Local Area Suicide Prevention Action Plans

Scottish Guidance

COSLA

National Suicide Prevention Leadership Group

Section 3

Data, Evidence & Intelligence

Contents

International & National Data on Suicidal Behaviour

Local actions plans should be based on the available data e.g. on the epidemiology of suicidal behaviour and evidence of what works i.e. effective interventions to prevent suicidal behaviour. There is a wealth of information available to support the work of local areas in developing their action plans. Some of the information is duplicated between the different resources and so links are provided to allow access to the most relevant information. This section of the guide aims to help understanding about what information is useful, where it can be found and how it might be used.

National Records Scotland (NRS)

NRS data is published online annually usually around August. This provides details of the number of suicides in Scotland broken down to local authority and health board level and include gender, age & method. It allows comparisons across areas in Scotland and also has links to similar data for other countries in the UK. Requests can also be made to NRS for more detailed reports for local areas, these may have to be provided as aggregate data depending on the number of cases involved .

The information along with a summary document can be found on the statistics and data page of the NRS website.

Scottish Suicide Information Database (ScotSID)

The overall aim of the ScotSID is to provide a central repository for information on all probable suicide deaths in Scotland, in order to support epidemiology, preventive activity, and policy making. The database covers demographic information, contact with health services and related health data, and will eventually provide details relating to the suicide event and individuals' wider social circumstances.

The information is collated into reports which are published annually and available on the Public Health Scotland website. These reports cover topics such as contact with unscheduled care prior to death. Detailed analysis can be provided on request from local areas[1].

Scottish Public Health Observatory (ScotPHO)

ScotPHO provide a range of data to support health improvement and reduce inequalities including information about suicidal behaviour. The data is provided at national, local authority and health board level along with details of deprivation and mental illness. The reports from ScotPHO are published annually in line with the publication of the NRS data and are available here.

1 There may be a charge for additional data analysis

The website also provides links to publications which allow comparisons with the UK and other countries. These are available here.

Public Health Scotland National datasets

There are a range of datasets held within Public Health Scotland which provide information on reasons for contact with the health service. Of particular interest in the area of suicide prevention are those which relate to hospital treated self-harm or provide details of hospital admission, unscheduled care and mental health. Details of data sources can be found on their website.

Suicide Review Learning System (SRLS)

The Healthcare Improvement Scotland website hosts a community of practice which aims to provide mental health service staff with guidance on conducting reviews into deaths by suicide and developing recommendations which will support service improvement. The page requires an individual registration and provides access to the learning summaries from previous suicide death reviews, useful resources to support work within mental health services to prevent suicide as well as blogs and discussions.

Office of National Statistics (ONS)

The ONS produce annual reports of the data available for all countries in the United Kingdom. This data allows comparisons across the UK and includes information about age, gender and method.

The information is available here.

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

For over 20 years the NCISH has collected and analysed the suicide deaths of mental health patients from across the UK. They produce an annual report for this data and a number of themed reports each year. The information has helped to improve, shape and support changes in patient safety for those with mental illness.

Links to their reports are available here.

World Health Organization (WHO)

The WHO produce information at a global level for deaths by suicide. This is most useful for work at a national level but may also be of interest for local areas.

This link will take you to their pages.

Local Data and Intelligence

Different areas will have access to different levels of information depending on their local agreements. At the most basic level, local areas will be able to utilise the NRS, ScotSID & ScotPHO information to help inform their local action plans. Some areas may have access to more local data from, for example, Police Scotland or Public Health via weekly death returns. Information and templates to assist in the development of information sharing agreements are available here.

Action 10 from the National Suicide Prevention Action Plan *Every Life Matters* aims to develop a multi-agency suicide death review process across Scotland. This will provide local areas with more in-depth information about the vulnerability factors and 'triggers' which may have contributed to suicide deaths in their area, which, in turn, will aid the development of local action plans. This information, aggregated across all local areas, will also help inform strategic developments at a national level. There are some areas, such as Tayside and Shetland, where this process already exists. A trial of this type of review process will also take place during 2020/21 in three other health board areas in Scotland. Work will be undertaken at a national level to ensure that this new process is aligned with review processes for other deaths, such as drugs, alcohol, children and young people etc.

Case Study - Midlothian

In addition to nationally available data the Lothian wide analytical services analysed NRS probable suicide data at intermediate data zone levels to inform the relationship between deprivation and completed suicides for the period 2013 - 2017. This complements the approach of Midlothian HSCP in its approach to reducing health inequalities.

Community Justice Services are aligned with the Partnership. An analyst from this service analysed completed suicides and suicide attempts for the period 2015 – 2019. This management level data included age, gender, method, accommodation, relationship status, location, substance use, mental health diagnosis, physical health condition, employment status and provided evidence to inform the suicide prevention action plan and enabled targeted action.

Information which relates to the other actions from *Every Life Matters* may also be useful when developing local action plans e.g. information is available from TURAS regarding the number of people who have undertaken training on this platform. In addition, information about the use of services such as Distress Brief Intervention (DBI), Breathing Space and NHS 24 Mental Health Hub will help create a strong understanding of the local circumstances.

Needs Assessment

The information gathered from stakeholder engagement and consultation (see section 2) along with the local and national data, form part of a needs assessment for a local area. A needs assessment helps to develop a comprehensive picture of the challenges in a community to guide planning and delivery of interventions for that community. Other elements involved in a needs assessment process include literature review, data analysis, communication and consensus building.

A needs assessment should help to provide answers to questions local areas may have such as where should we focus our efforts? What are the particular challenges in our area? What should our priorities be? In order to do this, local areas need to look at the intelligence or information for the locality which might help to explain the local picture of suicidal behaviour. Useful information to gather would include wider structural influences on suicidal behaviour such as employment opportunities, unemployment, levels of poverty, homelessness, availability, acceptability and accessibility of support services especially for those with mental health issues and those in distress etc.

Information and guidance about how to conduct a needs assessment is available from Public Health Scotland.

The SUPRESE tool allows local areas to undertake a self-assessment of their suicide prevention activity which will contribute to the needs assessment. More details about SUPRESE are available in Section 4 – Monitoring & Evaluation

Click here to view an example of a Suicide Prevention Needs Assessment

Sources of Information

In addition to the data sources above, there are a number of resources where it is possible to access information about suicide prevention and actions which may help local areas.

The Suicidal Behaviour Research Laboratory (SBRL)

Based in the University of Glasgow and led by Professor Rory O'Connor the SBRL conducts research which aims to apply theoretical models derived from psychology and social sciences to enhance understanding of suicidal behaviour.

The website has links to publications, current research and online blogs which may be of interest.

The National Suicide Prevention Alliance (NSPA)

Although this Alliance is aimed at public, private and voluntary organisations in England, the membership is wider than this. The aim of NSPA is to bring people who care about suicide prevention together in order to support individual and collective action to reduce suicide and support those affected or bereaved by suicide.

The website provides links to a range of resources including toolkits and guidance documents, strategy documents and a range of data. It also includes links to the websites of all the member organisations.

Centre for Suicide Research (CSR)

The Centre for Suicide Research is part of the Department of Psychiatry at the University of Oxford. The work of the CSR aims to translate research findings about the nature and extent of suicidal behaviour into actions for prevention and treatment.

The website has links to a range of resources and journal articles which may be of use.

Samaritans

In addition to their role as providers of support to those in need, Samaritans work to improve understanding and challenge the social elements that impact suicide. A range of publications are available on their website.

International Association for Suicide Prevention (IASP)

IASP are dedicated to preventing suicide and suicidal behaviour, alleviating its effects, and providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors.

A range of resources and publications providing a global perspective are available on their website.

The Integrated Motivational Volitional (IMV) model[2]

The IMV model developed by O'Connor & Kirtley provides a framework to understand suicide risk as well as identifying potential targets for intervention and prevention. The following description should be read in conjunction with reading the brief overview here and by watching the associated Youtube video here.

In its most basic form, the IMV model states the following:

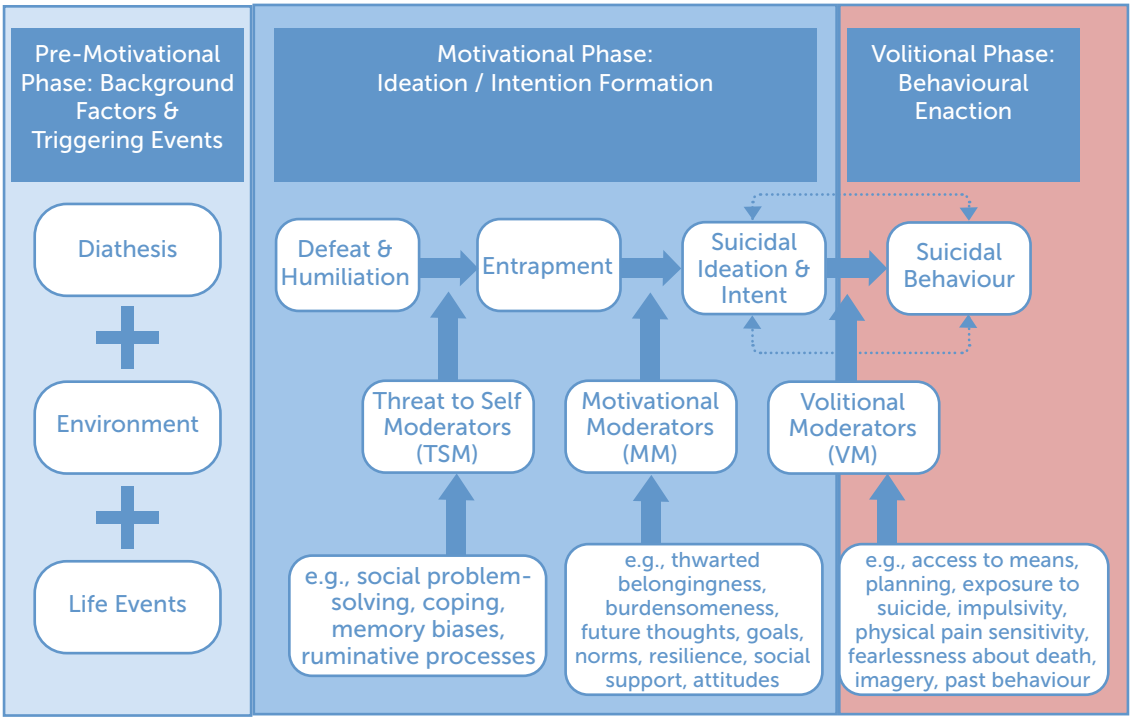
- The first part of the IMV model, the pre-motivational phase, describes the vulnerability factors and triggering events that are associated with increased suicide risk. It also highlights that someone's environment in the form of social disadvantage is an important marker of suicide risk as is the experience of early life adversity.
- The second part of the model (motivational phase) is concerned with suicidal thinking. Suicidal thoughts emerge from feelings of defeat and humiliation from which an individual believes they cannot escape. This sense of entrapment can give rise to unbearable mental pain. These feelings of defeat and entrapment are often also driven by loss, shame and rejection.
- The third part of the model (volitional phase) is focused on understanding who is at increased risk of acting on their suicidal thoughts. The factors that lead someone to become suicidal in the first place (i.e., to think about ending one's life) are different from those that increase the likelihood that someone will act on their thoughts.
- In short, the motivational phase (part 2) of the model is concerned with the emergence of suicidal thoughts whereas the volitional phase (part 3) outlines the factors that increase the likelihood that someone acts on their thoughts.
- The third part of the model (volitional) specifies 8 factors which increase the likelihood that someone will make the transition from suicidal thoughts to engaging in suicidal behaviour.

To prevent suicide, we should develop actions that address all three parts of the model. For example, in part 1, we need to try to alleviate social inequality. For part 2, we should think about how to reduce defeat and entrapment. To do so effectively this may require changes at a service/local delivery level. For example, does engagement with local services contribute to an individual's feelings of defeat and entrapment? If so, what can be done to change this? Interventions at part 3 should be aimed at reducing the likelihood that someone will act on their thoughts of suicide by targeting the volitional factors. So, interventions that restrict access to the means of suicide or the implementation of safety plans would be important here.

The key message is that for each suicide prevention action at a local or national level it should be possible to specify the theory of change in terms of the three phases of the IMV model. In some cases, actions will be targeting change at more than one phase.

2 O'Connor, R.C., Kirtley, O.J. (2018). The Integrated Motivational-Volitional Model of Suicidal Behaviour. *Philosophical Transactions of the Royal Society B*. 373: 20170268. http://dx.doi.org/10.1098/rstb.2017.0268

Figure 1: The integrated motivational-volitional (IMV) model of suicidal behaviour



Actions Likely to Have the Greatest Impact

A local suicide prevention plan/strategy should be able to meet a range of strategic priorities. Firstly, it should meet the needs of the local population; local intelligence will help the steering groups to identify priorities for their area. Secondly, it should demonstrate how it will contribute to the delivery of any national strategy and action plan. Thirdly, it should have a degree of flexibility to adapt to changing needs and priorities, e.g. in response to the COVID-19 pandemic and its impact on mental health and wellbeing. And, finally, it should demonstrate how its actions are based on the available evidence of effectiveness or be adding to the evidence base where local activities are demonstrating impact.

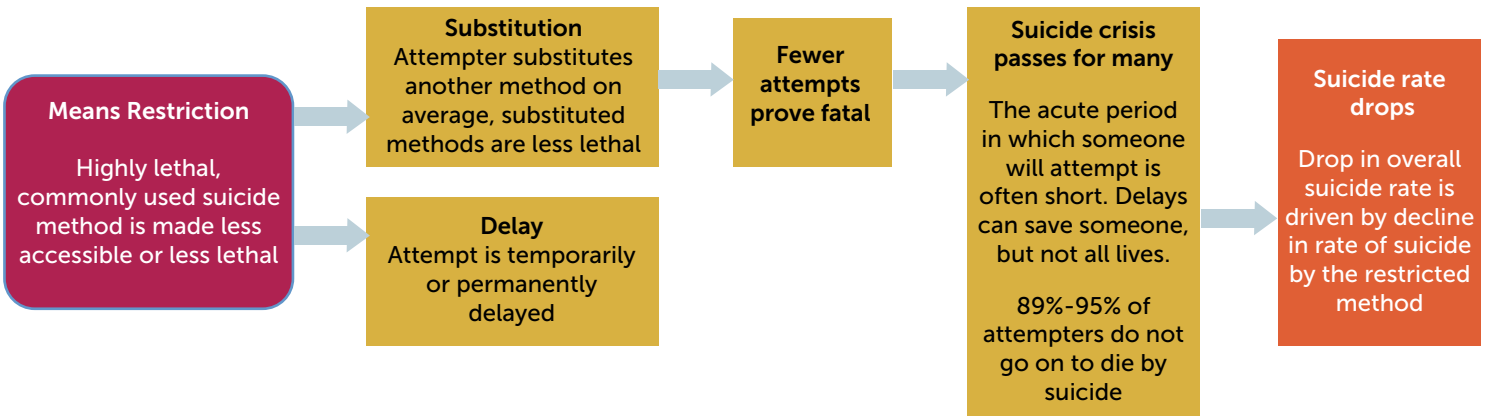
Detailed below are some of the key areas which are known to have an impact on reducing suicide rates. It is impossible for a local area with limited resources to do something to address all of the areas detailed below and while a range of actions are required at a local level it is important to balance the information available here with the priorities identified from a local needs assessment. It is better to do a small number of things well than to have a scatter gun approach to try and cover all of these. In their document LIVE-LIFE the WHO provide some guidance on the key interventions for suicide prevention.

1. Restrict Access to Means

The Evidence

Suicide rates can be substantially reduced by making it more difficult to die in an act of deliberate self-harm as described in **Figure 2**, Barber & Miller's conceptual model.

Figure 2: Conceptual model of how reducing access to a highly lethal and commonly used suicide method saves lives at the population level



Many of these interventions require a national approach through legislation, such as the reduction in pack size of paracetamol. However, actions such as removal of ligature points in mental health settings can and should be undertaken at a local level. Different areas will be affected by different factors (e.g. rurality versus urban), therefore, understanding the local data will be useful in determining what action may contribute to suicide prevention.

2. Address locations of concern

The Evidence

When addressing the means of suicide, one important aspect is to consider public locations where suicides have occurred. The data on numbers of suicides which happen in public rather than private settings are not easy to collect as this may be different from the place of death which may be recorded as the hospital where death was pronounced. One study which looked at the deaths in one English county over a four year period[3] estimated that around a third of deaths occurred in a public place.

Guidance on action to reduce suicides at locations of concern in Scotland was published by Health Scotland in December 2019. The guide provides support for local areas in identifying locations of concern and details measures which can be taken to help reduce suicide. It may also be helpful to consider an audit of suicide attempts which may also provide an indication of locations of concern.

Examples

At both the Erskine Bridge over the River Clyde and Galafoot Bridge in Scottish Borders, work to address the suicide risk has been undertaken. This work has included signage detailing Samaritans helpline number and increasing the height of physical barriers. This required working in partnership with Amey and Samaritans, engagement of the community and local MP's, MSP's and Councillors to address the challenges faced in a sensitive and appropriate manner.

3 Owens C, Lloyd-Tomlins S, Emmens T, Aitken P. Suicides in public places: findings from one English county. European Journal of Public Health 2009; 19(6): 580-2

3. Appropriate Media Reporting

The Evidence

At a national level, there is a wealth of evidence which demonstrates the potential influence of irresponsible media reporting of suicide on imitative suicidal behaviour. Depending on the content of the report, the story of a loss to suicide can either contribute to further loss of life or support suicide prevention efforts.

The Samaritans worked with journalists to develop Media Guidelines for Reporting Suicide which was published in April 2020. This guide provides the research and the evidence and advice about how suicides can be reported safely in the media.

Social media can also provide both negative and positive opportunities. When used as part of suicide prevention activity, social media can reach large numbers of people who otherwise can be hard to engage and allows intervention of those expressing suicidal ideation[4]. Negative impacts can be seen where there is internet addiction, high levels of internet use and sites with suicidal behaviour content[5]. Samaritans have published best practice guidelines for managing self-harm and suicide online to help organisations create safer online spaces and minimize the potential for harm.

Examples

Samaritans works with national and local media, programme creators and a wide range of partners to support and promote responsible coverage of suicidal behaviour and self-harm. The media advisory service monitors suicide reporting on a daily basis, identifies and responds to examples of risky coverage, issues confidential briefings to media around emerging issues or concerning stories, provides real-time advice to journalists and programme makers and runs free training for media outlets.

The service also works with partners in national and local government, public and emergency services to support responsible communication on suicide and related issues - this includes advising first responder services on how to safely report on suicide-related incidents and working with the rail industry on developing specific guidance around suicidal behaviour at or around railways.

In 2020, Samaritans updated their Media Guidelines to ensure they remain relevant to the needs of industry and partners. As part of this update Samaritans has developed a series of resources which give guidance on covering key topics including self-harm, youth suicides, high-profile and celebrity suicides, working with bereaved families and also created a free e-learning programme.

Lorna Fraser, who leads Samaritans' Media Advisory Service, said:
"Research evidence shows that certain types of media depictions, such as explicitly describing a method, sensational and excessive reporting, can lead to imitational suicidal behaviour among vulnerable people.

In contrast, coverage describing a person or character coming through a suicidal crisis can serve as a powerful testimony to others that this is possible and can encourage vulnerable people to seek help.

By working with journalists, programme makers and a range of partners we can help to reduce the risk to people who may be vulnerable and support safe and supportive conversations around suicide, which can encourage help-seeking and ultimately save lives."

4 Robinson J, Cox G, Bailey E, Hetrick S, Rodrigues M, Fisher S, Herrman H. Social media and suicide prevention: a systematic review. Early Interv Psychiatry. 2016 Apr;10(2):103-21
5 Marchant A, Hawton K, Stewart A, Montgomery P, Singaravelu V, Lloyd K, Purdy N, Daine K, John A. A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown. PLoS One. 2017 Aug 16;12(8):e0181722

4. Target activities to at risk groups

The Evidence

Work to target high risk groups is challenging, for example, we know that around three quarters of all suicides are male, yet the vast majority of men do not take their own lives. The same can be said for all groups which would be considered high risk. Considerable effort could be spent identifying the minority of these groups who die by suicide however, providing specifically designed support for these groups in a local area may have little impact on the intended outcome. Local areas should set realistic expectations about what they can achieve when developing activity to target these groups and should again prioritise action based on local needs.

a. Men

Around 75% of all deaths by suicide in Scotland are male and it is the biggest killer of men under the age of 50. Suicidal behaviour is complex and there are a range of factors which contribute to an individual taking their life. A number of these factors are particularly common for men, for example, untreated or undiagnosed depression, relationship difficulties, unemployment, substance misuse. It is clear that work to support a reduction in male suicide rates is necessary for an overall reduction in suicide and therefore it may be important to include actions which focus specifically on the needs of men and which encourage them to seek help. Helpful sources of information are available from Samaritans and include:

- Out of Sight Out of Mind, why less well off middle aged men don't get the support they need and the follow up Engaging men earlier | Our policy and research | Samaritans
- Men, Suicide & Society

Examples

Andy's Mans Club

Andy's Man Club provides weekly opportunities for men to come together for peer to peer support. The organisation was established following the death by suicide of Andy Roberts, a loving father, son, brother, grandson, nephew, cousin and friend to try and break down the stigma around suicide and men's mental health. Men don't have to be suicidal or experiencing poor mental health to join, the aim is to just get men talking so they can recognise support is there if they need it and they are not alone. At present Andy's Man Club operate in 34 areas in the UK, 6 of those in Scotland in Perth, Dundee, Dunfermline, Glenrothes, Edinburgh and St Andrews.

"The best way I can try to describe to people how Andy's Man Club has helped me is by comparing it to a building site. When I started at AMC I was a dilapidated house, the group (building site) and it's attendees (builders) have knocked that house (me) down and re-built it brick by brick to a point now where it is a functioning and thriving building."
(Michael Chapplow, group member and facilitator)

b. Previous self-harm

Self-harm increases the likelihood that the person will eventually die by suicide by between 50- and 100- fold above the rest of the population in a 12-month period. The Samaritans report Hidden Too Long: uncovering self-harm in Scotland aims to increase the understanding of self-harm in Scotland and build the case for improving support for people who have self-harmed, as well as their family and friends. Actions to address self-harm and suicide attempts are an important part of a comprehensive local action plan. There are a range of publications which provide guidance about effective secondary prevention approaches but there is little available which supports primary prevention of self-harm.

For mental health care providers the National Confidential Inquiry into Suicide and Safety in Mental Health have developed a self-assessment tool which links to the NICE Quality standards.

NHS Health Education England has developed a competence framework for Communities and public health (see also further information regarding workforce development below)

c. Mental illness – crisis & aftercare

The NCISH report published in December 2019, detailed that between 2007 -2017, 28% of suicides in the UK were patients of mental health services. Implementation of the 10 ways to improve safety in mental health and primary care toolkit would address the key risk factors identified for this group.

NCISH have published a toolkit for specialist Mental Health and Primary Care Services which presents 10 ways services can improve safety.

d. Criminal Justice

Studies have shown that the risk of dying by suicide is three times greater for male prisoners and nine times greater for female prisoners than the general male and female population and that in the first few weeks after release, ex-prisoners are at much greater risk of suicide than the general population[6]. The research highlights that a complex combination of factors contribute to the high rates of suicide and self-harm in prison settings which include, individual factors such as mental illness, substance use, along with prison environmental factors such as ligature points, access to training and vocational opportunities and meaningful activity. It is therefore likely that in order to reduce suicide rates individual prisons will have to better understand the factors contributing to suicide risk in their prisons.

Scottish Prison Service Suicide Prevention Strategy Talk to me.

6 Pratt D, Piper M, Appleby L, Webb R, Shaw J, Suicide in recently released prisoners: a population-based cohort study. Lancet. 2006; 368: 119-123

e. Age-related

Although the numbers of young people who die by suicide are relatively small, the rate at which young people are dying has increased in recent times. Information from the Office of National Statistics showed in 2018 suicide rates for those aged 10-24 in England and Wales had increased by 83% for females and 25% for males since 2012 and in Scotland for the same year, 15.1 in every 100,000 Scots aged 15 to 24 died by suicide.

In a recent paper published by the Samaritans, loneliness was identified as a factor in young people's suicidal feelings, and the paper makes a range of recommendations for addressing this. Suicide in young people is not usually in response to a single issue: an NCISH report in 2018 summarised 10 common factors which require action from a range of organisations and services.

While the rates of suicide in young people are increasing, the highest risk is in those aged 35-54. It is important to gather local information regarding risk in various age groups and establish where to prioritise action.

f. Those bereaved by suicide

Losing a loved one to suicide is associated with several negative outcomes, including an increased risk of suicide. People bereaved by the sudden death of a friend or family member are 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural causes. The NSPLG commissioned the Mental Health Foundation to undertake a qualitative study of support for those bereaved by suicide. Their report was published in March 2020 and contained 9 recommendations.

Pilots of their recommendations will be undertaken in two local areas from 2021 with findings reported to the NSPLG.

North Ayrshire – 13 Ways

In 2017 – 2019 a number of young teenagers took their lives across North Ayrshire. The North Ayrshire Child Protection Committee took the lead in co-ordinating a multi-agency response. A key to this was to work with young people themselves, they were asking "How do I help my friend?" Following discussions around a well-known Netflix series they wished to turn the negative messages into messages of support and recovery - that suicide is not the solution.

In partnership with a commercial creative company and following focus group discussions and clear direction from the young people the "13 Ways to Support your friends when they are struggling" social media campaign was developed. All creative ideas were developed with young people and their voices are on the animations. There are 14 animations - one is introductory and then 13 messages. An extra message voiced by parents of one of the young people was also developed.

The animations tackle difficult messages like "Don't keep it a secret" and "Tell a trusted adult" but also give young people things which they can do "Listen. Don't panic" "Be honest" and "Distract them"

The animations were rolled out across Instagram, Facebook, Snapchat, Twitter and YouTube through 2018 and at key times in subsequent years. North Ayrshire Youth Services are hosts. Also developed recently is a Zoom discussion for Covid 19 lockdown. The "13 ways" are now embedded within the schools Mental Health agenda and posters exist to reinforce the messages.

5. Training and learning programmes

The Evidence

Gatekeeper training can play a role as part of a robust suicide prevention local action plan. Studies have shown that training increases knowledge, builds skills and has an impact on attitudes to suicidal behaviour of those attending[7]. Studies have focused on specific groups such as nurses and teachers, with most concluding that additional research is required to understand the long term-impact of training and education on the behaviour of those who have been trained and the subsequent influence on their clients'/patients' behaviour.

A useful resource is the knowledge and skills framework for mental health improvement, suicide and self-harm developed by NHS Education Scotland (NES) for staff working across the public sector. This details the skills and knowledge required at four levels; informed, skilled, enhanced and specialist.

Examples

A range of learning bytes have been developed by NES to meet the criteria for skilled level.

Informed level resources are also available

A TURAS account is required for access to these resources, this is a simple process to set up and open to anyone.

6. Community awareness – tackling stigma

The Evidence

In its publication Preventing suicide A community engagement toolkit the WHO identifies community awareness as one of the key elements of a suicide prevention action plan. Reducing suicide takes a whole community effort and begins with raising awareness about suicide in order to break down the stigma surrounding it.

It should be noted however, that community awareness programmes require a considerable resource and therefore local implementation should link to national efforts and a wider programme of effective suicide prevention interventions in order to ensure efficacy.

Examples

In 2020, a national social movement was launched in Scotland called United to Prevent Suicide using the voices of those with lived experience of suicide as a call to action.

7 Deane, F. P., Enns, M. W., & Sareen, J. (2009). Gatekeeper training as a preventative intervention for suicide: A systematic review. Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie, 54, 260-268

The groups mentioned above are not an exhaustive list but can be used as examples of how identified risks can be addressed through local actions. It is imperative that work to gather local intelligence is undertaken which may indicate other risk groups such as LGBTQ+, veterans, those living in poverty, remote and rural areas require prioritised action.

Other information to support local area action plans

This guide is part of a set of documents created to support the development of local suicide prevention action plans. Other guides in the set are:

Section 1 – Introduction

Section 2 – Governance and collaboration

Section 4 – Monitoring & evaluation