



What Works? A rapid realist policy review (RRPR) of the impact of social determinants on self-harm and suicidal thoughts and behaviours in England

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Background and Objectives

Many of the determinants of self-harm and suicidal thoughts and behaviours (STB) are rooted in social adversity.¹

¹Defined as everyday conditions where you are born, grow, live, work, and age.

- This has prompted a call for a public health approach and a whole-of-government approach.²
- The role of social determinants¹ (SDs) in shaping self-harm and suicidal thoughts and behaviours (STBs) in policy contexts remains unexplored
- Limited context-sensitive, theory-driven evidence constrains policymakers' capacity to design impactful, cost-effective upstream prevention.

This study adapts rapid realist reviews³ (RRR) to examine how **national-level policies in England address the impact of social determinants on self-harm and STB** to answer the following:

What policies exist that address the impact of SDs on self-harm and STB?

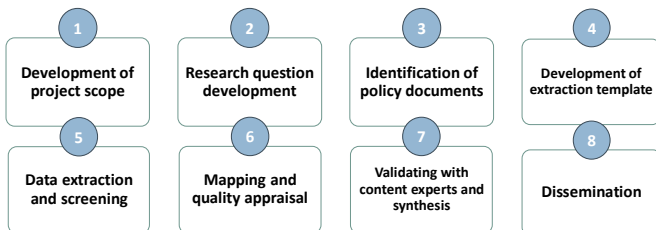
What priorities/actions are identified within policies to address SDs?

What evidence underpins or supports policies to address SDs?

For whom, in what circumstances, and why is the policy intended to work?

Methods

Figure 1 Rapid Realist Policy Review approach⁴



Stakeholder engagement: knowledge experts in mental health policy and suicide prevention, lived and living experience.

Inclusion/Exclusion Criteria

- Policy documents specific to England
- Documents published between September 2002 and September 2023 in line with the National Suicide Prevention Strategy for England
- National policy documents

- Regional/local policy documents in England
- Government responses
- Consultation documents
- Calls for evidence
- Annual or progress reports
- Fact sheets and statistical summaries

Policy-focused Search Strategy

Key terms:

- Suicide
- Self-harm
- Mental health

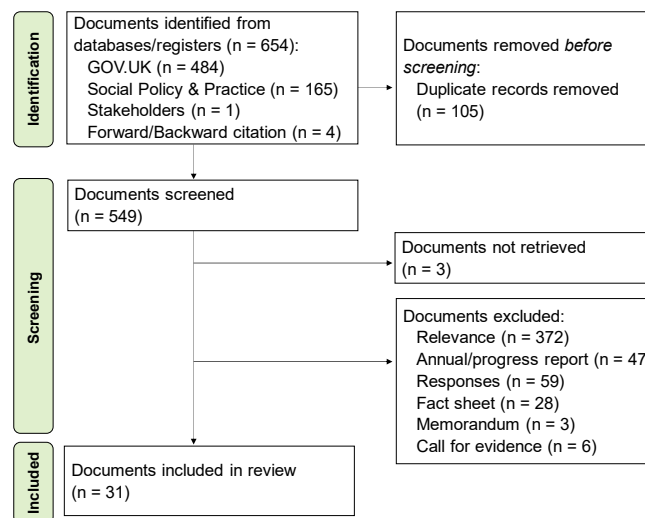
Literature sources:

- GOV.UK
- National Archives
- Social Policy and Practice

Results

- A total of **31 policy documents** contributed towards the development of context mechanism outcome statements and initial programme theories.
- Of the extracted CMOs, **52.5% were supported by academic literature**.
- The main documents included **national strategies and action plans** addressing mental health, suicide prevention, public health reform, and issues like domestic abuse, addiction, and homelessness.
- 41 initial programme theories** (if...then statements) were developed from the CMOs.

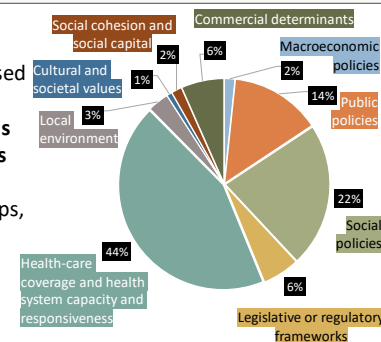
Figure 2 Flow diagram of included studies



Policy domains

- The most frequently addressed domain was **health-care coverage and health systems capacity and responsiveness**
- i.e., addressing priority groups, availability of mental health and crisis services

Figure 3 Where the content of policy documents lie (domains from the public health model of how suicide arises)



Discussion (What works)

Preliminary insights

The RRR identified recurring mechanisms across policies addressing the impact of social determinants:

- Partnership working/cross-sector collaboration and information sharing
- Training and workforce capability building
- Improved access and signposting to support services
- Tailored person-centred approaches

The final programme theories are being refined; preliminary findings suggest policies **span multiple priority groups** (e.g., minority ethnic groups, LGBTQ+ populations, men, incarcerated individuals) and **settings** (e.g., education, voluntary sector, criminal justice).

Many social determinants are addressed across multiple domains; however, **policy emphasis remains largely health care focused**.

The **social, economic, and environmental domains are less frequent but not absent**.

References

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