

Institution: Liverpool John Moores University (LJMU)		
Unit of Assessment: UOA4		
Title of case study: Coproduction within suicide and self-harm research		
Period when the underpinning research was undertaken: LJMU 29/01/18-present		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Dr Pooja Saini	Reader in Suicide and Self-Harm	LJMU 29/01/18-present
Period when the claimed impact occurred: January 2018 to present		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact <p>Suicide is a significant and complex worldwide issue. Our research has made a significant contribution to the policy and practice of introducing new innovative models of care to prevent suicide and self-harm. This work has substantially informed the design and implementation of new innovative services across the North West of England for the management of self-harm and suicide risk and has demonstrably altered practice, both locally, regionally and nationally. Over the past three years, more than 1000 patients have benefitted from these services and findings show a significant reduction in suicidality for men and a reduction in self-harm and attendances to hospital.</p>		
2. Underpinning research <p>Suicide and self-harm are significant societal problems with substantial personal and economic consequences, with estimates that each suicide costs £1,670,000 (DH 2016) and can affect up to 137 people for each suicide. Suicide is a large-scale problem, killing approximately one million people <i>per annum</i> globally leading suicide to be the leading cause of death among young and mid-life people (WHO, 2018). In 2019, the North West of England has some of the highest rates of suicide at 11.1 per 100,000 compared to 10.3 per 100,000 for England. Currently one person every 90 minutes dies by suicide in the UK and approximately two thirds of these are not in contact with mental health services (DH, 2018). Theoretical models of suicide, including the interpersonal theory (Orden et al, 2010), the integrated motivational–volitional model (O'Connor et al, 2018) and the three-step theory (Klonsky & May, 2015) are consistent with an ideation-to-action framework. This framework proposes that the factors involved in the development of suicidal thoughts are distinct from those involved in the transition from thoughts to attempts. Several large epidemiological and meta-analytical studies provide empirical support for this framework and have found that many well established risk factors for suicide (such as depression, impulsivity, and hopelessness) do not meaningfully differentiate individuals with suicidal thoughts from those who have made an attempt. The factors that most consistently predict suicide attempts among people with ideation relate to suicide capability (ie, the degree to which an individual feels able to make a suicide attempt). For people who communicate their suicidal distress to frontline health professionals within primary care and emergency departments, possible strategies for future suicide prevention include: increasing awareness of suicide-related issues and improving training and risk assessment skills; increasing awareness about why patients may not want treatments offered by focusing on each individual's situational context; removing barriers to accessing therapies and treatments; and, better liaison and collaboration between services to improve patient outcomes (Pearson et al, 2009; Saini et al 2010; 2011; 2014; 2015).</p> <p>The prevention of suicide and self-harm are key public policy priorities, including all UK legislative bodies. To date, no Government has been able to demonstrate that their National suicide prevention strategy (2012) has directly led to a reduction in suicide; however since the introduction of multiple initiatives for suicide prevention across Cheshire and Merseyside, there have been significant reductions in suicide rates in some areas for the first time in 10 years (PHE 2019). Some of this success has been attributed to the coproduction approach being used across the region from our research (Outputs 1-6). Co-production involves professional stakeholders and people who use services being consulted, included and working together from the start to the end of any project that affects them. Within our research, coproduction has been embedded from the outset, although this approach can be cumbersome and more time-consuming. This is not usual practice for many services and the involvement by me as the research lead has enabled and</p>		

embedded this approach. Using coproduction when designing and setting up a new service within community settings has facilitated stakeholders to build research co-production capacity in order to strengthen the evidence base on which the services were developed. Consequently, this supported innovation within community settings and the sharing of best practice or successful new models of care; thus reducing the repetition of initiatives and the *reinvention of the wheel*.

The increased suicide and self-harm research being conducted has led to the formation of the LJMU Suicide and Self-Harm Research Group (SSHRG) by me in 2019. The members include 14 lecturers, 3 PhD students and 8 research assistants. As a group we collaborate with over 60 national and international stakeholders. All strands of work have included coproduction between relevant stakeholders (e.g. clinicians, academics, experts-by-experience, police, coroners, schools, public health, voluntary organisations, clinical commissioning groups) when designing and setting up the new services within hospital, community and school settings (Outputs 1-6). Members of the SSHRG have collected and published findings using data from the household health survey data (N>6500), that was the most comprehensive study of its kind ever to be conducted in the North West. The research highlighted that people with severe depression, anxiety, comorbidities with other mental health or physical health issues and poorer housing were more likely to attend at A&E and GP practices (Outputs 3 & 4). Across this region, our research has highlighted the cost effectiveness of suicide prevention services, shown a significant reduction in suicidal distress in a cohort of men who were at a high risk of dying by suicide (Outputs 2&5), a 50% reduction in hospital admissions for self-harm (Taylor et al, 2020), and used coproduction embedded with research so that we could effectively and ethically gather data to help inform the commission of future services. Our work has informed policy and practice on the importance of raising public awareness of the alternatives to emergency departments for patients with severe depression and has led to the commissioning of seven new services across the UK for people at risk of suicide of who have been bereaved by suicide (Outputs 1-6). Our research has included joined up community-based approaches for the management of suicide and self-harm as previous secondary care medical model approaches (e.g. admission to inpatient hospitals, outpatient care, and community mental health care) seemed to have not helped in reducing suicide rates across the population. Additionally, service users involved reported on how some medical models impacted on worsening their symptoms through inappropriate and sometimes judgemental treatment from medical staff. Coproduction has contributed to including service user voices, the generation of collaborative research, the design and implementation of new innovative 'non-medical' community-based interventions and the testing of these interventions through robust research, such as randomised-controlled trials.

3. References to the research

All the successful grant applications, papers and reports have been through a rigorous peer review process prior to being funded or published.

Output 1: Saini, P., Clements, C., Gardner, K.J., Chopra, J., Latham, C., Kumar, R., Taylor, P.J. Identifying suicide and self-harm research priorities in North West England: a Delphi study. *Crisis*, 2021. DOI: <https://doi.org/10.1027/0227-5910/a000757>

Output 2: Saini P, Kullu C, Mullin E, Boland J, Taylor P. **Editorial: Rapid access to brief psychological treatments for self-harm and suicidal crisis.** *British Journal of General Practice*, 2020; 70 (695): 274-275. DOI: <https://doi.org/10.3399/bjgp20X709913>

Output 3: Saini, P., McIntyre, J., Corcoran, R., Daras, K., Giebel, C., Fuller, E., Shelton, J., Wilson, T., Comerford, T., Nathan, R., Gabbay, M. Social and Mental Health Predictors of Emergency Department and General Practitioner Usage. *British Journal of General Practice*, 2018, doi.org/10.3399/bjgp19X707093

Output 4: McElroy, E., McIntyre, J.C., Bentall, R.P., Wilson, T., Holt, K., Kullu, C., Nathan, R., Kerr, A., Panagaki, K., McKeown, M., Saini, P., Gabbay, M., Corcoran, R. Mental health, deprivation, and the neighbourhood social environment: a network analysis. *Clinical Psychology*, 2018

Output 5: Saini, Chopra, Hanlon, Boland, Harrison, Timpson. James' Place Internal Evaluation: ONE-YEAR REPORT, September 2020. Liverpool John Moores University.

Output 6: AMPARO Annual Report: Summary Year 4 2018/2019. Champs Public Health collaborative

All Grants awarded to members of the SSHRG.

James' Place Charity "Evaluation of James' Place Non-Clinical Crisis Centre for two sites (Liverpool and East London)" Jun 2018 - **£55,675**; Wirral Borough Council "Review of Self-harm and Suicide Prevention Training" Sep 2019 - **£17,384**; LJMU Match-Funded PhD with Charity *Mark McQueen Foundation Trust* "A feasibility study of the effectiveness and acceptability of Postvention Liaison Services for Individuals Bereaved by Suicide" Feb 2019 - **£61,059**; NIHR Research for Patient Benefit "Community Outpatient Psychotherapy Engagement Service for Self-Harm (COPESS): A Feasibility Trial" Feb 2020 - **£253,707**; Cheshire Wirral Partnership NHS Foundation Trust "A mixed-method study to inform an evidence-based service delivery model for mental health service users with complex needs" December 2020 - **£256,968**

4. Details of the impact

Our research has influenced policy (i) and radically informed the practice of introducing new innovative models of care to prevent suicide and self-harm (ii and ii).

(i) informing debate at the level of national policy and having a positive impact on beneficiaries and the wider community

First, our research for both *Amparo* and *James' Place* have informed debate at the level of national policy and included within national recommendations (Government's Fourth Preventing Suicide Progress Report 2019; Public Health England [PHE] 2019). They have been discussed due to the initial findings within their yearly evaluation reports that have reported positive impacts on the wider community and beneficiaries of the services; for example a reduction in suicide risk and increased quality of life (Outputs 5&6). Between 1st August 2018 to 31st July 2019, 265 number of men have been referred to JP via A&E, Primary Care, Universities or self-referrals. 212 (80%) attended for a welcome assessment and of those, 176 (83%) went on to engage in therapy. The James' Place model is based on three theoretical models of suicide (see above). The clinical outcomes measure showed a significant reduction in suicidality for men using the service (average reduction of -43.7 points) and the initial findings suggest that the delivery of the brief psychological JP therapeutic model has been effective and acceptable to both staff and men using the service. Feedback from men using the services has been 100% positive:

"Understanding and caring staff and not judgemental or biased, which was good." (ID 3)

"Really helpful seeing the mental state I was in. Just Great!" (ID14)

"I am somebody who has been to different counselling in different groups in different support networks, and I've never, ever, ever felt comfortable...For me, it's [James' Place] an open space. It's calming. It's relaxing." (ID31)

Amparo, is a beneficial service that has provided immediate outreach support to people bereaved by suicide. *Amparo* has been shown to provide an opportunity to assess risk, counter stigma, fill a void in support, encourage help-seeking and provide a ripple effect that spreads to their wider social networks. Between 1st April 2018 to 31st March 2019, 164 people have been referred to *Amparo* via Coroners, Police and self-referrals. 154 (94%) went on to engage with the service. sWEMWBS measure showed a significant average improvement in Quality of Life for those using the service (increase of between 2 and 4 points) and the initial findings suggest that the service has been effective and acceptable to both the wider stakeholders, staff and beneficiaries. Feedback from all involved has been overall positive and useful in providing support and practical information:

"massively benefitted us as a family... right at those pinnacle moments... those very first moments where you really have no idea what to do with yourself, she was superb"

"the inquest... she was the one that told me what I might be expected to do, what might happen and the likelihood of the press being there... it was an open court... you just aren't aware of those things"

The main negative was that this was not available to more people:

"I just hope that other areas, if they can get funding... they have to look at the bigger picture, they have to think about it, if they can prevent future suicides, then that in itself is a saving".

In terms of having a direct impact on Government Policy on suicide and self-harm, this research has informed development of policy in England by highlighting the scale of self-harm, as well as identifying key risk factors within high risk groups (men, history of self-harm, poor housing, depression and anxiety) through published papers and reports and at parliamentary meetings – see testimonials and outputs.

(ii) Bringing together different agencies to provide an integrative approach to suicide prevention and self-harm

By using a coproduction framework we have brought together different professionals and public and patient representatives to enable effective services that were efficient in providing the care required for this population. Two examples are for the design and implementation of the James' Place Service and the feasibility trial for the Community Outpatient Psychotherapy Engagement Service for Self-harm (COPESS) both in Liverpool. The research outputs (Output 5) for James' Place have led to the successful implementation of the second service in London. Here are some testimonials to evidence the impact of my involvement in setting up James' Place and the impact of the research being conducted at LJMU:

Clare Milford-Haven, Founder of the James' Place Charity and for the setting up of the James' Place service:

"Pooja was a driving force in generating enthusiasm around the James' Place project and for instilling confidence to local stakeholders in the idea which had come from outside the local area, and from a relatively small and unknown family charity. At the January 2016 meeting, I was introduced to Jake Mills, a young man who had experienced his own suicidal crisis and worked in the Mayor's office. Jake's story was very compelling with regards to how a service like James' Place would have helped him in his time of need and he also agreed to help set up a meeting with Jo Anderson, the Mayor, and to see what buildings the council might have available for rent. Pooja organised a Focus Group of male advisers over the age of 18 to take part and make suggestions for the design and internal environment which would form an important basis for our brand going forward. The evaluation and findings will be key to establishing future James' Places across the country and displaying the fact that such a service not only alleviates immense pressure on A&E departments, University MH services and GP surgeries. But is also saving valuable lives. We are confident that the findings will help to put a case forward for some statutory funding and the local CCG have already displayed a commitment to this."

Jake Mills, an Expert-by-Experience who acted as the voice of the men who may be using James' Place, a conduit with Liverpool City Council and a facilitator for men's focus group for the setting up of the James' Place service:

"I was invited to be involved because I was speaking at an event about men's mental health, and Pooja came up and told me about James' Place, and if I wanted to go to a meeting about the potential service. It was only a couple of years since my actual suicide attempt, and it was kind of something that I had never heard of before, that 'working together' approach. So, it was refreshing to hear people wanting to do something like that. That's why, as soon as I heard about it, I just thought, 'Well, I want to be involved in this, and do everything I possibly can to make it happen.'" I certainly do think that my views were listened to, and were taken on board, and I felt that respect from the team. I think I was probably the only one who could offer that insight from the people who were there. So, I think it was definitely appreciated, me being there to offer that insight."

Angela Samata, bereaved by suicide, LJMU Honorary Fellow and project manager for the location of James' Place for the setting up of the James' Place service:

"If there is a single element, it is that the tone of collaboration and the tone of coproduction and the tone of co-design that Pooja set really early on in the work. I think that that has continued all the way through and what it has meant is that there is a lot of love in the room."

(iii) Using theory to inform practice for the development of new innovative clinical interventions for the management of self-harm and suicide risk.

- 1) Developing an evidence based model of using the co-production approach for suicide prevention services (Outputs 1,2,3,5&6) and developing new clinical pathways for the treatment of self-harm (Output 1&2).
- 2) Developing a collaborative, multi stakeholder co-production approach for suicide prevention and developing new clinical pathways for the treatment of self-harm.
 - a. Used the coproduction approach to design and open *James' Place* in 2018, Liverpool's first community based therapeutic centre for suicide prevention and informed the second *James' Place*, East London (April 2020). This work has led to 14 new staff being recruited to work for each of the centres.
 - b. Used the coproduction approach to design and implement *COPESS* in September 2020; Liverpool's first community based service for self-harm is being trialled and this research will inform a larger efficacy randomised control trial funding application.
 - c. Used the above two approaches to design and opened 15 more *Amparo* services across the country (e.g. East Lancashire - March 2018, Suffolk – November 2018, Blackpool – March 2018, Barnsley – July 2019, Rotherham - July 2019, Fylde coast - March 2018) and gain funding to conduct a national study on the effectiveness of national services providing support to people bereaved by suicide. This work has led to between 5 and 8 new staff being recruited to work at each of the centres. The research involves stakeholders from across England and Wales who lead in writing the national policy documents.

The impact on service users, family and friends, volunteers, GP's, universities, people who work in the centre and NHS / community services who have been able to refer people to the centre have been included within the testimonials, reports (Outputs 5 & 6) and publications (Outputs 1-4). All the testimonials highlight the need for these types of services within community settings and the benefit of a therapeutic, non-clinical, safe, supportive environment for the delivery. As well as the feedback from all those using the service, the clinical and psychometric measures also show a reduction in: suicide risk; repeat self-harm; and a reduction in readmission to hospital; and an improvement in quality of life and service satisfaction (Output 5 & 6). Each of the implemented services (Output 5 & 6) have informed recommendations and guidelines for rapid response and brief psychological treatments for the management of self-harm and suicidal ideation nationally. Our research has informed practice, notably by informing advances in the management of people at high suicidal risk and those presenting with self-harm. For example, the *COPESS*, *James' Place* and *Amparo*.

LJMU are now an organisational member and we will be representing the work being conducted locally and nationally with colleagues from around the world. Regionally, I collaborate and sit on the following groups: the NHSE Cheshire and Merseyside Self-harm Prevention Task Group, NHSE Cheshire and Merseyside Suicide Prevention Task Group and the Evaluation Working Group for Improving Student Mental Health Project.

5. Sources to corroborate the impact

Testimonials are being provided by:

1. Founder of the James Wentworth-Stanley Memorial Trust Fund
2. Bereaved by suicide, Project manager for the location of James' Place
3. Expert-by-Experience who acted as the voice of men who may be using James' Place
4. CEO for James' Place
5. Suicide Prevention Co-ordinator, Cheshire and Merseyside Public Health Collaborative
6. Consultant Forensic Psychiatrist & Director of Research, Development & Clinical Effectiveness, Cheshire and Wirral Partnership NHS Foundation Trust
7. Programme Lead (Mental Health and Learning Disabilities), Liverpool Clinical Commissioning Group