

WEST DUNBARTONSHIRE COUNCIL
26 October 2022

Report by Head of Service – Sylvia Chatfield
Head of Mental Health, Learning Disability and Addictions

Subject: Advisory Briefing Report to Council relating to Motion by Councillor Karen Conaghan – Suicide Rate in West Dunbartonshire

1. Purpose

- 1.1** To give advice on a range of possible approaches that could be followed to address the motion proposed by Councillor Karen Conaghan, relating to suicide rates in West Dunbartonshire

2. Recommendations

- 2.1** Members are asked to:

- Note the contents of the briefing report and linked suicide prevention activity and local action plan.

3. Background

- 3.1** As part of the Council's response to data covering West Dunbartonshire in the national ScotPHO Annual Suicide Statistics published in August 2022. Council approved the following motion:

'Council is concerned that in West Dunbartonshire deaths by suicide continue on an upwards trend. We are all too aware of the link between social deprivation and mental ill health. The global pandemic of the COVID 19 virus and now the subsequent cost of living crisis have only added to the levels of depression and anxiety felt by many in our communities. We all have a part to play in helping prevent suicides and therefore Council requests a report be brought to the next Council meeting outlining what we already do in terms of suicide prevention work and what more could be done.'

3.2 Scottish Government – New Suicide Prevention Action Plan

The Scottish Government and COSLA have published in September 2022, a new 10-year suicide prevention strategy, ['Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-32'](#).

The strategy sets out a vision to reduce the number of suicides in Scotland while tackling underlying social issues that can cause people to feel suicidal, such as poverty, debt and addiction.

The strategy is based on seven guiding principles, including commitments to inequalities and diversity, co-developing work with people with lived experience, and providing opportunities for cross-sector working. The outcomes set out in the strategy aim to promote community awareness, protective environments and access to the right support.

Alongside the strategy, a three year [action plan](#) for 2022-25 has been published setting out initial work to achieve these.

- 3.3** To implement the plan, the Scottish Government has set up a new Delivery Collective. This Delivery Collective will routinely identify and assess emerging issues – using its new horizon scanning function as well as ongoing analysis of data, insights, evidence and practice feedback.

The Scottish Government and COSLA will measure the impact of this strategy through the development of a new suicide prevention outcomes framework, with linked indicators. This outcomes framework will demonstrate how the actions in the action plan will achieve the long term outcomes.

Work is ongoing to update existing local action plans and suicide prevention activities to reflect the new Scottish Government's and COSLA outcome framework and we will continue to engage with the new suicide prevention governance structures.

3.4 Board/Local Suicide Prevention Action Planning

At present suicide prevention actions are coordinated at both NHS Board and HSCP/Community Planning Partnership level. West Dunbartonshire HSCP (WD HSCP) have officers who attend the NHS Greater Glasgow and Clyde (NHSGGC) Suicide Prevention Group and the NHSGGC representative on the old National Suicide Prevention Leadership Group (NSPLG) was Dr Martin Culshaw, Deputy Associate Medical Director, and NHSGGC who also chairs the NHS GGC Suicide Prevention Group.

- 3.5** The NHSGGC Group has recognised that individual HSCP's will develop their own action plans to reflect local needs and circumstances.

4. Main Issues

4.1 Annual Suicide Statistics

[Statistics](#) released by National Records of Scotland show that there were 753 probable suicides registered in Scotland during 2021, this is a decrease of 52 on the 2020 figure of 805.

Three-quarters (75.03%) of people who died by probable suicide in 2021 were male (565 males, 188 females). The highest crude rate of suicide for both males and females occurred in the 45 – 54 age group in 2021.

There is a known link between deprivation and suicide. The probable suicide rate (both crude and age-sex standardised) in the period 2017 - 2021 was over three times higher in the most deprived areas compared to the least deprived areas.

4.2 Suicide: West Dunbartonshire Trends

West Dunbartonshire recorded 18 probable suicides during the 2021 reporting period (see Appendix 1 for full details), 13 males and 5 females.

The figures show that there has been an increase in registered deaths by probable suicide for males from a figure of 11 in 2020 to 13 in 2021. Probable suicides of females have decreased slightly at 5 in 2021 compared to 6 in 2020.

There has been an increasing upward trend for male and for female probable suicides since 2017. Males are almost two thirds of the total number of suicides while females reflect the national trend of one third of the total number of deaths by suicide.

4.2 European age-sex-standardised Suicide Rates per 100,000 Population

The European age-sex-standardised Suicide Rates per 100,000 population figures from ScotPHO show that for males, West Dunbartonshire have lower registered rates per 100,000 populations compared to the Scottish average but that the all persons and female rates for West Dunbartonshire are slightly higher.

4.3 It should be noted that West Dunbartonshire suicide data relates to very small numbers and therefore rates based on these small numbers may fluctuate dramatically from year to year.

4.4 Suicide Prevention in West Dunbartonshire

Suicide prevention programmes and activities are coordinated by the Community Planning West Dunbartonshire Suicide Prevention Group (CPWD SPG).

This group has a current action plan, covering 7 priority areas (see Appendix 2 for full details) to reflect the previous COSLA COVID suicide prevention recommendations. Outcomes and actions relating to this action plan are reported to the CPWD Safe DIG.

To deliver on this action plan a number of subgroups have been established. These subgroups will focus on the following:

- Self-Harm
- Suicide Date/Reviews
- Locations of Concern (Yoker/Renfrew Bridge) (Network Rail Train Stations)

- 4.4.1 This group continue to support and develop a local Bereavement and Loss Support Service which was established in December 2020 and is currently showing high levels of uptake of service, with agencies from both statutory and Third Sector referring into service. Future plans for this service include the establishment of a peer led support group.
- 4.4.2 Specialised bereavement and loss training has been delivered to local staff by Cruse Scotland (for the general population) and by Richmond Hope (for those who work with children), and over the period June 2021 – June 2022 a total of 71 staff have taken part in online bereavement and loss training sessions.
- 4.4.3 West Dunbartonshire has also continued to provide suicide prevention/self-harm training to frontline staff in line with COVID restrictions, with 59 staff currently trained over the same June 2021 – June 2022 period.
- 4.4.4 As part of the local promotion of Suicide Prevention Day/Week, we are working with the Samaritans, who agreed to bring their national suicide prevention roadshow to Clydebank on the 10th October, 2022 (only 5 locations in the UK were chosen) and literature materials from the Samaritans 'Real People, Real Stories' campaign have been distributed across the locality. We also have place a range of social media content from the national campaign - tagline 'Creating Hope Through Action' onto local social media platforms.
- 4.4.5 We have delivered as part of Suicide Prevention Day/Week (5th September – 11th September 2022), our first face-to-face self-harm skills course ([What's the Harm?](#)), facilitated by the Health Improvement Team for the HSCP.
- 4.4.6 We continue to make linkages with key partner networks and we are now a member of the West Dunbartonshire Water Safety Group and at national level we have been an active member of the Public Health Scotland's suicide prevention cluster guidance working group (with guidance due to be released shortly).
- 4.4.7 As previously indicated the Scottish Government and COSLA have released a new suicide prevention strategy and action plan. To ensure that the local CPWD action plan mirrors recommendations and action, we have organised a CPWD Suicide Prevention Group development session on the 8th November 2022. Following this development session, we will update our current action plan to reflect the new Scottish Government outcome framework (when it becomes available) and locally identified suicide prevention needs.

5. People Implications

5.1 Not applicable.

6. Financial and Procurement Implications

6.1 Not applicable

7. Risk Analysis

7.1 Not applicable.

8. Equalities Impact Assessment (EIA)

8.1 Not applicable.

9. Environmental Sustainability

9.1 Not applicable.

11. Consultation

11.1 Not applicable.

12. Strategic Assessment

12.1 Not applicable

Name Sylvia Chatfield

Designation Head of Mental Health, Learning Disabilities and Addictions

Date: 07/10/2022

Person to Contact: Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addictions, sylvia.chatfield@ggc.scot.nhs.uk

Appendices: **Appendix 1** ScotPHO Annual Suicide Statistics Local Authority Level - West Dunbartonshire (August 2022).
Appendix 2 CPWD West Dunbartonshire COVID Recovery Suicide Prevention Plan 2021- 2023

Background Papers: **ScotPHO [Suicide Statistics](#)** Publication – released August 2022
Scottish Government/COSLA - New 10-year suicide prevention strategy, '[Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-32](#)
Scottish Government/COSLA – Suicide Prevention Three Year [action plan](#) for 2022-25
Public Health Scotland, [Suicide statistics](#) for Scotland Update of trends for the year 2021

Wards Affected: All

Appendix 1 Annual Suicide Statistics for Scotland Local Authority - West Dunbartonshire (August 2022)

This brief provides details on ScotPHO Annual Suicide [Statistics](#) at both a national and local authority level.

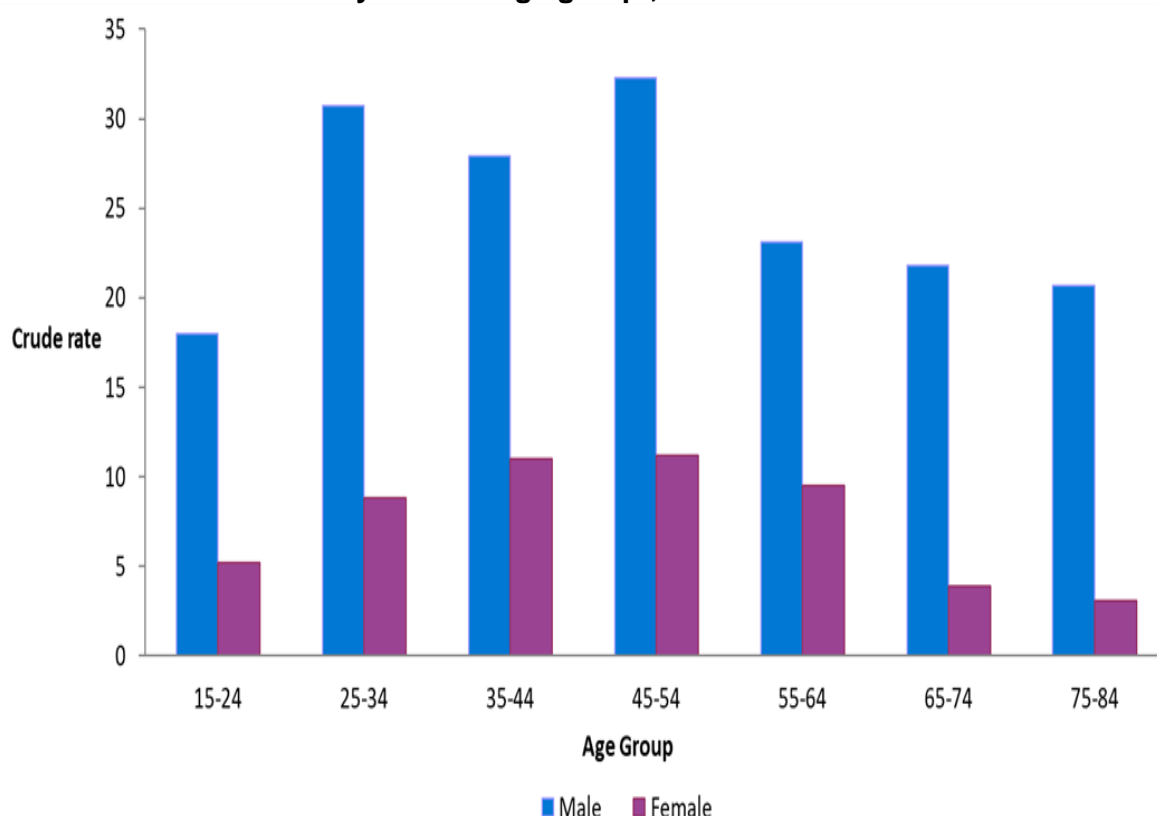
Annual Suicide Statistics

Statistics released by National Records of Scotland show that there were 753 probable suicides registered in Scotland during 2021, this is a decrease of 52 on the 2020 figure of 805.

Three-quarters (75.03%) of people who died by probable suicide in 2021 were male (565 males, 188 females). The highest crude rate of suicide for both males and females occurred in the 45 – 54 age group in 2021.

There is a known link between deprivation and suicide. The probable suicide rate (both crude and age-sex standardised) in the period 2017 - 2021 was over three times higher in the most deprived areas compared to the least deprived areas.

Fig 1 Shows deaths caused by probable suicide¹ – Crude rates per 100,000 population by sex and age group², Scotland 2021



¹ Rates are based on the new WHO coding rules.

² The age groups 0-14 and 85+ years are excluded from the chart to protect patient confidentiality.

West Dunbartonshire

West Dunbartonshire recorded 18 probable suicides during the 2021 reporting period, 13 males and 5 females.

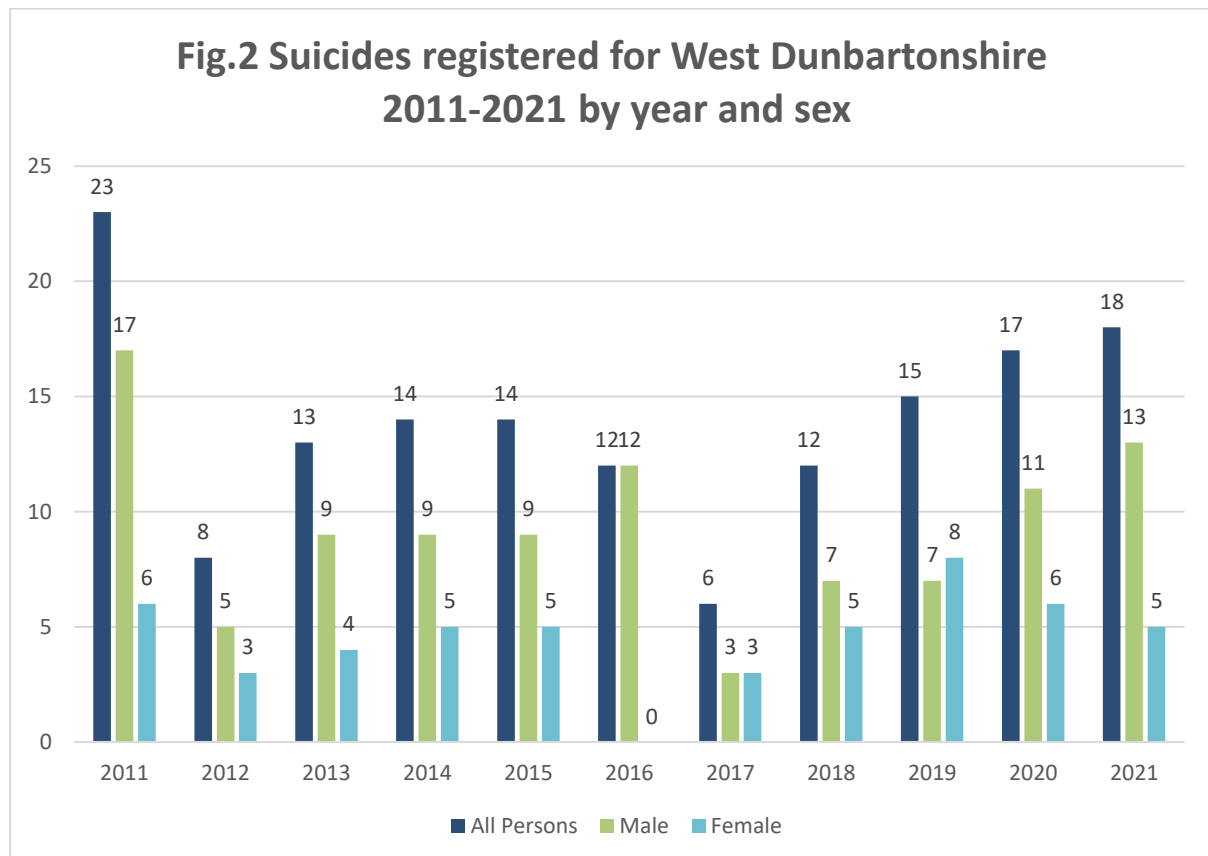
The figures show that there has been an increase in registered deaths by probable suicide for males from a figure of 11 in 2020 to 13 in 2021. Probable suicides of females have decreased slightly at 5 in 2021 compared to 6 in 2020.

There has been an increasing upward trend for male and for female probable suicides since 2017. Males are almost two thirds of the total number of suicides while females reflect the national trend of one third of the total number of deaths by suicide.

It is worthy of note that the 3 and 5-year rolling averages are seen as the most robust way of looking at trends, given how much variation can occur for many reasons between years. This is particularly true for smaller population areas like West Dunbartonshire, where small numbers may fluctuate dramatically from year to year.

West Dunbartonshire trends charts

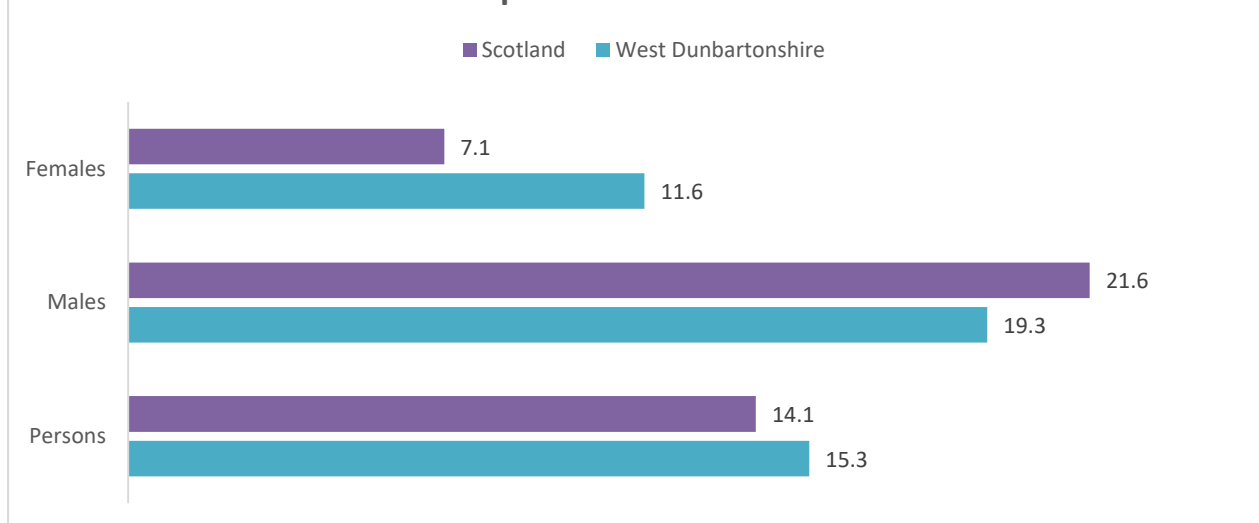
The chart below provides more detailed figures (Fig. 2) on suicides registered in Scotland by local authority (West Dunbartonshire) by year and sex.



European age-sex-standardised Suicide Rates per 100,000 Population

The European age-sex-standardised Suicide Rates per 100,000 Population figures (Fig 3) from ScotPHO show that for Males, West Dunbartonshire have lower registered rates per 100,000 populations compared to the Scottish average but that the all Persons and Female rates for West Dunbartonshire are slightly higher (see table below).

**Fig.3 European Age-Sex-Standardised Rates per 100,000
Population 2017 - 2021**



It should be noted that West Dunbartonshire suicide data relates to very small numbers and therefore rates based on these small numbers may fluctuate dramatically from year to year.

Suicide Prevention Work in West Dunbartonshire

Suicide prevention programmes and activities are coordinated by the Community Planning West Dunbartonshire Suicide Prevention Group (CPWD SPG) this group has recently updated its action plan to reflect the recent COSLA COVID suicide prevention recommendations. Outcomes and actions relating to this action plan are reported to the CPWD Safe DIG.

To deliver on our current action plan a number of subgroups have been established. These subgroups will focus on the following:

- Self-Harm
- Suicide Date/Reviews
- Locations of Concern (Yoker/Renfrew Bridge) (Network Rail Train Stations)

Current work

We continue to support and develop our local Bereavement and Loss Support Services which was established in December 2020 and is currently showing high levels of uptake of service, with agencies from both statutory and third sector referring into service. Future plans for this service include the establishment of a peer led support group.

Specialised bereavement & loss training has been delivered to local staff by Cruse Scotland (for the general population) and by Richmond Hope (for those who work with children) and over the period June 2021 – June 2022 a total of 71 staff have taken part in online bereavement and loss training sessions.

West Dunbartonshire has also continued to provide suicide prevention/self-harm training to frontline staff in line with COVID restrictions with 59 staff currently trained over the same June 2021 – June 2022 period.

As part of the local promotion of Suicide Prevention Day/Week (5th September – 11th September 2022), we are working with the Samaritans, who have agreed to bring their national suicide prevention roadshow to Clydebank (only 5 locations in the UK were chosen) and literature materials from the Samaritans 'Real People, Real Stories' campaign will be

distributed across the locality. We will also place a range of social media content from the national campaign - tagline 'Creating Hope Through Action' onto local social media platforms.

We will also deliver over this week, our first face-to-face self-harm skills course ([What's the Harm?](#)), facilitated by the Health Improvement Team.

We continue to make linkages with key partner networks and we are now a member of the West Dunbartonshire Water Safety Group and have attended a number of meetings/events and at national level we have been an active member of the Public Health Scotland's suicide prevention cluster guidance working group (with guidance due to be released shortly).

The Scottish Government has indicated that they plan to produce a new 10-year suicide prevention strategy and action plan (September 2022), to ensure that the local WD CPP action plan mirrors recommendations and action we have planned a suicide prevention group development session in November 2022, this will ensure our local action plan is current and fit for purpose.

Further Information

National Records for Scotland:

<https://www.nrscotland.gov.uk/node/3768#:~:text=There%20were%20753%20probable%20suicides,the%20National%20Records%20of%20Scotland.>

Public Health Scotland:

<https://publichealthscotland.scot/publications/suicide-statistics-for-scotland/suicide-statistics-for-scotland-update-of-trends-for-the-year-2021/>

Appendix 2
CPWD West Dunbartonshire COVID Recovery
Suicide Prevention Plan 2021- 2023

**CPWD West Dunbartonshire
COVID Recovery
Suicide Prevention Plan
2021- 2023**

DRAFT 15.6

West Dunbartonshire Suicide Prevention Action Plan

Introduction

Suicide deaths are preventable and every single suicide is one too many. The consequences of the tragic circumstances of these deaths are indeterminable, personally affecting families, friends and communities. The Scottish Government's Suicide Prevention Action Plan³ – Every Life Matters - details the key objectives to reduce the suicide rate by **20% by 2022 from a 2017 baseline**. The vision for Scotland's Mental Health Strategy⁴ is of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma. This strategy sets out a range of actions which aim to achieve this vision one of which is to tackle both the act of suicide and stigma surrounding suicide.

Aim

This plan aims to support the Community Planning West Dunbartonshire Suicide Prevention Group (CPWD SPG) to reduce the number of suicides in West Dunbartonshire, and ensure provision of support to those bereaved by suicide, focusing on but not limited to groups at high risk of taking their own life.

Priority Areas

In line with the Scottish Government's National Suicide Prevention Leadership Groups (NSPLG)/COSLA suicide prevention recommendations (2020), and locally identified needs the CPWD SPG will focus on the 7 key areas for action to reduce suicide:

1. Achieve community planning partnership leadership for suicide prevention
2. Reduce the risk of suicide in key high-risk groups, with a specific focus on children and young people
3. Reduce access to the means of suicide (locations of concerns)
4. Provide better information and support to those bereaved or affected by suicide
5. Provide suicide prevention training to key frontline staff group
6. Support the media in delivering sensitive approaches to suicide and suicidal behaviours
7. Support research, data collection and monitoring

Context

This Plan is being introduced during a global COVID-19 pandemic. As it is widely acknowledged that the pandemic will have a major impact on people's mental health and wellbeing, the direction that this Suicide Prevention Plan provides is critical to ensuring a coordinated response that will support our residents, families and communities both during the pandemic and in the recovery period.

Within the published literature there are suggestions that suicide rates will rise, although it is also acknowledged that this is not inevitable. Suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups. Preventing suicide therefore needs urgent consideration. The response must capitalise on, but extend beyond, general mental health policies and practices⁵.

Fear, anxiety, self-isolation, and physical distancing in general, might exacerbate the likely adverse effects of the pandemic on people with mental illness, and on population mental health. Those with

³ Scottish Government (2018) *Suicide Prevention Action Plan: Every Life Matters 2013-2017*,

Available at: <https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/> (Accessed: 15/04/2021)

⁴ Scottish Government (2017) *Mental Health Strategy 2017 - 2027*, First edn. Edinburgh: Scottish Government.

⁵ Gunnell D. et al. 2020. *Suicide risk and prevention during the COVID-19 pandemic*. The Lancet. See: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30171-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext)

psychiatric disorders might experience worsening symptoms and others might develop new mental health problems, especially depression, anxiety, and post-traumatic stress⁶ all of which are associated with increased suicide risk, along with problematic substance use.

The aforementioned mental health problems, along with others, are likely to be experienced by the whole population and those with high levels of exposure to illness caused by COVID-19, such as frontline health-care workers and those who develop the illness. Longer term impacts in terms of trauma, grief and distress may exacerbate the burden of mental ill health in the community long after recovery. This Plan has therefore been refreshed to ensure that it is COVID-19 sensitive, and addresses the risk factors which could exacerbate poor mental health and subsequent suicidality.

Background

Governance - Board/Local Suicide Prevention

At present suicide prevention actions are coordinated at both Greater Glasgow & Clyde NHS Board and Health and Social Care Partnership level. West Dunbartonshire Health and Social Care Partnership (WD HSCP) has officers who attend the NHS Greater Glasgow and Clyde (NHSGGC) Suicide Prevention Group.

West Dunbartonshire Level Governance/Planning

Suicide prevention activities and initiatives are integrated into a number of Community Planning West Dunbartonshire partners (CPWDP) strategic action plans such as West Dunbartonshire Health and Social Care Partnership (WD HSCP) Strategic Action Plan, Mental Health Plan and NHS Greater Glasgow and Clyde Health Board (NHS GGC) 5 Year Mental Health Plan.

Suicide prevention activities are also incorporated into the CPWDP Delivery and Implementation Groups (DIG's) – Safe and Nurturing action plans. In addition, there are links to WDADP and associated sub-groups. Suicide prevention activities and initiatives are set within the wider public mental health approach, which translates across the life course.

Work is ongoing within the West Dunbartonshire Suicide Prevention Group which leads on delivering the local Suicide Prevention Action Plan. The responsibility for the delivery of suicide prevention activities in West Dunbartonshire lies with the Head of Mental Health, Learning Disabilities and Addictions HSCP and this Suicide Prevention Group will report its activities and work to the CPWD Delivery and Implementation Safe Group.

Greater Glasgow and Clyde Health Board's Suicide Prevention Concordat Priorities

The GGC Suicide Prevention Group proposes that the following initiatives should be prioritised as part of their concordat from January 2021. Actions have been chosen in the awareness of the new profile of risk and access presented by COVID-19. Scrutiny of this concordat is under taken by the GGC Chief Officers Group.

Training and workforce development

- Progressing the pan-GGC mental health training support contract to boost suicide prevention training delivery and complement locally delivered training initiatives – this is now a live contract being delivered by SAMH;
- Continue the roll-out and delivery of all aspects of the self-harm training (“What’s the Harm?” training programme) on a pan-GGC basis, with the GGC Self Harm Forum reporting on progress to the GGC Suicide Prevention Planning Group on a regular basis

⁶ Jia R, Ayling K, Chalder T, et al (2020) 'Mental health in the UK during the COVID-19 pandemic: cross-sectional analyses from a community cohort study', *BMJ Open*, 10(9), pp.

- Collaboration on new and existing training initiatives, such as delivered by Public Health Scotland and NES as well as online training options which are being developed in the context of COVID-19.

Youth and Young Adult Suicide Prevention

- Create a short-life working group to advance approaches to suicide prevention, including consideration of transition to adulthood issues; this should link both to CAMHS and allied clinical developments.

At-risk groups

- Improved response to “clusters” of suicide, including a cluster response team to support local communities and manage media interest
- Action on locations of concern⁷

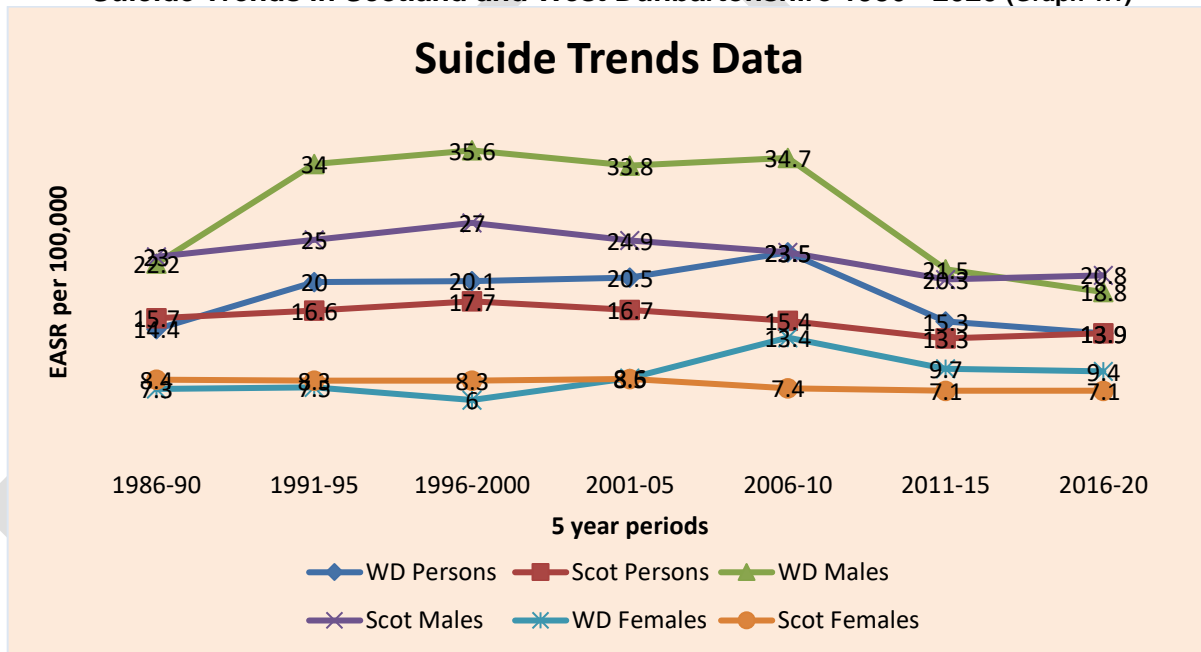
Coordination of best practice

- Coordination of responses across clinical services, locality planning, strategy and service development. To include liaison on clinical service responses to suicide risk and wider community services and responses, including piloting of alternative responses for people in acute distress.

National - Annual Suicide Statistics

The annual suicide figures from The Scottish Public Health Observatory (ScotPHO) were released on the 17/08/2021 and show a 3% decrease from 2019 to 2020 for Scotland; 889 to 805 probable suicides in 2020. ScotPHO provides [details](#) of the national statistics, the statistics at Health Board level and also the statistics at Local Authority level.

Suicide Trends in Scotland and West Dunbartonshire 1986 - 2020 (Graph 1.1)



Source: ScotPHO Suicide: [Key Points](#) viewed 26/10/2021

Suicide: West Dunbartonshire trends

Graph 1.1 above shows the trend for Suicide Rates in Scotland and West Dunbartonshire (by five-year rolling average) from 1986-90 to 2016-2020 based on the old coding rules. In 2020 West Dunbartonshire recorded 17 suicides during the reporting period, 11 males and 6 females. The data

⁷ Note: report of November 2019 national event on Locations of Concern for suicide prevention available as separate document and a separate GGC Suicide Cluster Response Policy has been prepared during mid-2020

shows that there has been an increase in registered deaths by suicide for males from a figure of 7 in 2019 to 11 in 2020. Female suicides have decreased slightly at 6 in 2020 compared to 8 in 2019. There has been an increasing upward trend in both male and female deaths by suicide during 2016-2020. Males are almost two thirds of the total number of suicides while females reflect the national trend of approximately one third of the total number of suicides.

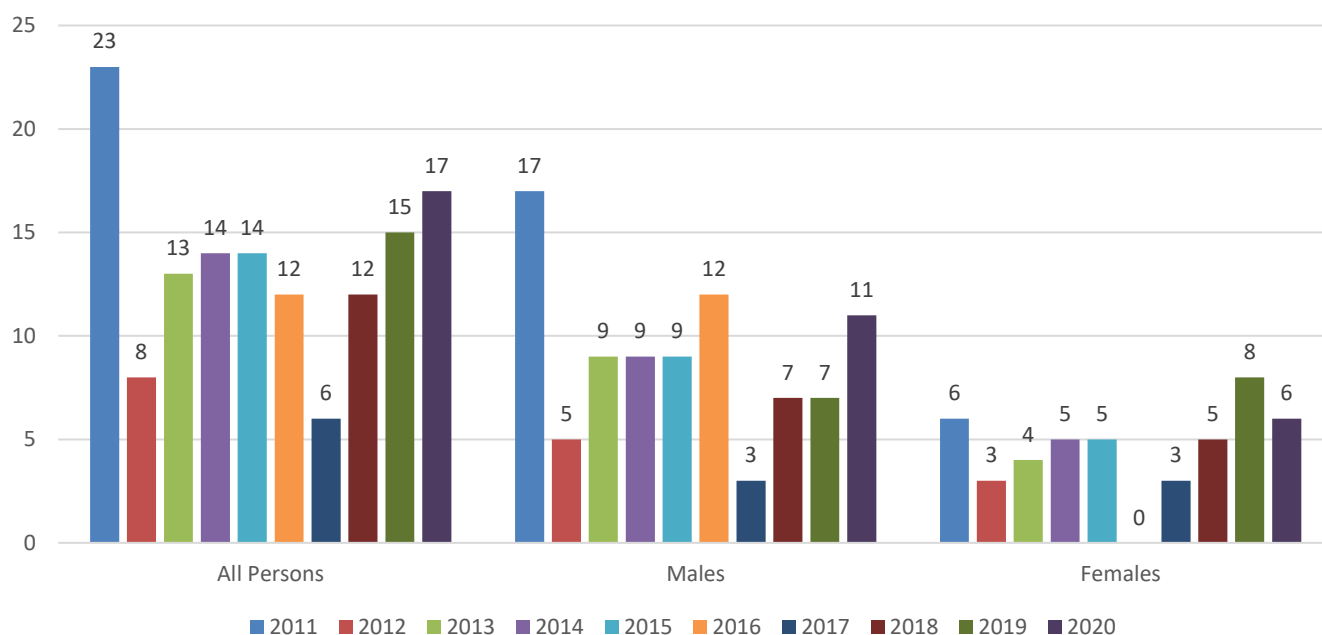
Between the two time periods 1996-00 and 2016-20 rates in Scotland have fallen for males of most age groups, except for males aged 45-54 and 55-64 years. The age distribution of deaths has changed slightly over time, with the highest suicide rate now in males aged 45-54 years. The largest absolute falls in the rates between the two time periods were in the males aged 15-24, 25-34 and 75+. The highest crude rate of suicide for males occurs in the 35 – 44 age group and for females in the 45 – 54 age group.

It is worthy of note that the 3 and 5-year rolling averages are seen as the most robust way of looking at trends, given how much variation can occur for many reasons between years. This is particularly true for smaller population areas like West Dunbartonshire, where small numbers may fluctuate dramatically from year to year.

West Dunbartonshire trends charts

The chart below provides more detailed figures on suicides registered in Scotland by local authority (West Dunbartonshire) by year and sex. (Graph series 1.2)

Suicides registered for West Dunbartonshire
2011-2020 by year and sex



Source: ScotPHO Suicide: by [local authority](#) viewed 17/08/2021

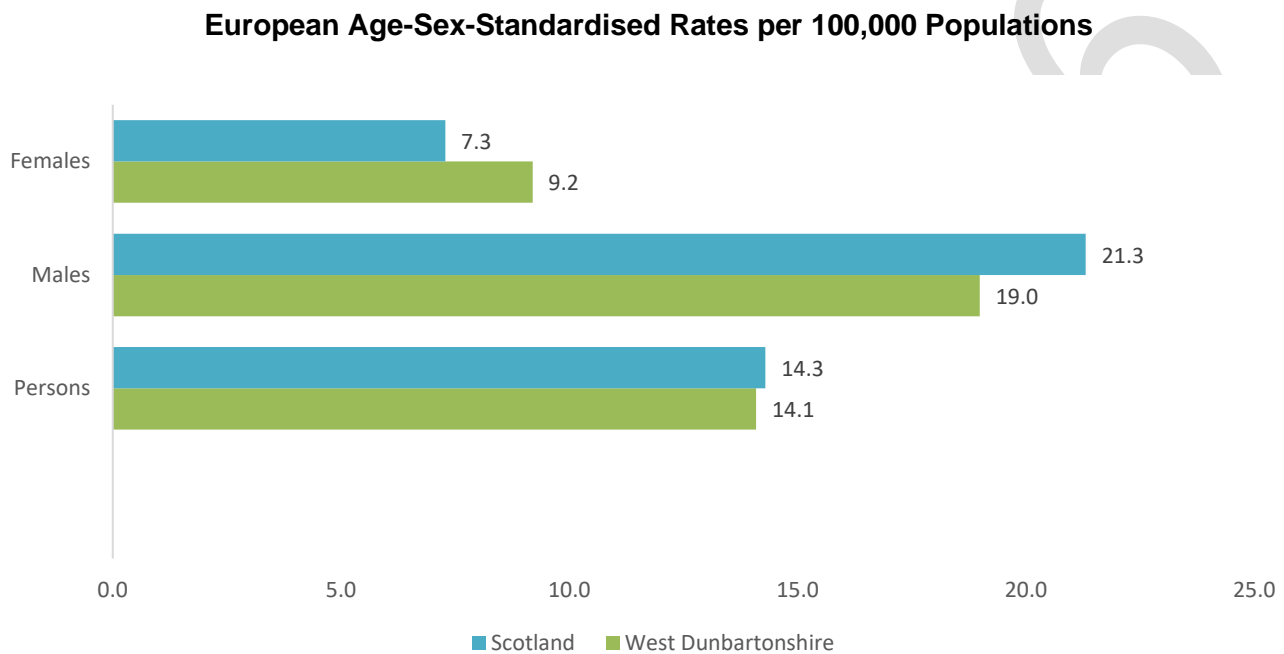
Graph series 1.2 show that there has been an increase in probable suicides for both males and females (Persons) from a low of 6 in 2017 to 17 in 2020. The 2020 figure is considerably lower than the high of 23 suicides registered in 2011 and is similar to figures for 2 of the 9 previous years.

Probable suicides for males, in West Dunbartonshire, have increased from 3 in 2017 to 11 in 2020, the 2020 figure is still lower than the high of 17 male suicides registered in 2011 and does show a slight

continued downward trend. Probable suicides for females have increased from 0 in 2016 to 6 in 2020; this is a noticeable increase in probable suicides for females compared to previous years despite being down slightly from 2019.

European age-sex-standardised Suicide Rates per 100,000 Population

European age-sex-standardised Suicide Rates per 100,000 Population figures from ScotPHO show that for Persons and Males, West Dunbartonshire have lower registered rates per 100,000 populations compared to the Scottish average except the female rates for West Dunbartonshire which are slightly higher. (Graph 1.3)



Source: ScotPHO Suicide: by [local authority](#) viewed 17/08/2020

West Dunbartonshire suicide data relates to very small numbers and therefore rates based on these small numbers may fluctuate dramatically from year to year, care should be taken when applying figures to any increase or decrease noted on an annual basis.

Risk and 'Life Event' Factors

Due to the small number of deaths by suicide recorded each year in West Dunbartonshire, a detailed reporting of local completed suicides would not be appropriate. Summary review of national suicide intelligence from a range of community planning partners on local deaths by suicide indicates some general themes, see below:

- Generally more males die by suicide than females
- Suicides were highest for men between the ages of 45 and 54, for women the highest number of suicides was between the ages of 45 and 54, the same as males, in 2020.
- Hanging, strangulation and suffocation were the method in over half of all suicides in Scotland in 2020. This method has been the most common every year since 2012, and first became the most common in 2000.
- Most deaths by suicide occur in the home.
- Previously, poisonings had been the most common method of suicide, but the number of these has generally fallen since 2000.
- Jumping from a height and being hit by a moving vehicle are less common methods of suicide, but

are consistent with a rise in violent methods used to die by suicide and are the most likely methods to attract attention of the media.

Other identified 'life event' risk factors included: (list is not exhaustive)

- Employment status (unemployed/made redundant)
- Retirement
- Living with a long-term disability
- Mental health problems
- Relationship problems such as separation/divorce
- Widowed
- Bereaved
- Physical health problems
- Job problems
- History of contact with the criminal justice system
- Financial issues
- Adverse Childhood Experiences
- Being a victim of abuse
- Recent diagnosis of life threatening illness
- Problematic substance use

In relation to risk factors for suicide, according to the National ScotSID database, West Dunbartonshire has a higher than the national average prevalence of recorded depression in those aged 18 years and over, and higher prevalence of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers for all ages.

West Dunbartonshire also has higher than national average levels of unemployment, and higher than the average percentage of people living alone. In relation to children and young people, West Dunbartonshire has higher than national average levels of looked after children, care leavers, and children in the youth justice system. Many of these known risk factors could be exacerbated by the current COVID-19 pandemic. The diagram below, developed by Hertfordshire County Council in April 2020 demonstrates the mental health impacts of COVID-19 across the life-course, which have implications for suicidality.

Mental Health Impact of COVID-19 Across Life Course



	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
Key issues to consider	<ul style="list-style-type: none"> Anxiety about impact of COVID on baby Financial worries Anxiety about delivery and access to care Isolation 	<ul style="list-style-type: none"> Coping with significant changes to routine Isolation from friends Impact of parental stress and coping on child 	<ul style="list-style-type: none"> School progress and exams Boredom Anxiety or depression or other MH problems Isolation from friends Impact of parental stress 	<ul style="list-style-type: none"> Balancing work and home Being out of work Carer Stress Anxiety about measures and family or dependents or children Financial Worry Isolation 	<ul style="list-style-type: none"> Isolation and disruption of routine Anxiety from dependent on services Financial worry Fear about impact of COVID if infected
Staff/ Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc				
Specific Issues	Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues. People reliant on foodbanks or on low incomes or self employed may have additional stress.				

Source: MH impacts of COVID-19, which could be interpreted as risk factors for poor mental health. Hertfordshire County Council, April 2020

Self-Harm

Self-Harm or self-injury behaviour is a growing clinical and public health problem. Deliberate self-harm is an act which is intended to cause injury to ones-self but which is not intended to result in death. It is often described by those who self-harm as a way of coping with emotional pain and of surviving distressing experiences.

While self-harming behaviour can be an indication of suicidal ideation it is not a clear indicator. Not everyone who exhibits self-harm behaviour will have any suicidal intent and not every suicide will be preempted by self-harming behaviour. Self-harm is however a recognised risk factor for suicide.

Although self-harm is something that affects many people – current figures suggest the number of people who self-harm is increasing – it is an issue which is often hidden and poorly understood. Help seeking can be made difficult due to deep-rooted stigma, this makes improving understanding of, and response to self-harm an important part of strengthening mental health and well-being across local and national communities. The most common forms of self-harm behaviour include cutting, burning, scratching, and self-hitting with most people reporting the use of multiple methods⁸.

In October 2020 the Samaritans published a report, *Hidden Too Long: Uncovering Self-Harm in Scotland*⁹, which highlights how stigma prevents people from seeking support and calls for national action to ensure more people get the right help at the right time.

The report highlights that self-harming behaviour are more widespread than previous evidence would have us believe and further details some of the most up to date data for self-harm across Scotland:

- In 2019 Samaritans' 24-hour helpline discussed self-harm with callers over 272,000 times – or once every two minutes.
- The proportion of adults in Scotland who say they have ever self-harmed has risen from 3% in 2008-09 to 7% in 2018-19.

⁸ Cipriano, A Cella, S Contrufo, P (2017) 'Nonsuicidal self injury: A systematic review', *Frontiers in Psychology*, (29167651), pp. [Online]. Available at: <https://pubmed.ncbi.nlm.nih.gov/29167651/> (Accessed: 12:18 19/02/2021).

⁹ Samaritans Scotland (2020) *Hidden too long: uncovering self-harm in Scotland*, Edinburgh: Samaritans Scotland.

- Only half the people in the Samaritans' survey of people with lived experience of self-harm had sought help following their most recent experience of self-harm.
- A survey of more than 1000 adults in Scotland found that while nearly 9 in 10 (89%) believe that self-harm is a serious issue and more should be done to address it, 2 in 5 (40%) said they would not know how to support someone close to them if they were self-harming.

As a result of this report Scottish Government ministers have indicated that Self-Harm may have a separate policy in the near future. West Dunbartonshire will continue to work with partners like the Samaritans and the GGC Self-Harm Forum and where appropriate review the identified actions.

Our Approach

Partnership (whole system approach): As a large percentage of individuals exhibiting suicidal ideation and self-harming behaviour are not in contact with health or social care services, action is required beyond the health and social care system. Partnership working is required with community groups, private sector business and the third/community sector to help identify and support people at risk of suicide and those bereaved by suicide.

Key messages learned from practice and research are that suicide is preventable, that it is everyone's business, and that collaborative working is key to successful suicide prevention. This Plan has been developed by a wide range of community planning partners to ensure that is a collaborative whole system approach, and that actions to prevent suicide is a shared responsibility across West Dunbartonshire's community planning partnership.

Prevention and early intervention: This plan supports taking early action to prevent individuals from reaching the point of personal crisis where they feel suicidal. This requires action much earlier and across a range of settings from general practice, to schools, the workplace and community groups.

Life-course: This Plan takes a "life course" approach as advocated by the Marmot Review (2010), and aligned with the Scottish Government's national mental health and suicide prevention strategy.

Evidence based: This Plan is informed by the current evidence base. It uses national and local evidence to both identify areas of focus and specific need, and to inform the actions that will be taken to address that need. This includes national guidance, published literature, and national and local intelligence, including from the local suicide real-time (planned) surveillance data from Police Scotland. The Plan has also been informed by stakeholder engagement with partners across the system; future updates will include West Dunbartonshire residents with lived experience of mental health.

Agile use of intelligence and resources: As new or additional intelligence on the mental health implications of the current pandemic becomes available, this Plan may need to flex to adapt to changing situations, with resources potentially needing to be reprioritised to focus on areas of greatest need. For this reason the Plan will be considered a working document.

How we will measure success: Ultimately, we want to see a reduction in West Dunbartonshire's suicide rate. This will be particularly challenging in the current context of a pandemic, and in the years beyond due to the economic fall-out, which is expected to be far-reaching and to be felt for many years. However, aiming to reduce deaths by suicide is the right thing to do, and we should be doing all we can as a system to prevent each and every death.

Due to the low numbers of suicides it is difficult to show a statistically significant improvement in suicide rates across a local area and additional (proxy) measures will be used to assess the Plan's success. This includes for example, hospital admissions for self-harm and stigma in the population.

See **Appendix A** for a breakdown of monitoring measures that will be used.

Delivery and Governance

CPWD West Dunbartonshire Suicide Prevention Group has responsibility for delivering on and monitoring progress towards the Suicide Prevention Plan. The Suicide Prevention Group will report to the CPWD Safe DIG, which has overall responsibility for suicide prevention. Officers from this group will link into the GGC Suicide Prevention Group and the NSPLG's Suicide Leads group, working to ensure alignment with NHS Board and National priorities.

DRAFT 5.6

CPWD West Dunbartonshire COVID Recovery Suicide Prevention Plan 2021- 2023 ACTION PLAN

1. Achieve community planning partnership leadership for suicide prevention.
2. Reduce the risk of suicide in key high-risk groups, with a specific focus on children and young people.
3. Reduce access to the means of suicide including at locations of concern.
4. Provide better information and support to those bereaved or affected by suicide.
5. Provide suicide prevention training to key frontline staff group.
6. Support the media in delivering sensitive approaches to suicide and suicidal behaviours
7. Support research, data collection and monitoring.

AREA 1: ACHIEVE COMMUNITY PLANNING-WIDE LEADERSHIP FOR SUICIDE PREVENTION

This plan has been developed by a wide range of local partners to ensure this is a collaborative whole systems approach to suicide prevention and that action to prevent suicide is a shared responsibility between community planning partners in West Dunbartonshire. The CPWD Suicide Prevention Partnership Group in West Dunbartonshire is the key group to plan, organize and deliver suicide prevention across West Dunbartonshire.

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
1.1	CPWD SP Group Members	Continue with regular meetings (including digital) by the strategic multi-agency group; CPWD Suicide Prevention Partnership (CPWD SPG), reporting to the CPWD Safe DIG.	WD HSCP	Clear leadership and governance structure to enable decision-making and coordinate suicide prevention efforts.	Ongoing
1.2	CPWD SP Group Members	Members of the CPWD SPG advocate suicide and self-harm prevention in their organisations/service areas, disseminate key messages, and take action where they are a "lead partner" in this Plan.	All Partners	Co-ordinate advocacy and ownership of suicide prevention across all sectors.	Ongoing
1.3	CPWD SP Group Members	CPWD SPG maintains and develops strong links with National, GGC Board wide mental health networks, including: <ul style="list-style-type: none"> • National Suicide Prevention Programme including links with the National Suicide Prevention Leadership Group • GGC Suicide Prevention Group • GGC Mental Health Network • CPWD DIG's (where appropriate) 	All Appropriate Partners	Alignment of suicide prevention outcomes, strategic support from other networks, and learning from other areas. Good representation on all of the networks	Ongoing Aligned with the COVID-19 response

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
1.4	People with lived experience	<p>Refresh the membership of the CPWD SPG to ensure that key stakeholders are represented, including people with lived experience.</p> <p>CPWD SPG will treat the personal experience of all contributors with the greatest care and dignity. No information will be shared without the explicit consent of the person involved and no identifying information will be shared.</p>	Stepping Stones Management Committee	<p>Stepping Stones Board agreed to nominate a director for the group. It will not necessarily be someone with lived experience; however, those with lived experience will use this as a conduit for comment etc.</p> <p>Continue with improved representation of stakeholders on CPWD SPG, co- production, and engagement in delivery of actions.</p>	2021-22
1.5	People with lived experience	Establish links with networks representing residents with lived experience to maximise coproduction opportunities.	Stepping Stones	Co-production with those with lived experience.	2021 - 22
1.6	CPWD SP Group Members	Work with Collective Leadership for Scotland to develop the leadership capacity of the CPWD SP Group	WD HSCP	Increased understanding and use of whole system methodologies and practices by CPWD SP Group Members	Ongoing

AREA 2: REDUCE THE RISK OF SUICIDE IN KEY HIGH-RISK GROUPS

The following groups are at higher risk of suicide in West Dunbartonshire. These groups are in line with at risk groups identified by national guidance such as the NSPLG/COSLA suicide prevention recommendations (2020).

- Children and Young People
- Men, particularly middle-aged men.
- People experiencing mental health problems, particularly depression and personality disorders – both in the care of mental health services and those not currently receiving treatment. For those in treatment, high risk periods include the first 3 months post-discharge from acute mental health services.
- People with history of attempts of suicide or self-harm
- People formerly convicted of a crime
- People with a history of problematic substance use (especially co-occurring substance use and mental health needs)
- People who have experienced abuse (either as victims or witnesses)
- People experiencing:
 - Relationship difficulties, particularly separation for men (most commonly occurring life event identified by the West Dunbartonshire Suicide Audit)
 - Unemployment and financial difficulties
 - Physical health problems, particularly disability and chronic pain
 - Housing difficulties and/or social isolation
 - Bereavement, especially bereavement by suicide

All of the above risk factors could be exacerbated by the COVID-19 pandemic and economic fall-out in years to come.

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
2.1	CPWD SP Group Members	Provide immediate suicide prevention guidance to all colleagues within the context of COVID-19, to support them in providing effective advice and support to CYP, adults and families who may be distressed or in crisis. The guidance should include advice on known risk factors, risk factors that the pandemic may exacerbate, free online training for front line staff, details on support available locally/nationally, and clarity on what to do in a crisis.	WD HSCP	Suicide prevention knowledge better embedded in key settings for immediate use	Completed/going

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
2.2	All target groups	Map the different services, organisations and support groups (e.g. Citizens Advice, Food banks, Gyms, Libraries, Community mental health organisations, faith based organisations, housing services as well as health services) that each of the at risk groups are likely to have frequent contact with – their “touch points” in order to identify gaps, unmet needs, and opportunities i.e. to target suicide prevention interventions.	WD HSCP & WD CVS	Identification of opportunities to utilise community organisation’s and support groups as assets in the prevention of suicide. Community Response network engages with the 3 rd sector and more recently the network has worked with WDHSCP.	2021 - 2023
2.3	All target groups	Develop and secure an improved training offer to ensure the provision of mental health, self-harm and suicide prevention training to frontline staff to enable them to better identify those in need of help, provide support, and signpost/refer. Examples would be working with related and similar organisations that work with recently separated men, and organisations that provide advice on debt and financial difficulties. The above will require mapping what is currently being delivered across the council area, and exploring opportunities to collaborate locally and at a health board level where appropriate.	WD HSCP All partners to support	Improved competence and confidence in suicide prevention in front-line staff and key “touch points” in the community.	2021- 2023
2.4	Men, and especially those that are recently separated,	Deliver public awareness mental health campaigns (including suicide prevention and self-harm messaging) that target at risk groups, reduce stigma, and encourage people to seek support. These should	WD HSCP	Reduce stigma surrounding suicide, and increase help-seeking behavior	At least one campaign each year

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
	socially isolated, have a disability/ pain and/or financial difficulties	amplify national campaigns as appropriate.		concerning mental and emotional health.	
2.5	All groups especially men, CYP, LGBTQ and BME groups	Deliver events that raise public awareness of mental health, tackle stigma, and encourage people to talk about mental health. Events should also be delivered via online events and communication channels in the absence of mass gatherings.	Stepping Stones WDCVS	Reduce stigma surrounding suicide, and increase help-seeking behaviour with regards to mental and emotional health. Balance is maintained between service provision and awareness raising activity	At least two events each year for 2022 - 2023
2.6	All groups	Develop and promote the distribution of Z Cards* to local organisations, services and support groups, including those that are frequent “touch points” for our target and vulnerable groups. *Developed by WD HSCP, a credit card size resource with information containing a comprehensive list of services that provides further support to signpost people to key tools and organisations that can offer support and advice to anyone that needs it.	WD HSCP	Improved signposting to community based services	2021-23 (and ongoing)
2.7	All, though targeting of men, and especially recently separate, socially isolated,	Gain the commitment of key employers to promote mental health and wellbeing within their organisations through a combination of: <ul style="list-style-type: none"> • Mental health (including suicide prevention) training; • Signing up to the Workplace (seemescotland.org) /United to 	WD HSCP Working4U	Improved awareness and identification of mental health need, support, and referral amongst targeted high-risk employers and	Ongoing and by end of 2023

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
		Prevent Suicide (or similar) Employer Pledge;		employee groups.	
2.8	Have a disability/ chronic pain and/or have financial difficulties and those with problematic substance use	<ul style="list-style-type: none"> Partners to raise awareness of workplace health policy and procedures that promote good mental health and wellbeing in the workplace and better identify and respond to those in need of support WDC HR Lead for workplace health policy and procedure <p>High Risk Occupations: Low skilled male labourers (three times more likely to take their own lives than the national average); nursing staff, dentists and primary teachers also high.</p>	WD HSCP Working4U WD CVS WD ADP	Improved awareness and identification of mental health need, support, and referral amongst targeted high-risk employers and employee groups.	Ongoing and by end of 2023
2.9	Target groups: As above	<ul style="list-style-type: none"> Embed financial literacy, access to financial advice and support, and active sign-posting to support organisations amongst targeted high- risk employers, and other key organisations. W4U can lead on financial difficulties. WDC HR Lead for workplace health policy and procedure 	WD HSCP Working4U WD CVS	Improved pathways and access to both debt and financial advice and services, in addition MH resources and services across West Dunbartonshire.	2021- 2023

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
2.10	Social isolation	Promote social prescribing as a means of improving mental health and wellbeing, including as a way of reducing social isolation. Ensure existing projects that support life events and address risk factors (e.g. financial advice, relationship advice) are involved.	The Alliance WD CVS	Improved early intervention and access to protective factors.	Ongoing
2.11	People with a history of self-harm People that could self-harm - primary prevention and early intervention	Better understand the data and pathways in relation to self-harm and identify areas for quality and service improvement, with a focus on identifying and delivering interventions that promote prevention and early intervention in the school and/or family settings (i.e. access to peer support for family/carers), and interventions within the first month post ED admission for self-harm.	WD HSCP Police Scotland	Improvements in the self-harm pathway and subsequent contribution to reducing self-harm rates	2021 – 2023 (ongoing)
2.12	People in contact with services. High risk periods; first 3 months post-discharge from MH services and first month	Mental Health Services have robust risk assessment and suicide prevention plans for anyone with self-harm, suicidal thinking or suicidal intent which include: <ul style="list-style-type: none"> • The undertaking of psychosocial assessments, including carers support, for all people who present at emergency departments, community mental health teams, mental health unscheduled care services, police custody nursing service for self-harm • Understand best practice for intervention for people in acute crisis and develop an implementation plan. 	WD HSCP Clinical Services Hospital discharge team	Improved clinical intervention to reduce suicide rates. Action 5 – crisis intervention recommendations are adhered to	2021-23 Ongoing

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
		<ul style="list-style-type: none"> • Robust discharge planning including the standard that all people discharged from mental health inpatient care receives follow up within 7 days of hospital discharge. • West Dunbartonshire HSCP Crisis Team will develop a community and hospital in reach/outreach service to ensure safe discharge. • Deep Dive to understand the barriers to statutory mental health services for local people and with protected characteristics • Compliance with SIGN/NICE guidance. 			
2.13	Children and young people	<p>Promote positive mental health and wellbeing in the schools through the work of WD C&Y Mental Health Framework Group. This should include a focus on key protective factors such as training CYP and parents/carers on safe use of social media (protective in reducing online bullying).</p> <p>Have a remit to provide evidence-based physiological interventions for those with mild to moderate level MH needs, and promote a whole school approach to MH and wellbeing.</p> <p>Development of Growth mindset, mindfulness and PATHS programs in educational settings.</p> <p>Deliver on action plan addressing Online Child Sexual Abuse with range of partners.</p>	<p>WD Council Education Service</p> <p>Range of access to School Counseling Services including 24/7 service</p> <p>Access to Together All on-line Social and Emotional Support</p> <p>All establishments Educational Services/HSCP/Police Scotland/Working4U /Y-Sort-it/Champions' Board</p>	<p>Improved social and emotional health in CYP</p> <p>CYPMH – Professional Learning Resource is made use of by education staff.</p> <p>Improved parental capacity to support and address issues raised regarding Online Child Sexual Abuse</p>	Ongoing 2021-2023

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
2.14	Families	Continue to raise awareness of suicide prevention support and build community and family resilience	Children and Families Nursing Team	Suicide prevention embedded within Locality Team proposals	2021-2023
2.15	Co-occurring problematic substance use and MH	<p>Assess co-occurring conditions policy and services against SIGN/NICE standards, identify priority areas for action, and develop strategies to manage co-occurring conditions effectively, including integrated care pathways.</p> <p>Incorporate processes and practices to adhere to the MAT standards. Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot (www.gov.scot)</p> <p>Incorporate UK national Alcohol Treatment Standards (in place by 2023).</p>	<p>WD Drug and Alcohol Partnership Group</p> <p>WD ADP Groups</p> <p>Dual Diagnosis Group</p>	<p>Improved outcomes for those with drug and/or alcohol and mental health needs.</p> <p>Dual diagnosis.</p>	By end of 2023

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
2.16	People in contact with the criminal justice system	Provide suicide prevention training within Police Scotland 'L' Division, and exploration of plans and procedure in relation to the pre and post release period (i.e. "through the gate" services/pathways). This will complement the suicide intervention training already delivered during the probationary period to higher service levels of Police Officers and Police Staff who work in Custody environments. Suicide / mental health are a vital part of custody risk assessment for anyone coming into police custody.	Police Scotland	Improved awareness and identification of mental health need suicidal ideation, support, and referral to MH and wellbeing resources and services.	Training – 2021 - 2023 Pre-and post-release period – 2021-23

AREA 3: TAILOR APPROACHES TO SUPPORT IMPROVEMENTS IN MENTAL HEALTH IN SPECIFIC GROUPS

As identified by national guidance (Action 7), the following groups may need tailored approaches to support improvements in resilience and contribute to improved mental health and wellbeing:

- Looked after children and/or care leavers;
- Military veterans;
- People who are lesbian, gay, bisexual or gender reassigned;
- Black and Minority Ethnic groups and asylum seekers (men of Eastern European backgrounds were found especially at risk by the Suicide Audit);
- Those with complex (and often multiple) needs e.g. dual diagnosis of mental ill health and problematic substance use, learning disabilities and poor mental health.

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
3.1	Adults: Those with complex needs i.e. MH, Problematic substance use, rough sleeping	<p>Ensure CPWD SPG representation at the CPWD Safe/Nurtured DIG to ensure suicide prevention is aligned with other work and embedded as appropriate.</p> <p>Develop an ADP dual diagnosis group to ensure a joined-up approach in relation to mental health/alcohol and drugs</p>	<p>CPWD representation as appropriate within each of these DIGs</p> <p>WD ADP</p>	<p>Improved partnership working in relation to vulnerable adults and subsequent work on co-occurring conditions.</p>	2021 and ongoing
3.2	All age groups, Target groups: LGBTQ, BME, Veterans (ex), young offenders, bereavement support services.	<p>Identify individuals/groups/organisations that can help engage with those identified as requiring tailored support (i.e. LGBTQ, BME groups, those with learning disabilities) and ensure they are aware of the pathways, services and resources in place so that they can best support individuals.</p>	<p>CPWD SPG representation at the CPWD Safe/Nurtured DIG</p>	<p>Improved awareness of pathways, services and resources by professionals and in turn residents.</p> <p>Community groups/organisations identified and included in implementing the Suicide Prevention Action Plan.</p>	2021-2023

Ref	Target Group	Action	Lead Partner	Anticipated Outcome	Timescale
3.3	Vulnerable CYP	<p>Using the suicide audit, real time surveillance and other available data, complete a “deep dive” on the characteristics (including risk and protective factors) of CYP up to and including 25 year olds that have taken their own life by suicide; to inform the work of the CYP Mental Health Steering Group, including the following:</p> <ul style="list-style-type: none"> • Work with Police Scotland on the information that they are able to capture and record, including in relation to adverse childhood experiences (ACE’s). • Work with the Child Protection Committee on joined up learning in relation to deaths of CYP by suicide. 	<p>CPWD SPG Data Subgroup</p> <p>WD Child Protection Committee</p> <p>Police Scotland</p>	<p>Improved knowledge about the characteristics of CYP with thoughts of suicide to inform CPWD SPG Data Subgroup</p>	2020-21

AREA 4: REDUCE ACCESS TO THE MEANS OF SUICIDE

This refers to reducing or restricting access to lethal means individuals use to attempt suicide is an important part of a comprehensive approach to suicide prevention.

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
4.1	All age groups	Include suicide risk in building design considerations for: <ul style="list-style-type: none"> - major refurbishments and upgrading of social housing stock - WDC corporate assets - WD HSCP settings - Police Custody settings 	WDC Council WD HSCP Police Scotland	Suicide risk embedded in WD HA housing stock (where major refurbishments and upgrading), and within WDC/ WD HSCP Suicide Prevention Plans, and Police Scotland plans	By 2023
4.2	All age groups	Work with planning and developers to include suicide risk in new building design considerations, especially in relation to multi-storey car parks, bridges and high rise buildings that may offer suicide opportunities.	WD Council Planning and other partners as required Partnership Approach to Water Safety (PAWS) Group	Suicide risk embedded in building design of major new infrastructure	2021-23
4.3	All age groups	Review suicide prevention measures at high- frequency locations (for attempted and death by suicide) and make recommendations. Partnership Approach to Water Safety (PAWS) Group is committed to contributing to the reduction of water-related suicide as per Scotland's Drowning Prevention Strategy. They will do this by raising awareness of water safety, reviewing locations where incidents occur, trends are identified, and by working in partnership with CPWD Suicide Prevention Group to reduce water related incidents.	CPWD SPG Locations of Concern Working Group PAWS /CPWD SPG	Suicide prevention measures in place at specific high-risk locations	2021-23 On-going

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
4.4	All age groups	Network Rail - Continued commitment to mental health and suicide prevention training for front line staff, and continued assessment of locations for suicide risk and implementation of subsequent actions.	Network Rail /Samaritans	Suicide prevention measures in place in relation to the rail infrastructure and network rail staff (i.e. suicide prevention training).	Ongoing

AREA 5: PROVIDE BETTER INFORMATION AND SUPPORT TO THOSE BEREAVED OR AFFECTED BY SUICIDE

The provision of timely information and support to those bereaved or affected by suicide such as families, friends, colleagues and peers, is important in supporting people through the different stages of bereavement and in preventing future mental ill health. We know that death of a family member or friend by suicide is a risk factor for suicide in the bereaved.

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
<p>The following actions are embedded in the CPWD Suicide Prevention Programme and will be led by the CPWD Bereavement and Loss work-stream on bereavement support and postvention. Police Scotland will play an active role in informing the programme and supporting the delivery of solutions in the West Dunbartonshire system. The work will align with the bereavement support provided by Network Rail.</p>					
5.1	Families bereaved by suicide or a death of undetermined intent	Strengthen effective referral to bereavement support/services by emergency services that attend the death and those in contact with the families soon after any bereavement occur, so that referrals are appropriate and timely.	Police Scotland WD HSCP Bereavement Support Services – Stepping Stones	Strengthened pathways and referral to bereavement support services. Standardise approach to supporting those bereaved by suicide	2021-23
5.2	Families bereaved by suicide or a death of undetermined intent	Promote the distribution of the “Help is at Hand”* booklet or zcard by local organisations, services and support groups, including the first responders, Police Scotland, Funeral Directors and education settings.	WD HSCP Police Scotland WD Council	Information about bereavement support services more accessible	2021-23

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
5.3	Families bereaved by suicide or a death of undetermined intent	<p>Develop and implement a Real-Time Suicide Surveillance System to</p> <ul style="list-style-type: none"> • Enable a timely response by partners to ensure family/carers/friends are appropriately supported after a death by suicide (i.e. within 48 hours), • Enable system learning by partners to inform future prevention work and • Enable early identification of any 'clustering' to inform prevention work. 	CPWD SPG Data Group	Implementation of real-time suicide surveillance	First phase: 2021- 2022, and second phase: 2022- 20 23
5.4	Families bereaved by suicide or a death of undetermined intent	Review the current bereavement support offer to families in West Dunbartonshire, determine how best needs can be met, and work with services to strengthen the provision of suicide-specific bereavement support.	All Partners	Strengthened suicide specific bereavement support	By end of 2021- 2023
5.5	Families bereaved by suicide or a death of undetermined intent	Build awareness raising on suicide-specific bereavement into core mental health and suicide prevention training for front line staff.	WD HSCP Police Scotland WD CVS	More informed and competent workforce.	2023
5.6	Families bereaved by suicide or a death of undetermined intent	<p>Develop a prevention and postvention protocol with West Dunbartonshire schools, West College and HSCP; to ensure they can provide a supportive and robust response in the event of a suicide.</p> <p>Develop and share with partners' guidance on responding to tragic incidents.</p>	WD Council Education and HSCP Educational Psychology Team	<p>More informed and robust response to deaths by suicide by education settings – reducing the risk of further suicidality.</p> <p>More informed and robust guidance to</p>	2021-23

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
				support staff when planning and responding to tragic incidents.	
5.7	All groups Families affected by a suicide attempt	Ensure those affected by an attempted suicide are signposted to resources, tools and organisations where they can seek further support.	CPWD SPG Members	Strengthen support, reduce risk of future attempts Learn from attempted suicides	Ongoing

DRAFT

AREA 6: SUPPORT THE MEDIA IN DELIVERING SENSITIVE APPROACHES TO SUICIDE AND SUICIDAL BEHAVIOURS

There is a proven link between certain types of media reporting of suicide and increases in suicide rates. This objective aims to promote the responsible reporting and portrayal of suicide and suicidal behaviour across all media and reduce the risk of additional suicides

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
6.1	All age groups	Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media, including by encouraging use of the Samaritans guidance on responsible reporting, and challenging the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide.	CPWD SPG Members	Reduce stigma around suicide	Ongoing (when timely to, do so i.e. when a death by suicide in a public place)
6.2	All age groups	Work with local media to encourage inclusion of positive stories (i.e. hope and recovery) and signposting of national helplines and local services for people that are affected by local campaigns and coverage of deaths by suicide or undetermined intent.	CPWD SPG Members	Establish a direct approach/contact with local media Increase in help-seeking behaviour	Ongoing

AREA 7: SUPPORT RESEARCH, DATA COLLECTION AND MONITORING

It is important to build on the existing research evidence and other relevant sources of data on suicide and suicide prevention.

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
7.1	All age groups	In relation to the Suicide Audit: <ul style="list-style-type: none"> - Ensure suicide data is recorded consistently across the CPWD so that it can be better analysed at the CPWD footprint. - Explore what further risk and protective factors can be included in relation to CYP and families, in discussion with the C&Y Mental Health Framework Group. - Continue to include findings of all serious incident reviews. 	WD HSCP Police Scotland WD Council Education Network Rail	Audit to inform Suicide Prevention Plan refresh.	2021-23
7.2	All age groups	Circulate the key findings of the suicide audit to Partners to encourage learning from suicides locally.	CPWD SPG Members	Learning from suicide audit informs practice.	2020-21 and ongoing
7.3	Children and young people	Collect information on the status and views of children and young people in relation to mental health, social and emotional wellbeing – to support identification of need and preventative activities.	C&Y Mental Health Framework Group.	Identification of need and preventative activities.	2021-2023
7.4	All age groups	Establish links with Board, National and leading universities on suicide and self-harm prevention to strengthen research links and	WD HSCP	Strengthen academic and research links.	Ongoing

Ref	Target Group	Action	Lead partner	Anticipated outcome	Timescale
		academic input to the Partnership.			
7.5	All age groups	Conduct “deep dives” where there is an opportunity to inform strategic and commissioning decision-making (could be in relation to self-harm, attempted suicide and/or death by suicide).	CPWD SPG Members	Learning on suicidal thoughts and risk factors can help inform suicide prevention	Ongoing

DRAFT

APPENDIX A: MONITORING MEASURES AND OUTCOMES (Draft)

No	Quantitative indicators
1.	Suspected deaths by suicide as reported by first responders through real time surveillance data TBC
2.	Confirmed deaths by suicide as reported by Police Scotland and captured through the Suicide Audit (biannual) TBC
3.	Confirmed deaths by suicide as reported by WD HCP and captured through the Suicide Audit (biannual) TBC
4.	Confirmed deaths by suicide as reported by WDC Education and captured through the Suicide Audit (biannual) TBC
5.	Confirmed deaths by suicide as reported by Network Rail and captured through the Suicide Audit (biannual) TBC
6.	Recorded deaths by suicide as reported by Scot SID (annually)
7.	Hospital admissions as a result of self-harm by age group
8.	<i>Will explore how to improve intelligence in relation to attempted suicides</i>
9.	
10.	
No	Cross sectional and qualitative intelligence
1.	WD People's Panel/Residents survey MH and wellbeing questions embedded in the COVID-19 surveys
2.	Scottish Government COVID 19 Mental Health Tracker Survey
3.	Feedback through West Dunbartonshire residents with lived mental health experienced
4.	
5.	

APPENDIX 3

WEST DUNBARTONSHIRE SUICIDE PREVENTION PARTNERSHIP MEMBERSHIP (APRIL 2021)

- WDC Education
- WD HSCP Primary Care Team
- WD HSCP Learning Disabilities Team
- WD HSCP Addictions Team and WD ADP
- WD HSCP Health Improvement Team
- WD HSCP Employability (Mental Health)
- Police Scotland
- WD Council for Voluntary Services (CVS)
- Stepping Stones
- Carers of West Dunbartonshire
- Network Rail
- University of Glasgow
- Water Safety Group
- WDC Child Protection Committee
- The Alliance

DRAFT 5.6

Appendix Suicide Prevention Structures, Governance and Plans (Diagram)

