

chooselife

A national strategy and action plan
to prevent suicide in Scotland

Background to Local Action Plan

North Lanarkshire

August 2005

LOCAL INFORMATION

North Lanarkshire is the fourth largest authority in Scotland with a population of 322 790 (154930 males and 167860 females). It is situated approximately half way between the major cities of Glasgow and Edinburgh and many of its residents live in the six principle towns of Airdrie, Coatbridge, Cumbernauld, Bellshill, Wishaw and Motherwell. The council has one of the 'youngest' populations in Scotland with a higher proportion of people under 35 than the national average. 23% of the population are aged less than 18 years of age, 60% are adults of working age, and 17% are pensioners. 1.3% of the population are from an ethnic minority group.

North Lanarkshire is in the midst of a process of major social, economic and environmental change. Major economic restructuring has taken place in recent years as the older industries of steel and heavy engineering have declined and closed making way for newer industries. Poverty and low income are still real problems in parts of North Lanarkshire and 28% of the population live in Social Inclusion Partnership areas. Located within the council boundaries is the second highest concentration of multiple deprivation in Scotland. Unemployment rates at 8.9% remain above the Scottish average of 6.1% (September to November 2002). A total of almost 7885 people are registered as unemployed the majority of whom are male. Long-term unemployment is however below the national average. In 2002 23% of households received income support and a further 25% received housing benefit and 32% received council tax benefits. 24% of primary school pupils and 19% of secondary school pupils were entitled and registered for free school meals.

PLANNING CONTEXT

In guidance issued to local authorities in July 2003, the Scottish Executive encouraged Choose Life action plans to be developed in the context of Community Planning partnerships, and to be incorporated into Joint Health Improvement Plans. Within North Lanarkshire's Community Planning structure, health and well being matters are addressed within the Health and Care Partnership, which comprises members and officers of the Council and Health, representatives of service users, carers and trade unions. Two officer groups exist to ensure the co-ordination and implementation of work - one with a lead for progressing the Joint Future requirements (North Lanarkshire Joint Future Implementation Group) and one which addresses the development and implementation of the North Lanarkshire Health Improvement Plan (North Lanarkshire Health, Well-being and Care Corporate Working group). Details are outlined in appendix 1.

ACTION PLAN TEAM PROFILE

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

Remit:

While the implementation of Choose Life is being taken forward within the context of community planning arrangements, a Steering Group was convened specific to Choose Life and has been meeting since July 2003. The steering group has changed to an implementation group with the remit of setting the strategic direction for the implementation of Choose Life through the implementation and monitoring of the North Lanarkshire Choose Life Action Plan and by linking with other relevant work which promotes positive mental health and well being. The group has been convened as a sub group of the North Lanarkshire Health, Well-being and Care Corporate Working Group and consists of representatives from North Lanarkshire Council, Health, Voluntary and Community Sectors.

The role of the implementation group is to:

- Ensure that the implementation of Choose Life is appropriately co-ordinated and that the work is set within the wider mental health and well being framework.
- Encourage ownership, involvement and participation by as wide a range of stakeholders as possible.
- Oversee the work of the Choose Life Development Co-ordinator service provided by SAMH to promote an understanding of the objectives of Choose Life, ensure that effective communication systems are developed to share information/progress, identify local needs/priorities, develop a local action which both reflects the national objectives and takes account of local requirements, identify good practice at local and national level, and share across stakeholders and implement the local action plan.
- Create a partnership approach to the use of Choose Life funding
- Continuous assessment and review of key actions and priorities to ensure that work undertaken is responsive to local needs and gaps in service
- Ensure that a community developmental approach is adopted which encourages local developments and ownership within the individual communities of North Lanarkshire
- Contributing to the review and evaluation of work undertaken

Chair: Bobby Miller
Designation: Development Manager, Social Work
Organisation: North Lanarkshire Council

Number and dates of Meetings held	17th June 2003 24th July 2003 13th October 2003 12th November 2003 1st December 2003 19th January 2004 2nd March 2004 13th April 2004 20th May 2004, 5th July 2004 16th August 2004 28th September 2004 17th November 2004 23rd February 2005 5th May 2005 28th June 2005 24th August 2005
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Members

Name	Designation	Organisation
Jackie Donaghey	Senior Development Officer Mental Health	North Lanarkshire Council
Rumina Kakati	Service Manager Health Improvement	North Lanarkshire Council
Tom Lowe	Senior Educational Psychologist	North Lanarkshire Council
David Craig	Quality Improvement Officer (Education)	North Lanarkshire Council
Eileen Niblo	Senior Officer (Mental Health)	North Lanarkshire Council
Bill Deerin	Senior Officer (Homecare)	North Lanarkshire Council
David Carver	Coordinator Looked After and Accommodated Children	North Lanarkshire Council
Alex Hendry	Development Officer (Children & Young People) Community Learning and Development	North Lanarkshire Council
John Gormley	Tenancy Operations Manager (Housing)	North Lanarkshire Council
Elizabeth Oldcorn	Health Promotion Manager	NHS Lanarkshire
Karen Kennedy	Public Health Practitioner	NHS Lanarkshire
Alison McMullan	Lead Clinician	NHS Lanarkshire
Eileen Bogie	Volunteer	Samaritans

Name	Designation	Organisation
Ruth Kelly	Area Manager	Lanarkshire Association for Mental Health
Liz McCue	Area Manager	Scottish Association for Mental Health
Shaun McNeil	Service Manager	Penumbra
Derek Brown	Inspector	Strathclyde Police
Eleanor Rae	Chairperson	CRUSE Bereavement Care
Anne Marie Newman	Acting Manager	Lanarkshire Links
Ciara Byrne	Choose Life Development Coordinator	Scottish Association for Mental Health

LINKS WITH OTHER LOCAL/NATIONAL POLICIES

A Lanarkshire Public Mental Health Partnership (PMHP) is being established in order to

- co-ordinate the input of key partners to the Mental Health Improvement agenda,
- support the implementation of the National Programme to Improve Mental Health and Well-Being and
- maximise the opportunities present to improve the mental health and well-being of the people who live, work and study in Lanarkshire.

The partnership consists of members of NHS Lanarkshire, North Lanarkshire Council, South Lanarkshire Council and key voluntary sector agencies with a remit to mental health improvement.

The partnership aims to develop and implement a Mental Health Improvement Strategy for Lanarkshire. The strategy will both inform and be informed by other key policy and strategy documents both nationally and locally e.g. the National Programme to Improve Mental Health and Well-Being Action Plan 2003-2006, the Lanarkshire Health Improvement Strategy, North and South Lanarkshire Joint Health Improvement Plans, North and South Lanarkshire Choose Life Local Action Plans. This allows the work of the Choose Life Implementation group to be closely aligned with other mental health improvement work locally and nationally and also serves as one vehicle for mainstreaming the Choose Life agenda.

LOCAL PROGRESS

A range of work has taken place and includes:

- Implementation group representatives disseminating information within their agency.
- Locality Groupings – being developed to promote local involvement
- Stakeholder Event (Nov 2003) – to share information, to encourage involvement and to generate ideas.
- Further work is currently taking place to identify more detailed information relating to the statistics within North Lanarkshire, and this will assist the Steering Group to consider the need for particular initiatives.
- Developing information which highlights the importance of suicide prevention work (e.g. newsletter, Website)
- Raising awareness of Choose Life, suicide and suicide prevention (e.g. suicide talks)
- Increasing skills and confidence in supporting people in distress (e.g. ASIST training)
- Appointing a development co-ordinator
- Undertaking mapping of all current resources and services which contribute to suicide prevention work
- Undertaking a comprehensive needs assessment which highlights the key gaps and needs in North Lanarkshire
- Developing a comprehensive action plan

Local Needs Assessment

The Choose Life Co-ordinator has undertaken the needs assessment work. This post was created with the funding available in year 1, and is employed by SAMH. The aim was to identify the needs and issues in relation to suicide prevention in North Lanarkshire in order to identify priority groups and priorities for action. The objectives were as follows

Map current resource provision

- Identify current services, supports and resources that contribute to suicide prevention
- Categorise the function of services, supports and resources according to the objectives of Choose Life

Review research and best practice

- Review existing research
- Review existing practice
- Provide a summary and draw out examples of good practice

Define priority groups

- Review local statistics
- Review national and international evidence of risk factors
- Define local priority groups

Liase with key stakeholders and priority groups

- Conduct interviews/focus groups with representatives from relevant areas of service delivery
- Conduct interviews/focus groups with representatives from priority groups
- Collate and analyse stakeholder views outlining gaps and barriers and potential routes to improvement

Production of report and presentations

- Provide a summary of needs, issues and gaps identified
- Make recommendations for priorities for action and developments
- Present information gathered to North Lanarkshire Choose Life Implementation Group
- Produce summary versions of the report for different potential audiences

Method of Assessing Needs

The method used to conduct the needs assessment utilised techniques from the rapid participatory appraisal approach. A full rapid participatory appraisal was not conducted, as this requires a team of investigators. Rapid appraisal is a method to gain qualitative information about an area in a fast and succinct way. It uses existing information about the area and key local people to obtain the views of their community

(http://www.communitiesscotland.gov.uk/Web/Site/Engagement/techniques/rapid_appraisal.asp, accessed 20/09/2004). It is a method of obtaining data from persons whose roles and background imply they have knowledge about specific characteristics of the population being studied as well as the potential pathways and constraints for change (Von Korff et al, 1992).

This method was deemed suitable as

- A short time frame was available for the needs assessment and this approach allows for development of a quick and reliable understanding of issues relating to suicide prevention, local needs and priorities for change
- It assisted in raising awareness of the Choose Life agenda
- Building local capacity and a sense of ownership in local communities of the suicide prevention agenda are key to the sustainability of any developments and initiatives. This approach assists in building the capacity of people to work together to address their own problems and interests and a sense of ownership through the involvement of key local people from an early stage.
- Research and practice has shown that it can be used very effectively for design, planning, implementation, and monitoring and evaluation.

Limitations of Method

The results of a rapid participatory appraisal are influenced by the length of time allowed to conduct the exercise. This assessment was carried out over a short time frame and as such all of the priority groups were not included and sample sizes were small. The review of the literature was brief. One of the key aspects of the National Implementation Support Team is to collect and disseminate information on practice, evidence and research findings and training programmes. As such, to conduct a full literature review for the purpose of this assessment would be duplication of effort. As with all assessment of this nature, selection bias of key informants may be an issue as well as the small sample size. It is also important to note that:

- Low expectations of needs being met may be a barrier to needs being recognised and reported
- Needs may only be reported if services are known to be available to meet them
- People may choose not to express needs

The needs assessment took place against the backdrop of a major redesign of mental health services in Lanarkshire due to the coming together of the New Deal for Junior Doctors and the implementation of the European Working Time Directive, the emphasis on Community Health Partnership's as the key vehicle for improving integrated mental health services, the requirement through a joint futures policy to work more closely with local authorities and the need under the 2003 Mental Health (Care and Treatment Act) to provide 24 hours a day 7 days a week service to those most in need and to provide a wide range of treatment options to those subject to the provisions of the act.

Summary of Identified Gaps and Needs

Self Help and Support

The resource mapping has shown that there is a lack of self-help and support within North Lanarkshire for people who self-harm, people who are suicidal and people affected by suicidal behaviour and completed suicide. There also appears to be a lack of provision of knowledge, information and understanding and a place to talk and discuss feelings and emotions following a suicide attempt for the person who has made the attempt and others affected by it. This may be provided in some cases but it does not appear to happen on a consistent basis and may be more difficult to access if the person is not already linked into a support service. A perceived lack of support for staff after an attempted or completed suicide was also identified.

Awareness raising

Some awareness raising work is taking place around suicide, however, this is not being carried out in a co-ordinated or consistent way. There appeared to be a lack of awareness and understanding of emotional well being, mental ill health and suicide and deliberate self-harm. Awareness raising for the general public is needed to reduce the stigma of emotional and mental ill health, to

encourage people to seek help early and reduce the stigma associated with using existing services and supports.

Information

There is a need for information on suicide for both professional use and to be given to the public to include myths and facts, warning signs, resources, etc. There is also a need to signpost services and supports in a way that is accessible to individuals at risk who are not in contact with health and social care services and to make primary care aware of what is available and encourage them to pass this information on to those who may benefit from it.

Training

General training is required on the myths and facts of suicide, warning signs, first aid skills, differences between suicide and DSH and the supports that are available and how to access them. There is also a need for training for people who work with 'at risk' groups on identification of early warning signs and skills to feel confident and competent to deal with the situation and access appropriate help and support for the individual. Further needs for mental health literacy training and listening / counselling skills training will also be identified.

Responding to Crisis

A&E, Samaritans and other helplines are the only available crisis supports for weekends and evenings. Several agencies provide support in a crisis to their existing service users, refer on to other agencies and offer assistance to access crisis supports. However, individuals who are not in contact with any agency may find it difficult to access support in a crisis situation. In this case primary care may be the first point of contact. However, primary care staff do not always identify depression and suicidal thoughts. Most services and supports are provided during office hours.

Promoting Hope and Supporting Recovery

The issues contributing to suicidal behaviour can be very wide and varied and there are a range of supports and services available to deal with both the emotional, social and practical problems that may be experienced by a person at risk. However, psychological services and counselling services can be difficult to access and often have long waiting lists and there is a lack of awareness of what is available and how to access resources. Many people at risk have poor life skills such as problem solving, stress management, help seeking and communication skills. At present it appears that the focus is on management of short-term risk without adequate consideration of recovery and addressing underlying causes. It was felt that there is a lack of access to non-stigmatising, confidential, non-judgemental emotional and practical support for those at risk and those affected by suicidal behaviour or completed suicide. Present services are not engaging fully with high-risk groups, especially young men.

Co-ordination of Effort across Agencies

There are few joint protocols between agencies on identifying people at risk, maintaining contact and support for people at risk and the management of suicidal behaviour or guidelines on working with a person at risk. It appeared that there is also a lack of information sharing and communication between agencies. All agencies involved with an individual are not always aware if there has been a suicide attempt. The need to be able to access a mental health professional for advice was also noted.

Statistical Information

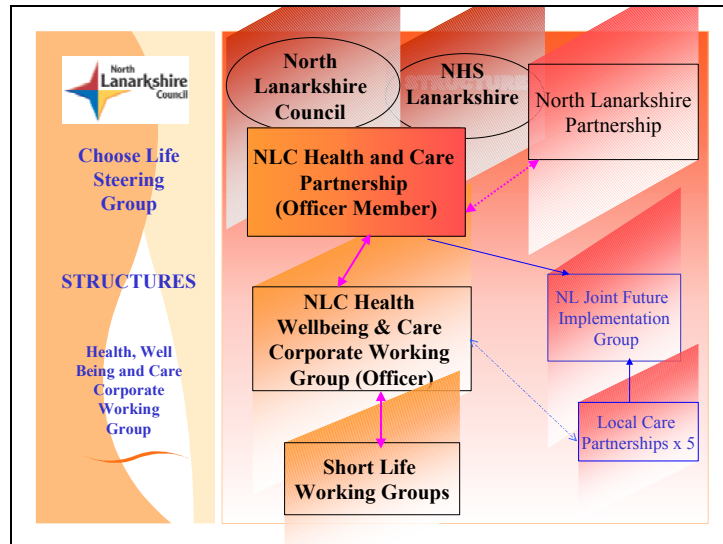
There is a lack of consistency in recording suicidal thoughts and attempted suicides and a lack of access to statistical information that assists in identifying priorities and planning prevention strategies.

While the implementation group developed an action plan in relation to the use of Choose Life monies a major effort within this action plan is the realisation of capacity within existing services and structures. The process of conducting a comprehensive needs significantly increased the level of awareness and sense of ownership of Choose Life and the willingness of agencies, services and individuals to contribute to suicide prevention action plans.

The needs, gaps and issues identified through this process along with guidance issued to local authorities from the Scottish Executive in July 2003 forms the basis for initiatives/projects outlined in the updated local action plan.

Appendix 1

NORTH LANARKSHIRE HEALTH, WELLBEING & CARE CORPORATE WORKING GROUP



REMIT

- To implement the aims and actions in North Lanarkshire Council Corporate and Community Plans.
- To co-ordinate the agenda for partnership working between the Council and Health services in the context of direction and guidance from the Scottish Executive.
- To establish effective mechanisms to ensure that the aims of partnership working are achieved.
- To produce an action plan with clear objectives, outcome measures and timescales.
- To review action plan half yearly, providing input to the Corporate Management Team.
- To co-ordinate consultation and information/research activity.
- To co-ordinate the many relevant cross-cutting service reviews.
- To manage all supporting working groups.
- To consider joint resource issues.

MEMBERSHIP

- NHS Lanarkshire
- Assistant Director of Planning, NHS Lanarkshire
- Director of Patient Services; Lanarkshire PCT
- Health Promotion Manager, NHS Lanarkshire
- North Lanarkshire Council
- Community Care Development Officer, Housing Department
- Community Development Manager, Chief Executive's Office
- Director of Social Work – Chair

- Education Officer; Education
- Head of Housing Services, Housing Department
- Head of Protective Services, Planning and Environment
- Head of Sport, Parks and Transport, Community Services
- Health and Nutrition Manager; Community Services
- Principal Health and Safety Officer; Administration
- Senior Planning Officer, Planning and Environment (also LA21 Co-ordinator);
- Social Inclusion Co-ordinator, Social Work
- Service Manager - Health Action (Support)

NORTH LANARKSHIRE HEALTH & CARE PARTNERSHIP

REMIT

- Report and make recommendations to Council Committees, NHS Boards and North Lanarkshire Partnership Board on the implementation and joint arrangements in respect of health and care strategies and plans.
- Exercise delegated powers from Council Committees, NHS Boards and North Lanarkshire Partnership Board the implementation and joint arrangements in respect of health and care strategies and plans.
- Oversee delivery of the Joint Future agenda and other relevant initiatives.
- Delegate tasks to the North Lanarkshire Joint Future Implementation Group to progress the joint future agenda
- Delegate tasks to the North Lanarkshire Health, Wellbeing and Care Group to progress the public health agenda.
- Ensure that appropriate joint operational arrangements are in place to achieve agreed joint objectives.
- Ensure the involvement of all stakeholders in the health and care planning process.
- Manage and review implementation of joint strategies, policies and action plans.

MEMBERSHIP

NHS Members

Chief Executives	Lanarkshire NHS Board Lanarkshire Primary Care NHS Trust Lanarkshire Acute Hospitals NHS Trust
Chair	NHS Lanarkshire
Chair	NHS Greater Glasgow
Senior Planning Area Director	Greater Glasgow NHS Board Communities Scotland

Local Authority Members:

Conveners	Social Work (Chair) Housing and Property Services
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Education
Community Services
Directors Social Work
Housing and Property Services
Education
Community Services
Policy Planning Manager
Head of Social Work Services
Head of Social Work Development
Development Manager, Housing & Property Services
Service User Representatives
Carer Representatives

Appendix 2

LOCAL STATISTICS

Based on figures obtained from Information Resources, NHS Lanarkshire the suicide rates for Lanarkshire are lower than the Scottish average. However, this needs to be viewed in the context that the average rate of suicide in Scotland is approximately twice that of the UK (Bryan, 2001). For men the rates peak in the 25-34 year old age group and for women the rate peaks in the 45-54 age group.

Based on figures from GROS North Lanarkshire had a mean rate of suicide of 19.99 per 100000 from 2000-2002 compared to a Scottish rate of 21.22. As such the local authority area can be considered to have an 'average' rate of suicide when compared to the national average.

In the North Lanarkshrie Council Area Motherwell Local Health Care Co-operative (LHCC) area consistently showed the highest rate of suicide for men and Cumbernauld LHCC for women. The lowest for both sexes was consistently Coatbridge LHCC. Motherwell and Wishaw townships showed the highest rates for men and Kilsyth Township for women. Coatbridge Township had the lowest level for both sexes. It should be noted that in this breakdown differences in real numbers are relatively small, particularly for women.

Table 5: Figures based on LHCC areas

LHCC	and Males	Females	Both sexes
Lanarkshire NHS HB area			
Cumbernauld	19.6 (6)	8.8 (3)	14.2 (9)
Airdrie	18.8 (5)	8.5 (2)	13.7 (7)
Coatbridge	16.4 (4)	6.4 (2)	11.4 (6)
Motherwell	27.1 (10)	7.4 (3)	17.2 (14)
Wishaw	23.1 (7)	8.1 (3)	15.6 (10)

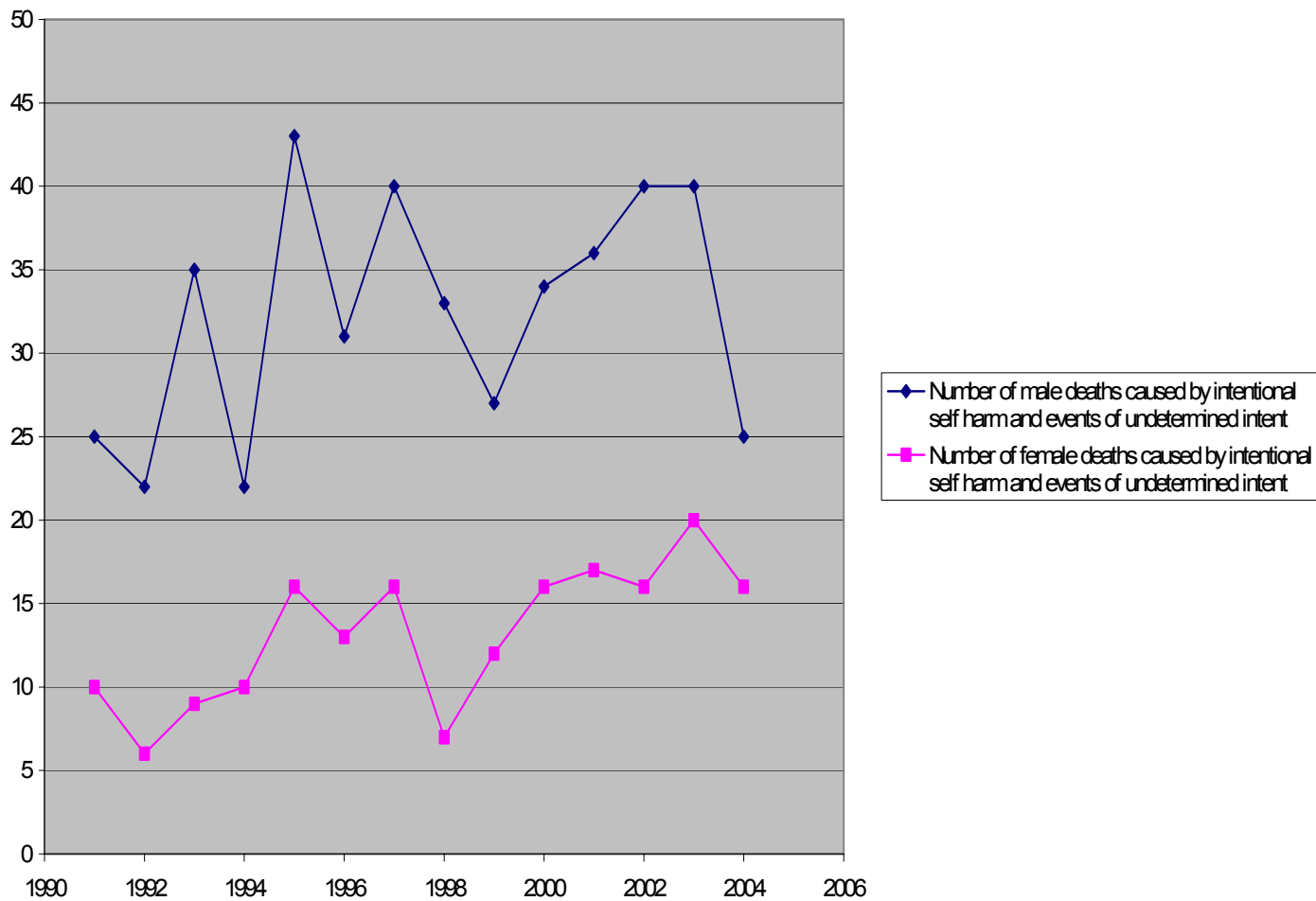
Table 6: Figures based on township

Township	and Males	Females	Both sexes
Lanarkshire NHS HB area			
Kilsyth	19.5 (1)	16.1 (1)	18.3
Cumbernauld	20.5 (5)	6.8 (2)	13.6
Coatbridge	16.4 (4)	6.4 (2)	11.8
Airdrie	18.8 (5)	8.5 (2)	13.2
Bellshill	31.5 (5)	9.1 (2)	20.7
Motherwell	24.4 (3)	7.2 (1)	15.5
Wishaw	24.5 (6)	7.8 (2)	15.9
Shotts area	18.5 (1)	9.1 (1)	13.8

The rates have fluctuated across all age groups from 1991 to 2004. This could suggest a trend for 'copycat' suicide or responses to external factors. A possible explanation for rates falling the year after a rise in rates could be that the level of interventions, support and awareness increases in response to these rises and falls off after a period of time.

Other than an overall increase in suicide rates it is difficult to determine any

Deaths by Intentional Self Harm and Events of Undetermined Intent North Lanarkshire 1991-2004



particular trends. The overall trend for men and women is a rise in completed suicide