

Director of Public Health

## **SUICIDE PREVENTION IN GREATER GLASGOW AND CLYDE**

### **Recommendations:**

#### **The Board is asked to:**

- Note the contents of this suicide prevention update paper, noting the work of the recently- formed Greater Glasgow and Clyde Suicide Prevention Group. Working through sub-groups and allied structures, it is progressing detailed development work.
- Note that this development work will lead to the production of a comprehensive programme and workplan for Suicide Prevention aimed for completion in Spring of 2013. Timescales for individual aspects of this work are set out below.

#### **1. Executive Summary**

- Suicide is a complex and challenging public health issue which has strong association with deprivation. It requires concerted and sustained effort from a wide range of partners
- Despite some decline in suicide rates for Greater Glasgow and Clyde over the last decade, this has been modest, compared with national and international trends
- A NHS Greater Glasgow and Clyde suicide prevention group has been formed, incorporating different NHS clinical areas, wider partners including the police and voluntary sector, and from the six Choose Life programmes within the Board area
- A number of sub-groups and work-streams are progressing, including further development work around self harm training, a focus on strengthening community prevention approaches, work to enhance mental health-related triage in emergency medicine settings, and to apply local and UK-wide learning from significant clinical incident reporting
- This report provides a brief overview of key development areas and notes that these will be utilised to create a comprehensive workplan

#### **2. Introduction: nature and scale of the challenge**

A comprehensive paper on the challenge of suicide and need to refresh and further develop a comprehensive suicide prevention response was presented at the April 2012 Health Board meeting (paper 12/14). As a brief recap of major themes presented in this paper, it was highlighted that:

- Suicide represents a major public health issue and a complex social challenge, requiring sustained action from multiple agencies
- Suicide has a substantial emotional impact for individuals, families and communities affected and also for staff and agencies who have been involved in caring for individuals affected
- The well-documented impact of social factors such as socio-economic status, financial insecurity, and the influence of multiple risk factors means that the prevention of suicide must be seen and addressed within this wider social context

It was also highlighted in the April 2012 paper, with detailed statistical analysis included, that while there has been a welcome decline in suicide rates in Greater Glasgow and Clyde over the last decade, albeit more modest than for Scotland as a whole. Scotland's rate of suicide is still approximately 80% higher than the rate in England and Wales<sup>1</sup> although the reasons for this are still unclear.

### **3. Establishment of Planning Group and Priority Development Strands**

Following presentation of the April 2012 Health Board paper on suicide prevention, the new Greater Glasgow and Clyde Suicide Prevention Planning Group was established, with a broadly based multidisciplinary membership, and with representation from each of the six Choose Life Programmes within the Greater Glasgow and Clyde area. The national Choose Life Team is also represented on this group. The purpose of the group is to take stock of current approaches to suicide prevention and to develop recommendations for strengthening the overall approach, in line with current evidence.

Following the initial business meeting, a full day's development event was organised, allowing delegates to undertake a wide ranging exploration of the challenges, achievements, priorities and opportunities to progress the suicide prevention agenda. One issue which has emerged strongly is the need to actively consider and address self harm issues alongside suicide prevention, given the close linkages.

Two main work strands emerged from this development process – **(i) strengthening the suicide prevention approach of clinical and statutory services**, and **(ii) strengthening community based prevention programmes**. Each of these strands are to be informed by an overt focus on research and an analysis of the evidence base, plus there should be development work on the wider structural and policy connections required to bring recommended changes in practice.

### **4. Exploring Research and Evidence-Based Approaches**

Throughout the period of the development work to-date, there has been a strong focus on critically examining the evidence base for effective practice. This has included examination of relevant published literature, including meta-analyses, and interaction with local academic developments and emerging findings. The latter category has included engagement with Professor Steve Platt and Professor Rory O'Connor and their recent academic and analytical outputs. This has included participation in relevant seminar events, such as the national Choose Life Forum, an event focused on men and suicide organised by the Samaritans and a research based seminar organised by Glasgow City Social Work Directorate. A dedicated sharepoint website has been developed to help share and disseminate relevant

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<sup>1</sup> <http://bjp.rcpsych.org/content/200/3/245.abstract?etoc>

research and allied material to group members and others:  
<http://www.phru.net/mhin/suicideprevention>

## 5. Staff Training

Following achievement within Greater Glasgow and Clyde of the national HEAT target for training 50% of designated frontline staff in suicide assessment and intervention skills by December 2010, the focus has been on maintaining the levels of staff above 50%. Since spring of 2011 this function has been coordinated by Morag O'Donaghue, Senior Learning and Education Adviser, working in conjunction with designated managerial leads across relevant structures. Detailed update reports are prepared on a quarterly basis and are shared with relevant performance management systems.

Based on staff turnover rates, the total target for NHS Greater Glasgow & Clyde was set at a minimum of **214** staff to be trained. At the end of September 2012, this minimum was already exceeded, with the total trained at **266** staff.

With more training having taken place and still scheduled to take place between the end of September and the end of December, NHS Greater Glasgow & Clyde is on track to achieving well over the minimum standard for suicide prevention training.

We recognise that GPs and A&E staff have not found current suicide prevention training materials and formats suitable to their needs, and so work has begun with Learning & Education to develop new materials that are relevant to those groups and can be delivered in clinical settings.

This is likely to involve a "brief intervention" to staff groups in the workplace, supported by online material and the availability of longer training sessions. **The format and content of this new approach will be drafted and tested with relevant staff by the end of March 2013.**

## 6. Clinical Service Developments

Led by the Mental Health and Acute Interface Group, a detailed body of work has been undertaken to develop a revised Mental Health Triage and Risk Assessment Tool for Emergency Medicine Departments across Greater Glasgow and Clyde. This is in response to learning from critical incident reviews and allied processes. Allied to this there will be a body of development work around the support and training that staff need to implement the tool and to address suicide risk issues. **The final draft of the document is currently being revised and will be implemented in all Emergency Departments by January 2013.**

The work of the Patient Safety subgroup of Mental Health Quality and Care Governance Committee will inform clinical service development - including better system learning from Significant Clinical Incidents, compliance with learning established by the UK National Enquiry into Suicide and Homicide, and work to develop "sentinel event monitoring" aligned with processes in Acute. **A template to support this monitoring will be ready for implementation in January 2013.**

A small working group will meet in January 2013 to review current thinking and evidence in relation to suicide risk assessment, and in particular methods of complementing the use of "actuarial" methods currently in practice.

## **7. Self Harm Developments**

Building on discussions at the June development day, a self harm training development group has been established for GGC, seeking to bring together best practice in self harm training. This group is making significant progress in creating a training resource and is examining routes for accreditation of this training. More detailed reports of the group's work are available.

In addition, work is at an advanced stage in preparation of a new educational resource package aimed at secondary schools, 'On Edge'. This draws on a successful drama production, and will be focused around a DVD resource coupled with a teaching pack. Piloting of the resource will take place in January – March 2013.

## **8. Suicide Prevention and Self Harm Work for Young People including Looked After and Accommodated Children**

A major development process has led to the creation of a comprehensive Child and Youth Mental Health Improvement and Early Intervention programme, ratified by the Greater Glasgow and Clyde Child and Maternal Health Strategy Group at its June 2012 meeting. This includes a major and integral focus on action required to address issues of "distress, self harm and suicide prevention". The six major development areas are summarised in a diagram presented as Annex 1. This policy focus is leading to renewed planning and delivery in the areas of self harm and suicide prevention. Examples include: training all Educational Psychology staff in Glasgow City in ASIST, additional training for teachers and allied educational staff in suicide prevention,

In the area of looked after and accommodated children there has been significant activity nationally and locally, building on the release of the Fatal Accident Inquiry Findings<sup>2</sup> into the deaths on Erskine Bridge of two young residents of the Good Shepherd Open Unit. Dr Michael Smith has convened an NHS group to examine the implications for the local Health Service of this FAI report and this group has developed a package of recommendations, now being refined in draft form. This activity links with developments in local authority settings, where there is also significant progress, such as additional training being provided to Children and Families staff.

GGCNHS colleagues were also active in a major event held in September 2012 focused on the FAI report and the needs of looked after and accommodated children. This was one of a series of events organised under the banner of the Protection Through Partnership programme organised by CELCIS (Centre for Excellence for Looked After Children in Scotland), with the support of the Scottish Government and Choose Life.

## **9. Community based prevention and Choose Life Programme connections**

As one of the major identified action areas for the Planning Group, a focus on community based prevention is being developed. The approach is to draw fully on the work programmes and approaches being delivered through the six Choose Life programmes, and to blend in additional learning and opportunities. To-date a number of connections with wider partners have been developed, including voluntary

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<sup>2</sup> <http://www.scotland-judiciary.org.uk/10/895/Fatal-Accident-Inquiry-into-the-deaths-on-Erskine-Bridge>

sector agencies, a themed event on World Suicide Prevention Day organised as part of the Glasgow City Choose Life Programme by the Social Care Ideas Factory. Initiatives such as the new Scottish Association for Mental Health suicide prevention programme and community support service for carers<sup>3</sup>, the work of Samaritans (including their recent work focusing on risk factors associated with men), Breathing Space, the Shared Strengths Self Harm Support Network<sup>4</sup>.

A sub-group including representatives of the six local Choose Life Programmes will progress with development of recommendations for strengthening of community based suicide prevention, building on the emerging evidence base. A strong focus on inequalities dimensions and the responses required for priority groups is informing this work.

## **10. Next Steps**

Further development work will continue for both of the priority strands highlighted in section 3 above, leading to a body of recommendations for action that will strengthen the overall approach to prevention of suicide in Greater Glasgow and Clyde. These will be formulated into a comprehensive workplan, with identified leads for implementation, and coupled with wider guidance for community planning partners to consider in progressing this agenda. Close links will be maintained with the Scottish Government's Mental Health Division and the national Choose Life programme to ensure alignment with relevant national policy developments.

**Paper prepared by Dr Trevor Lakey, Health Improvement & Inequalities Manager and Dr Michael Smith, Lead Associate Medical Director, December 2012**

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<sup>3</sup> <http://www.samh.org.uk/our-work/national-programmes/suicide-prevention>

<sup>4</sup> <http://www.otbds.org/sharedstrengths/>