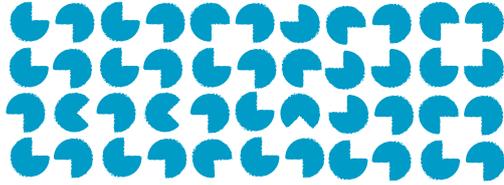


SAMARITANS

**Insights from
experience:
economic
disadvantage,
suicide and
self-harm**

March 2023



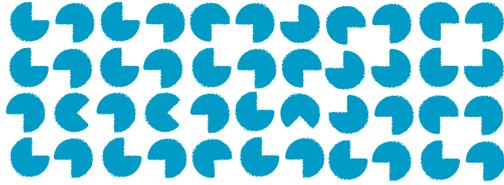
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Foreword by participant

“ Understanding what impacts people’s mental health and wellbeing is really important as it enables people not only to understand what matters to them but enables organisations to respond. Not having the right support has meant that I’ve been led down a path that has been quite catastrophic for me and my family.

It was refreshing to know that the [Suicide Prevention Consortium] are trying to explore the impact that economic disadvantage has in relation to people’s lives and how this plays out on a daily basis. Also, how this in turn can affect the way people feel about themselves and the way that they navigate the world. Suicide and self-harm are often a taboo in society and we need to get better at supporting people. We also need to better understand what are the contributing factors that can lead someone to feeling that way. ”



Introduction

Suicide is complex and is rarely caused by one thing. However, there is strong evidence of associations between financial difficulties, mental health and suicide.¹ Struggling to make ends meet can lead to feelings of anxiety and shame. These feelings can themselves impact our motivation and ability to manage our money, and some people may experience a sense of entrapment or loss of control.

All of these feelings are associated with suicide. These stressors will not be experienced by everyone equally, with those already in lower income households or with pre-existing mental health conditions likely to be among those worst impacted.² More specifically, we know that men in the lowest social class, living in the most deprived areas, are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas.³

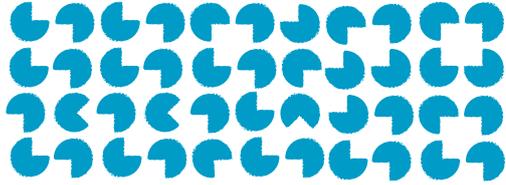
Whilst research has been undertaken on economic factors impacting suicidality and suicide risk, various literature points to the absence of examples of people with lived experience driving this agenda.⁴ We wanted to explore what the relationship between economic disadvantage, suicide risk and self-harm looks like in people's own words, so we partnered with Ideas Alliance CIC to find out.

As well as describing the approach taken, this report draws out the voices and experiences of a diverse group of people. It is a curation of stories against common themes and people's reflections on the change they would like to see.

In seeking to use this report to directly amplify the voice of lived experience we have included extracts from how people shared their experiences that may be challenging to read. This project would not have been possible without the willingness of participants to share their experiences with us and work with us to develop recommendations. We appreciate the time and effort that has been put into this project and thank you.

What is the Suicide Prevention Consortium?

The Suicide Prevention Consortium is made up of four organisations: Samaritans (lead), National Suicide Prevention Alliance, Support After Suicide Partnership and With You. As part of the VCSE Health and Wellbeing Alliance, it aims to bring the expertise of its member organisations and the voice of those with lived experience directly to policymakers, to improve suicide prevention in England.



Our approach

What do we mean by economic disadvantage?

We recognise that the term 'economic disadvantage' is potentially problematic. This is because people may not identify with this term as reflecting their experience. For the purposes of the project, we have used this as an umbrella term which is inclusive of specific financial difficulty as well as broader socio-economic experiences. We have simplified the language where possible to ensure clarity.

We recognise that economic disadvantage can take many forms including people feeling economically excluded, where people do not feel able to participate economic structures equally. There are a number of factors that can be at play, there may be long term unemployment, insecure or low paid employment, reliance on benefits, difficulties affording rent or mortgage payments and household bills, poor quality housing, living in an area with high levels of deprivation, having caring or other responsibilities or issues that prevent working. We think that economic disadvantage comes from experiencing a combination of these things which has an ongoing impact on someone's life.

Community Reporting

We took a participation-based approach using Community Reporting and storytelling principles, including focus groups and individual conversations. Community Reporting is an alternative participatory approach that involves people telling authentic stories about their own lived experience, providing a richer understanding and insight into their lives.

Gathering stories (probing)

People talking about the things that matter to them and setting the agenda.



Mobilising stories (responding)

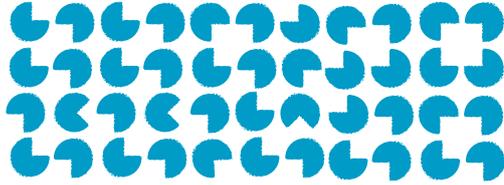
Using people's experiences as catalysts of change to make things better.



Curating stories (sense-making)

Challenging perceptions and looking at our world from different perspectives.

*Methodology by People's Voice Media based on the Cynefin decision-making framework for complex environments.⁵



■ Our approach

What we did

We held 20 one-to-one story sharing sessions, where we explored people's lived experience through a structured conversation.

We held one sense-making workshop with people who had shared their stories as part of the research and were keen to be involved in shaping the recommendations.

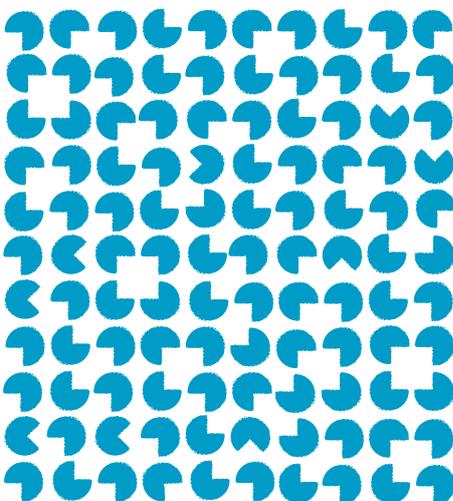
We hosted a 'Conversation of Change' event. This brought together the participants who wanted to remain involved in the project with colleagues from the Suicide Prevention Consortium and people with lived experience who were particularly recruited as they have personal lived experience of suicide and self-harm and draw on knowledge and insight gained from these experiences to inform, influence and shape suicide prevention work, including policy and strategy.

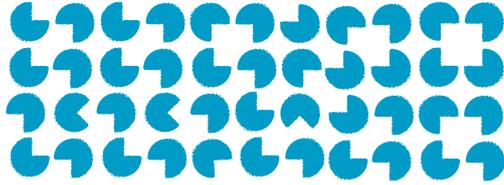
We recognise that any conversations about these issues have the potential to trigger a reaction for individuals and this understanding was built into our processes. We ensured that individuals that we talked to could access support afterwards if they needed to.

Individual confidentiality has been respected throughout this process. We have used quotes extensively throughout this report, all identifying information has been removed.

We structured the life story questions around four key areas which were developed by the Suicide Prevention Consortium:

- a. Experience of economic disadvantage**
- b. Experience of suicide, self-harm or bereavement by suicide**
- c. Sense of community belonging**
- d. Things that help and support (protective factors)**





What we heard

a. Experience of economic disadvantage

➤ We spoke to people who had a life story of social and economic exclusion

"I had it with my autism, when I went through the diagnosis for that and couldn't get the right support for housing and ended up living in a caravan, well homeless initially and then into a caravan on a remote farm. Because I couldn't navigate the social systems, I didn't have a clue what to do. And I didn't even understand the idea of having direct payment. And, you know, being able to have P.A.s [personal assistants] and all the other stuff that we can achieve. There was no one there to tell me about all this. And because I couldn't fill out the form I was then ignored. So, I then fell further into crisis."

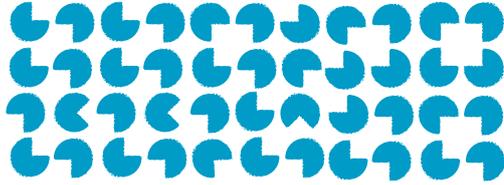
"I was spending on food shopping and bills like electric and that and then I would have no money and I was so depressed back then. So it would make me even more depressed. I've had no money and you just don't know what to do or so it led me up to a lot of bad things like to injure myself to get away from it because I didn't like that [...] but I was so depressed, it caused me a lot of depression. So, I tried to end my life and that's where things kind of changed my life really."

"I had a partner who killed herself in 1994, summer of 1994. ... She wasn't well equipped with the tools to survive in the world. She had grown up in care. She didn't know who her parents were ... she was deeply and profoundly affected by all of that."

"I grew up in poverty. My father was a working-class factory worker. But we didn't know any better. We didn't understand what the definition of poverty or living under the breadline was because if you don't know any better, you just assume that's how it is. As I got older, and I went through education and started to realise, what's the difference between people who are in poverty and those who are not? What's the difference in living standards? What's the difference in way of life, quality of life, I had realised that in the 80s, we were going through extreme poverty [...] and now I'm just kind of coping and just kind of burying it, because that's all we can do."

➤ Experience as a result of changing life circumstances

"I had a stroke in 2020, where I was hospitalised for eight months in a neurology hospital. And then friends helped me to move from here and there because I didn't know anything about it. Because I lost my left-hand side, paralysed, my eyesight, partially blind. It's only with the help of my friends. They helped me to get all these things."



■ What we heard

➤ Caring responsibilities

"I mean, I'm living in a place where I cannot move forward, my daughter can't have a place because of her needs. And she can't just go out and get a place. And if I'm trying to navigate that, the doors shut every single pillar point because she's not earning, I'm not earning, and it becomes an issue. And the landlord won't take us on board, because we're on benefits. So, what are you meant to do?"

"I was quite comfortable prior to 2012 when I had a full-time job. However, due to circumstances I became a full-time carer in 2015 for my mother. And that's when I realised how easy it is to go from financially stable to just barely surviving. And since then, the Brexit hasn't helped, things have gone extremely expensive. And now with the fuel costs going up, and so the income hasn't increased, but the living cost has increased dramatically."

➤ Difficulty engaging with the labour market

"I run my own business. I've been doing that for about 10 years now. Mainly because I like being in control of things. But also, because I got sacked from five jobs because of mental health issues. That was between 1990 and 2012."

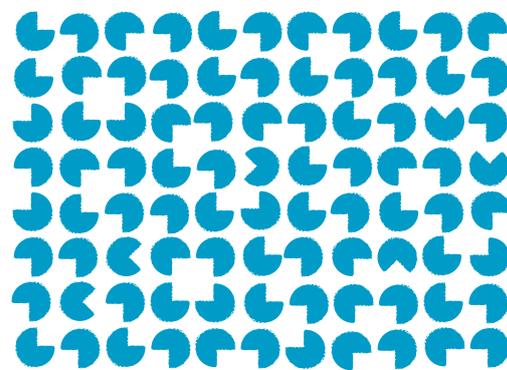
These are the challenges people shared:

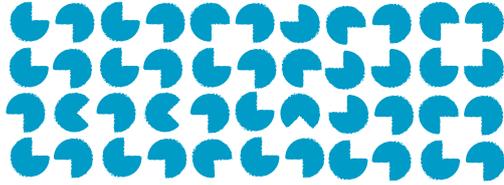
➤ Feeling overwhelmed

"Yeah, it's a vicious circle of attempting to do things, collapsing, mentally trying to do things can actually overwhelm, you're at 99%. Anyway, with your functioning, you can't then stick all of this other information in there because it takes people over. Me, me in particular, my brain can't cope with it, I get overwhelmed and shut down. Medically, you know."

➤ Heat or eat – situation exacerbated by cost of living crisis

"And then for me, I will pretend I've eaten and sit in front of her and play and do all the conversation about food. And when she asked Mom, have you eaten? I will say, no, no, of course, I have done. So, I ate before you because I knew we had a long day ahead. I always managed to cover up my own inability to eat at times. But it made me also recognise how many more people do that. At the end of the day, it is a mother's role to be a mother. So that was the thing I did."





■ What we heard

➤ Benefits system

'Once you get the support, that is when the fight starts.'

"I went through it for a good year of hell dealing with the DWP [Department of Work and Pensions]. I can't remember exactly what year it was 2018/2017? They were pushing to bring down the numbers of people receiving benefits for mental health problems. And even though the forms I'd filled in, hadn't differed at all, in fact, they were worse than the previous two by that point, because I'd been shut in at this point for three or four years, nearly five. Without explanation, or, you know, they cut me off and I had like a more than six months long battle, which I was not really capable of doing."

"So, I mean, there have been times when I've been entitled to benefits since, like, I've been between jobs or have been crackers.⁶ But just my experiences with them means I would never go near them for any support with any sort of mental health problem ever again. I just really think it's a dehumanising experience. And then at one point, they referred me on to a debt collection agency who were easier and more reasonable and compassionate to deal with than the actual DWP."

"So, when I was on benefits every time I did a small amount of work, the system would pick up this stop or reduce my benefits. I would spend so much admin time trying to chase them up and explain that it's just a one off. Then it came time where every time you earned over a certain threshold

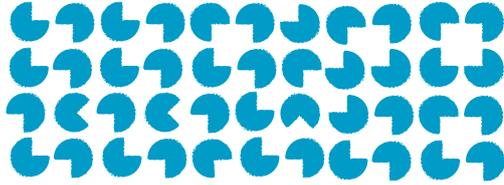
like Universal Credit, they take you off your benefit. And after surgery, man, they take it all off you. So, I realise it's causing me more anxiety, stress and pressure that was just best for me to bite the bullet, come off the benefits and just kind of hope and keep fingers crossed as some kind of bits and bobs of work will come in to keep me afloat."

"Waiting for a decision to be made by these people. And eventually I was awarded it. And it's been a nightmare. It's intimidating. They just pull you to pieces? And they are awful. It's not, they're not human beings in my eyes. And right now, I've got my review coming up and it's again, another nightmare."

➤ Urban vs rural locations

"I didn't know what sort of support or services were out there and living in the middle of nowhere, there's a lot less to access, and there would be in some places, but yeah, I mean, I literally had nothing for six months. The only thing I had going in my favour was that I had a good GP. And being from a small town in the middle of nowhere, he was aware that services were not at a premium around here."

"The funny thing is that local authority borders are different from NHS borders and the NHS have a different way of doing their primary care for their own locality. There're also other charities that also will have some borders that they don't cover. So that's another challenge for many people."



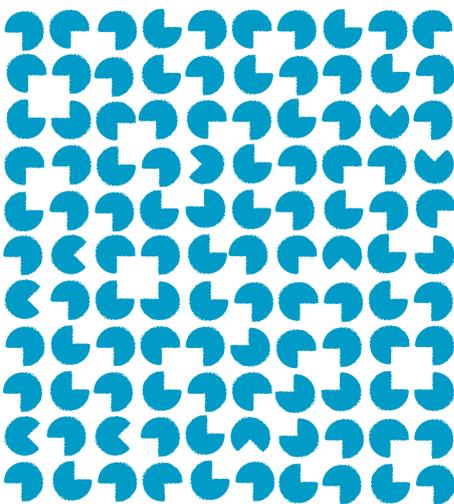
■ What we heard

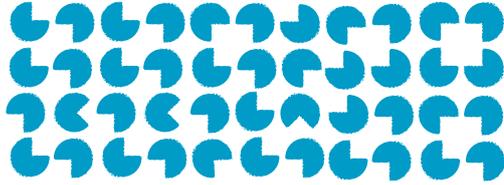
➤ Accessing support services

"And the psychotherapist I was seeing told me, I was saying I was having such problems at work because they didn't really consider what I was going through to be a disability. And he sort of waved this leaflet about an organisation in East London, and said, these people might be able to help he didn't really know anything about it. They were incredibly helpful. And they took me seriously from day one. And they had a load of experience in not necessarily just saving people's jobs, but in putting the right kind of support in place."

"It's very hard to ask for help in the first instance. I have called before a while back now, but I have called them a few times before, you have to push, it's such a leap to just pick up the phone, because you are asking for help. You know, and I've never, ever been comfortable doing it. I've never been comfortable, admit, I'm doing it on film, you know, saying I'm vulnerable, or I need help or something like that. It's just it's I don't know, it's just never really something that comes natural to me."

"I think I want to say here that this distress that makes you feel suicidal. But at the same time, it is imperative to fight upon something that's been terrible for some time. When you're having suicidal thoughts, you're too embarrassed to share them with anyone, so you suffer even more. And then on top of that, when you have financial concerns and financial stress going on, especially debt. It is very difficult first of all, to open up to people about the financial crisis that you've got a debt problem. It's almost like sometimes it feels like you say it's your fault that you got problems if you can't manage. Why did you spend what you didn't have?"





■ What we heard

b. Experience of suicide, self-harm or bereavement by suicide



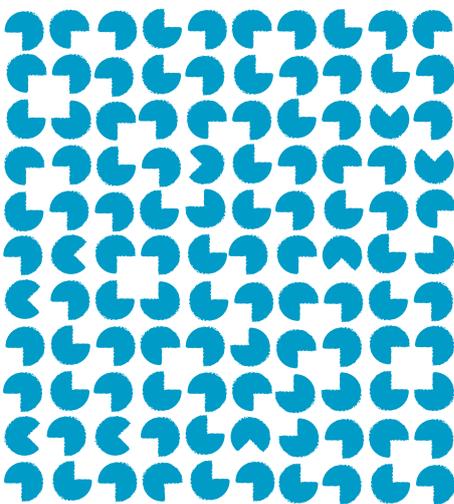
"I used to self-harm before when I was struggling with money as a coping mechanism. I was really really struggling in lots of different ways and especially with money."

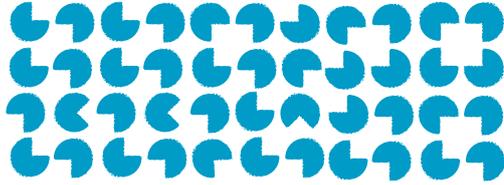
"Well, I've had several episodes where my life has almost ended because of my own heart not being able to sustain the pressure. But no one should be put in a situation where the threat of life comes not only because you don't have anywhere to be, but where you are is not safe."

"So, I'd had a breakdown, I had no other choice than to come back here, I then had to go on benefits, I then had to then justify to those complete strangers, but I needed them, but I was entitled to them. And all of these things, it just tears back more strips of self-esteem every single time. And it kept pulling more and more down until there was nothing left. I was just barely working as a functioning human being."

"It's very painful for me to admit this, and it's quite distressing. But I think it's important to share it, that when you've had suicidal thoughts in your life, they never go away, they do come back at different times that creep upon you, it just means you become a bit more resilient in not acting upon them."

"There was a lot of money problems going on, which I think contributed to him taking his life. And there was no help whatsoever. There was no help from the mental health service. And I think that's what resulted in him taking his own life."





■ What we heard

c. Sense of community belonging

➤ Connection with community

"But for myself, I've got no support, but it's not because I haven't tried. I have tried to form a circle. But the inability to express at times, emotionally, mentally, how I feel, makes it hard."

➤ Loneliness and isolation

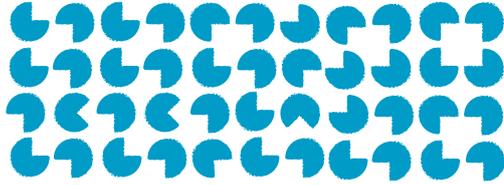
"Because at the end, when you are at that low, low ebb. What do you explain to another person how you're feeling [...] So that, for me, is the isolation one feels when you're in those dark dark places? Is the thing you have failed yourself, never mind the person you're with. And then thinking, okay, my life actually has never been valued, because every single thing that I've done is not noticed, because of who I am. And trying to be this black woman with a young child, trying very hard to make my life as normal as possible when my mind and body and soul are not connecting."

"It sort of erodes your ability to be a person or part of humanity, when you're in crisis, and you're disassociated from society. It certainly makes you feel alienated and dismissed. And those feelings are so loud, when you're on your own, you know, those feelings turn into thought protests or spirals around how worthless and negative you are as a person because you can't do, you can't fill that form out, you can't meet the deadline of a meet and you can't be on time. You've got all of this stuff ongoing, and then you've got the system coming back or not coming back."

"I just kind of got pushed away. That's what I felt like, I felt like no one would listen. Or they will just say, we'll give you this many tablets, I will put you on medication to calm you down or something like that. Relax your body. So, you're not feeling so anxious and so depressed. But that's all I would do. And, and then obviously, you're taking tablets and they're making you sleepy. So, you're sleeping anyway to get away from all the problems that you fear and facing and then they're giving you tablets on top of it. You just want to live a life. So, they didn't do anything. I would just get turned away. You are full of laughter. I just felt like I wasn't anything or anyone."

"I would love to help in any way I can. But I'm really not a part of this community anymore, locally. I feel so separate from it."

"It's not easy to talk to people that don't know you. As simple as that. They seem to want a whole CV, before they can actually offer help. And sometimes kindness alone is all you need in life."



■ What we heard

d. Things that help and support (protective factors)

➤ Family and friends

"My husband's family. Yeah. My family. And of course, for the top, my husband. But my husband's family was helping me a lot too"

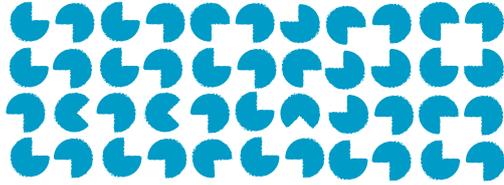
"Okay, so I have a good support network around me now and a lot of people within the family friends circle all understand my struggles. They've been able to go on a journey with me and how and also realise a lot of the things I was struggling with that they take for granted and can do, I really do struggle with. I think from the economic point of view, I have had a lot of friends and family who have helped me out, because my money is drying up because of the seizures and my income has dropped. And I'm not going to get extra benefits yet. So that side of it is hard. And a challenge. But luckily, I've had donations of food, I've had people with all sorts of lovely support. So, I'm fortunate, but I know there are individuals out there who I work with and know, who don't have that network, and they are very stuck. So, from a personal perspective, I'm very fortunate about who I have in my life. But I know it's still very tight. You know, there's nothing massively changed when you're stuck in these situations. So thankfully, I still have people who are willing to, you know, run me about for important meetings, and you know what, I can't get on public transport."

"Without my family, I don't know, where I would have ended up, homeless would have been one of the best scenarios."

"It's also very important that you have people you can speak to, in terms of like a close circle or even family. You know, they're very important. I noticed, like a lot of people, when you tell people oh, yeah, like I had this episode where I was going to take my own life people are like, oh, yeah, you should have reached out, you know, you should have reached out and it's like, yeah, it's easier said than done. It's kind of hard to say to someone, oh, hey, man, I'm just gonna go do this."

➤ Community

"And that really helped me to feel a sense of worth, that I was doing something for others. So definitely, I think community groups and connections play a massive role in just knowing that you have got people there and that sometimes it gives you a new, fresh feeling that you're living. There is something you can make them, you can contribute, or you can do something, or it helps you to distract from your suicidal thoughts."



■ What we heard

➤ Supporting others

"I tried to form a group and it just fell flat because people were then not accepting that we were supporting each other, they felt that it would lead to something to do with the benefits system or something to do with the doctors. And everybody was precious about what little bit they wanted to preserve. The comprehension of support peer to peer doesn't exist. There's something about the alien nature of somebody just wanting to have somebody to chat to, not about feeding into something that's going to be a hindrance to them in their life down the line. The fear of just making a connection with other people with similar situations as myself. It's, impossible to understand unless it's made by an establishment, who is recognised as oh, we're doing this for carers that plenty of them around here will say they're doing it for character. All they're doing is collecting information to feed into another system somewhere else, not actually helping the people to get to know each other so we can support each other."

➤ The right support

"It was really valuable support. I didn't even know that there was something like mental health advocacy. "

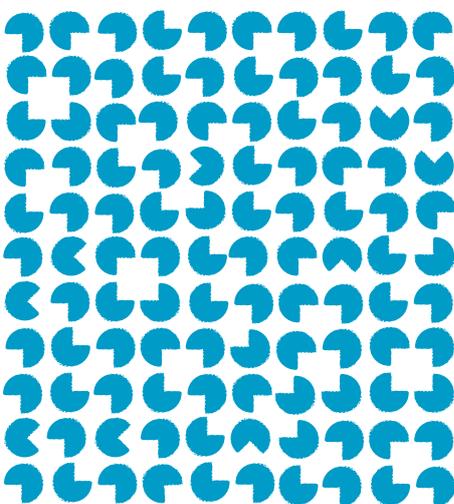
"I've got a support group, I've created support groups that are guided, and I've got support groups to talk to and look after me and help me with things that I need. So yeah, I've got things in play style, and a lot of guidance and support."

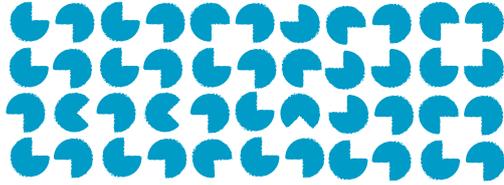
"I have a charity called the autism and ADHD charity locally, who has my kind of speech or talk therapist that I go to, I get to spend about half an hour with her every other week. And that really helps me to have that, again from her because she's a psychologist that she comes from and things and helps me resolve things."

"It can always be like a gamble going to any place because even if the service is great, it might not be for you."

"I still get support from my advocate and also my parents and circle of support around me. And I used to get a lot of support with this when I moved through my social worker. Unfortunately, they've now changed the system so I don't have the same social worker who got to know me for years, and I know that's not everyone's experience, but I wouldn't feel comfortable talking to a social worker who didn't know anything about me and I didn't know."

"I think one of the things that's a big challenge for us is not understanding the system. We need navigators to help us understand the system. And when you don't understand the system, your mental health gets worse."





■ What we heard

➤ Importance of identity

"But for my own self-esteem, and my own self-worth, and me feeling like a valued member of my community. Everything literally just fell apart. It was really, really hard to feel as if I was making a contribution in any way, with my family, within my sort of friendship groups and my community, because I wasn't working, I just felt as if I just lost everything."

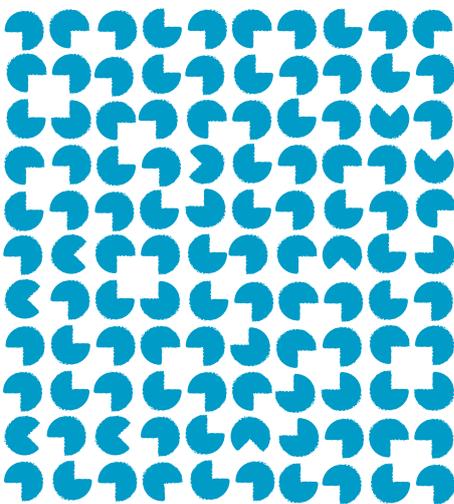
➤ Exercise and pets

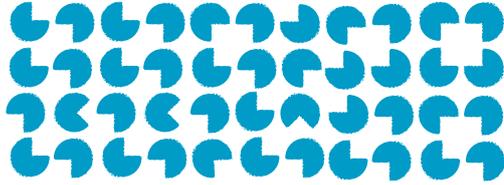
"I do have a dog, a husky dog who gets me out, and I walk a lot. And if I didn't have that routine or discipline in my life, I would be in a really bad place. I know I would."

"I'll go to the gym. Obviously, when I go to the gym, I'm still limited in what I can do. I'm a lot better now. Because I've been pushing forward to get stronger. But so, I've been doing things in the gym where I could speak to people."

➤ Faith

"And one of the places for me at the time and even today I spoke to is the mosque, my local faith community. I remember the imam of the mosque say to me. He said, after every darkness comes light. Every light, dark. And, he said, you have to understand, life is going to be that like night and day. We're going to have dark and light days remember that nothing lasts forever. That's stuck with me to this day. And even to this day, when I go to my low point, I get more and more from the local faith community, the mosque."

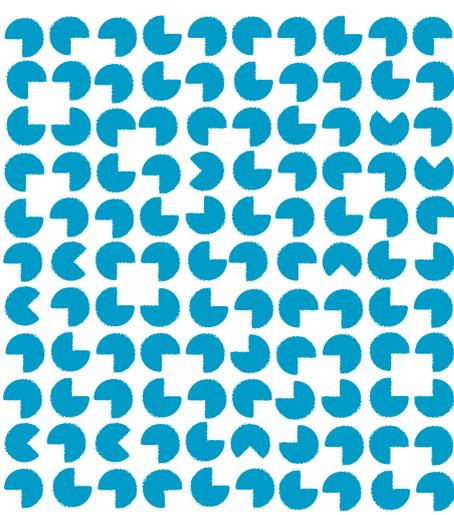


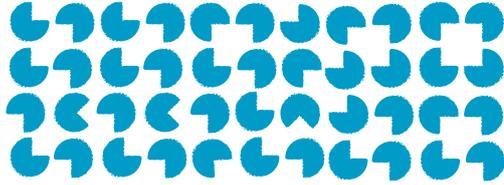


Recommendations

The series of stories we heard about people's lived experience of economic disadvantage, suicide and self-harm presents a substantial picture of the challenges and issues a diverse group of people face. There are clearly some 'big system' issues within these stories such as housing, issues around social care, availability of mental health support and the workings of the benefit system. These must be looked at as part of the new Suicide Prevention Strategy and we will continue to explore these topics in other ways through our work.

The recommendations in this report were developed from specific things people shared they would like to see change. We have heard stories of a system lacking in compassion and support with people not receiving the help they need when they ask for it. One that is often based on signposting to services and not listening to the individual. Many of the suggestions focused on creating a more human and person-centred whole system approach. We also heard of a need for a system that is more aware of mental health issues and the challenges people face.





■ Recommendations

Experience of economic disadvantage

We have heard a wide range of different examples of experiences of economic disadvantage. Some participants describe a life story of financial challenges and social exclusion. For others this has come about as a result of changing life circumstances, the onset of physical or mental ill health or taking on caring responsibilities for others.

Most people spoke of challenges of dealing with the benefits system and the impact this has on them. Words like 'hell' and 'dehumanising' and a statement that a debt collection agency was 'more compassionate than the DWP' points to an opportunity to influence change.

Recommendation 1:

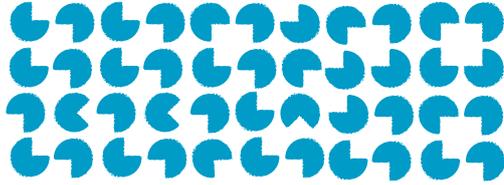
DWP should provide mental health awareness and suicide prevention training to all their frontline staff and ensure contracted partners have this type of training embedded into their working practices. They need to be able to communicate effectively in a compassionate way and take all signs of distress seriously. DWP staff and contracted partners must feel confident to identify when someone is in distress, have the skills to open up a conversation, listen compassionately and be aware of support that is available to refer people to where relevant.

Many people have described how they get some support from family and friends for help with securing accommodation or occasional financial support. We have heard from people who have secured support from charitable organisations in the community, with help in relation to maintaining employment or managing finances. Where people have accessed this support, they view it positively. The type and availability of local support will inevitably be a mixed picture nationally, with some participants identifying no relevant support services in the area in which they live.

We have heard stories of people not being able to access support services such as a foodbank due to not having culturally appropriate food on offer. This was just one example of the impact on people of a lack of cultural awareness.

Recommendation 2:

To improve access to support for people who are experiencing economic disadvantage, local governments and the Voluntary, Community and Social Enterprise (VCSE) sector, need to actively work with their local communities, for example local faith groups, and people with lived experience to ensure they are culturally sensitive and inclusive, as this is when they work at their best.



■ Recommendations

Experience of suicide, self-harm or bereavement by suicide

We have heard how different types of economic disadvantage have been related to issues of suicide or self-harm for participants.

We have heard about the stigma people feel around issues of suicide and self-harm which can be heightened in certain communities. There are different attitudes and beliefs about these issues in different cultures; where people are from cultures with strong religious beliefs about suicide, this can create problems for people in seeking help and finding a culturally appropriate response, sometimes leading to greater feelings of isolation.

Recommendation 3:

All mental health service providers and local authority provision should invest in suicide and self-harm awareness training which includes awareness of different attitudes and beliefs around suicide and self-harm in particular communities. Staff should be equipped to better understand relevant cultural dynamics and take this into consideration when supporting people experiencing suicidality and self-harm.

We have heard a great deal about the approach to support that people would like to see within healthcare settings. Some of these relate to where people go to access support such as Accident and Emergency departments (A&E) not being the best place for people in crisis.

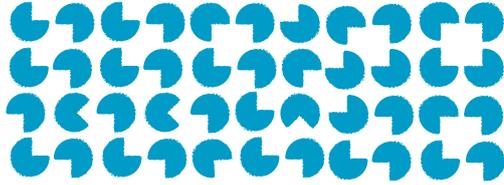
Recommendation 4:

NHS England should ensure that staff in all healthcare settings that might come into contact with people who have attempted suicide or have self-harmed have received training which covers the complexity of suicide and self-harm, based on evidence from people with lived experience. This may be particularly crucial for staff in A&E, who are often the first people to interact with someone following a suicide attempt or self-harm incident.

"Equip people with the tools to be able to talk about suicide/ self-harm in a way that is validating and positive for the individual receiving support."

"Don't just signpost people, support them to understand their feelings and emotions."

"Trust and believe people when they are asking for help."



■ Recommendations

Sense of community belonging

We have heard that community connections can be a powerful protective factor, but that many people's experiences were one of disconnect from community and a sense of isolation or loneliness.

Some people also describe local community-based groups and charities as providers of support and connection. Where local community-based organisations and groups are acting as a source of community connection they may benefit from specific mental health, suicide and self-harm training to best support people. Both in relation to listening as well as practical advice in relation to accessing support services.

Recommendation 5:

As part of the new Suicide Prevention Strategy for England, government must include resources and appropriate funding for local community-based support across England. This could include community hubs in local communities and developing opportunities for peer-to-peer support, building on existing good practice and service provision in some parts of the country.

Things that help and support (protective factors)

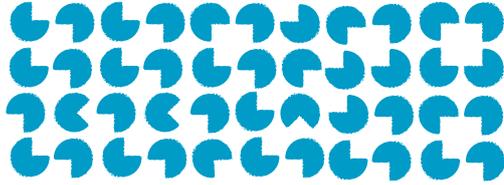
Direct support from family and friends were strong protective factors throughout many of the stories. Some people also talked about the support they receive from a variety of services as a feature that helps. These have included mental health advocacy, a specific healthcare professional, or support from community groups. Sometimes these relationships have been valuable in lieu of wider family or friends support and have been described as a protective factor.

Some people talked about supporting others or taking responsibility to run peer support groups or meditation sessions as ways that enable them to connect with others. Other protective factors revolved around looking after general health and wellbeing through exercise, dog walking and going to the gym.

Positive relationships with healthcare and voluntary sector professionals can be vital where economic disadvantage plays a role in someone's experiences of suicide or self-harm.

Recommendation 6:

Professionals working across the NHS, Local Authorities and the VCSE sector should recognise the importance of the relationships they hold in supporting someone's mental health as they navigate economic experiences and the role this plays in suicide prevention and self-harm support.

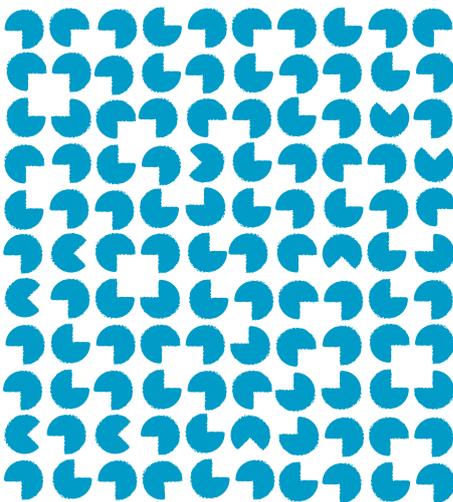


■ Recommendations

The intention of this project has been to gain a better understanding of the lived experience of people experiencing economic disadvantage as well as suicide, self-harm or bereavement by suicide. This report curates the stories we have heard to draw out key themes and recommendations, reflected through the words of the people we have spoken to.

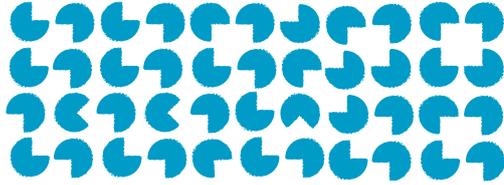
Recommendation 7:

The government should involve people with lived experience of economic disadvantage, suicide and self-harm in their work to understand their experiences and best meet their needs.



Afterword by participant

“ The conversations were raw, but they were real, from the heart, and you heard in the voices of the people telling us their lived experience that poverty, economical disadvantages were a catalyst in creating a tipping point to harming oneself or attempting to end it all. The people in the conversations had survived, (for now) but the truth is that the conversations need to continue, this work must become a new catalyst, one for change or at least one to help make change happen. My life has had ups and downs like many, but truly when you are not only dealing with your own mental health, or dealing with a worldwide pandemic too, the red line which is the need for change is also the issue of not being able to be warm or eat. Continue the conversation as there is a lot more to say. ”



About the researchers

Ideas Alliance CIC were asked to undertake this research. We are a social enterprise that builds bridges between communities and organisations, stories and strategy, using collaborative and community-based approaches.

Isaac is an established community/mental health campaigner and co-production advisor within the sector of health and social care, where he has worked for 25 years supporting disadvantaged people to live their best lives. Isaac has extensive experience of peer led community reporting. Also a suicide survivor and bereaved by suicide.

Vicky is experienced in a variety of qualitative research techniques in a social research setting. Vicky has worked extensively in people focused roles including working with people experiencing significant mental health challenges as well as economic deprivation.

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References

- 1 Samaritans (2017) Dying from inequality: Socioeconomic disadvantage and suicidal behaviour.
- 2 Office for National Statistics (2020) How does living in a more deprived area influence rates of suicide?
- 3 Samaritans (2017) Dying from inequality: Socioeconomic disadvantage and suicidal behaviour.
- 4 Mackenzie, Mhairi, Charles Collins, John Connolly, et al. (2016). Working-class discourses of politics, policy and health: 'I don't smoke; I don't drink. The only thing wrong with me is my health'. Policy & Politics, Online first <http://dx.doi.org/10.1332/030557316X14534640177927>.
- 5 Reference for back page: Snowden, D and Boone, M. (2007) A leader's framework for decision making. Harvard business review, 85(11), p.68.
- 6 Please note this is in someone's own words and reflects their experience.

For more information

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