental disorders, including self-harm, is considered a key component of suicide prevention strategies [7]. Whilst contact with mental health and primary care services prior to suicide is common [17, 18, 19], and such contacts provide opportunities for intervention by health care workers with individuals identified as vulnerable, many health and social care workers may not be prepared or competent to identify or address suicidal or self-harm behaviours [7]. Evidence from the current evaluation suggested that whilst many individuals attending training programmes had encountered individuals at risk of suicide or self-harm, few had previously had relevant training in how to respond appropriately. Crucially, following training on suicide prevention and self-harm intervention, trainees demonstrated significant improvements in attitudes to intervention work, confidence to intervene with at risk individuals, increased knowledge and increased skills in appropriate clinical responses to disclosures from pre to post-training measurement.

Training of community leaders and implementation of community-based self-help groups, peer support networks and other projects, outside the scope of traditional health and social care services, can provide a key way of engaging with hard to reach high-risk groups and raising awareness of suicide and suicide prevention [7]. Further, previous studies of workplace mental health training have demonstrated such programmes are effective in improving individuals' confidence to help others, greater likelihood of signposting people to support, and improved personal mental health [20, 21, 22]. Thus, the implementation of Innovation Fund community projects and mental health awareness training across a broad range of organisations was critical in raising awareness of suicide and self-harm and addressing mental health issues. Reported outcomes from the Innovation Fund community projects suggested increased awareness of suicide risk and support services amongst project participants and their wider communities. Innovation Fund projects also contributed to increasing mental wellbeing of project participants, whilst the delivery of a suite of mental health awareness training programmes in workplaces and the community aimed to both support individuals with mental health issues, and create peer support networks to teach individuals to recognise risk and sign post others to further support where necessary.

The contribution of the suite of training programmes and Innovation Fund community based projects to achieving three short-term aimed outcomes 1) increased awareness of suicide and self-harm risk, 2) improved mental health and, 3) wellbeing and increased skill in identifying individuals at risk, is a vital step in achieving the long-term aim of a reduction in suicide rates across Lancashire and South Cumbria by 10% by 2021.

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