



DATE: 18 May 2018

RESPONSE OF: The Royal College of Psychiatrists in Scotland

RESPONSE TO: Scottish Parliament Health and Sport Committee call for views: Scottish Government's draft Suicide Prevention Action Plan

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The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

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

The final Suicide Prevention Action Plan should address the issue of inequality. Data from Information Services Divisions (ISD) has shown that between 2009-2015, suicide deaths were approximately three times more likely amongst people in the most deprived areas than those in the least deprived areas.¹ The plan must give due consideration to the social determinants of health, reducing inequalities and the concomitant effect on suicide rates. The plan should clearly recognise socio-economic factors such as unemployment and inequality may have greater effects on suicide rates within a population than other factors. We hope the Scottish Government's new welfare powers and changes to benefits will see a system better tailored to support people.

The Plan should also have levers to address inequality at a local level, with a specific focus on deprived areas. Having locally focused suicide prevention strategies and activities means it is more likely health inequalities particular to a community can be redressed. The proposed Suicide Prevention Confederation should, for example, encourage its member organisations to pay attention to areas where health inequalities are more pronounced and ensure that good practice in suicide prevention is consistent across the country.

Additionally, we need a funded research strategy to understand why the suicide rate in Scotland remains higher than in other parts of the UK, despite recent improvements.

- **To what extent should the Scottish Government's Suicide Prevention Plan need a whole system approach?**

The Scottish Government should ensure a whole system approach is embedded across the Suicide Prevention Plan. It is vital the Scottish Government, Local Authorities, primary care practitioners, specialist health services, third sector organisations, private sector organisations and local communities are working together.

Many people at risk of suicide may not have accessed specific mental health services before expressing their suicidal thoughts, though are likely to have had contact with primary care in the 12 months before their death. Additionally, over half (59%) of people who died by suicide had at least one mental health drug prescription given to them within 12 months of their death.² It is important all medical practitioners, especially those primary care who are often the first port of call for individuals, are trained to recognise the need for intervention when a person is at risk of suicide. There must be absolute clarity across Scotland about where people in a mental health crisis can go for help at any time. Our hope is that the Mental Health Strategy's expansion of primary care mental health

¹ ISD Scotland. (2017) 'A profile of deaths by suicide in Scotland 2009-2015.' Available at: <http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-11-14/2017-11-14-ScotSID-Summary.pdf>

² Ibid.

workers, with appropriate training and professional skills, will help bridge the gap between the third sector, primary care and specialist services.

First Aid training is a mandatory and an accepted part of most workplaces, schools and universities. We would hope mental health/suicide prevention training can become an equally accepted part of training for these and other relevant professional groups. For example, charity workers and public sector employees who are working with vulnerable people would benefit from greater support and training. Skilling up the general population to discuss suicidal behaviour and thoughts is also important and would help in reducing the stigma around suicide. It is also important that staff in places where vulnerable people may go are trained to recognise and respond to those in distress. Examples of this can be seen in North Lanarkshire where staff at McDonalds were trained in SafeTALK.

The Scottish Government must also work with a range of statutory agencies and third sector organisations to look at a variety of approaches to suicide prevention training. The long-term impact of Applied Suicide Intervention Skills Training (ASIST) requires more research to determine if there are clear and effective outcomes in providing more comprehensive suicide risk assessments.³ A literature review in 2016 of nearly 1,800 studies relating to suicide prevention highlighted more research must be done on gatekeeper training and the education of physicians, and concluded:

*In the quest for effective suicide prevention initiatives, no single strategy clearly stands above the others. Combinations of evidence-based strategies at the individual level and the population level should be assessed with robust research designs.*⁴

It is also important that a whole systems approach, which by nature crosses various systems, has good leadership to take things forward and monitor consistency and outcomes. In this era of health and social care integration, suicide prevention should be led by Health and Social Care Partnerships, working closely with third sector colleagues and local communities. We would also encourage the formation of local suicide prevention collaborative working with national groups, such as Breathing Space, as well as the non-territorial boards, such as NHS24 and the Scottish Ambulance Service. The Scottish Government should ensure the Health and Social Care Integration agenda remains cognisant of suicide prevention, and that there are means to monitor and evaluate suicide prevention activities undertaken by Health and Social Care Partnerships. We would like to see equality of services across Scotland and for there to be minimum standards of specialist response, so people know where they can go for help and what to expect.

³ Gould, M., Cross, W., Pisani, A., Munfakh, J., and Kleinman, M. (2003). 'Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline' in *Suicide and Life-Threatening Behaviour*, 43(6)

⁴ Zalsman, G., Hawton, K., Wasserman, D., et al. (2016) 'Suicide prevention strategies revisited: 10-year systematic review' in *Lancet Psychiatry*, 3, p. 646-59

- **What actions should be prioritised in the forthcoming strategy?**

While we agree with all the actions proposed, the scope of actions as part of the new Suicide Prevention Action Plan should be more ambitious.

The final Suicide Prevention Action Plan should recognise the need to tackle — and specifically reference — mental health stigma and discrimination across Scotland, ensuring no one is embarrassed to talk about mental health or seek support for mental health issues.

Any actions which are to be prioritised must have adequate funding and staff on both a national and local level. The Scottish Government should establish clear timelines and funding for the delivery of its Suicide Prevention Plan. Presently, there are a lack of timescales and targets in the Suicide Prevention Plan, and no reference to the funding or resources which will be targeted across Health Boards. A long-term evaluation and monitoring framework should be established.

Funding for local authority suicide prevention plans should be ringfenced. Examples of best practice from NHS England should also be learned from.

The proposed Suicide Prevention Confederation should promote a national framework for coordinating suicide prevention activities on a local level. There should also be a body within each local authority who is responsible for monitoring the implementation of a suicide prevention strategy

It is important some directive is issued to Health Boards, Local Authorities, Integrated Joint Boards and associated Health and Social Care Partnerships to ensure they are mindful of suicide prevention within their local area, and are taking steps to help prevent suicide and respond to those in crisis. A coordinated response should also assist in ensuring consideration of suicide prevention when planning infrastructure projects and transport safety.

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

The Plan should acknowledge better recognition and treatment of people with mental disorders is likely to reduce suicide rates, as has been clearly demonstrated by research into suicide prevention.⁵ It is also important resources are allocated towards reducing self-harm by psychiatric patients, such as by working with the Scottish Patient Safety Programme (SPSP).

Guidance on managing intoxicated patients with suicidal behaviour and self-harm should be developed. We note a persistent issue is when intoxicated people in crisis are taken to emergency psychiatric assessment by police. Consideration should be given to novel solutions such as short-stay self-harm units or safe places where people can be supported for a brief period, with ongoing access to mental and physical health care without formal inpatient admission. Figures from the Scottish Suicide Information Database show

⁵ Mann, J. J., Apter, A., Bertolote, J., *et al* (2005) 'Suicide prevention strategies: systematic review' in *JAMA*, 294(16), p. 2064-2074.

between 2009-15 a significant proportion of individuals who died from probable suicide received a diagnosis on discharge of substance misuse prior to their death.⁶ It is important the final Suicide Prevention Action plan give due consideration to this vulnerable group of patients and develop interventions which can support those with a diagnosis of substance misuse.

We are in favour of establishing interventions — particularly for children and young people — by creating an online suicide prevention presence across Scotland. We know that many people, particularly the young, are high users of social media and interventions to prevent suicide via social media could offer a promising way forward.⁷ The Scottish Government should utilise research to understand the types of interventions which could be proffered on social media, the effectiveness of these interventions in preventing suicide and assisting those in distress, and to consider potential ethical issues involved.

⁶ ISD Scotland. (2017) 'A profile of deaths by suicide in Scotland 2009-2015.' Available at: <http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-11-14/2017-11-14-ScotSID-Summary.pdf>

⁷ Niedzwiedz, C. (2005) [Blog] *Social media and suicide prevention*. Available at: <https://www.nationalelfservice.net/mental-health/suicide/social-media-and-suicide-prevention/>