

Report

Report to: **Social Work Resources Committee**
Date of Meeting: **04 March 2020**
Report by: **Director, Health and Social Care**

Subject: **Suicide Prevention**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Social Work Resources Committee in relation to the recent increase in the rate of suicide across South Lanarkshire as reported by Police Scotland to the Health and Social Care Partnership via the designated Suicide Prevention Lead for South Lanarkshire
- ◆ summarise local data
- ◆ advise on the South Lanarkshire Suicide Prevention Action Plan
- ◆ make recommendations on future actions

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the work being undertaken, as detailed in the report, to support the South Lanarkshire Suicide Prevention Action Plan, be noted.

3. Background/National Picture

3.1. There has been real progress across Scotland in addressing Suicide Prevention. 20% reduction in completed suicides between 2002-2006 and 2012-2018. Every Life Matters' – Scotland Suicide Prevention Strategy was launched in 2018. The key strategic aims of this national strategy are:

- ◆ to reduce suicides
- ◆ to ensure suicide prevention becomes everyone's business

3.1.1. However, for the first time in 15 years the annual Information Services Division (ISD) figures for 2018, reported in June 2019, show a 15% increase in suicide nationally.

3.2. There were 784 suicides (deaths from intentional self-harm and events of undetermined intent) registered in Scotland in 2018, compared to 680 in 2017. These figures are based on the new coding rules introduced by the National Records of Scotland (NRS). The corresponding estimates based on the old coding rules (see note below) are 753 suicides in 2018 and 664 in 2017:

- ◆ in 2018 the suicide rate for males was three times that for females
- ◆ in 2014-2018 the suicide rate was more than three times higher in the most deprived tenth of the population (decile) compared to the least deprived decile (21.7 deaths per 100,000 population compared to 7.0)
- ◆ while suicide rates are strongly related to deprivation level, this difference or inequality has decreased between 2004-08 and 2014-18

- ◆ the suicide rate varies between different areas within Scotland and fluctuates over time. For 2014-2018, seven NHS Board areas had a higher European age standardised rate than the Scotland average
- ◆ Scotland appears to have had a higher suicide rate than the UK overall since the early 1990s, though this comparison is affected by differences in data recording practices between countries

3.3. A Local Picture

3.3.1. Every death by suicide is a tragedy. Although the annual figures show a rise in suicides, a five year running average data is used to provide a more accurate picture of trends rather than year on year:

- ◆ Lanarkshire: 2014-2018 average number per year of probable suicides 81, down from 96 in the years 2002-2006
- ◆ North Lanarkshire: 2014-2018 average number per year of probable suicides 43, down from 52 in the years 2002-2006
- ◆ South Lanarkshire: 2014-2018 average number per year of probable suicides 38, down from 44 in the years 2002-2006

3.4. Lanarkshire Annual Suicide Figures

- ◆ there were 98 suicides (deaths from intentional self-harm and events of undetermined intent) registered for Lanarkshire residents in 2018, up from 73 in 2017
- ◆ there were 58 suicides (deaths from intentional self-harm and events of undetermined intent) registered for North Lanarkshire residents, up from 40 in 2017
- ◆ there were 40 suicides (deaths from intentional self-harm and events of undetermined intent) registered for South Lanarkshire residents, up from 33 in 2017

3.5. South Lanarkshire Data

3.5.1. Since January 2019, we have been working closely with the Police in South Lanarkshire to collate live data of completed suicides. From 1 January to 31 December 2019, there have been 38 suicides reported by the Police in South Lanarkshire. This represents an increase in the number of reported suicides for the same period last year (1 January to 31 December 2018).

- ◆ 38 suicides in total
- ◆ 87% were male
- ◆ 84% method was hanging
- ◆ average age 37 years
- ◆ 26% were in age range 25-34 years, 18% in age range 35-44 years, 16% in age range 55-64 years, 13% in age range 15-25 years, 13% in age range 45-54 years & 11% in age range 5-14 years and 3% in age range 65-74 years
- ◆ 50% were 34 years and under
- ◆ 36% increase for the same period in 2018
- ◆ Locality rates Hamilton 42%, Cambuslang & Rutherglen 21%, Clydesdale 18.5% and East Kilbride 18.5%

3.6. Key Considerations

- ◆ whilst temporal variations should be treated with caution (which is why figures are reported on a five year rolling basis), a 36% increase from the same period in 2018 is worrisome
- ◆ the Health and Social Care Partnership (HSCP), in collaboration with Education, Community Planning and Voluntary Sector Partners, has developed an ambitious

Suicide Prevention Action Plan. Actions are based on the national commitments outlined in Scotland's Suicide Prevention Plan (August 2018)

- ◆ given the knowledge that 50% of those completing suicide are under 35, and that most were in employment (typically lower paid employment), creating suicide safer schools, colleges and employment have become key priorities
- ◆ there has been a gap in a dedicated budget for Suicide Prevention since the completion of the Choose Life project, making the planning, scope, roll-out and sustainability of actions very difficult. A dedicated budget has now been identified and work is underway to develop a designated Suicide Prevention Officer post for South Lanarkshire HSCP

3.7. Suicide Prevention Activity in South Lanarkshire

3.7.1. In May 2019 a multi-agency Suicide Prevention Group was reconvened to support completion of the Suicide Prevention Plan within South Lanarkshire.

3.7.2. What we aim to achieve

- ◆ the number of people taking their own life is reduced
- ◆ a reduction in suicide across high risk groups
- ◆ increasing awareness of mental health and suicide prevention
- ◆ increasing the number of staff accessing mental health and suicide prevention training
- ◆ completion of a mapping exercise which identifies which level of the NES Knowledge and Skills four level framework is appropriate in relation to health and social care staff roles and responsibilities
- ◆ reducing access to means of suicide
- ◆ learning from investigations and reviews into unexpected deaths
- ◆ providing better information and support to those bereaved or affected by suicide
- ◆ supporting research, data collection and monitoring
- ◆ building community capacity to help reduce the stigma and taboo associated with suicide

3.7.3. NHS Health Scotland (HS) and NHS Education for Scotland (NES) are working together to support Action 2 of 'Every Life Matters'. As part of this action the following have so far been developed:

- ◆ a Knowledge and Skills Framework which sets out the knowledge and skills required of staff, depending on role, responsibilities and context, in order to support mental health improvement and prevention of self-harm and suicide. The framework sets out these knowledge and skills which build incrementally from informed, skilled, enhanced to specialist level, and cover six domains of practice. Most mental health practitioners will be working at enhanced level of the framework
- ◆ a workforce development plan which sets out next steps with regard to working with specific areas of practice for identification of learning needs and development of learning resources.
- ◆ a series of three animations aimed at informed level to support all workers' development of knowledge and skills about: the factors that impact on mental health and how to look after mental health, how to have a conversation with someone about their mental health, and how to ask about thoughts of self-harm or suicide and support help-seeking
- ◆ colleagues from South Lanarkshire Council (SLC) Personnel department are exploring options around dissemination to SLC employees of recently launched Suicide Prevention resources which presents a unique opportunity to develop a whole systems strategy regarding Suicide Prevention training within SLC and the Partnership

- ◆ rolling out of Suicide TALK awareness raising wherever possible, promoting the message that suicide is everyone's business
- ◆ given the knowledge that 58% of those completing suicide are under 35, and that most were in employment (typically lower paid employment), creating suicide safer schools, colleges and employment have become key priorities. A proposal has been developed to roll out suicide prevention in high schools to pupils and staff. Work is ongoing with Education Health and Wellbeing lead and Psychology to agree next steps.
- ◆ high level leadership will be critical in realising our vision of a South Lanarkshire where suicide is preventable, where cultures promote positive mental health, and where people contemplating suicide receive the help they need

4. Employee Implications

- 4.1. Research shows that education and awareness are central to preventing suicide. There is new Suicide Prevention training being planned, but not yet developed by Health Scotland. This will replace the existing Suicide Prevention training, with a phase-out of old training, and a phasing-in of new training. There will be workforce development implications if we are to timeously facilitate the updated Suicide Prevention training across the workforce.

5. Financial Implications

- 5.1. There are no financial implications associated with this report.

6. Climate Change, Sustainability and Environmental Implications

- 6.1. There are no implications for climate change, sustainability and environmental implications in terms of the information contained in this report.

7. Other Implications

- 7.1. There is a risk that staff will not feel sufficiently confident in their knowledge and skills to deliver interventions that will support suicide prevention unless there is senior leaders and operational management support to implement a South Lanarkshire HSCP workforce development plan that sets out identification of learning and development needs for specific areas of practice.
- 7.2. The development of mentally healthy communities across the Partnership will provide the upstream activity required to promote population level approaches to developing positive mental health and wellbeing which contribute to Suicide Prevention. Senior Leaders, Managers and Elected Members will require to influence and support the creation of the conditions required to develop such communities across the Partnership.

8. Equality Impact Assessment and Consultation Arrangements

- 8.1. There is no requirement to carry out an impact assessment in terms of the proposals contained within this report.
- 8.2. There is also no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza
Director, Health and Social Care

28 January 2020

Link(s) to Council Values/Ambitions/Objectives

- ♦ deliver better Health and Social Care outcomes for all

Previous References

- ♦ none

List of Background Papers

- ♦ South Lanarkshire Suicide Prevention Action Plan

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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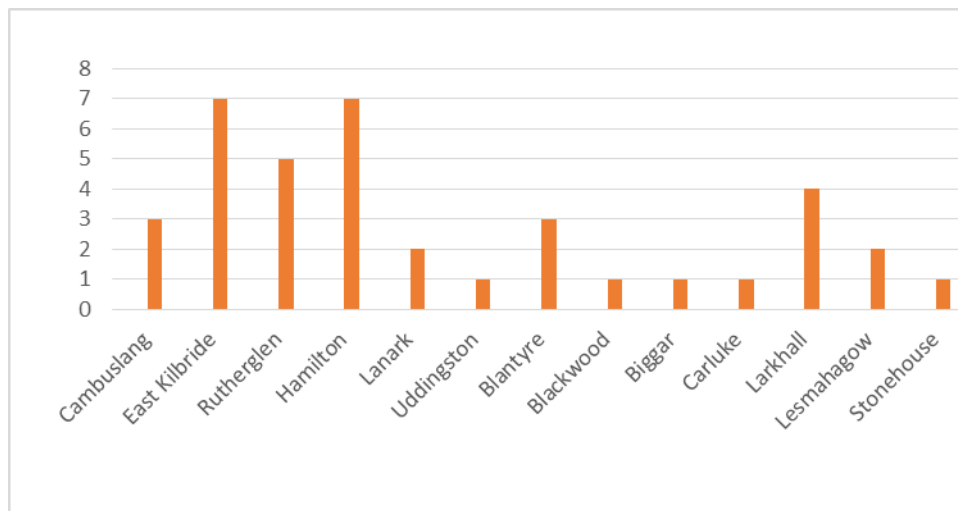
South Lanarkshire Suicide Demographics

Details in this update include suicides reported to the South Lanarkshire Suicide Prevention Lead by Police Scotland and may not include all suicides that have taken place in South Lanarkshire. We are in the process of linking in with the Transport Police who will have figures of suicides on the railways. Some drug related deaths that may be suicides are not included.

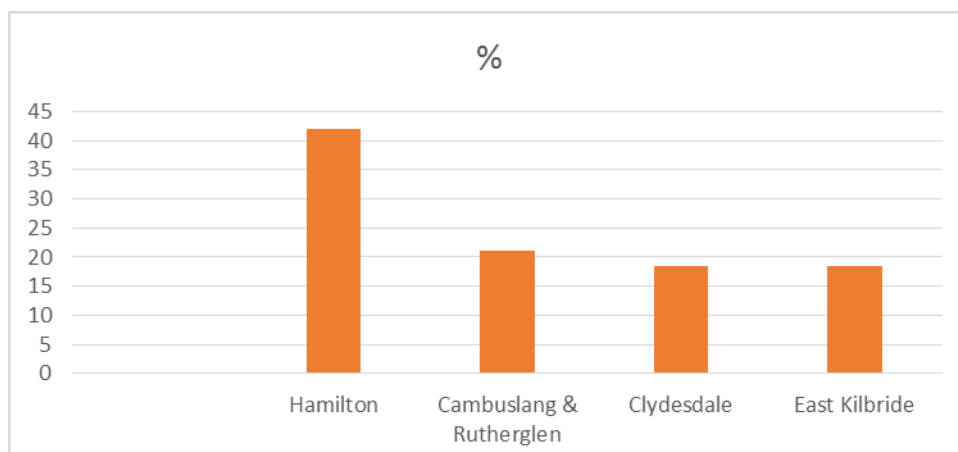
Key points

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- 87% were male
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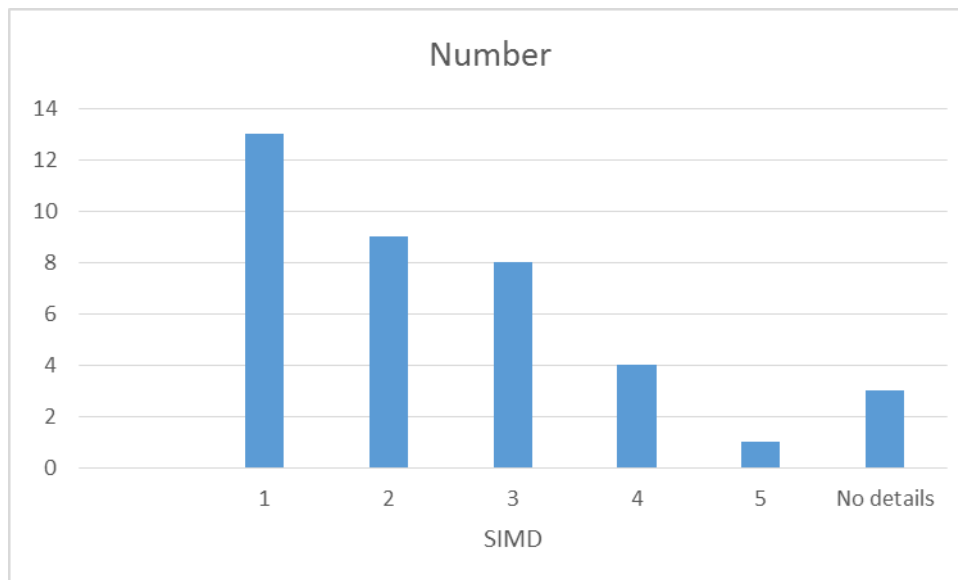
Number of Suicides by Area



Percentage of Suicides by Locality



Number of Suicides by SIMD



Number of Suicides by Age Range

