

The Tomorrow Project History

**THE
TOMORROW
PROJECT**

WORKING TOWARDS A BRIGHTER FUTURE

- A specific suicide-prevention initiative.
- Developed in response to suicide cluster in Nottinghamshire; initiative tested and evaluated.
- Scaled up across Nottingham, again evaluated.
- Collaborative delivery: the local community, existing services and Harmless to prevent other deaths and get support quickly to people in distress.
- Model of best practice in PHE suicide cluster guidance

The Model

1

- Prevention

2

- Intervention

3

- Postvention

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LIFE U's SUICIDE	0	1
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THERE'S NO REPLAY

Email: tomorrow@harmless.org.uk

Visit: www.harmless.org.uk

Call: 07594 008 356



@HarmlessUK

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HARMLESS
Support | Information | Training | Campaigns

www.tomorrowproject.org.uk

twitter:@lifevssuicide

www.harmless.org.uk

The Specifics

- **Predominantly Rural** – an area crossing three local authority areas
- **Affluent area** – most deaths from working class families, with high rate of unemployment
- **Predominantly, but not exclusively male** – working class males, football, stigma and barriers to asking services
- **Prominent local people** – the approach needs to appreciate the role and relationships of people that have died

The Data

- **Clinical impact** – people's difficulties and how these change over time
- **Consultation Data** – what communities effected by suicide have to tell us
- **Testimonies** – people have been invited to tell us their stories of suicide
- **Feedback Data** – evaluating our impact and influence on a broader scale

What we have done

- Delivered a service
- Monitored it's impact (ongoing)
- Monitored and tracked deaths
- Reacted promptly response when a suicide has occurred
- Worked Collaboratively, consulting and consistently reviewing the model
- Reported on our findings

Baseline Data

○Clinical

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	Initial response	Latest response	Change
Rate of suicidal thoughts	7.6	5	-2.6
Rate of suicidal planning	5.9	2.7	-3.1
Distress tolerance	2.8	4	1.2
Thought tolerance	2.6	4.3	1.7
Hopefulness	1.8	4.1	2.3

This summary collates data from 74 individuals. Session duration ranged from 3-12 sessions with the average number of sessions being 8. Service retention has been excellent, with only 2 unplanned discharges.

What we've learned

- Where activity is delivered has direct relationship to service uptake
- The bereaved by suicide are an at risk group – demonstrated by our statistics
- The impact of death by suicide upon a **community** is a complex and broad one.
- The response every suicide needs can follow 'best practice' but requires individual circumstance to be considered and factored into the response.