

chooselife

A national strategy and action plan
to prevent suicide in Scotland

LOCAL ACTION PLAN

MORAY COUNCIL

March 2009

2009-2012 draft

Choose Life

On 2 December 2002 as part of its aims to improve the overall health of the people of Scotland and achieve greater social justice, the Scottish Executive launched 'Choose Life': a National Strategy and Action Plan aimed at addressing the rising rate of suicides in Scotland. This strategy forms a key part of the work of the National Programme for Improving Mental Health and Well-Being in Scotland which was itself launched in October 2001. For further information on the National Programme please see www.wellontheweb.net or telephone 0131 244 2551.

2009-2012 draft

Choose Life has clear objectives and priority groups it wishes to support.

OBJECTIVES

- Objective 1:** Early Prevention and Intervention
- Objective 2:** Responding to Immediate Crisis
- Objective 3:** Longer Term Work to Provide Hope and Support Recovery
- Objective 4:** Coping with Suicidal Behaviour and Completed Suicide
- Objective 5:** Promoting Greater Public Awareness and Encouraging People to Seek Help Early
- Objective 6:** Supporting the Media
- Objective 7:** Knowing What Works

PRIORITY GROUPS

- Children (especially look 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
- 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

Local Action Plans

Every local authority area now has an operational Choose Life local action plan. Plans were developed in consultation with Community Planning Partners and form part of Joint Local Health Improvement Plans. This document contains details of your local action plan.

Training

Links have been established with Livingworks Education based in Calgary, Alberta, Canada as a result of which the highly acclaimed Applied Suicide Intervention Skills Training (ASIST) was brought to Scotland for the first time in April 2004.

ASIST is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognise risk and learn how to intervene to prevent the immediate risk of suicide.

For further information please visit www.livingworks.net or contact your local Choose Life coordinator.

Working with the Media

July 2004 saw the publication of "Reporting of Mental Health and Suicide in the Media" – practical guidance for journalists on how to depict or report a completed suicide or suicidal behaviour in such a way that it is undertaken sensitively, appropriately and with due respect for confidentiality. Copies available on request.

2009-2012 draft

Raising Awareness

From 5th – 11th September 2004 Scotland participated in Suicide Awareness Week and World Suicide Prevention Day. Significant media coverage was secured at both local and national level on TV, radio and in the press. This was another first event for Scotland.

What Works

The Scottish Association for Mental Health (SAMH) booklet “After a Suicide” which provides practical help for families and friends bereaved by suicide which had to go to reprint only month’s after it’s launch.

A national working group to evaluate emerging good practice from local action plans is now in place.

Local Action

Guidance issued to local authorities in July 2003 (available to download from www.wellontheweb.net) encouraged a considerable degree of local flexibility and imagination around the use of local support funds of £9 million, however funding was provided to help support **three** main local actions and activities in line with the main objectives and priority groups set out in the national strategy:

- i) Supporting the improved co-ordination of efforts by local agencies to develop and implement local suicide prevention action plans.
- ii) Encouraging and supporting (more) innovative local voluntary services, community-based and self-help initiatives that contribute to the prevention of suicide in local neighbourhoods and communities.
- iii) Developing and implementing local training programmes.

Local areas have considered what they need to improve upon and develop to meet the objectives and priority areas of the strategy. They have identified what new investments will be made, partnerships for delivery, funding sources and what adjustments/enhancements they will make to existing programmes of work, initiatives, services and supports. Achieving the ‘Choose Life’ objectives will require promotion and awareness raising, prevention and early intervention, on-going care and support for all activities.

2009-2012 draft

LOCAL INFORMATION

A PROFILE OF MORAY

Moray is situated in the North East of Scotland on the south coast of the Moray Firth. It is a rural area containing a rich variety of farmland, fishing villages and mountainous countryside. The neighbouring Local Authorities are Highland to the West and Aberdeenshire to the East. Moray's rural nature is signified by being the eighth largest local authority area in Scotland, whilst at the same time having the fourth lowest population density.ⁱ

POPULATION

Moray has a population of approx. 87,000. The main towns are Elgin (20,829), Forres (8,967), Buckie (8,059), Keith (4,491) and Lossiemouth (6,803). The settlements of Burghead, Cullen, Dufftown, Fochabers, Hopeman, Llanbryde, Mosstodloch and Rothes all have populations of between 1,000 and 2,000, with the rest of the population scattered across rural settlements. Moray has a higher than average younger population at present. In keeping with the rest of Scotland, Moray has an ageing population. By 2018 it is expected that only 14% of the population will be aged 14 and under. Those aged 15-59 are expected to make up 56% of the population and more than 30% of people will be over 60 years old, with a significant rise in the number of people aged 75 and over. An older population will need more health and social care services and it is even more important to prevent illness and work towards improving everyone's health as they grow older.ⁱⁱ

Despite its small population, Moray is fairly well served by a range of national and local voluntary agencies, providing services across all community care groups; learning disability, mental health, older people, physical and sensory disability, drug and alcohol services and physical illness.ⁱⁱⁱ

ECONOMY AND RURAL ISSUES

Moray continues to be near the bottom of the Scottish league table of average pay and its workforce is one of the least qualified. There are fewer employment opportunities in the area due to its remoteness and an increasing trend for part-time employment. A key aspect of living in Moray is its remote and rural nature. There is a dependence on personal and public transport to access basic services and leisure facilities. Integrated transport services are available but there is a need for improved transport links within Moray and outwith the area. This has a significant impact on the area's ability to compete on economic terms with other parts of Scotland. Isolation and lack of employment opportunities and other facilities in rural communities, along with low income, can result in disadvantage and can affect people's health and well-being.^{iv}

ⁱ The Moray Community Care Strategic Plan 2002/2004

ⁱⁱ Moray Joint Health Improvement Plan 2004/2006

ⁱⁱⁱ The Moray Community Care Strategic Plan 2002/2004

^{iv} Moray Joint Health Improvement Plan 2004/2006

SUICIDE IN MORAY

TRENDS

There was an increase in the suicide rate in Moray in the final year of the four year period 2000-2003 as opposed to the national trend which showed a decrease in 2003. The methods used do, however, follow national trends with men using more extreme methods, ie. Hanging, shooting, drowning, self-immolation etc and women using overdose and asphyxia. 83% of the male suicides in Moray were reported to drink in varying degrees, compared to 75% of females. The biggest single incidence of suicide in that reporting period was in the male 56-60 age group. 75% of people completing suicide were reported to be suffering from a depressive illness.

Since the implementation of the Choose Life Initiative in Moray in 2003, there has been a downward trend in the suicide rate, in line with Scotland as a whole. Unfortunately, we do not have as comprehensive a breakdown of local statistics as reported above but it is gratifying that the suicide numbers have significantly reduced from 19 in 2003 to 11 in 2006.

However during 2007 the numbers of completed suicides rose from 11 in 2006 to 13 in 2007 with a rise in completed female suicides from 2 in 2006 to 6 in 2007

AREAS OF CONCERN

In our original Action Plan issued at the beginning of the Initiative, the Moray Choose Life Group was aware of an increase in deliberate self-harm, particularly amongst young women. Many of these young women have been victims of childhood sexual abuse and feel they have no outlet for their feelings other than through DSH, particularly "cutting". It is felt that the behaviour is often preceded by binge-drinking and more sustained alcohol abuse. There are limited services available to support these young people. Many of the people presenting at A&E are not considered to be suffering from a diagnosable mental illness and, therefore, are not admitted to the Acute psychiatric ward or supported by the psychiatric services. We highlighted this as a priority area and subsequently funded two projects to work in this area, Cascade and Penumbra both of whom are now finished with varying degrees of success. The local Liaison Psychiatry Team has received increased resources to allow them to focus on this area particularly for young people.

Another area of concern is that of substance and alcohol misuse and its significant indicator in suicidal behaviour. We believe this is an area where the Choose Life Group in Moray could become more involved. It is the intention of the Group to firm up our links with the local ADAT and voluntary agency involved in supporting people with alcohol and substance problems. Choose Life is represented on the Drug and Alcohol Strategy and Planning group and have been instrumental in securing additional resource to support services addressing substance misuse in primary care and increasing Registered Mental Nurses and additional Psychiatry time for the local Drug and Alcohol Service.

2009-2012 draft

Another priority area in 2008 was supporting vulnerable children. The Child and Adolescent Mental Health Service in conjunction with Action for Children (who provide the residential care services for children and young people in Moray) have developed the Mindful Care Project. The project consisted of an initial 2 day training event for all of the residential care staff, including bank staff and managers, on the mental health needs of Looked After and Accommodated children.

The training was developed after consultation with all the staff teams and drew upon the Heads Up Multi-Agency CAMHS training pack, the Young Minds Training pack on the mental health needs of looked after children and research and practise updates. The training also introduced the staff to the Strengths and Difficulties Questionnaire and encouraged the use of the questionnaire in their discussions and work with the young people in their care. The third element consists of a monthly consultation slot which the care teams continue to access to discuss their practise around the mental health needs of the children in their care at that point. The training was evaluated as part of the MSc in Applied Psychology for Children and Young People's research thesis and evidenced good outcomes in relation to staff understanding of, and confidence to work with, the mental health issues, which were sustained at three month follow up. The ongoing use of the SDQ and the Consultation Slots continues to evaluate very well and plans are being made to extend the project to include the More Choices Specialist Foster Care scheme run by the Moray Council with a longer term ambition to offer the project to the wider team of foster carers supported by the council.

LOCAL ACTION PLAN 2009/2012

ACTION PLAN CONTEXT

Choose Life is contained within the Community Planning Partnership Theme Group "Achieving a Healthy and Caring Community". This theme covers issues around the health and well-being of local people and the broad range of health and community care services available in Moray. The Moray Community Health and Social Care Partnership are responsible for implementing actions under this theme. A key function of the Partnership is to work with the Community Planning Partners to improve the health of the population of Moray as well as reduce health inequalities by narrowing the gap between those who enjoy good health and well-being and those who do not. The key health improvement priorities for Moray are mental health, obesity, alcohol, drugs, smoking, oral health, accidents and safety and sexual health, the first two being the most important.

BACKGROUND OF LOCAL PLAN

Following the election of the Scottish National Party to government office in 2008 the relationship between national and local government was radically changed with the introduction of the concordat. This historic agreement removed the ring fencing of funds targeted at identified initiatives and allows the local authority to decide its own priorities for funding services to meet their Single Outcome Agreement.

For suicide prevention in Moray this meant the disbanding of the former Choose Life group and the accountability for suicide prevention co-ordination to be hosted by the

2009-2012 draft

Moray Community Health and Social Care Partnership who report to the Healthier Strategic Group of the Community Planning Partnership.

A review of the effectiveness of the small financial grants to voluntary organisations was conducted by the Moray Management Group and the conclusion was that it was difficult to identify value for money or any discernible impact on the overall target of reducing suicidal behaviour.

The Moray Management Group have therefore agreed to focus activity on

1. Suicide Prevention Training for Health and Social care staff– ASIST will be the main focus for non mental health professional staff. The Delivery Plan commitment 7 has been accepted locally with STORM training for mental health professionals set at 100% plus a 505 target for other frontline staff including Health Visitors, Practice Nurses, Accident and Emergency Staff, District Nurses and Midwives. The mindful Care Project for child care workers will continue to be delivered.
2. Awareness Raising and Suicide Prevention Training for the wider public – The Moray Management Group have set a target of 3% of the adult population of Moray receiving some form of suicide prevention training. This will be focused mainly on delivery of Safe Talk to community groups. Recruiting and training trainers to deliver this will be a priority for 2009 followed by a scheduled delivery of training for the locality for the remainder for this action plan period.
3. Supporting those bereaved by suicide - after a successful pilot in 2007 Moray Choose Life will commission further work in supporting those bereaved by suicide. Learning from the feedback from the pilot the service will offer one to one support initially and if sufficient numbers express an interest in moving on a group support process will commence. The previous groups became self sustaining peer support systems but the feedback identified a number did not access the service as one to one support was not available at that time.

2009-2012 draft

Action Plan Team Profile

Full Name (of Planning Group): MORAY HEALTH AND SOCIAL CARE PARTNERSHIP (a sub group of the Moray Community Planning Partnership)

Remit: to set the objectives for suicide prevention activity in Moray

Co-ordinator

Name: Michael Perera

Designation: Manager, Integrated Mental Health Services

Organisation: NHS Grampian/Moray Council
