

BEHAVIOURAL INSIGHT TRIAL RESULTS

Reducing male suicide in Cheshire East

make
better
happen

ice

May 2022

Introduction

Men aged 40-49 have the highest suicide rates in the UK. In 2020, male suicide rates hit a two-decade high¹.

In partnership with Cheshire East Council and the Local Government Association, ICE Creates conducted a behavioural insight trial designed to **encourage and empower men to improve their mental health early on**, before they lose the ability to cope.

The ambition was to intervene 'upstream' before men's mental health worsened and the risk of suicide increased.

As part of local suicide prevention efforts², we **co-created and trialled communication materials that targeted men** and prompted them to recognise how they feel and do something for their mental health.

1 Office for National Statistics – Suicides in England and Wales

www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations

2 Suicide prevention – Champs Public Health Collaborative

www.champspublichealth.com/suicide_prevention/

Person-centred approach

To design and deliver a trial that was underpinned by behavioural insights, we followed a person-centred approach across three stages:

1. Gathering behavioural Insights

- Engagement event with community leaders to establish the focus
- Qualitative groups with 40+ men including representation from a range of ages, areas, ethnicities, sexual orientation and employment status³

2. Co-design and test the intervention

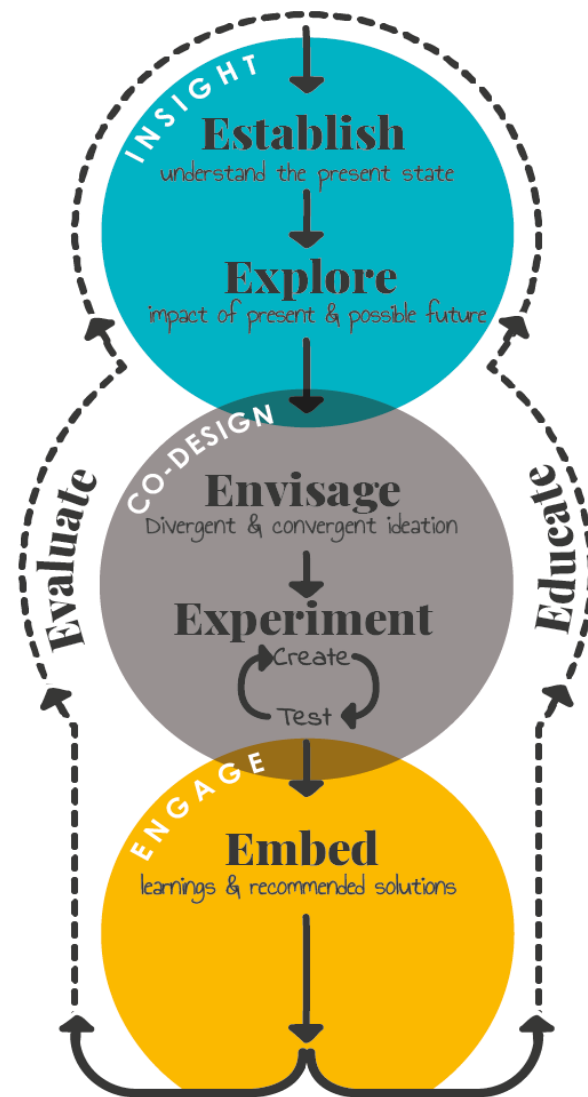
- Created behavioural messaging/imagery (the intervention) informed by the insights and tested it with the target audience
- Refined and finalised the intervention
- Conducted a Randomised Control Trial with the target audience

3. Engage and embed the learnings

- Disseminating the trial results to the Council and wider stakeholders

Each stage is discussed in turn.

3 A breakdown of the sample characteristics is available in [Appendix 6](#).



Engagement event with community leaders

To inform the focus of the behavioural insight trial, we conducted a 2-hour engagement event with **22 community and voluntary sector (CVS) leaders**. We explored the local challenges and needs in relation to men's mental health and suicide.



Engagement event with community leaders

Five key themes emerged during the engagement event:

1. Men are unaware of and do not access local, grassroots support services when they are experiencing the early signs of poor mental health.
2. Men do not resonate with having a 'mental health problem' rather they might 'feel a bit low' or 'not themselves'. They think formal support services are 'not for them'.
3. The terms 'mental health' and 'problem' carry negative connotations.
4. The stigma that still exists around mental health and men, makes it difficult for men to talk openly about their own struggles, in part because it is associated with a sense of weakness and failure as man.
5. The most important thing to do is provide support for men 'upstream' as part of a preventative approach that encourages men to do something for their wellbeing.

"An understanding of how to access what's out there would have the biggest impact, and they need to know this stuff well before they get into crisis."

"You wouldn't know if you were depressed, you just know you don't feel good."

"Men are like lions, when a lion hurts their paw, they hide it so others can't see. They carry on and hope that it will go away. But it doesn't, so more needs to be done to support blokes to recognise and be open when they've hurt their paw."

The trial objectives

From these insight, it was clear that the focus for the trial would be to create and test a communication intervention designed to:

1. **Prompt men to recognise how they're feeling**
2. **Encourage and empower men to do something to improve their wellbeing when they are feeling low**

To ensure the intervention would resonate and appeal to men, **qualitative insight groups and interviews** were carried out with 41 men in order to further explore:

- Attitudes towards and experiences of mental health
- What needs to happen to prompt men to recognise how they're feeling?
- What needs to happen to encourage men to take steps to improve their mental health and wellbeing early on?

The **final sample** included men:

- Living in Congleton, Nantwich, Macclesfield, Crewe and Sandbach.
- Aged 18 – 70
- From minority ethnic groups (10% of the sample)
- From the LGBTQ+ community (9% of the sample)
- Who were employed, unemployed, self-employed and retired.

Behavioural insights with men

We discovered that men don't resonate with having poor mental health and instead recognise when they do not 'feel like themselves'. This was described as:

- Feeling more irritable or down
- Feeling numb, zoned out and not caring (known as emotional blunting)
- Lacking motivation to do things they usually enjoyed

"I find I push bad feelings and thoughts to the back of my mind, everyone else is struggling so I have to be strong and ignore it." Male, aged 44, Crewe

We then asked what helps men feel like themselves again. Exercising, cooking a meal, playing with the kids/ grandkids and talking were just some examples. Admittedly, some men said they didn't want to talk about how they were feeling for two key reasons:

- To avoid burdening others who often relied on them as the 'man of the house'
- They were uncertain of why they were feeling this way

Rather than talk explicitly about mental health, the communication materials spoke men's language.

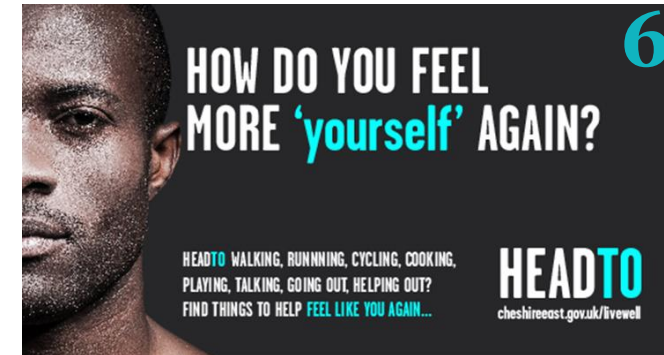
Messages were framed to ask questions (e.g., "How do you feel more 'yourself' again?") in order to subconsciously prime men to consider the campaign message without directly 'telling them what do'.

Imagery and supporting text gave men ideas on things they could do to feel better – recognising not one size fits all.

Create, test and refine

Co design & test

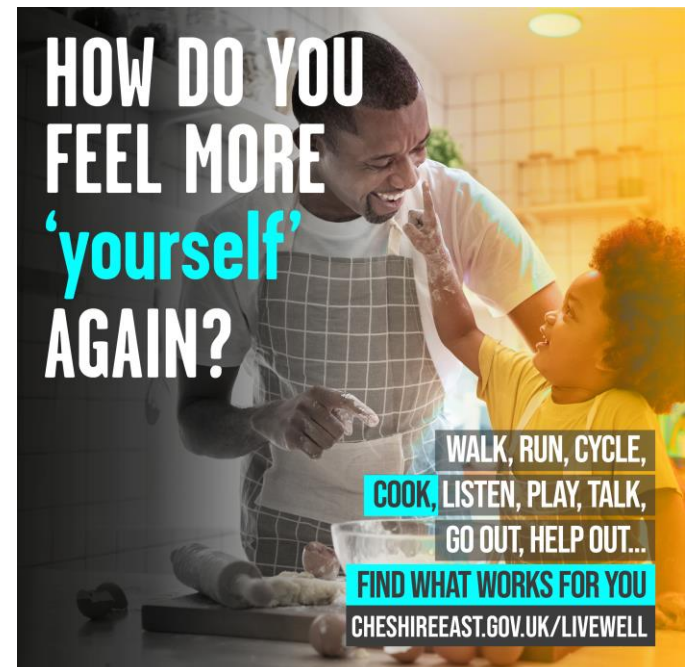
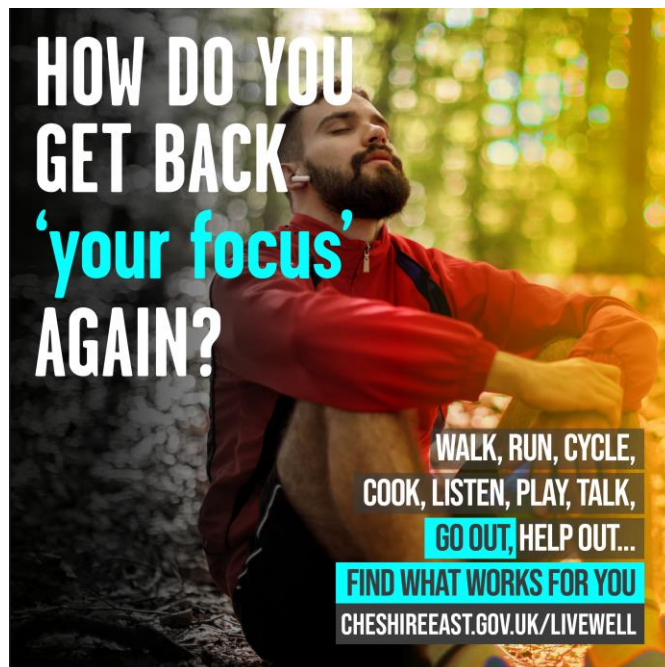
Informed by behavioural insights, ICE developed draft behavioural messaging/ imagery that was tested with the target audience. In total 9 men took part in a co-creation workshop and provided feedback on these concepts that was used to refine and finalise the intervention.



The final intervention

Co design & test

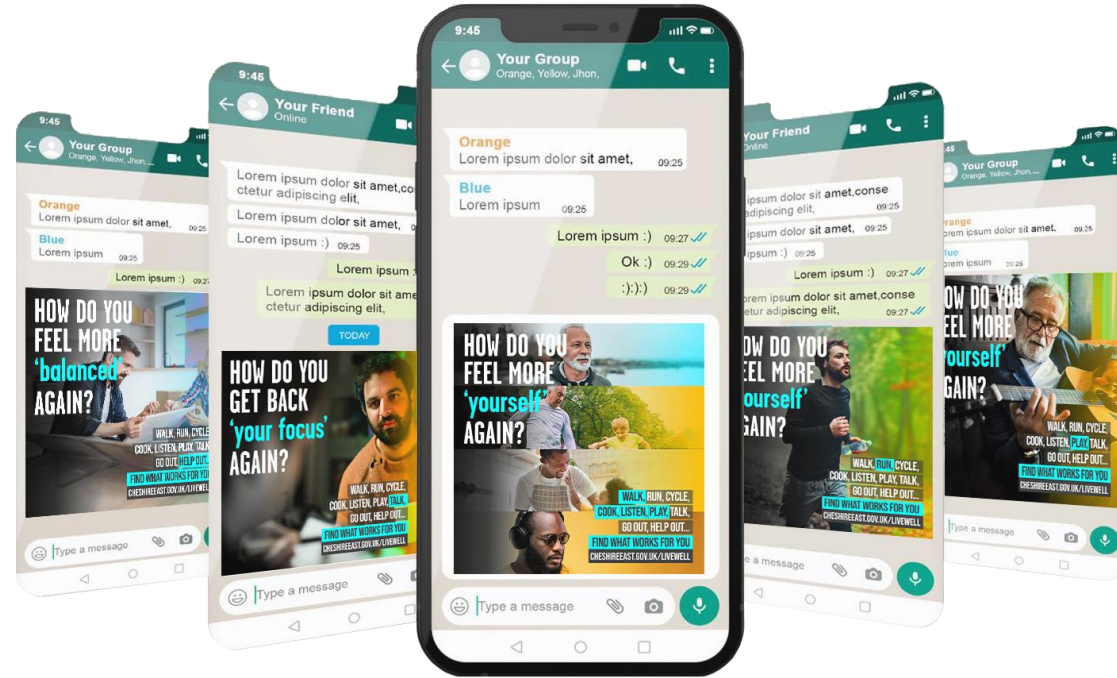
Building on the insights and co-creation groups, ICE developed the final communication materials ready for the trial. The aim was to assess how effective the materials would be in prompting men to do something for their wellbeing 'upstream' before they lose the ability to cope.



The trial: what we did

ICE designed & conducted a randomised control trial (RCT) that involved the following five steps:

1. Recruited **90 men** to take part in a **6-week Wellbeing Challenge** (the name given to the RCT)
2. All participants completed a wellbeing questionnaire at baseline
3. Used **stratified randomisation** to ensure similar group profiles in the intervention and control group.
4. During the trial, the intervention group received communication assets twice a week for 6-weeks via WhatsApp and the control group received standard notifications about the 'Wellbeing Challenge' once a week for 6-weeks
5. At the end of the trial participants completed an evaluation questionnaire in order to measure change in wellbeing scores



Each of these steps are discussed in turn.

1. Recruitment

ICE recruited 90 men to take part in the RCT. Recruitment involved the following three steps:

1. **Created a short contact form** for participants to register their interest in taking part in research.
 - Included screening questions to ensure only men were recruited.
 - Made the form quick and easy to complete to increase completion rates.
2. **Worked collaboratively with VCS leaders to share the research invite** containing the link to the contact form to encourage men to voluntarily register their interest. This included:
 - Emailing different organisations to encourage them to share it with men they support.
 - Advertising the research on social media platforms via targeted social media ads
 - Using snowball sampling to recruit participants via word of mouth.
3. Once men had completed the contact form, ICE sent them **invitation emails and follow-up phone calls** to recruit them. Frequent reminders, clear communication and prompt responses to questions reduced drop out rates throughout the trial.

2. Baseline measurements

Before the trial, all participants completed a questionnaire to capture their wellbeing status at baseline.

Two measures of mental wellbeing were used:

- WEMWBS questions
- 5-Ways to Wellbeing questions

These questions would then be asked post-trial to evaluate change in self-reported mental wellbeing from baseline to post-trial.

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS):

- Validated and evidenced based measure of mental wellbeing.
- 14-items scored on a scale of 1 (Not at all) – 7 (All the time)⁴.

5 - Ways to Wellbeing:

- Evidence based actions shown to promote positive wellbeing.
- 5- items scored on a scale of 1-7, measuring frequency of actions⁵.

⁴ For full WEMWBS questionnaire, see [Appendix 2](#).

⁵ For 5-Ways to Wellbeing questions, see [Appendix 3](#).

3. Stratified randomisation

Participants were split into the intervention and control group using stratified randomisation resulting in a sample of 48 participants in the intervention and 47 participants in the control group⁶.

Stratified randomisation is a sampling method in which participants are first grouped into 'strata' (division of the sample into smaller sub-groups) based on factors which may influence the outcome. Then, participants from each strata (sub-group) are randomly allocated either to the control or the intervention group.

For this RCT, the strata used were age and wellbeing status (based on a question asking participants to rate their mental wellbeing from Very Poor – Very Good).

By using this method, there was an **even representation of age groups and mental wellbeing statuses across the control and intervention group**. This ensured that participants who had poor mental wellbeing didn't all end up in the intervention group, for example, which may have skewed the results.

⁶ For a breakdown of sample characteristics for each trial group see [Appendix 1](#).

4. Trial delivery

During the trial:

- **The Intervention group were sent via WhatsApp broadcasting:**
 - A message updating them about the timeframe of the challenge 1x a week.
 - A different asset with the link to the Cheshire East Live Well website 2x a week.
- **The Control group were sent via WhatsApp broadcasting:**
 - A message updating them about the timeframe of the challenge 1x a week.

For the challenge, the **two groups were set up on WhatsApp using WhatsApp broadcasting** which allows the person who sets up this group to send a message to multiple people without them knowing they are part of a group as they receive it as a private message.

- For those wishing to replicate this method, please note that participants had to save the researcher's mobile number in their contacts and the researcher had to do the same with participants' numbers to ensure that they were able to send and receive messages via the Broadcasting option in WhatsApp.

5. Post-trial evaluation

The results of the trial were measured by conducting a Mixed ANOVA statistical test.

Mixed ANOVA enabled us to evaluate change between two different groups (control vs intervention groups) and between the individual groups at baseline compared to post-trial.

As the RCT employed a **between subjects** (control vs. intervention group scores) and a **within subjects** (baseline and post-trial scores within the same group) design, a **mixed ANOVA** was an appropriate statistical test to evaluate the change in wellbeing scores.

What is a mixed ANOVA?⁷

ANOVA = Analysis of Variance

Mixed = Refers to having a between subjects variable (comparing the scores between the two different groups) and a within subjects variable (comparing the scores within the same group).

The mixed ANOVA allows us to see whether there are differences in means of the groups on the different levels of the within subjects variable (i.e., wellbeing scores).

⁷ For more information about Mixed ANOVA please see www.datanovia.com/en/lessons/mixed-anova-in-r/

The trial results

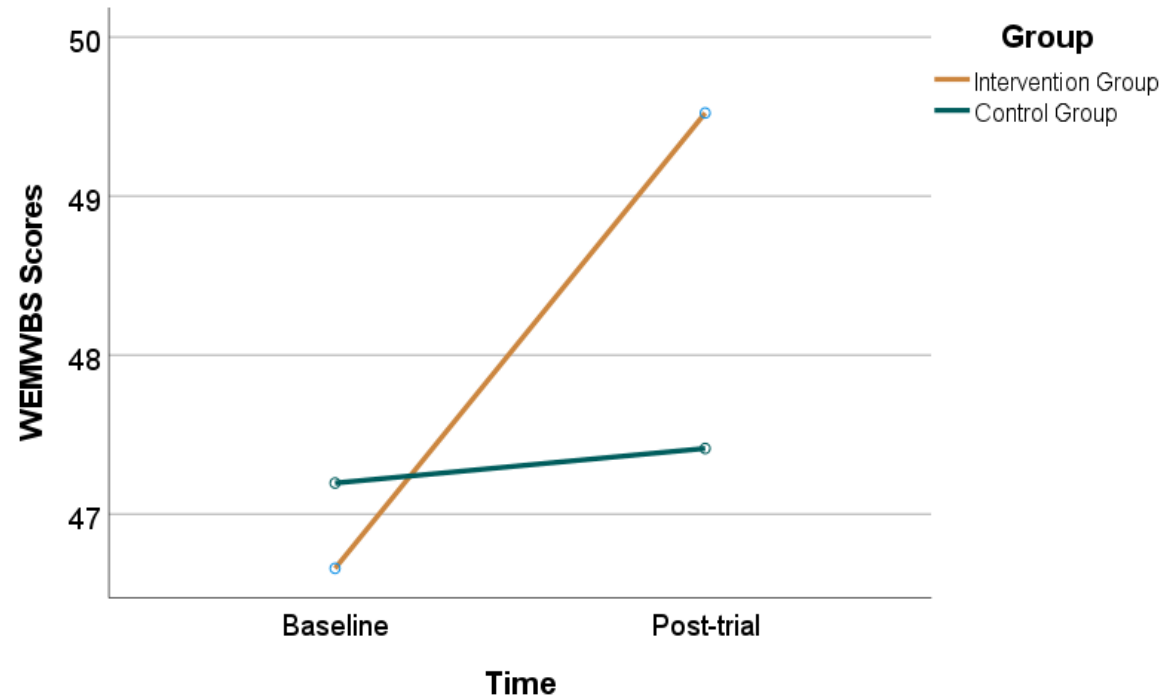
WEMWBS scores increased from baseline to post-trial among the intervention group compared to the control group

Statistically significant results

- The mixed ANOVA revealed that there was a time by group interaction for the WEMWBS scores ($F(1,88) = 4.74$, $p = .032$, $\eta^2 = .05$).
- Participants in the **intervention group** scored **significantly higher on the WEMWBS scale post-trial** compared to at baseline ($t(43) = -3.45$, $p < .001$, $d = 0.37$).

Not statistically significant results

- Comparatively, there were **no significant differences** between the WEMWBS scores at baseline and post-trial **for the control group** ($t(45) = -.246$, $p = .404$, $d = 0.02$).



The trial results

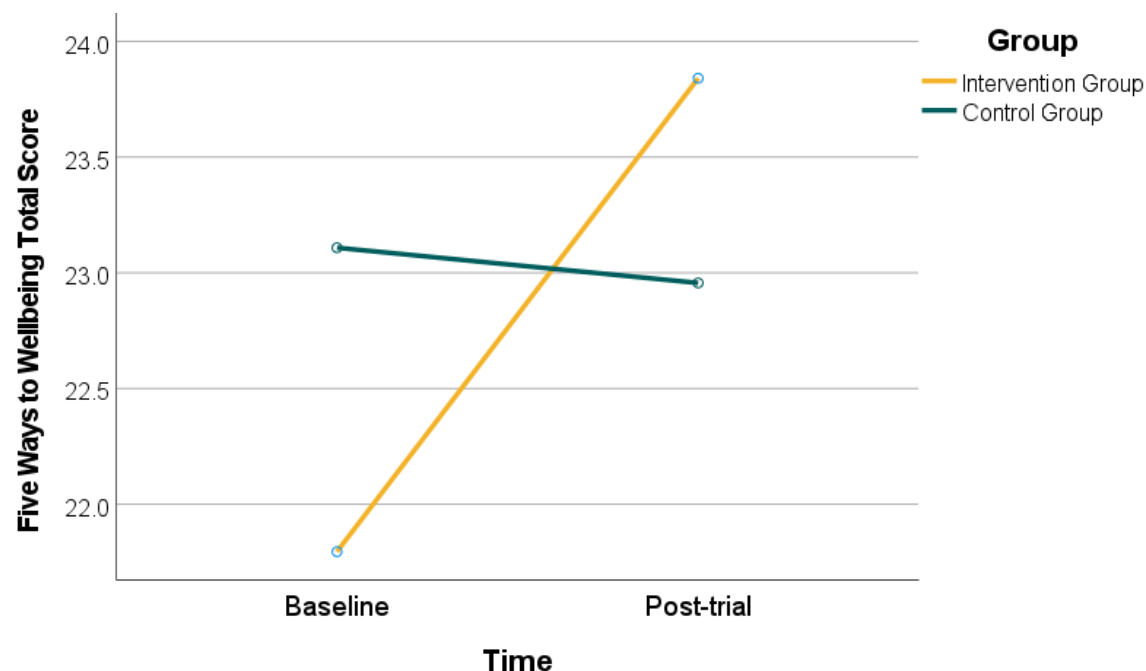
Engagement in the 'five ways to wellbeing' increased from baseline to post-trial among the intervention group compared to the control group

Statistically significant results

- The mixed ANOVA revealed that there was a significant time by group interaction for the total Five Ways to Wellbeing Score ($F(1,88) = 4.74$, $p = .032$, $\eta^2 = .05$).
- Participants in the **intervention group** scored **significantly higher on the Five Ways to Wellbeing** questions **post-trial** compared to at baseline ($t(43) = -3.21$, $p = .001$, $d = 0.35$).

Not statistically significant results

- However, there were **no significant differences** between the Five Ways to Wellbeing scores at baseline and post-trial **for the control group** ($t(45) = -.246$, $p = .403$, $d = 0.02$).
- Please note that participants in the control group scored higher at baseline compared to the intervention group.



The trial results

68% of men in the intervention group and **63%** in the control group had done something to improve their wellbeing⁸, suggesting that **taking part in a Wellbeing Challenge prompted 2 in 3 men across both groups to do something positive**. However, some differences were observed in what activities men in the intervention did compared to those in the control group. As shown in the Table below the insights revealed that **unlike men in the control group, men in the intervention group started taking time out for themselves, were sleeping better and had lost weight**.

Activity	Intervention Group	Control Group
More active	✓	✓
Connecting with others	✓	✓
More time in nature	✓	✓
Tried something new	✓	✓
Healthier eating/lost weight	✓	
Taking breaks from work do something I enjoy	✓	
Better sleep pattern	✓	

⁸ For breakdown of qualitative feedback regarding what men did differently during the wellbeing trial see [Appendix 5](#).

The trial results

1 in 2 men in the intervention group accessed information or support compared to 1 in 3 men in the control group.

The following Table shows what **information or support** men accessed during the trial period.

Information/support accessed	Intervention group	Control group
Online information (e.g. Mind, Live Well)	✓	✓
Info about community groups/activities	✓	✓
GP	✓	✓
Use of 'wellbeing' App/Platform	✓	
Self-help groups	✓	
Completed CBT Course	✓	
Talking Therapies offered by workplace	✓	

Key learnings

- **Insight-led communication materials designed to be used ‘upstream’ have proven effective at prompting men to do something for their mental wellbeing early on, before they lose the ability to cope.**
- Wellbeing **increased** from baseline to post-trial among men who received the materials. Comparatively, there were no significant differences between in wellbeing at baseline and post-trial for the control group.
- 1 in 2 men in the intervention group accessed support/ information, including self-care, compared to 1 in 3 men in the control group.
- The materials were effective at signposting to further support as **84% men in the intervention group visited the Live Well website**. However, many found the website difficult to use and would benefit from a direct link to relevant information. Challenges reported were:
 - Too many links to navigate/ “too much to take in”
 - Unclear what resources were relevant to men
 - Difficult to use on mobile devices.

Taking the learnings forward

Engage & embed learnings

Three key steps for the Council to take forward have been recommended:

1.

Create a **unique URL** that is featured on the assets and links to a bespoke webpage.

2.

Create a **bespoke landing page** on a local website featuring the **same brand identity** as the assets to help men anchor and recognise, they are in the right place. We recommend including:

- Overview of **VCSE organisations and groups**, what they offer and how to access them
- **Real-life case studies** of what local men have done to 'feel like themselves again' that are relatable and inspiring
- Direct links to other Live Well **information pages** (e.g., keeping active, mental wellbeing) make it easy to find relevant information
- Links to local mental health support services (e.g., Crisis cafes, IAPT services). These should be featured at the bottom of the page to prompt people to access community offer first.

Taking the learnings forward

Engage & embed learnings

3.

Develop a **communications plan to deploy the assets** and reach men across East Cheshire.

This may include the following activities:

- **Expand and tailor** the assets to align to key events throughout the year (e.g., Father's Day, sports events) and to link in with national campaigns (e.g., men's mental health week)
- Launch a wider **Wellbeing Challenge** as this study has shown that regardless of group 2 in 3 men did something different for their wellbeing, which suggests that the act of being in a Challenge prompts men to act
- Develop a **toolkit** to equip stakeholders with assets and supporting content/guidance to cascade the assets easily and to create consistency in terms of tone of voice of the campaign
- Target workplaces and equip them to support the campaign
- Social media campaign (paid and organic), digital billboards/ads in high footfall areas.

Taking the learnings forward

Engage & embed learnings

Cheshire East Council are taking steps to embed the learnings from this behavioural insights trial. The Council are working with other departments (e.g. suicide prevention team) and the CVS to deploy the communication materials and reach men across East Cheshire.

The Council said:

“We’ve learnt that there is immense opportunity to support men through an approach that focuses on keeping men well. The men and community leaders we spoke with told us that this feels like a more substantial gap than the gap in provision of traditional support systems for specific mental health illnesses. The project itself has opened up many opportunities for incorporating behavioural insights across the work that we do and we’re excited at the future that lies ahead.”

ice

make
better
happen

Thank you

We welcome the opportunity to discuss this report in more detail.

Warm regards,

The Behavioural Insights Team

Insight@icecreates.com

Appendix

- [Appendix 1 Sample characteristics of the intervention and control group to demonstrate similar group profiles](#)
- [Appendix 2 WEMWBS questionnaire](#)
- [Appendix 3 5 ways to wellbeing](#)
- [Appendix 4 Trial results](#)
- [Appendix 5 Qualitative verbatim feedback](#)
- [Appendix 6 Sample characteristics of the insight and co design participants.](#)

Please use the hyperlinks to navigate to content in the Appendix.

Appendix 1 - Sample characteristics of the intervention and control group to demonstrate similar group profiles (1 of 3)

Characteristic	Proportion of Intervention Group (N=44)	Proportion of Control Group (N=46)
Age		
18-20	2%	0%
21-30	12%	13%
31-40	30%	24%
41-50	20%	24%
51-60	16%	22%
61+	20%	17%
Self-reported wellbeing status		
Poor	5%	7%
Fair	34%	37%
Good	45%	41%
Very good	16%	15%

Appendix 1 - Sample characteristics of the intervention and control group to demonstrate similar group profiles (2 of 3)

Characteristic	Proportion of Intervention Group (N=44)	Proportion of Control Group (N=46)
Area of Residence within Cheshire East		
Alsager	11%	4%
Congleton	36%	43%
Crewe	16%	13%
Macclesfield	14%	2%
Nantwich	11%	4%
Poynton	0%	7%
Sandbach	11%	20%
Wilmslow	0%	4%
Ethnicity		
White British	95%	91%

Appendix 1- Sample characteristics of the intervention and control group to demonstrate similar group profiles (3 of 3)

Characteristic	Proportion of Intervention Group (N=44)	Proportion of Control Group (N=46)
Sexual orientation		
Heterosexual	91%	87%
Employment status		
Employed	82%	74%
Unemployed	2%	11%
Retired	16%	13%
Do you have a long-term health condition?		
Yes	32%	22%
Do you describe yourself to be disabled?		
Yes	14%	11%

Appendix 2 - WEMWBS questionnaire

The Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Appendix 3 – Five Ways to Wellbeing

- The five ways to wellbeing are a **set of actions that evidence suggests promote wellbeing**. They are: Connect, Take notice, Keep learning, Be active and Give.
- The table below lists each of the 5 questions and how they were scored by participants.

Five Ways	Questions	Response Options
Connect	How often do you meet socially with friends, relatives, or work colleagues?	1 (Never) – 7 (Several times a month or more)
Take notice	On a typical day, how often do you take notice of and appreciate your surroundings?	1 (Never) – 7 (Always)
Keep learning	To what extent do you learn new things in your life?	1 (Not at all) – 7 (A great deal)
Be active	On how many of the last 7 days were you physically active continuously for 20 minutes or longer?	1 (Not at all) – 7 (Every day)
Give	To what extent do you provide help and support to people you are close to when they need it?	1 (Not at all) – 7 (Completely)

Appendix 4 - RCT Results -WEMWBS

A mixed ANOVA was conducted which revealed that there was a significant main effect of time on WEMWBS scores as a whole, irrespective of group type $F(1,88)= 6.43$, $p=.013$, $\eta_p^2 .07$) with participants scoring higher post-trial compared to at baseline, as indicated in 'Total' rows in Table below.

Time	Group	Mean	Standard Deviation (S.D.)
Baseline scores	Intervention	46.66	7.83
	Control	47.20	8.76
	Total	46.93	8.28
Post-trial scores	Intervention	49.52	7.54
	Control	47.41	8.79
	Total	48.44	8.23

Appendix 5 - Qualitative Feedback – What participants did differently

What did men in the intervention group do differently to men in the control group?

The insights revealed that unlike men in the control group, men in the intervention group started taking time out for themselves, were sleeping better and had lost weight and boosted their confidence:

“I have started to take breaks in my work day where I do something for fun, rather than just making a cup of tea or having lunch. This has helped my productivity, too.” (P40, Intervention Group)

“Eating better, sleep longer and I’m more physically active.” (P12, Intervention Group)

“I’ve lost a stone in weight and feel more confident.” (P46, Intervention Group)

“Attended a local football game, Nantwich Town with my son. Was a great day out and definitely lifted both our spirits. I’ve previously never considered local grass roots games as I follow Liverpool. But we got a similar buzz attending the local game which surprised us both and we’ll continue to attend games.”(P36, Intervention Group)

Appendix 6 - Sample characteristics of insight and co-design (1 of 5)

Characteristic	Proportion of N=52
Age	
18-20	2%
21-30	17%
31-40	17%
41-50	23%
51-60	21%
61+	19%
Sexual orientation	
Heterosexual/Straight	90%
Homosexual/Gay	8%
Bisexual	1%
Very good	16%

Appendix 6 - Sample characteristics of insight and co-design (2 of 5)

Characteristic	Proportion of N=52
Area of Residence within Cheshire East	
Alsager	8%
Congleton	56%
Crewe	12%
Macclesfield	8%
Nantwich	8%
Poynton	8%
Sandbach	21%
Wilmslow	2%

Appendix 6 - Sample characteristics of insight and co-design (3 of 5)

Characteristic	Proportion of N=52
Ethnicity	
White or White British	85%
Asian or Asian British	2%
White or White British	2%
Mixed or multiple ethnic group	2%
Black, African, Caribbean or Black British	2%
Other ethnic group includes Filipino, Irish and Irish Traveller	5%

Appendix 6 - Sample characteristics of insight and co-design (4 of 5)

Characteristic	Proportion of N=52
Ethnicity	
White or White British	85%
Asian or Asian British	2%
White or White British	2%
Mixed or multiple ethnic group	2%
Black, African, Caribbean or Black British	2%
Other ethnic group includes Filipino, Irish and Irish Traveller	5%

Appendix 6 - Sample characteristics of the intervention and control group to demonstrate similar group profiles (5 of 5)

Characteristic	Proportion of N=52
Employment status	
Employed	76%
Unemployed	3%
Retired	11%
Other	10%
Do you have a long-term health condition?	
Yes	9%
Do you describe yourself to be disabled?	
Yes	3%