

HEALTH AND SPORT COMMITTEE
Submission from Support in Mind Scotland on the Scottish Government's
draft Suicide Prevention Action Plan

Support in Mind Scotland

Support in Mind Scotland is a national mental health charity and we support around 1500 people a week who are experiencing serious mental health problems and mental illness; and we also support family members, carers and supporters.

We deliver services in mainly remote and rural areas: Highlands, Tayside, Fife, and across Dumfries and Galloway. However we also have a large urban service in Edinburgh and a carers' support service in Glasgow.

In addition to local services, we have a number of national initiatives that are particularly relevant to the consultation and will be mentioned in this written submission:

- We are the Highlands Lead Partner and level 2 provider for the Government's **Distress Brief Intervention Pilot**
- We hold the Convenorship of the **National Rural Mental Health Forum**; and we have just completed a report into rural communities and mental health, funded through the Aspiring Communities Fund, called "Well Connected Communities"

In addition we have set up and are running the only national support service for family members of people who are being treated within forensic mental health services; and we are developing a national Rights' initiative with partners Bipolar Scotland and the Scottish Patient Safety Programme into parity of esteem between mental and physical health care and treatment called Equally Fit.

Responses to Questions

To what extent should the Scottish Government's Suicide Prevention Plan address the issue of inequality?

During the Choose Life programme (2002-2013) a great deal of evidence emerged around the risk factors for suicidal behaviour and factors such as poverty, poor housing, low education, poor social networks and other indicators of deprivation were much in evidence. Therefore, it is essential to include consideration of addressing inequality as part of any plan to reduce deaths by suicide.

Taking a Rights-Based Approach

Given our understanding of inequalities and how vital it is that addressing inequality cuts across Departments and strategies, we welcome the commitment in the suicide prevention strategy to see this work as sitting within a wider strategic framework. Early intervention and prevention is a key priority of the 10 year Mental Health Strategy and to take a preventative approach requires addressing the range of complex factors that lead ultimately to a small number of vulnerable people taking their own lives.

We believe that we need to take a rights-based approach and that the strategy should ensure that all actions embed:

- A right to help when you need it and as soon as you need it – being taken seriously by health professionals
- A right to and access to timely, accurate information
- A right to and access to timely quality services and support
- A right to live in a community that is welcoming and open
- A right not be judged and fear for being ‘different’ – so a focus on challenging stigma and taking action against stigmatising behaviour.

When considering this wider strategic framework, the areas of particular interest to our organisation because of the people we support are:

- The new social security agency and ensuring that we devolve benefits in a way that drives hope and not despair; that treats people with dignity and respect; honesty and fairness
- The loneliness and isolation strategy to ensure that we build communities that are truly supportive of all who live in them – manifesting itself in low-level, non-clinical, community solutions to issues that give power to local communities and to local people to find and implement their own solutions
- The Distress Brief Intervention pilot as we learn what pushes people to crisis – and ensuring that we listen to the evidence this pilot produces and put in place the support that people need locally to prevent further crises arising

From our experience, there are 2 areas of inequality that should be targeted in the suicide prevention strategy as priorities for national guidance and local action:

- *Achieving parity of esteem between physical and mental health care and treatment* – as poor physical health reduces quality of life, exacerbates low mood and impacts on someone’s capacity to feel hope
- *Addressing rural inequality* and the specific rural stressors that are factors in deaths by suicide – rural stressors add to general risk factors and there are fewer services to help; coupled with increased stigma and fear

To what extent should the Scottish Government’s Suicide Prevention Plan need a wholesystem approach?

As laid out in the strategy, and from our experience of the effectiveness of Choose Life in the first programme, a whole system approach is essential as addressing all

of the complex issues that can lead to someone deciding to take their own life is not a one-size fits all solution.

As with answer above, although I agree with a separate strategy to ensure that the range and diversity of possible actions can be explored with the expertise and evidence required to understand those actions, this strategy has to be considered alongside other strategies – and in particular the 10-year Mental Health Strategy.

This whole systems approach relates to:

- Developing structures nationally and locally that allow people to come together, to share and to learn from what works; whilst allowing communities and localities to address issues that are relevant to them in ways that work for them. The proposed Confederation with local leadership taking forward local action is part of this structural approach
- Understanding the range and levels of activity that work in different ways and target different groups/messages – general risk factors; at risk groups; availability of means; whole population messages; stigma e.g
- Involving people with the right experience either personally or professionally is vital at all levels and the Knowledge into Action group will have to be developed to harness the full potential of involving people – e.g. the importance of peer support in giving messages of hope.
- Providing a framework that drives the strategy across that wider policy/strategic agenda whilst allowing local activity to thrive – including being resourced appropriately to achieve outcomes.

The initial Choose Life framework achieved a reduction in suicide rates because of this ‘whole system approach’ as described.

What actions should be prioritised in the forthcoming strategy?

It is difficult to identify specific priorities when suicide reduction and prevention depends on a range of actions from whole population approaches to raise awareness to very targeted activity for specific at risk groups in local communities.

Support in Mind Scotland agrees with the approach described in the strategy and would prioritise as follows:

- Bringing together the Confederation to help develop the strategy and how it is implemented – to co-produce the strategy from the beginning
- Developing the Knowledge into Action structures so that co-production is built around lived experience; and also in recognition of the importance of peer support and people with lived experience being able to articulate messages of hope that are so important to recovery and to suicide prevention

Beyond these priorities, we believe that a priority should be identifying the major strategic issues that need to be tackled to address inequality through universal access to information, support, care and treatment.

For Support in Mind Scotland those major strategic issues are:

- Parity of Esteem between physical health and mental health.

We believe a separate national strategy is needed to mirror this suicide prevention strategy, that will focus on this most severe and unacceptable of health inequalities. Such a strategy might address the lack of pathways to care and treatment for serious mental illness; the lack of data for people with mental illness accessing routine screening programmes; and the lack of access to good psychological therapies at the right time – as recommended by the SIGN guidelines. This is not just a rights issue; but continual, poor physical health reduces quality of life, exacerbates poor mental health and ultimately diminishes people's hope for the future.

Access to psychological therapies

Within this strategic priority, we would urge the Government to address the lack of accessible, affordable psychological therapies or counselling in many areas of Scotland.

- Rural mental health

We have recently produced 2 major reports into rural mental health¹ and have found that people who live with mental health problems are less likely to speak up, and less likely to have access to good local support services. We have also found that the important factor that offers hope is being able to establish and sustain good local connections – social networks – and we believe that activity around suicide prevention in rural areas should take a community approach to seeking solutions.

However this requires a strategic shift in how resources are invested in small rural communities; in how we engage the resources, skills and assets of all parts of rural business, agriculture and infrastructure.

The National Rural Mental Health Forum brings together 50 key national and local rural organisations from all sectors – farming, fisheries, the Government, the NHS, local authorities, the voluntary sector – and this is a body that can be utilised to inform and lead the development of the strategy for rural communities.

Training

Not just for rural areas, but as something we have found from our experience, is that training should be a priority. ASIST and Mental Health First Aid have been invaluable in opening up conversations and increasing awareness in communities and in businesses. However, it has not been universally available and this is a significant weakness. Whether it is a new training module; or redeveloping existing models, we would prioritise ensuring that good local training for all in both mental health awareness and suicide identification and reduction more specifically is available across the country.

We would also prioritise making this mandatory for key professionals and community leaders – or 'gatekeepers' as described by the National Guide to Suicide Prevention in Rural Areas".

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

There are many at risk groups and these have been identified over the years through the research that has been done into the pathology of suicide and the factors that present greatest risk. It is important that a national strategy does not close down activity locally that would best meet the needs of a local community/population. Therefore, although it makes strategic sense to have some prioritising to focus activities and messages and allow impact to be measured, this has to be balanced with local needs.

However, linking to comments regarding seeing suicide prevention within a wider strategic framework, we would support focusing on areas where other strategies are tackling fundamental social issues and considering if joint work could be undertaken to assess if greater impact can be made – i.e. assess if suicide reduction activity within wider social policy activity is more effective; and the 2 most significant risk factors for us are:

- *Poverty and deprivation* – people are experiencing multiple inequalities and deprivation and ensuring that they are supported to create hope for their own future and the future of their families is important to us
- *Loneliness and isolation* – people who are excluded from social networks and so likely excluded from other areas where they would see improved quality of life; and excluded from democracy, having a say etc

Year of Young People

As this is the Year of Young People and the Scottish Government is investing resources into finding out what young people need and want regarding mental wellbeing and improved support, focusing some work on young people could help to inform and develop the strategy.

The focus in the Strategy on developing online and web-based resources lends itself more naturally to younger people (although not exclusively of course) and focusing on these new areas of support taking a co-production approach with young people could identify new ways of tackling not just this issue but other serious challenges we face looking into the future.

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ⁱ “The experience of mental health in rural Scotland”, Skerratt, SRUC and SiMS, 2016; and “Well Connected Communities”, Halley, SiMS, 2018