

Why focus on suicide prevention?



Key Facts

- Nationally there were 14,277 deaths due to suicide between 2014 – 2016 and the associated cost to the economy of every suicide is thought to be £1.7m
- In the east of England, the suicide rate was 9.5 per 100,000 population in 2016 though it can vary considerably from area to area
- Suicide is the most common cause of death for men aged 20-49 years in England and Wales
- In recent years rates of suicide have begun to decline, but in the Eastern region and elsewhere, high numbers of people continue to die by suicide
- Factors contributing to an individual becoming socially isolated e.g. unemployment, personal debt, living alone, marriage breakdown, not a UK national and being over the age of 65
- Nationally, 1 million people were in contact with adult mental health service as of December 2017



The national view

Mental health is a priority for the government and the health service with the Secretary of State supporting a zero-suicide ambition. All mental health organisations are required to draw up detailed plans for zero suicides in inpatient settings

NHS England aim to transform Mental Health services by 2020, with an ambition of putting mental health services on an equal footing to physical health

£25m of funding has been allocated over three years from Public Health England and NHS England to support local suicide prevention strategies

For more information see the NHS England [website](#)



The evidence view

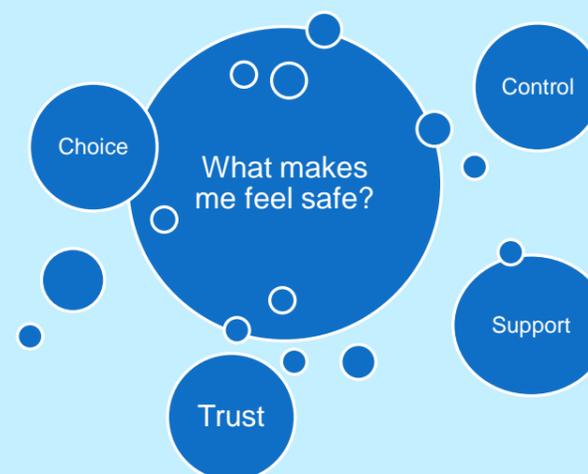
There is no clear evidence that one approach is more effective than others, but continual strategies targeting multiple aspects had some success in reducing suicide rates

Research suggests that some interventions targeting those who are socially isolated or in despair are associated with reduced thoughts about suicide in the short to medium term, particularly interventions which help people see they are loved and valued and those which encourage them to make and sustain connections with others

For more information see our literature review



The user view



For more information see our "I statements" and the I statements prepared by the Mental Health crisis concordat [here](#)



The market view

The total spend on mental health in 2017/18 was planned to be £11.9 billion, compared with £11.6 billion in 2016/17 (a real-terms increase of 0.4%) and £11.0 billion in 2015/16. Over this two-year period, the total real-terms increase is 3.7%.

Current demand for mental health care vastly exceeds NHS resources. By 2030 it is predicted there will be around 2 million more adults in the UK suffering with mental health problems.

For more information see our market assessment.

We are looking for new, market ready solutions that can help address the following areas

Challenge statements

- Can innovations help people who have attempted suicide to be offered ongoing contact and / or support in an effective and affordable way?
- Could we use the internet, smart phones and other technology to identify and signpost help for those thinking about suicide?
- Are there innovative approaches to help address underlying factors such as social isolation that increase the risk of suicide?

The offer

If you have an innovation that could help address the challenges identified above, Eastern AHSN would like to hear from you. We are hosting a regional Innovation Exchange that seeks to define common challenges across our region, identify the most promising innovations and bring together innovators with local health and care representatives. A development day will be held in Autumn 2018 to bring together leading regional stakeholders with selected innovators and the most promising partnerships developed on the day will be eligible to apply for support in running a local pilot supported by independent real-world evaluation.

To find out more, including details of how to apply as an innovator, please visit eahsn.org