

Engagement Paper on Themes and draft Actions for possible inclusion in the Scottish Government's new Suicide Prevention Action Plan

March 2018

Introduction

Every life matters and everyone has a role to play in suicide prevention. The impact of suicide on families, friends and communities is devastating and has long lasting consequences. Scotland has seen a strong downward trend in suicides over the last several years. The purpose of this paper is to seek views on themes and draft actions for possible inclusion in the Scottish Government's new Suicide Prevention Action Plan aimed at continuing the downward trend in suicides in Scotland¹. The themes and draft actions in the paper arise from discussions with a wide range of stakeholders, including people with lived experience², over the past few months.

Background

In Scotland in 2016 there were 728 suicides. As annual numbers tend to fluctuate from year to year, as shown by 2016 data, five-year rolling average rates are used for monitoring purposes. Based on these five-year rolling averages the suicide rate decreased: between 2002-06 and 2012-16, there has been a downward trend in suicide rates, with an overall decrease of 17%. The number of deaths by suicide in 2015 was the lowest in a single year since 1974. Suicide rates were significantly higher in the most deprived areas of Scotland than the Scottish average, but the latest figures show that this inequality gap has narrowed over the past decade. The Scottish suicide rate has been lower than the EU average from the 1980s up to 1997, then around the EU average in recent years³. Data from the Organisation for Economic Co-operation and Development (OECD) show that the suicide rate in the UK was well below the OECD average in 2013 (the most recent comparison time available, published November 2016⁴).

Challenges

Scotland's story is one of progress in this field and we want the Action Plan to support continuous improvement especially in the following areas: the NHS, the general population, and health inequalities.

Within NHS settings, the overall risk of a patient in contact with any particular healthcare service dying from suicide is very low. The Scottish Suicide Information Database (ScotSID) has shown that 70% (3583) of those who completed suicide in the period 2009 to 2015 had some contact with NHS healthcare services in the 12 months prior to death⁵.

Regarding the general population, the ScotSID report refers to a 30% (1536) "...sizeable minority of the 'at risk' population who are not in contact with healthcare services prior to death but who have unmet mental health (and other) needs"⁶.

¹ The new Suicide Prevention Action Plan is due for publication in summer 2018.

² <http://www.samaritans.org/sites/default/files/kcfinder/files/SPR%20final%20WEB.pdf>

³ <http://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/data/international>

⁴ http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2016/suicide_health_glance_eur-2016-12-en

⁵ <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-11-14/2017-11-14-ScotSID-Report.pdf>

⁶ See p53 at <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-11-14/2017-11-14-ScotSID-Report.pdf>

The high rates of suicide among males, people in their ‘middle years’, people who are not married/partnered and people who live in areas of socioeconomic disadvantage point to the challenging areas of health inequalities and groups “at risk” of suicide^{7 8}. A research briefing suggests that those who identify as gay, lesbian or bisexual have a greater risk of suicidal ideation and suicide attempts⁹.

We want to ensure that wider transformation in health, including mental health, takes full account of suicide prevention and provides a mechanism to use resources to continue the downward trend in suicides that we all want to see.

Making further progress

We would welcome further consideration of the following four themes:

1. improving the use of evidence, data and guidance on suicide prevention;
2. modernising the content and accessibility of training;
3. maximising the impact of national and local suicide prevention activity;
4. developing the use of social media and online resources.

The final Action Plan on Suicide Prevention will sit within a significantly stronger strategic landscape than ever before. We expect actions across the range of Scottish Government work to contribute to the reduction in suicide, particularly work arising from the following strategies: the Mental Health Strategy (2017-27)¹⁰, the Justice Vision (2017-20)¹¹, Policing 2026¹², and Scotland's Drowning Prevention Strategy (2018-2026)¹³. In addition, we will have a Child and Adolescent Health and Wellbeing Plan in 2018¹⁴, and a Strategy on Social Isolation and Loneliness¹⁵.

The public health reform process provides an opportunity to continue to prioritise suicide prevention within this wider strategic context and to operate more effectively in partnership, increasingly shifting our focus towards prevention and effective collaboration - nationally, locally and in communities¹⁶.

⁷ See p51 at <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-11-14/2017-11-14-ScotSID-Report.pdf>.

⁸ <https://www.samaritans.org/dying-from-inequality/report>

⁹ <http://www.healthscotland.com/documents/23356.aspx> AND <https://www.lgbtyouth.org.uk/news/lifeinscotland>

¹⁰ The following Actions in the Mental Health Strategy (<http://www.gov.scot/Publications/2017/03/1750>) indicate a broader range of activities, although not overtly related to suicide prevention, that will contribute to reducing the overall rate of suicide: 2 on mental health training in schools; 6 on support for high risk children; 9 on students; 11 on the DBI; 12 on rural isolation; 13 on unscheduled care; 14 on NHS; 15 on workforce; 24; 38 on quality indicator profile that will contain data on population suicide, self harm in unscheduled care, time to follow up from hospital; 39 and 40 on governance.

¹¹ <http://www.gov.scot/Publications/2017/07/8431>

¹² <http://www.scotland.police.uk/whats-happening/news/2017/june/policing-2026-strategy-laid-before-scottish-parliament>

¹³ <http://www.watersafetyscotland.org.uk/media/1213/scotlands-drowning-prevention-strategy.pdf>

¹⁴ <https://beta.gov.scot/policies/maternal-and-child-health/child-and-adolescent-health-and-wellbeing-action-plan/>

¹⁵ <https://beta.gov.scot/news/reducing-loneliness-and-isolation/>

¹⁶ <http://www.gov.scot/Resource/0049/00493925.pdf>

1 Improving the use of evidence, data and guidance on suicide prevention

Suicide is preventable; it is not inevitable. We do not want anyone to die by suicide. We are ambitious about improving our knowledge and the use of evidence and data across a broader spectrum of interests on suicide prevention to continue the downward trend in suicides.

On a daily basis, lives are saved through the high quality of care and of clinical skills of staff in the NHS in Scotland. There is a wealth of guidance available to NHS staff on issues such as transitions¹⁷, self-harm¹⁸ and depression¹⁹. There is also research to illustrate that implementing key mental health service recommendations were associated with reducing suicides in mental health patients²⁰. We also have the Scottish Patient Safety Programme (Mental Health) at Healthcare Improvement Scotland (HIS)²¹. There is a strong learning culture on suicide in the NHS in Scotland that supports a community of evidenced-based practice and shared learning²².

Along with the NHS, other national services, such as Social Work, Police Scotland, the Scottish Ambulance Service and the Scottish Prison Service, are working with local partners to safeguard people who may be vulnerable to suicide. The Scottish Prison Service, for example, introduced “Talk to Me”, a revised Suicide Prevention Strategy, into all Scottish prisons on 5th December 2017. This is a multi-agency strategy developed in partnership with Health Scotland, Samaritans, Families Outside and Breathing Space in order to provide improved person-centred care approach to the prevention of suicide.

In Commitment 1 of the Suicide Prevention Strategy (2013-16), we linked work on self harm with distress and developed the Distress Brief Intervention (DBI)^{23 24}. The DBI provides a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of national organisations and local community supports, including the NHS, Police Scotland, the Scottish Ambulance Service, NHS24, Penumbra and Support in Mind. We see an opportunity to capitalise on these types of links between national organisations and local activity as a way to translate innovation and learning into sustainable partnerships.

We have good evidence now about suicide, highlighting risk factors and providing an evidence base of effective interventions. We need to apply this knowledge.

Action 1

¹⁷ <https://www.nice.org.uk/guidance/ng53/chapter/Recommendations>

¹⁸ <https://cks.nice.org.uk/self-harm>

¹⁹ <https://cks.nice.org.uk/depression>

²⁰ [https://www.research.manchester.ac.uk/portal/en/publications/implementation-of-mental-health-service-recommendations-in-england-and-wales-and-suicide-rates-19972006-a-cross-sectional-and-beforeandafter-observational-study\(bc676d2e-7e8c-4d99-a2c2-aaca55fc4156\).html](https://www.research.manchester.ac.uk/portal/en/publications/implementation-of-mental-health-service-recommendations-in-england-and-wales-and-suicide-rates-19972006-a-cross-sectional-and-beforeandafter-observational-study(bc676d2e-7e8c-4d99-a2c2-aaca55fc4156).html)

²¹ <http://ihub.scot/spsp/mental-health/>

²² http://www.healthcareimprovementscotland.org/our_work/mental_health/suicide_reviews.aspx

²³ <http://www.dbi.scot/>

²⁴ <http://www.gov.scot/Publications/2017/03/1750>

We will establish a “knowledge into action” (KIA) group consisting of key national statutory and Third Sector agencies, and people with lived experience. The KIA group will track data analysis about self harm and suicide, along with the emerging evidence base for effective interventions and will develop and test improvements.

Questions

1a) Do you agree that we should establish a “knowledge into action” group for suicide prevention? (Tick one only)

- Yes
- No
- Don't know

1b) Please explain your answer.

1c) Please provide any additional comments or suggestions about improving the use of evidence, data and/or guidance on suicide prevention.

2 Modernising the content and accessibility of training

Training has emerged as a key factor in all our work to date on developing a draft suicide prevention action plan. It is widely accepted that there should be parity of esteem between physical and mental health – this applies to training too. We want mental health / suicide prevention training to be on a par with physical health training.

The “Views from people affected by suicide” report recommended mandatory suicide prevention training for specific professional groups, particularly GPs²⁵. Additional groups recommended for mandatory training included GP receptionists and NHS24 staff, prison officers, job centre staff and social security entitlement advisors, teachers and school staff, university/college staff and lecturers and transport workers.

Our analysis shows that a range of training approaches are required, ranging from awareness-raising to skilled intervention, depending on the population group being trained.

The Mental Health Training programme has been led by NHS Health Scotland since its inception in 2004, while the suicide prevention training programme was inherited by NHS Health Scotland from Scottish Government in 2007. Information from NHS Health Scotland indicates that a total of 92,521 people have been trained in either mental health or suicide prevention across Scotland and 2,051 trainers trained to provide the courses. This is a great achievement when compared to other national training programmes.

In discussion with a number of stakeholders, including national agencies such as NHS Health Scotland, we found that there is a strong sense that current training materials in mental health first aid and the various suicide prevention training programmes available in Scotland, are in need of a refresh. There is a need to adapt the training material for more flexible, sustainable delivery, to update its content and to make it more relevant and accessible for a Scottish audience.

Action 2

We will commission NHS Health Scotland to lead on the development of a new, world-leading, comprehensive mental health and suicide prevention training programme to replace and modernise the current suite of training programmes. We will work to create a culture where mental health and suicide prevention training is universally delivered with the same commitment as physical health emergency training across a wide range of services and organisations.

²⁵ See footnote 2 above

Questions

2a) Do you agree that we should develop a new mental health and suicide prevention training programme? (Tick one only)

- Yes
- No
- Don't know

2b) Please explain your answer.

2c) To what extent do you agree that there should be *mandatory* suicide prevention training for specific professional groups? (Tick one only)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

2d) Please explain your answer.

2e) Please provide any additional comments or suggestions about modernising the content and/or accessibility of training on mental health and suicide prevention.

3 Maximising the impact of national and local suicide prevention activity

When it began in 2002, the Choose Life programme was ground-breaking and, with its novel approach to national and local collaboration, is likely to have been one of several strong contributors – along with other initiatives including the See Me programme, the Breathing Space telephone and web service, and the Scottish Recovery Network - to the significant downward trend in the suicide rate in Scotland over the last several years.

Strong local Choose Life activity continues to take place in some parts of the country, such as the award winning work in Aberdeen and Aberdeenshire²⁶. As national host for Choose Life (now known as the National Programme for Suicide Prevention), NHS Health Scotland has produced some of the best available suicide prevention materials, for example, the *Read Between the Lines* campaign²⁷, the *National guide on suicide prevention in rural areas*²⁸ and *Guidance on action to reduce suicides at locations of concern in Scotland*²⁹. As well as funding NHS Health Scotland's work on suicide prevention, the Scottish Government provides funding to NHS24 for the Breathing Space confidential phone line for anyone over 16 in Scotland feeling low, anxious or depressed³⁰, and funding for NHS24's NHS Living Life psychological therapy resource³¹. The Scottish Government also provides funding support to Childline to offer confidential advice and information on a range of issues, including suicide prevention.

There is a vibrant array of Third Sector organisations, some operating nationally, others locally, offering support and information to people who are suicidal or who are bereaved through suicide. National organisations include Samaritans, Scottish Association for Mental Health (SAMH), Penumbra, Mental Health Foundation and local organisations include the Joshua Nolan Foundation, PETAL (People Experiencing Trauma and Loss) and Renfrewshire Association for Mental Health (RAMH).

The sports industry is emerging as a strong contributor in promoting mental health and preventing suicide. A number of football clubs are forming local partnerships to save lives. Motherwell FC has pioneered this type of activity³². Another good example of local innovative collaborations that reach out to “at risk” groups is the “Gamechanger” Public Social Partnership between NHS Lothian and Hibernian Football Club³³.

Innovative work has been developed to encourage people using public transport to open up and talk about issues which may be worrying them. For example, Breathing

²⁶ <http://www.scottishhealthawards.com/2017-winners.html>

²⁷ <http://www.healthscotland.com/documents/6021.aspx>

²⁸ <http://www.healthscotland.com/documents/21002.aspx>

²⁹ <http://www.healthscotland.com/documents/4880.aspx>

³⁰ www.breathingspace.scot

³¹ <http://www.breathingspace.scot/living-life/>

³² <http://www.motherwellfc.co.uk/2016/08/04/suicide-awareness-partnership-launches/>

³³ <http://gamechangerpsp.co.uk/index.html>

Space staff have joined partners Abellio ScotRail, the Railway Mission and Choose Life for “Conversation Cafes” on trains³⁴.

In addition, the rail industry is working in partnership with Samaritans and the British Transport Police on the *Small Talk Saves Lives* bystander campaign, launched in November 2017³⁵. The first campaign of its type on the railway, it encourages the general public to support those who may be in emotional crisis around them on the railway network.

The changing national and local policy and strategic landscapes present new challenges requiring a fresh approach to suicide prevention activity. As stated in our introduction, every life matters and everyone has a role to play in suicide prevention: we want to ensure suicide prevention activity is carried out in a consistent and coherent way across Scotland using the best available evidence. We see opportunities to harness the strengths of a diverse range of health and non-health, public and private employers to reinvigorate this work.

Action 3

We will work with partners, including NHS Health Scotland, to establish a Suicide Prevention Confederation of public, private and voluntary organisations to devise an agreed work plan of shared activities each year that maximises impact and ensures consistently good practice in suicide prevention both nationally and locally.

Questions

3a) Do you agree that we should establish a Suicide Prevention Confederation? (Tick one only)

- Yes
- No
- Don't know

3b) Please explain your answer.

3c) Where do you think *local* leadership for suicide prevention is best located? (Tick one only)

- Local Authorities
- Health & Social Care Partnerships
- Community Planning Partnerships
- Third Sector
- Other arrangement – please specify _____
- Don't know

3d) Please explain your answer.

³⁴ <http://breathingspace.scot/news/2018/conversation-cafe/>

³⁵ <https://www.networkrail.co.uk/communities/safety-in-the-community/safety-campaigns/suicide-prevention/>

3e) Please provide any additional comments or suggestions about maximising the impact of national and/or local suicide prevention activity.

4 Developing the use of social media and online resources

If used positively, the internet and technology provide powerful opportunities to influence suicide prevention both locally and nationally³⁶. There are opportunities to (a) provide online support to people who may be at risk of suicide and are “surfing the net” – including using social media; (b) raise awareness of safe use of the internet and of sources of support for people who may be feeling suicidal; and c) support individuals’ ability to manage themselves and develop resilience.

At a local level, an impressive output from the award-winning Choose Life work in the north east of Scotland is the establishment of a strong suicide prevention online presence with the potential to reach people who would not otherwise connect with health professionals³⁷. The online work consists of three elements: 1) Google AdWords to ensure that when an online search is carried out on keywords or phrases associated with suicide, the user is directed to appropriate support services; 2) a user-friendly Suicide Prevention App containing guidance material and support services that can be accessed anonymously, and a safety plan, which can be completed alone; and 3) Facebook adverts aired at key times in the year on suicide prevention.

At a national level, NHS24 is developing a number of online initiatives for people “surfing the net”. The intention of these developments is to provide high-quality information and support that is easily accessible, better tailored to individuals’ needs and geographically linked to local services. One initiative, for example, is to update NHS Inform³⁸ with revamped content from “Moodjuice”³⁹ thus providing a comprehensive online resource to help people work through issues at their own pace and in their own time, and to access professional support if required. An additional feature will be the use of moderated forums that promote peer to peer support, backed-up by a mental health trained professional. Alongside its telephone support, NHS24’s Breathing Space service is developing a “web chat” facility that will increase its potential to support a wider range of people.

Action 4

We want to maximise the positive influence of social media and its potential for key messaging, and will work with NHS24, NHS Health Scotland and other interested partners to develop a strong online suicide prevention presence across Scotland that caters for all ages.

³⁶ Any action related to social media and online resources should be considered in the context that telecommunications and internet services are reserved to the UK Parliament.

³⁷ http://www.chooselife.net/uploads/documents/195-ChooseLife_NPS_Aberdeen_August2017.pdf

³⁸ <https://www.nhsinform.scot/>

³⁹ <http://www.moodjuice.scot.nhs.uk/aboutsuicide/Suicide.asp>

Questions

4a) Do you agree that we should develop an online suicide prevention presence across Scotland? (Tick one only)

- Yes
- No
- Don't know

4b) Please explain your answer.

4c) Please provide any additional comments or suggestions about developing social media and/or online resources for suicide prevention.

Next Steps

Our formal engagement process ends on 30 April 2018. Views expressed through this process will then be analysed to inform the development of the final Scottish Government Suicide Prevention Action Plan, due for publication in summer 2018. Our expectation is that the new Suicide Prevention Action Plan will build on the collaborative approach underpinning the Suicide Prevention Strategy (2013-16)⁴⁰, reflect updated public priorities and, crucially, draw on evidence to continue the downward trend in suicides in Scotland.

Question

5) Please use this space to provide any additional comments that you have about any of the issues raised in this engagement paper.

⁴⁰ <http://www.gov.scot/Publications/2013/12/7616> The 2013-16 Strategy set out a range of commitments under 5 broad themes - Responding to people in distress; Talking about suicide; Improving the NHS response to suicide; Developing the evidence base; and Supporting change and improvement. An update on this work is available at <http://www.gov.scot/Topics/Health/Services/Mental-Health/Suicide-Self-Harm/SPS-IMG/SPSCommitments>

APPENDIX

Definitions

Suicide is death resulting from an intentional, self-inflicted act.

Suicidal behaviour comprises both completed suicide attempts and acts of self-harm that do not have a fatal outcome, but which have suicidal intent.

Non-fatal self-harm is self-poisoning or self-injury, irrespective of motivation or extent of suicide intent (excluding accidents, substance misuse and eating disorders).

Probable suicide: The National Records of Scotland (NRS) define probable suicides as deaths resulting from:

- intentional self-harm (codes X60–X84, Y87.0 of the International Classification of Diseases, Tenth Revision (ICD10)); and
- events of undetermined intent (ICD10 codes Y10-Y34, Y87.2).

‘Events of undetermined intent’: These are cases where it is not clear whether the death was the result of intentional self-harm, an accident or an assault. NRS combines intentional self-harm and undetermined deaths in their operational definition of ‘probable suicide’. It should be noted that some ‘undetermined intent’ deaths may not have been suicides; inclusion of these cases, therefore, probably leads to an over-estimation of the ‘true’ (but unknowable) number of suicide deaths.

Useful Publications and Sources of Information

- A profile of deaths by suicide in Scotland 2009-2015 - report from the Scottish Suicide Information Database (ScotSID) <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-11-14/2017-11-14-ScotSID-Report.pdf>
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci>
- Best practice self-evaluation checklist for suicide prevention at sub-national (regional/local) level
<http://www.chooselife.net/Publications/publication.aspx?id=197>
- Guidance on action to reduce suicides at locations of concern
<http://www.chooselife.net/uploads/documents/187-Guidance%20on%20Action%20to%20Reduce%20Suicides%20at%20Locations%20of%20Concern.pdf> May 2016
- National guide on Suicide Prevention in Rural Areas
<http://www.chooselife.net/Publications/publication.aspx?id=74>
- “Prevention of suicide and self-harm: Research Briefing Teuton, Platt and Atkinson; NHS Health Scotland May 2014:
<http://www.chooselife.net/uploads/documents/135-23356-Research%20briefing%20on%20prevention%20of%20suicide%20and%20self-harm.pdf>
- Samaritans’ Media Guidelines for the reporting of suicide:
<http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide>
- National Union of Journalists’ guidelines on responsible reporting of mental health and suicide: <https://www.nuj.org.uk/news/mental-health-and-suicide-reporting-guidelines/>
- The Art of Conversation
<http://www.healthscotland.com/uploads/documents/6021-Art%20of%20Conversation.pdf>
- After a Suicide - guidance
https://www.samh.org.uk/documents/After_a_suicide.pdf

Sources of Support or Advice

- Local General Practitioner / Primary Care Practices
- NHS24 – shortcode 111
- Breathing Space – free, 0800 83 85 87 6pm to 2am Monday to Thursday; and 6pm Friday through the weekend to 6am Monday www.breathingspace.scot
- Samaritans 116 123 - free, 24 hours <http://www.samaritans.org/your-community/samaritans-work-scotland>
- Childline – free 0800 1111

Penumbra

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www.penumbra.org.uk

**The Scottish Association for
Mental Health**

Brunswick House, 51 Wilson Street,
Glasgow, G1 1UZ . T: 0141 530 1000
<https://www.samh.org.uk/>

Mental Health Foundation Scotland

30 George Square, Glasgow G2 1EG
T: 0141 572 0125
<https://www.mentalhealth.org.uk/scotland>



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