

chooselife

A national strategy and action plan
to prevent suicide in Scotland

Background to Local Action Plan

Inverclyde

August 2005

Local Information

1. Suicide and Deliberate Self-Harm in Inverclyde 1979 – 2004.

These figures were extracted from data published by Argyll and Clyde NHS. The sources of data are NHS hospital admission Data and the General Registrars Office. As such they should be treated with some caution. The numbers only refer to those individuals whose deaths have been recorded as suicide or where the cause of death is not accident or illness but where the intent of the deceased is undetermined. This means that it is unlikely death was accidental but there is no clear supporting evidence that the deceased intended suicide. Such deaths include events such as unexplained falls, drowning and overdoses.

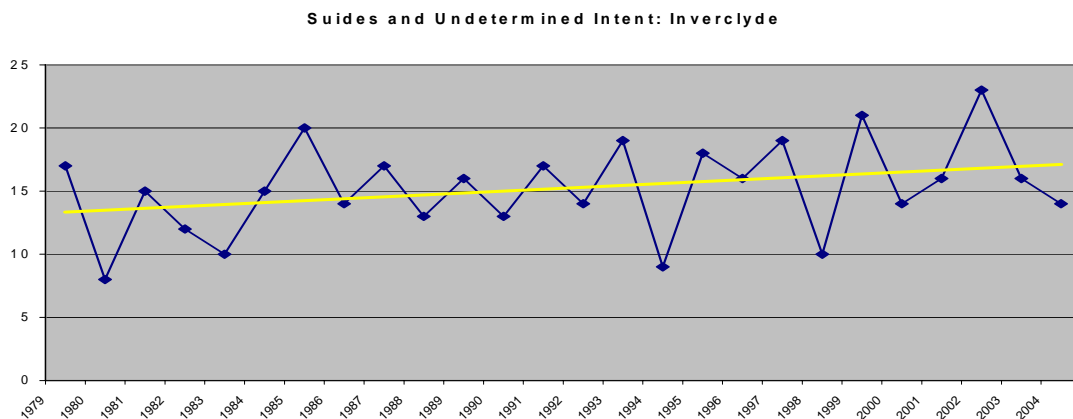
The figures do not include death by overdose of recreational drugs i.e. Heroin, unless there was clear evidence i.e. witnesses or suicide notes, which would indicate the intent of the overdose was suicide.

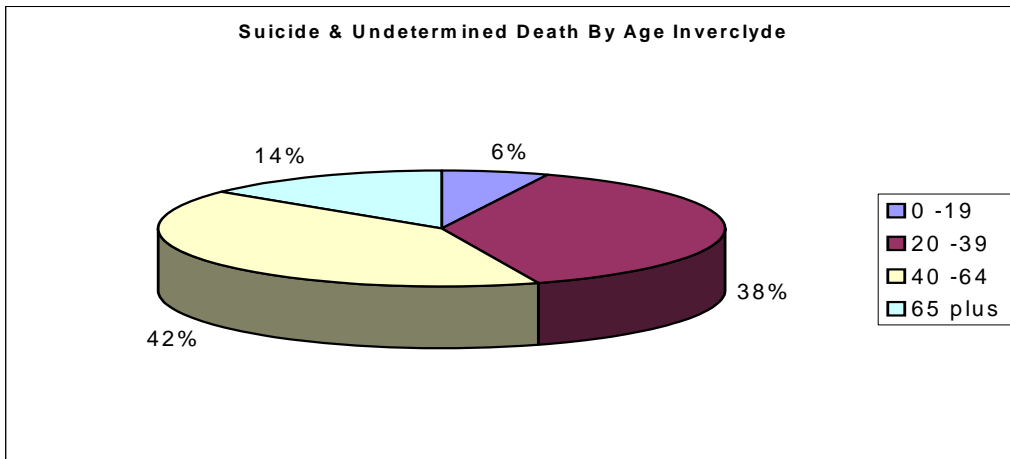
It is worth noting that 10% of all drugs related deaths in Scotland in 2001 were suicides. In a further 16% of cases it was unclear if the deaths were a result of accidental overdose or suicide.

Table 1.

This shows the number of deaths recorded as suicide or undetermined intent in Inverclyde over the past 25 years. It is notable that Inverclyde has not experienced the sharp rise in suicide rates over the last decade that is demonstrated in national statistics. However this may be as a consequence of Inverclyde’s falling population in the last decade or because Inverclyde started the period with a higher rate of suicide.

The figures also show how unpredictable the pattern of suicide has been in Inverclyde, with suicides in some years more than double the previous years. The overall trend however has been toward a gradual increase in deaths over the past 20 years. There does appear to be a recent fall but this is as yet insignificant.





Age

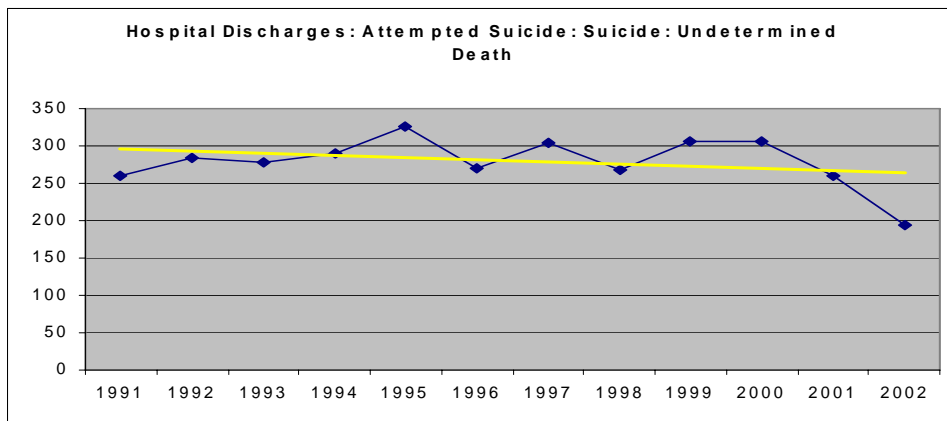
At present Inverclyde figures are not available which break down deaths by age group and gender over each year. Table 2 shows deaths by Inverclyde by age group for all suicides over the last 20 years. It is clear that the largest number of deaths occur within the adult population 19 –65, who are also the largest population group. The number of deaths is evenly distributed between younger and older adults.

Gender

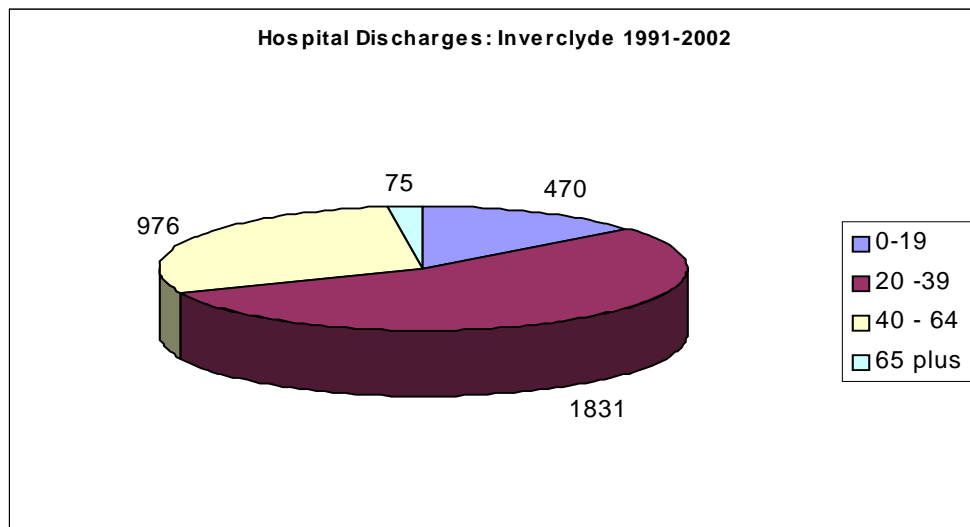
Unfortunately a breakdown of suicides by gender is not currently available for Inverclyde. However the overall suicide statistics for NHS Argyll and Clyde since 1979 show that 135 women had deaths registered as suicide or undetermined intent while 878 male deaths were registered. The bias to completed suicide would appear to be towards men and links with current activity in Inverclyde on Men’s Health is beginning to address this.

Hospital discharge figures

These figures represent all discharges from acute hospitals under a variety of codes, which have been summarised as suicide, attempted suicide, and death due to undetermined intent. The majority of these discharges are of patients admitted with intentional drug overdoses. It should be noted that not all people admitted will have taken an overdose which required active treatment and that some may not have overdosed at all (merely claimed to do so).



The age bands for these discharges are as follows:



While no gender information is available for Inverclyde at present NHS Argyll and Clyde figures show 6699 discharges for women and 7142 for men. It is notable that there is less gender difference in intentional self-harm numbers compared to suicides.

Summary

While these figures are of some value they highlight the need for a more detailed analysis of suicide and deliberate self-harm information for Inverclyde. The General Registrars Office does not currently provide a *detailed* breakdown of suicide and deliberate self-harm statistics for local authority areas. Therefore certain key questions remain unanswered such as:

- Are there changes in the age bands for suicide over the past 25 years?
- What is the income/employment status of those completing/attempting suicide?
- What is the distribution of suicide by postcode area?

There is however some national information, which may have particular relevance for Inverclyde: Nationally of those who had attempted suicide at some point in their lives

- 8% Had been seeking work for more than one month
- 12% had experienced a problem with the police or had a court appearance
- 20% had been dependent drug users
- 25% had been in contact with psychiatric services the year before completing suicide

Among people with a psychotic illness across the UK (about 350 to 400 people in Inverclyde) 45% had attempted suicide at some point in their lives.

Inverclyde has higher than national rates of poverty, worklessness, drug misuse and severe mental illness. All of which would suggest that many Inverclyde residents carry a higher than average lifetime risk of suicide or attempted suicide.

2. Preliminary Identified Local Gaps in Adult Mental Health Services

Primary Care: Specialist Mental Health Staff

In 2003 only 7 out of 16 GP Practices had primary care mental health staff available to them. This pilot service was highly successful in diverting people away from secondary mental health services and in identifying clients at high risk of severe mental illness or suicide. However to extend this coverage to all GP practices would require additional investment and redesign of existing services. Inverclyde mental health services and the proposed Community Health Partnership are actively pursuing funding for this through mainstream budget of NHS Argyll and Clyde and project budgets released to the NHS from central government.

Secondary Care: Accident and Emergency Follow Up

At present no mechanism exists to identify and respond to people who attend A&E following deliberate self-harm, who are not subsequently admitted as in-patients. Inverclyde Community Mental Health Team are trying to develop such a service at present. However current funding restrictions mean that it is likely this development would have to be funded from existing resources. There may be some potential in developing a referral service from the voluntary sector, once capacity has been enhanced through 'Choose Life'.

Support to people coping with suicide

Support is offered to carers/friends/family of people who commit suicide while in the care of mental health services mainly via the CMHT. Other individuals may be offered support where a referral is received from GPs or others and the suicide has had a significant impact on the person's mental health. However there is no mechanism for offering support to those people who have experienced a suicide where the deceased was not receiving services.

This work is a significant strand of 'Choose Life', suicide risk is higher in people surviving a family member or significant other who has committed suicide. This is an area that requires further exploration; there may be other services available in the community, 'Choose Life' will again develop capacity and support within this sector. Community development work in partnership with Phoenix Community Health Project has supported a local bereavement support group but further need is anticipated.

Dealing with Intoxication

This is an area, which creates significant difficulties for all clinical staff. Assessment of mental state is often unfeasible with people who are very drunk. It is inappropriate to admit such persons to acute psychiatric beds or invoke the Mental Health Act. However being intoxicated does increase the risk of impulsive (suicidal behaviour). Long term substance misuse, particularly alcohol misuse also significantly increases the risk of suicide. These people also find it difficult to access addiction services who, understandably, are unwilling to work with people who are intoxicated.

This is an area, which requires further exploration not only of the availability of non-NHS services but of the possible responses to people who are drunk and expressing suicidal ideation/intent. A conference event planned for Suicide Awareness week 2005 will begin to address this gap.

3. The Implementation of Choose Life in Inverclyde.

Service Mapping

A preliminary service map was developed in 2003 to show details of how statutory Health Services currently respond to persons who have attempted suicide, were identified as at risk of suicide or express suicidal ideation. Services for those persons whose suicidal action or intent resulted in an admission to Inverclyde Royal Hospital or were consequent to mental illness were reasonably comprehensive. However there were significant gaps in service:

- Responses to children and young people at risk of suicide and self-harm.
- Responses to people whose attempted suicide or self-harm is not consequent to mental illness.

The principles of the work group's proposals were to use "choose life" monies to achieve the following ends:

- To respond to gaps in existing services.
- To create an infrastructure that would allow more detailed service mapping, service re-design and pooling of existing resources.
- To invest in responses which raised awareness, provided education and promoted alternatives to suicide and self-harm.

The group considered that the best method of achieving these aims was to invest in projects among the existing voluntary sector in Inverclyde. There was agreement that developing a specific suicide prevention service would be an ineffective use of funds. National and international research suggests that the majority of suicides do not present themselves to health or social services prior to the act. Therefore including suicide prevention as a remit for organisations the public already uses was more likely to impact on those at risk.

Developments

Draft proposals for a full "Choose Life" Inverclyde Group and the following key posts were developed:

- A local "choose life" co-ordinator to build capacity and foster effective local liaison.
- A community-based out of hours / crisis intervention worker.
- A nurse therapist to support vulnerable 'looked after' young people.
- A young person's worker to develop local peer support and 'conflict resolution'.

These proposals were submitted to the executive with the agreement of the council and its planning partners through Inverclyde Alliance.

Local and national 'Choose Life' funds are developing key training opportunities with a range of statutory, voluntary and lay partners through Applied Suicide Intervention Skills Training (A.S.I.S.T.) , Mental Health First Aid and 'Season's For Growth' – a loss and grief education programme.

The fund provided additional support to key local community health initiatives ('Phoenix' 'Samaritans' and 'Stepwell Inn') to develop training, stress management approaches, peer-led bereavement support, mental health support for excluded minorities and form natural links with the proposed Men's Health initiatives also being developed locally. National funding through the Scottish Prison Service also benefited a local project for family support ('Hope').

4. Funding

- The allocation of Choose Life implementation funding to Inverclyde was through an initial annual allocation of £75,000 to Inverclyde Council (rising to £81,000 ending March 2006), which allowed the development of a range of community based initiatives. Central to the national strategy however was the commitment of statutory services to co-ordinate their efforts in working with people at risk of suicide. The appointment of a local co-ordinator facilitated this effort.
- There was significant slippage in the Allocation of Choose life monies, with the allocation for 2003/2004 being carried forward and significant delays in recruitment that impacted on the 2004/2005 allocation. Several small grant allocations to voluntary groups and contribution to partnership working and events locally, along with costs of training not anticipated in the original plan have absorbed this slippage.
- The recurring costs of the proposed action plan (£83.6k) were met from the funds allocated to the council for implementing “choose life”. Should community planning partners have chosen to provide the co-ordinator post in kind then a greater portion of the funding could have been used for non-recurring spending each year. This has not been possible, hence the non-recurring costs of training will now be funded from a proportion of slippage monies being transferred to a non-recurring development budget. This option will be reviewed on any allocation for further funding.
- There is a clear expectation within the strategy that statutory services would contribute resources to the development of Choose Life. The costs incurred by officers attending the Inverclyde “Choose Life” group would therefore be met by their respective agencies. The impact of service development and planning locally by statutory partners with links to the “Choose Life” objectives will also require to be captured. This in part will be sought through our participation in the national evaluation of ‘Choose Life’ with the University of Edinburgh.
- There are key local voluntary sector service developments that directly impact on the “Choose Life” objectives. Direct examples include through national funding sources such as Scottish Prison Service activity at H.M.Prison Greenock, and devolution of “Choose Life” funds and initiatives through local Samaritans branches. Current community development approaches by health and well-being partnerships offer process approaches to inclusion and regeneration through community planning that also contribute.
- “Choose Life” Inverclyde dovetails and co-ordinates these efforts by supporting agencies’ capacity where required, forming and facilitating local networks to share ‘what works’ and valuing the leadership, energy and credibility that the voluntary sector brings in it’s current contribution to “Choose Life” objectives. Matching this and integration with local statutory provision, working effectively across this boundary is a core challenge in Inverclyde.

Action Plan Team Profile

Full Name (of Planning Group)

Inverclyde Alliance Health & Well-being Theme Officers Group
(Choose Life Working Group 2003)

Remit: Short term group to interpret and action the 'Choose Life' strategy in Inverclyde.

Chair(s):

Name: John Mitchell

Designation: Manager, Inverclyde Community Mental Health Team

Organisation: NHS Argyll & Clyde (Inverclyde Division)

Number and dates of Meetings held 2003-2004:	Dec 16th 2003 Oct 9th 2003 Sept 30th 2003 (Voluntary Sector Subgroup) Sept 11th 2003
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Members

Name	Designation	Organisation
John Mitchell	Manager	Inverclyde CMHT
Andrina Reid	Public Health Practitioner	NHS Argyll & Clyde
Louise Bauer	Health Development Officer	Inverclyde Regeneration Partnership
Archie Dempster	Coordinator, Social Work Services	Inverclyde Council
Lesley Watson	Manager, Social Work Children & Families	Inverclyde Council
Will Brown	Manager, Integrated Children's Services	Inverclyde Council
Morag Irving	Project Worker, Integrated Children's Services	Inverclyde Council
John Gilmour	Manager	Inverclyde Association for Mental Health
Dr Alistair Deering	Consultant Psychiatrist	NHS Argyll & Clyde
Dr Cathy Leighton	Consultant Psychiatrist (Child & Family)	NHS Argyll & Clyde
Marie Williams	Manager	Moving On (Inverclyde)
Elaine Corcoran	Clinical Nurse Manager	Child & Family Centre, Larkfield
Elsbeth Gracey	Co-ordinator	Phoenix Community Health Project

Voluntary Sector Subgroup

Name	Designation	Organisation
Elspeth Gracey (Chair)	Co-ordinator	Phoenix Community Health Project
Kay Clark	Project Worker	Inverclyde Carer's Centre
Mieke Cook / Alex Southee	Befrienders	Inverclyde Samaritans
John Gilmour	Manager	Inverclyde Association for Mental Health
Marie Williams	Manager	Moving On (Inverclyde)
Paul Findlay	Coordinator	Physical Fitness Team
Gerry Montague	Locality Manager	Richmond Fellowship
Dodds McFadyen	Communities Worker	Youth Connections, Inverclyde
John Oliver	Co-ordinator	Inverclyde Counselling Service
Sharon McCafferty	Co-ordinator	Hope (Inverclyde)

UPDATE AUG 2005:

Full Name (of Planning Group)

Inverclyde 'Choose Life' Development Group

Remit: Medium term group to implement the 'Choose Life' strategy in Inverclyde.

Chair(s):

Name: Phil Eaglesham

Designation: Choose Life Coordinator

Organisation: Inverclyde Council

Dates of Meetings held 2004-2005:	Development Group: 3/12/04, 25/2/05, 19/5/05, 1/9/05 Practitioner's Sub Group: 12/1/04, 14/2/05, 30/3/05, 11/5/05, 22/6/05, 11/8/05 Training Sub Group: 9/6/05, 6/7/05
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Members

Name	Designation	Organisation
Phil Eaglesham	Choose Life Coordinator	Inverclyde Council
Andrina Reid	Public Health Practitioner	NHS Argyll & Clyde
Louise Bauer	Health Development Officer	Inverclyde Regeneration Partnership
Archie Dempster	Senior Officer, Social Work Strategy	Inverclyde Council
Lesley Watson	Manager, Social Work Children & Families	Inverclyde Council
Will Brown	Manager, Integrated Children's	Inverclyde Council

Name	Designation	Organisation
	Services	
Morag Irving	Project Worker, Integrated Children's Services	Inverclyde Council
Yvonne Monkhouse	Coordinator	Stepwell In
Catherine McKenna	Youth Services Development Worker	Stepwell In
Rose Stewart	Stress Management Coordinator	Stepwell In
Robert McKendrick	Out of Hours Worker	Stepwell In
Jan Henderson	Senior Health Promotion Officer	NHS Argyll & Clyde
Marie Williams	Manager	Moving On (Inverclyde)
Craig Beaton	Community Liaison Officer	Strathclyde Police
Christine Robb	Community Liaison Nurse	ICMHT
Dodds McFadyen	Project Worker	Youth Connections
Bert Boyd / Pamela Stark	Secretary / Development Worker	Inverclyde Peace Initiative
Susan Forest	Locality Manager	Scottish Association for Mental Health
Karina MacDonald	Mental Health Development Worker	Phoenix Community Health Project
Berni McIntyre	Counsellor	Inverclyde Alcohol Service
Mieke Cook / Elizabeth Doig / John Syme	Chair & Counsellors	Inverclyde Samaritans
Maureen Regan / Ailsa Collingwood	Manager / Development Worker	Hope Inverclyde
Karen McPherson / Alison MacDonald	Psychologists	Psychological Services, Inverclyde Council
Jo Grace	Manager	NCH / Gap Project
Louise Smith	Co-ordinator	Inverclyde Community Safety Partnership
Alex Paterson / Lynsay Gallacher	Locality Manager, Project Manager	Richmond Fellowship Scotland
Ann McShane	Nurse Therapist	NCH / Gap Project
Lynn Ryden	Coordinator	Carr-gom Scotland
David Carmichael / Marie Gunnis	Coordinator / Senior Practitioner	Inverclyde Community Drugs Team
Denise Munro	Coordinator	Barnardo's Threshold Project
Jennifer McGhee	Development Worker	Dialogue Youth
Nicola Fleming	Children's Rights Officer	Inverclyde Council
Karen Gurney	Senior Practitioner Nurse	Larkfield Unit / CAMHS
Frances McLaughlan	Nurse in Charge	Accident & Emergency, IRH
Otton Jiejelko	Coordinator	Youth Connections
Mark Malloy	Development Worker	Inverclyde Volunteer

Name	Designation	Organisation
		Centre
Stephen Beattie	Mental Health Nurse Practitioner	HM Prison Greenock
Liz McCue	Coordinator	Inverclyde Victim Support
Audrey Anderson	Specialist Nurse in Homelessness	NHS Argyll & Clyde
Gwyneth MacDonald	Senior Health Advisor (Sexual Health)	NHS Argyll & Clyde
Brett Millett	Social Worker (Children and Disabilities)	Inverclyde Council / CAMHS

The above membership list link in to both quarterly locality meetings and commit to the two subgroups: Practitioner Support and Training. A further electronic locality list of over 40 contacts is utilised to cascade information and encourage local dialogue.

In addition the coordinator commits to 'Choose Life' meetings, events and activity at national level on evaluation, research, resources, training and funding. 'Choose Life' coordinators in Argyll & Clyde also meet to share information, resources and planning every 2 months with representatives from the National Implementation & Support Team, Scottish Prison Service, Childline, Breathing Space and Samaritans. National commitments to Men's Health and Bereavement are also now developing.

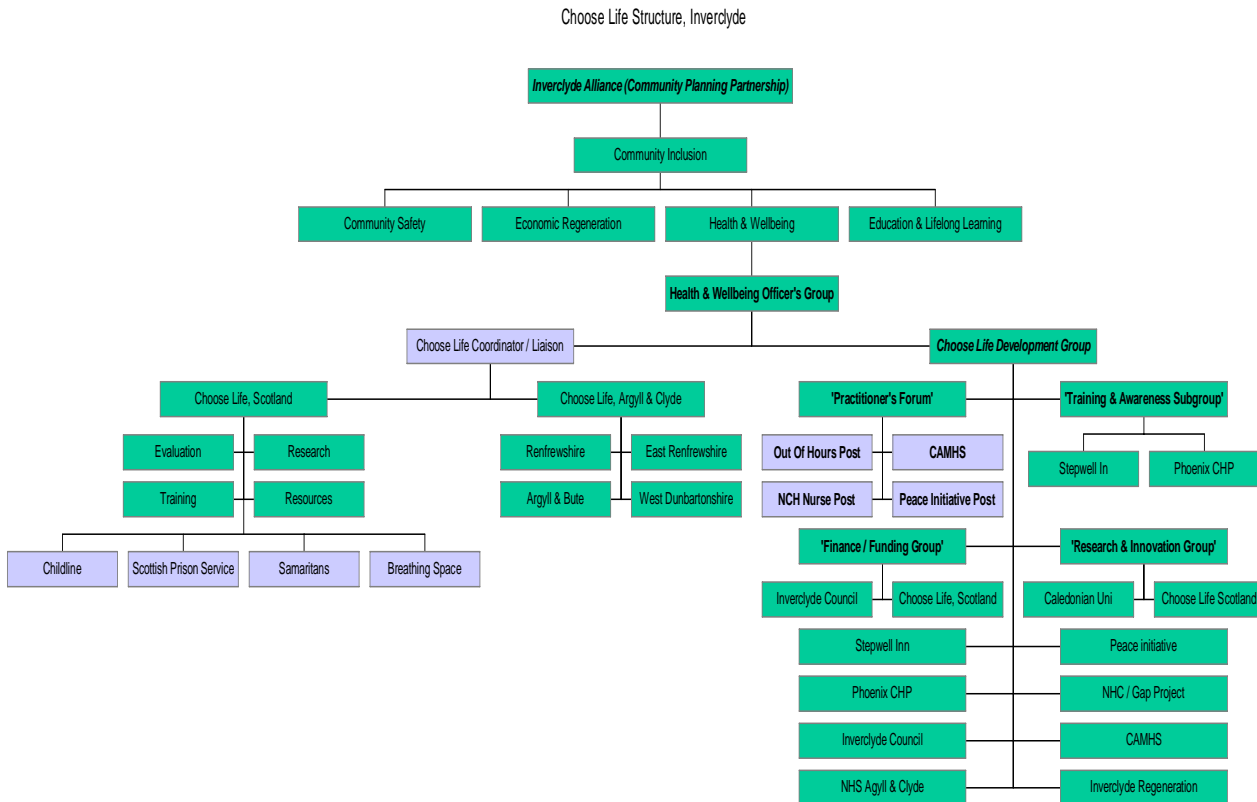
Local accountability is through partnership working in Inverclyde Alliance, linking to the Health & Wellbeing Theme, but also across to Community Safety, Community Learning and Regeneration. Funded and supportive project and strategic working has also occurred through development of a local Youth Strategy, recognising the links with BNSF Funded projects, joint Mental Health Awareness Week planning, implementation of our local Homelessness Strategy, and support for events on Women's Health & Domestic Abuse.

The impact of joint training cannot be underestimated as a recruitment base for local suicide awareness and intervention / post-vention. Three successful ASIST training courses have been delivered, Season's For Growth supported and a group of 10 trainers will now take these along with Mental Health First Aid, Self-Harm Training and Suicide Awareness Talks forward a one year training plan for Inverclyde. It is intended that these will be delivered free of charge to participants and have been supported by investment in Training For Trainers locally. The opportunity and impact of such training on the supportive and effective relationships / liaison between services should be emphasised.

General awareness of suicide prevention has also been supported by several articles in the local press (Greenock Telegraph) and the enthusiasm of local reporters for positive stories and events. Inverclyde Council have also supported the promotion of 'Choose Life' through calendars delivered to every household on two occasions in 2005. NHS Argyll & Clyde, Inverclyde CVS and Inverclyde Carer's Forum have all included articles and information on 'Choose Life' in their newsletters in 2005. Our local MSP Duncan McNiell and MP David Cairns have both supported 'Choose Life' with updates to their websites.

Structure of suicide prevention and planning group.

The local “choose life” group was proposed to be fully integrated into the local community planning structure. At strategic and operational levels the “choose life” structure were:



The challenge was to link across the community planning structure by including representatives of the other theme groups in the “Choose Life” or ‘Officer’s Group’ membership. The structure for choose life was a local strategic forum that linked to other ‘themes’, a practitioner’s support network and a working subgroup to develop awareness and training/events.

The co-ordinator had objectives to foster local networks, events and initiatives that gather a clearer picture of needs and themes to suicide and self harm in Inverclyde and explore the potential for ‘what worked’ locally. There was also the opportunity to try novel approaches and learn from these, creatively feeding a local and national approach to “Choose Life”.

The role of co-ordinator also linked national developments within Childline, Scottish Prison Service and Samaritans to local and West Of Scotland action, as well as the expertise and advice of the Scottish Choose Life Team in Glasgow. Accountability was also required financially to this team and this component of the action plan and structure links here.

Linking with National Policy at local level

The national framework set out within 'Choose Life' had key applications within Inverclyde, and its ethos, priorities and approach were welcome in a range of agencies and services locally. A review of local service provision highlighted a focus on young people and adults at risk out-with existing services as an area for development. The approach adopted of capacity building through established voluntary sector partners should impact on the 'Choose Life' objectives by providing;

- Our 'out-of hours' community based service at Stepwell In will both meet urgent need and gather crucial local evidence for future developments. *(Impact on 'Early Intervention', 'Prevention' 'Immediate Crisis' and 'What Works')*
- Our partners in Phoenix are delivering ASIST locally and are also developing a booklet resource and a local support group for those affected by bereavement, including suicide. *(Impact on 'Greater Public Awareness', 'Immediate Crisis', 'Prevention' and 'Early Intervention')*

Our focus on young people offers a range of projects with both a clinical and developmental approach;

- Our nurse therapist post is in partnership with National Children's Homes and aims to offer direct support to young 'looked after' people on issues of emotional well-being, suicide and self harm, while also facilitating the effective integrated working of professionals in the local area. *(Impacts on Early Prevention and Intervention, Supporting Recovery and focusing on a nationally recognised priority group)*
- Our young person's worker post with Inverclyde Peace Initiative aims to foster innovative approaches to anger management, conflict resolution and emotional intelligence, building on a successful model in local schools to engage young people in community programmes. *(Impacts on Early Prevention and Intervention and focuses on Young People, especially young men on factors contributing to suicide)*

Other approaches to capacity building include adding value to the local Samaritans service, funding of health improvement work with local homeless young people, further strengthening of awareness campaign and health improvement work with local men's health initiatives and linking with nationally funded 'Choose Life' training and development in partnership with Scottish Prison Service / Hope, The Richmond Fellowship and the Association for Mental Health. Further grant allocations this year will focus on Victims of Serious Crime, Women Experiencing Domestic Abuse, Young People in Inverclyde (especially homeless or in throughcare) and a range of local voluntary sector groups and charities that impact on emotional health & wellbieng. *(Impact on Providing Hope and Supporting Recovery, Supporting the Media, Public Awareness, Supporting People With Mental Health Problems, Supporting People in Prison and their families and People who abuse substances (including those with co-morbidity with mental health problems).*