

Heath and Sport Committee

Call for views: Suicide Prevention Action Plan

Submission from the British Association for Counselling and Psychotherapy (BACP)

The British Association for Counselling and Psychotherapy (BACP) welcomes this focussed inquiry to explore issues that have arisen through the development of Scotland's draft Suicide Prevention Action Plan. BACP is the UK's leading body for counselling and psychotherapy, we have over 46,000 practitioner members in the UK, of which 1,900 are based in Scotland working across a range of settings. Many play a key role in supporting vulnerable children, young people and adults to challenge behaviours that lead to suicide and self-harm.

1) What actions should be prioritised in the forthcoming strategy

BACP welcomes this opportunity to restate the critical role that talking therapies play in helping to alleviate symptoms which lead to both suicide and self-harm. We are keen to highlight upfront our disappointment that the draft Suicide Strategy neglected to highlight this important relationship and we would like to see greater awareness of this in the final iteration.

An extensive evidence base (see annex A) demonstrates that a range of psychological therapies can be used to treat the mental distress underlying suicidal tendencies and help reduce prevalence. Dialectical Behaviour Therapy (DBT), Cognitive Behavioural Therapy (CBT) and problem-solving therapy are shown to be effective interventions for people at risk of suicide (Winter, 2013). Evidence has also shown that psychosocial assessment forms an important aspect of the management of self-harm in hospitals, and is associated with a decreased risk of repeat self-harm (Gunnell, 2013). Problem solving therapy (Bannann, 2010) and DBT (Hawton, 1999) has been shown to reduce repetition and further self-harm. Patients receiving counselling and psychotherapy after deliberate self-poisoning showed greater improvement, including a reduction in suicidal thoughts. The positive impact of counselling and psychotherapy was also maintained at six-month follow-up, with nine per cent of those receiving counselling and psychotherapy repeating self-harm compared with 28 per cent of those receiving usual treatment (Guthrie, 2001).

Recommendation 1: In light of the strength of evidence, we would welcome a much clearer stipulation within the strategy that psychological therapies are a strategic priority, together with a commitment that Scottish Government will improve funding and access so vulnerable people can get access to the help they need, when they need it. This will provide real evidence of parity of esteem between physical and mental health care.

Our position is supported by the evidence presented by **Support in Mind Scotland** who call on Government to address the lack of accessible, affordable psychological therapies or counselling in many areas of Scotland.

2) Should there be a focus on specific at risk groups and if so what groups would be appropriate?

Similar to the evidence presented by the *Mental Health Foundation*, the *Scottish Association for Mental Health* and the *Samaritans*, BACP believes that children and young people need to be a central plank of the Suicide Strategy. It is critical if we are to break the cycle of harmful behaviours, we need much earlier intervention.

Over the past three years 17,500 children have had their mental health referrals to the Child and Adolescent Mental Health Services (CAMHS) rejected. The latest data shows that almost 30% don't receive the treatment they desperately need within the Government's 18 week target and more than 100 children have waited over a year for support. One in nine young Scots have attempted suicide and at least one in six have self-harmed at some stage in their lives – with 6.5 per cent of those surveyed reporting a history of both behaviours. (University of Glasgow, 2018). On average two teenagers in every secondary school classroom will have hurt themselves in response to the pressure of growing up in an increasingly complex and challenging world (NHS Greater Glasgow and Clyde). Research by the Mental Health Foundation has shown that 70 per cent of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early stage (Mental Health Foundation 2018).

We believe that offering early intervention in schools will go a long way in alleviating the current pressure on existing CAMHS. Extensive evidence demonstrates the key role that school-based counselling could play in providing fast access to support for Scotland's vulnerable children and young people.

Children in Wales and Northern Ireland have guaranteed access to schools-based counselling, an evaluation in Wales showed that counselling was associated with significant reductions in psychological distress across each of the areas in which it was introduced (Welsh Government, Evaluation of the Welsh School-Based Counselling Strategy, 2011). Of the 11,558 children and young people in Wales who received counselling services in 2016 to 2017, 85 per cent did not need an onward referral after completing their sessions. This not only shows the value of the counselling but also its effects in reducing pressure on an often overstretched CAMHS service.

However, school-based counselling services are provided in only a tenth of Scotland's schools, more than 250,000 children in Scotland have no access to school based counselling services (BBC 2017).

Based on our analysis we estimate that providing counselling in all Scotland's secondary schools would require an initial investment of just £9million (Scottish Association of Mental Health / BACP). Recent analysis has estimated that every £1 spent on one-to-one counselling could return society £6.20 in improving future job prospects and cutting crime (Pro Bono Economics / Place 2 Be, 2018).

Recommendation 2: During this *Year of Young People*, we call on Scottish Government to demonstrate that children and young people is at the heart of the Suicide Strategy, by committing to provide all secondary schools in Scotland with access to trained counsellors by 2022.

Other vulnerable groups

Earlier this year, Samaritans UK published 'Dying from Inequality^[4]', which evidenced the critical relationship between higher individual deprivation and increased suicidal behaviour. This showed that suicide rates are two to three times higher in the most deprived areas. This also identified five groups most likely to be impacted by suicide.

1. Those living in areas of **higher socioeconomic deprivation**
2. **Men** are more vulnerable to the adverse effects of economic recession, including suicide risk, than women.
3. People who are **unemployed** are two to three times more likely to die by suicide than those in employment.
4. Those in **least skilled** occupations (e.g. construction workers) have higher rates of suicide.
5. A **low level of educational attainment** and no home ownership increase an individual's risk of suicide.

Recommendation 3: We share Samaritans UK's view that suicide prevention strategies should recognise the strong association between suicidal behaviour and area-level socioeconomic deprivation, targeting efforts on both people and places. BACP believes that more should be done to target interventions at these vulnerable groups and to more effectively measure outcomes by these groups.

Contact Details:

BACP would welcome further discussions on the evidence provided. Please contact:

Martin Bell
Deputy Head of Policy and Public Affairs
British Association for Counselling and Psychotherapy (BACP)
PublicAffairs@bacp.co.uk

Annex A: References / further reading

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Samaritans UK, Dying from Inequality, September 2017

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