choose

life

A National Strategy and Action Plan
to Prevent Suicide in Scotland

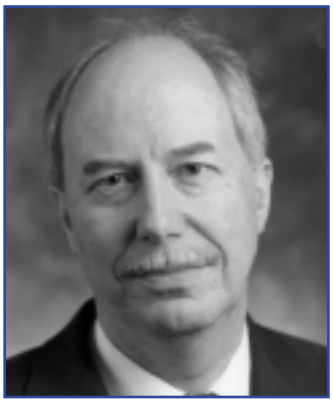
SCOTTISH EXECUTIVE

Making it work together

choose

A National Strategy and Action Plan
to Prevent Suicide in Scotland

Ministerial Foreword



FOREWORD

Suicide touches the lives of many people and is a devastating event. Many of us will know of someone who has attempted or completed suicide. Preventing suicide and reducing the rate of suicide in Scotland is therefore an urgent public health issue, one that goes right to the heart of our efforts and policies to create a healthy, prosperous and socially inclusive Scotland.

We recognise the many challenges that lie ahead and are aware that there are no easy or single interventions that will bring a guarantee of success. We also know that evidence internationally shows that reducing the suicide rate and preventing suicides requires a combined effort, across all Government Agencies and Departments, a range of local agencies, organisations, professionals and other workers, local groups, families and individuals. That is why this National Strategy and Action Plan is interlinked with many Scottish Executive policies and initiatives already underway, and is one key part of the work of the National Programme to Improve Mental Health and Well-Being.

In addressing the rate of suicide we must continue our efforts to eliminate poverty; achieve greater social justice and inclusion for those who are vulnerable in our society; address inequalities where these exist; improve and expand educational opportunities; improve self-esteem and confidence, especially among our young people; improve health (both our physical and mental health and well-being); and address the needs of our children and young people, who are our vital and precious resource for the future.

If we tackle suicide as a ‘one issue’ policy we will fail. Our collective attempts to prevent suicide and reduce the suicide rate are directed at the heart of our Scottish Executive policies – be they economic regeneration, social justice, inequality, education, health, local government, communities, policies for children, for better public services, or for improved mental health care.

The product of two years’ work, this National Strategy and Action Plan draws on a wide range of ideas, experiences and perspectives from people right across Scotland, including family members of people who have attempted or completed suicide, health and social care

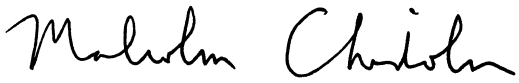
workers, teachers, young people, public health specialists, volunteers, community workers, people with mental health problems, their carers and many others. It sets out the direction and actions we now wish to take both nationally and locally, with an emphasis on raising awareness; taking action to prevent problems arising in the first place; providing early support and intervention where problems do occur; developing a wider range of supports and services; improving training for front-line workers; undertaking more research and continually monitoring our efforts to ensure that we are making a positive impact.

This is a long-term strategy. It requires collective responsibility and action, the people of Scotland acting and learning together. As this strategy indicates, there has already been considerable public sector investment in initiatives which impact on preventing suicide and responding to suicidal behaviour within a range of agencies and organisations across Scotland, providing a huge amount of experience, expertise and ideas to draw on. These efforts need to continue and we applaud all that has been achieved to date.

But we need to achieve more. A further investment of £12 million is therefore being allocated over the next three years to directly support and complement national and local efforts to deliver and implement the first phase of this National Strategy and Action Plan. We are confident that this additional investment – coupled with a public sector budget which is set to rise by a further £4 billion by 2006 – will provide the scope, the catalyst and the commitment to achieve tangible, long-lasting results.

I would like to thank all those who have contributed to the development of this work to date and shared their experience and views with us. I know that my colleagues in the Scottish Cabinet and their staff in the departments of the Scottish Executive look forward to continuing working with them and many others in taking this work forward nationally and to supporting work locally.

We all have our part to play in helping those who may experience and face adverse events in life, and emotions and feelings so strong that they consider taking their own lives. By putting in place these measures over the coming years, by taking a shared and collective approach and providing support and understanding towards those people who are at risk, we believe we can encourage them to make the right choice: to choose life.



Malcolm Chisholm, MSP
Minister for Health and Community Care
On behalf of the Scottish Cabinet

December 2002

Executive Summary

EXECUTIVE SUMMARY

As part of its aims to improve the overall health of the people of Scotland and achieve greater social justice, the Scottish Executive has launched 'Choose Life' a National Strategy and Action Plan aimed at addressing the rising rate of suicide in Scotland. Currently over 600 people in Scotland commit suicide every year (with a further 200 deaths of undetermined cause), one of the highest rates in Western Europe.

This strategy and the actions to be taken form a key part of the work of the National Programme to Improve Mental Health and Well-Being. From this programme the Scottish Executive is allocating £12 million over the next three years to directly complement and support national and local actions. This is to ensure that 'Choose Life' is implemented effectively through a co-ordinated programme of activity involving national and local agencies, local community-based initiatives, voluntary organisations and self-help groups.

This investment is part of the increased investment recently announced by the Scottish Executive in improving Scotland's overall health and complements the increases in funding announced in the Scottish Executive's Draft Budget 2003-04 for public sector services and initiatives including Health, Education and Social Justice.

This is the first phase of a comprehensive 10-year plan with the ultimate goal of reducing the suicide rate in Scotland by 20% by 2013. The following phase, from 2006 to 2012, will be determined following evaluation, review and assessment of results from the initial phase of activity.

Clear objectives have been set for implementation at both a national and local level. These include:

- raising awareness of the risk factors associated with suicidal behaviour;
- ensuring earlier and more effective care and support;
- improving and increasing the provision of services;
- removing the stigma that people can feel about seeking help for emotional and mental health problems so that people get help when they need it most;
- providing effective and sympathetic support to family members, friends and loved ones affected by suicidal behaviour and completed suicide;
- supporting the media to ensure that the depiction and reporting of suicide and suicidal behaviour is done in a sensitive and appropriate way; and
- improving the quality, collection, availability and dissemination of relevant information to ensure better design and implementation of services.

Suicidal behaviour affects all aspects of society and this National Strategy and Action Plan emphasises the need for a combined and collective approach encompassing all Scottish Executive departments, together with input and action from a wide range of agencies and organisations throughout Scotland including health and social care professionals, teachers, community and youth workers, voluntary organisations, self-help groups, families, friends and the public as a whole.

Reducing the rate of suicide is not something we can change overnight and tackling it requires addressing a number of long-standing societal problems. But, as this National Strategy and Action Plan indicates, commitment, collaboration and collective action are vital first steps.

Contents

1. Introduction

1.1 THE FACTS

OVER 600 PEOPLE COMMIT SUICIDE IN SCOTLAND EACH YEAR[1]

Suicide affects all age groups and communities in our society. In fact, few people escape being touched by the devastating effects of suicidal behaviour in their lifetime and the emotional, social and practical repercussions of suicide are felt by family members, friends, neighbours, colleagues and people working in a wide range of services and agencies.

The suicide rate among young men is particularly high. Scotland's rate is much higher than the rate for the UK as a whole. The rate of increase in suicide in Scotland over recent decades is among the highest in Europe.

Over 7,000 people are treated in hospital each year following episodes of non-fatal deliberate self-harm. The number of young people, and in particular girls in their early teens who are treated for self-harm, gives real cause for concern.

For more facts and figures on trends, see Appendix 1.

There are many factors which put a person at risk of suicide. Four key groups of risk factors can be identified:

- Risks and pressures within Scottish society
- Risks and pressures within communities
- Risks and pressures for individuals
- Quality of response from services.

For more information on causes and risks of suicidal behaviour, see Appendix 2.

1. This figure excludes deaths from undetermined injury which, by convention, are normally included.

DEFINITIONS AND TERMS

Suicide and Deliberate Self-Harm

This strategy covers a range of behaviours brought together under the heading 'suicidal behaviour' it distinguishes between:

Suicide: an act of deliberate self-harm which results in death.

Deliberate self-harm: an act which is intended to cause self-harm, but which does not result in death. The person committing an act of deliberate self-harm may, or may not, have an intent to take their own life.

Effective strategies to reduce suicide within a population need to be mindful of the overlap between suicidal behaviour and deliberate self-harm. A proportion of people who deliberately harm themselves are at increased risk of subsequently completing suicide.

However, the relationship between suicide and self-harm is complex:

- Some deaths which are classified as suicide may result from acts which were not intended to cause death or where the motivation (suicidal intent) was equivocal.
- Likewise, some acts of deliberate self-harm may have been intended to result in death but may have been foiled through rescue by others, imperfect knowledge, the choice of method or some other reason.
- Many acts of deliberate self-harm are not intended to end the person's life.

Because of this overlap between the two behaviours, deliberate self-harm needs to be regarded as one of a range of risk factors associated with suicide. It would, however, not be appropriate to regard all deliberate self-harming behaviour as suicidal behaviour. Indeed, the majority of people who self-harm do not go on to take their own life.

This strategy includes only those aspects of self-harming behaviour which might be considered as an indication of risk of suicide. It is recognised that there are other dimensions and manifestations of deliberate self-harm that are not covered within the strategy's scope.

1.2 PREVENTING SUICIDE

This Strategy and Action Plan responds to the challenge of reducing the rate of suicide in Scotland. Work is already taking place in local areas and this needs to be sustained and supported. But more immediate action is now required. As well as supporting current work and implementing new actions we need to recognise the long-term nature of the challenge facing us all.

Taking action to prevent suicide will involve a combination of efforts across many aspects of Scottish life: eradicating poverty, addressing social exclusion, tackling inequalities, improving educational opportunities, improving health. Action must involve people from a range of organisations, professions and groups, with sustained effort required over a long period of time.

Making Investments

In this financial year, the Scottish Executive is providing £6,604 million for health and community care services (£579.9 million of this for mental health services). Funding for Education, Children and Young People by central government together with specific grants is over £400 million in 2002-03 and in total funding for local authority services is over £7,000 million. Over £33 million is being made available from both the Health and Education budgets for the Changing Children's Services Fund, and across the Scottish Executive £180 million is being spent on tackling drug misuse.

As well as making better use of existing and future resources in line with evidence, it is important that an additional investment is made to support and complement national and local action. This is why we are investing **£12 million** over the next three years to ensure the effective implementation of this strategy and action plan.

Three-quarters of this new investment will complement work at a local level and focus on:

- supporting the improved co-ordination of efforts by local agencies;
- developing and implementing local action plans;
- encouraging and supporting more innovative local voluntary, community-based and self-help initiatives that address suicide reduction and prevention in local neighbourhoods and local communities; and
- supporting the development of appropriate training programmes.

National investment will focus on:

- supporting the leadership and co-ordination required to implement this strategy;
- improving cross-departmental and national agency collaborative working;
- ensuring the collection, dissemination and sharing of evidence on what works and practice already underway from which we can learn;
- developing the collection and use of information on suicidal behaviour and completed suicides;

- undertaking additional research work into suicide, suicidal and self-harming behaviours; and
- carrying out a detailed evaluation of progress being made towards achieving the objectives of the strategy, so that we can improve our actions based on sound knowledge and information, knowing what works best, for whom, where and why.

Taking Actions

It is important to recognise that prevention may not always be possible and there will be occasions when no amount of preventative action can avert a suicide. However, there are actions that we as individuals, families, neighbourhoods, communities, agencies, organisations, groups or as a society can take which will help either directly, or indirectly, prevent suicide and reduce the rate of suicides in Scotland.

When a person's problems become so severe that the possibility of suicide is heightened, we must aim to provide accessible, sensitive, appropriate and, where required, intensive support by:

- offering earlier interventions and supports to prevent problems that might lead to suicidal behaviour (Early Prevention and Intervention);
- working to alleviate the immediate crisis(es) and reduce the severity of any immediate problems (Responding to the Immediate Crisis);
- supporting people over a period of time to provide hope and recovery (Longer-Term Work to Provide Hope and Support Recovery); and
- supporting people affected by suicidal behaviour or a completed suicide (Coping with Suicidal Behaviour and Completed Suicide).

In addition to the immediate actions and longer-term supports for individuals and their families, work will also be undertaken nationally and locally which:

- continues to promote a greater awareness of potential problems and risks amongst all age groups and works harder to eliminate stigma and fear when talking about problems which can actually prevent us from seeking help when we need it most (Promoting Public Awareness and Encouraging People to Seek Help Early);
- ensures that, in the event of suicidal behaviour or following a completed suicide, any media coverage of these events is undertaken sensitively and appropriately, with due regard to confidentiality (Supporting the Media); and
- improves the availability and quality of information, undertakes more research and makes information on evidence and practice more readily available on suicide and suicidal behaviour (Knowing What Works).

And in the longer term we need to:

- ensure that there is national leadership and commitment through the development of a cross Executive approach on polices and strategies, and enable more effective national/local links to provide support and encouragement for local and national implementation efforts;
- look more widely and more deeply at our attitudes and the value we place on human life and, in doing so, adopt a combined and collective approach to suicide prevention in common with the majority of suicide prevention programmes around the world; and
- recognise the need to take a long-term perspective, as many influences on suicidal behaviour are deep-rooted and are not readily amenable to immediate or short-term change.

Providing Support

Nationally, a new National Implementation Support Team will be established to provide focused and co-ordinated national leadership and provide information, assistance and support to encourage and sustain local work.

Locally, the implementation of this strategy requires a high level of co-ordinated and focused action and support by local agencies. This will be led by the immediate development of local action plans which will include current work, future plans, investments to be made and improvements in services and training.

1.3 A COLLECTIVE APPROACH

This National Strategy and Action Plan is an important part of the Scottish Executive's efforts to improve the mental health and well-being of the Scottish population and, ultimately, reverse the serious rise in suicide rates in recent years. It forms part of the Scottish Executive's drive for social justice and improvements to health, and links to a range of recent Scottish Executive policies. For details of these linked policies – see Appendix 3.

The over-riding theme of this strategy is collaboration: a collective, concerted effort is required from all groups in society – health, social care and other professionals, communities, voluntary and statutory agencies and organisations, parents, friends and neighbours, combined with an integrated and co-ordinated approach across all Scottish Executive departments.

This Strategy will therefore involve actions from:

Scottish Executive	All Scottish Executive departments, including those responsible for developing and implementing policies, namely, Health, Education, Enterprise & Lifelong Learning, Development including Communities Scotland, Justice, Environment and Rural Affairs.
National agencies	Scottish Prison Service, national regulation and welfare bodies, (such as Mental Welfare Commission for Scotland, NHS Quality Improvement Scotland, Scottish Commission for the Regulation of Care), PHIS/HEBS, JobCentre Plus.
Local agencies/ bodies	NHS Boards, NHS Primary Care Trusts, NHS Acute Trusts, LHCCs, GP Practices, Health specialities, such as Accident and Emergency services, police, ambulance and other emergency services, Social Inclusion Partnerships (SIPs), JobCentres, universities and colleges and others.
Local authorities	Education authorities, schools, social work departments, community care, housing departments, criminal justice social work, children and family services, after care services and others.
Voluntary organisations	Large national voluntary organisations (such as Samaritans), mental health voluntary organisations, children's voluntary organisations (such as Childline) and smaller local voluntary organisations, community groups, self-help groups and others.
Other organisations	Academic and research organisations, community groups, faith groups, self-help groups, support groups, survivors groups, parents groups and others.
Organisations that shape public perceptions and opinions	Faith groups, national media, local media and others.
Individuals	Professionals and those working in the field, such as GPs, psychiatrists, nurses, social workers, teachers, youth and community workers, voluntary workers, police, ambulance and other emergency service officers, the general public.

This National Strategy and Action Plan has been developed following extensive discussion, deliberation and research and is informed by the Draft Framework for the Prevention of Suicide and Deliberate Self-Harm which was issued for formal consultation from October 2001 to January 2002.

For more information on how this National Strategy and Action Plan has been developed, see Appendix 4.

2. Strategy

2.1 GUIDING PRINCIPLES

There are five principles which guide the implementation of this National Strategy and Action Plan:

Shared responsibility

The responsibility for tackling suicidal behaviour cuts across Scottish Executive departments, sectors, agencies (public, private and voluntary) and organisational boundaries. We need to share a sense of collective responsibility and ensure that our actions work in partnership. This will require harnessing the energy of the voluntary and community sectors and utilising their experience of working with local community interests and networks, alongside those of statutory agencies. This partnership working and shared responsibility also applies to sharing decisions about the investment and targeting of resources to achieve national and local objectives.

Effective Leadership

Both locally and nationally, we need to ensure effective and sustained leadership and achieve a balance between 'bottom up' and 'top down' initiatives and actions which maximise ownership and commitment by all parties.

Taking a Person-Centred Approach

In addressing complex issues, we must recognise the range of influences, events and experiences that shape a person's life at different stages, especially at critical points of their lives, for example, leaving school, becoming a parent, starting a job, losing a job, losing a loved one or colleague. All of these experiences shape a person's outlook and experience. This requires a people-centred approach – seeing people as individuals, with their own strengths, abilities, desires and wishes. It will be important in helping, supporting and responding to people that we offer hope, understanding and compassion to support the process of recovery which will be different for each individual person.

Focus on Priority Groups

Suicide affects all parts of our society. However, to ensure we bring about change in both the short and longer term we must focus on priority risk groups without losing sight of the broader needs of society as a whole.

Continuous Quality Improvement

A strategic approach to suicide prevention has to be informed by drawing on, and developing, better information and evidence of what works. We need to identify outcomes that we can measure and monitor, constantly evaluate progress and make necessary adjustments to confirm that our actions are being effective and take the necessary actions to improve future work.

This strategy and action plan to prevent suicide is a key part of the work of the National Programme to Improve Mental Health and Well-Being.

The actions taken to prevent suicide will have both a direct and indirect effect on improving mental health and well-being in line with the aims, objectives, priorities and values of the National Programme.

For more information on the National Programme, see Appendix 5.

2.2 OBJECTIVES FOR ACTION

The overall aim of this National Strategy and Action Plan is to reduce the rate of suicide in Scotland.

Our target is to reduce the rate of people committing suicide in Scotland by 20% by 2013.

This will require immediate and longer-term action and investment by a variety of agencies nationally and locally. Effective working relationships between local agencies, and between agencies working at national level and local level, will be essential.

These objectives require both local and national action.

Nationally, a National Action Plan Implementation Steering Group will be established by April 2003 comprised of representatives of all Scottish Executive departments and other national bodies and agencies. This Group will be supported by a new National Implementation Support Team which will take forward and oversee nationally the implementation of the objectives in this strategy and action plan and support local action.

Locally, these objectives will be planned and implemented through locally agreed suicide-prevention action plans. These plans will be agreed, and invested in, by all local Community Planning partner agencies, as part of the local joint health improvement action plans. Additional resources are being allocated to each Community Planning Partnership to help support this process and provide additional impetus to supporting innovative local voluntary and community-based initiatives, and help in the development and implementation of training. Local action plans should be completed by no later than December 2003.

The seven main objectives of this strategy and action plan are:

Objective 1: Early Prevention and Intervention: providing earlier intervention and support to prevent problems and reduce the risks that might lead to suicidal behaviour.

Objective 2: Responding to Immediate Crisis: providing support and services to people at risk and people in crisis, to provide an immediate crisis response and to help reduce the severity of any immediate problem.

Objective 3: Longer-Term Work to Provide Hope and Support Recovery: providing on-going support and services to enable people to recover and deal with the issues that may be contributing to their suicidal behaviour.

Objective 4: Coping with Suicidal Behaviour and Completed Suicide: providing effective support to those who are affected by suicidal behaviour or a completed suicide.

Objective 5: Promoting Greater Public Awareness and Encouraging People to Seek Help Early: ensuring greater public awareness of positive mental health and well-being, suicidal behaviour, potential problems and risks amongst all age group and encouraging people to seek help early.

Objective 6: Supporting the Media: ensuring that any depiction or reporting by any section of the media of a completed suicide or suicidal behaviour is undertaken sensitively and appropriately and with due respect for confidentiality.

Objective 7: Knowing What Works: improving the quality, collection, availability and dissemination of information on issues relating to suicide and suicidal behaviour and on effective interventions to ensure the better design and implementation of responses and services and use of resources.

The Scottish Executive believes that providing national leadership and support to local action will be key to ensuring that there is continued attention and commitment for this strategy and action plan.

2.3 PRIORITY GROUPS

Suicide affects all parts of society. To ensure that we bring about change in the short and longer term, it will be important to focus actions and efforts on a number of priority groups. During the consultation process a number of priority groups were identified.

These are as follows:

- children (especially looked after children)
- young people (especially young men)
- people with mental health problems (in particular those in contact with mental health services and those with a severe mental illness such as people with severe depression or severe anxiety disorders)
- people who attempt suicide
- people affected by the aftermath of suicidal behaviour or a completed suicide
- people who abuse substances
- people in prison.

It is also important to focus on:

- people who are recently bereaved
- people who have recently lost employment, and people who have been unemployed for a period of time
- people in isolated or rural communities
- people who are homeless.

There may also be local priority groups for action, and each Community Planning Partnership will be responsible for identifying these and establishing the appropriate investments and actions to be taken.

Guidance for Practice and Local Work

To help support work in the above priority groups, practice guides will be issued through the Public Mental Health Resource Service. These will include effective interventions and approaches, experiences and lessons from practice and research.

For more information on the initial work of the Public Mental Health Resource Service, see Appendix 6.

Appendix 7 provides some information on work in existence and planned, which is relevant to national and local action in the priority groups identified above.

3. Action Plan

3.1 INTRODUCTION

National Actions

The Scottish Executive will establish a new National Action Plan Implementation Steering Group and a new National Implementation Support Team. These will give leadership, co-ordination, focus and drive to the implementation and monitoring of national actions and provision of support to local areas in developing and implementing their local plans.

Key aspects of the National Implementation Support Team's role will be to:

- establish and support a national *Support and Learning Network* involving local agencies;
- collect and disseminate information on practice, evidence and research findings and training programmes;
- support the development of a national data set of indicators, figures and trends on suicidal behaviour and completed suicide;
- support the commissioning of additional research work on suicidal behaviour; and
- commission a detailed independent evaluation of the national strategy and action plan to report by March 2006.

Over the next three years (2003-2006), the Scottish Executive is committing £3 million to support and complement national actions.

Local Area Actions

Each local authority area will be expected to produce a detailed local suicide prevention action plan by the end of 2003 which should take into account the seven key objectives and the priority groups identified in this strategy and action plan (and any other additional priorities determined by local circumstances). This local plan should form part of the local joint Health Improvement plans and be part of the local community planning process. These local action plans should be completed by December 2003.

Included in these local action plans should be investments to support local actions and implementation, including the investments and supports to local voluntary and community-based organisations and local training programmes.

To help support the development and implementation of local action plans and improved local co-ordination, the Scottish Executive will allocate £6 million over the next three years across the 32 developing community planning partnerships. Further guidance on these monies, which will be for local links and co-ordination, will be provided shortly.

To support and encourage the development of more innovative local voluntary, community-based and self-help initiatives that address suicide reduction and prevention in local communities, and to support the development of local training programmes, the Scottish Executive is making available £3 million over the next three years in a Local Innovation and Training Support Fund. Further guidance will be issued shortly on this fund.

3.2 THE SEVEN OBJECTIVES

OBJECTIVE 1: EARLY PREVENTION AND INTERVENTION

Providing earlier intervention and support to prevent problems and reduce the risks that might lead to suicidal behaviour by:

Nationally:

- increasing the awareness of suicide, deliberate self-harm and suicidal risk factors. This will be achieved through:
  - the continued development of awareness raising work by the National Programme to Improve Mental Health and Well-Being and linked policies, initiatives, programmes and activity
  - providing advice on specific suicide awareness raising methods and practices through the work of the National Implementation Support Team (NIST)

Locally:

- developing local awareness raising work and supporting local links to the National Programme and NIST
- improving earlier identification of people at risk of suicidal behaviour through local work by agencies and organisations (including local training programmes on early identification)
- developing accessible local responses that provide support and care to people with mental health problems and, in particular, developing improved capacity to identify and respond to potential suicidal behaviour in primary care (by health, social care and voluntary organisations)
- ensuring that early identification and early effective interventions are identified and appropriate actions initiated for all 'at risk' groups, for example, young people, looked after children, young offenders
- encouraging effective support to people who experience significant emotional and psychological distress and mental health problems, for example, depression and anxiety

These will require local action to:

- continue the emphasis on integrated working between health and social care professionals (both mental health and general health services) including an increased ability to liaise and work with people from a range of other agencies in particular, education, police, prisons and community and youth workers
- train staff in local agencies in early identification, assessment of risk factors, risk assessment and management, awareness raising and promotion

- ensure effective and integrated working between health professionals, social care, education and youth workers in identifying and responding effectively to young people's mental health and psychological needs
- provide additional support to, and investment in, the efforts of local community groups, local voluntary sector agencies, self-help groups and others.

OBJECTIVE 2: RESPONDING TO IMMEDIATE CRISIS

Providing support and services to people at risk and people in crisis, to provide an immediate crisis response and to help reduce the severity of any immediate problems by:

- ensuring continued action to provide good local crisis services and enhanced awareness of appropriate services and points of contact at times of crises
- ensuring quick and easy access to help and support when required, particularly in times of crisis, through contact points such as phone lines, helplines and 24-hour crisis services
- ensuring provision of sensitive, sympathetic and appropriate responses from those who deal with suicidal behaviour in crisis situations, for example, ambulance staff, police, prison staff, health and social care professionals and others, and the effective liaison between agencies and professionals in responding to crisis situations
- enabling early identification and assessment of those at risk, with immediate onward referral to appropriate services and supports
- providing knowledge, information and understanding to those people who are feeling suicidal and to those who care for them, thereby providing more effective response and crisis management interventions
- ensuring that the physical environment of health and social care facilities (particularly mental health services facilities) and amenities minimise the risk of suicide
- ensuring effective implementation of recommendations from inquiries and Critical Incident Reviews.

OBJECTIVE 3: LONGER-TERM WORK TO PROVIDE HOPE AND SUPPORT RECOVERY

Providing on-going support and services to enable people to recover and deal with the issues that may be contributing to their suicidal behaviour by:

Nationally:

- supporting the dissemination of information on what works in providing effective support for recovery

Locally:

- ensuring the provision of appropriate support, counselling and psychological services from trained professionals
- ensuring appropriate and effective follow-up arrangements are in place to maintain contact and support in the community for people discharged from psychiatric in-patient care, those released from prison and others
- ensuring the delivery of effective local services and supports and effective liaison between services, for example, between general hospitals and local psychiatric and mental health care services, local social work and voluntary agencies, primary care services and substance misuse agencies and services and links with criminal justice agencies (particularly prisons)
- developing effective interventions to support people who are affected by suicidal behaviour and completed suicide in both the short and medium term
- continuing development support groups for those affected by suicidal behaviour and completed suicide.

OBJECTIVE 4: COPING WITH SUICIDAL BEHAVIOUR AND COMPLETED SUICIDE

Providing effective support to those who are affected by suicidal behaviour or a completed suicide by:

- providing appropriate support, counselling and services from trained professionals for families and others affected by suicidal behaviour or a completed suicide
- developing effective interventions by services to support people (friends, families, colleagues, people providing services and others) who are affected by a suicide in the short and medium term
- developing local support groups and self-help groups for those who have suffered the loss of someone through a completed suicide
- identifying, within local plans, the role of local agencies in ensuring an effective and integrated response to support organisations and institutions, such as schools, in the event of a completed suicide by, for example, a school pupil. This will require proactive planning by health, social work and education authorities and others.

OBJECTIVE 5: PROMOTING GREATER PUBLIC AWARENESS AND ENCOURAGING PEOPLE TO SEEK HELP EARLY

Ensuring greater public awareness of positive mental health and well-being, suicidal behaviour, potential problems and risks amongst all age groups, and encouraging people to seek help early by:

- continuing to promote greater awareness of mental health issues both nationally and locally. At a national level this will be achieved through the National Programme to Improve the Mental Health and Well-Being and other linked programmes, initiatives and efforts. Locally, this will be achieved through local awareness-raising work
- developing and implementing action to encourage people with mental health problems to seek help and support particularly those amongst priority groups
- continuing the development and roll-out of the 'see me' national anti-stigma and anti-discrimination campaign at a national level and providing support to the development of local anti-stigma and anti-discrimination work
- supporting the work of local agencies and groups in tackling stigma and discrimination associated with emotional and mental health problems in a range of settings including schools, workplaces and community settings.

OBJECTIVE 6: SUPPORTING THE MEDIA

Ensuring that any depiction or reporting by any section of the media of a completed suicide or suicidal behaviour is undertaken sensitively and appropriately and with due respect for confidentiality by:

Nationally:

- developing and promoting guidelines, based on national and international evidence, for a 'code of conduct' on the depiction and reporting of suicide by local and national media to encourage informed and sensitive reporting of suicide
- continuing to develop appropriate training and awareness raising initiatives for those working in, or with, the media

Locally:

- developing local guidelines for local media and for providing training and awareness raising for those working in, or with, the local media.

OBJECTIVE 7: KNOWING WHAT WORKS

Improving the quality, collection and availability of information on issues relating to suicide and suicidal behaviour and on effective interventions to ensure the better design and implementation of responses and services and use of resources by:

Nationally:

- establishing and maintaining the Public Mental Health Resource Service as an authoritative source of information and guidance on effective interventions in suicide prevention and supporting people who self-harm
- establishing national and local indicators on suicidal behaviour, the incidence of completed suicides, self-harm and other 'at risk' factors to enable monitoring of national and local trends and progress, and identifying areas for improved action and support
- continuing the development of an effective national database on mental health information through support for the on-going work of the Information Systems Division of the Commons Services Agency and the Office for National Statistics
- commissioning research to improve understanding of the risk factors for suicide and suicidal behaviour, through secondary analyses of existing data, and undertaking systematic reviews and large-scale analysis of the effectiveness of interventions to prevent suicide, both at population level and among high-risk groups; supporting new research to determine whether those interventions identified as promising from existing research literature can be successfully implemented in Scotland
- establishing links with research programmes on suicide prevention in other parts of the UK, Europe and Internationally and producing regular research bulletins and updates on findings.

National Leadership, Co-ordination and Support for Local Action

The Scottish Executive will:

- establish a new National Action Plan Implementation Steering Group comprised of representatives from all Scottish Executive departments responsible for ensuring effective links between Scottish Executive policy initiatives that will contribute directly and indirectly to suicide prevention, as well as overseeing the national implementation of the strategy
- establish a new National Implementation Support Team (NIST) responsible for driving forward the strategy and action plan nationally and for supporting local work.

The NIST will:

- develop and maintain a pro-active support network for local alliances to ensure the effective sharing of information and experience on local work, effective interventions, good practice and successful local initiatives
- hold an annual cross-Ministerial Summit for all interested practitioners from statutory and voluntary agencies and alliances, family and support groups, to provide national focus and attention on progress being made towards the implementation of the National Strategy and Action Plan
- appoint a Clinical Advisor to support local services in complying with, and implementing, good practice guidance in services
- work with colleagues across the Scottish Executive and associated agencies such as NHS Quality Improvement Scotland, Mental Welfare Commission for Scotland, the Scottish Commission for the Regulation of Care, and other interested monitoring and inspection bodies to ensure that the actions which services take, in identifying and minimising risk among their client groups, are identified and effective interventions identified and promoted
- be responsible for the implementation of objective seven of this National Strategy and Action Plan
- put in place arrangements through the Performance Assessment Framework (PAF) for NHS Boards and other current monitoring arrangements to ensure effective performance management of the National Strategy and Action Plan
- evaluate the National Strategy and Action Plan at regular intervals by measuring its impact in assisting to develop and promote effective responses, in addition to monitoring trends in suicide and self-harm. An initial detailed evaluation report on the first three years of the strategy will be prepared by March 2006 to guide future work.

4. Resources

RESOURCES

Our physical and mental health as individuals, communities and as a nation, is determined by a complex interaction of different factors – physical, social, environmental and personal. Health improvement is an issue that impacts on the economy, education and social justice. Many of the Scottish Executive's policies and agendas already recognise the potential for contributing towards a step-change in Scotland's health, but the Scottish Executive's intention is to increase this impact through better co-ordination and focusing action in a new way.

In a determined effort to change our historical position on health, the Executive is proposing to more than double the money allocated specifically to health improvement and for the three financial years from 2003-04 to 2005-06, is planning to allocate additional resources of £23 million, £50 million and £100 million across the Executive to help towards national and local efforts to improve our health.

The Scottish Executive recognises that to support the national and local implementation of this National Strategy and Action Plan, additional funding is required. Therefore from the additional Health Improvement resources we intend to allocate **£12 million** over the coming three years on implementing this suicide reduction strategy through supporting work at both local and national level and encouraging greater involvement of and support to local community groups, voluntary agencies and self-help groups.

This money will be allocated to national and local initiatives as follows:

	2003-2004	2004-2005	2005-2006	Total
		£m		
National Funding				
National Implementation Support Team, Network and Information provision	0.45	0.51	0.56	1.52
Research and Evaluation	0.45	0.51	0.52	1.48
Total National funding	0.90	1.02	1.08	3.00
Local Funding				
To promote local alliances and joint working	1.90	2.00	2.10	6.00
Local training and innovation support fund	0.90	1.00	1.10	3.00
Total Local Funding	2.80	3.00	3.20	9.00
Total Funding	3.70	4.02	4.28	12.00

In summary, the Scottish Executive will allocate **£12 million** to support and complement the implementation of Choose Life: the National Strategy and Action Plan for Preventing Suicide in Scotland.

Through this commitment, the Scottish Executive encourages local investment from NHS Boards, NHS Trusts, local authorities and other agencies, in developing effective interventions and, in particular, in co-ordinating efforts between agencies.

5. Outcomes

THIS NATIONAL STRATEGY AND ACTION PLAN WILL BE IMPLEMENTED IN PHASES WITH AN INITIAL PHASE OF THREE YEARS FROM NOW UNTIL 2006

At the end of the first three-year phase we will have achieved the following:

Nationally:

- National Action Plan Implementation Steering Group established with links developed with all relevant Scottish Executive policy initiatives and a proven ability to oversee progress on objectives
- The issue of preventing suicide and reducing the rate of suicide clearly on the agenda of Scottish Executive departments and reflected in relevant policies
- National Implementation Support Team (NIST) established and working effectively at a national level and supporting local areas
- National support network involving local areas established and supported by NIST to provide regular opportunities for local agencies to meet and share experiences and review implementation of strategy and action plans
- National suicide prevention summits held
- National Public Mental Health Resource Service established for use by practitioners and other interested parties
- Guidance on priority groups published.
- Publication of guidelines for the media with education and awareness raising undertaken
- National capacity for collection of data on suicide and self-harm established
- Continued support for UK wide data collection, surveys and dissemination of findings
- Research programme on suicide prevention established, arrangements made for its monitoring and to publish findings
- Links developed with England, Wales and Northern Ireland with effective information sharing and working on UK-wide issues
- Links developed with European counterparts and effective sharing of research and information with European and Scottish colleagues
- Performance management arrangements established to monitor impact of strategy and action plan on service provision
- Evaluation and monitoring programme established to monitor national and local impact of strategy and action plan.

Locally:

- Local alliances in place with recognised local co-ordination (making effective use of the Scottish Executive funding for improved local co-ordination and efforts)
- Local action plans established to implement this National Strategy and Action plan
- Local Health Improvement and Community Plans incorporating key points of local suicide reduction action plans
- Action underway to implement local action plans with additional local investment
- Funding support provided as an incentive to direct resources and expertise at priority groups within mainstream programmes and activities
- Local innovative practice established and undertaken by local voluntary and community groups
- Support provided to establish and maintain local self-help groups
- Local training programmes developed and implemented in line with national and local strategy and action plans
- Local areas provided with effective support and information by National Implementation Support Team and involved pro-actively in National Implementation Support Network
- Local areas have access to national and local data in suitable formats with evidence of the use of data in local planning and implementation processes
- Local areas have access to Public Mental Health Resource Service and use this service (and others) to inform implementation of action plans
- Local developments informed by evidence of effective interventions and by sharing of practice experience.

Objectives for the subsequent phase from 2006 to 2012 will be determined following an evaluation and review of progress in 2006. Our intention is that the second phase will build on the learning and successful developments from the initial programme of work.

Appendices

APPENDIX 1

FACTS AND FIGURES

Introduction

This appendix contains facts and figures on completed, and attempted, suicides. It makes distressing reading and highlights why this Strategy and Action Plan is so vital.

Amongst the General Population

- In the general population 13% reported suicidal thoughts, 4% attempted suicide and 2% deliberate self-harm at sometime in their lives.[2]

People with Experience of a Diagnosis of 'Psychotic Illness'

- Over two-thirds (70%) of the sample of people with a diagnosis of a psychotic illness had thought about suicide at some time in their lives and 45% had attempted suicide. In addition, 21% had harmed themselves without intending to commit suicide.[2]

Factors Associated with Suicidal Thoughts

- Events or factors for which the prevalence of suicidal thoughts was particularly high include having a major financial crisis (29%), having a problem with the police or a court appearance (27%) and having looked for work for one month or over (23%).[1]
- Higher rates of lifetime suicidal thoughts were found among groups who reported ever having been homeless (48%), running away from home (45%), experiencing violence in the home (44%) and being expelled from school (41%).[1]
- Over half of those who reported experience of sexual abuse also reported having had suicidal thoughts during their lifetime.[1]
- Compared with people who had never experienced a stressful life event, those who reported three or more events were over three times more likely to have had suicidal thoughts and the group who had experienced six or more events were over nine times more likely to have had such thoughts.[1]

Attempted Suicide – Some Major Risk Factors

- Twelve per cent of people who had experienced a problem with the police or a court appearance, 10% of those who had experienced a major financial crisis and 8% of those who had looked for work for one month or more had attempted suicide at some time in their life.[1]
- Around a quarter of people who reported running away from home, being homeless, having experienced sexual abuse and having experienced violence in the home had attempted suicide at some time in their life (between 22% and 26%).[1]
- Women with a severe lack of social support were over five times more likely than those with social support to have attempted suicide in their lifetime (16% compared with 3%) and twice as likely to have attempted suicide than men (8%).[1]
- Twelve per cent of all respondents with a primary support group of three or less had attempted suicide in their lifetime, compared with only 3% with a social group of nine or more people.[1]

Substance Misuse

- In a recent survey (2002), carried out by the Office for National Statistics, 4% of people who were non-alcohol dependent had at one time thought about suicide. This proportion increased to 9% among those moderately dependent on alcohol and rose to 27% of the severely alcohol dependent group.[1]
- Those who were dependent on drugs (other than cannabis) were around five times more likely than the non-dependent group to have ever attempted suicide, 20% compared with 4%.[1]
- Of 332 drug-related deaths in Scotland in 2001, 34 (10%) were as a result of intentional self-poisoning: in a further 52 deaths (16%), it was not clear if the death was accidental or suicide.[3]

People Who Experience Neurosis

- The presence of significant levels of neurotic symptoms, as shown by a CIS-R** score of 12 or over, was associated with a four-fold increase in the likelihood of reporting suicidal thoughts at some time. In contrast, having a long-standing physical health problem was associated with a decreased likelihood of reporting suicidal thoughts once other factors had been taken into account. High levels of neurotic symptoms were also associated with suicide attempts and in this case the number of stressful life events also showed a very strong association.[2]

Completed Suicides by People in Contact with Mental Health Services

- Approximately one-quarter of people who completed suicide in England and Wales, Scotland and Northern Ireland had been in contact with mental health services in the year before death; this represents around 1,500 people per year in the UK.[4]
- The commonest methods of suicide were hanging and self-poisoning by overdose.[4]
- Younger people who were in contact with services and who completed suicide, more often had a history of schizophrenia, personality disorder, drug or alcohol misuse, and violence.*[4]
- Most people with schizophrenia who committed suicide were unemployed and unmarried.*[4]
- Four per cent of people in contact with mental health services who completed suicide were the lone carers of children.*[4]
- Mental health teams in England and Wales regarded 22% of completed suicides as preventable, with lower figures in Scotland (62 cases, 13%) and Northern Ireland (19%), but around three-quarters identified factors that could have reduced risk, mainly improved patient compliance with medication and closer supervision.[4]

Completed Suicides by People in Psychiatric In-patient Units

- Sixteen per cent of suicide Inquiry cases in England and Wales, 12% in Scotland and 10% in Northern Ireland were psychiatric in-patients.[4]
- In-patient suicides, particularly those occurring on the ward, were most likely to be by hanging, most commonly from a curtain rail and using a belt as a ligature.[4]

- Around one-quarter of in-patient suicides died during the first week of admission.[4]
- Around one-fifth of in-patient suicides were under non-routine observation (constant or intermittent).[4]
- Around one-third of in-patient suicides in England and Wales and Scotland, and almost half of in-patient suicides in Northern Ireland, were on agreed leave from the hospital at the time of death.[4]
- Mental health teams more often regarded in-patient suicides as preventable.[4]

Completed Suicides within Three Months of Discharge from a Psychiatric In-patient Unit

- Twenty-three per cent of suicide Inquiry cases in England and Wales, 26% of cases in Scotland and 30% of cases in Northern Ireland died within three months of discharge from in-patient care.[4]
- Post-discharge suicides were at a peak in the first 1-2 weeks following discharge.[4]
- Forty per cent of post-discharge suicides in England and Wales, 35% in Scotland and 66% in Northern Ireland, occurred before the first follow-up appointment.[4]
- Compared to all community cases, post-discharge suicides were associated with final admissions lasting less than seven days, re-admissions within three months of previous discharge and self-discharge.*[4]

Completed Suicides by Children and Young People

- In an analysis of the circumstances of 50 looked after children who died between 1997 and the end of 2001, 11 were completed suicides.[6]

1 Office for National Statistics, Non-fatal Suicidal Behaviour Among Adults 16 to 74 in Great Britain, The Stationery Office, 2002

2 Office for National Statistics, Adults with a Psychotic Disorder Living in Private Households, 2000, The Stationery Office, 2002

3 General Register Office for Scotland, Occasional Paper No. 8, Drug-Related Deaths in Scotland in 2001, General Register Office, 2002

4 Department of Health, Safety First, Report of the National Confidential Inquiry (NCI) Into Suicide And Homicide By People With Mental Illness, Department of Health, 2001

5 Hall D., O'Brien F., Stark C., Pelosi A., Smith H. Thirteen-year follow-up of deliberate self-harm using linked data. *British Journal of Psychiatry*. 1998; 172: 239 - 242.

6 The Scottish Executive, *It's Everyone's Job to Make Sure I'm Alright:* Report of the Child Protection and Audit Review, The Stationery Office, 2002

* Refers to findings that apply to England and Wales only.

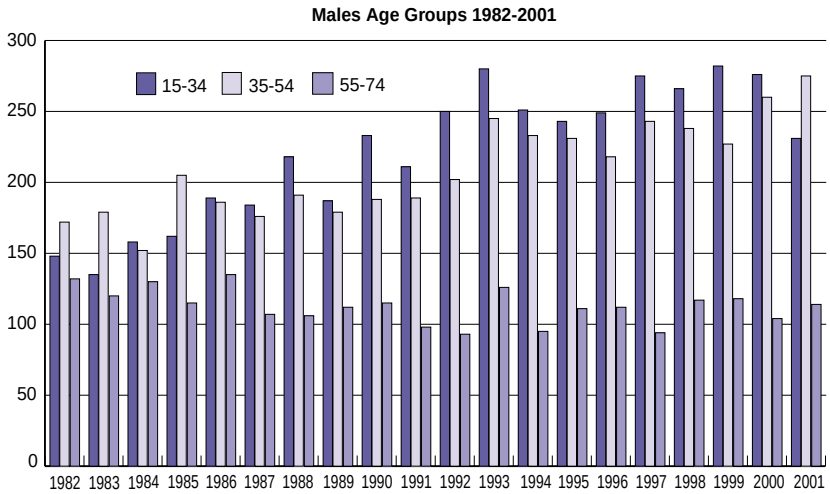
** CIS-R (Clinical Interview Schedule – revised version) The CIS-R is an instrument designed to measure neurotic symptoms and disorders, such as anxiety and depression. It compromises 14 sections each covering a particular type of neurotic symptoms. Scores are obtained for each symptom based on frequency, duration and severity in the past week. Individual symptom scores can be summed to provide an overall score for the level of neurotic symptoms. A score of 12 or over indicates the presence of significant levels of neurotic symptoms.

Graphs and Charts

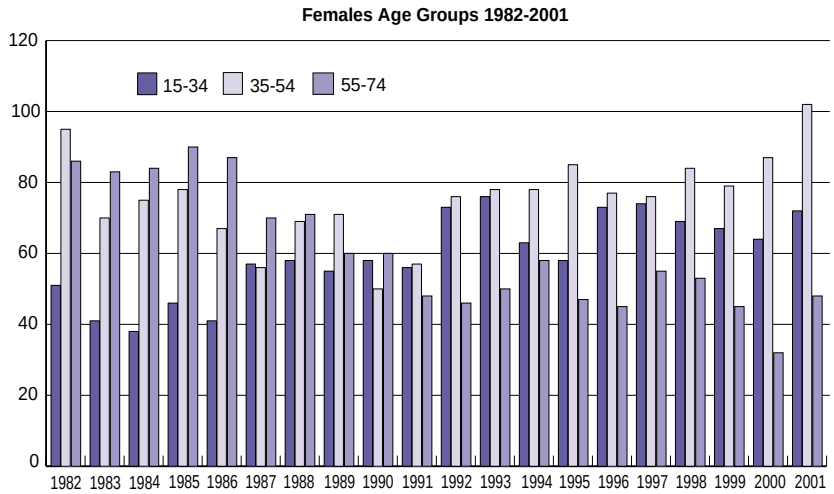
Listed below are graphs and charts which show general suicide figures for Scotland and Internationally.

NUMBER OF SUICIDES OVER LAST 20 YEARS

This graph breaks down completed male suicides and undetermined deaths in Scotland from 1982 to 2001 by age group.



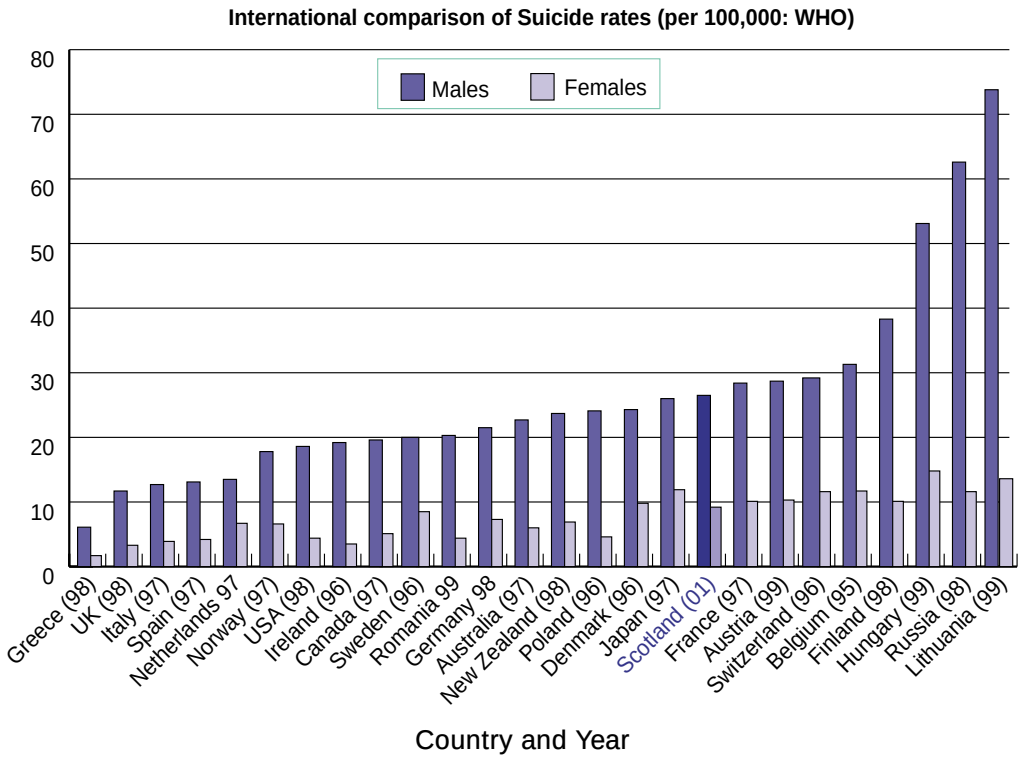
This graph breaks down completed female suicides and undetermined deaths in Scotland from 1982 to 2001 by age group.



Note: The figures above include deaths from international self-harm (suicides) and events of undetermined intent (undetermined deaths). It is believed that the majority of undetermined deaths are hidden suicides (though this is less likely to be the case for the small numbers of cases aged under 15 – not shown here).

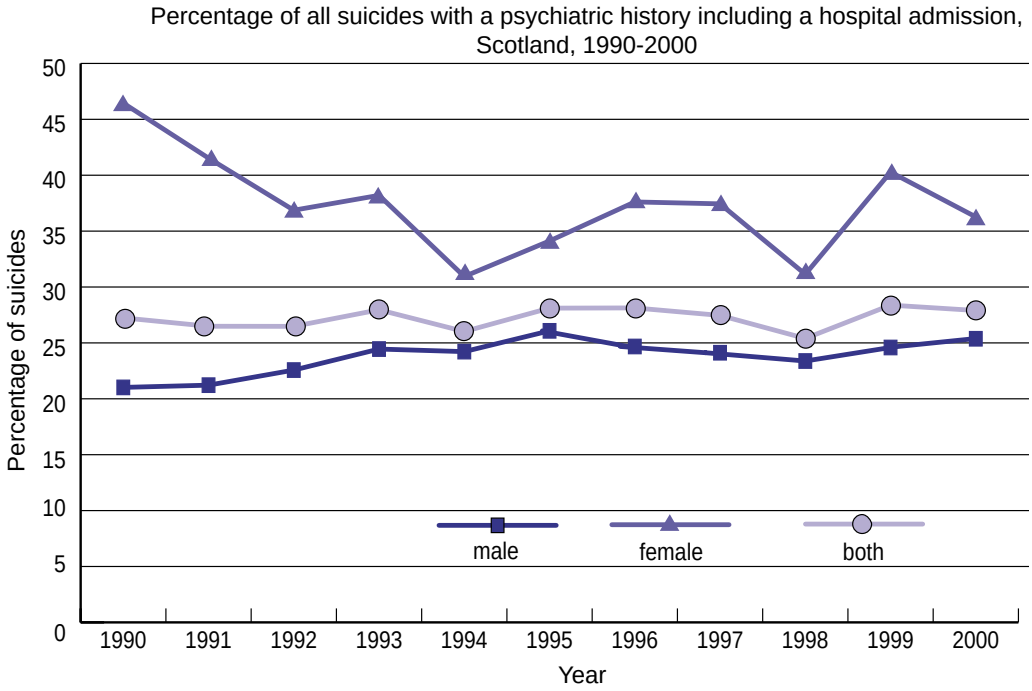
INTERNATIONAL COMPARISON OF TOTAL SUICIDE RATES

This graph shows male and female international comparisons for suicide rates using the last available figures from the World Health Organization for each country.



PERCENTAGE OF SUICIDES (MALE AND FEMALE) WITH A PSYCHIATRIC HISTORY, OVER LAST 11 YEARS

This graph shows the percentage of suicides in Scotland comparing male, female and both, who have a psychiatric history since 1990.



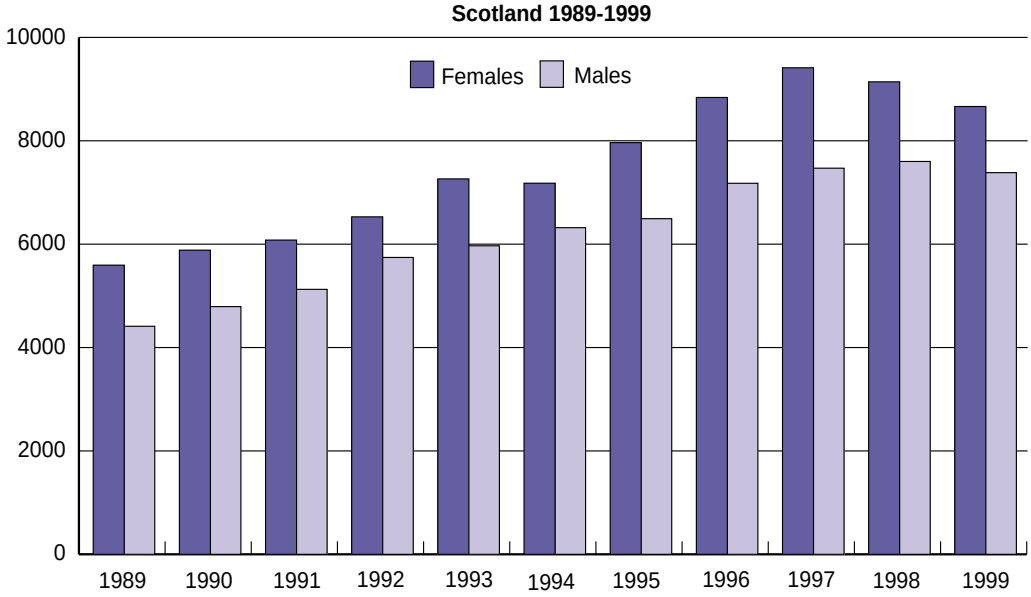
NUMBER OF ADMISSIONS TO HOSPITAL RESULTING FROM EPISODES OF SELF-HARM

This graph shows the number of admissions to/discharges from hospital in Scotland resulting from episodes of self-harm.

About 3% of those admitted to hospital after deliberate self-harm die by suicide within 5-10 years of initial admission.[5]

1% die by suicide or undetermined cause within a year after admission.[5]

Number of admissions to hospital resulting from episodes of deliberate self-harm, Scotland 1989-1999



APPENDIX 2

CAUSES AND RISKS OF SUICIDAL BEHAVIOUR

There are a range of factors which put a person at risk of suicide. From our consultation exercises and examination of current research the following four groups of risk factors have been identified. This list is by no means exhaustive.

Risks and pressures within Scottish society:

- availability of, and easy access to, methods for suicide
- changing trends in society such as increase in marital breakdown, divorce and single person households
- adverse labour market conditions such as insecurity of employment
- adverse economic conditions such as level of unemployment and business confidence
- high prevalence of alcohol problems and substance misuse
- social values and attitudes to mental illness and mental health, suicidal behaviour, gender stereotyping, racism, domestic abuse, stigma, poverty and inequality
- discrimination and stigma suffered by people with mental health problems
- irresponsible reporting and representation of suicidal behaviour by the media.

Risks and pressures within communities:

- low level of trust in the community such as poor social cohesion or integration
- high level of social exclusion such as neighbourhood poverty and deprivation
- communities which are faced with multiple disadvantages and are low on resources and resilience
- feelings of fear or lack of safety
- inadequate access to local services, particularly at times of crisis
- isolation associated with living in rural areas.

Risks and pressures for individuals:

- inadequate social support such as low levels of practical, emotional and other forms of assistance from family, friends and neighbours
- socio-demographic characteristics, such as age (young-mid aged adult), gender (male), marital status (non-married), (lower) socio-economic status and (certain types of) occupation
- lack of care, treatment and support towards recovery from serious recurring mental illness such as schizophrenia and depression
- employment status
- substance misuse and alcohol problems in particular
- previous deliberate self-harm
- experience of abuse (sexual and physical) or bullying
- low self-esteem, lack of confidence
- low educational qualifications, poor life skills and interpersonal skills
- life crises, especially interpersonal loss such as bereavement or divorce, or issues relating to sexual orientation
- inability to access appropriate services and support at times of need.

Quality of response from services:

- insufficient focus on the identification of those at risk and assessment of their needs and treatment requirements by health, social care and other services
- insufficient focus on the prevention, identification and assessment of needs and provision of care and support by services such as health, social work, education, criminal justice, housing and others.

The relationship between these factors and suicidal behaviour is complex and they should not be addressed in isolation. For example, long-term factors, such as the impact of being unemployed for over a year, should be differentiated from short-term triggers, such as recent redundancy. Therefore, we need to consider ways in which policies and actions to prevent suicide can be made sensitive to the specific circumstances and needs of particular groups on the basis of age, gender, ethnicity, sexual orientation, disability and in particular settings such as schools, workplaces, urban and rural areas.

More information on causes, risks and protection factors in suicide prevention is available on the Public Mental Health Resource Service (see Appendix 6).

APPENDIX 3

LINKED SCOTTISH EXECUTIVE POLICIES

This National Strategy and Action Plan is being launched, not as a single policy or initiative, but as one linked to other policies currently in place.

The Scottish Executive has a number of policies and initiatives underway which will have a direct and indirect impact on preventing suicide.

We also recognise that there are many excellent initiatives already being developed amongst a range of service providers (both statutory and voluntary, in the business community and self-help groups) which also address the issues identified within this strategy.

The main policies of the Scottish Executive and related bodies which link with and support this strategy and action plan are:

HEALTH

- *A Framework for Mental Health Services in Scotland* (Scottish Executive, 1997)
- *Towards a Healthier Scotland* – A white paper on Health 1999
- *Our National Health (ONH): a plan for action, a plan for change* (2000)
- Health Improvement Programme
- National Programme for Improving Mental Health and Well-Being
- Health Inequalities in the New Scotland (Health Promotion Policy Unit/Public Health Institute of Scotland, 2002

SOCIAL JUSTICE

- Social Justice Strategy: a Scotland where everyone matters

CHILDREN AND YOUNG PEOPLE

- *For Scotland's Children*. Better integrated children's services (Scottish Executive, 2001)
- Sure Start
- Starting Well
- Standards In Scotland's Schools etc Act 2000
- Health Promoting Schools
- New Community Schools

OLDER PEOPLE

- *The Health and Well-being of Older People in Scotland* (ISD, NHS in Scotland, 2001)

COMMUNITIES

- *Better Communities in Scotland: Closing the Gap* (Scottish Executive, 2002)

RURAL AFFAIRS

- *Rural Scotland: A New Approach* (Scottish Executive, 2000)
- Rural Poverty and Inclusion Working Group

ECONOMIC DEVELOPMENT

- *The Way Forward: Framework for the Economic Development of Scotland* (Scottish Executive, 2000)

SUBSTANCE MISUSE

- *Plan for Action on Alcohol Problems* (Scottish Executive, 2002)
- Alcohol Problems Support and Treatment Services Framework (Scottish Executive, 2002)
- *Drug Action Plan, Protecting our Future* (Scottish Executive, 2000)

OFFENDERS

- Health, Social Work and Related Services for Mentally Disordered offenders in Scotland (NHS MEL (1999) 5) Scottish Executive, 1999)
- Services, Care, Support And Accommodation For Mentally Disordered Offenders In Scotland: Care Pathway Document HDL(2001)9
- *A Better Way:* The Report of the Ministerial Group on Women's Offending (Scottish Executive, 2001)
- Scottish Prison Service: Suicide Risk Management Strategy (1997) 'ACT to Care'
- 'Suicide is Everyone's Business'. Suicide Risk Management and Custodial Care, An Inter-Agency Approach (2002)

HEALTH

Mental Health Services

In 2001-02, money invested in mental health services was £558.8 million by NHS Boards and £47 million by local authorities. Through the Mental Illness Specific Grant (MISG) and other grant schemes many voluntary bodies have been funded to provide services and supports in local areas for people with mental health needs and those who care for them. Through the MISG a further £19 million (soon to be increased to £20 million) is provided to support over 400 projects. In addition, the Scottish Executive provides direct grant funding of over £600,000 each year to support voluntary mental health bodies who receive further funding for services from local authorities and health boards.

An annual review of improvements to mental health accommodation born from the *Our National Health* (ONH) £5 million initiative asks, amongst other things, if local managers and staff are aware of Safety Action Notice (1998) regarding ligature points (SAN (SC 98/49)). Any deficiencies are followed up through the Performance Assessment Framework.

A Framework for Mental Health Services in Scotland (Scottish Executive, 1997)

The Framework for Mental Health Services in Scotland continues to offer a joint planning template for health, social work, housing agencies and voluntary sector partners for the provision of a comprehensive range of services and support for people with mental health problems and illness in both hospitals and the community. The Framework, along with ONH, sets out a modernisation agenda for change and improvement designed to put resources to best use in creating services and support that better respond to people's assessed needs. Progress in meeting the aims of the Framework is guided and monitored by the Scottish Executive's Mental Health and Well-Being Support Group (MHWBSG).

Consultations on a change in the focus for round three of the visits by the MHWBSG is currently underway. Mental health promotion and positive mental health is now an area of interest following the lead given in *Our National Health.*

Mental Health Legislation

The Scottish Executive is proposing to introduce new mental health legislation and is making available an additional £17.1 million per annum from 1 April 2004 for its implementation, much of this for service provision.

HEALTH IMPROVEMENT

Towards a Healthier Scotland – A White Paper on Health 1999

This White Paper sets out the Government's vision for improving health for all in Scotland. It is about investing in good health, for early health gain and for the longer term welfare of Scotland in the new millennium. It is about making a difference to the health and life of the whole population throughout their lives and about tackling the health inequalities which currently exist. This strategy has a particular focus on children – as action in the early years can have an enduring influence on health – but is equally committed to enabling those who are growing older to enjoy a full, healthy and productive life.

Our National Health (ONH): a plan for action, a plan for change (2000)

The Scottish Executive's twin track approach for improving health and improving health services, by combining the continuing modernisation of health services in Scotland with action for health improvement.

Health Improvement Programme

The Health Improvement programme reflects the Executive's ongoing commitment to health improvement and to reducing inequalities in Scotland's health record. The programme is supported by the Health Improvement Fund which, from 2000-01, provides £26 million each year to support national and local health improvement initiatives. The 2002 Scottish Budget more than doubled the money allocated specifically to health improvement. Over the next three years (2003-06), additional resources of £23 million, £50 million and £100 million across the Executive will be focused on improving health. Actions are focused on four priority groups: early years, teenage transitions, workplaces and community health.

The work of the National Programme for Improving Mental Health and Well-Being will be developed in consultation with the health improvement programme in order to develop complementary and cohesive programmes for health improvement. The National Programme has been allocated £20 million (for 2003-06) from the Health Improvement Fund for initiatives relating to improving mental health and well-being. (See Appendix 5.)

HEALTH INEQUALITIES

Health Inequalities in the New Scotland (Health Promotion Policy Unit/Public Health Institute of Scotland, 2002)

This report examines routinely collected health service and mortality information according to the priorities of the NHS in Scotland, illustrating the relationship between deprivation and health.

Health Education Board for Scotland (HEBS)

HEBS plays an integral part in the Scottish Executive's health improvement programme developing and supporting a number of initiatives designed to promote both physical and mental well-being, in particular in schools, and with children and young men.

From 1 April 2003, the Scottish Executive plans to bring together HEBS and the Public Health Institute for Scotland (PHIS) to form one new organisation. By building on existing strengths, this new organisation will deliver the health improvement programmes to a wide variety of audiences, employ knowledge about health and its determinants in a way that will influence policy and practice within Scotland and play a key role in the successful implementation of programmes of health improvement.

SOCIAL JUSTICE

Social Justice Strategy: a Scotland where everyone matters

This strategy sets out the Scottish Executive's commitment to the elimination of child poverty, achieving full employment, securing dignity in old age and building strong inclusive communities. The strategy sets targets at each stage of the lifecycle – children, young people, families, older people; as well as communities. Reducing the rate of suicide amongst young people is a key target for the Social Justice Strategy.

CHILDREN AND YOUNG PEOPLE

For Scotland's Children. Better integrated children's services (Scottish Executive, 2001)

Across the Health and Education departments there are a number of initiatives which have the common aim of both improving services for children and improving the integration of children's services. The For Scotland's Children report on better integrated children's services identifies the importance of all agencies working together to achieve the best outcomes, in particular for the most disadvantaged children. The report sets out ways in which local agencies can facilitate access to services and better co-ordination of effort and resources. The Executive has supported the development of better integrated services through a number of initiatives such as guidance on planning and the Changing Children's Services Fund, providing £81.5 million (2002-04) to help local agencies reorient their services to achieve better integration. Work resourced through the Fund will impact directly on mental health services, including suicide prevention. More generally, however, better integrated services are key to dealing with the complex problems often underlying suicide.

Starting Well

Starting Well is a national health demonstration project which aims to demonstrate that child health can be improved by a programme of intensive home-based support and a strengthened network of community-based support services in two disadvantaged areas of Glasgow. Led by the Glasgow Healthy City Partnership, the project was launched in 2000 with Executive funding of £3 million over a three-year period and will provide support to an initial 1,800 families. As part of the demonstration project programme, Starting Well is intended to be a testing ground for action; lessons learned will help to inform policy and practice throughout Scotland.

Sure Start Scotland

Sure Start Scotland targets support at families with very young children aged 0-3 years, with a particular focus on vulnerable and deprived families. The aim is to enable children to make a good start in life and make the most of subsequent opportunities. There is an emphasis on securing better integrated approaches to planning and delivering services across sectors to improve social and emotional development, health, ability to learn, and to strengthen families and communities. Provision is diverse and can include centre-based services, nursery and childcare services, and parent support.

By targeting early support, programmes such as Sure Start Scotland can help to reach families with the aim of preventing them from falling into crisis. Some local authority areas have developed more specialised services and projects for particular vulnerable groups and this includes projects working with families affected by mental health problems. The Scottish Budget 2003-06 will see a considerable expansion of support for early years interventions. By 2006, the Executive will provide an additional £31 million per year for Sure Start Scotland, bringing the total annual spend on the programme to £50 million in that year. There will also be additional resources for childcare.

EDUCATION

Standards in Scotland's Schools etc Act 2000

The Standards in Scotland's Schools etc Act 2000 places a duty on education authorities to ensure that school education is directed to the development of the personality, talents and mental and physical abilities of the young person to their fullest ability. This is underpinned by the National Priorities for Education.

Towards a Healthier Scotland recognised the importance of the concept of the health-promoting school and *Our National Health: a plan for action, a plan for change*, committed the Executive to establishing a Health Promoting Schools Unit. *Working Together for Scotland: a Programme for Government* published in January 2001 also committed the Executive to encouraging every school to become a health-promoting school.

Health Promoting Schools

The Scottish Executive's Scottish Health Promoting Schools Unit was established in May 2002 with the aim of providing a key national leadership role, championing, facilitating and supporting the implementation of the health promoting schools concept throughout Scotland.

A Health Promoting School is one which enables pupils, teaching and non-teaching staff, parents and the community it serves to take action for a healthier life, school and society. More specifically it takes action to promote the adoption of lifestyles conductive to good health, provide an environment which supports and encourages healthy lifestyles and enable pupils to take action for a healthier community and living conditions.

Education authorities are encouraged to address health education and promotion within a comprehensive programme of personal and social education. This approach is designed to ensure that information is given, not in isolation, but as part of a programme aimed at helping young people to develop sound lifestyle choices and healthy living and increase confidence and self-esteem.

New Community Schools

New Community Schools is a radical initiative with the twin aims of promoting social inclusion and raising educational standards in Scotland. It is founded on the belief that giving children the opportunity to realise their full potential, so that they leave school with motivation, self-esteem and the relevant skills, equips them for adult life and reduces the risk of social exclusion.

OLDER PEOPLE

The Health and Well-being of Older People in Scotland (ISD, NHS in Scotland, 2001)

The Executive is committed to improving the way it works with older people and set up its Older People's Unit in March 2001. Its main aim is to establish effective and inclusive ways of partnership working with older people, their organisations, and those with responsibility for older people's services. It aims to establish sustainable and inclusive working arrangements which enable older people's voices to be heard, to make a real contribution to policy for older people and to increase understanding of their needs, concerns and priorities to enable more effective responses.

ECONOMIC DEVELOPMENT

The Way Forward: Framework for the Economic Development of Scotland (Scottish Executive, 2000)

This report is designed to provide an integrated and coherent framework within which the promotion of Scottish economic development may be taken forward.

COMMUNITY DEVELOPMENT

Better Communities in Scotland: Closing the Gap (Scottish Executive, 2002)

The Scottish Executive's community regeneration statement published in June 2002. This includes a major strand of action 'to make sure people and communities have the social capital – the skills, confidence, support networks and resources – that they need to take advantage of, and to increase, the opportunities open to them'. To do this, we need to build the confidence of our communities to do more for themselves and to ask for the services they need, develop systems that get people involved and let them have a say in their communities and provide support and advice to individuals.

RURAL AFFAIRS

Rural Poverty and Inclusion Working Group

The report 'Poverty and Social Exclusion in Rural Scotland' recognises particular issues that rural communities face in dealing with mental health problems. The impact of physical isolation and the culture of self-reliance are thought to contribute to stress, anxiety and depression especially among young men, lone parents, older people and women from ethnic minority backgrounds.

SUBSTANCE MISUSE

Plan for Action on Alcohol Problems (Scottish Executive, 2002)

Alcohol Problems Support and Treatment Services Framework (Scottish Executive, 2002)

This plan supports action to reduce alcohol-related harm in Scotland by influencing culture, attitudes and behaviour. Actions include devising a national communications strategy to achieve cultural change, prevention and education in a range of settings including work and schools, targeted support and treatment services for those affected, population wide controls, capacity building and co-ordination to support implementation. Published in September 2002, the *Alcohol Problems Support and Treatment Services Framework* specifically recognises the need to address those with mental health problems within the support and treatment services.

Drug Action Plan, Protecting our Future (Scottish Executive, 2000)

Tackling Drugs in Scotland: Action in Partnership. Scotland's Objectives and Action Priorities (Scottish Executive, 1999)

Drugs Action Plan: Protecting our Future

This Scottish Executive publication has committed to wide-ranging actions involving a number of different agencies to tackle the issue of drug misuse. The plan makes recommendations for improving the provision of drug misuse education and drug prevention and education targeted at young people who are most at risk.

Co-morbidity of mental health problems and substance misuse

The Executive recognises there is a need for further work to support those drug and alcohol users who have underlying mental health problems. It has set up a short-term working group to establish how their needs might best be met.

OFFENDERS

Mentally Disordered Offenders

Health, Social Work and Related Services for Mentally Disordered offenders in Scotland (NHS MEL (1999) 5) Scottish Executive, 1999)

Services, Care, Support And Accommodation For Mentally Disordered Offenders In Scotland: Care Pathway Document HDL(2001)9

A Better Way: The Report of the Ministerial Group on Women's Offending (Scottish Executive, 2001)

This policy sets out proposals for a co-ordinated range of services and accommodation for mentally disordered offenders designed to meet the needs of the individual and of public safety. It seeks to ensure that such offenders are cared for under conditions of security appropriate to the risk they present and emphasises the importance of rehabilitation in the care regime. In setting out these principles for safe services and accommodation, the guidance acknowledges the separate but linked roles and responsibilities for the health, social work, housing and other agencies. The co-ordination of required services was acknowledged as a special challenge and one that would rely on multi agency approaches to ensure that the right services, in the right locations, were available when required.

SCOTTISH PRISON SERVICE (SPS)

SPS Suicide Risk Management Strategy (1997) ACT to Care

'Suicide is Everyone's Business'. Suicide Risk Management and Custodial Care, An Inter-Agency Approach (2002)

In 1998 SPS introduced its Suicide Risk Management Strategy: ACT to Care. Its key aims were to assume a shared responsibility for the care of those 'at risk' of self-harm or suicide; to work together to provide a caring environment where prisoners who are in distress can ask for help to avert a crisis; and to identify needs and offer assistance in advance, during and after a crisis. The implementation of this strategy has brought about a significant change to the way that prisoners in crisis are managed, in that multi-disciplinary team meetings (case conferences) and care plans are the means by which support is organised and reflect the prisoner's needs and levels of risk. ACT to Care has (to some extent at least) influenced the downward trend of suicide in Scotland's prisons over recent years, which is in contrast to the upward trend experienced in other areas in Scotland.

SPS will be reviewing ACT to Care in coming months in light of the findings of a formal evaluation undertaken in partnership with University of Stirling this year. The outcome of this will be SPS's development and implementation of an updated Suicide Risk Management Strategy that is informed by this significant piece of research. There is little doubt however that the key themes of assessment, context, teamwork and care will remain in the revised strategy.

APPENDIX 4

THE DEVELOPMENT OF THE NATIONAL STRATEGY AND ACTION PLAN

1. THE DRAFT FRAMEWORK

Following the publication of the report of the conference, *The Sorrows Of Young Men*, held by the University of Edinburgh in 1999, the Scottish Executive embarked on a process to consult and develop ideas on what actions could be taken to address the rising rate of suicide in Scotland.

Two national consultative seminars were held in November 2000 and May 2001. These involved over 200 people from a wide range of backgrounds including health and social care professionals, service providers from both statutory and voluntary agencies, people who use mental health and other services, family members and those who have been directly affected by suicide, and others who have an interest in the prevention of suicide.

The result was overwhelming support for the development of a national strategic approach to suicide prevention that addressed not only suicide and its prevention as an important objective in its own right but which also took a more universal and combined approach to addressing a range of issues that affect people's mental health and well-being.

Following the first national consultative seminar, a National Planning Group was established to advise on the development of the draft framework. Members were drawn from statutory services, local authority, voluntary and user representative groups.

The members of the National Planning Group were:

Jim Brown	Scottish Executive, Public Health Division
Nova Brown	Scottish Executive, Public Health Division
Liz Burtney	Health Education Board for Scotland
Gregor Henderson	Scottish Development Centre for Mental Health
Emma Hogg	Health Education Board for Scotland
George Kappler	Scottish Executive, Social Work Services Inspectorate
Patrick Little	Penumbra
Dr John Loudon	Psychiatric Adviser, Scottish Executive
Bob Luke	Scottish Prison Service
Ian McBean	Falkirk Council Social Work Department
Allyson McCollam	Scottish Development Centre for Mental Health
Linda Miller	Scottish Executive, Education Department
John Mitchell	Inverclyde Community Mental Health Team
Graham Morgan	Highland Users Group
Dr Diana Morrison	Royal Edinburgh Hospital
Prof. Stephen Platt	Edinburgh University
Gavin Russell	Scottish Executive, Public Health Division
Robert Samuel	Scottish Executive, Nursing Division
Dr Cameron Stark	Highland Health Board
Fiona Tyrrell	Scottish Executive, Public Health Division

The ideas put forward at the two seminars informed the development of a Draft Framework for the Prevention of Suicide and Deliberate Self-harm which was issued widely for formal consultation from October 2001 to January 2002.

2. COMMISSIONED WORK

In addition to the formal consultation process, the Scottish Executive commissioned further work from the Scottish Development Centre for Mental Health (SDC), namely:

- 'Exploring Experience': a series of discussions with the media, and with groups and services directly affected by suicide and self harm.
- 'Laying the Foundations: Identifying Practice Examples': a compilation of a range of practice examples using a variety of different approaches and client groups.

3. ANALYSING THE RESPONSES TO THE DRAFT FRAMEWORK

A detailed analysis was also carried out on the 140 written responses the formal consultation and a report produced by Scottish Health Feedback on behalf of the Scottish Executive. This report, together with reports of the work commissioned from SDC, which were published in July 2002, form a valuable resource and are available from the Public Health Division of the Scottish Executive and the Scottish Health on the Web (SHOW) web-site – www.show.scot.nhs.uk/sehd/mentalwellbeing/

Key Points

From the main consultation exercise, the following key points emerged:

- The overall emphasis and approach advocated in the Framework was generally welcomed as a 'timely' and constructive way forward.
- There was enthusiasm for the notion of a shared responsibility and a multi-layered approach to prevention within the context of the promotion of health and well-being.
- A number of organisations offered their support to implement the framework.
- Respondents predicted problems with achieving the level of joint working required locally to implement the Framework.
- Tensions were highlighted concerning the degree of central direction versus local control and how commitment might be achieved across all agencies.
- It was felt that further consideration should be given to the role of voluntary and community providers, with additional consultation involving these bodies.
- There was a perceived neglect of the complex issue of deliberate self-harm (DSH) within the framework and respondents identified the need to distinguish more clearly between suicide and DSH.
- To overcome the challenges of collecting and sharing data on suicides and DSH and with measuring outcomes, the need for large-scale and long-term studies was stressed.
- Respondents acknowledged the resource implications arising from the proposed approach, given competing priorities and finite resources, as well as 'over-stretched' mental health services.
- The limitations of tackling the structural and organisational issues, rather than 'deeper alienation' and disaffection within society, were highlighted.
- To implement the Framework, respondents identified the need for 'dedicated resources' for: training and awareness-raising among staff; systems for dissemination of information and good practice; central co-ordination; and investment in developing joint information systems.

The extensive discussions, debates and research material accumulated throughout the process of developing this National Strategy have been invaluable in helping to shape the work. Thanks are due to all those agencies and individuals who have participated so willingly in the development process.

APPENDIX 5

THE NATIONAL PROGRAMME TO IMPROVE THE MENTAL HEALTH AND WELL-BEING OF SCOTLAND'S POPULATION

THE PROGRAMME'S AIMS, PRIORITIES AND VALUES

1. AIMS

The National Programme aims to improve the mental health and well-being of the Scottish population by:

- Increasing public awareness and understanding about the need for positive mental health and well-being
- Taking action to address risk factors and 'at risk groups' as well as promoting and sustaining those factors which are protective and supportive of good mental health and well-being
- Improving public awareness and understanding about mental health problems and mental ill health and acting to prevent mental health problems developing
- Ensuring that there is both early identification and early intervention of support, care and treatment when mental health problems do occur in order to promote improved chances of recovery and return to everyday life
- Working to reduce the incidence of suicide in Scotland
- Working to eliminate the stigma and discrimination that people with mental health problems experience
- Taking a targeted approach to action to address inequalities in mental health and well-being.

2. PRIORITIES

The National Programme will focus on action in the following priority areas:

- Early years – ensuring the best possible start for children in the early years of life
- Childhood and young adulthood – developing and building the emotional literacy of our children and young people and supporting them through the many transitions they face
- Older people – ensuring that older people can maintain a life that is satisfying and rewarding

- Employment and working life – improving mental health and well-being at work, enabling people to remain in work and improving the work opportunities of people with mental health problems
- Community mental health and well-being – building improved community capacity for mental health and well-being.

3. VALUES

The Programme will work to the following core values:

- People have a right to be involved in determining their own futures and lives
- Mental health is a component of all health
- Recognising and building on the strengths and capacities of individuals, families, neighbourhoods, communities and organisations
- Working in ways that encourage hope and enhance well-being
- Working in ways that encourage, enhance and sustain partnership working and the development of alliances and connections
- Tackling inequalities, closing the opportunity gap and working towards greater inclusion and social justice
- Working as part of the national effort to complement, augment and enhance work on health improvement and social justice (and other relevant policies and work).

4. BACKGROUND

The National Programme is a key part of the Scottish Executive's Health Improvement and Social Justice strategies. Over £4 milliion has been identified from the Health Improvement Fund to support the work of the National Programme from 2001-04. The initial work of the programme focuses on promoting positive mental health and well-being, preventing suicide; and undertaking a national campaign to challenge and eliminate the stigma and discrimination which people with mental health problems in Scotland still face. £20 million over the next three years has been allocated from the Health Improvement Budget to continue the work of the National Programme.

5. EARLY ACTIONS

- October 2001: Programme announced
- January 2002: First meeting of National Advisory Group (chaired by Minister for Health and Community Care)
- April 2002: Appointment of Gregor Henderson as National Programme Director
- April 2002: 'Breathing Space' telephone advice line launched
- April and September 2002: Second and third meetings of National Advisory Group
- September 2002: Launch of 'Well?' magazine, to communicate to field the Programme's aims, actions, initiatives and key priority areas
- October 2002: Support for publication and launch of 'With Health in Mind', by Scottish Public Mental Health Alliance
- Launch of see me anti-stigma campaign.

6. FUTURE WORK

Short term

- December 2002: Launch of National Strategy and Action Plan for Prevention of Suicide
- December 2002: Publication of results of first National Survey of Public Attitudes in Scotland to mental health and well-being, mental illness and to people with mental health problems
- December 2002: Establishment of Public Mental Health Resource Service (web-based resource) – in conjunction with HEBS
- January 2003: Report of Phase 1 of Community Capacity Building in Mental Health and Well-being
- Ongoing: Development of Public Mental Health Indicators (in conjunction with Public Health Institute for Scotland).

Longer term

March 2003: Development of three-year Action Plan for Programme.

For more information on the National Programme to Improve Mental Health and Well-Being see www.show.scot.nhs.uk/sehd/mentalwellbeing or contact the Scottish Executive on 0131 244 4006 or e-mail: well@scotland.gsi.gov.uk.

APPENDIX 6

PUBLIC MENTAL HEALTH RESOURCE SERVICE: WEB-BASED INFORMATION

The Health Education Board for Scotland has been commissioned by the National Programme to Improve Mental Health and Well-Being to provide a web-based information resource to those involved in improving mental health and well-being at both the local and national level.

The aims of the site are:

- to collate, make available and disseminate information and material, resources and links to practitioners, policy makers researchers and the general public in Scotland on topics and issues related to improving mental health and well-being
- to contribute to improving practice in improving mental health and well-being in Scotland.

Suicide prevention is the first topic to be addressed under this resource. The suicide prevention pages aim to:

- complement and support 'Choose Life' Preventing Suicide in Scotland: a National Strategy and Action Plan
- provide information to practitioners, policy makers and researchers across Scotland in order to support work around suicide prevention.

The suicide prevention pages are now available and will continue to be developed and updated. You can access information and web links on:

- 'Choose Life': The National Strategy and Action Plan to Prevent Suicide in Scotland
- Reports that support the National Strategy and Action Plan
- The policy context for suicide reduction in Scotland
- International suicide prevention strategies
- Guidelines for the media on the reporting of suicide
- Web-sites on suicidal behaviour and suicide prevention.

For any of the above information please visit the mental health section of HEBSWEB at http://www.hebs.com/suicideprevention

Additional information on suicide prevention will be added to these pages during 2002-03. Future plans include a guide to the research literature and updates on research findings on suicide prevention. Regular updates on research findings are planned along with good practice guides on the priority areas.

APPENDIX 7

FOCUS ON PRIORITY GROUPS

In implementing the seven objectives, it is important to focus on the priority groups identified in section 2.3. The following paragraphs provide some additional information and suggestions for consideration. These relate to work already in existence and to recently planned or proposed work. The information is intended to be illustrative and is not exhaustive.

CHILDREN AND YOUNG PEOPLE

The term 'Children and Young People' covers a wide age range. We recognise that children of any age and young people will often have very different needs, wants and requirements.

Implementation of the recommendations of recent Report of Child Protection Audit and Review: *It's everyone's job to make sure I'm alright* will have direct implications for improving the mental health and well-being of children and young people.

To support the schools health education programme, the Scottish Executive funds the *Anti-Bullying Network* which provides high quality in-school training, guidance and consultancy services to support individual schools.

The Scottish Executive also provides funding towards *Childline,* the *Bullying Helpline* (run by *Childline)* and *Parentline Scotland*, a free confidential helpline providing support on parenting issues, including bullying to provide help for both children and their parents.

The Education Department will be taking forward a programme of work over the next year to support and enhance the role of schools in developing emotional and mental well-being in children and young people.

The Scottish Executive intends to continue the roll-out of *Breathing Space,* an advice line for young people (young men in particular) with low mood or depression, to give them advice and support and help put them in touch with appropriate services.

Other Interventions to be considered might include actions to:

- Enable teachers to identify when early interventions are necessary and provide access to appropriate support and services
- Equip teachers and other children and young people's workers with the knowledge, skills and training to enable them to talk openly about suicide and deliberate self-harm to those groups most at risk

- Provide support to parents who experience significant emotional and psychological distress and mental health problems e.g. depression, anxiety disorders
- Continue to develop and expand school-based programmes on positive emotional mental health and well-being
- Improve Child and Adolescent Mental Health in line with the forthcoming Public Health Institute for Scotland (PHIS) Scottish Needs Assessment Programme (SNAP) report on child and adolescent mental health in Scotland, for example by:
  - > raising awareness of the importance of recognising depression in young people and the importance of recognising suicide risk and how to recognise those at risk;
  - > ensuring that those who deal with young people who self-harm (for instance, in accident and emergency services) are good at recognising those at risk of further self-harm;
  - > developing effective home based health and social care interventions post incident; and
  - > improving the understanding of availability of options for effective treatment, care and support of depression in children and adolescents.
- Highlighting the pressures which young people and young men in particular may face, e.g. exams, employment (or lack of it), bullying, abuse (sexual or physical); sexual orientation, etc.
- Provide assistance for young men in life skills, such as managing money and developing relationships with their children.

SUBSTANCE MISUSE

The Scottish Executive is planning an advertising and communications programme to challenge drinking cultures in Scotland – young men will be a target group for forthcoming work.

COMMUNITY

Interventions to be considered might include actions to:

Develop youth forums, enabling young people to engage with local decision makers and planners and to have a voice locally.

ANTI-STIGMA

The continued development and roll-out of the see me anti-stigma and discrimination campaign (funded by the Scottish Executive) at national level. The campaign aims to develop links with local groups with a view to supporting local anti-stigma work.

MENTAL HEALTH SERVICES

In addition to the mental health services framework:

Implement Mental Health and Well-being Support Group (formerly Mental Health Reference Group) Report: Risk Management SEHD HDL(2000)16

Implement the Twelve Points to a Safer Service, as outlined in *Safety First*, the Five-Year Report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, (2001)

Implement the Key Recommendations in relation to Psychiatric Deaths of the Confidential Enquiries into Maternal Deaths (Why Mothers Die 1997-1999: Royal College of Obstetricians and Gynaecologists)

Implement SIGN Guidelines on Post Natal Depression: Recognition, detection, training and screening SEHD HDL(1999)27

Engaging people: observation of people with acute mental health problems: a good practice statement, Scottish Executive Health Department 2002 HS.R (2002) Saughton House 173749

SCOTTISH PRISON SERVICE

The Scottish Prison Service is rolling out a throughcare programme for former drug users leaving prison. The success of this programme in keeping prisoners drug-free and improving their subsequent quality of life is currently being evaluated.

Provide for all relevant staff ‘suicide in custody awareness training’ and encourage sharing of information.

Ensure implementation of the five-stage Suicide Risk Management strategy as outlined in *Suicide Risk Management and Custodial Care*, which covers managing an individual: prior to admission to prison, on reception into prison, during a period of imprisonment, prior to release, and at the point of release.

Further copies are available from
The Stationery Office Bookshop,
71 Lothian Road, Edinburgh EH3 9AZ
Tel: 0870 606 55 66

I SBN 0-7559-0602-0

9 780755 906024

Astron B27702 11/02

The text pages of this document are produced from 100% Elemental Chlorine-free, environmentally preferred material and are 100% recyclable.