

chooselife

A national strategy and action plan
to prevent suicide in Scotland

Background to Local Action Plan

East Dunbartonshire

August 2005

Local Action Plan 2003 - 2006

This action plan introduces and summarises the local actions we are undertaking in East Dunbartonshire to reduce suicides in line with the national Choose Life strategy. Locally we have established priorities for investment and also established processes that have enabled us to implement the actions contained within our local plan.

Background

Choose Life is the national strategy that aims to reduce suicide in Scotland by 20% by 2013. It was launched in December 2002 by the Scottish Executive. Guidance was produced in July 2003 which required all local community planning partnerships to produce a 3 year action plan that aimed to reduce suicide. The guidance emphasised the need for community planning partners to invest in the local voluntary sector and to ensure that the action plan was embedded in local Health improvement planning processes.

Local Process

A local Choose Life steering group was established. The group first met in June 2003. Briefings were also given at this time to Community Planning Board and Social Inclusion Policy panel on the implications of Choose Life for East Dunbartonshire.

Initial scoping

In order to scope out the task the group sent out 2 questionnaires one aimed at the general public and current service users, the other aimed at services involved with all the priority groups. The responses were analysed in order to shape the local plan. Key themes emerged around improving joint working when agencies are working with people who are at risk of suicide. There were also issues raised about training and the need to invest more in local services.

A mapping exercise was also carried out by the Choose Life group to try and establish what services were working with what at risk groups. It also tried to establish what Choose Life objectives the services matched. The group were trying to establish if there were major gaps in local services. What was identified was that there was very work being done locally regarding suicide prevention and self harm but that this wasn't coordinated in anyway. Joint working was dependent on individuals in different agencies establishing relationships. It also identified that there was limited investment in the local voluntary sector particularly in relation to suicide prevention.

Joint Working

One of the themes that are emerging from the responses is that there needs to be clarity over the roles and responsibilities of all agencies particularly with regards to individuals who are in crisis and who are voicing suicidal thoughts. This is particularly linked to people who are classed as having a personality disorder, people with drug or alcohol issues or people who are mentally distressed rather than classed as having a mental illness.

The key question is what agencies have responsibility to support the person in crisis and what agencies are responsible for coordinating and providing follow on support. This is a challenge to Primary Care Mental Health, Community Mental Health Teams, Liaison psychiatry, Addictions and Criminal Justice services. This may have implication for these agencies in terms of capacity and training for staff.

Other issues that are linked to this are the development consistent policies and procedures related to suicide and deliberate self harm.

Training

The responses show that there will be a high demand for joint training and awareness raising about suicide prevention in order to implement the local plan. A detailed audit of the training needs of staff within all statutory agencies requires to be carried out. The audit should also consider the training/ education needs of Voluntary sector agencies, Local businesses such as financial institutions and community groups.

It has been raised that there is a particular need to address the training needs of GP's as they have key role in suicide prevention across all the objectives and priority groups.

The audit also has to identify what level of training is required is it awareness raising or is it more specialised i.e. risk assessment/ risk management.

The specific topics that have been identified thus far include: Risk assessment/ management, identifying risk factors and early identification, Awareness training re Mental Wellbeing and mental illness and discrimination.

Local Views on Services

It was identified from the questionnaires that having more investment in services would be useful. Local people would welcome access to drop in support, access to group support and access to information how to access services when they are in a crisis or someone they know is in crisis. People also felt the stigma and discrimination that exists around suicide has to be challenged as this was a huge barrier for people. There was an emphasis from questionnaires on the need to develop services for young people as the feedback was that services for young people weren't extensive.

Local Information

East Dunbartonshire is a small Council Area in the Central Lowlands; it extends over an area of 77 square miles between Glasgow and the Campsie Fells. Its principal settlements are Kirkintilloch, Lenzie, Bearsden, Milngavie, Bishopbriggs, Lennoxton, Milton of Campsie, Torrance and Twechar. The land in East Dunbartonshire is split between farming land and urban land with more and more new housing developments being built.

The population of East Dunbartonshire is 108,243. It is the seventh most densely populated area in Scotland and within the population there is a significant Indian community, 1.42%, which is a higher percentage of the residential population in Scotland as a whole. There are a higher percentage of females (51.95%) in the area than males (48.05%), with the largest population band being between 30 and 44 years. The majority of people are concentrated in the following areas; Bearsden (25.9%), Bishopbriggs (21.7%), Kirkintilloch (18.4%), Milngavie (12.9%) and Lenzie (9.7%). Population projections for East Dunbartonshire suggest a continuing fall in the number of people under 50 and a continuing rise in the number of elderly people. The number of very elderly, 75+ is projected to increase by 66.9% by the year 2016. This is by far the highest increase in Scotland.

East Dunbartonshire is generally characterised as an affluent area with high levels of employment, 64%, compared with a national average of 61%. The most affluent areas are Bearsden, Lenzie (which falls into a Kirkintilloch postcode) and Bishopbriggs. Lennoxton, Auchinairn, Twechar and the area of Hillhead have relatively high areas of unemployment, benefit receipt and deprivation.

Particular Issues/Groups Causing Concern

Locally the groups that have been identified that are causing particular concern are children and young people and males aged between 16-55.

It remains the case that further work has to be undertaken to ascertain the number of people who deliberately self-harm in the area. The purpose of this would be to enable us to better target services towards this group of people. Further work has to be undertaken in order to reach and understand the needs of people who live in isolated areas, such as farmers, which East Dunbartonshire has a high number of.

Investment Priorities

Based on the findings of local questionnaires, consultation event and mapping exercise it was identified that a coordinators post was required to initiate and coordinate many of the actions

contained within the action plan. It was identified that a full time coordinator was required to develop local information resources, develop a local training programme, and assist in development of consistent policies and procedures regarding suicide prevention. The coordinator will also be expected to develop partnership working with a whole range of people from the local community.

In relation to spending on Youth Counselling a pilot project was in operation in one local school Douglas Academy. It was agreed that there was a local need to establish counselling services in all local secondary schools that built on the success of the pilot project. On the basis of the evaluation of the pilot Choose Life funding was allocated to this initiative.

In relation to allocating money to pay for local training and localised information the rationale is that locally these were both identified as priority areas as it was felt that people didn't have a lot of knowledge about suicide and or self harm.

In relation to Older People's initiative the reason for this is that locally East Dunbartonshire has a higher than national average older persons population. It was felt that because of the numbers of older people there should be investment in services that aim to prevent suicide particularly among older men.

In relation to Adult stress initiative it was felt that there was some local activity but the investment isn't particularly coordinated. It was felt that by targeting spend in this area we could add value to what already exists locally. Colleagues in mental health and addiction services in particular are interested in the development of this initiative.

In relation to Paths to Health the local group were keen to invest in areas where mainstream council services are working with people from at priority Choose Life groups.

In relation to evaluation it is crucial that the coordination role in particular is properly evaluated in order that we can ensure that the action plan is being implemented and that investing in a coordination role is necessary.

Action Plan Team Profile

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

Remit:

To act as the key link to the services and agencies represented on the group.
 To ensure that East Dun makes effective use of funding support in the light of local and national priorities.
 To seek sustainable outcomes from the Choose Life programme in East Dun, particularly through service planning and delivery mechanisms.
 To support the Local co-ordinator
 Reviewing and updating the action plan
 Reviewing the previously agreed spending plans
 Monitoring and overseeing the implementation of the action plan
 The group is accountable to the Community planning Board, but it will report into a number of groups/ agencies where appropriate.

Chair

Name: Anne Lee
Designation: Integration Coordinator
Organisation: East Dunbartonshire Council (August 05 ongoing)

Name: Lynn McPherson
Designation: Planning and Development Officer
Organisation: East Dunbartonshire Council (Chair from June 03 – August 05)

<p>Number and dates of Meetings held 2003-2004:</p>	<p>A total of 22 meetings have been held between July 03 – November 04</p> <p>Commissioning Meetings:</p> <p>30/01/2004 – Youth Counselling Initiative 26/02/2004 – Youth Counselling Initiative 01/03/2004 – Youth Counselling Initiative 09/03/2004 – Youth Counselling Initiative 16/04/2004 10/06/2004 16/06/2004 10/11/2004 15/11/2004</p>
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Commissioning meetings re Coordination

19/01/2005
10/02/2005
1/03/2005
05/04/2005
11/05/2005
18/05/2005
25/05/2005

Action Plan Meetings:

06/06/2003
12/06/2003
26/06/2003
09/07/2003
31/07/2003
16/09/2003
30/09/2003
10/10/2003
13/10/2003
21/10/2003
03/11/2006
17/11/2003
09/12/2003
13/01/2005
21/03/2005
28/04/2005
16/06/2005
02/08/2005
16/09/2005

Members

Name	Designation	Organisation
Anne Lee	Integration Coordinator	EDC
Karen Roome	Public Health Practitioner	ABM LHCC
David Delaney	Development Worker	EDAMH
Debbie Cattermole	Health Improvement Officer	EDC
Fiona Dickson	Community Planning	EDC attends when required
Lee Knifton	Senior Health Promotion Officer	GGNHSB
Jan Whyte	Joint Planning Manager	GGNHSB
Margo Fyffe	Nurse Team Leader	Adolescent Self Harm Team (attends when required)
Catherine McCrae	Nurse Team Leader	CMHT
Gilbert Grieve	Project Manager	EDCVS
Helen Moore	Choose Life Coordinator	EDCVS- will attend from September
Caroline Cherry	Addiction Team Manager	GGNHSB
Andy Martin	Planning and Commissioning	EDC – attended as required
Tony Keogh	Head of Social Work and Joint Ventures	EDC – attended as required
John Simmons	Head of Education	EDC attended as required
David Anderson	Head of Social Inclusion	EDC- attended as required
Margaret McCabe	Nurse Practitioner	Low Moss Prison

Links to Local and National Policy

Joint Health Improvement Plan

The Local Health improvement Officer is on the Choose Life steering group. This officer is responsible for drafting the local JHIP. Locally a day away event has been organised to develop and agree the health improvement priorities for the area. It is anticipated that many of the objectives of Choose Life and the local action plan will be embedded in the JHIP. Much discussion has taken place in the Choose Life group about getting a balance between focusing on early intervention, prevention and promotion of positive mental health and wellbeing. It will be in these areas that there is significant overlap between health improvement and Choose Life agendas.

The Choose Life coordinator will also attend the local Health Improvement strategy group which is part of our local community planning structure.

Mental Health Strategy group

The Mental Health strategy group have also been routinely updated and informed of the plan to ensure that suicide prevention is part of the strategic agenda for local mental health services. The Chair of the group has been the link officer between Choose Life and this strategy group.

Appendix 1 Local Suicide Statistics and Relevant Trends

Since the inception of East Dunbartonshire Council in 1996 until 2002 there have been 89 deaths either through completed suicide or through deaths of undetermined intent. There are 66 deaths recorded as completed suicide (Table 1) and 23 recorded as undetermined intent (Table 2). It is widely accepted that any statistics on suicide should include undetermined intent in order that suicide rates are not underestimated (Table 3). Any future references to the amount of completed suicides in East Dunbartonshire will include deaths of undetermined intent.

TABLE 1. Suicide/Intentional self-harm

Year	Males	Females	Total
1996	4	3	7
1997	4	1	5
1998	13	4	17
1999	4	3	7
2000	8	2	10
2001	3	6	9
2002	10	1	11
2003	11	0	11
Total	46	20	66

TABLE 2. Event of Undermined Intent

Year	Males	Females	Total
1996	3	3	6
1997	1	0	1
1998	4	0	4
1999	1	2	3
2000	1	1	2
2001	3	0	3
2002	1	3	4
2003	2	0	2
Total	14	9	23

Table 2: Undetermined intent is used to classify deaths where it is not possible to determine whether the individual intended to commit suicide.
(General Registration Office Scotland)

TABLE 3: Suicides/Undetermined Intent 1996 to 2002 by Gender

Year	Males	Females	Total
1996	7	6	13
1997	5	1	6
1998	17	4	21
1999	5	5	10
2000	9	3	12
2001	6	6	12
2002	11	4	15
2003	13	0	13
Total	60	29	89

It can be seen from Table 3 that within East Dunbartonshire that the suicide rate has remained fairly static since 1999. It is not possible from the information available to ascertain why it was higher in 1998.

Since 1996 an average of 14 people a year have committed suicide. This represents 1 in 8000 of the population.

In relation to gender East Dunbartonshire statistics reflect national trends in so far as twice as many men will commit suicide than women, it has to be noted that the most recent statistics are showing that no women in East Dunbartonshire committed suicide in 2003. This may be a one off, however it suggests that local services have to be targeted towards males.

TABLE 4 Suicides/Undetermined Intent 1996 to 2002 by Age

Age	Males	Females	Total
0 – 15	1	2	3
16 – 24	7	4	11
25 – 34	10	5	15
35 – 44	17	1	18
45 – 54	17	6	23
55 – 64	3	3	6
65 – 74	3	6	9
75 – 84	0	1	1
85+	2	1	3
Total	60	29	89

With regards to age, in East Dunbartonshire the majority of completed suicides fall between the ages range of 16- 54, with the highest number in the 45-54 age group. National trends indicate that the rate is increasing for young men particularly in the 16-34 age range. Since 2000 there have been 5 young men who committed suicide in the 16-34 age range. This compares to 10 in the same period for men between 45- 54.

From the information from the General Registration Office it is possible to identify that the most common methods of completed suicide for the period 1996 and 2002 were hanging and self poisoning (drug overdose). Both methods were the cause of death in 65% of the completed suicides. These methods have been identified as the most common nationally.

Within East Dunbartonshire the Mental Welfare Commission reports that they are aware of 6 people who committed suicide and were known to mental health services. National trends indicate that approximately 50% of people who commit suicide are known to services the other 50% are not. This is why it is important that this action plan is targeted not only at improving services but is also aimed at preventing suicide within the whole community.