CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

The early publication of the strategy consultation so soon after the 2011 elections shows a clear commitment to mental health in Scotland by the Scottish Government. The continued recognition of 'Preventing Suicide' as one of the focus areas for the strategy also demonstrates the importance of continued effort in this area.

It is recognised within the Strategy consultation that preventing suicide requires action across all sectors and the draft strategy has produced a broad range of outcomes which, if achieved, will produce real change in Scotland. Whilst many of these outcomes are the correct ones for Scotland, it is disappointing to see that many of the actions required to achieve these are focused entirely on the NHS and on related Health targets. It is essential for any of these outcomes to succeed that all sectors are included in responding to these outcomes and that targeted actions include much wider partners than NHS boards.

The structure of the document and its related outcomes lean heavily toward service delivery planning and on target-driven performance through the NHS. These targets are usually focused on health staff and more needs to be done to include training provision across all sectors. Most people who complete suicide are not known to statutory mental health services (National Confidential Enquiry into Suicide and Homicide by people with a mental health problem, Lessons for mental health care in Scotland, 2008) and suicide intervention training needs to be more widely available and funded for those working in the third sector and in communities to raise awareness and help promote suicide prevention.

Many of the outcomes are focused on treating mental illness and there should be more of a focus on the promotion of positive mental health and mental wellbeing. One in ten 5 to 15 years olds experiences a mental health problem (The Mental Health of Children and Young People in Great Britain, Office for National Statistics, 2004) and there needs to be more investment in early intervention and education programmes to train and promote positive mental health and wellbeing. This will, in turn, reduce the future impact on adult mental health services across all sectors.

The structure of the strategy consultation would benefit from more links to current policy in each outcome. The consultation has identified what has already been achieved but does not make enough links with current policy drivers such as Equally Well, GIRFEC and plans for Employability. We do not want to lose sight of good work already happening in the outcomes of the new strategy.

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

It is recognised that social connectedness and a sense of community promote positive mental wellbeing and help to reduce suicide. Suicide rates are highest in the most deprived percentile of Scotland's communities (Platt et al, The Epidemiology of Suicide in Scotland 1989 – 2004, Scottish Executive Social Research 2007) and there is growing social polarisation of deaths by suicide, particularly amongst young people (Boyle et al, BMJ 2005;330: 175-6). As a result of this, an outcome to help people and communities take action to protect and promote their own mental health is appropriate.

This outcome as it stands does not take into account the increasingly difficult economic circumstances faced by Scotland's communities and the potential impacts on employability. It is known that mental distress is twice as high among the unemployed as among those who have work (Happiness and Economic Performance, Economic Journal, 1997) and the links between mental ill health, employability and suicide are well recognised. There needs to be continued support and funding for suicide prevention programmes which teach whole communities to respond to suicide collectively.

The Choose Life programme has been heavily invested in and has made a significant impact on raising awareness of suicide in Scotland's communities but this strategy is due to come to an end in 2013 and work needs to begin to plan for the future of suicide prevention, both nationally and at a local level. The previous 'tag line' of the Choose Life strategy 'suicide prevention is everyone's business' demonstrated the multi-agency approach required to effect meaningful change in communities affected by suicide and the strategy needs to reflect more of this approach in its final state.

In going forward, the Government should continue to provide national guidance on preventing suicide and support and fund initiatives to do so. However, in its current state the strategy is too focused on NHS services and targets to reduce suicide. In order to achieve effective multi-agency working, local authorities should also be able to demonstrate how they are tackling suicide in their own communities. All local authorities respond to suicide prevention goals differently and we accept that there is no 'one right way' to do this but local authorities should be able to evidence how they are using Choose Life monies in their area. Local authorities should have clear and publicly available plans on suicide prevention which are relevant to their own areas and should be required to report on these each year, including their continued relevance to national objectives on suicide prevention.

National targets such as the HEAT target to train 50% of frontline staff in suicide prevention and intervention were useful in redressing the balance of training but suicide affects all of Scotland's communities and we know that the majority of people dying by suicide are not known to mental health services. The need for funded support for community based training is clear and this should be broadened to include community workers, charities, Citizens Advice, Job Centre Plus, police, education staff, trauma services, carers and members of the community. A study published in the Canadian Journal of Psychiatry into 'Gatekeeper training as a preventative intervention for suicide' demonstrated that a multifaceted approach to

suicide prevention in communities is required and that this type of training was shown to positively affect the knowledge, skills and attitudes of trainees regarding suicide prevention (Can J Psychiatry 2009; 54(4): 260-268).

Self Harm

The strategy consultation lists one of the Key Challenges as 'Reducing Self Harm and delivering the HEAT target to reduce suicide rates by 20% by 2011-13'. Continued commitment from Government is needed in both of these areas. However, self harm and suicide should be not seen as intrinsically linked or approached in the same way in the future of the strategy. For many people, self harm is in fact a coping strategy and preventing it can increase distress and ultimately cause problems to worsen.

The main source of statistics and figures on self harm come from hospital admissions related to self harm and there is work to be done to reduce the stigma of self harm and promote supportive and understanding attitudes to people who self injure as a way of coping with emotional distress and life circumstances. It also known that the vast majority of people who self injure do not regularly attend hospital for treatment and therefore more work needs to be done on reporting of self harm, again out-with healthcare settings. A more diverse understanding of self harm from residential care settings, education, prisons, community and voluntary sector projects and from the experience of people with lived experience will provide more meaningful figures and a better response from all services for people who self injure.

A consistent approach to training in responding to self harm should be identified as a priority within the strategy and this should be one which addresses the stigma surrounding self harm and which promotes a respectful and understanding attitude to working with people who self injure and their families, carers and workers.

The NICE National Clinical Practice Guideline No. 16 on the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care provides a well-researched approach to managing self-harm, including the need for psychological interventions. This guideline should also be referred to when developing Scotland's own approach to self harm/self injury.

A key message lacking throughout all of the outcomes is the focus on mental wellbeing, the promotion of positive mental health and early intervention support. When it comes to preventing suicide, there also needs to be a consistent message in tackling the stigma surrounding suicide in order to raise awareness and allow people to access support before they get to the point of crisis. Statutory services need to do more to learn from the experience and understanding of other sectors, including the voluntary sector and be more willing to utilise their services, especially in community settings. Around a third of GP appointments are related to mental health problems (Mental After Care Association First National GP Survey of Mental Health in Primary Care, London: MACA, 1999 and Rethink survey of GP's 2010) and it is essential that GP's and primary care services are better informed of services within their community which can provide the support required for people thinking about suicide.

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

It is clear that in order for people to take appropriate action themselves or seek help, they need to know where to go to do so. Mental health services need to become more accessible and there is a role for voluntary sector services in helping this to become a reality. Working alongside NHS and Local Authority services can provide a more joined-up approach to supporting people at risk of suicide in all of Scotland's communities.

Question 10: What approaches do we need to encourage people to seek help when they need to?

There are not enough places for people actively thinking of suicide to seek help outside of the NHS. There is a clear role here for voluntary sector services to provide community based crisis support working alongside statutory services. There also needs to be a re-thinking of priority groups that may be at risk of suicide and the ways in which support is available to them. For example, a study has shown that refugees and asylum seekers have difficulty accessing statutory services (Keating et al 2003) and that professionals' assumption of the existence of considerable community support combined with evidence of low demand leads to underestimates of need and provision of services for people of ethnic minority backgrounds (Grant 2004). In reviewing the progress over the lifetime of the Choose Life strategy, it would be helpful to review the identified priority groups on both local and national scales to ensure targeted approaches to suicide prevention are the right ones going forward.

In addition to the promotion of self help services, it would be helpful to see mental health promotion and early intervention more specifically highlighted in this outcome. It would also be helpful for the general public to become more aware of steps to maintain good mental health which would include links with physical activity, eating well etc. This positive mental health promotion would help to raise awareness of mental health and combat some of the stigma surrounding mental health and suicide.

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Many of the outcomes in this area are again NHS focused and place responsibility for delivering on the key challenges with health services. In order to ensure first contact and crisis services work well for people seeking help, we need real integration and collaborative working between NHS, voluntary sector and local authority services.

The HEAT target on access to psychological therapies is useful but needs to be backed up with improved knowledge of non-NHS services available in local areas, including those available through the voluntary sector. The need for crisis services is clear and requires an immediate response in the lifetime of this strategy. Many people who are thinking about suicide will attend hospital but if they are not assessed as needing psychiatric services may be turned away without proper support.

There is also a strong link between alcohol and suicide with an estimated 65% of attempted suicides in Scotland involving alcohol (The Psychiatrist, 2001, 25: 409-411). However, within NHS services it is difficult for people under the influence of alcohol to access help to deal with their thoughts of suicide. Immediate support for people who are suicidal and under the influence of alcohol needs to be more readily available and this is another area where more collaborative work outside of NHS services should happen in order to reduce the immediate risk to the person's life and offer an appropriate place of safety until they can access support.

Finally, in order for first contact services to work well and to help people move on to assessment/treatment services more quickly, suicide prevention and intervention training needs to be more widely available. In order to respond to suicide effectively, staff in all sectors and members of the community must be able to demonstrate the awareness, skills and knowledge to treat people thinking of suicide with respect and be able to provide meaningful help and support. Suicide prevention training should become a core skill for all those working in the health and social care fields and this training should be consistent to ensure communities are speaking the 'same language' around suicide and ultimately providing a more joined-up service and better level of care for those thinking of suicide in Scotland.