

chooselife

A national strategy and action plan
to prevent suicide in Scotland

Background to Local Action Plan

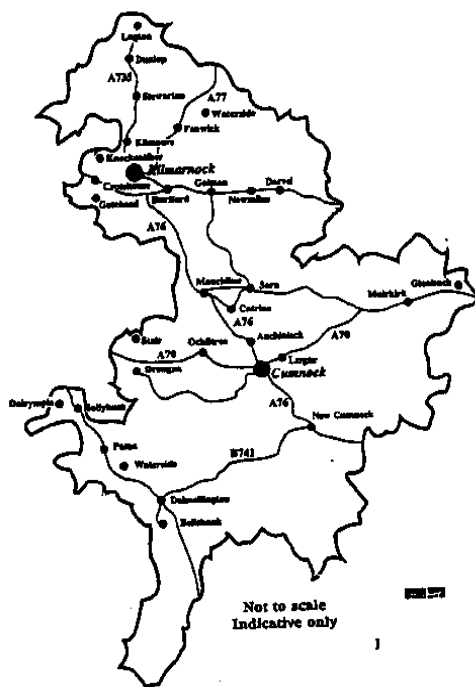
East Ayrshire

December 2004

Local Information

What We Know about East Ayrshire

East Ayrshire is situated in West Central Scotland, approximately thirty miles South of Glasgow. The authority covers an area of four hundred and ninety square miles. The 2001 National Census¹ indicates that East Ayrshire has a population of 120,235 people living in a total of 50,346 households. There are twenty-one main communities and settlements in a diverse geographical area, embracing both rural and urban settlements. The main population centres are Kilmarnock, Stewarton and Galston in the North of the authority and Cumnock, New Cumnock and Auchinleck in the South.



Settlement	Total Population
Kilmarnock	43,588
Cumnock	9,358
Stewarton	6,582
Galston	5,000
Hurlford Crookedholm	4,968
Mauchline	4,105
Auchinleck	3,512
Darvel	3,361
New Cumnock	3,165
Newmilns	3,057
Drongan	3,012
Kilmaurs	2,601
Crosshouse	2,454
Patna	2,179
Catrine	2,053
Muirkirk	1,630
Bellsbank	1,619
Dalmellington Burnton	1,407

¹ <http://www.gro-scotland.gov.uk/grosweb/grosweb.nsf/pages/censushm>

Deprivation

East Ayrshire as a whole has significantly higher levels of poverty than the Scottish average and compared to other authorities in Scotland, as a proportion of the relevant population for example East Ayrshire has the²:

- third highest proportion of unemployed people claiming benefit
- sixth highest proportion of children of families claiming benefit
- fourth highest proportion of lone parents claiming benefit
- seventh highest proportion of older people claiming income support and seventh highest claiming Attendance Allowance
- eighth highest proportion of people claiming Disability Living Allowance and also eighth highest claiming disability benefits overall
- the highest proportion of carers claiming carers allowance and
- seventh highest proportion of householders claiming council tax benefit and the fifth highest claiming Housing Benefit

East Ayrshire has seven local areas assessed as among the 5% most deprived areas in Scotland, with in total 40 local areas in the 20% most deprived areas. East Ayrshire with 2.4% of the total population of Scotland has 2.1% of the total population living in the 5% most deprived areas and 3.1% in the 20% most deprived areas.

The unemployment rate in East Ayrshire Council in September 2004 was 4.5% compared to a national average of 3.5%. This is the fourth highest rate in Scotland.³ The Average Gross Household Income in East Ayrshire in 2001 was: for Kilmarnock and Loudon constituency; £25,143 (2.8% under the national average) and for Cumnock and Doon valley constituency £24,101 (6.8% under the national average)

Within East Ayrshire, there are significant differences between communities with some experiencing significantly higher levels of inequality and poverty, with significant numbers of people excluded from the economic and social mainstream. For example⁴:

- the percentage of pupils claiming free school meals ranges from over 72% in one Primary school, down to 2.6% in another.
- the percentage of children living in households receiving either Income Support or family Credit ranges from 69% to 7% between council wards.
- the number of working age people claiming Care component of Disability Living Allowance ranges from 11% to 2.5% between council wards.

Communities particularly affected by poverty include Altonhill, Shortlees, and Hurlford as well as the communities located within the Coalfields Social Inclusion Partnership area in the south of the authority.

² Figures taken from Scottish Executive document "Benefits and Tax Credits in Scotland report for August 2003" Scottish Executive National Statistics publication

³ Benefits and Tax Credits in Scotland report for February 2004 Scottish Executive Office of Chief Economic Advisor issues September 2004

⁴ Information taken from <http://www.neighbourhood.statistics.gov.uk/ward.asp?la=QK>

Even outwith these area however, many households continue to be dependent on benefits such as income support or low paid employment and as a consequence are more likely to suffer poor health, live in inadequate housing and be more vulnerable to crime. These are particularly apparent among households with children, disabled people or older people. The percentage of households in East Ayrshire who have no adult in employment and dependent children is 6.1%, 1% above the national average⁵.

40.4% of all households have one or more people with a limiting long term illness, 3.8% above the national average and the 4th highest in Scotland behind Glasgow, North Lanarkshire and West Dunbartonshire. As 22% of the population of East Ayrshire Council stated that they had limiting long term illness, the 6th highest in Scotland it does appear that there are is also above average proportion of households with more than one disabled person. (Speculatively the highest at 23.9%

Culture

Figures from the 2001 National census indicate that culturally East Ayrshire is an extremely homogeneous area.

It has already been stated that East Ayrshire has had very little in migration from outwith the authority and particularly from outwith the UK⁶.

Information from the 2001 census⁷ indicates that 53% of the adult population in East Ayrshire Council are married, over 3% higher than the national average. There is also a higher than average proportion of non-married couples. East Ayrshire also has a higher proportion of widows than the national average and fewer than average proportions of divorced or separated people.

Differences between settlements show higher proportions of single and divorced single people in Bellsbank, higher proportions of divorced and unmarried couples in Catrine and higher proportions of widows in Dalmellington and New Cumnock. The rural areas have the highest proportions of married couples. 93% of the population was born in Scotland, the fourth highest proportion in Scotland. The area has the lowest proportion of people born outwith the UK of all Scottish local authorities. It also has the 2nd highest proportion of its population who are white Scottish and in consequence, the 5th lowest proportion of non white communities in Scotland (only above Island Communities and Dumfries and Galloway)

In terms of religion, the authority is again very homogeneous, with 53% of the population stating their religion as Church of Scotland, (the 4th highest in Scotland) with average proportions of people with no religion or Roman Catholics⁸.

Given this overall homogeneity, it will be important for service providers to recognise and be able to address cultural diversity where it occurs.

⁵ GRO census 2001 KS21

⁶ GRO census 2001 KS05 Country of birth and KS06 Ethnic group and language

⁷ GRO census 2001 KS03

⁸ GRO census 2001 KS07 Current religion

General Health and Well Being

22% of the population of East Ayrshire Council, and 17% of people of working age, stated that they had limiting long term illness, nearly 2% higher than the national average. The percentage of the population with limiting long term illness has increased by 7.3% since 1991.

Self reported ill health is significantly higher in Dalmellington, Muirkirk, Bellsbank and Auchinleck than in other areas of East Ayrshire. Those of working age with limiting long term illness were more prevalent in Bellsbank, Patna and Muirkirk.

In total 12,454 people in East Ayrshire described themselves as carers, 1% above national average. 27% of these carers provide care for over 50 hours a week.

The areas with highest proportion of carers were identified as Dalmellington, Bellsbank, Muirkirk and New Cumnock. However in addition a high proportion of those providing over 50 hours of care a week were also located in Ochiltree (25 people), and Dalrymple (49 people).⁹

In 2004, NHS Health Scotland produced a health and well being profile for East Ayrshire. This outlines the key health determinants and health inequalities within East Ayrshire.¹⁰ The following is a selection of indicators showing comparisons to the Scottish average:

⁹ GRO 2001 Census

¹⁰ East Ayrshire – A community health and well being profile NHS health Scotland 2004.
<http://www.phis.org.uk/upload/pdf/East%20Ayrshire%20Final.pdf>

Table 1

Health Indicator	Measure	Percentage above/below Scottish average
Life expectancy males (99/01)	73.1	0
Life expectancy females (99/01)	77.5	-2
Average age of first time mothers	25.5	-4
Teenage pregnancies	13.9	+7
Low birthweight babies	5.8	+1
Adults unable to work due to disability	11.1	+5
Disability Living Allowance Claimants	5.3	+20
Alcohol attributable hospital admissions	1156.2	+10
Estimated smokers (2001)	38.4	+11
Smoking attributable deaths	589.1	+14
Smoking During Pregnancy	30.3	+12
Immunisation uptake (excluding MMR)	96.5	0
MMR immunisation uptake	90.4	0
Breastfeeding at 6-8 weeks	25.9	-25
Pre-school overweight and obese children	20.6	-3
Drug related deaths	29.4	+7
Lone parent households	15.8	-12
Providers of unpaid care	10.3	+8
Unemployed claimants	4.7	+44
Hospital admissions – suicide self harm	475.5	52
First hospital admissions – psychiatric	226.5	+18
Dental hospital admissions – children	10.5	+99
Infant mortality	6.7	+25
Prescriptions anti depressant related	2067.1	+15

These statistics, however, relate to East Ayrshire as a whole. Significant differences can be seen across geographical areas in the authority. In the following table, comparisons are made between three areas within Kilmarnock – Southcraig/Fenwick (SF), Patna/Dalmellington, Bellsbank/ Waterside(PD) and Riccarton/Shortlees (RS).

NB Southcraig/ Fenwick is a more affluent area, whereas the latter two are within the Better Neighbourhood and Social Inclusion Partnership areas

Table 2

Health Indicator	SF	PD	RS
Life expectancy males (99/01)	75.4	70.6	70.9
Life expectancy females (99/01)	78.1	76.1	76.3
Average age of first time mothers	29.6	23.5	24.8
Teenage pregnancies	8.7	16.7	18.0
Low birth-weight babies	3.0	7.1	7.9
Adults unable to work due to disability	5.0	20.1	11.9
Disability Living Allowance Claimants	2.6	11.3	5.4
Alcohol attributable hospital admissions	618.8	1613.3	1308.3
Estimated smokers	26.6	44.6	47.1
Smoking attributable deaths	412.4	718.9	686.6
Smoking During Pregnancy	15.0	44.8	38.7
Immunisation uptake (excluding MMR)	97.6	97.4	91.0
MMR immunisation uptake	91.1	96.0	85.3
Breastfeeding at 6-8 weeks	37.4	11.4	15.2
Lone parent households	8.1	20.1	26.2
Providers of unpaid care	8.6	11.9	9.8
Unemployed claimants	2.1	4.8	7.5
Hospital admissions – suicide self harm	176.1	614.4	616.6
First hospital admissions – psychiatric	140.0	294.1	243.1
Dental hospital admissions – children	7.0	14.9	13.8

Suicide and Deliberate Self Harm

In East Ayrshire in the period 1991 to 2003 the number of deaths caused by intentional self-harm has fluctuated slightly between 11 and 18. However numbers peaked in 2001/2002 with 24 and 20 deaths respectively. The vast majority of deaths were males, accounting for 153 of the total 180 deaths in the 12 year period.

When we combine the number of deaths caused by intentional self harm and by undetermined intent it is evident that the numbers have also fluctuated over the period 1991- 2003, with peaks in 2001/ 2002 reaching 36 and 26 people respectively. In line with national figures, numbers are again significantly higher in males than in females, accounting for 209 of the total 263 deaths in the 12 year period.

Research has confirmed that there are significant links between poverty, unemployment and deprivation and the incidence of mental health problems such as Schizophrenia, Depressive illness and anxiety and suicide.

In particular, the above indicator of suicide and self harm does show a relationship with level of multiple deprivation as indicated by economic inactivity. Overall East Ayrshire has a hospital admission rate for suicide and deliberate self harm rate of 52% above the national average. Further comparisons of the hospital admission rate for suicide and self harm across communities in East Ayrshire can be seen in table 6.

Prediction of levels of mental ill health in East Ayrshire

The following prevalences indicate the probable minimum numbers of people mental ill health within East Ayrshire

Table 3: Estimated Prevalence of adults experiencing mental ill health in East Ayrshire¹¹

	(rates per 1000)			Estimated prevalence in East Ayrshire		
	Men	Women	Total	Men	Women	Total
All neurosis	135	194	164	6,254	9,694	15,948
Mixed anxiety and depression	68	108	88	3,150	5,397	8,547
Generalized anxiety	43	46	44	1,992	2,299	4,291
Depression	23	28	26	1,065	1,399	2,465
Phobias	13	22	18	602	1,099	1,702
Obsessive-compulsive disorder	9	13	11	417	650	1,067
Panic	7	7	7	324	350	674
Personality disorder	54	34	44	2,502	1,699	4,201
Obsessive compulsive	26	13	19	1,204	650	1,854
Avoidant	10	7	8	463	350	813
Schizoid	9	8	8	417	400	817
Paranoid	12	3	7	556	150	706
Borderline	10	4	7	463	200	663
Antisocial	10	2	6	463	100	563
Dependant	2	0	1	93	-	93
Schizotypal	0	1	1	-	50	50
Probable psychosis	6	5	5	278	250	528
	Total East Ayrshire population 16+			Total mental ill health in East Ayrshire		
	46,326	49,971	96,296	7,736	10,594	18,330

¹¹ Singleton, Bumtead. O'Brien et a; Psychiatric morbidity among adults living in Private Households 2000 Office of National Statistics London.

Table 4: Estimated Prevalence of children experiencing some mental distress (median estimate)¹²

(rates per 1000)

	Boys age	Girls age	Boys age	Girls age	All children and adolescents
	5-9	5-9	10-15	10-15	
Anxiety	3.2	3.1	3.9	5.3	3.8
Depression	0.2	0.3	1.7	1.9	0.9
Conduct disorder	6.5	2.7	8.6	3.8	5.3
Hyperkinetic disorder	2.6	0.4	2.3	0.5	1.4
Less common disorders, e.g. Obsessive compulsive disorder, phobia	0.8	0.2	0.5	0.7	0.5
Any disorder (includes people with more than one cause)	10.4	5.9	12.8	9.6	9.5
Total East Ayrshire population under 16					
	3,817	3,817	4,948	4,948	17,530

Table 5: Estimated prevalence in East Ayrshire

	Boys age	Girls age	Boys age	Girls age	All children and adolescents
	5-9	5-9	10-15	10-15	
Anxiety	12	12	19	26	70
Depression	1	1	8	9	20
Conduct disorder	25	10	43	19	96
Hyperkinetic disorder	10	2	11	2	25
Less common disorders, e.g. Obsessive compulsive disorder, phobia	3	1	2	3	10
Any disorder (includes people with more than one cause)	40	23	63	47	173

¹² Meltzer H, Gatward R, Goodman R, Ford T. Mental Health of Children and Adolescents in Great Britain. London: The Stationary Office, 2000.

These figures, however, do not take account of the additional issues that can affect the prevalence of mental ill health, including:

Children with a mental disorder are more likely to: **Adults with a neurotic disorder are more likely to be:**

- | | |
|--|---|
| <ul style="list-style-type: none"> • live in social sector housing • live with a lone parent • have problems with the police
 • have bereavement
 • have poor physical health • have a parent with no educational qualifications • have both parents unemployed • have mentally-ill parents. | <ul style="list-style-type: none"> • women • aged between 35 and 54 • separated or divorced • living as a one-person family unit or as a lone parent • have no formal educational qualifications • have a predicted IQ of <90
 • come from social class V • economically inactive • tenants of Local Authorities and Housing Associations • have moved two to three times in last 2 years • living in an urban area • also suffering from a physical complaint. |
|--|---|

There is clearly a link between certain mental health conditions, gender and disadvantage, with depression being more common among women and personality disorder among men.

Females - In 1998, 25% of females in deprived areas had a GHQ12 score of 4 or more, denoting poor mental health, compared to 18% in affluent areas, i.e. females in deprived areas were 1.37 times more likely to suffer from poor mental health than those in affluent areas.

Males – are less likely than females to suffer from poor mental health. In 1998, 16% of males in deprived areas had a GHQ12 score of 4 or more, denoting poor mental health, compared to 11% in affluent areas – i.e. males in deprived areas were 1.44 times more likely to suffer from poor mental health than those in affluent areas.¹³

Studies also indicate that there is a link between first admission rates for specialist psychiatric care for schizophrenia by deprivation category¹⁴. There are also links with suicide and deprivation especially affecting younger age groups.

¹³ Inequalities in health – report of the Measuring inequalities in health Working Group November 2003 – GHQ12 is a General Health Questionnaire - a widely used screening instrument detecting a wide range of psychological disorders, mainly the anxiety/depression spectrum.

¹⁴ Clinical Standards Advisory Group (Sims A, chair). Schizophrenia: volume 1: report of a CSAG committee on schizophrenia London: HMSO, 1995. 0113219296.

There is a clear gradient for first admissions to hospital with increasing deprivation category for both men and women. However for depressive illness and anxiety the majority of contacts for these illnesses take place in the community through primary and community care services.

The following table outlines differences in postcode localities within East Ayrshire with regard to three key indicators of mental ill health:

- Self Assessed health not good
- Economically Inactive claimants
- Hospital admissions for suicide and self harm;

The indicator of hospital admissions for suicide and self harm does show a relationship with level of multiple deprivation as indicated by economic inactivity.

Table 6

Area	Self Assessed health not good	Economically Inactive claimants	Hospital admissions for suicide and self harm
Patna Dalmellington Bellsbank Waterside KA6 7	51	30	96
Altonhill Knockinlaw Longpark Beansburn Hillhead KA3 1	12	5	198
Ochiltree Auchinleck KA18 2	36	21	58
Muirkirk Smallburn Lugar Logan KA18 3	39	27	18
New Cumnock KA18 4	27	25	38
Riccarton Shortlees KA1 4	12	10	97
Newmilns Greenholm, KA16 9	17	8	90
K'nock Centre: Bellfield KA1 3	3	9	90
Cumnock KA18 1	18	6	32
Mauchline Catrine Sorn KA5 6	7	11	33
Kilmaurs Kirkcoun Onthank KA3 2	-16	-7	110
Hurlford KA1 5	2	16	18
Galston KA4 8	-4	-3	64
Darvel KA17 0	0	-10	50
Whinpark New Farm Loch Beansburn KA3 7	-8	-4	44
Bonnyton Grange KA1 2	11	-2	-3
Lainshaw KA3 3	-15	2	31
Kilmarnock KA1 1	-24	-17	51
Stewarton Fulwood Kingsford KA3 5	-26	-15	-8
Knockentiber Crosshouse KA2 0	-8	-16	-45
Lugton Dunlop KA3 4	-26	-13	-62
Southcraigs Fenwick KA3 6	-32	-28	-44

Specific at Risk Groups

Bowhouse prison

The presence of HMP Kilmarnock (Bowhouse) Private prison outside Hurlford is a significant factor for policy development in East Ayrshire .

The prison is the first in Scotland to be built under the private finance initiative and became operational on the 25 March 1999. It is operated by Premier Prison Services Limited on behalf of the Scottish Prison Service.

The prison is a closed mainstream high security establishment, which operates a similar regime to that available elsewhere, including Shotts and Glenochil. It accommodates male adult prisoners – remands, short-term and long-term - and male young offender remands.

The prison has 500 single cells, and with a contractual maximum capacity of 692 prisoners. With effect from 1 February 2003, 596 prisoner places have been available at HMP Kilmarnock.

Table 7: Estimated Prevalence of psychiatric disorder and self-harm in sentenced prisoners (median estimate)¹⁵

Prevalence of psychiatric disorder and self-harm in sentenced prisoners			Estimated number in Bowhouse population
Disorder or condition	Prevalence of men (%)	Prevalence of women (%)	
Any schizophrenic or delusional disorder (b)	6	13	36
Affective psychosis (b)	1	2	6
Neurotic disorders	40	63	238
Personality disorder (b)	64	50	381
Alcohol dependence (a)	30	19	179
Drug dependence (opiates, stimulants or both)	34	36	203
Suicide attempt in the last year	7	16	42
Self-harm (not a suicide attempt) in the current prison term	7	10	42

¹⁵ Singleton N, Meltzer H, Gatward R, Coid J, Deasy D. Psychiatric Morbidity of Prisoners in England and Wales. London: ONS, 1998 Aimed to provide baseline information about the prevalence of psychiatric disorders in prisons in order to inform policy decisions about services.

Young Carers¹⁶

Extrapolating national figures it is estimated that there are at least 320 young Carers living in East Ayrshire, with around 30 providing over 50 hours care a week.

East Ayrshire Council and NHS Ayrshire and Arran jointly fund the Princess Royal Trust, East Ayrshire Carers Centre to provide information, help, advice and support and encourage participation of Carers in planning and monitoring services through support and advocacy, representation and administration for carers of all ages in East Ayrshire.

The Carers' Centre estimates that it knows of 350 Carers aged between 6 and 18 years registered. Of these around 90 people are actively involved and supported within the centre.

The ages of the young Carers from 7 years through to 17 years. 20% of young Carers are under 10 with an average age of 13. These figures are very similar to the national data. The majority are girls (78%) contrasting with national data.

Although details were not available on database, on the home situation of most of the young Carers, it was noted that of eight where more detailed information was provided 5 came from lone parent households (63%). This was again a similar picture to the national data. As nationally the presence of two adults did not preclude caring responsibilities and in some cases increased them where both adults were requiring support.

Young Carers come from across the authority but with a significant number coming from the Cumnock area. The East Ayrshire Carers' Centre has been operational for over 7 years and is currently supporting over 350 young carers through two Centres in Kilmarnock and Cumnock. It has also secured planning for an additional Carers Cottage to be opened later in 2004. The centre has a specific worker employed to address the needs of young carers. In particular the centre has been supported through the Lloyd TSB Foundation for Scotland to provide active support to young Carers looking after people misusing drugs and/or alcohol. As part of this project the centre is supporting 27 young people from families where parents or siblings were misusing drugs or alcohol. Some user analysis has been carried out which, may inform understanding of young Carers across East Ayrshire. The service currently supports seven young carers activity groups;

Table 8

Kilmarnock	Cumnock
8-11 years	8-11 years
12-15 years	12-15 years
16-20 years	16-20 years

¹⁶ Young Carers information provided by East Ayrshire Carers centre in 2003.

Action Plan Team Profile

Full Name (of Planning Group): East Ayrshire Choose Life Steering Group

Remit: To oversee the Implementation of Choose Life in East Ayrshire

Chair:

Name: Chris Sutton

Designation: Mental Health Co-ordinator

Organisation: East Ayrshire Council

Number and dates of Meetings held 2003-2004:	Steering Group (7 meetings) 25/06/03 18/08/03 08/09/03 15/03/04 14/5/04 22/11/04 20/12/04 Children and young people's sub group (2 meetings) 26/10/04 8/11/04 Information sub group (1 meeting) 16/11/04
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Members

Name	Designation	Organisation
Chris Sutton	Mental Health Co-ordinator	East Ayrshire Council
Elaine Caldow	Public Health Co-ordinator	East Ayrshire Council
Hugh Carswell	Integration Manager- Children's Services	East Ayrshire Council
Gail Ramsay	Patient Services Manager- Adult Mental Health	NHS Ayrshire and Arran
John McNeish	Partnership Facilitator	NHS Ayrshire and Arran
Stephen Sheach	Strategic Planning Officer	East Ayrshire Council
Irene Clarke	Manager	Advocacy Service
Ann Beck	Chairperson	Samaritans
Patricia McNamara	Team Leader –Community Mental Health Team	NHS Ayrshire and Arran
Michelle Gilluley	Psychologist	HMP Bowhouse
Allan Logan	Project Leader	Morven Day Services
Kathleen Winters/ Francis Stephens	Public Health Nurse	NHS Ayrshire and Arran
Peter McCluskie	Assistant Head of College and Student Services	Kilmarnock College
Jim Johnston	Area Manager	SACRO

Linking with National Policy at Local Level

The National Choose Life Strategy and Action Plan is linked to other policies that will have an impact on preventing suicide. Within East Ayrshire, the Choose Life Steering Group seeks to identify and support existing strategies and initiatives that address the causes and risks associated with suicidal behaviour.

The main policies and objectives within East Ayrshire that support the Choose Life Strategy are:

- The East Ayrshire Community Plan
- Improving Health Thematic Action Plan of the Community Plan
- Eliminating Poverty Action Plan of the Community Plan
- Mental Health Strategy
- Children's Services Plan

The steering group promotes the Choose Life Initiative to ensure an integrated approach to supporting the efforts of local agencies to increase their awareness and develop suicide prevention strategies.