

# ZSA

## Resources

### Introduction to the ZSA Evidence Reviews

# Context

The Zero Suicide Alliance (ZSA) programme secured funding from the Department of Health and Social Care to develop a world leading 'ZSA Resources' digital suicide prevention resource for its membership that work across all sectors engaged with or influenced by suicide prevention.

The ZSA Resources (formerly called the Go To resource during development) is based on our core belief that everyone, everywhere, in every population can take action to promote good mental health, prevent mental ill health and suicide. The content of the ZSA Resources has therefore a very practical focus: to provide our membership with the the evidence, information and implementation tools they tell us they need to turn ambition into action.

The development of the ZSA Resources started by commissioning a ZSA Alliance partner, the Health Innovation Network (HIN), to undertake a stakeholder consultation with people from each of our membership sectors, and to develop a series of [ZSA Evidence Reviews](#).

The HIN is the Academic Health Science Network (AHSN) for South London, one of 15 AHSNs across England. As the bodies that connect NHS and academic organisations, local authorities, the third sector and industry, they are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients. The HIN is therefore perfectly placed to identify and spread health innovation at pace and scale; driving the adoption and spread of innovative ideas and technologies across large populations.

The HIN was commissioned by the Zero Suicide Alliance in May 2019 to undertake desk top research of current available resources, strategies and policies (nationally and globally) to inform the content and design of their 'ZSA Resources' digital suicide prevention resource. To assist with the research the HIN actively engaged with a Virtual Steering Group of experts invited to participate in the project who were either experts in suicide prevention and/or held lead role in key specialities (see acknowledgements).

The desk top research took place over a period of 10.5 weeks mid May 2019 – August 2019. All sections were subsequently reviewed by relevant Virtual Steering Group members. The information sources in this report are correct at time of research.

The Evidence Reviews will be continuously updated as new knowledge becomes available and to include the impacts of COVID-19. We will reach out to our members and Alliance partners to secure feedback on how the resources are used, how they can be updated and how they can be improved to support action. Please help us to help you by getting involved with our ongoing networks, events and through offering your feedback through the Contact us page of our website:

[www.zerosuicidealliance.com/get-involved/contact-us](http://www.zerosuicidealliance.com/get-involved/contact-us)

# Methods to produce the Evidence Reviews:

Each Evidence Review includes

- An introduction
- A description of the methodology used
- A findings section
- A request for feedback
- The desktop research conducted

## Searched areas

The HIN undertook an agile approach to understand and identify existing suicide prevention resources available at local, national and global levels. Search criteria included:

- National and international examples of existing websites that focus on suicide prevention
- National demographic information available on suicide and suicide prevention plans
- National and international examples of digital learning regarding suicide prevention
- Mental health and Zero Suicide policies from across the world
- Models of implementation and evaluation of impact of international partnerships
- Learning from international and comparable contexts
- Examples of digital apps for suicide prevention
- Core 'Key Facts' presentations
- Suicide and mental health awareness training
- Screening tools for specific groups and services
- Risk assessment and risk management tools
- Brief intervention training
- Continuous self management approaches
- Evaluated care planning and advance decisions tools
- Digital tools for improved access to information and treatments.

## Evidence Reviews included:

- Evidence Review 1: Suicide prevention strategies / policies
- Evidence Review 2a: Suicide Prevention websites and core key facts
- Evidence Review 2b: Demographic information
- Evidence Review 3 : Suicide prevention and brief intervention training
- Evidence Review 4: Risk management and screening tools
- Evidence Review 5: Digital learning / AI

# Executive summary

The focus on suicide prevention is relatively new, the World Health Organisation (WHO) published its first suicide prevention report in 2014. The desktop research presented in our Evidence Reviews reflects this lack of depth.

- **Strategies:** The WHO has identified three countries, England, Scotland and Sweden, that have successful stories in relation to national suicide prevention strategies. Some of the themes common to their success were; leadership from Government, collaborative and partnership working, sharing of information across all sectors.
- **Demographics:** Public Health England Finger Tips, which links to Office for National Statistics, provides a comprehensive data set. Limitations include real time data to assist local authorities to understand real time trends e.g. current suicide high incidence areas. There are examples of partnership work eg. Thrive London, who are developing digital tools to address this real time data issue.
- **Existing websites:** There are international and national examples of organisations who have developed a similar resource as the ZSA ambition. The most developed digital suicide prevention resource found by the HIN is the Suicide Prevention Resource Center SPRC (USA).
- **Training and brief intervention:** There are many examples of training /intervention packages both nationally and internationally that are in use to equip a diverse range of professionals to prevent suicide. Most of the examples found by the HIN evidence learner satisfaction and a change in knowledge as the primary metric of success.
- **Risk screening tools:** There is a large cross section of risk screening tools. It is recommended that these are read alongside the recommendation from the [National Confidential Inquiry into Suicide and Safety in Mental Health \(NCISH\)](#). 'the management of risk should be personal and individualised, and part of a whole system approach'.
- **Care planning:** There is limited UK literature available related to suicide prevention care planning. The most recent NCISH data shows that 17% of patient suicides are in the first 3 months after discharge from hospital. The international literature reviewed by the HIN supports the finding of active follow up of attempted suicides as key to effective suicide prevention care plans.
- **Artificial Intelligence (AI):** is an area of rapid area of growth, some of which is not yet available in real world settings. Building a robust statistical or machine learning models for prediction, which collate sufficiently accurate/valid real time data on an individual to test against that model within legal, ethical and professional codes of practice, are significant challenges for AI and suicide prevention.
- **Digital apps:** There are many digital suicide prevention apps several of which focus on self help. Some of the apps have been downloaded over 75,000 times perhaps demonstrating the user demand for digital support.
- **Workplace:** There are considerable national and international examples of workplace suicide prevention toolkits and training initiatives. Outside of the education system and the home, the workplace potentially has a very significant role in reducing suicide. Examples of interventions by occupational group are included in this research, police, construction, education, social work and business.

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- **Dr Clare Gerada:** MBE, FRCP FRCGP FRCPsych former chairperson of the Council of the Royal College of General Practitioners from 2010 to 2013
- **Dr Julie Goldstein:** EDC and Suicide Prevention Resource Center
- **Craig Hodges:** Global Project Lead, Youth Mental Health, World Economic Forum
- **Dr Mike Hogan:** Co-Chair Zero Suicide Advisory Group, Zero Suicide International
- **Jonjo Hurley:** Project Manager, Healthy London Partnership
- **Dr Lisa Marzano:** Associate Professor in Psychology Middlesex University London - specialising in mental health and suicide research. Formerly a Research Fellow at the Oxford University Centre for Suicide Research
- **Dr Phil Moore:** Deputy Chair at NHS Kingston CCG and London Specialist Clinical Network Lead for Mental Health
- **Sion Philpott-Morgan:** Lead Data Scientist, NHS Digital
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