

Stay Alive

Qualitative Review and Opportunity Cost Model

Context

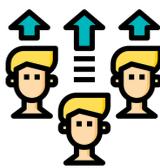
Challenge

6,507 suicides registered in the UK in 2018¹
Increase of **11.8%** from 2017 to 2018¹
A single suicide costs about **£1.7 million** when considering human and economic costs



Most prevalent across

- Mostly men¹
- Regions with higher socioeconomic inequalities¹
- Mid-aged population groups (45-49 years)¹



Overview

Grassroots and Stay Alive

Grassroots aims to increase suicide prevention through the **Stay Alive** app by:

- Reducing stigma
- Starting conversations around suicide
- Offering support to individuals



Project Aims

To add to the **2016 evaluation** by

- Assessing improvement in **user traffic, uptake and accessibility**
- Evidencing **patient outcome improvements**
- Evidencing **operational efficiency improvements**

Evaluation approach

Evaluation tools, outputs and methods

Key tools

- Opportunity cost model
- 2020 survey

Methods

- Literature review
- Data modelling

Outputs

Qualitative and quantitative insights

Key tools

- The **2020 survey** was designed using a **tailored validation framework** highlighting **key metrics**
- The **opportunity cost model** helped understand the overall economy of suicide prevention

Methods

- **Literature review** and **data modelling** based on available **academic research**
- **2016 and 2020 survey** responses were **compared**
- **Firestore** data complimented the analysis

Outputs

- **Qualitative** and **quantitative insights** were used to evidence the **impact of Stay Alive** as well as the monetary opportunity of a suicide prevention programme

1. Office for National Statistics, 2019. Suicide in the UK: 2018 registrations

2. Knapp, McDaid, & Parsonage, 2011. Mental health promotion and mental illness prevention: the economic case

“My friend, who I shared the app with, was **considering suicide**. Partly due to the help and info on the app my mate is still alive. **Thank you for my friend’s life.**”

“**Excellent, very comprehensive tool** that I will use both at work and for myself to help manage others'/my mental **well-being...**”

“It has **helped me understand** how much **crisis support happens** outside of statutory services, which are so **overstretched** as it is...”

App reach and engagement

48% increase in active users

Engagement rate of 4% at 10 weeks (usually 6% for apps of this nature)³



Majority of users were **young females** (18-24 years)
Could be due to **younger demographics** widely using apps

More **balanced** female to male split from 7:3 in 2016 to **6:4** in 2020
App downloads were mainly to **support someone at-risk**



Patient outcome improvements

Helped **89%** find further **support**

Reduced stigma around suicide for **90%** of people



Helped **71%** of people **communicate** about suicide

Helped **76%** of at-risk individuals **stay safe from suicide**

81% of individuals using the app to support someone else said it helped the person they were supporting to **stay safe from suicide**

Pathway improvements

78% of users indicated the app was a **useful signposting tool**



National (64%) Crisis Support was the most used resources



93% felt that the resources were **up-to-date, relevant and accessible**



3. [Grassroots to include]

Opportunity cost model

- Evaluated the **possible cost of suicide** in England
- Modelled benefits included: **reduction in mortality rate, reduction in non-admitted and admitted care costs**
- It **does not** determine the economic impact of Stay Alive
- Highlights the **opportunities and costs associated** with a **future improvement programme**.

£22.7 million

Non-cash releasing opportunity.

£95.4 million

Social opportunity.



Apps like **Stay Alive** have the potential to **absorb** some of these costs

Considerations

Survey limitations

- Use case interpretability:
Different use cases not clearly defined
- 2016 to 2020 comparability:
Difference in question wording
- Lack of statistical methods
- Demographic and uptake analysis:
Firebase only allowed analysis of Android users

Model limitations

- Limited and unavailable data for this model:
No data to evidence the impact of Stay Alive
Limited assumptions on hospital re-admissions and primary care costs
- Lack of scenario testing:
No scenarios modelled for different methods of suicide, age or gender

Suggestions



Identify a secondary care site and track outcomes from the existing pathway vs. the Stay Alive intervention

This will gather evidence and create a health economic model applicable to showcase the impact of Stay Alive



Design surveys with clear and distinct user profiles

This will make analysis easier and more comparative between the different evaluations



Investigate specific user profiles' behaviours through focus groups

This could allow an understanding on navigability of the app in different pathways or user profiles



Ensure Grassroots' encryption policies are appropriate

The newer version of the app has remedied encryption concerns