

chooselife

A national strategy and action plan
to prevent suicide in Scotland

Background to Local Action Plan

South Ayrshire

July 2005

Local Information

Introduction

This plan summarises the steps we are taking in South Ayrshire to reduce suicide in line with the national strategy.

The National Programme for Mental Health and well being Action Plan for 2003 to 2006 was published in September 2003. The Choose Life Action Plan forms a part of the local response to this national work. Other aspects include promoting mental health, reducing mental ill health, reducing stigma and discrimination and promoting a culture of hope and recovery.

Figures obtained from the Procurator Fiscal's office show that the number of completed suicides in South Ayrshire in 2003 were seven. The data and statistics are difficult to access and may not necessarily reflect the real extent of suicide.

This also relates to the work which is being progressed to successfully implement the Mental Health Care & Treatment (Scotland) Act 2003 which is due to be implemented on 5th October, 2005.

Background

Choose Life : a national strategy and action plan to prevent suicide in Scotland was launched in December 2002. Draft guidance on implementation was produced in March 2003 and final guidance was issued in July 2003.

Local Process

A report was submitted to the Social Justice Committee on 17th November, 2004 and there has also been a report submitted to the Local Health Partnership which forms part of the Community Planning process.

Choose Life Steering Group

The local group first met in July 2003 and has spent considerable time examining and discussing local information and issues which were significant in the area. Over several sessions, the group began to discern what resources were available and began to determine what needed to progress. Early on in this process, the group decided not to appoint a specific individual to progress the work and in hindsight, this has contributed to the delay in deciding the specific way forward.

There is a real acknowledgement that there is a difficulty in ensuring that agencies/organisations and individuals are aware of what current resources there already are in place to support people at risk of suicide.

Geography, population, profile of local area

South Ayrshire has a population of 112,160. There are several small towns in South Ayrshire and an extensive rural area peppered with small villages.

The area is seen to be attractive and relatively affluent but there are two areas which were designated Social Inclusion Partnerships in North Ayr and Girvan, where there are a range of social problems eg unemployment, poverty, lack of job opportunities etc significant parts of the area where there are a range of social problems. There are a range of plans/work which have been addressing the range of problems within communities such as Children's Service Plans, Extended Local Partnership Agreement and the Community Planning programme.

Local suicide statistics and relevant trends, etc

Self-harm

While it is acknowledged that acts of deliberate self-harm and suicide attempts do not necessarily involve an intention to die, there is a strong link between attempted suicide, deliberate self-harm and subsequent successful suicide.

In 2004, there were 1300 self-harm presentations at Accident & Emergency; there is also a growing concern about self-harm in girls who are still at school.

Coping with suicidal behaviour and completed suicide

Learning Lessons from Suicide in the Community

Our local Choose Life Support Group discussed the need for more informative data on suicides within Ayrshire. It was acknowledged that patients known to mental health services who commit suicide within twelve months of contact automatically receive an Incident Review. This sometimes highlights areas for improvement, which are then fed back to the clinical services.

No such mechanism exists for the majority of patients who commit suicide in Ayrshire. We know that the number of suicides who have previous contact with the mental health services are around 25%. It would therefore seem logical to extend an incident review process wider into the community. The advantages of such a system, if it was in place, would not only provide better practice but would allow a multidisciplinary or multi agency approach. Also it would address a major concern of South Ayrshire Choose Life Steering Group that there is a lack of a co-ordinated response, where appropriate, in assisting families bereft by suicide. On the other hand it is quite probable to increase anxiety amongst professionals of what is seen by some as a "blame culture". Nevertheless the Choose Life Steering Group believe that the needs of family members/close friends following a suicide are not being addressed.

A number of voluntary agencies outlined their contact with stressed families following a close suicide and mental health services expressed their concern that there was

not a process to help closure on what is a very traumatic event. Therefore, the biggest advantage the Steering Group envisaged is that such people known to be close to suicide could be involved in the process, which would not only be informative but that it would have some therapeutic benefit in helping them move forward in their bereavement. This, in itself, we would hope, would reduce the recognised suicide risk in this group. Therefore, the group proposed that for each patient suicide in the community, an incident review should take place.

While it was agreed that those who knew the patient should be involved in such an incident review, consideration would be given to how these meetings would take place in practice.

Ensuring the Community has a 'Memory' for Suicides

If the above reviews were undertaken a lot of valuable information could be captured. However without the mechanism of prioritising any issues that develop from such reviews, a major opportunity could be lost. The group therefore discussed the need for a very small number of people who would annually review the suspected suicides from a community prospective. It would be anticipated that the community would have full ownership of such a review and therefore any action plan developed is likely to be more effective than existing structures.

The organisation representatives would have to be discussed and agreed amongst the stakeholders involved and the data would actually have to be anonymised. Confidentiality concerns for health and the police may be a problem but the group feel that this should not prevent a worthwhile process happening.

Particular issues/ groups causing concern (i.e. substance use, isolation, local prisons, etc)?

Men

In general, there is a disturbing disparity between the suicide rates in women and men. Britain and America are the only countries with this diverging trend in female and male suicides.

Suicides by men make up seventy-five per cent of all suicides in the UK. Suicide rates for men are higher for women across all age groups. In the 25 to 44 age range, men are almost four times more likely than women to kill themselves; men aged 45 and over are more than twice as likely to commit suicide as women in the same age range. This national statistic is reflected locally.

The difference in the suicide rates between the genders is complex. Women are more likely to have stronger social supports, will seek medical or psychiatric intervention and feel that their relationships are deterrents to committing suicide.

Men tend to traditionally be more reluctant to talk about their problems or express their feelings; are less likely to go to their GP with psychological problems.

The changes in traditional gender roles has meant that many men feel uncertain of what is expected of them particularly in terms of relationships.

Unemployment also has an impact – unemployed men being three times more at risk of suicide than the general population – there is also an identifiable, indirect link with poverty. It was identified that local three-quarters of men with some form of mental health problems have no contact with any mental health support – and are likely to be self-medicating using drugs and alcohol.

Young people

Suicide accounts for twenty per cent of all deaths amongst young people aged 15 to 24 and is the second most common death amongst young people after accidental death. Nationally, around 19,000 young people attempt suicide every year and about 700 of these die as a result.

Young women aged between 15 and 19 years are the group most likely to attempt suicide, however, young men are much more likely to die as a result of their suicide attempt. The suicide rate in young men has doubled since 1985, making them second only to men in the 25 to 44 age range for suicide.

It has been pointed out that there is a ‘tendency towards minimising, denying and mythologizing suicide occurs in most cases of suicide, but even more so in children and adolescents’. (Shafiim). This reluctance may well be borne out in the youth suicide statistics. For every suicide recorded in the 1980s among 10 to 14 year olds in the UK, three other children were deemed to have died from ‘undetermined’ causes or ‘accidental’ drug overdoses.

Substance misuse is believed to be a significant factor, alongside family break-up, academic pressure and relationship problems.

Reaching individuals and organisations

Within South Ayrshire, there are a range of organisations which can offer assistance to those at risk, both within the statutory and the voluntary sector. It was identified that there is a need to ensure that a broad range of information on available supports is available to those at risk.

The voluntary organisations are supported within an umbrella organisation which maintains links amongst the organisations. The ‘Working Together’ group has continued to meet and can be helpful in taking forward the Choose Life Strategy.

There was recognition of the level of volunteer expertise in supporting people in distress both in Copeline and Samaritans in South Ayrshire. Supporting and enhancing both these local helplines was seen as important.

The Samaritans cover across Ayrshire and are involved in supporting people by phone/e-mail and by face-to-face work. The Samaritans are already doing talks in schools and there can be developments to enhance the profile they have in the area

The Volunteer Centre in South Ayrshire is very committed to the Scottish Executive's volunteering strategy and could have a significant role in moving forward the Choose Life plan. Volunteering can bring measurable benefits to the volunteer, individual beneficiaries, communities and can bolster confidence and self-esteem in individuals.

The Doing Well by People with Depression project has employed a Lifestyle Coach who is based at the Volunteer Centre and there is scope to develop the volunteering opportunities of people who have mental health difficulties.

Depression Alliance Scotland also meets fortnightly on alternate Wednesdays in Ayr Action for Mental Health's premises at Strathayr House.

The Choose Life group believe that it is important to reach individuals with information on existing resources such as Copeline, Samaritans, Breathing Space, Cruse Bereavement Care and the range of statutory and voluntary organisations which are currently on the ground.

There is a need to ensure that the information is brought together in the form of a useful Contact Card/Website Link.

Promotional Activity

There was a recognised need by the Choose Life group to be investing some resources in raising public awareness through promotional activity. Ideas such as distributing information through cards/beer mats/music/comedy and using a range of routes to get information across. The group is going to distribute information at football games early in the next football season – working towards the Ayr United game on 10th September, 2005. A Contact Card will be developed by December '05. The group is also keen on developing links with South Ayrshire Youth Forum, Young People's Volunteer Forum as well as Dialogue Youth. Links also need to be made with Choose Life worker with Samaritans.

Action Plan Team Profile

Full Name: Choose Life Steering Group

Chair :

Name: Annabel Sinclair
Designation: Community Care Manager (Adults)
Organisation: South Ayrshire Council

Number and dates of Meetings held 2004- 2006:	27.09.04 26.01.05 03.02.05 – national workshop 22.02.05 16.03.05 26.04.05	13.06.05 28.06.05 01.07.05 06.07.05 11.07.05
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Members

Name	Designation	Organisation
Annabel Sinclair	Community Care Manager (Adults)	South Ayrshire Council
Graham Charlton	Senior Social Worker	South Ayrshire Council
Michelle Reid	Public Health Co-ordinator	South Ayrshire Council
Margaret Airdrie	Patient Services Manager	NHS Ayrshire & Arran
Dr Tim Johnston	Lead Consultant Psychiatrist	NHS Ayrshire & Arran
Kathleen McGuire	CHP, Implementation Manager	NHS Ayrshire & Arran
Lesley Brady	Project Leader	NHS Ayrshire & Arran
Lesley Reid	Health Promotion Manager	NHS Ayrshire & Arran
John Cairns	Sergeant	Strathclyde Police
Chris Fremantle	Arts Links Officer	South Ayrshire Council
Karen Sutherland	Scottish Huntington's Assoc	Scottish Huntington's Assoc
Margaret Turnbull	Volunteer	Samaritans
Billy McLeod	Manager	Ayr Action for Mental Health
Donald Kemp	Cruse Bereavement Care	Cruse Bereavement Care
Jacqueline Russell	Development & Information Officer	Copeline
Margaret Dhinsa	Health Promotion Manager	NHS Ayrshire & Arran
Marie Clark	Project Manager	SALVO
Shiona Johnston	Lead PHP	NHS Ayrshire & Arran