Engagement process to develop future Scottish Government Strategy on Prevention of Suicide and Self Harm

VOLUNTARY HEALTH SCOTLAND
THE VOICE OF THE VOLUNTARY HEALTH SECTOR

Background

The Scottish Government's Choose Life Strategy was published in December 2002 and had a 10 year lifespan. The Scottish Government set up a working group in late 2012 to consider the future strategy, with the aim of producing a new national strategy to be published in late 2013. The Scottish Government has developed an engagement paper and are asking for comments on this paper to be submitted by 28 May 2013.

Engagement paper

The paper asks 6 main questions, with an option to add in further questions or suggestions. The main questions are:

1. Are the six objectives for Choose Life still valid? If so, what should be prioritised? Are there any other objectives to set?

Objective 1: Identify and intervene to reduce suicidal behaviour in high risk groups; **Objective 2:** Develop and implement a coordinated approach to reduce suicidal behaviour; **Objective 3:** Ensure interventions to reduce suicidal behaviour are informed by evidence from research and evaluated appropriately; **Objective 4:** Provide support to those affected by suicidal behaviour; **Objective 5:** Provide education and training about suicidal behaviour and promote awareness about the help available; **Objective 6:** Reduce availability and lethality of methods used in suicidal behaviour.

2. There has been a focus on those people in contact with services. Is there more work to be done at a population level?

Recent Scottish Suicide Information Database (ScotSID) reports show that those who die by suicide tend to have had extensive contact with health care services and that there is a high correlation between serious self-harming and death by suicide. It also shows that many people are receiving some form of psychoactive medication at the time of death.

3. Are the objectives for work on self harm still valid? How can they develop this work further?

PO1. Reduce the number of people who are experiencing psychological distress through general approaches which reduce self-harm and increase capability in people and communities. **PO2**. Improve the general service response to people who are experiencing psychological distress, whether exhibited through self-harming behaviour or not, to reduce the number of people who may already self-harm or who may go on to self-harm, or who may be failing to cope in other ways. **PO3**. Increase the rate of identification of people who are self-harming, both through encouraging more people to seek help and through better recognition of self-harming behaviour by professionals working in different settings, and improve risk assessment at various levels of care. **PO4**. Improve the service response to people who self-harm with the objective of reducing the frequency, severity or occurrence of the self-harming behaviour, addressing the underlying causes of that behaviour and improving people's experience of care services thus assisting them in moving towards safe and positive future goals.

4. Is linking with the work on distress a good way forward?

The Mental Health Strategy for Scotland 2012-2015 recognises the importance of tackling the **distress** which underlies "a group of disorders, illnesses and behaviours which present particular challenges to services and to families", including self-harm. We know that there are people within this group who have frequent contact with crisis, healthcare and justice services. Some of them will appear across the system with regular attendances at A&E and/or regular contact with the Police and/or with Social Work services. The challenges they present are very similar. At times they may seek or request help, but they are also likely to disengage or to fail to take up appointments.

Early indications from work in NHS Tayside relating to Commitment 19 of the Mental Health Strategy point to a need to better equip first responders in delivering a compassionate response with a view to promoting better engagement with services. A number of people who have suicidal thoughts and behaviours may also become intoxicated and behave in ways that result in a response or intervention by the Police or Fire & Rescue and other emergency services. It is not uncommon, however, for agencies to struggle to co-operate effectively and for activity to be focused on risk assessment and referrals processes, rather than on care and support.

5. Can they strengthen links with tackling health inequalities? What might this look like?

A wide range of factors have been proposed as being related to suicide both at population and at individual levels, including the impact of the economic recession, alcohol and substance misuse, irresponsible media practices, poor physical and social environments, lack of social support, restricted social networks, early life adversity, trauma, discrimination, sexual orientation, life stages, gender and marital status and a wide range of personality and psychological characteristics, such as hopelessness. With many of these there are clearly complexities which make it difficult to assess whether there are correlations, whether they are outcomes from common antecedent causes or whether they are strongly causative effects. Equally, even where a connection may be made it is not clear what the effective intervention would be to reduce suicide.

6. Should there continue to be a dedicated Choose Life programme? If so, what should the priorities be? Should there be any changes?

7. Should there continue to be national targets? What should they be?

In 2002, the target was to reduce the rate of suicide by 20% by 2013. Based on three-year rolling averages there was a 17 per cent fall in suicide rates between 2000 - 02 and 2009 - 11.

Next Steps

The deadline for comments is 28 May 2013. The engagement paper can be accessed online at http://www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Suicide-Self-Harm/Working-Group/EngagementPaper. Comments can be sent by email to suicideselfharm@scotland.gsi.gov.uk or posted to: Mental Health Unit, Scottish Government, St Andrew's House, Regent Road, Edinburgh, EH1 3DG.