Community Member and Stakeholder Perceptions of 'Deaths of Despair'

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About the research

- Deaths of Despair are deaths due to drug, suicide, and alcohol specific mortality (DSA). Drug overdoses have risen in England since 2012 and deaths due to suicide have risen since 2016.

- The North East is the English region with the highest rates of DSA mortality. Within the North East, South Tyneside is the local authority with the highest rate of alcohol specific mortality (28.3 per 100,000 population).

- I wanted to learn:
  - How stakeholders and community members living or working in South Tyneside understand and explain the prevalence of DSA mortality in their area.
  - What people thought had been done well to address these problems in their community and what could be done better.
  - What people thought was the best way to interrupt the pathways that lead to deaths from these causes.

- To do this, I carried out 25 interviews in South Tyneside (11 Stakeholders, and 14 Community Members).
  - Stakeholders worked in a wide range of professional sectors. For example: local government, law enforcement, public health, housing, drug and alcohol rehabilitation, mental health services, homeless outreach, and food provision.
  - Community Members ranged in age from early 20s to mid-70s. Most had lived in South Tyneside for more than 10 years.

Key Takeaways

- DSA mortality was believed to result from structural factors such as poverty, low job opportunities, and austerity related funding cuts. **It was believed the best way to prevent these deaths was to address their structural causes.**

- There were barriers present that reduced people's ability to access help when they needed it. These included a lack of knowledge about what services existed, difficulty accessing internet-based services, and past negative experiences with service providers.

- Concerns were expressed about the Initial Response Team (frequently referred to as the crisis team).

- The service provision landscape in South Tyneside was seen as strong. Services such as STARS and Mental Health Matters were seen as highly effective.

- Community centres and informal support groups were seen as valuable services that made a positive impact on their mental health.

- Participants favoured the expansion of low-cost educational and recreational activities for adults and young people in the area.

"There is services out there, but they're not well known. I mean, its like, there is an organisation called SAFE. Suicide Families and Friends. There is Jarrow Mindset which is, what's the word I'm looking for, life experienced to help. Nobody knows about them though. There is enough, but we need to get it circulated and let people know what's out there."

– Community Member

Key findings

DSA mortality is largely driven by structural factors such as poverty, low work opportunities, and funding cuts for essential services. **It was believed that the best way to improve wellbeing and prevent deaths from these causes was to address these structural factors**.

A number of assets and areas for improvement in the community were identified.

Assets:
– Community centres and informal support groups that facilitated social connection.
– Services were seen as compassionate and effective.
– Foodbanks and community organisations provided essential relief.

Areas for Improvement:
– A lack of affordable activities for young people.
– Difficulty learning what services were available and how to access them.
– A skills gap between the education required to secure employment and the skills held by adults in the area.
– The role of the Initial Response Team was misunderstood.
– Services are underfunded, causing long wait times and limited capacity.

• Services are often advertised online or require the use of the internet to engage with, despite some people not having access to or knowledge of internet connected devices.

• Service providers are unaware of the range of services available in the community and struggle to refer service users to other providers.

• Community members wanted the Initial Response Team to provide immediate and ongoing mental health support.

• Community centres and informal support groups (such as men's groups and community drop ins) provided a strong sense of community, peer support, and social connection.

"Some people won't go online. Like me, I won't go online. The one way I can do it is me son. You know what I mean? People haven't got internet or anything like that, have they? So how am I meant to do anything when they all want online?"
-Community Member

"There is probably a misconception, generally speaking, from the general public about what crisis services do. I think the word "crisis", that perception is different to everybody. it is very difficult that what some would class as a mental health crisis is very different to what other people would."
– Stakeholder

"The crisis team, that could be improved massively. Cause you can phone up one day and get one person, but you phone up the next day and you're speaking to a totally different person. You're repeating the same thing over and over and not getting any support."
– Community Member

Policy Recommendations

• Increased funding to provide low-cost access to:
– Youth and young adult activities.
– Education surrounding: CV building, computer and internet use, and the process of applying for jobs and preparing for interviews.

• Public health messaging should seek to inform the public about the intended role of the Initial Response Team and where to seek ongoing mental health support.

• Increased collaboration between service providers across sectors would improve access to services for community members.

• Available services should be advertised in ways that are accessible to those who do not use internet connected technology.

• Increased funding from central government to:
– Reduce wait times for essential services such as healthcare and mental health services.
– Promote economic development and alleviate poverty.

Contact the Researcher:

I thank you for your interest in this study. If you would like to discuss the findings of this study further, or have any questions, please contact me.

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