Evaluation of Stay Alive 2024

Final Report

March 2024

Working in collaboration with

GRASSROOTS SUICIDE PREVENTION

Grassroots Suicide Prevention is a leading UK charity empowering people to help saves lives from suicide through connecting, educating, and campaigning nationally.

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Executive summary

Context

In 2022, there were around 5,642 suicides in England and Wales (Office for National Statistics, 2022b). There are extensive patient referral pathways that span community mental health services/teams, secondary care services, specialised services, crisis support, and NHS counselling services (NHS, 2021b; NHS England, n.d.). Despite the availability of services, there are ongoing challenges in ensuring equitable access to mental health support.

This evaluation aimed to assess the Stay Alive app, a suicide prevention resource offered by Grassroots Suicide Prevention. Specifically, the evaluation aimed to evaluate the impact of Stay Alive on preventing suicide, pathway navigation, user engagement, and user satisfaction.

Methodology

Qualitative survey data (2024) was analysed, alongside anonymised 2023 quantitative data from Stay Alive that was collected through the Grassroots Suicide Prevention Google Analytics dashboard. Findings from a previous evaluation in 2020 and its respective data sources served as a proxy baseline to allow for comparison.

Key results

App reach and user engagement

Given that demographic data points were not mandatory in the app data, it is difficult to clearly define the Stay Alive user base. From available 2024 survey data, most respondents (54%) reported using the app for themselves as opposed for someone else. Moreover, the app appeared to be reaching some cohorts affected by suicide; however, the perceptions of younger people and people who identify as male may be underrepresented. Engagement rates decreased rapidly following app installation and app usage could be considered periodic. This was to be expected given the value proposition of the app (i.e., instant access in times of need) and could highlight that the app was effective in providing support to individuals.

Effectiveness of the app in preventing suicide

Survey data showed that Stay Alive could contribute towards the effective prevention of suicide; most individuals remained safe from suicide (76% in 2024 vs 83% in 2020), with Stay Alive facilitating open conversation (73% in 2024 vs 84% in 2020) and tackling stigma around suicide (93% in 2024 and 93% in 2020). In 2024, the resource most used for self-management and coping strategies was the Safety Plan.

Effectiveness in improving ease in navigability of pathway

The Stay Alive app provides a variety of signposted external resources. Survey data indicated that most respondents used national crisis support (41%) and local crisis support resources (60%) in 2024 and 2020, respectively. App data indicated that Metanoia (4%) and the CALM helpline (19%)

were used the most in 2023 and 2020, respectively. Whilst resources may help users navigate available services, it is inconclusive as to whether the app enables collaboration of services across the healthcare sector.

User experience

The majority of 2024 survey respondents demonstrated positive feelings regarding the app’s overall experience (89%). Across all cohorts, the Safety Plan was deemed the most useful internal feature in both the 2024 (37%) and 2020 surveys (63%). From the 2023 and 2020 app data, ‘Find Help Now’ was the most used app resource, at 7% and 11%, respectively. Moreover, 86% of 2024 survey respondents felt positive about the way information was provided and worded. Similarly, the app was considered accessible; 86% of 2024 survey respondents scored the app's accessibility as 'good' or 'very good', potentially enabling access to care for those who might not otherwise seek it.

Limitations

- **Baseline:** Absence of a true baseline prior to app use. Instead, reliance on previous evaluations where measurement occurs against change rather than a neutral starting point.
- **Comparability across data sources:** Difficulty linking data sources given there was no way to determine if survey respondents and app users were the same individuals.
- **Survey data:** Comparability of 2024 and 2020 survey results was difficult due to differences in sample size, questions, cohorts, use case response options, and exclusivity.
- **App data:** Demographic data collection was not exhaustive as information displayed on Google Analytics is dependent on cookie, identifier, or the user’s activity profile settings. Additionally, use case could not be linked to other app metrics.

Recommendations

- **Improve data quality**: Gather more exhaustive demographic data via the app and linking survey collection to app users.
- **Outreach to marginalised groups**: Targeted campaigns and focus groups could highlight requirements for customised app content.
- **Pilot study**: Capture a baseline alongside quantifiable measures, providing stronger evidence to support claims of the app's effectiveness.

Conclusion

Current data may not be entirely representative of all app users. Despite this, findings suggest that Stay Alive supported suicide prevention. Most 2024 survey respondents felt that the app had helped them, or the person they were supporting to stay safe from suicide, increase their knowledge, reduce suicidal stigma, and heighten their feelings of support. User satisfaction was high, with positive feedback from respondents’ overall experience of the app, app design, and accessibility.

1. Introduction

1.1. Context

In 2022, the Office for National Statistics documented 5,642 suicides in England and Wales, an alarming statistic despite the trend remaining fairly consistent since 2018 (Office for National Statistics, 2022b). Approximately three quarters (74%) of suicides were reported to be males, whilst the age-specific suicide rate was highest amongst those aged 50 to 54 years (Office for National Statistics, 2022b). In addition to high national suicide rates, across 2019 to 2021, Brighton and Hove residents experienced an average of 38 suicides per year (Brighton & Hove City Council & NHS Sussex, 2023). This translates to a suicide rate during this period that was 36% higher than the national rate in England, making it the highest suicide rate in the South East region (Brighton & Hove City Council & NHS Sussex, 2023). Alongside high suicide rates, more individuals are witnessing or experiencing suicidal behaviour within their social circles, adding to emotional distress (Cerel et al., 2014, 2019). It is estimated that each suicide intimately affects 15-30 other people, with up to 135 people being affected to some extent by every person lost to suicide (Cerel et al., 2014, 2019). In light of these concerning statistics and their far-reaching impacts, urgent attention and comprehensive support systems are imperative to address the growing mental health crisis and mitigate the devastating consequences of suicide on individuals and communities.

There are several avenues through which individuals can seek support for their mental health concerns. Generally, the first step is to talk to your General Practitioner (GP) through primary care services (NHS, 2022a; NHS England, n.d.). Mental health services and interventions in primary care will support patients at an early stage and provides advice and guidance for people experiencing a relapse or needing to re-enter secondary services (NHS England, n.d.). After discussing any concerns with your GP, they will signpost or refer patients to the most appropriate service. The available pathways for patient referral are extensive and may encompass the following; community mental health services/teams, secondary care services (inpatient and outpatient), specialised services, crisis support and urgent help lines, and NHS talking therapies and counselling services (NHS, 2021b; NHS England, n.d.). Despite the availability of these services, there are ongoing challenges in ensuring equitable access to mental health support for all individuals, particularly those from marginalised communities or with complex needs. These pressures include rising demand, long waiting times, limited availability of resources such as staff and beds, and lack of funding (The British Medical Association, 2023).

Systemic challenges have also been brought to light in a report by the Care Quality Commission (2017), which found that children and young people’s mental health services were complex and severely fragmented. Mental health care is regulated, funded, commissioned and provided by numerous organisations, and the lack of collaboration between these often results in individuals being unable to access timely and appropriate care (Care Quality Commission, 2017).

It is also important to consider that it is common for individuals struggling with suicidal ideation to conceal their struggles from others, hindering early identification by professionals. This is highlighted by findings which reveal that 40% of those with suicidal thoughts do not seek medical care (Bruffaerts et al., 2011). These findings emphasise the urgent need for improvements in current mental health pathways and support mechanisms, which should prioritise accessibility and anonymity to encourage help-seeking behaviour.

The Stay Alive app, created and launched in 2014 by Grassroots Suicide Prevention ('GSP'), serves as an accessible suicide prevention tool in the UK. Award-winning and approved by the NHS, Stay Alive is available in 14 languages and has been downloaded over 835,000 times worldwide, as of April, 2024. Free and confidential, the app offers help and support through useful information, resources, and signposting both to individuals experiencing suicidal thoughts, and to those concerned about someone else. Grassroots Suicide Prevention is a leading UK charity empowering people to help saves lives from suicide through connecting, educating, and campaigning nationally.

In 2020, Unity Insights conducted an independent evaluation of the Stay Alive app.[1] This included a qualitative and quantitative analysis through user surveys, and an opportunity cost analysis. Findings captured at the time saw an increase in the number of active users, with a predominantly younger user base. The application was found to have helped individuals stay safe from suicide in 78% of cases when using the app for themselves, 85% when supporting someone else, and 86% when the app was used in a professional capacity; with an estimated reduction in stigma through improved awareness for more than 90% of survey respondents.

1.2. Purpose of the evaluation

After completing the previous evaluation in 2020, GSP undertook several upgrades and developments in response to the findings and recommendations, which was driven by financial support received from the National Lottery Digital Fund. As the organisation approaches the conclusion of the Digital Fund's four-year funding period, there is a proactive initiative to reevaluate the application's status. This evaluation aims to assess where the application currently stands by looking at how effective the app is at preventing possible suicide, if it improves the current pathway navigation, and user engagement and satisfaction.

[1] At the time of the 2020 evaluation, Unity Insights were the analytics and evaluation team at Kent Surrey Sussex Academic Health Science Network (now known as Health Innovation Kent Surrey Sussex)

2. Methodology

2.1. Key evaluation questions

The following evaluation questions were developed following the 2020 Stay Alive report and background research:

1. How are users engaging with Stay Alive?
2. How effective is Stay Alive at preventing possible suicide and/or managing suicidal thoughts?
3. How effective is Stay Alive at improving navigation and challenges of the existing pathway?
4. How satisfied are users with the application?

2.2. Evaluation framework

Table 1 outlines each evaluation question against the respective summarised outcomes, potential themes, and the type of evaluation conducted. The full evaluation framework, which includes metrics and sources, can be found in Appendix A.

Table 1. Evaluation framework for the 2024 Stay Alive evaluation.

Evaluation question	Outcome	Theme	Evaluation type
How are users engaging with Stay Alive?	App reach and user engagement	Demographics	• Qualitative • Quantitative
		Engagement	• Qualitative • Quantitative
How effective is Stay Alive at preventing suicide and/or managing suicidal thoughts?	Effectiveness of the application in preventing suicide	Suicidal thoughts	• Qualitative
		Knowledge around suicide	• Qualitative
		Stigma around suicide	• Qualitative
		Feelings of support	• Qualitative

Evaluation question	Outcome	Theme	Evaluation type
		Self-management	• Qualitative
How effective is Stay Alive at improving navigation and challenges of the existing pathway?	Effectiveness in improving ease in navigability of pathway	Signposting to resources	• Qualitative • Quantitative
		Collaboration across the healthcare sector	• Qualitative
How satisfied are users with the application?	User experience	User satisfaction	• Qualitative • Quantitative
		Accessibility	• Qualitative

2.3. Data collection and analysis

Unity Insights evaluated Stay Alive, against the aforementioned evaluation questions, using survey data (qualitative) and Stay Alive application (app) data collected through the Grassroots Suicide Prevention Google Analytics dashboard (quantitative). The 2020 survey and 2020 findings from GSP's Firebase platform served as a proxy baseline for this evaluation, where possible. Limitations around this comparator group should be considered ('Limitations' section). In summary, the evaluation sources included:

- Best available project data from the 2020 evaluation (proxy baseline, where possible)
    - The 2020 survey results (10th of January 2020 – 7th of February 2020)
    - Results as presented by GSP's Firebase platform[2] (1st January 2020 – 31st December 2020)
- Best available project data from the 2024 evaluation (intervention)
    - The 2024 survey results (10th January 2024 – 14th February 2024)
    - Results as presented by GSP's Firebase platform (1st January 2023 – 31st December 2023)
- Emerging academic research and other literature papers
- Statistics from relevant public-sector bodies such as Office for National Statistics

[2] Results contained with the 2020 evaluation only consider 1st January 2020 – 13th of February 2020 (due to data availability at the time).

Qualitative data

Survey data

Survey data was used to gather evidence to evaluate all of the evaluation questions (‘Key evaluation questions’ section). The survey aimed to gather details on several themes such as the demographics of individuals using the app, usage and engagement levels with the app, and app effectiveness.[3] The 2024 survey was developed using the 2020 survey questions, the current evaluation questions, and literature.

Survey questions were drafted up by Unity Insights using Survey Monkey and finalised with the GSP team. Responses were collected over a five-week period (10th January 2024 – 14th February 2024). GSP were responsible for the dissemination of the survey throughout the data collection period. Their methods of dissemination included:

- Promoting the survey via a banner on the Grassroots Suicide Prevention website.
- Posting on their social media channels, including Facebook, LinkedIn, X, and Instagram.
- Asking key partners involved with Stay Alive to share the survey link with their respective networks including County Councils and colleagues across public health, charities, and NHS organisations.
- Asking key suicide prevention experts and academics to share the survey link with their respective networks.

The final version of the 2024 survey consisted of 21-26 questions. The number of questions answered depended on the use case pathway chosen by the respondent (Appendix B: 2024 survey). There were four use case pathways, each reflecting a type of user profile:

1. Individuals using the app for themselves (For “Myself - I downloaded Stay Alive to support myself”; *n* = 27).
2. Individuals using the app to support someone who is at-risk of suicide (For “Someone else – I downloaded Stay Alive to help me support someone else”; *n* = 4).
3. Healthcare professionals using the app to support someone who is at-risk of suicide (For “Patients/ clients (as a professional) – I downloaded Stay Alive to help support someone in a professional capacity”; *n* = 14).

[3] For example, in managing suicidal thoughts, increasing knowledge, reducing stigma, signposting to resources, etc.

4. Individuals using the app to learn more about suicide (For “Learning more – I downloaded Stay Alive to learn more about suicide prevention but haven’t used it to help myself or anyone else yet”; *n* = 5).

Survey analysis

There was a total of 76 responses at the end of the data collection period. Responses were excluded from the analysis if:

- The respondent did not consent to their data being used (*n* = 2).
- The respondent was under 18 years of age (*n* = 0).
- The respondent had never used the Stay Alive application before (*n* = 18).
- The respondent did not complete demographic or engagement questions (*n* = 6; i.e., could not be allocated to a use case pathway).

A total of 26 responses were removed during data cleaning, with 50 responses subsequently included in the analysis. Largely, survey responses were analysed using descriptive statistics, specifically counting response frequency and percentages. It is important to note that percentages were calculated based on the number of individuals answering the specific question and therefore the denominator used changed throughout the analyses accounting for those who may have dropped out the survey or skipped questions (in the 2020 survey). Where free text was provided, thematic analysis was utilised with key quotes being highlighted.

Comparison between the surveys was useful to identify any changes seen in user profile, engagement, and effectiveness. Notably, the cohorts that answered the current survey could differ with the 2020 cohort in two ways. Firstly, it is unlikely that the same individuals have answered both the 2020 and 2024 survey. Secondly, use case pathways presented in the 2024 survey slightly differed to the 2020 survey. In 2020, participants were able to select more than one use case; in 2024 only a single use case could be selected. Additionally, 2024 included the ‘learning more’ cohort, which was not captured in 2020. Given these differences, comparison between the 2020 and 2024 Stay Alive survey were only made where appropriate and remained high-level. More detail around this is provided in the ‘Limitations’ section.

Where appropriate, survey responses were compared to quantitative data provided by the app (see details below). Most notably, this involved comparing demographic survey information with the Stay Alive app data, to determine if the survey respondents were representative of the current app users. Given the differences between the 2024 survey and the 2023 app data, limitations to this methodology should be noted (‘Limitations’ section).

Quantitative data

App data

GSP allowed Unity Insights access to the Stay Alive anonymised app data through their Google Analytics dashboard, which contained live app data. The dashboard was filtered to show data between 1st January 2023 – 31st December 2023 for users in the United Kingdom in order to understand recent trends. There was a total of 106,506 users during this data collection period, with 87% (*n* = 92,618) recorded as 'new users' and 13% (*n* = 13,888) as 'returning users'.[4] Variables collected from the dashboard included:

- Demographic data – users by use case, gender, age category and city.
- Engagement data – platform through which the app was accessed, number of users (new and returning), average engagement time and user retention.
- Resourcing and signposting data – number of views of each app resource, external resource and other links accessed via the Stay Alive app.

Navigation clicks (prompts) within the app served as indicators for user engagement, offering insights into the distribution of users across different use cases (Figure 3):

1. Individuals using the app for themselves ("Myself"; *n* = 22,288).
2. Individuals using the app to support someone who is at-risk of suicide and healthcare professionals using the app to support someone who is at-risk of suicide ("Someone else"; *n* = 6,994).
3. Individuals using the app to learn more about suicide ("Learning more"; *n* = 4,536).

App data was predominantly used to gather evidence against evaluation question 1 ('Key evaluation questions' section).

App data analysis

Analysis of quantitative data involved calculating proportions and percentages, and developing visualisations to best display demographics, engagement, and signposting metrics.

It was assumed that the difference in the total users across the use cases (*n* = 33,818), and the total number of users (*n* = 106,506) were indicative of the users that skipped the initial onboarding question (*n* = 72,688). Furthermore, it was assumed that once a use case was selected, it could not be changed. Following selection of the use case, users were then asked if they required

[4] 'New users' is defined by Google Analytics as the number of people who have not previously visited the app before in the time range specified. 'Returning users' is calculated by subtracting the number of new users from the total number of users.

medical attention (i.e., users were only asked this question once use case was selected). If the user selected “Yes”, then users were referred to an emergency support page (14%; *n* = 4,723). Navigation clicks were obtained for these pages to understand the proportions of each use case who were in crisis and required immediate support. Where appropriate, 2023 app data were compared to 2020 app data and cross compared to the 2024 survey data (‘Limitations’ section).

It is important to reemphasise that the dashboard was filtered in a way to provide metrics for users located in the United Kingdom only. Furthermore, in contrast to the 2020 report, which only gathered app data for January 2020 and February 2020, the current evaluation includes app data spanning the entire calendar year (i.e., a full calendar year could be provided as the data are retrospectively available). Where the time period differs to this in any way for data presented, this has been stated.

Throughout the results section, summary tables are displayed to facilitate more direct comparisons between the survey and app data across both evaluations, where deemed most appropriate. It is important to consider that comparisons are high-level due to differences between the data sources. More information on this can be found in the 'Limitations’ section.

3. Results

3.1. App reach and user engagement

Where comparable across evaluations, Table 2 summarises the demographic and engagement metrics across the proxy baseline and intervention data sources.

Table 2. Summary of app reach and user engagement metrics comparing the 2020 and 2024 surveys, and 2020 and 2023 app data. Proxy baseline = 2020 survey and 2020 app data. Intervention = 2024 survey and 2023 app data. For the following 5 metrics: location, gender, age, use case and access method, the most common occurrence has been noted across the different sources.

Metric	2020 survey	2024 survey	2020 app data	2023 app data
Total respondents/users	200	**50**	47,372	**106,506**
Location	-	**East Sussex**	London	**London**
Gender	-	**Female**	Unknown	**Unknown**
Age	-	**45 – 54 years old**	Unknown	**Unknown**
Use case	'In a professional capacity'	**'For myself'**	-	**Unknown**
Access method	-	**iOS or Android / mobile**	Android / mobile	**iOS / mobile**
App retainment (still installed)	88%	**92%**	-	**-**
Frequency of use	Other	**Monthly**	-	**-**
Average engagement time	-	**-**	3 minutes 32 seconds	**2 minutes 57 seconds**

Demographics

Location

Survey

Survey responses were predominantly from East Sussex (30%; *n* = 15), followed by London and West Sussex (Figure 1). Location was not assessed as part of the 2020 survey.

App

2023 app data were predominantly from London (41%; *n* = 43,728), which is consistent with the 2020 app data (25%; *n* = 11,925; Table 2). The second highest proportion (10%; *n* = 10,885) of 2023 users did not indicate a location (‘Limitations’ section).

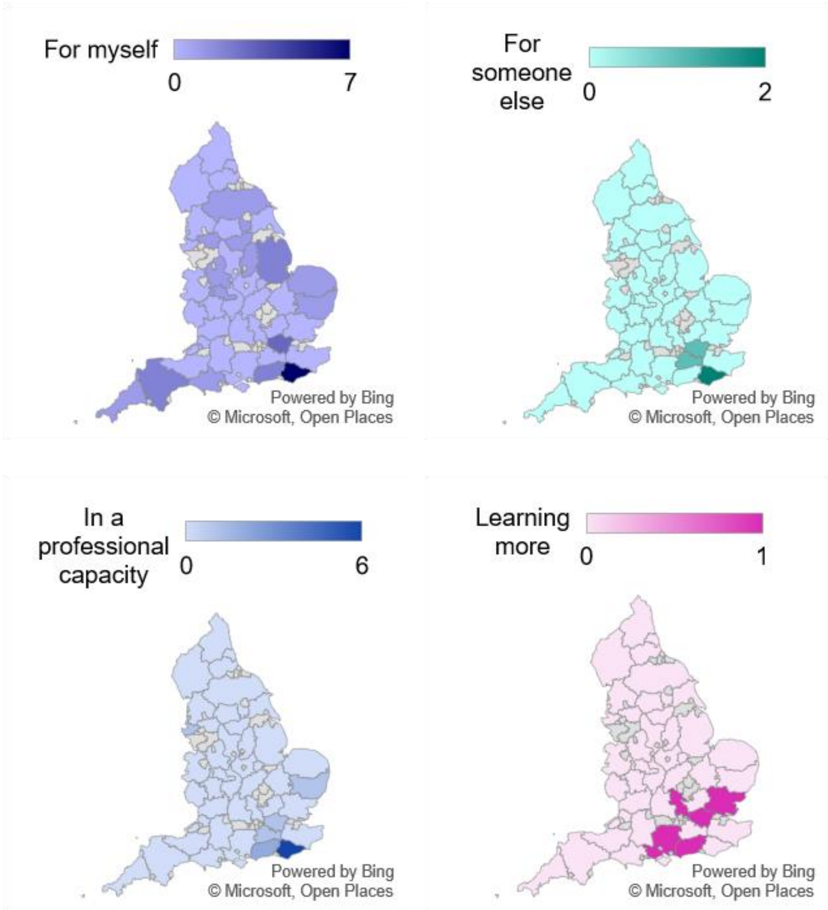

Figure 1: The mapped locations of 2024 survey respondents for each use cases. Darker shading indicates a greater number of respondents.

Gender and age

Survey

Seventy percent (*n* = 35) of survey respondents were aged 45 years and over, with 42% aged 45-54 years (*n* = 21; Figure 2). Age was not assessed as part of the 2020 survey. Over half (58%; *n* = 29) of survey respondents described their gender identity as 'female', 38% (*n* = 19) 'male', and the remaining 4% (*n* = 2) were ‘non-binary’. Three survey respondents reported a different gender identity than their assigned sex at birth and 2 preferred not to say. Gender was not assessed as part of the 2020 survey.

App

The age of almost 100% (*n* = 106,122) of users within the 2023 app data were unknown ('Limitations' section), with the second largest age group being those aged 45-54 years (0.2%; *n* = 162). Within the 2020 app data, 76% (*n* = 36,110) of users were unknown, with the second largest proportion of users aged between 25 – 34 years old (9%; *n* = 4,289). Additionally, the gender of the majority of users were unknown for the 2023 and 2020 app data, almost 100% (*n* = 106,111) and 74% (*n* = 35,081), respectively ('Limitations' section). The second highest user group were females with 0.37% (*n* = 386) and 20% (*n* = 9,384) for 2023 and 2020, respectively (Table 2).

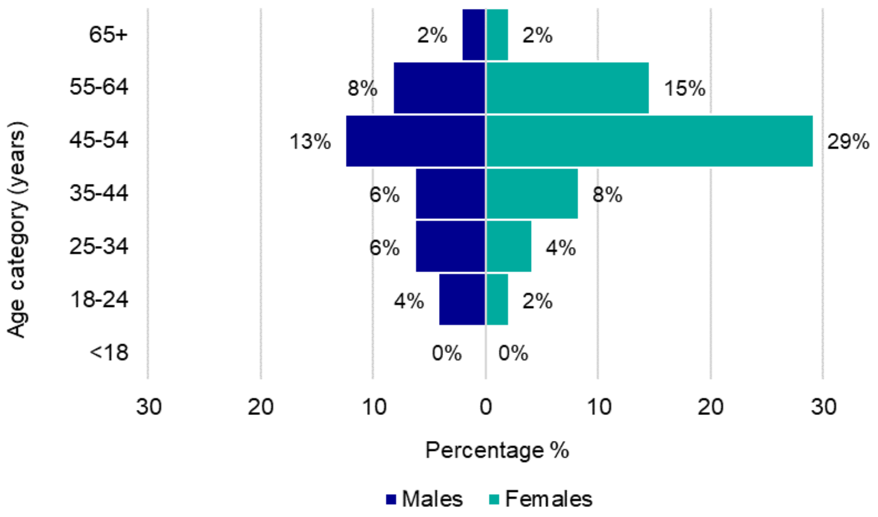

Figure 2: A population pyramid demonstrating the gender and age split of 2024 survey respondents across females and males. Due to sample size, non-binary responses were not included on the population pyramid.

Use case and gender

Survey

In 2024, most respondents downloaded the Stay Alive app for themselves, accounting for 54% (*n* = 27; Figure 3) of use cases. Current proportions that downloaded the app 'For myself' were 20% higher than those observed in the 2020 survey (34%). Survey respondents indicated app usage for someone else as 8% (*n* = 4) and 31% in 2024 and 2020, respectively (i.e., indicating a 23% decrease). A similar decrease was observed for those using the app in a professional capacity, from 47% in 2020 to 28% (*n* = 14) in 2024 (i.e., indicating a 19% decrease). In 2024, across genders, respondents largely used the app for themselves:

- 100% (*n* = 2) of 'non-binary' respondents.
- 58% (*n* = 11) of male respondents.
- 48% (*n* = 14) of female respondents.

A larger proportion of females used the app within a professional capacity (34%; *n* = 10) than males (21%; *n* = 4).

App

The 2023 app data indicated that the majority use case for users were unknown (68%, *n* = 72,688) (Table 2). The second largest use case were users that downloaded the Stay Alive app for themselves, accounting for 21% (*n* = 22,288) of use cases reported. No onboarding question was included in the 2020 app data.

As seen in Figure 3, data were compared across the 2024 survey and 2023 app data as all use case cohorts were present (i.e., the 2020 survey and app data did not include the 'Learning more cohort'). To compare 'For someone else' across the 2024 survey data and the 2023 app data, survey respondents 'For someone else' and 'In a professional capacity' were combined (Figure 3). Percentages of those that indicated using the app to learn more were higher in the 2024 survey in comparison to the app data, at 10% (*n* = 5) and 4% (*n* = 4,536), respectively.

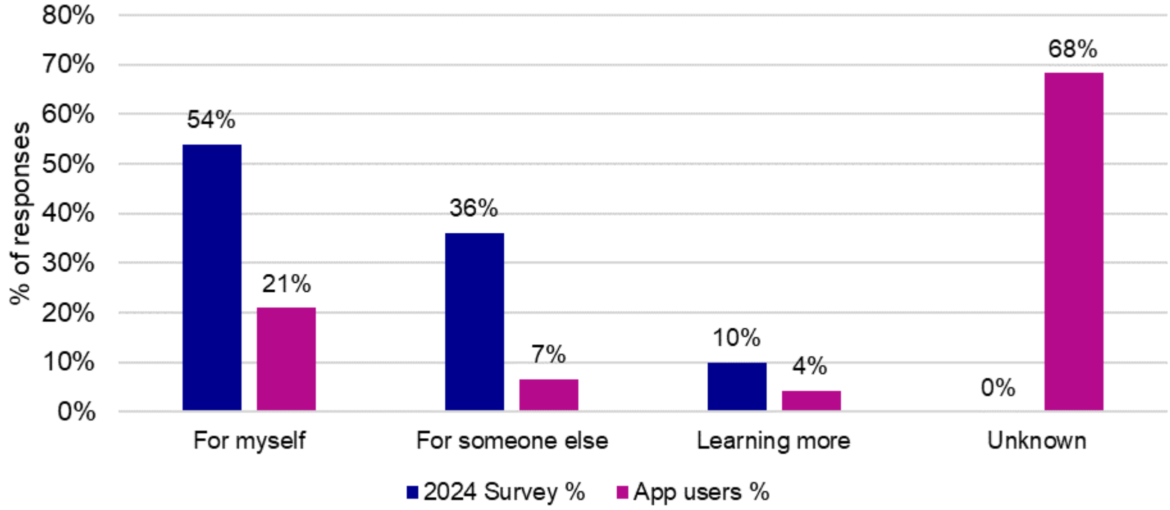

Figure 3: The proportion of use cases between the respondents in the 2024 survey and the 2023 app data. Use cases have been combined for comparative purposes.

Furthermore, the 2023 app data showed that upon the first use of the app when selecting their use case, 16% (*n* = 3,562) of those using the app for themselves ,12% (*n* = 822) of those using the app for someone else, and 7% (*n* = 339) of those using the app to learn more used the app to access initial emergency support.

Engagement

App

In 2023, a total of 106,506 users were recorded as using the app, with 87% (*n* = 92,618) recorded as ‘new users’ and 13% (*n* = 13,888) as ‘returning users’. The average engagement time across 2023 was 2 minutes 57 seconds. In 2020, a total of 47,372 users were recorded as using the app, with 90% (*n* = 42,665) recorded as ‘new users’ and 10% (*n* = 4,707) as ‘returning users’. The average engagement time across 2020 was 3 minutes 32 seconds (Table 2).

Access method

Survey

In 2024, a large proportion of survey respondents used the Stay Alive app via iOS (38%; *n* = 19) or Android (38%, *n* = 19) only. Some respondents used both the mobile and web app (18%; *n* = 9), and a few respondents used only the web app version (6%; *n* = 3; Figure 4). Access method was not assessed as part of the 2020 survey.

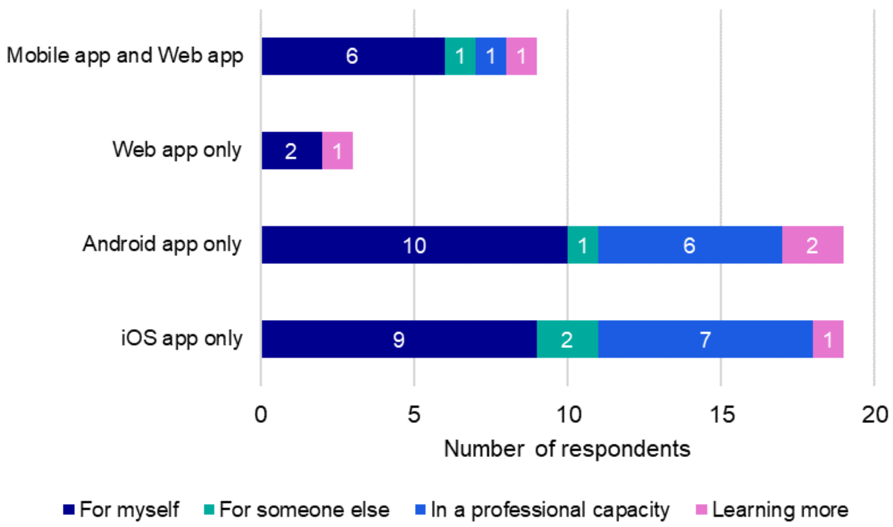

Figure 4: Methods through which 2024 survey respondents accessed the Stay Alive platform.

App

In comparison, the 2023 app data indicated that a large number (30%; *n* = 32,185) used iOS / mobile to access Stay Alive, followed by 26% (*n* = 28,153) through web / mobile and 20% (*n* = 21,301) through the web / desktop. In the 2020 app data, Android / mobile was the largest access method (39%; *n* = 18,609).

App retainment

Survey

Similar to the 2020 survey, where 88% (*n* = 123) of all respondents reported to still having the app on their phone, high percentages of app retainment were recorded across the different use cases (92%; *n* = 44 across all use cases; Figure 5). When asked reasons for uninstallation of the app, a respondent, who used the app for themselves, reported the app as “not helpful” (100% of those who uninstalled the app for this use case; *n* = 1), whilst another respondent, who used the app within a professional capacity, indicated that the app was uninstalled to free up memory on their phone (50% of those who uninstalled the app for this use case; *n* = 1). Notably, app retainment was not assessed by use case in 2020. App data (2020 and 2023) were not available for app retainment.

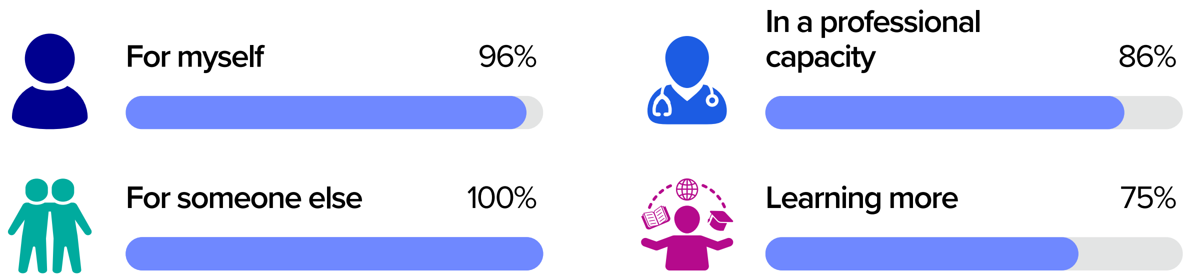

Figure 5: The proportion of 2024 survey respondents who downloaded and retained the app.

Frequency of use

Survey

In 2024, across all use case cohorts, 48% (*n* = 24) indicated using Stay Alive at least every month. Of the survey respondents primarily using Stay Alive for themselves, 63% (*n* = 17) used it at least monthly, with a lower proportion of monthly usage for those using Stay Alive in a professional capacity (Figure 6). For those using Stay Alive for someone else, 75% (*n* = 3) used it a minimum of monthly, whilst none of the respondents that used the platform for learning more used it monthly or more frequently.

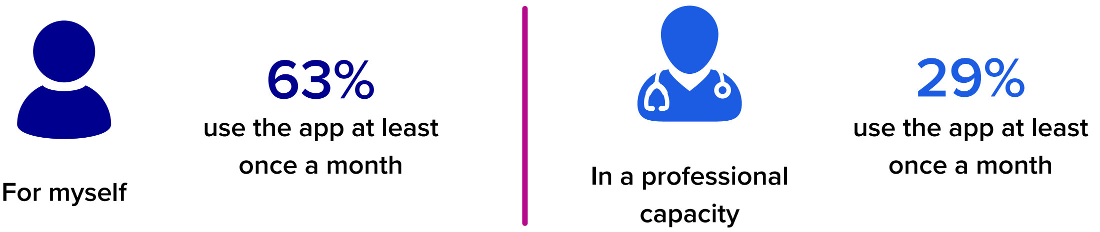

Figure 6: Usage frequency levels of Stay Alive reported by 2024 survey respondents at a monthly level or more frequently, across those using it for themselves or in a professional capacity.

For those that answered ‘Other’ (*n* = 10) in the 2024 survey, 60% (*n* = 6) of responses suggested app usage was dependent on need. This answer also appeared numerous times in the 2020 survey responses for those who responded ‘Other’ (25%; *n* = 31). Monthly was the second highest frequency in 2020 (18%; n = 22).

“Had it years but maybe used a couple times when needed”

- *2024 survey respondent*

“As and when is needed”

- *2024 survey respondent*

App

Both the 2023 and 2020 app data demonstrates a rapid decline in the percentage of users returning to the app within 42 days after first access (Figure 7).

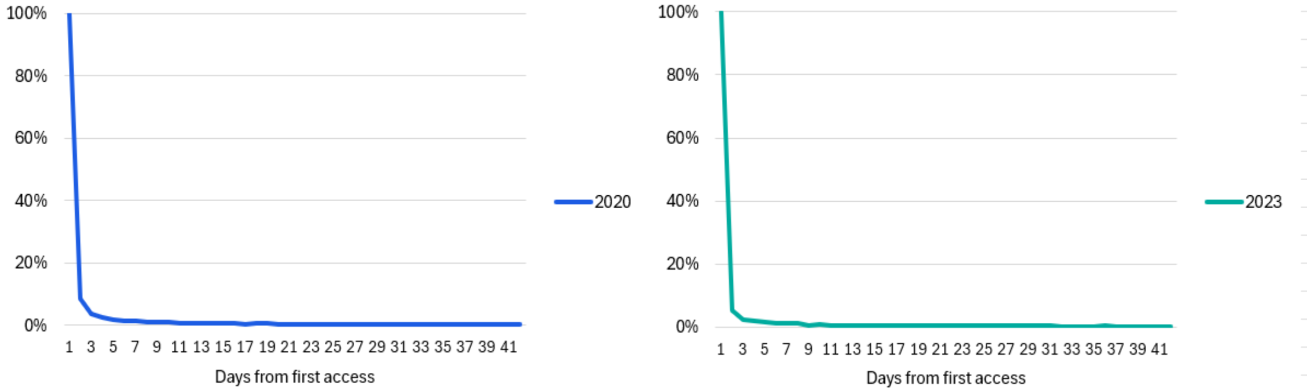

Figure 7: User retention data showing the proportion of users returning to the app within 42 days of initial access, across 20th November 2020 to 31st December 2020 (left) and 20th November 2023 to 31st December 2023 (right).

3.2. Effectiveness of the application in preventing suicide

Where comparable across evaluations, Table 3 summarises the metrics associated with the effectiveness of the Stay Alive app across the proxy baseline and intervention data sources. Only survey data (2024 and 2020) were applicable for this evaluation question.

Table 3. Summary of effectiveness metrics comparing the 2020 and 2024 surveys, and 2020 and 2023 app data. The highest scoring category has been provided in the table. Proxy baseline = 2020 survey and 2020 app data. Intervention = 2024 survey and 2023 app data.

Metric	2020 survey	2024 survey
Staying safe from suicide	83%	**76%**
Increased suicide knowledge	-	**98%**
Talk openly about suicide	84%	**73%**
Reduced stigma around suicide	93%	**93%**
App features support with better coping strategies	-	**88%**

Reduction in suicidal thoughts by users

Survey

In 2024, the majority of respondents reported either themselves or the person they were supporting as having felt suicidal (95%; *n* = 39)[5]. Of those using the app for themselves, all respondents reported having felt suicidal; a finding consistent with the 2020 survey ('For myself' was the only use case asked this question in the 2020 survey). Where 2024 respondents were using the app in a professional capacity or to support someone else, all bar one of their respective cohorts reported their clients/patients or supported person as having felt suicidal; 92% (*n* = 12) and 75% (*n* = 3) respectively.

In terms of suicidal thoughts, the survey explored whether the app supported individuals in staying safe from suicide. Across the 'for myself', 'for someone else' and 'in a professional capacity' use cases, the percentage of respondents who felt the app had helped them, or the person they were supporting, stay safe from suicide was 76% (*n* = 31) and 83% (*n* = 118) in 2024 and 2020 survey,

[5] Question relevant to respondents using the app for themselves, in a professional capacity, or to support someone else.

respectively (Table 3). This question was not asked for respondents that selected the ‘learning more’ use case in the 2024 survey.

“It’s [sic] has everything on there to keep you from doing anything silly.”

- *2024 survey respondent*

When explored by use case, the percentage of respondents who felt the app had helped them, or the person they were supporting, stay safe from suicide was high for all groups (Table 4). Whilst figures were consistent across the 2024 and 2020 survey for those using the app for themselves, the proportion in agreement within the 2024 survey was slightly lower for those using Stay Alive to support someone else or in a professional capacity, compared to the 2020 survey.

Table 4. The proportion (%) of survey respondents that felt Stay Alive had helped them or the person they were supporting to stay safe from suicide.

Primary reason of use	2024 survey	2020 survey
For myself	79%	78%
For someone else	75%	85%
In a professional capacity	69%	86%

Increased users’ knowledge around suicide

Survey

In 2024, all but one respondent (98%; *n* = 45) believed the app had helped increase their knowledge about suicide; the one exception used the app for themself. This was further reflected when respondents were given the opportunity to provide further comments, with several individuals commenting on how “informative” and resourceful the app is. This question was not asked to respondents of the 2020 survey.

“There is a lot you can learn and find out about on the app.”

- *2024 survey respondent*

Reduced stigma[6] around suicide

Survey

The app helped 73% (*n* = 30) and 84% (*n* = 119) of survey respondents talk openly about suicide in 2024 and 2020, respectively (to enable comparison, the 'learning more' use case was excluded from the overall 2024 survey; Table 3). Proportions varied across use cases for the 2024 and 2020 survey (Table 5). In 2024, a slightly lower proportion was seen for those using the app to learn more (60%, *n* = 3) in comparison to the other use cases.

Table 5. The proportion (%) of survey respondents that felt Stay Alive helped to talk openly around suicide.

Primary reason of use	2024 survey	2020 survey
For myself	71%	71%
For someone else	75%	90%
In a professional capacity	77%	89%

"Suicide is still such a big tabboo [sic] so I think the more we talk about it and make apps like this the norm, the easier it will be for people down the line."

- *2024 survey respondent*

"Difficult to say but It has helped me to talk about it more openly with my clients."

- *2024 survey respondent*

In addition to the app facilitating open conversations on suicide, all participants were also asked whether they thought the app reduced stigma through improved awareness, with a high proportion believing so. These findings are consistent with the 2020 survey (Figure 8; Table 3).

[6] Stigma refers to the negative attitudes or beliefs associated with specific health symptoms or group of people.

Figure 8: The percentage of 2020 and 2024 survey respondents who felt the app reduced stigma.

Increased feelings of support

Survey

Survey respondents were asked whether the Stay Alive app had helped them speak to different individuals, such as friends, family, professional contacts, strangers, and others.

In 2024, over half (54%, *n* = 13) of those using the app for themselves had been able to talk to friends with the help of the app, and 46% (*n* = 11) had been able to speak to a professional contact (Figure 9). This result was similar across the other two use cases, for someone else and in a professional capacity, where 50% (*n* = 2) and 46% (*n* = 6), respectively, felt they were able to talk to professional contacts with the help of the app. This question was not asked for respondents that selected the ‘learning more’ use case. In 2020, 63% (*n* = 20) of those using the app for themselves had been able to speak to a professional contact. Notably, respondents were able to select multiple options in the 2020 survey and this question was only asked to the ‘for myself’ use case.

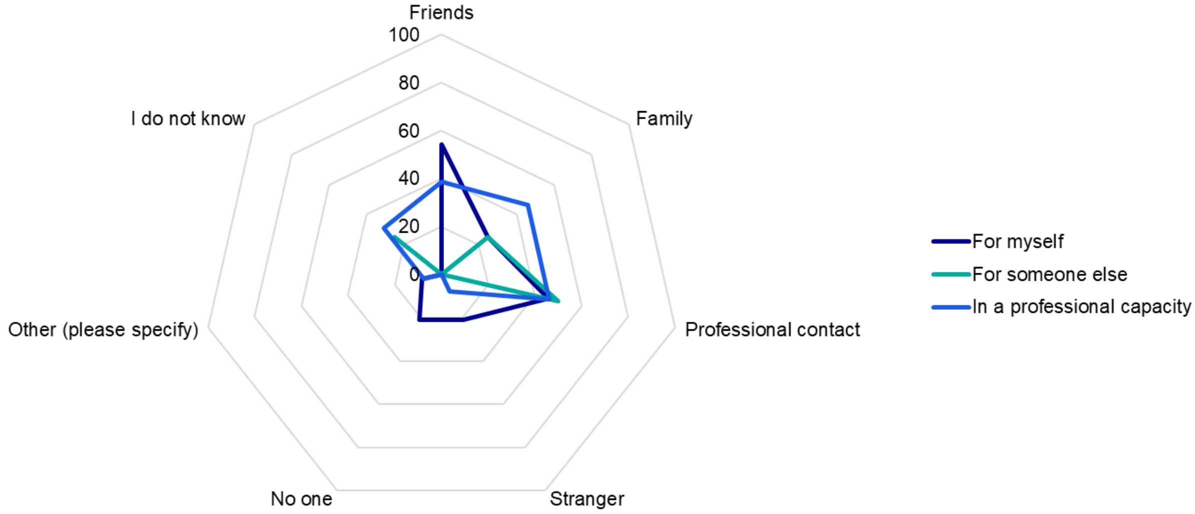

Figure 9: Radar chart showing groups most accessed for support by 2024 survey respondents.

Increased self-management

Survey

In 2024, respondents indicated that the overall top three features for better self-management and coping strategies were the safety plan[7], reasons for living, and LifeBox[8] (Figure 10). This question was not asked across all use cases in 2020.

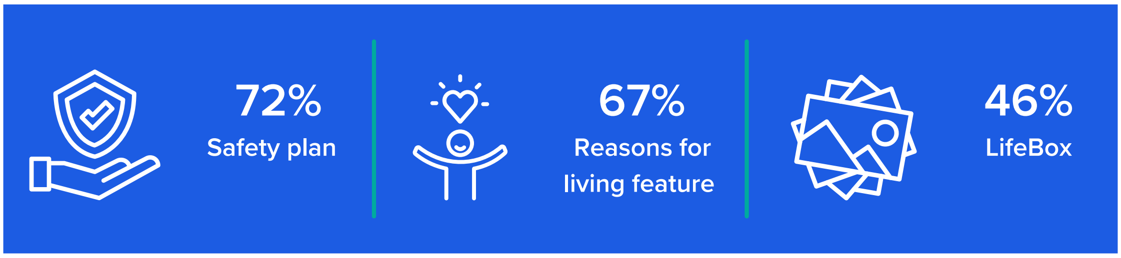

Figure 10: The three most popular features of the app according to 2024 survey respondents which aided better self-management and coping strategies (multi-select).

Multiple respondents made specific comments regarding LifeBox, with one respondent commenting:

"I think the LifeBox is helpful to look at when things feel dark and I can add things to it on a regular basis"

- *2024 survey respondent*

Another participant commented more generally on the usefulness of the Stay Alive features.

"I think the app has several useful features ... signposting, wellness plan, how to help a person and the LifeBox. I think it is an excellent resource."

- *2024 survey respondent*

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[7] Safety Plan – where you can fill in a plan on how to stay safe in crisis.

[8] LifeBox – where you can store images and videos that are important to you.

In the 2024 survey, those using the app in a professional capacity had a more positive outlook on whether the app equipped the person they were supporting with better coping strategies. In this cohort, 100% (n = 13) of professionals felt the app equipped the person they were supporting with better coping strategies, compared to 83% (n = 20) of those using it for themselves and 75% (n = 3) of those using it to support someone else.

3.3. Effectiveness in improving ease in navigability of pathway

Table 6 summarises metrics associated with pathway navigation across the proxy baseline and intervention data sources.

Table 6. Summary of pathway navigation metrics comparing the 2020 and 2024 surveys, and 2020 and 2023 app data. The highest scoring category has been provided in the table. Proxy baseline = 2020 survey and 2020 app data. Intervention = 2024 survey and 2023 app data.

Metric	2020 survey	2024 survey	2020 app data	2023 app data
External resource most used	Local Crisis Support	**National Crisis Support**	CALM helpline (National Crisis Support)	**Metanoia**
Collaboration across the healthcare sector	-	**23%**	-	**-**

Signposting to resources

Survey

The National Crisis Support resource, such as Samaritans, CALM, and Hopeline UK (41%; *n* = 19; Figure 11) and the Local Crisis Support (60%; *n* = 84) was the most frequently used external resource in 2024 and 2020, respectively. For those using the app for themselves in 2024, counselling was equally as popular as National Crisis Support. For those using the app in a professional capacity in 2024, Local Crisis Support was equally as popular as National Crisis Support. To note, multi-select was allowed for the 2024 and 2020 survey.

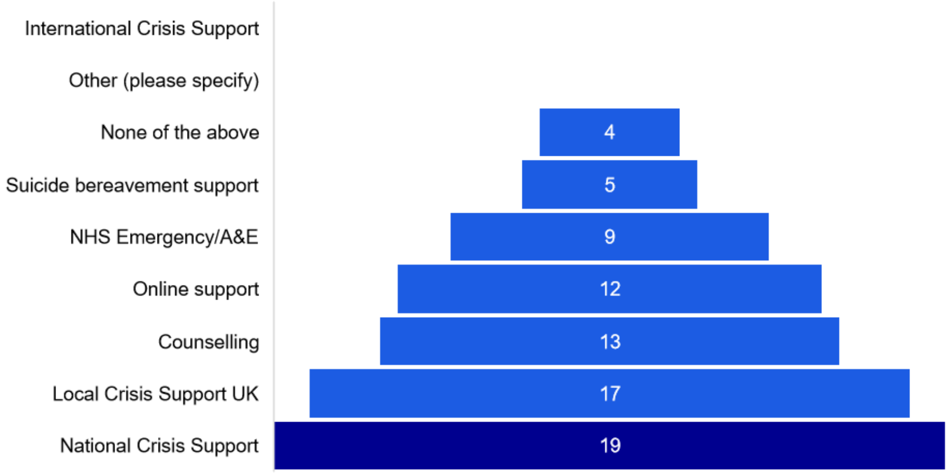

Figure 11: A funnel chart showing which app external signposted resources were used the most by 2024 survey respondents. To note, 'International Crisis Support' and 'Other (please specify) received zero responses.

In 2024, 100% of those using the app for someone else (*n* = 4) and in a professional capacity (*n* = 13) found the app helped when navigating resources, compared to 80% (*n* = 19) of those using the app for themselves.

App

The 2023 data showed that Metanoia (4%; *n* = 2,054 views), Step Change (3%; *n* = 1,476 views), and Berkshire Mental Health Crisis Team (3%; *n* = 1,381 views), were the most accessed external resources. The 2020 data showed that the CALM helpline (19%; *n* = 1,334 views) was the most accessed external resources. Values represent views rather than users in this instance.

Collaboration across the healthcare sector

Survey

To understand whether the Stay Alive app facilitated collaboration across the healthcare system, a question was posed to 2024 respondents using the app in a professional capacity. It explored whether they felt that the app helped assist with collaboration between mental health services and other organisations. Just under half of respondents (46%, n = 6) answered 'yes' or 'to an extent', while a further 46% (n = 6) were 'unsure'.

3.4. User experience

Where comparable across evaluations, Table 7 summarises user experience metrics across the proxy baseline and intervention data sources.

Table 7. Summary of user experience metrics comparing the 2020 and 2024 surveys, and 2020 and 2023 app data. The highest scoring category has been provided in the table. Proxy baseline = 2020 survey and 2020 app data. Intervention = 2024 survey and 2023 app data. For overall experience, visual design, information and phrasing, usability, and accessibility, the percentage of respondents rating the app 'good' or 'very good' is shown.

Metric	2020 survey	2024 survey	2020 app data	2023 app data
Overall experience	-	**89%**	-	**-**
Internal resource most used	Safety Plan	**Safety Plan**	Find help now	**Find help now**
Visual design	-	**77%**	-	**-**
Information and phrasing	95%	**86%**	-	**-**
Usability	-	**86%**	-	**-**
Accessibility	-	**86%**	-	**-**

User satisfaction

Survey

The majority of respondents, in the 2024 survey, demonstrated positive feelings regarding the app's overall experience (89%; *n* = 39; Figure 12).

Figure 12: 2024 Survey respondents' thoughts of the app's overall experience.

Across all cohorts, the Safety Plan was deemed the most useful feature in both the 2024 (37%; *n* = 17) and 2020 surveys (63%; *n* = 89). Furthermore, in 2024, the Safety Plan was voted the most useful feature by those using the app for themselves (38%; *n* = 9), for someone else (25%; *n* = 1), and in a professional capacity (54%; *n* = 7); for those using the app to learn more, 'how to help a person thinking about suicide' was deemed the most useful feature (100%; *n* = 5). In 2020, the Safety Plan was voted the most useful feature by those using the app for themselves (52%; *n* = 23), for someone else (58%; *n* = 23), and in a professional capacity (75%; *n* = 43).

In 2024, the visual design of the app was rated as ‘good’ or ‘very good’ by 77% of survey respondents (*n* = 34). Figure 13 highlights perceptions of the app’s design across the different cohorts. One participant stated that the app is “*easy to use and the layout is fantastic*”. This question was not assessed in 2020.

App design	Very poor	Poor	Average	Good	Very good
For myself	4%	0%	25%	38%	33%
For someone else	0%	0%	25%	50%	25%
In a professional capacity	0%	8%	8%	23%	61%
Learning more	0%	0%	0%	33%	67%

Figure 13: A heatmap showing 2024 survey respondents’ perceptions of the app's design (from a visual perspective).

App

From the 2023 app data, ‘find help now’ (7%; n = 75,450 views) was the most used app resource, followed by LifeBox (5%; n = 51,956 views), and ‘advice’ (4%; n = 47,549 views). From the 2020 app data, ‘find help now’ (11%; n = 36,297 views) was the most used app resource, followed ‘advice’ (7%; n = 23,207 views) and Safety Plan (6%; n = 19,515 views). Values represent views rather than users in this instance.

Accessibility

Survey

In 2024, respondents were positive about the way information was provided and worded on the app, with 86% (*n* = 38) rating it as ‘good’ or ‘very good’ (Figure 14). In 2020, 95% (*n* = 117) of respondents were happy with how information was provided and worded on the app. Notably, the 2020 survey provide binary options (“yes” or “no”) whilst the 2024 survey used a Likert scale.

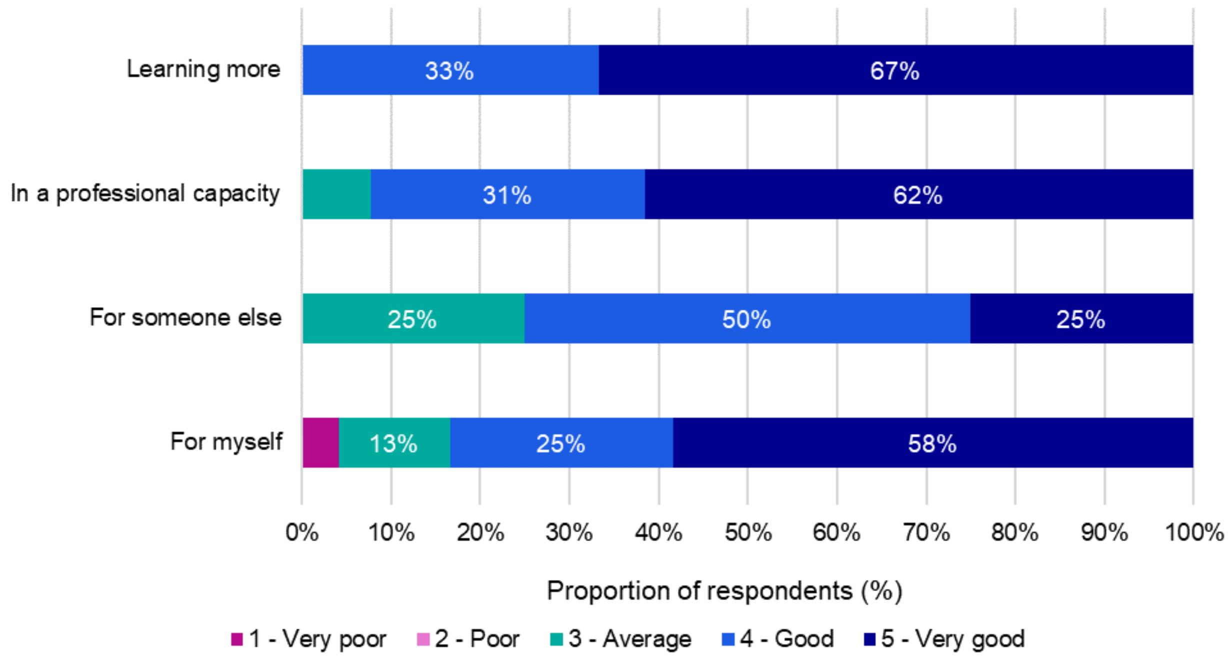

Figure 14: 2024 Survey respondents’ thoughts of the app's wording and presentation of information. Around 7% of the professional capacity cohort thought that the app's was average and 4% of respondents using the app for themselves thought the wording and presentation of information was very poor.

When asked for further comments, respondents described the app as “*friendly*”, “*not condescending*”, and as having the “*right tone*”. One user reported the app as being “*incredibly wordy*”, expressing that adding some video clips could be beneficial. This was echoed by a second respondent:

“Adding some video clips from people who were suicidal and overcome the challenge [sic] probably be helpful.”

- *2024 survey respondent*

In addition to wording and information presentation, survey participants were asked to rate the app’s usability. Usability ratings were positive, with 86% (*n* = 38) of survey respondents scoring the app's usability as 'good' or 'very good'. This ranged from 75% (*n* = 3) for those who used the app for someone else to 100% (*n* = 3) for those who used the app to learn more.

The same results were seen for the app's accessibility ratings; 86% (*n* = 38) of survey respondents scored the app's accessibility as 'good' or 'very good'. Only one person, who was using the app for themself, rated the app's usability and accessibility as 'very poor'. One respondent who was using the app for someone else commented "*everything is accessible easily*".

4. Limitations

4.1. Baseline

A notable limitation is the absence of a true baseline prior to app use. Instead, reliance on previous evaluations conducted in 2020 imposes a constraint, as measurement occurs against change rather than against a neutral starting point. This artificial baseline, while the most feasible option given data constraints, may not accurately reflect the app's impact in isolation.

Moreover, discrepancies between surveys (see 'Comparability between surveys') and variations in app data - further complicate the establishment of a consistent baseline. This limitation underscores the complexity of accurately gauging the app's effectiveness and highlight the need for careful interpretation of results within the context of these constraints.

4.2. Comparability across data sources

Comparability between survey data (qualitative) and Stay Alive application (app) data collected through the Grassroots Suicide Prevention Google Analytics dashboard (quantitative) was kept to a minimum due to the following challenges:

- The difficulty to link up data sources given that there is no way to understand whether survey respondents and app users were common i.e. the same individuals.
- The seasonality effect of comparing app data across a whole year versus survey results collected within a time period, namely the months of January and February, where mental health tends to be even more of an issue due to "winter depression" (NHS, 2022b).

4.3. Survey data

Response rate

The survey conducted for this evaluation aimed to achieve a similar number of respondents as the Stay Alive 2020 survey (*N* = 200) within the same timeframe (10th January 2020 – 7th February 2020). By the time of the survey closure date in 2024, only 69 responses had been collected.

Discussions to extend this data collection period were undertaken, leading to a survey extension of one week, until 14th February 2024. This resulted in a total of 76 responses for the 2024 survey before data cleaning. Following data cleaning, only 50 responses were deemed suitable for analysis, resulting in a 75% reduction in the number of survey responses collected compared to 2020. Response rates by use cases varied, with a low number of responses for the use cases of 'for someone else' (n = 4) and 'learning more' (n = 5).

Future studies should focus on methods of dissemination to ensure that the survey reaches as many relevant people as possible. This could include sending all, or a range of, users a notification asking them to complete the survey in the app or through an email if the users have agreed to receive emails from Grassroots Suicide Prevention. This could encourage more people currently using the app to see the survey, as using social media advertisements may not necessarily reach app users. Many people suffering with suicidal ideation do not reach out for help, therefore, there is a chance that these individuals would avoid publicly following a suicide charity on their social media accounts, and may not see that the survey was taking place.

Non-response bias

A low response rate can be associated with issues such as non-response bias, wherein respondents may differ systematically from non-respondents, thereby skewing the representativeness of the sample and undermining the external validity of the findings. As a signification portion of user demographic data from the app remains unknown, it is currently known whether survey respondents are representative of app users.

Response bias

Respondents with strong opinions are more likely to complete surveys and interviews. This could lead to an overly positive or negative perception of the interventions which is not representative of the whole population. Although it is important to view strong positive and negative opinions, gaining insight from neutral views is essential to understand the extent to which these opinions differ in the whole population.

Comparability between surveys

Where feasible, comparisons were made between the 2020 and 2024 survey results, though several challenges hindered this process:

- It is unlikely that the same individuals have answered both the 2020 and 2024 survey.
- It was difficult to clearly distinguish the different use cases ('myself', 'someone else', and 'in a professional capacity') across the 2020 survey. Exclusivity was an issue as 2020 survey participants were not restricted to a single option when indicating use case (i.e., more than one reason for downloading the Stay Alive app could be selected). This lack of exclusivity could have led to difficulties in clear interpretation of results.
- Due to the flow of the 2020 survey, the question, 'Did you download the app to support someone else?' (n = 87), is before the question, 'Did you download the app for professional

use?’, (*n* = 17). Professionals answering the survey could have interpreted their use of the app to be to support someone else (as opposed to professional use), as they would not have seen at that point that there is a question branch specifically related to professionals.

- The 2024 survey also included the addition of the ‘learning more’ use case. This cohort did not exist in the 2020 survey, and data was not able to be compared across the surveys.
- Some 2024 questions were not comparable to 2020 ones as these were not included in the 2020 survey, for example, questions relating to user satisfaction and accessibility.

Due to these challenges, comparisons drawn between the two surveys was performed at a high-level.

Use case

As mentioned above, 2024 use cases were more distinguished than in the 2020 survey, given respondents could only select a single option. Findings from the 2024 survey, however, show that 49% (*n* = 23) of survey respondents also indicated that they had used the app for reasons other than their primary use case. Of those that primarily used the app for themselves, 40% (*n* = 10) had used it for another reason, compared to 69% (*n* = 9) of those using the app in a professional capacity, and 60% (*n* = 3) of those using it to learn more. Subsequently, while respondents were required to select a single primary use case, the additional reasons cited for app usage suggest that the context of their responses may not entirely correspond with their chosen primary use case.

Additional general disadvantages are associated with survey data collection include misleading answers, hidden agendas, accessibility issues, survey fatigue, and interpretation issues (Debois, 2019). These factors were considered when designing the 2024 and 2020 survey, and effort was made to ensure survey flow and logic were optimised to avoid questions repetition and misinterpretation.

Follow-up questions

Professionals using the app were asked whether the app assisted with collaboration between mental health services and organisations in providing timely and appropriate assistance. Nearly half (46%, *n* = 6) of professionals responded, ‘yes’ or ‘to an extent’, whilst most of the remaining respondents were unsure. A follow-up question could have been asked to capture additional comments around reasoning behind responses; however, it is important to note that this would have increased the length of the survey and could have increased participant fatigue[9].

[9] The unwillingness of survey respondents to participate in or complete a survey.

4.4. App data

App data, which was retrieved from a Google Analytics dashboard, only presented aggregated data variables. This meant that app data regarding use case specifically could not be linked to user demographics. For example, by use case and age category, or by use case and gender. As a result, analysis of this data remained high-level and less granular than the survey data.

Collection and analysis of demographic data from the app did not necessarily include all users as the app itself does not request user demographics. Demographic information displayed by Google Analytics is dependent on the presence of the DoubleClick cookie, the Device Advertising ID, or the users activity profile (Google Analytics Help, n.d.). As a result, demographic data collection was not exhaustive, suggesting that even app data from the Google Analytics dashboard may not be representative of the entire app user cohort.

5. Discussion

5.1. How are users engaging with Stay Alive?

App reach and user engagement

Demographics

All results indicate that most users lived within South East England, with 2024 survey respondents mostly located in East Sussex (Table 2; Figure 1) and most app users in London (Table 2), which was expected as Grassroots Suicide Prevention is based in Brighton. This suggests accurate targeting of the app given that across 2019 to 2021, Brighton and Hove residents experienced a 36% higher suicide rate than the national rate in England, making it the highest suicide rate in the South East region (Brighton & Hove City Council & NHS Sussex, 2023). It is also important to note however, that regionally, rates of suicide related deaths in England are highest in the North East (Office for National Statistics, 2022b), GSP could look to further expand and focus efforts on also advertising their app in this region.

The majority of 2024 survey respondents were aged 45 years or over, with 42% (*n* = 21) aged 45-54 years alone (Figure 2). This aligns with national statistics, which indicated that the highest rate of suicide deaths in 2022 and 2021 was in those aged 50-54 years (Office for National Statistics, 2022b) and 45-49 years (Office for National Statistics, 2021), respectively. Comparatively, survey data indicated that only 30% (*n* = 15) of respondents were aged 18-44 years. There could be multiple reasons why there are fewer survey responses from those aged 18-44 years. One suggestion is that the survey failed to reach this younger audience. It is recommended that alternative methods of survey dissemination should be considered in future to capture a survey sample representative of app user data as suicide was named as the leading cause of death for both men and women aged 20-34 years in 2022 (Office for National Statistics, 2022a).

Contrastingly to 2024 survey responses, 2023 app data indicates that the age of almost 100% (*n* = 106,122) of users were unknown ('Limitations' section), with the second largest age group being those aged 45-54 years (0.2%; *n* = 162). Similar results were seen within the 2020 app data, with 76% (*n* = 36,110) of users classified as unknown. Given these large proportions of unknown users, it is inconclusive as to what demographics the app is reaching and therefore, it is unable to be concluded whether survey responses, and associated findings, are representative of all app users. In order to understand user base demographics, it is recommended that collection of this metric is made mandatory upon app registration. However, it is crucial to acknowledge that while implementing this suggestion could enhance understanding of app users, it might unintentionally result in individuals being less inclined to use the app due to concerns about anonymity, which has been found to be a facilitator for accessing digital mental health support (Wies et al., 2021). To mitigate a possible reduction in users more exhaustive data collection could be enabled for a fixed data collection window and then removed (i.e., conduct something similar to a pilot study).

A higher proportion of females compared to males answered the 2024 survey (58%, *n* = 29; vs 38%, *n* = 19). When comparing suicide rates, a significantly higher proportion of men die by suicide compared to women, 74% and 26%, respectively (Office for National Statistics, 2022b). Differences in healthcare seeking behaviours between males and females is likely to play a significant factor in why app usage is lower by males, but suicide rates are higher. Strikingly, results from a survey conducted on men found that nearly two thirds of respondents avoided going to the doctor for as long as possible and 20% admitted not always being honest with their doctors regarding their health (Campbell, 2019). Ultimately, reasons for this could stem from differences in societal stigmas between men and women. It is often normalised and championed for women to share their thoughts and feelings, compared to men where this is often seen as a weakness (Campbell, 2019). 2024 survey data only reiterates this point as it implies fewer men are reaching out and using the app for support.

Similar to age, according to 2023 and 2020 app, the gender of the majority of app users was unknown, almost 100% (*n* = 106,111) and 74% (*n* = 35,081) respectively (Table 2). The second highest user group were females with 0.37% (*n* = 386) and 20% (*n* = 9,384) for 2023 and 2020, respectively. To gain accurate insights into the demographics of our user base, it is advised to require the collection of this metric during app registration, ensuring response options are inclusive of all genders.

When assessing age and gender in conjunction with one another, statistics show that the cohort with the highest suicide rate per 100,000 is men aged 50-54 years (Office for National Statistics, 2021). These findings do not completely correspond to the 2024 Stay Alive survey results, which illustrated females aged 45-54 years as the highest cohort of survey respondents (Figure 2). Whilst the 2024 survey reached the most at-risk age group, these findings could indicate that the app, or advertising of the app, did not effectively target the most at-risk gender. To encourage men to use the app, GSP could find a way to appeal to men so their views can be represented. This could include having a "*male specific section to grab men's attention…*" as suggested by one user. While GSP may be able to increase their support to men, the issue of men lacking proactive healthcare seeking behaviour is much bigger than the Stay Alive app. This problem requires an entire societal shift on the way men view medical care and their attitudes to seeking support, which is likely to require something on a bigger scale such as national or international campaigns.

Limitations of the collected demographic data (2024 survey data and 2023 app data) are recognised and further detailed in the 'Limitations' section. Overall age and gender findings should be further contextualised with the different use cases. For example, those 2024 survey respondents primarily using the app within a professional capacity (28%; n = 14) may not be at risk of suicide and could potentially skew findings around the app not targeting the cohort most susceptible to suicide (i.e., the majority of professionals are females; 71%; n = 10). Notably, app data around age and gender accessing for a specific use case could not be obtained due to the aggregated nature of the data.

A more appropriate comparator group for understanding whether the app is targeting the most susceptible cohorts could be to explore use cases (whether it was for themselves, for someone else, in a professional capacity, or to learn more). Over half (54%, n = 27) of the respondents from the 2024 survey used the Stay Alive app for themselves (Figure 3). Further analysis shows that 11 males had downloaded the app for themselves, which represents 41% of respondents who downloaded the app for themselves. All 11 male respondents reported that they have felt suicidal, and of these, 8 felt that the app had helped them stay safe from suicide and had helped them to talk openly about suicide. The proportion of males using the app to support themselves (58%; n = 11) could be considered substantial and more aligned with those most susceptible to suicide. Additionally, app data suggests that Stay Alive was used in times of crisis for emergency support. The emergency support available upon initial contact with the app was mainly accessed by cohorts using the app to support themselves; however, further data collection would be required to understand the demographics of this sub-cohort (i.e., whether males were using this feature).

Although it was hard to decipher between use case cohorts in the 2020 survey due to the lack of exclusivity in response options ('Limitations' section), the 2024 survey displayed a higher proportion of respondents using the app for themselves (54% compared to 34% in 2020 survey). This increase could have been influenced by the COVID-19 pandemic, which reportedly impacted 75% of people's mental health (British Association for Counselling and Psychotherapy, 2021). Consequently, individuals may have reached out and found Stay Alive as part of a proactive approach to improving their mental wellbeing. This could have been driven by both personal initiative and the launch of national mental health campaigns in response to the pandemic, such as Every Mind Matters, which encouraged individuals to look after their mental health and seek resources for support (UK Government, 2021).

It is documented by Bailey et al. (2014) that transgender people endure a high lifetime prevalence of suicidal ideation (84%) and attempted suicide (48%). From these statistics, it was expected that there would be a high proportion of transgender individuals in the 2024 survey responses. It is important to note that only 0.5% of the UK population identify as transgender (Office for National Statistics, 2023). Therefore, whilst only 3 of the 27 participants (11%) using the app for themselves identified as a different gender than their assigned sex at birth, the proportion represented in the survey sample is substantially higher than the proportion of people identifying as transgender in the general population. Additionally, the proportion of transgender respondents could be lower as respondents may not have been willing to disclose their gender identification history.

Information for individuals identifying as transgender is not captured within the app, suggesting that while the app may be accessible to this demographic, exact numbers are unknown. Given only a limited number participated in the survey, it is assumed that the app, or the advertising of this app, may not be targeting this cohort. As the transgender population is disproportionally affected by suicidal ideation, it is important to develop inclusive outreach strategies to acquire equitable access to mental health resources.

Engagement

Respondents from the 2024 survey primarily used Stay Alive via the iOS or Android app (Figure 4) and did still have the app on their device (Figure 5). Although many survey respondents still had the app on their phone, app retainment does not necessarily equate to frequent app usage. Given that the app aims to help individuals recover and provide support through signposting, it is hypothesised that the number of new users will be higher than returning users, and engagement time and user retention will drastically decrease over time with periodic peaks should individuals relapse. From the data, it can be observed that 87% (n = 92,618) of users across 2023 are new users. A benchmark figure for new vs returning user ratio is not established given app and website traffic varies significantly depending on numerous factors including the industry, target audience, company stage and website maturity (Gravitec, 2022; Stojanovic, 2022). The high proportion of new users aligns with the above theory and could indicate successful marketing and advertising of the app. It is worth noting that the differentiation between new and returning users is dependent upon browser cookies, as they provide the ability for Google Analytics to track and identify individual users across multiple visits to a website (Akhtar, n.d.).

As expected, 2023 app data also indicates low user retention (Figure 7). This is supported by the 2024 survey data, where only one person reported using the app daily and just under half (48%; n = 24) of respondents noting they used it at least monthly. Many respondents mentioned that app usage was dependent on need, rather than being bound by a specific timeframe. Frequency of use also differed amongst cohorts in the 2024 survey, with those using it for themselves generally using the app more frequently than those using it in a professional capacity (Figure 6). This could be the result of healthcare professionals only using it to recommend to those patients who feel they need it, compared to someone who is using it for themself.

Similar to user retention, observed engagement time with the app was low at an average of 2 minutes 57 seconds across 2023 and 3 minutes 32 seconds across 2020 (Table 2). This provides some indication on how the app is used, which is to predominantly signpost users to resources they can use to support their mental health. This is further suggested from 2023 (7%; n = 75,450 views) and 2020 (11%; n = 36,297 views) app data which indicated ‘find help now’ as the most used app resource – a page which specifically helps users discover the resources that can help them. The low engagement time could therefore demonstrate the app's success at signposting, potentially implying that users find it quick and easy to identify resources.

In summary, due to large proportions of demographic app data reporting unknown, it is hard to understand the user base and who the app is truly targeting. Available survey data suggests that the Stay Alive app seems to be reaching some cohorts that are affected by suicide; however, the perceptions of younger age groups and people who identify as male may be underrepresented within the collected survey data. Engagement rates decrease rapidly following installation of the app and usage of the app could be considered periodic. Yet this is to be expected given the value proposition of the app (i.e., to have instant access in times of need) and could highlight that the app is effective in providing support to individuals across use cases.

5.2. How effective is Stay Alive at preventing possible suicide and/or managing suicidal thoughts?

Effectiveness of the application in preventing suicide

Suicidal thoughts

There are many ways to define suicidal thoughts or ideations with a lack of one universally agreed upon term for researchers and clinicians (Harmer et al., 2024). Van Orden et al. (2010) highlighted the two main types of suicidal ideation based off Beck's (1979) early work; one being active suicidal ideation, which includes a conscious desire to inflict harm to oneself and for death to occur as a consequence. The other is passive suicidal ideation, which involves a general wish to die or to not exist, with an indifference to one's potential death. This evaluation uses the ICD-11's definition of suicidal ideation, which encompasses both active and passive definitions; *"thoughts, ideas or ruminations about the possibility of ending one's life, ranging from thinking that one would be better off dead to formulation of elaborate plans"* (ICD-11, 2024). This current service evaluation does not differentiate these definitions as this would require several invasive questions to respondents around their mental state.

Nearly all 2024 survey respondents (95%; *n* = 39) reported that either themself or the person they were supporting had felt suicidal, suggesting the app was well targeted to cohorts affected by suicidal ideation. A further 76% (*n* = 31) felt the app had helped them, or the person they were supporting, stay safe from suicide, which was similar to the 2020 survey data (83% *n* = 118). This indicates that the app has a similar level of success in supporting individuals stay safe from suicide in 2020 and 2024.

Research supports these findings by demonstrating the association between digital interventions and reductions in post-intervention suicidal ideation scores. How this reduction translates into potential reductions in self-harm and/or suicide is currently unknown, and requires further research (Witt et al., 2017). Another study, which looked at the effects of internet-based programmes on secondary school students, also displayed reductions in levels of suicide ideation, depressive symptoms, and hopelessness (Robinson et al., 2016). By combining survey results with literature findings, it is possible that the Stay Alive app has supported individuals in staying safe from suicide. Due to data limitations, there is no further context as to how Stay Alive supports users staying safe; for example, whether it reduces underlying causes such as depression, or whether it prevents a suicide attempt.

Knowledge around suicide

Knowledge around suicide is instrumental in several aspects such as prevention, early intervention, reducing stigma, providing support, and promoting awareness. To provide appropriate support, knowledge and education around suicide is particularly important for those using the app to support someone else, or in a professional capacity. As shown in research by Holmes et al. (2021), the practice of educating individuals (known as 'gatekeepers') with the knowledge, skills, and confidence to identify an at-risk individual and provide support has been shown as an effective suicide prevention method. Although effective in the short-term, some decay was present for knowledge over time (Holmes et al., 2021). The accessibility of the Stay Alive app could mitigate knowledge decay (i.e., 24/7 availability of digital resources and ability to keep resources updated).

Results from a systematic review which investigated the effect of educational approaches on suicide deaths, attempts and ideation, found that suicide could be prevented through training primary care physicians in depression recognition and treatment, and educating youths on depression and suicidal behaviour (Mann et al., 2021). The study also mentioned how active outreach to psychiatric patients after discharge or a suicidal crisis prevented suicidal behaviour (Mann et al., 2021). This provides further evidence of how educational approaches, and subsequent increased knowledge, is beneficial in helping and supporting suicidal individuals.

The Stay Alive app, as indicated by 2024 survey results, reported to increase user's knowledge about suicide with all respondents except one (who used the app for themselves). One respondent stated that "there is a lot you can learn and find out about on the app". These results, in conjunction with existing literature, illustrate the potential beneficial effects that enhanced knowledge, courtesy of Stay Alive (i.e. an educational app), could offer to individuals impacted by suicide.

Stigma around suicide

Nearly 90% of individuals with mental health problems reported stigma and discrimination having a negative effect of their lives, noting that it often exacerbates issues further or prevents individuals seeking help (Mental Health Foundation, 2021). 2020 and 2024 survey results found that 93% (*n* = 41) felt that Stay Alive helps reduce the stigma of suicide through improved awareness (Table 3; Figure 8). This is essential given that mental health stigma remains a significant barrier to the use of mental health services, by affecting access and quality of health care provision for people living with mental health disorders and depression (Knaak et al., 2017).

Moreover, 2024 survey results indicate that the app encouraged 73% (*n* = 30) of users to talk openly about suicide. This is extremely important to help tackle stigma, as well as allowing individuals to seek help (Mental Health Foundation, 2021). Further benefits of talking and expressing emotions was also reported in a study by Zech and Rimé (2005), who identified emotional relief, cognitive benefits, and interpersonal benefits, such as feeling understood, as advantages. Capturing data of this granularity within the current evaluation would have required more extensive qualitative measures, such as interviews.

Feelings of support

Feelings of support are crucial to suicidal people, with several studies demonstrating significant associations between levels of support and suicidal ideation. Low social support from friends or relatives were significantly associated with suicidal ideation (Endo et al., 2014), comparative to higher levels of support, which were found to be a protective factor against suicidal ideation (Faria et al., 2020). In addition to impacts on suicidal ideation (Endo et al., 2014; Faria et al., 2020), being able to speak openly is hugely beneficial, for emotional relief, cognitive benefits, and interpersonal benefits (Zech & Rimé, 2005).

Results from the current evaluation, specifically the 2024 survey indicate that for those who used the Stay Alive app for themselves, 54% (n = 13) reported being able to talk to friends through help of the app, 25% (n = 6) to family, and 45% (n = 11) to a professional contact (Figure 9). These results indicate that Stay Alive has facilitated individuals in reaching out to others to talk openly and obtain support, which as stated above, is likely to have subsequent benefits such as reduced suicide ideation and emotional relief.

Feelings of helplessness and distress/self-management

With the range of features available on the Stay Alive app, many have the aim of facilitating users with better self-management and coping strategies. The 2024 survey results showed 100% of those using the app in a professional capacity (n = 13) felt that the app equipped the person they were supporting with better coping strategies, compared to 83% (n = 20) of respondents who were using the app for themselves. In a US based study, Dimeff et al. (2021) found that in addition to high satisfaction ratings, an app[10] yielded significant decreases in distress and agitation, along with significant increases in learning to cope more effectively with current and future suicidal thoughts (Dimeff et al., 2021). This study also emphasises the potential benefit of such apps, particularly in emergency scenarios. The Stay Alive app was also shown to be important in those crisis moments, as captured through free-text analysis:

"This app has saved me so many times for this I am truly thankful."

- *2024 survey respondent*

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[10] the app delivered four evidence-based practices amongst suicidal patients presenting in emergency departments in US hospitals (Dimeff et al., 2021).

"I am glad it was created and helps me overcome dark times and stops me doing something stupid that I would regret."

- *2024 survey respondent*

"The app gives hope and helps people keep safe despite their brain thinking of suicide as the only option. The app offers an alternative which is so powerful in times of crisis."

- *2024 survey respondent*

In summary, the Stay Alive app could be considered effective in preventing suicide whereby the app has resources that address suicidal thoughts, increases knowledge around suicide, increases feelings of support and self-management during times of distress and tackles stigma around suicide by facilitating open conversation for users.

5.3. How effective is Stay Alive at improving navigation and challenges of the existing pathway?

Effectiveness in improving ease in navigability of pathway

This section relates more to signposted external resources within the Stay Alive app. Features or internal resources are discussed with regards to user satisfaction (i.e., more relevant to the 'How satisfied are users with the application?' evaluation question).

Signposting to resources

The Stay Alive app is a hub for resources, holding both its own resources alongside signposting to external resources. According to survey respondents the most frequently used signposted resources was National Crisis Support (for example, Samaritans), followed by Local Crisis Support, such as NHS Trusts and local charities (Figure 11). These top two frequented resources have stayed consistent since 2020, although the order was reversed (Table 6). 2023 app data provides further support for these results, identifying the top three external resources as Metanoia, Step Change (National Crisis Support), and Berkshire Mental Health Crisis Team (Local Crisis Support). Interestingly, a study found that out of 49 suicide prevention apps, only 25% provided access to crisis support services (Larsen et al., 2016). This literature, alongside the evaluation findings, suggests that the Stay Alive app could provide useful resources in navigating this aspect of the mental health pathway in comparison to some other suicide prevention apps.

Another study, which interviewed adults about their perception of online suicide-related materials, found two main criticisms of sites. Firstly, they were deemed “impersonal, dispassionate, too focused on information giving” (Biddle et al., 2020). From the 2024 survey responses users described the Stay Alive app as “*friendly*”, “*not condescending*” and as having the “*right tone*”. Secondly, most participants in the research criticised the tendency for sites to signpost to offline services as their primary response (Biddle et al., 2020). Instead, participants desired immediacy and responsive online help incorporating ‘live chat’, self-help tools, opportunities to interact with others, and lived-experience content (Biddle et al., 2020). While Stay Alive signposts to external resources, it provides these alongside internal app resources, such as the Safety Plan and the Lifebox. This allows for the delivery of a holistic approach which includes a multitude of external and internal resources (further discussed in the final evaluation question below; ‘How satisfied are users with the application?’).

Collaboration across the healthcare sector

Mental health services in the UK are currently facing several challenges, including increased demand, understaffing and underfunding (Manjunatha, 2024; The British Medical Association, 2023). Additional systemic challenges have also been reported with regards to mental health services and pathways. In a review by the Care Quality Commission (2017), it was identified that that children and young people’s mental health services were complex and severely fragmented. This was largely the result of a lack of collaboration between the various stakeholders involved in regulating, funding, commissioning and providing mental health care, which often translates to patients through longer wait times and lack of communication (Care Quality Commission, 2017). The report however did highlight examples of good practice which facilitated collaboration including the co-location of professionals and weekly multi-agency meetings that enabled better coordination of care as well as the sharing of expertise (Care Quality Commission, 2017).

The outcomes of the latest independent investigations regarding homicides involving patients undergoing mental health treatment, as conducted by the NHS, mirror the conclusions drawn in the aforementioned CQC review (NHS, 2021a). It found that the top three homicide organisational influences were:

- Lack of consistent communication, and co-ordination of support and supervision systems between agencies.
- Poor / inadequate communication and liaison at transition points between providers and/ other agencies.
- Lack of continuity of care/service fragmentation creating additional risk.

These results further highlight the fragmentation and lack of collaboration between stakeholders in the mental health landscape, emphasising the urgent need for better communication to improve service and care co-ordination. When asked whether the app assisted with collaboration between mental health services and organisations in providing timely and appropriate assistance, nearly half (46%, n = 6) of professionals responded, ‘yes’ or ‘to an extent’, whilst most of the remaining respondents were unsure. As no further information was obtained or provided from respondents e.g., around reasoning for their answer, these findings could be considered inconclusive.

In summary, the Stay Alive app provides a variety of signposted external resources and internal features to support users. Whilst the resources may help users navigate available services, it is inconclusive as to whether the app enables collaboration of services across the healthcare sector, although, this would require a mammoth shift across the entire mental health pathway in the NHS.

5.4. How satisfied are users with the application?

This section relates to the internal Stay Alive resources or features.

User experience

User satisfaction

The positive response concerning overall feelings towards the app (Figure 12) and the app's visual design (Figure 12) could indicate high user satisfaction (Dimeff et al., 2021; Ng et al., 2019). Furthermore, Nuij et al. (2022), found that patients' (who were depressed and suicidal) and clinicians' were satisfied with app usage which specifically addressed and facilitated safety planning. The use and relevance of the Safety Plan could boost user satisfaction as the Safety Plan was ranked, by survey respondents, as the most useful internal resource in both the 2020 and 2024 evaluation (Table 7).

Accessibility

Digital platforms and applications have the potential to support mental health care pathways and services by encouraging early intervention, promoting prevention, and closing the demand-versus-supply gap (NHS Confederation, 2023). Benefits of this could include improved treatment outcomes, reduced stigma, and rapid scalability (NHS Confederation, 2023). To maximise these benefits, success relies heavily on accessibility and engagement of these digital interventions, particularly from affected populations. Despite this, research suggests that 40% of those with suicidal thoughts do not seek medical care (Bruffaerts et al., 2011). Digital health solutions delivered online or through mobile devices aim to reduce this percentage by increasing access to help and mental health care, as some patients prefer not to have in-person visits . A preference for digital care was found to be particularly prominent amongst young people, as they find it comfortable, easy to operate, and easy to access (Jeong et al., 2020; Pauwels et al., 2017). The accessibility of the Stay Alive app was positively rated by a large proportion of survey respondents and, therefore, potentially enabling access to care for those who might not otherwise seek it. To understand this further, demographics of those accessing the app would need to be more accurately obtained – as currently the vast majority are unknown - and thus, it is recommended that collection of this metric is made mandatory upon app registration.

Given the sensitive nature of mental health and suicide, it is important to consider the phrasing within mental health apps. Responsibilities surrounding app content ultimately lie with app developers and suppliers of app stores, such as Android and iOS, to ensure guidelines are in place regarding app content and to ensure the safety and wellbeing of users. Apple (Apple Inc, 2024) and Android (Google, 2024) present a number of guidelines and requirements throughout the app review process. Although these guidelines provide several statements regarding an app's general content and tone (for example, content must not be offensive or contain any misleading health claims contradicting medical consensus), there appears to be nothing specific with regards to mental health and/or suicide content. Despite this, from the 2020 and 2024 survey results, participants appeared satisfised with the phrasing on the Stay Alive app.

Additionally, ORCHA[11] scored Stay Alive within the top three prevention apps and was the only suicide prevention app listed in the top three (ORCHA, 2019).The app was assessed across 160 elements including clinical effectiveness, data security and patient usability. Stay Alive was also identified as one of the few suicide prevention apps with all six recommended suicide prevention strategies (Martinengo et al., 2019).

In summary, users are satisfied with the presentation and phrasing of the Stay Alive app. The app is accessible, but given the nature of the platform (i.e., digital), it may make the app more attractive to certain cohorts, although better quality app data would be necessary to understand this.

6. Recommendations

The below recommendations have been supplied based on prudent, longer - term solutions that may be subject to ethical or research approvals. An element of practicality should be adopted when accepting recommendations. For example, budget will restrict adopted recommendations.

6.1. Improving data quality

There are steps GSP could take in order to improve the quality of both app data and survey data. Upon app registration, demographic data and use case selection should be made mandatory for users. This would ensure that the app gathers comprehensive and accurate information about its user base, improving the overall quality and reliability of the data collected, and enabling more effective analysis and decision-making. This could also include the addition of inputting job role for those who use the app in a professional capacity.

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[11] The Organisation for the Review of Care and Health Apps (ORCHA), the world's number one technology provider for delivering safe digital health (ORCHA, n.d.)

Additionally, survey collection could have been incorporated into the app. This could have been achieved through sending push notifications to users or emailing those on the mailing list, streamlining the data collection process as well as increasing survey visibility and encouraging engagement. Such survey responses could then be linked to a unique user ID, which could be allocated to users upon registration. This would enable the correlation of survey data with demographic information, use case and other app activity, providing comprehensive insights into user behaviour and preferences.

It is important to note with this recommendation that data protection must be at the forefront, prioritising pseudonymised data collection to comply with GDPR regulations. This means that user data should be made non-identifiable, with identifiers replaced by random tokens or codes to protect user privacy.

6.2. Outreach to marginalised groups

Whilst suicide can affect anyone, a key finding in the current evaluation was that the demographics of users from app data was largely unknown. Therefore, it cannot be concluded whether users were representative of those mainly affected by suicide. Once exhaustive demographic data has been obtained (see '6.1 Improving data quality'), and if data are deemed not representative of the targeted population, targeted campaigns and focus groups could be used to understand requirements for customised app content.

Using what is currently available, the 2024 survey data does indicate lower response numbers from men, and individuals accessing the app from the North East of England. These groups generally experience higher rates of suicide and higher levels of suicide ideation. Reaching these population groups presents a significant opportunity for GSP to expand its user base by attracting more individuals who would benefit from the app.

To reach these higher-risk groups more effectively, a two-step approach is suggested. Firstly, the GSP team could consider tailoring support resources provided on Stay Alive to the demographic groups of interest. This could involve conducting focus groups with these cohorts in order to understand what they would like to see on the app and unique challenges faced by these groups. These insights can then be used to customise app content, subsequently attracting more users as information is more relatable. Following this step, outreach strategies or campaigns could be implemented to increase app visibility and engagement. This could involve advertising the app in venues or spaces where these population groups often convene, such as men's toilets and changing rooms, and online forums.

6.3. Pilot study

While qualitative feedback from users remains essential for understanding their perspectives and opinions, a pilot study that captures a baseline alongside quantifiable measures could provide stronger evidence to support claims of the app's effectiveness in supporting individuals and reducing suicide risk. To ensure an in-depth analysis could be conducted, the population of the pilot study should be made up of those using the app for a single use case, suggested to be the 'for myself' cohort in order to obtain the most accurate and useful data. It would be recommended that the pilot study is conducted in primary care practices with GPs and could involve utilising existing suicide risk assessment tools, which are already used in these settings for referrals purposes. Such tools are also well established in literature, offering a reliable method to assess the impact and effectiveness of the Stay Alive app on measurable variables before and after its use. Using previously validated and published questionnaires would streamline the evaluation process by saving time and resources, as well as allowing findings to be compared across studies employing similar tools (Boynton & Greenhalgh, 2004).

Several suicide risk assessment tools could be used to obtain quantifiable metrics to support findings in the current evaluation. This could include Stigma of Suicide Scale (SOSS), which assesses attitudes towards suicide, and the Literacy of Suicide Scale (LOSS), which measures suicidal knowledge (Calear et al., 2023). Integrating these questionnaires could provide more of an objective stance of the themes explored in this evaluation.

Additionally, existing questionnaires could facilitate the exploration into various aspects of suicide not covered in the current evaluation. Specifically, if addressed to the correct cohort, these questionnaires offer the potential to gather metrics on suicidal behaviour and on specific contributors to suicide, such as depression. For instance, this could include the:

- Suicidal Behaviour Questionnaire-Revised (SBQ-R), which assesses the presence of lifetime suicidal thoughts and suicidal behaviours (item one), frequency of suicidal thoughts over the past year (item two), communication of threat of suicide attempt to others (item three), and likelihood of attempting suicide someday in the future (item four; Osman et al., 2001).
- Beck Scale for Suicidal Ideation (BSSI), which evaluates the presence and intensity of suicidal thoughts (Beck et al., 1979b).
- PHQ-9 which provides insights into changes in the severity of depression (Kroenke et al., 2001).

In addition to calculating a baseline, incorporating quantifiable metrics alongside qualitative feedback will not only strengthen the evidence-base supporting the Stay Alive app but also enable a deeper, more granular analysis of its effectiveness in addressing the diverse aspects of suicide and suicide prevention.

6.4. Other considerations

Phrasing and imagery guidelines/requirements

The phrasing of words and imagery can be powerful tools, capturing attention and evoking emotions. Such tools may be interpreted differently amongst those affected by suicide, resulting in unforeseen impacts. It is therefore instrumental that the phrasing and imagery chosen for communications such as mental health and suicide apps is not distressing to others and that serious considerations have been made before apps have been released. This logic is supported by research that demonstrates the role that images can play in encouraging self-harm enactment (Jacob et al., 2017). Additionally, other research has illustrated the association between the reporting of suicide in the media and increased suicide risk in the population (Niederkrotenthaler et al., 2020), especially when the individual who has died is a celebrity, and when the method of suicide was reported. These two studies clearly highlight the importance of wording and imagery of communications about suicide.

In the current evaluation, it is clear that survey respondents were happy with the way information was provided and worded on the app, with 86% (n = 38) rating it as 'good' or 'very good' in 2024 (Figure 14). This was further supported by ORCHA ratings, which assessed Stay Alive across 160 elements and ranked it within the top three prevention apps, being the only suicide prevention app listed in the top three (ORCHA, 2019). While it is extremely positive that there is strong evidence indicating that users are satisfied with the wording and presentation of the Stay Alive app, as the app continues to grow and its content undergoes updates and changes, these elements must remain a priority to ensure the safety of individuals and avoid any unintentional harm.

7. Conclusion

Current data may not be entirely representative of all app users. To obtain more accurate and specific data, demographic data collection should be made mandatory on the app and a further evaluation could be conducted using existing validated questionnaires, in order to obtain more quantifiable measures that can be compared before and after app usage. Such evaluations could ensure the implementation of an outreach strategy for those disproportionally affected by suicide. Though, evaluation at this level will require a substantial budget, possible research approvals, and these data collection strategies may deter or reduce the number of users for a fixed period of time (i.e., during the data collection window of the pilot study).

While most survey respondents still had the app on their phone, app data illustrates low user retention and a short average engagement time. As the app's primary objective is to facilitate recovery and provide relevant signposting to resources and services, and that user satisfaction was high; low user retention rates may not be considered alarming and may reflect the intended purpose of the app. Whilst the resources and features may help users navigate available services, it is inconclusive as to whether the app enables collaboration of services across the healthcare sector.

Findings from this qualitative evaluation suggest that the Stay Alive app has supported suicide prevention. The majority of the 2024 survey respondents felt that the app had helped them, or the person they were supporting to stay safe from suicide. Additionally, respondents reported increases in knowledge around suicide, reductions in suicidal stigma, and heightened feelings of support as a result of using the app; all of which could lower suicidal risk. User satisfaction was high, with positive feedback on respondents' overall experience of the app, app design, and accessibility.

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9. Appendices

9.1. Appendix A: Evaluation Framework

Evaluation question	Outcome	Theme	Metric/question	Source
How are users engaging with Stay Alive?	**App reach and user engagement**	**Demographics**	Who have you downloaded the app for?	• 2024 survey • 2020 survey • App data
			What is your age?	• 2024 survey • App data
			What gender do you identify as?	• 2024 survey • App data
			Is your gender identity the same as your assigned sex at birth?	• 2024 survey
			Where are you based?	• 2024 survey • App data
		Engagement	How do you access the Stay Alive platform?	• 2024 survey

Evaluation question	Outcome	Theme	Metric/question	Source
				• App data
			Do you still have the app on your device?	• 2024 survey • 2020 survey
			(If no) Please tell us why you have uninstalled the app.	• 2024 survey
			How often do you use the app?	• 2024 survey • 2020 survey
			Have you used the app for other reasons?	• 2024 survey
			Users (total, returning, new)	• App data
			Average engagement time	• App data
			User retention	• App data
How effective is Stay Alive at		**Suicidal thoughts**	Have you or the person you are supporting ever felt suicidal?	• 2024 survey • 2020 survey

Evaluation question	Outcome	Theme	Metric/question	Source
preventing possible suicide and/or managing suicidal thoughts?	Effectiveness of the application in preventing suicide		Do you feel that the app has helped you or the person you were supporting stay safe from suicide?	• 2024 survey • 2020 survey
		Knowledge around suicide	Have the resources available helped increase your knowledge about suicide?	• 2024 survey
		Stigma around suicide	Has the app helped you or the person you support to talk openly about suicide?	• 2024 survey
			Do you feel the app helps reduce the stigma of suicide through improved awareness?	• 2024 survey • 2020 survey
		Feelings of support	Who have you or the person you are supporting been able to talk to with the help of the app?	• 2024 survey
		Self-management	Which features do you feel could help with better self-management and coping strategies?	• 2024 survey • 2020 survey
			Do you feel the features on the app equipped yourself or the person you are supporting with better coping strategies?	• 2024 survey
How effective is Stay Alive at	Effectiveness in improving ease in	Signposting to resources	Which resources, as signposted from the app, did you use/recommend for someone you were	• 2024 survey • 2020 survey

Evaluation question	Outcome	Theme	Metric/question	Source
improving navigation and challenges of the existing pathway?	**navigability of pathway**		supporting? You may select more than one option	
			Has the app highlighted where you can find further support for yourself or the person you are supporting?	• 2024 survey
			Resource usage (app pages, external sources, other)	• App data
		Collaboration across the healthcare sector	For professional capacity only: Do you find that the app has helped assist with collaboration between mental health services and organisations in providing timely and accurate assistance?	• 2024 survey
How satisfied are users with the application?	**User experience**	**User satisfaction**	What do you think is the most useful feature of the app?	• 2024 survey • 2020 survey • App data
			Did you find this resource/s useful for yourself or someone you supported?	• 2024 survey
			On a scale from 1-5 how do you find the apps **design and overall experience**?	• 2024 survey

Evaluation question	Outcome	Theme	Metric/question	Source
		Accessibility	On a scale from 1-5 how do you find the apps **usability and accessibility?**	• 2024 survey
			On a scale from 1-5 how would you rate the way information is provided and worded on the app?	• 2024 survey

9.2. Appendix B: 2024 survey questions

Do you agree to take part in this survey and give consent to the use of your personal data as described on the previous page?

- Yes
- No

What is your age?

- <18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

How do you access the Stay Alive platform?

- Using the iOS mobile app
- Using the Android mobile app
- Using the web app
- I have never used Stay Alive

Do you still have the app on your device?

- Yes
- No
- I have never downloaded the app
- Unsure

Please tell us why you have uninstalled the app.

- To free up memory space on phone
- No longer needed
- Not helpful
- Other (please specify)

How often do you use Stay Alive?

- Daily
- Weekly
- Fortnightly
- Monthly
- Every 2 months
- Every 3-6 months
- Every 6-12 months
- Other (please specify)

What gender do you identify as?

- Male
- Female
- Non-binary
- Other
- Prefer not to say

Is your gender identity the same as your assigned sex at birth?

- Yes
- No
- Prefer not to say

Where are you based?

- Bedfordshire
- Berkshire
- Bristol

- Buckinghamshire
- Cambridgeshire
- Cheshire
- Cornwall
- County Durham
- Cumbria
- Derbyshire
- Devon
- Dorset
- East Riding of Yorkshire
- East Sussex
- Essex
- Gloucestershire
- Greater London
- Greater Manchester
- Hampshire
- Herefordshire
- Hertfordshire
- Isle of Wight
- Kent
- Lancashire
- Leicestershire
- Lincolnshire
- Merseyside
- Norfolk
- North Somerset
- North Yorkshire
- Northamptonshire
- Northumberland
- Nottinghamshire

- Oxfordshire
- Rutland
- Shropshire
- Somerset
- South Gloucestershire
- South Yorkshire
- Staffordshire
- Suffolk
- Surrey
- Tyne & Wear
- Warwickshire
- West Midlands
- West Sussex
- West Yorkshire
- Wiltshire
- Worcestershire
- Prefer not to say
- Other (please specify)

Who have you downloaded the app for? If you have used the app for more than one of the following options, please pick the one that you have used primarily.

- Myself - I downloaded Stay Alive to support myself
- Someone else – I downloaded Stay Alive to help me support someone else
- Professional – I downloaded Stay Alive to help support someone in a professional capacity
- Learning more – I downloaded Stay Alive to learn more about suicide prevention but haven't used it to help myself or anyone else yet
- Other (please specify)

The following questions have specific phrasing of question depending on use case chosen. Where questions are only asked to a specific cohort or not addressed to a specific cohort – this is noted using '*'.

Have you or the person you are supporting ever felt suicidal?
*Not asked to those learning more.

- Yes
- No
- Unsure

Do you feel that the app has helped you or the person you were supporting stay safe from suicide?
*Not asked to those learning more.

- Yes
- No
- Unsure

Has the app helped you to talk openly about suicide?

- Yes
- No
- Unsure

What do you think is the most useful feature of the app?

- National Crisis Support e.g. Samaritans, CALM
- Local Crisis Support UK e.g. NHS trust, local charity
- Safety Plan
- LifeBox
- Strategies for staying safe
- Wellness Plan
- How to help a person thinking about suicide
- Suicide Myth-Busting
- Research-based reasons for living
- Online support services and other helpful apps
- Suicide bereavement resources
- Other (please specify)

Which resources, as signposted from the app, did you use? You may select more than one option.

- None of the above
- Local Crisis Support UK
- National Crisis Support
- NHS Emergency/A&E
- Counselling
- Online support
- Suicide bereavement support
- International Crisis Support
- Other (please specify)

Did you find the app resource/s useful for yourself or someone you supported?

- Yes
- No
- Not applicable

Have the resources available helped to increase your knowledge about suicide?

- Yes
- No
- Unsure

Has the app highlighted where you can find further support for yourself or the person you are supporting?

*Not asked to those learning more.

- Yes
- To an extent
- No
- Unsure

Who have you or the person you are supporting been able to talk to with the help of the app? You may select more than one option.

*Not asked to those learning more.

- None of the above
- Friends
- Family
- Professional contact
- Stranger
- No one
- Other (please specify)
- I do not know

Do you feel the features on the app equipped yourself or the person you are supporting with better coping strategies?

*Not asked to those learning more.

- Yes
- No
- Unsure

Which features do you feel helped with better self-management and coping strategies? You may select more than one option.

- None of the above
- LifeBox
- Safety Plan
- Breathing exercise
- Reasons for living feature
- Wellness Plan
- Self Help Ideas

*For professionals only: Have you found that the app has helped assist with collaboration between mental health services and organisations in providing timely and appropriate assistance?

- Yes
- To an extent
- No
- Unsure

Have you used the app for other reasons?

- No
- Yes - to help someone else
- Yes - in a professional capacity
- Yes - to help myself

The following questions are asked to all respondents regardless of use case chosen.

On a scale from 1-5 how do you find the app's design, overall experience, usability, and accessibility:

Design (how the app looks visually)

- 1 - Very poor
- 2 - Poor
- 3 - Average
- 4 - Good
- 5 - Very good

Overall experience (general opinion of the app)

- 1 - Very poor
- 2 - Poor
- 3 - Average
- 4 - Good
- 5 - Very good

Usability (is the app effective, efficient, and satisfying to use)

- 1 - Very poor
- 2 - Poor
- 3 - Average
- 4 - Good
- 5 - Very good

Accessibility (can you perceive, understand, navigate, and interact with the app)

- 1 - Very poor
- 2 - Poor
- 3 - Average
- 4 - Good
- 5 - Very good

On a scale of 1-5 how would you rate the way information is provided and worded on the app?

- 1 - Very poor
- 2 - Poor
- 3 - Average
- 4 - Good
- 5 - Very good

Do you feel the app helps reduce the stigma of suicide through improved awareness?

- Yes
- No
- Unsure

Is there anything else that you would like to tell us about the Stay Alive app?
(Free text)

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