Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 6

Report To:	**Community Health & Care Partnership Sub Committee**	**Date: 28th February 2013**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/12/2013/HW**
Contact Officer:	**Helen Watson Head of Planning, Health Improvement and Commissioning**	**Contact No: 01475 715369**
Subject:	**Suicide Prevention and Mental Health Improvement**	

1.0 PURPOSE

1.1 The purpose of this paper is to inform the CHCP Sub-Committee of the CHCP strategic and operational deliverables for suicide prevention, including the reduction of self-harm and mental health improvement.

2.0 SUMMARY

2.1 Inverclyde CHCP is committed to playing its part in improving and sustaining the local population's mental health and well-being and that of reducing suicide and the prevalence of self-harm.

2.2 "*Choose Life*" is the National Strategy and Action Plan to Prevent Suicide in Scotland aiming to reduce the suicide rate in Scotland by 20% by 2013 and was a key component of the National Programme for Improving Mental Health and Well-being (2003 – 2006). The latter overarching policy driver had four key aims of raising awareness and promoting mental health and well-being; eliminating stigma and discrimination; preventing suicide; and promoting and supporting recovery.

2.3 Recently, components for mental health improvement and reducing suicide and self-harm have been incorporated into the Scottish Government's Mental Health Strategy 2012 to 2015.

2.4 As part of the framework of continuous improvement and in recognition of the importance of this issue, a series of engagements events organised by the Scottish Government is planned for March 2013. It is anticipated that the new strategic document will be published mid-2013.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Sub Committee:

a. Note the content of the report and its further considerations.
b. Agree to accept further reports, concurrent with the draft 'Makin' Well-being Matter in Inverclyde' (CHCP Mental Health Improvement Plan), which will also include our response to the next phase of suicide prevention in Inverclyde.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The local response to the national "Choose Life" suicide prevention strategy has seen concerted and successful efforts to raise awareness, build capacity through training and up-skilling, tackling stigma and ensuring mental health and well-being improvement links to associated policy areas. In addition, there have been local successes in Inverclyde's articulation of 'Towards a Mentally Flourishing Scotland.

4.2 The key policy drivers for mental health improvement and reducing suicide and self-harm have been:

- Mental Health [Care and Treatment] [Scotland] Act 2003, particularly Sections 25 to 27
- 'With Inclusion in Mind' (2007)
- 'Delivering for Mental Health' (2006) and associated HEAT Targets
- 'Towards a Mentally Flourishing Scotland' (2006 to 2011)
- 'Equal Minds: Addressing Mental Health Inequalities' (Scottish Executive 2005)
- 'Better Health, Better Care: Action Plan' (Scottish Government 2007)
- 'Equally Well' (Scottish Government 2008): A report from the Ministerial Task Force on Health Inequalities
- Responding to Self-Harm in Scotland:- Final Report (Scottish Government 2010)
- 'Keeping Health in Mind' (NHS Greater Glasgow & Clyde Director of Public Health) Report 2011 – 2013.

4.3 For suicide prevention, since 2004 the local approach has focused on:

- coordination and development of a partnership approach to address local "Choose Life" objectives;
- increased public and professional awareness and involvement in "Choose Life" and
- monitoring and local evaluation of effectiveness and impact of suicide prevention activities.

4.4 Local suicide prevention activities have been varied, and notable points include:

- over 1200 people are now trained in suicide prevention;
- there is more accurate and sensitive reporting in local media of suicide and suicide prevention;
- people are more confident in approach to those whose lives are at risk to suicide;
- local people are more comfortable talking about suicide and fostering a partnership approach ensuring suicide prevention is seen as everyone's business;
- the Scottish Government's HEAT 5 target of training 50% of frontline staff was surpassed locally (52%);
- there has been an increase in the 'connectedness' for suicide prevention, resulting in increased referrals, particularly in the areas of stress management and local primary care settings;
- our local approach is recognised as a model of best practice (Finalist – Association for Public Service Excellence 2008; Winner – Association for Public Service Excellence 2009 for Partnership Working; twice selected for national Choose Life Evaluation case studies - 2003/6 and 2006/8 and

- we have been instrumental in the setting up of the Inverclyde Anti-Stigma Partnership (now embedded in the Council's Corporate Equalities Delivery Plan) and in the Alliance signing the 'see me…' pledge.

4.5 The points highlighted at 4.4 have been supported by a range of projects, activities and initiatives, which have taken forward the local suicide prevention agenda. In particular these have focused on:

- Stress Management Services;
- a contribution for the running of the local Samaritans branch;
- support for people bereaved by suicide, through CRUSE Bereavement Care and Survivors of Bereaved by Suicide (SOBS);
- on-going capacity building and training, delivered through the safeTALK and Applied Suicide Intervention Skills Training (ASIST) programmes plus the self-harm awareness skills workshops.

The above are supported from the current suicide prevention budget allocations totalling £80,000.

4.6 The qualified outcomes for all of the above are:

- communities are better equipped to prevent suicide
- people are more confident in approach to those whose lives are at risk to suicide and
- local people are more comfortable talking about suicide and fostering partnership approach ensuring suicide prevention is seen as everyone's business.

4.7 Inverclyde CHCP and the wider Community Planning Partnership have adopted a mental health improvement approach to:

- promote good mental well-being in the general population;
- reduce the prevalence of common mental health problems and
- improve the quality of life for those experiencing mental health problems or mental illness.

4.8 It is important to stress that although this work has been facilitated through the CHCP, the local emphasis is on partnership and collaborative working, in particular with the Inverclyde Alliance. Operational delivery has been achieved through multi-agency partnerships and groups, such as the Inverclyde Mental Health Awareness Planning (IMHAP), the Inverclyde Creative Forum (a sub-group of Inverclyde Mental Health Awareness Planning) and the Recovery Inclusion Group (RIG).

5.0 MENTAL HEALTH IMPROVEMENT

5.1 Often mental health improvement and suicide prevention are inextricably linked, given they share similar risk and protective factors**1** and, in some cases, effective interventions[2].

5.2 Within Inverclyde CHCP, our response to 'Towards a Mentally Flourishing Scotland' (TAMFS), has fully supported the community planning approach through:

- a series of events in 2010 and 2011 to firstly introduce the TAMFS policy and to facilitate partners talking about mental health and well-being.

[1] http://www.scotland.gov.uk/Publications/2008/11/28141444/0
[2] http://www.scotland.gov.uk/Resource/Doc/209331/0055420.pdf

The second event built on this and introduced person-centred approaches, psychologically minded practice and logic modelling with a follow-up event in 2011 taking people through the logic modelling process.

- The broadening of the Inverclyde Mental Health Awareness Planning (IMHAP) group to ensure mental health improvement is seen as a 365-day of the year goal and to facilitate events and activities. These have included awareness-raising sessions during Scottish National Depression Week, Men's Health Week, Dementia Awareness Week, National Stress Awareness Day, Scottish Mental Health Awareness Week and the local contribution to the Scottish Mental Health Arts & Film Festival (SMHAFF). The past 5 years has seen IMHAP facilitating over 100 events with 2,500 people attending.

- The SMHAFF activities are co-ordinated by the Inverclyde Creative Forum (a sub-group of Inverclyde Mental Health Awareness Planning) and over the past four years they have arranged in excess of 50 events with 3,000 people in attendance.

5.3 Local activities for the Scottish Mental Health Arts & Film Festival have realised in excess of 50 events with 3,000 people in attendance at events that have been organised over the past 4 years. Many of the outputs have a strong focus on tackling the stigma and discrimination associated with mental illness, strengthening operational links to the wider work of the Council's Corporate Equalities agenda and that of the Inverclyde Anti-Stigma Partnership.

The qualified outcomes from these activities have been:

- increased social connectedness
- reduced social isolation
- mentally healthy environments are created
- stigma and discrimination are tackled
- reduced health inequalities and decreased inequalities in mental well-being.

5.4 In addition to the above, the Recovery Inclusion Group (RIG) has existed to provide a platform for the planning and development of "Community Based Progression & Recovery Services, with a remit:

- to facilitate and develop associated strategies and to assist the direction and development of community based services/facilities across Inverclyde based on shared understanding;
- to be responsible for the evaluation and gathering of information relating to community based developments/services subject to Section 26;
- to co-ordinate operational practice across agencies and partner organisations where services are related to Section 26, and to act as an arbitrator on disputes over operational issues, should they arise;
- to assist in the co-ordination and acquisition of resources available to community inclusion based activity, subject to Section 26, and to monitor, evaluate and prioritise the use of these resources to achieve the principle of best value and best practice;
- to act as a forum for discussion and debate on the implications of changing policy and funding arrangements; and
- to act as a group, to define roles and responsibilities in areas of development and operational working practice, and to oversee the work associated with the development and operational activity within the domain working groups.

5.5 With regard to Children and Young people's mental health improvement, since October 2010, NHS Greater Glasgow & Clyde has facilitated a working group, focusing on child and youth mental health improvement. The Inverclyde representative is the Mental Health Improvement Lead. A series of progress papers have been written for a range of planning structures, with the latest paper on recommendations and suggested actions being presented to the Board's Child and Maternal Health Strategy in June of this year. A number of the recommendations had already been included in the NHS GGC Director of Public Health's report 2011 – 2013: 'Keeping Health in Mind'[3]. Work is currently underway to articulate the recommendations and response, through the Inverclyde children's services planning structures.

5.6 An intended outcome from the 'Inverclyde – Health in Mind' event held in September 2012 was to for the CHCP to design and implement a delivery plan for mental health improvement. Work has already begun and the plan will take cognisance of the recently published Scottish Government Mental Health Strategy 2012 – 2015 and what is already known for the consultation and engagement for the next phase of suicide prevention and reducing the prevalence of self-harm.

Broadly, but not restricted to, the delivery plan will focus on:

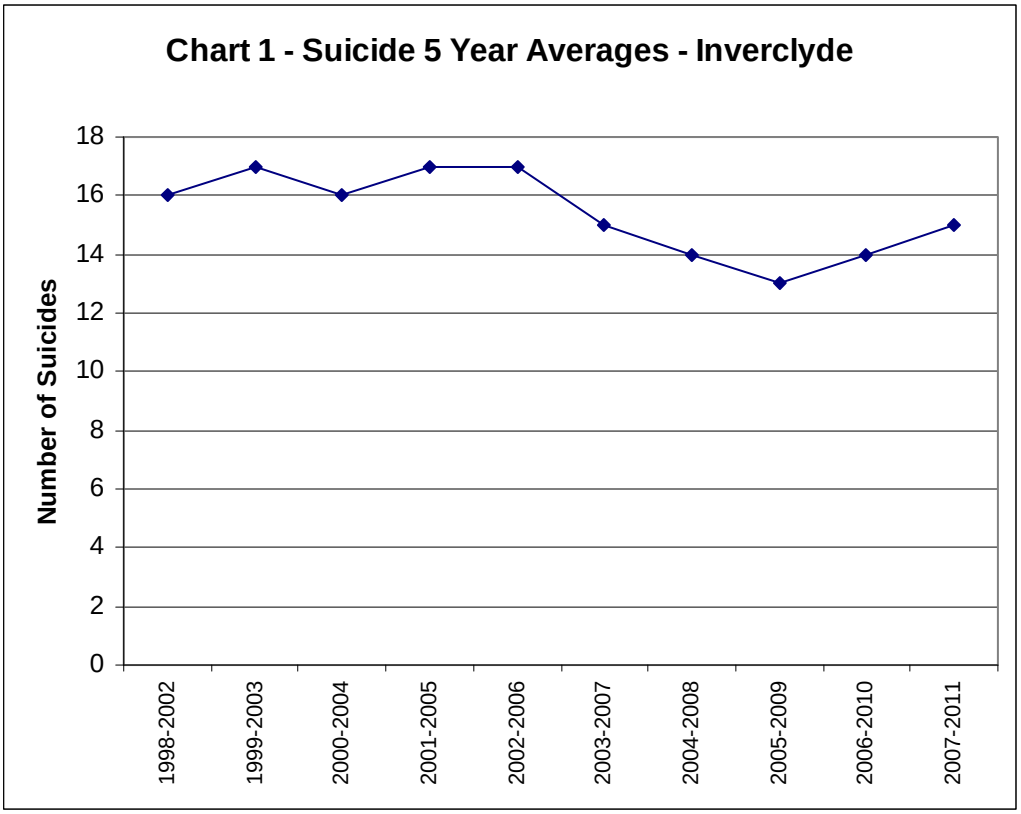
- building on the existing local work for suicide prevention and strengthen this approach in line with current evidence and 'what works';
- actively consider and address self-harm issues alongside suicide prevention, given the close linkages;
- seek to adopt a local comprehensive and cohesive strategic approach to guide and drive our community focused suicide prevention work[4];
- ensure there are strategic and operational activities to support people engaging with, listening to people with experience of significant distress, of being suicidal and/or attempting suicide, and those who care for them;
- develop and draw together learning from episodes of suicide and from attempts to help those who are suicidal or are at risk of suicide;
- using co-production and asset-based approaches to better understand and support what communities are feeling about the pressures they face for preventing suicide;
- build 'Suicide-Safer Communities';
- support and foster workforce and community capacity building developments, through training and awareness-raising and
- address and develop public access resources that support well-being.

Imperative to the above will also be the collaborative and linked work required on effective strategies for supporting higher risk groups in the community and to ensuring an inequalities-sensitive approach responding to the adverse economic climate and its influence on suicide risk. Moreover, the ongoing linked challenges of alcohol and drugs and their links with poor mental health and suicide ideation, will require a stronger focus, along with an increased emphasis on supporting the local efforts to reduce violence and associated crimes.

[3] www.nhsggc.org.uk/dphreport.
[4] Institute of Medicine Model - http://www.iom.edu/Reports/2002/Reducing-Suicide-A-National-Imperative.aspx

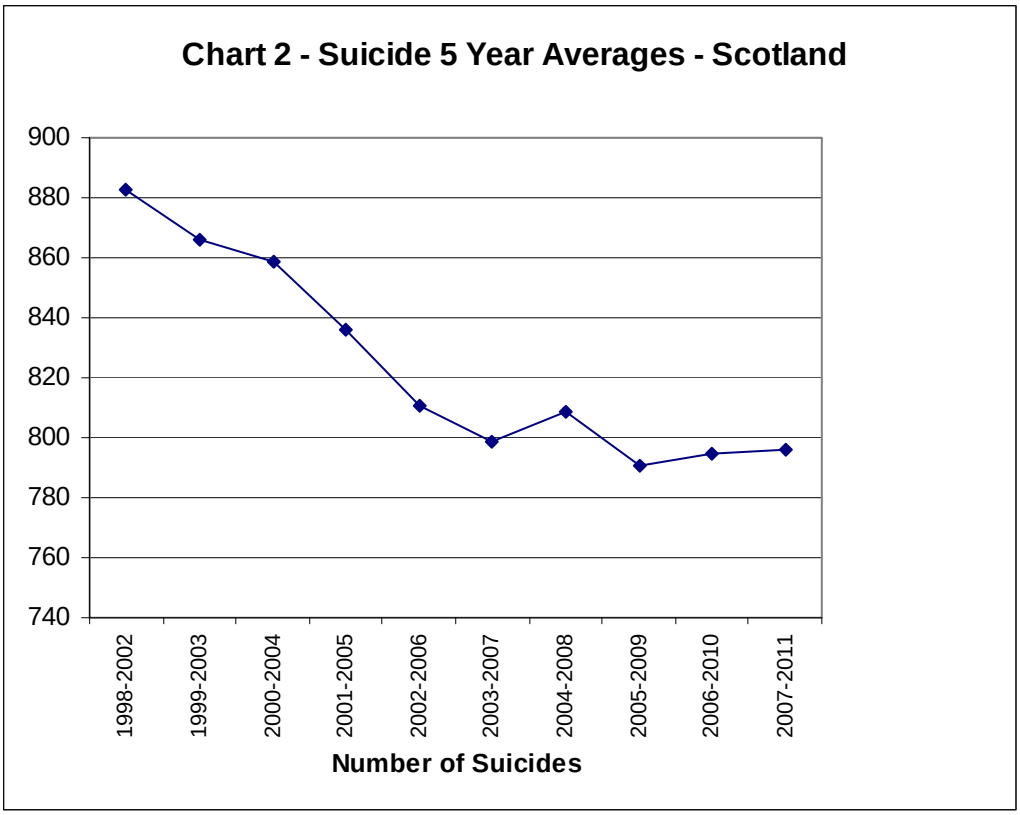
6.0 CURRENT POSITION AND NEXT STEPS

6.1 The Choose Life programme has been running in Inverclyde for a number of years now, and there is an increasing awareness that every suicide represents a profound and lasting tragedy for both the individual and his or her family. Chart 1 below demonstrates the 5 year rolling average for suicides in Inverclyde. It should be noted that due to small absolute numbers we use a 5 year rolling average. There will be years when the number fluctuates up or down and in years with particularly low numbers, if we publish the actual number there is a risk that individuals could be identifiable from the data.



6.2 Chart 1 indicates an overall downward trend although caution should be exercised in making such an interpretation with such a small number of people. It will also be noted that the two most recent data points could suggest a negative upward movement. Again the same caution should be applied in interpreting this as a trend although it should also be noted that GROS changed the parameters of those included in the data in 2011. From 2011, 'drug abuse' deaths and deaths from 'acute intoxication' *with undetermined intent* (that would previously have been counted under 'mental and behavioural disorders') are now counted as 'poisoning', so some of them will be counted as probable suicide, which could register as an increase in the number of suicides. This change was made following a World Health Organisation update to the International Statistical Classification of Diseases and Related Health Problems.

6.3 Whilst we need to exercise caution in our interpretation of the Inverclyde data due to the small absolute numbers, we are fully engaged with the national programme and Chart 2 below provides an indication of the Scotland position overall.



6.4 As can be seen from Chart 2, the overall direction of suicides is one of reduction. It has been recognised that this has been brought about through a co-ordinated multi-agency approach, supported by the Choose Life programme which has also been fully operational in Inverclyde. In recognition of this progress, recently components for mental health improvement and reducing suicide and self-harm have been incorporated into the Scottish Government's Mental Health Strategy 2012 to 2015, demonstrating a clear commitment to retaining a focus on this issue.

6.5 There is early advice of an impending consultation and engagement process for the continuing phase of suicide prevention and the reduction in the prevalence of self-harm. The detailed engagement document is currently being written by the Scottish Government and is expected to be published at the end of February 2013. It is expected that it will take account of some of the key information known about people who die by suicide. The Scottish Suicide Information Database (ScotSID) Report of December 2011 highlighted that of the 744 people who died by suicide during the calendar year of 2009:

- 70% were single/widowed/divorced;
- 68% were employed or self-employed;
- 71% died in a private dwelling;
- 21% had been a psychiatric inpatient less than 5 years before death;
- 59% had been an inpatient in a general hospital less than 5 years before death
- 46% of these had a diagnosis of intentional or unintentional self-injury

7.0 PROPOSALS

7.1 Develop the CHCP mental health improvement delivery plan, appropriately called 'Makin' Well-being Matter in Inverclyde'.

7.2 Agree to endorse the suggested approach outlined in the attached Briefing Summary, particularly for the next phase of suicide prevention and reduction of self-harm in Scotland.

7.3 Agree to support a series of community engagement and consultation processes.

7.4 Agree to receive further reports, allied to the improvement in the local population's mental health and well-being and suicide prevention & the reduction in the prevalence of self-harm.

8.0 IMPLICATIONS

8.1 Legal: There are no legal implications in respect of this report

8.2 Finance: The 2012/13 budget for this service is as noted below

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
01511	Mental Health Improvement	2012/13	£80,000	N/A	Annual budget for information

8.3 Personnel: There are no personnel implications in respect of this report.

8.4 Equalities: There are no equalities implications in respect of this report, although recognition will be given to the wider and associate equalities agenda.

8.5 Repopulation: There are no repopulation implications in respect of this report.

9.0 CONSULTATION

9.1 Workshop discussions at 'Inverclyde – Health in Mind' event (25th September 2012), included key suggestions for future local suicide prevention.

10.0 LIST OF BACKGROUND PAPERS

10.1 Briefing Summary: Suicide Prevention & Mental Health Improvement (appendix 1).

10.2 Scottish Mental Health Arts and Film Festival (October 2012) – Summary of Feedback (available on request).

Appendix 1

Briefing Summary: Suicide Prevention & Mental Health Improvement

1. Purpose & Background:

Inverclyde CHCP is committed to playing its part in improving and sustaining the local population's mental health and well-being and that of reducing suicide and the prevalence of self-harm.

"Choose Life" is the National Strategy and Action Plan to Prevent Suicide in Scotland aiming to reduce the suicide rate in Scotland by 20% by 2013 and was a key component of the National Programme for Improving Mental Health and Well-being (2003 – 2006). The latter overarching policy driver had four key aims of raising awareness and promoting mental health and well-being; eliminating stigma and discrimination; preventing suicide; and promoting and supporting recovery.

Other key policy drivers for mental health improvement and reducing suicide and self-harm have been –

- Mental Health [Care and Treatment] [Scotland] Act 2003, particularly Sections 25 to 27
- 'With Inclusion in Mind' (2007)
- 'Delivering for Mental Health' (2006) and associated HEAT Targets
- 'Towards a Mentally Flourishing Scotland' (2006 to 2011)
- 'Equal Minds: Addressing Mental Health Inequalities' (Scottish Executive 2005)
- 'Better Health, Better Care: Action Plan' (Scottish Government 2007)
- 'Equally Well' (Scottish Government 2008): A report from the Ministerial Task Force on Health Inequalities.
- Responding to Self-Harm in Scotland:- Final Report (Scottish Government 2010)
- 'Keeping Health in Mind' (NHS Greater Glasgow & Clyde Director of Public Health) Report 2011 – 2013.

Recently components for mental health improvement and reducing suicide and self-harm have been incorporated into the Scottish Government's Mental Health Strategy 2012 to 2015.

The purpose of this document is to provide a summative description of the CHCP strategic and operational deliverables for suicide prevention, including the reduction of self-harm and mental health improvement.

2. Suicide Prevention - Inverclyde

Since 2004, the local approach has focussed on –

- Coordination and development of a partnership approach to address local "Choose Life" objectives;
- increased public and professional awareness and involvement in "Choose Life" and
- monitoring and local evaluation of effectiveness and impact of suicide prevention activities.

For local suicide prevention activities, some of the impacts and key outputs are:

- over 1200 people now trained in suicide prevention
- there is more accurate and sensitive reporting in local media of suicide and suicide prevention;
- people are more confident in approach to those whose lives are at risk to suicide;
- local people more comfortable talking about suicide and fostering partnership approach ensuring suicide prevention is seen as everyone's business;
- the Scottish Government's HEAT 5 target of training 50% of frontline staff was surpassed locally (52%);
- an increase in the 'connectedness' for suicide prevention, resulting in increased referrals, particularly in the areas of stress management and local primary care settings;
- local approach recognised as a model of best practice (Finalist – Association for Public Service Excellence 2008; Winner – Association for Public Service Excellence 2009 for Partnership Working; twice selected for national Choose Life Evaluation case studies - 2003/6 and 2006/8 and
- instrumental in the setting up of the Inverclyde Anti-Stigma Partnership (now embedded in the Council's Corporate Equalities Delivery Plan) and in the Alliance signing the 'see me…' pledge.

The current supporting funding and resources include Mansionhouse (stress management services); a contribution for the running of the local Samaritans branch; support for people bereaved by suicide, through CRUSE Bereavement Care and

Survivors of Bereaved by Suicide (SOBS). Moreover, there is the ongoing capacity building and training, delivered through the safeTALK and Applied Suicide Intervention Skills Training (ASIST) programmes plus the self-harm awareness skills workshops.

3. Mental Health Improvement: Everyone Has a Part to Play

Often mental health improvement and suicide prevention are inextricably linked, given they share similar risk and protective factors[1] and, in some cases, effective interventions[2].

Across the locality, mental health improvement sits firmly within the Inverclyde Alliance structures, given the key message that sustaining and improving the local population's mental health and well-being is not just a 'health and social care' issue and everyone has it part to play. This is in particular to organisations who are involved in direct service delivery and is crucial at a time of ongoing economic challenges being experienced around the world. To this end, Inverclyde has adopted a mental health improvement approach to –

- promote good mental well-being in the general population;
- reduce the prevalence of common mental health problems and
- improve the quality of life for those experiencing mental health problems or mental illness.

These components have been pivotal in the local response to *'Towards a Mentally Flourishing Scotland' (TAMFS)*, where Inverclyde CHCP has fully supported the community planning approach through –

- a series of events in 2010 and 2011 to firstly introduce the TAMFS policy and to facilitate partners talking about mental health and well-being. The second event built on this and introduced person-centred approaches, psychologically minded practice and logic modelling with a follow-up event in 2011 taking people through the logic modelling process.
- the broadening of the Inverclyde Mental Health Awareness Planning (IMHAP) group to ensure mental health improvement is seen as a 365-day of the year goal and to facilitate events and activities. These have included awareness-raising sessions during Scottish National Depression Week, Men's Health Week, Dementia Awareness Week, National Stress Awareness Day, Scottish Mental Health Awareness Week and the local contribution to the Scottish Mental Health Arts & Film Festival (SMHAFF). The past 5 years has seen IMHAP facilitating over 100 events with 2,500 people attending.
- The SMHAFF activities are co-ordinated by the Inverclyde Creative Forum (a sub-group of Inverclyde Mental Health Awareness Planning) and over the past four years have arranged in excess of 50 events with 3,000 people in attendance.

[1] http://www.scotland.gov.uk/Publications/2008/11/28141444/0
[2] http://www.scotland.gov.uk/Resource/Doc/209331/0055420.pdf

In addition to the above, the Recovery Inclusion Group (RIG) has existed to provide a platform for the planning and development of "Community Based Progression & Recovery Services", with a remit:

- to facilitate and develop associated strategies and to assist the direction and development of community based services/facilities across Inverclyde based on shared understanding;
- to be responsible for the evaluation and gathering of information relating to community based developments/services subject to Section 26;
- to co-ordinate operational practice across agencies and partner organisations where services are related to Section 26, and to act as an arbitrator on disputes over operational issues, should they arise;
- to assist in the co-ordination and acquisition of resources available to community inclusion based activity, subject to Section 26, and to monitor, evaluate and prioritise the use of these resources to achieve the principle of best value and best practice;
- to act as a forum for discussion and debate on the implications of changing policy and funding arrangements and
- to act as a group, to define roles and responsibilities in areas of development and operational working practice, and to oversee the work associated with the development and operational activity within the domain working groups.

4. Greater Glasgow & Clyde – Child and Youth Mental Health Improvement

Since October 2010, NHS Greater Glasgow & Clyde has facilitated a working group, focusing on child and youth mental health improvement. The Inverclyde representative is the Mental Health Improvement Lead. A series of progress papers have been written for a range of planning structures, with the latest paper on recommendations and suggested actions being presented to the Board's Child and Maternal Health Strategy in June of this year. A number of the recommendations had already been included in the NHS GGC Director of Public Health's report 2011 – 2013: 'Keeping Health in Mind'[3].

Work is currently underway to articulate the recommendations and response, through the local children's services planning structures.

5. 'Making Well-being Matter in Inverclyde'

An intended outcome from the 'Inverclyde – Health in Mind' event held in September last year was to for the CHCP to design and implement a delivery plan for mental health improvement. Work has already begun and it is anticipated this will commence from April 2013. The plan will take cognisance of the recently published Scottish Government Mental Health Strategy 2012 – 2015 and what is already known for the consultation and engagement for the next phase of suicide prevention and reducing the prevalence of self-harm. This is due to commence towards the end of February and at the time of

[3] www.nhsggc.org.uk/dphreport.

writing this report, very little is known about the content of the proposed engagement document.

Broadly, but not restricted to, the delivery plan will focus on –

- building on the existing local work for suicide prevention and strengthen this approach in line with current evidence and 'what works';
- actively consider and address self-harm issues alongside suicide prevention, given the close linkages;
- seek to adopt a local comprehensive and cohesive strategic approach to guide and drive our community focused suicide prevention work[4];
- ensure there are strategic and operational activities to support people engaging with, listening to people with experience of significant distress, of being suicidal and/or attempting suicide, and those who care for them;
- develop and draw together learning from episodes of suicide and from attempts to help those who are suicidal or are at risk of suicide;
- using co-production and asset-based approaches to better understand and support what communities are feeling about the pressures they face for preventing suicide;
- build 'Suicide-Safer Communities';
- support and foster workforce and community capacity building developments, through training and awareness-raising and
- address and develop public access resources that support well-being.

Imperative to the above will also be the collaborative and linked work required on effective strategies for supporting higher risk groups in the community and to ensuring an inequalities-sensitive approach responding to the adverse economic climate and its influence on suicide risk. Moreover, the ongoing linked challenges of alcohol and drugs and their links with poor mental health and suicide ideation, will require a stronger focus, along with an increased emphasis on supporting the local efforts to reduce violence and associated crimes.

Brian H Young
Mental Health Improvement Lead
Inverclyde CHCP – 21st January 2013

[4] Institute of Medicine Model - http://www.iom.edu/Reports/2002/Reducing-Suicide-A-National-Imperative.aspx