Community Suicide Prevention for Middle-Aged Men in Cheshire and Merseyside: Learning from NHSEI-Funded Programmes and Implications for Future Practice

Short Report by Everton in the Community, Edge Hill University and State of Mind Sport

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EXECUTIVE SUMMARY

This report outlines key learning from NHSEI-funded suicide prevention projects delivered between February 2020 and June 2021 for middle-aged men (40-60-years-old) living in Cheshire and Merseyside. The purpose of the funding and projects was to prevent suicide among middle-aged men and improve their mental health and overall wellbeing. Twenty-seven community-based projects were delivered by various organisations in eight of the nine local authority areas in the region (Cheshire East, Cheshire West and Chester, Halton, Liverpool, St Helens, Sefton, Warrington, Wirral).

The projects varied in terms of the organisations and personnel involved, whether they were open to all middle-aged men in the local community, or whether they were targeted at specific demographic groups (e.g. veterans, men of working age, men in businesses), or men with specific health conditions (e.g. mental illness, substance misuse). Programmes also varied in terms of their duration (e.g. one-off events, weekly sessions), scale and intensity, and in terms of the activities offered (e.g. sports and physical activities, cultural and creative activities, drama and theatre, gardening, counselling, workshops, mental health first aid).

National and local COVID-19 lockdowns had a significant impact on many of the original projects. Some were able to amend their delivery to engage and support men in suicide prevention activities (mostly online). However, most projects were prevented from starting altogether until COVID-19 restrictions were sufficiently relaxed to enable some delivery to take place during the funding period. This report therefore captures the key learning which can be taken from the suicide prevention work of project teams during a period of significant COVID-19 related disruption.

In particular, the report summarises evidence taken from three rounds of online stakeholder engagement workshops held between November 2020 and May 2021, an online expert by experience event in April 2021, and an end of project stakeholder workshop in June 2021. Overall, 18 workshops were held with all participating projects with additional one-to-one support provided, as needed, to project staff. Documentary evidence provided by projects was also reviewed where available. The report focuses on four key areas of learning:

Programme design and engagement methods

Men with lived experience of poor mental health and suicidal ideation and behaviours were used by projects to engage potential participants for whom peer support was often provided by those with lived experience. This was regarded as central to the effective design of funded projects which were delivered by men for men. In some projects men preferred discussing their mental health problems and other challenges with women (often in counselling and therapy-based sessions) alongside mentoring from men. Engaging women (particularly the partners of men) in project recruitment was also deemed important since they often encouraged men to seek support for their mental health.

Programme delivery methods

Most projects were either paused or did not start at all until the lifting of most COVID-19 restrictions. For some projects online delivery of activities and support services further exposed the significant social and health inequalities identified by the impacts of COVID-19, while others continued in modified form. Experiences of digital poverty, limited access to digital technology and poor digital literacy were often significant impacts on project delivery. These experiences also impacted whether men were able to engage in the activities and were often shaped by poverty and significant social and health inequalities. This was particularly true for men who lived in supported accommodation and/or were in recovery from substance misuse. There were several reasons why men did not engage as much with projects delivered fully online during the national and local lockdowns. These included concerns about trust, who might be able to listen to mental health disclosures virtually, and a reluctance to spend more time online after doing so for work.

Learning from COVID-19

Given the additional burdens placed on project staff to support COVID-19 cleaning protocols and physical distancing measures (often without appropriate funding), the importance of supporting the personal wellbeing and development of staff (including volunteers) delivering suicide prevention projects was frequently emphasised. Some of the unintended benefits of COVID-19 included: (i) the ability of some men to use online platforms to maintain relationships with other men and engage in support services; (ii) the benefits of hybrid (online and in-person) suicide prevention support; and (iii) the positive role played by the Police in supporting the welfare of vulnerable men.

The benefits of establishing a regional network of stakeholders focused on suicide prevention

The workshops held with stakeholders and the networks which had been established within and between local authority areas were particularly beneficial in helping to prevent suicide among men. It enabled project staff to share learning and insight, identify common challenges and solutions to suicide prevention work in their local area and across the region, and raise project awareness through the No More Suicide website.

INTRODUCTION

In October 2019, Everton in the Community (EitC, the official charity of Everton Football Club) were commissioned by Champs Public Health Collaborative to evaluate the NHSEI-funded Men's Mental Health and Suicide Prevention projects delivered in Cheshire and Merseyside. In partnership with State of Mind Sport and academic researchers at Edge Hill University, a complementary rapid evidence review which developed a set of evidence-based criteria and guidelines for implementing a men's mental health project, and which was underpinned by a needs assessment for local suicide prevention work for men, was also produced. This review has been updated to consider learning from COVID-19 on mental health and suicide prevention for men. The review should be read in conjunction with this report since it helps illustrate the contexts within which the projects reported here were conducted.

Building upon the updated rapid evidence review, this report focuses specifically on the key learning derived from suicide prevention projects intended for middle-aged men (40-60-years-old) living in Cheshire and Merseyside. The projects were originally expected to be delivered from early 2020. However, the introduction of national and local COVID-19 lockdowns delayed this, and the funded activity for most projects was paused before being re-started in late 2020 when COVID-19 restrictions were sufficiently relaxed to enable some delivery to take place. Despite the introduction of COVID-19 restrictions, some projects were able to amend their delivery to engage and support men in suicide prevention activities (mostly online) during the successive lockdowns in England.

SCOPE AND METHODS

This report reflects on the lessons learned from all funded projects which delivered suicide prevention activities between February 2020 and June 2021. Overall, 27 community-based projects were delivered by various organisations (Appendix 1.1) in eight of the nine local authority areas in the region (Cheshire East, Cheshire West and Chester, Halton, Liverpool, St Helens, Sefton, Warrington, Wirral). The evidence underpinning the report was derived from various sources (Figure 1). Representatives of all delivery organisations were invited to take part in three rounds of online stakeholder engagement workshops held between November 2020 and May 2021, with 15 workshops held in total. These workshops focused on various issues, including: the activities being delivered by projects and how (e.g. online, in-person, or both), the mental and physical health of men, and emerging evidence on suicide patterns in local communities.

Two online expert by experience events (one for participants and one for staff) were also held in April 2021 and included presentations by the Lived Experience Network at Wirral Mind, Everton in the Community and State of Mind Sport staff. The events also included discussions with participants with lived experience of poor mental health and suicidal ideation and behaviour. Finally, an end of project stakeholder workshop

was held in June 2021 to enable participating organisations to comment on, and further shape, the emerging evidence and insight from the projects delivered during the agreed funding period. Overall, 18 workshops were held with all participating projects with additional one-to-one support provided, as needed, to project staff. As part of the workshops, all project staff were encouraged and supported to complete the Zero Suicide Alliance (ZSA) Suicide Awareness Training and use the Stay Alive mobile app to inform their project activities. Documentary evidence provided by some project teams was also reviewed and used as an additional source of evidence which underpins this report.

PARTICIPATING PROJECTS AND ORGANISATIONS

The purpose of the funded projects was to prevent suicide among middle-aged men and improve their mental health and overall wellbeing. The projects varied in terms of the organisations and personnel involved, whether they were open to all middle-aged men in the local community, or whether they were targeted at specific demographic groups (e.g. veterans, men of working age, men in businesses), or men with specific health conditions (e.g. mental illness, substance misuse). Programmes also varied in terms of their duration (e.g. one-off events, weekly sessions), scale and intensity, and in terms of the activities offered (e.g. sports and physical activities, cultural and creative activities, drama and theatre, gardening, counselling, workshops, mental health first aid). A summary of the men supported by each project, the activities provided, and how, is presented in the Appendix for those organisations who engaged in the workshops and events throughout the funding period.

KEY MESSAGES AND AREAS OF LEARNING

Based on the evidence provided by project teams during the stakeholder workshops and events, four key areas of learning were identified and are presented here to disseminate this insight to others with an interest in suicide prevention work. These areas, which are discussed in more detail below, are:

- Programme design and engagement methods
- Programme delivery methods
- Learning from COVID-19
- The benefits of establishing a regional network of stakeholders focused on suicide prevention

November to December 2020

Stakeholder engagement workshops 1 (N=6)

January to March 2021

Stakeholder engagement workshop 2 (N=6)

April 2021

Expert by experience workshops (N=2)

May 2021

Stakeholder engagement workshop 3 (N=3)

June 2021

End of project workshop

Documentary evidence submitted

Figure 1 Process of evidence generation

1. Programme design and engagement methods

Reflecting the key messages of other programmes, men with lived experience of poor mental health and suicidal ideation and behaviours were used to engage potential participants. The Offload project delivered in Cheshire West and Chester and St Helens, for example, was underpinned by the delivery of rugby league themed sessions delivered by former players and officials with lived experience. This mode of delivery, combined with the use of everyday language in non-clinical environments (e.g. professional sports stadia), was particularly important in engaging men.

> **"Lived experience of our rugby league player presenters plays a massive part in the engagement in the programme. Men reported they feel more comfortable in a non-clinical environment and also speaking to a someone who is talking in 'normal' non-clinical language and breaking down some of the clinical terms."**

Listening to the needs and preferences of men with lived experience, and providing peer support for them, was also regarded as central to the effective design of funded projects which were delivered by men for men.

> **"It was really important that men were met with men on initial engagement... we realise how many barriers that's broken down ... there's something about men working with men that is so, so important ... it's definitely the lived experience."**

Other projects were delivered by women and men. In these instances, this was because the insight project teams had generated from previous programmes led them to conclude that some men preferred discussing their mental health problems and other challenges with women rather than other men. In projects delivered in

Sefton and Wirral, for example, it was identified that the delivery of therapy-based sessions or counselling by women alongside mentoring from men was often an important design feature of suicide prevention programmes for men. Engaging women (particularly the partners of men) in project recruitment was also deemed important since they often encouraged men to seek support for their mental health.

> **"Targeting women may also be a good engagement route for men, as for some of them it was a spouse or family member who 'pestered' them to attend at first, but now they are so glad they did."**

Enabling men to select the types of activities used to recruit participants was an important design feature of projects and perceived as a crucial pre-requisite for attracting and retaining men. The activities provided by projects were numerous and diverse. They included sport, music, photography, nature walks, gardening, workshops, mental health first aid training and counselling.

> **"Anything like that, music, football, where men will already feel really passionate about who they are, very confident about their identity or their role in either their job or their interest, we aim to put our campaign in that sphere, rather than to ask men to move a long way into a mental health campaign."**

> **"When asked 'What activities would you welcome being involved in alongside other men over the next 12 months?', there was a range of responses, but the most popular was around physical activity"**

2. Programme delivery methods

To varying degrees, all projects were impacted by the national and local COVID-19 related lockdowns. Some projects were able to continue by moving their activities online or contacting participants by telephone or through other creative ways. However, most projects were either paused or did not start at all until the lifting of most COVID-19 restrictions. For some projects online delivery of activities and support services further exposed the significant

social and health inequalities identified by the impacts of COVID-19. Experiences of digital poverty, limited access to digital technology and poor digital literacy were often significant impacts on project delivery. These experiences also impacted whether men were able to engage in the activities and were often shaped by poverty and significant social and health inequalities. This was the experience of participants in the JourneyMen project who had difficulty contacting the organisation for mental health support because they had insufficient mobile credit. Men who lived in supported accommodation and/or were in recovery from substance misuse also often had no broadband access in their shared accommodation.

> **"We work in quite a disadvantaged area, so we found it (digital exclusion) right across the board and right across the ages, particularly in our Men's Mental Health programme."**

> **'We've noticed numerous barriers to digital inclusion...having an actual device, knowledge of how to use a device and also having funds to pay £20 a month for broadband'**

The impact of COVID-19 on the availability and reduced capacity of public transport appeared to further isolate those men who were reliant on the use of public transport (particularly buses) to engage in projects and mental health services.

> **"We deliver our sessions at locations which are on public transport routes but during Covid this hasn't always mattered. Many of our participants couldn't get to the sessions because public transport was often cancelled due to staff sickness".**

There were several other reasons why men did not engage as much with projects delivered fully online during the national and local lockdowns. These included concerns about trust, who might be able to listen to mental health disclosures virtually, and a reluctance to spend more time online after doing so for work.

Perhaps unsurprisingly, given the challenges of online mental health support and suicide prevention activity, many projects were delivered more easily as COVID-19 restrictions were gradually lifted. This was a view shared by the Mersey Forest project which involved men engaging in photography whilst walking. The project leader explained that: "If you are starting from scratch it is very, very hard to engage people virtually from a starting point". Other projects found that "they [men] insist that face to face [delivery] is the best way for them to maintain good mental health … there were struggles to keep the group meeting consistent with the pandemic but with this funding we've been able to do so better than we thought we could". Some projects also reported that the virtual programmes they provided had empowered men to keep their conversations about mental health and peer support going outside of the programme, especially when services were restricted or stopped altogether because of COVID-19.

For one project, The 12th Man, the delivery of their mental health first aid training virtually had not had a negative impact on the engagement of men. Rather, it positively engaged more men and more diverse groups of men than in-person delivery. It also proved to be a more cost-effective way of supporting men and helped engage them in conversations about their mental health.

> **"It's (virtual programme delivery) so much better value for money...the pandemic has been helpful in some respects because it's given people some time and focused people's attention on mental health."**

3. Learning from COVID-19

A central theme of discussions with project staff revolved around the key learning and unintended benefits of COVID-19 for the delivery of male suicide prevention projects. Particular emphasis was placed on the importance

of supporting the personal wellbeing and development of staff and volunteers who delivered suicide prevention projects, and how this needs to be embedded into future activity.

> **"The biggest thing we have learnt, and we will be keeping in place, is investing staff and volunteer training, support and weekly team meetings because we are all going through it too."**

As well as providing usual mental health services, project staff were frequently required to undertake duties outside of their normal role given the increased responsibilities organisations had to support COVID-19 cleaning protocols and physical distancing measures, often in the absence of appropriate funding. This often had a negative impact on staff wellbeing but was necessary to support the continued provision of services.

> **"People forget that our staff were going through COVID-19 as well and this was important for us to acknowledge as some are quite burnt out. Many had to perform additional cleaning duties and complete additional jobs to ensure we could continue delivering services."**

Among the other unintended benefits of providing projects and services during COVID-19 was the use (for those who were able to do so) of digital platforms, particularly social media, as supportive tools to maintain social interaction and reduce feelings of social isolation and loneliness. Online platforms were also used as a new way of projects signposting participants to other mental health activities and services.

> **"Individuals who were able to access digital platforms really benefitted from the conversations that were happening, particularly on Twitter posts, but also as a signposting tool."**

The development of hybrid (in-person and virtual) ways of working was also felt to be an effective way of working in the future when provided in the right settings, for the right reasons, and with the right support and resources for pre-existing groups of men who prefer this means of delivery.

> **"A virtual offer through workplaces, or a group that already know each other or already have a link, will continue."**

A final area identified by projects was the support they received from other services during the COVID-19 lockdowns. The Police and law enforcement agencies were particularly identified as placing even greater emphasis on the health and welfare of people in local communities. They were used by some projects as a resource to check on the welfare of men who were of concern to project and service staff, and it was hoped that this support would continue in the future.

> **"Throughout lockdown periods the police have been vital as they have been one of the only services that has been able to go to something which has caused us real concern and provide a welfare check which we hope they continue with in the future."**

4. The benefits of establishing a regional network of stakeholders focused on suicide prevention

Many of the participating organisations felt that the workshops held with stakeholders and the networks which had been established within and between local authority areas were particularly beneficial in helping to prevent suicide among men. The networks enabled project staff to share best practice and reflect upon experiences of participant recruitment. It also allowed organisations to share learning about effective programme delivery and resources to prevent suicide in their local communities and across Cheshire and Merseyside.

> **"This type of group [the network] allows us to share best practice and learn from others in public health to inform our programmes."**

The virtual networking opportunities afforded by the approach taken to the funded activities also allowed organisations from across different sectors to work together, particularly in the sport and health sectors, in mutually beneficial ways. This was particularly true in relation to developing engaging ways of recruiting men to programmes.

> **"It is interesting to see what learning comes out from this type of group and can inform subsequent programmes, particularly when using sport to recruit populations who haven't engaged previously."**

It also enabled project staff to identify emerging issues in their local areas, particularly in relation to the insight derived from real time surveillance data on suicide during COVID-19. Particularly important was the incidence of suicide among women, the close relationship between self-harm and suicide, and emerging patterns in suicide method. Since this had not previously been discussed by representatives from areas across the region, but was seen as beneficial, the sustainability of the network to share such insight and develop targeted suicide prevention activity was deemed important for the future.

The network also enabled all projects to contribute to the men's mental health section of the recently re-launched No More Suicide website (https://no-more.co.uk/) hosted by Champs Public Health Collaborative (Appendix 1.2). The website was perceived as a useful way of referring prospective participants to existing services and programmes, and in raising awareness and sharing learning with other programmes and external partners.

SUMMARY

In this report we have summarised briefly the specific learning which was derived from the delivery of NHSEI-funded suicide prevention projects in Cheshire and Merseyside. The following identifies some of the other key messages which are relevant to future local investments in men's mental health projects:

For projects:

- The preferred staffing of programmes, including by volunteers and peer mentors/supporters, should be discussed with men during the design, delivery and evaluation of programmes.
- Embedding learning and insight from men with lived experience into all elements of programmes is important for intended participants.
- The provision of hybrid or blended (in-person and online) delivery methods should be considered, with appropriate support provided to men transitioning back to in-person sessions. Alternative methods and support should be provided to men experiencing digital poverty and those who have limited access to digital technology and have poor digital literacy.
- Relevant targeted communication strategies should be adopted to engage men, with social media and other online promotion being provided alongside more traditional methods for those unable to access newer technologies.
- Informing and encouraging partners, families, and friends to motivate men to engage in appropriate mental health services and programmes is one effective way of recruiting men.

For local areas:

- Previous practice of supporting place-based, community-centred, approaches to the delivery of targeted mental health programmes for men should be expanded and embedded into the development of local Integrated Care Systems.

- Using local investment to respond to the mental health needs of men in communities, based on local needs assessments, can represent good value for money and be an important mechanism in improving mental health and in the prevention, treatment and recovery from mental illness.

- Programmes should connect to the newly-formed network of organisations which developed out of this evaluation and other local support systems to share learning, insight and resources.

For sub-regional organisations:

- Further developing place-based, community-centred, approaches to the delivery of targeted mental health programmes for men should be considered as part of the development of local Integrated Care Systems.

- Investments in small-scale projects with limited funding, staffing and expertise in monitoring and evaluation might compromise the organisation's ability to engage, as expected, in planned evaluation and learning activities. This needs to be considered against the provision of a small number of universally delivered programmes where measures of impact and outcome production could be more robustly evaluated by the host organisation(s) or external bodies.

- Organisations may wish to connect to the newly-formed network of organisations which developed out of this evaluation and other local support systems to share learning, insight and resources.

For EitC, Edge Hill University and State of Mind Sport:

- The newly-formed network of organisations which developed out of this evaluation will be an important mechanism through which to engage in subsequent work and disseminate learning.

- Emerging insight from the participating organisations has enabled us to identify new priority areas of work, including work which will be supported by doctoral and postgraduate research into self-harm and suicide prevention among women, mental health of veterans and suicide prevention for men in Cheshire and Merseyside.

- Our learning from sport and mental health programmes for men in Cheshire and Liverpool has been enriched by supporting colleagues working in related fields. We shall endeavour to develop this further via the networks created by this evaluation work.

- EitC's new capital project, The People's Place (a mental health hub), is well placed to support the network with being a physical and virtual headquarters for mental health support.

APPENDIX

1.1 Participating projects

Project	Target group	Activity	Delivery method
Cheshire East			
12th Man Campaign by Outsiders Community Consultants	Businesses	Mental Health First Aid training	Online
Liverpool			
AF&V Launchpad	Military veterans	Creative Activities	In person
BNENC's Kick Start to Health Programme	Local men	Various including fishing, cycling, walking, circuit training	In person
Shadow Wind	Local men	Maritime (theory and practical sailing)	In person
Sláinte Le Chéile: Health Together (SLC) - Green Hearts & Minds (GHM) **Liverpool Irish Centre**	Local men	Various including wellbeing workshops, park runs, Gaelic football and Yoga	In person
Real Talk in the community	Local men	Theatre and drama	In person
Liverpool to Hull with Love Peloton (Liverpool) Ltd	Local men	Cycling	In person
Bee Inspired (Buzzin') PSS Wellbeing Centres	Local men	Bee keeping	In person, outdoors
Better Men the Brink Cafe CIC	Local men	Various including counselling, mediation, Mental Health First Aid training, sport and creative sessions, walking group	In person
Wirral			
JourneyMEN	Local men	Various including gardening, walk and talk, boating trips, fishing, quizzes	In person, outdoors, online (quizzes etc.)
Bee Wirral	Local men	Allotment sessions, wellbeing walks, drama and music, woodwork sessions.	In person

Project	Target group	Activity	Delivery method
Sefton			
Reach Men's Centre	Local men	Counselling	Primarily telephone
Sefton CVS	Businesses	Working with businesses and employers – mental health and wellbeing awareness and mental health training	In person
Veterans in Sefton	Veterans	Offering holistic mental health plans	In person
Men's Development Work	Men of a working age	Various including workplace mental health awareness sessions in local businesses, research wellbeing and suicide prevention	In person
Warrington			
MoveMent	Local men	Various including physical (e.g. walking rugy, boxercise, cycling), creative, and social activities, Mental Health First Aid training, virtual support activities	In person and online
Enjoy Football	Local men	Football	In person
Halton			
Time to Change	Local men	VTime to Change campaign	Online
Development of Resources for Middle aged Men	Local men	Lived experience videos released and promoted through social media	Online
Cheshire West & Chester			
Mersey Forest	Local men	Photographic walks	In person, outdoors
Offload	Local men	Sport (particularly rugby league themed) workshops delivered in sporting settings and workplaces	In person and online

Project	Target group	Activity	Delivery method
St Helens			
Clear Futures Communities	Local men, also vulnerable families	Workshops in homeless hubs and community projects, addiction support and recovery and lifestyle management, online coaching	Online
Offload & Saints Community Development Foundation	Local men	Sport (particularly rugby league themed) workshops focused on mental fitness delivered in sporting settings and workplaces	In person and online
Maximum Edge	Local men	Workshops, one to one coaching, remote support, podcasts and online resources	In person and online
St Helen's MIND	Local men	Group sessions including quizzes, fun activities (including outdoor treasure hunts) and peer support focused on mental health	In person
UC Crew	Local men	Fitness, dance and arts sessions, virtual peer support and befriending activities, DJ sessions for local DJs	In person and online
No Duff	Veterans	Fitness sessions, gardening and wellbeing programmes supported by therapy-based activities as needed	Online/telephone

1.2 Proposed Local Authority Content Template for Inclusion on No More Suicide Website

Name of project	
Summary of project **(no more than 200 words)**	
Headline project outcomes **(bullet points of no more than 200 words** **in total)**	
Contact details **(website, phone, email, social media, referral** **processes)**	
Illustrative project images (up to 3)	