National Suicide Prevention Leadership Group - Minutes

Location: Commonwealth House, 32 - 34 Albion Street, Glasgow G1 1LH

Date: 23rd January 2019

Time: 12:30 – 16:00

Attendees:

Ms Rose Fitzpatrick (Chair)
Mr Toni Giugliano
Mr Nigel Henderson
Mr James Jopling
Chief Superintendent John McKenzie
Dr John Mitchell
Ms Ruth Moss
Ms Nicky Reid
Ms Angela Scott
Dr Michael Smith
Mr Billy Watson

Apologies

Mr George Dodds
Dr David Hall
Dr Amy Knighton
Ms Lara McDonald
Ms Jane O'Donnell

In Attendance

Professor Rory O'Connor - Academic Advisory Group
Professor Steve Platt - Academic Advisory Group
Ms Siobhan Mackay - Scottish Government
Mr Allan Steele - Scottish Government

1. Welcome from the Chair

Apologies

1.1. The Chair of the National Suicide Prevention Leadership Group (NSPLG) (the Group) welcomed members to their fifth meeting.

1.2. Apologies had been received from Mr George Dodds, Dr David Hall, Dr Amy Knighton, Ms Lara McDonald, and Ms Jane O'Donnell.

Minutes from Meeting 4: 10th December 2018

1.3. The Group requested further clarification be added to paragraphs 1.9 and 1.11 before publication. ***ACTION 5:1***

Action Log

1.4. Ms Mackay gave a brief update on ongoing actions. This included an update on the work of the NSPLG Lived Experience sub-group (created as per action 3.12). A draft Terms of Reference for a potential Lived Experience Panel was currently being developed and would be shared on Knowledge Hub in due course.

Forward Look

1.5. Ms Mackay introduced the Group's 'forward look'. This contains dates of interest for the Group and will be updated for each meeting. Members agreed to share any new information to Secretariat for inclusion as and when necessary.

1.6. The Group noted the Chair's forthcoming attendance at the COSLA Health and Social Care Board on 6 February and had a short discussion about engagement with Integration Joint Boards IJBs. Dr Smith confirmed that he had been nominated as a member of this Group both in his role as a leader in NHS Greater Glasgow and Clyde (NHSGGC) and as a link to the national network of IJBs of Health and Social Care Partnerships. He would be regularly sharing information with IJBs and agreed to work with the Chair to maintain lines of communication between the Group and partnerships. ***Action 5:2***

1.7. Ms Mackay updated the Group on the Cabinet Secretary's announcement of the Expert Review on Mental Health for Young People In Custody. This will be led by Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) working with a consultant child and adolescent psychiatrist. The Chair had accepted an offer for the NSPLG to take part in the Expert Review's editing panel and confirmed that the work of the NSPLG would be informed by the review's findings in due course.

2. Presentations from Academic Advisory Group

2.1. Professor Steve Platt presented an overview of international evidence, approaches and commonalities among national / sub-national suicide prevention strategies. All slides will be shared with Group Members on Knowledge Hub. ***Action 5:3***

2.2. Group discussion following the presentation covered two broad themes:

Multi-level programmes

2.3. A common component of national suicide prevention programmes identified within the presentation was their 'multi-level' nature and mix of universal and targeted interventions. The Group reflected further on this with regard to the national / sub-national interface of its work.

2.4. The Group discussed that while it and the Suicide Prevention Action Plan (SPAP) sit at a national level, much of the work to effect change would need to be carried out at local partnership level. The Group considered that management of this interaction will be crucial to success.

2.5. The Group recognised a dearth of guidance to local areas on what they should be measuring in order to assess their impact on suicide prevention. The Group acknowledged its leadership role in enabling local partnership activity and that this could be through providing guidance. This would need to be flexible enough to link with existing local planning mechanisms and to meet specific needs of local communities. The Group also discussed the need to balance this with mechanisms which could allow consistent monitoring, measurement and reporting at both a local and national level.

2.6. Alongside this, the Group discussed the need to clarify what it meant by a community or locality level – councils, Community Planning Partnerships (CPPs), IJBs, demography, geography, socio-economic status or something else. This would be particularly important in considering how the impact of activity could be monitored. In addition, the Group considered how a locality approach might be combined with factors that are related to risk of suicide. This linked to the evidence discussion below.

Evidence

2.7. The second broad theme was evidence; where it existed, how it might be gathered, and how it might be interpreted. The Group reflected that while some interventions had a limited or unclear evidence base, this could be because of a difficulty in gathering evidence. Considering how the Group could have a role to improve the evidence base, the Group highlighted the importance of building evaluation processes into action at every level.

2.8. The Group noted that while there have been two implementation evaluations within Scotland on suicide prevention activity, there have been no outcome studies (and none across Europe). It also acknowledged the difficulty in being able to link a reduction in suicide to any specific measure given the range of factors that might trigger someone to take, or prevent someone from taking, their own life.

2.9. There has also been good work in Scotland that the Group can build upon. This included the sustained focus generated by the previous three year Suicide Prevention Strategy, a dedicated Scottish Government policy team and a Minister for Mental Health. The Group also acknowledged the commitment to

a broad public health approach, improvements to the ability of the Health and Social Care system to respond to people in distress, raised awareness, efforts to tackling alcohol and substance misuse, efforts in primary care to tackle depression more effectively and local patient-safety programmes. The Group noted that the actions in the SPAP had evolved from 15 years of suicide prevention activity in Scotland.

2.10. Going forward, the Group noted a number of challenges it might help address: further reach into communities; increasing capacity and capability to prevent suicide; improving access to data; developing suicide review processes; and improved evaluation.

2.11. The limitations of focusing solely on the final outcome of national programmes, namely completed suicide, were discussed; and a shift towards measuring appropriate intermediate outcomes was explored. Prof. Platt cited, as an example, the outcomes framework developed to evaluate the Irish national suicide prevention programme, which included a range of intermediate outcomes which reflected key strategic objectives. The Distress Brief Intervention evaluation was referenced as a potentially useful source of information here. Self-harm admissions to A&E were also considered as a final outcome (per the Irish strategy), although caveats about data quality were highlighted

2.12. The Group also referred back to one of its guiding principles around lived experience here. Ensuring individual voices are heard and valued alongside research and statistical data remains paramount to building the most accurate picture possible.

3. Integrated Motivational-Volitional Model | Analysis and Potential Framework for At-Risk Groups (Action 7)

3.1. Professor Rory O'Connor presented on the Motivational-Volitional Model[1] (the IMV Model) which considers the psychological factors and conditions relevant to suicidal behaviour. It covered three key components; the factors that could raise someone's risk of suicide, triggers for someone to become suicidal, and the transition from considering suicide to completing suicide.

3.2. Mr Watson and Dr Smith then presented on their proposal to apply Prof. O'Connor's IMV Model to Action 7 of the SPAP, 'at-risk' groups, and more broadly.

Discussion

3.3. The Group discussed how the IMV Model might provide a coherent conceptual framework for describing suicidal behaviour which could help to identify potential opportunities for intervention. Such a framework or logic model could help partners in local settings identify and target local action. To be successful,

[1] https://royalsocietypublishing.org/doi/10.1098/rstb.2017.0268

any framework would need to be clear and accessible to everyone, whatever their understanding of the evidence around suicide prevention.

3.4. To help illustrate how the IMV Model might support this, Mr Watson and Dr Smith's presentation cross-referenced it with a number of the SPAP actions, considering relevant existing evidence and activities. Relevant to SPAP Action 7 was how the Group facilitates preventative activity and how we understand risk. The Group noted that of the number of people who might be considered at risk, only a very small number go on to complete suicide. Someone could carry risk factors for a long time but what is it that causes someone to take their own life at a particular moment in time? The Group also noted that some risk factors could in some circumstances also be considered protective factors for suicide, for example where an individual might belong to a minority group but that minority group might itself have a strong supportive network.

3.5. The Group noted that this is not the only model of suicidal behaviour but to assess the possible applicability of this particular model further it was agreed that Members would map the SPAP actions which they sponsored to the IMV Model ahead of the Group's next meeting on 20 February 2019. **Action 5.4**

3.6. The Group further discussed how it might use everything it had considered today to aid local areas to take action, self-evaluate and review. In drawing the conversation to a close Ms Reid challenged the Group to make a decision at its next meeting about how it describes 'risk'. This should then allow Members to frame their activity within that approach.

4. Meeting Close

4.1. The above discussion was drawn to a close at 4pm.

4.2. The Chair thanked the Members for a highly valuable conversation giving depth to the pragmatic and theoretical considerations required for a successful NSPLG work plan.

4.3. As agreed in December's meeting, the Chair reminded the Group that the January and February meetings would act as planning sessions for the year ahead. Today's discussion would be a helpful platform for discussing specific activity, resourcing and enablers at the next meeting.

4.4. The Chair agreed that discussion papers from today's meeting would be re-circulated for further consideration ahead of the next meeting. **Action 5.5**

Summary of Actions from the NSPLG Meeting held on 23 January 2019:

5:1 - Secretariat to update paragraphs 1.9 and 1.11 of the December minutes and circulate to group.
5:2 – The Chair and Dr Smith to work together in making contact with HSCP on behalf of the NSPLG to ensure the two groups are aware of the others work programme and mutual goals.
5.3 - Secretariat to publish the presentations from the meeting on the NSPLG Knowledge Hub website.
5.4 - Members to map their respective SPAP Actions against each component of the Integrated Motivational-Volitional Model.
5.5 – Secretariat to recirculate the discussion papers from today's meeting for further consideration.

Future NSPLG meeting dates:

20 February 2019 – Saughton House Scottish Government - Edinburgh
20 March 2019 - Hampden Park – Glasgow