
Report To: Health & Social Care Committee **Date:** 22 October 2009

Report By: Robert Murphy
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Subject: Choose Life Annual Progress Report

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Committee on the local implementation and developments of the "Choose Life" initiative.

2.0 SUMMARY

- 2.1 "Choose Life" is the National Strategy and Action Plan to prevent suicide in Scotland aiming to reduce the suicide rate in Scotland by 20% by 2013. Inverclyde Council responds to the national strategy through Choose Life Inverclyde by funding and co-ordinating a range of projects working with organisations, community groups and individuals to help raise awareness of this issue of suicide and its prevention. In order to monitor the activities a Development Group meets on a regular basis which combined with the appointment of a local full time co-ordinator facilitates local effort.
- 2.2 A progress report for the period 2008 – 2009 is attached, which details outputs and outcomes activities. Appendix 1
- 2.3 Incorporated in the progress report is statistical data associated with the prevalence of self-harm in Inverclyde.

3.0 RECOMMENDATION

- 3.1 That the Committee note the findings of the progress report attached. Appendix 1
- 3.2 That the Committee agrees to accept further annual performance reports at this time of year.

4.0 BACKGROUND

- 4.1 **Stepwell** - Provision of an 'out-of hours' community based service meeting urgent needs, signposts to other services and gathers crucial local evidence of the need for future developments.

Inverclyde Peace Initiative – A project aiming to foster innovative approaches to anger management, conflict resolution and emotional intelligence in communities.

Samaritans – A key local partner providing confidential support, 24 hours a day for people who are experiencing feelings of distress or despair, including those, which could lead to self-harm or suicide.

CRUSE – Local branch supporting people who have mainly been bereaved by suicide.

Older People's Befriending Service – Funding provided to Inverclyde Volunteer Centre for the provision of a befriending service for people with mental health issues aged 50+. Supports a recent successful bid to Fairer Scotland Fund.

5.0 PROPOSALS

- 5.1 That the Committee endorse the local approach to the National Suicide Prevention Strategy and support its continued development.

6.0 IMPLICATIONS

- 6.1 Legal:

There are no legal requirements.

- 6.2 Finance:

There are no financial implications.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

- 6.3 Personnel:

None.

- 6.4 Equalities:

Equal Opportunities processes and procedures are embedded within the operational practises of Social Work Services Authorised Providers List. Processes to measure performance on the delivery of equal opportunities are currently being developed.

7.0 CONSULTATION

- 7.1 This has been presented and discussed with the Choose Life Inverclyde Development Group and Joint Mental Health Development Group.

8.0 LIST OF BACKGROUND PAPERS

8.1 "Choose Life" Inverclyde Progress Report 2008 – 2009.

chooselife

The national strategy and action plan
to prevent suicide in Scotland

Inverclyde
council

“Choose Life” Inverclyde Progress Report – 2008 / 2009

Background and Overview

In 2002, to address some of the issues surrounding suicide and its prevention, the then Scottish Executive launched “*Choose Life*”, the national strategy and action plan to prevent suicide in Scotland aiming to reduce suicide by 20% by 2013. Inverclyde Council responds to the national strategy through Choose Life Inverclyde, which funds and co-ordinates a range of projects working with organisations, community groups and individuals to help raise awareness of the issue of suicide.

Inverclyde Council recognises the importance of the national strategy by resourcing it with a dedicated Co-ordinator developing a local action plan working to the following aims, which are aligned to the national objectives –

- Promoting greater public awareness and encouraging people to seek help early
- Promoting early prevention and intervention
- Responding to immediate crisis
- Providing hope and supporting recovery
- Supporting those coping with suicidal behaviour or a completed suicide
- Knowing what works

The desired outcomes of project are –

- Coordination and development of a partnership approach to address local “*Choose Life*” objectives
- Increased public and professional awareness and involvement in “*Choose Life*”
- Monitoring and local evaluation of effectiveness of approach

Local Information

1. Suicide and Deliberate Self-Harm in Inverclyde

These figures are extracted from data published by the General Registrar’s Office¹ and appears on the Scottish Public Health Observatory website². The numbers only referred to those individuals whose deaths were recorded as suicide or where the cause of death is not accident or illness but where the intent of the deceased is undetermined. When reporting suicide data, it is conventional to combine deaths classified as “intentional self harm” with those of “undetermined intent”, as the majority of the latter are probable suicides. This means it was unlikely the death was accidental but there is no clear supporting evidence of suicidal intent. Such deaths included events such as unexplained falls, drowning and overdoses. Reporting in this manner protects against under-recording and provides a more accurate figure for international and geographical comparisons.

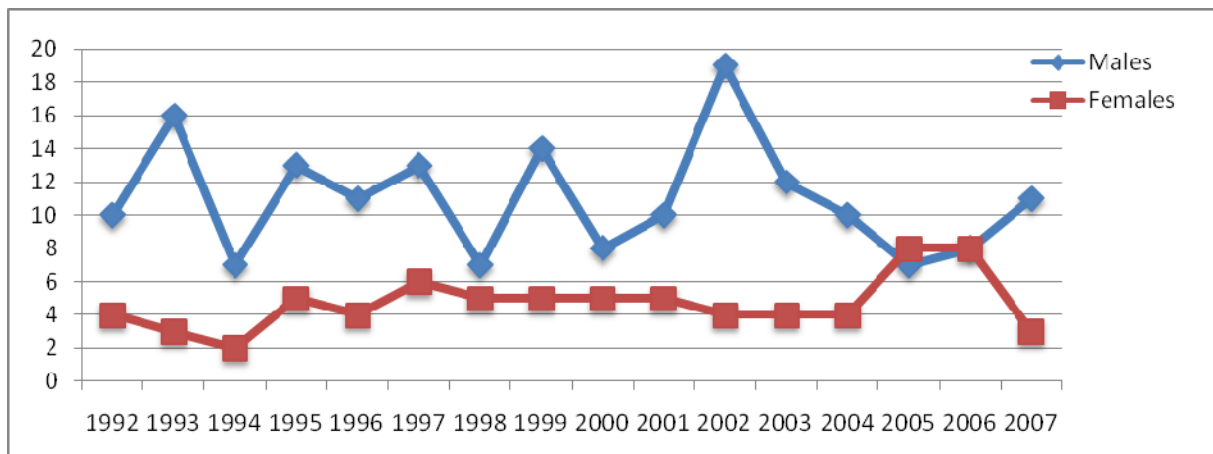
The figures do not include death by overdose of recreational drugs e.g. Heroin, unless there is clear evidence where there are either witnesses or suicide notes have been left, which would indicate the intent of the overdose was suicide.

¹ <http://www.gro-scotland.gov.uk/statistics/deaths/suicides.html>

² http://www.scotpho.org.uk/home/Healthwell-beinganddisease/suicide/suicides_keypoints.asp

In 2008, there were 10 suicides in the Inverclyde Council local authority area, representing a decrease of 28.57% when compared to 2007, when they were 14 suicides.

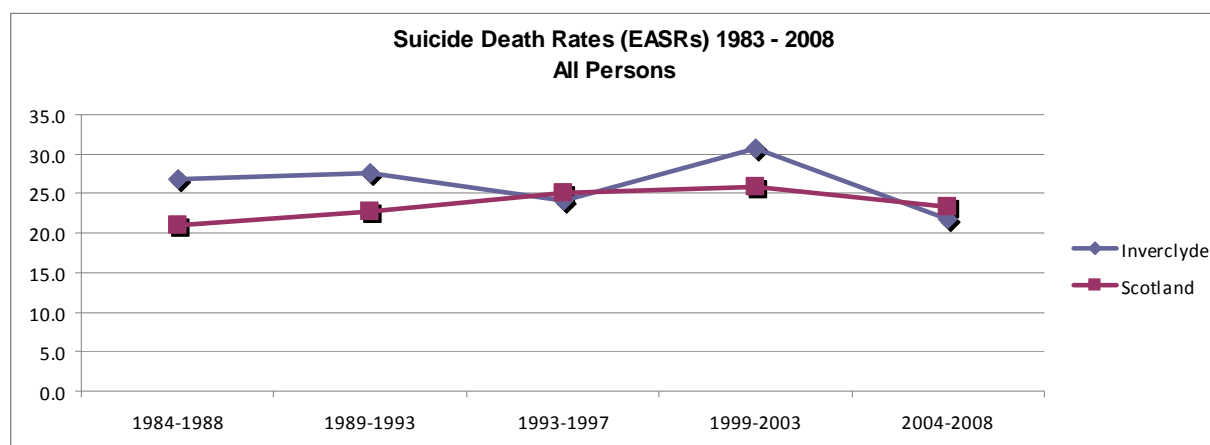
Following is a graphic representation of suicides in the Inverclyde Council local authority area (1992 – 2008)



The above figures demonstrate how unpredictable the pattern of suicide has been in Inverclyde and indeed Scotland as a whole. The overall trend however has been toward a gradual increase in deaths over the past 20 years. There does appear to be a recent fall particularly when comparing the above rolling periods –

	Numbers				
	1984-1988	1989-1993	1994-1998	1999-2003	2004-2008
Inverclyde	78	79	73	86	69
Scotland	3697	3878	4268	4331	4044

Given statistics are better presented in European Age Standardised Rates (EASRs), for the Inverclyde area this is shown as follows for the rolling 5-year periods from 1983 to 2008 –



2. Age & Gender

At present publically available figures for Inverclyde do not provide a specific break down of deaths by age group and gender over the years. Since the numbers are very small cognisance has to be given to provide this information could mean identification to certain individuals. However, in the above period (1991 – 2008), of the total of 278 suicides, 197 were males & 81 were females. The bias to completed suicide is towards men and links with activities in Inverclyde on men's health have been developed to address this.

3. Summary

While these figures are of some value, they highlight the need for a more detailed analysis of suicide and deliberate self-harm information for Inverclyde. The General Registrar's Office does not currently provide a detailed breakdown of suicide and deliberate self-harm statistics for local authority areas. In this regard, there is work developing with the development of a National Suicide Register. A steering group has formed, chaired by NHS Health Scotland's Director of Public Health Science and Choose Life (now part of NHS Health Scotland) play a key role in this group and the evolution of the register, particularly ensuring register data will inform and support local area activities (See Appendix 1).

Inverclyde has higher than national rates of poverty, unemployment, drug & alcohol misuse and severe mental illness. Among people with a psychotic illness across the UK (about 350 to 400 people in Inverclyde) 45% had attempted suicide at some point in their lives.

Health inequalities remain a significant challenge for our own locality. The poorest in our society die earlier, have higher rates of disease and invariably exhibit the worst features of physical health. People struggling with poverty and low income have poorer mental health and wellbeing than those with higher incomes or who find it easy to manage financially.

There are large and increasing inequalities in deaths amongst young adults due to drugs, alcohol, violence and suicide. Difference in income is not the only factor responsible for inequalities. Health may also vary according to people's age, disability, gender, race, religion or belief, and sexual orientation. These interact with socio-economic status and low income, compounded by other factors such as low educational attainment; poor housing and offending.

All of this suggests many Inverclyde residents continue to carry a higher than average lifetime risk of suicide or attempted suicide. It is also worthwhile noting although of interest for Inverclyde the rate at this local level is unclear, Inverclyde continues in its efforts to contribute to the national reduction in suicide and therefore the local figure will fluctuate during the period of the strategy.

4. Prevalence of Self-Harm in Inverclyde

Statistical data received from the Information Systems Division at NHS Greater Glasgow & Clyde and is based on admissions records, primarily from acute settings and Accident & Emergency. This is detailed in Appendix 2.

5. Implementation of “Choose Life” in Inverclyde

a) Choose Life Co-ordinator (Role & Commitments)

The current Choose Life Co-ordinator assumed this role in June 2007 and this continues to provide the important link to the overall wider mental health improvement agenda. The Co-ordinator has linked with key national developments and initiatives.

This occurs within the „West of Scotland Co-ordinators Network, support of the National Programme Support Team at Choose Life (NHS Health Scotland), activities such as the Suicide Information, Research & Evidence Network (SIREN, Advisory Groups on Scottish Government commissioned research on Applied Suicide Intervention Skills Training (ASIST), National Suicide Prevention Week etc.

The support provided by the Choose Co-ordinator to the local Development Group continues and mainly achieved through regular liaison meetings with the recurring projects and in the Choose Life network meetings. This has made a significant impact on local practice, through networking, project support and training. This post will continue to strengthen the impact Choose Life can make on local policy and planning, particularly in the mental health improvement agenda.

In addition, work has been undertaken in co-delivering 4 of the Inverclyde ASIST workshops (see Choose Life and Training) and the implementation of safeTALK, where the Co-ordinator has delivered 3 workshops. In order to disseminate pertinent information to the Choose Life Inverclyde Network, 26 Information Updates have been produced.

There have also been key linkages to the Council’s Corporate Plan and Single Outcome Agreement. This cross-cuts with the project’s collaborative and integrated work with the Community Health Partnership, in the local implementation of the Government’s *Delivering for Mental Health*. This is in particular the HEAT 5 Target to reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010.

The approach adopted for the implementation of the local strategy has focused on leveraging high levels of equity contribution from a range of key stakeholders from both statutory & voluntary organisations. Resources have not just been used for current outputs but for building longer-term capacity in the community, particularly organisations and individuals working with people who are more vulnerable to self-harm and suicide.

During the reporting period, the Co-ordinator undertook the chair of the Inverclyde Mental Health Awareness Planning, which is a multi-agency working group existing to

bring together a range of agencies to plan for specific events and activities with the theme of promoting positive mental health & well-being.

The Co-ordinator has also worked within the developments pertaining to the Equalities agenda, has undertaken the Equalities Champion training and was awarded the Provost's Special Equality Award in recognition of work tackling the discrimination and stigma associated with mental health and mental illness. With this in mind, the Co-ordinator initiated the Inverclyde Anti-Stigma Partnership, with the aim of a local partnership approach in addressing the issues of stigma. Work in this area has been beneficial with the Inverclyde Alliance endorsing the local approach and signing up to the 'see me' Pledge.

Ongoing work with the local media has continued to contribute to the overall positive impact of the accurate reporting of the issue of suicide and suicide prevention without glamorising the story or causing additional grief.

b) Choose Life Inverclyde Development Group

The remit of this Group is to meet on a quarterly basis and act as a Reference Group for the implementation of the local 'Choose Life' Strategy

Chair: Brian Young (Choose Life Co-ordinator)
Organisation: Inverclyde Council
No. of Meetings: Four

c) Training Sub-Group

This Group has the remit of monitoring the Choose Life Inverclyde Strategic Training Plan and met on 2 occasions to review and make recommendations.

6. Funded Developments

a) Stepwell Rapid Response Service

This service seeks to be a first point of contact for people who are suffering from long and enduring stress. It is provided in a community setting and has an 'open door' policy, where anyone can be referred or can self-refer. The initiative has a target group for those who self-harm and those who have either attempted suicide and also from the perspective of early intervention with vulnerable individuals who are at risk of harming themselves.

Outputs:

- **46 Clients (31 females; 15 males) were supported in this reporting period in 208 sessions**

Outcomes:

- **Improved access by clients at risk during 'out of hours' to community based stress management service**

b) Mental Health Primary Care Worker

This development forms part of the support funding from Fairer Scotland Funding (from October 2008 to March 2010) and is designed to build capacity in Tier 1 primary care services, providing direct interventions to referred young people (Primary 7 to Secondary 4/5 stage) in distress and establishing a Tier 2 service.

Due to the historical involvement with Choose Life Inverclyde, this post is core to the local implementation of „Choose Life in Inverclyde. The service is provided for children and young people (12- 18yrs), carers and professional staff working with vulnerable children. The project mainly responds to immediate requests and referrals, including self-referral. This occurs through daily open telephone contact and a regular presence within the Primary Care, Education and Community settings. In addition, carers and professional staff have access to advice, consultation and support in working with young people at risk.

Development of this role has occurred in partnership with Inverclyde Council (Choose Life & Integrated Children's Services, Inverclyde CHP and NHS Greater Glasgow & Clyde. This has resulted in much closer and more effective working arrangements with the Education, Primary Care and Voluntary Sector settings around vulnerable young people in distress.

Outputs:

- **It should be noted the worker commenced in the post from April 2009.**

Outcomes:

- **Carers and professional staff working with vulnerable children will be better equipped to identify and intervene to support children and young people who may be at risk of self-harming or suicidal behaviour**
- **Carers and professional staff will have access to advice, consultation and support in working with young people at risk**
- **Young people at risk of suicidal or self-harming behaviour have access to additional direct service from a specialist nurse who has strong links to and receives support & clinical supervision from the local CAMHS service**
- **The initiative contributes to a reduction in the level of self-harm and suicidal behaviour among young people in Inverclyde**

c) Inverclyde Peace Initiative (IPI)

Work continues with the aim of part-funding a young persons' worker post to foster innovative approaches to anger management, conflict resolution and emotional intelligence building on a successful model in local schools to engage young people in community programmes. Some of the specific outputs are –

- Opportunities to participate in drama workshops
- Training Weekend - 80 (S5/S6 pupils)
- Workshop leaders - S5/S6 pupils
- Recruitment of 16 volunteers

d) Samaritans (Inverclyde Branch)

Annual funding is provided to support the local Samaritans' branch and this is mainly used for recruitment of volunteers and advertising. It is also a major contribution to keep the branch operating.

Outputs:

- **Additional 11 volunteers recruited in the reporting period and advertising in Greenock Telegraph**

Outcomes:

- **Improved promotion of this local resource and an increase in local recruitment of staff and liaison with other local services**

e) All Women's Day (March 2009)

Funding support is provided via Inverclyde Volunteer Centre to assist this annual event in the promotion and increased public awareness of services available to women and encourage them to seek help early for wellbeing and mental health issues. The event fosters a community spirit and camaraderie among the women of Inverclyde through presenting the 'Woman of the Year Award' to a locally nominated woman of inspiration. It also affords organisations the opportunity to engage with women's opinions on the design and delivery of their services and use the event to consult regarding future service delivery.

Outputs:

- **326 women attending and gleaning information on Inverclyde services**
- **21 information stalls were provided**
- **50+ women volunteered on the day with 4 of these women sought further volunteering opportunities through the Volunteer Centre and 6 have joined the voluntary action network**

Outcomes:

- **Support for local women's gathering to promote gender based work on mental health & emotional wellbeing**

e) 'Choose Life' and Training

ASIST, safeTALK and Scottish Mental Health First Aid (SMHFA) continue to be the key training mechanisms to complement the local suicide prevention action plan. Self-harm awareness Skills Training, a one-day workshop aiming to increase participant's knowledge and awareness of self-harm and to increase participant's confidence by identifying appropriate responses to self harming behaviour and to identify the support available for individuals, front-line staff, carers and parents.

Outputs:

- **SMHFA – Provision of 4 workshops, training 41 participants**
- **ASIST – Provision of 11 workshops, training 198 participants**
- **safeTALK – Provision of 10 workshops, training 153 participants**

- **Self-harm Awareness Skills – Provision of 8 workshops, training 58 participants. Appendix 3 details a summary of feedback received from participants who attended the training.**

Outcomes:

- **Development and implementation of suicide prevention training programmes**
- **Increased staff awareness and skill base**
- **Improved access to appropriate services**
- **Increase participant's confidence in knowing how to deal with people at risk**
- **Prevention at crisis point**

A local strategic training plan has now been developed and the formation of the Training Sub-Group to monitor these activities. Work will continue in this area with the local implementation of *Commitment 7: Delivering for Mental Health* in collaboration with colleagues at Inverclyde CHP.

j) BE Inverclyde (Befriending the Elderly)

This is a joint development with Inverclyde Volunteer Centre and its support funding is provided for a dedicated Volunteer Befriending service for Older People experiencing Mental Health issues. In the service Volunteers will be matched with a service recipient to provide a one-to-one relationship, offering 2/3 hours weekly for a minimum of 6 months seeking to address the complex needs of the clients by enhancing the quality of life for older people enduring or recovering from distress caused by mental health issues. The intention is to also provide space for a listening ear and assist clients to engage with local activities. Funding is jointly with Fairer Scotland Funding (October 2008 to March 2010).

The project experienced a delay in starting from December 2008 and during the reporting period there were 15 live relationships, supported by 10 volunteers.

Outcomes:

- **Seek to reduce loneliness and social isolation**
- **Improved physical health, mental health and wellbeing**
- **Increased self-confidence & self-esteem to leave the house and meet people**
- **Increase the socialisation of older people who have become isolated due to issues of general health and/or a diminishing social circle**
- **Contribute to reduction in suicide amongst targeted client group**

l) CRUSE Bereavement Care Services (Inverclyde)

CBCS provide counselling for those who have been bereaved by suicide and also aid those feeling suicidal following a bereavement, offering intervention and prevention. Research evidence indicates that grief counselling is best offered 6 months or more after bereavement but we prioritise, as far as we can, those who are at high risk of suicide.

Funding is provided to secure the support of the volunteers and their supervision. During the reporting period 3 volunteers provided counselling to 8 clients.

k) Alcohol & Drugs Awareness Campaign (Inverclyde People's DAY)

An alcohol & drugs awareness day to promote the many services, treatments and therapies available to those who are experiencing problems with alcohol and drugs, and to help redress recent inaccurate media reporting in relation to substance use.

Outputs:

- **36 organisations participated**
- **347 people attended with 52% females and 40% males completing an Evaluation Form**
- **45% recording 'excellent' with a further 55% rating the Day as 'good'**

Outcomes:

- **Improved access to appropriate services**
- **Appropriate and improved information provision**

Appendix 1

Establishing a Scottish suicide database: progress report

Dr Laurence Gruer, NHS Health Scotland

22 May 2009

Introduction

It is widely recognised that the limited information available on people who complete suicide in Scotland, other than those in contact with mental health services, hampers our understanding of the underlying problems and may therefore reduce the relevance and effectiveness of preventive efforts. At the 2008 Choose Life summit, I made a commitment on behalf of NHS Health Scotland to lead work to establish a Scottish suicide database. This short report summarises the progress made to date.

The Steering Group

A multi-agency steering group was set up and met for the first time in August 2008. By May 2009 had met 5 times. Its membership is as follows:

- Dr Laurence Gruer NHS Health Scotland (Chair)
- Dr Jane Bray Specialist Registrar in Public Health (until May 2009)
- Linda Cockburn Crown Office & Procurator Fiscal Service
- Dr Denise Coia Scottish Government
- Lee Davies ISD
- Frank Dixon General Register Office for Scotland
- Sean Doherty Quality Improvement Scotland
- Prof John Eagles Aberdeen University
- Sandra de Munoz Choose Life, City of Edinburgh
- Dougie Paterson NHS Health Scotland
- Prof Steve Platt Edinburgh University
- Frances Simpson Samaritans
- Dr Cameron Stark NHS Highland
- James Taylor Scottish Prison Service

Hosting the database

It has been agreed that the database will be hosted by ISD and is likely to be developed along similar lines to the drug misuse death database with which there will be some overlap of cases. This will speed up the project and reduce duplication of effort. The new suicide database will align with the database set up by Quality Improvement Scotland for its critical incident reporting system. There will also be close links with the UK National confidential enquiry on suicides and homicides.

Sources of data

In order to achieve a high level of consistency and completeness, data will usually be obtained from a limited number of sources: the General Register Office of Scotland, police reports, post-mortem reports, GP records, hospital records, critical incident reports from mental health services and the Scottish Prison Service.

All appropriate permissions for transfer and use of the data will be obtained from the relevant authorities. Data will only be collected if they are to be used. They will be contained within a secure and confidential system, accessible only to authorised personnel and be compliant with all relevant NHS confidentiality and security protocols. All outputs from the database will be fully anonymised.

The core dataset**Appendix 1**

Data on each case will be collected in a standardised electronic way and will include the following:

Age, sex, occupation, marital status, ethnicity.

Place(s) of residence, place and circumstances of the suicidal act, place and cause of death.

Details of suicide note if relevant.

Recent personal and legal problems.

Use of prescribed or illegal drugs.

Physical or mental health problems.

Previous suicide attempts or self-harm.

Recent use of health, social or other services (which is within scope to obtain).

Types of analysis

These will likely include: patterns and trends by age, sex, place of residence, occupation, methods, causes, places and times of suicide. Types and frequency of pre-existing problems. Type, frequency and frequency of service contacts. Frequency of warning signs.

Work programme for 2009-10

Funding for the suicide database has been agreed by the Scottish Government. ISD have appointed a Project Manager (Eddie Adie) who will set up a project group to plan and execute the development in adherence with the formal ISD Project Governance protocols. The project team will engage with relevant analytical, IT and clinical staff to move the project forward. This will include fully specifying and developing the database; agreeing permissions for use of the data from the relevant source agencies; establishing governance arrangements; and piloting data capture using actual cases.

The aim is to begin to record cases from 2010 onwards.

Prevalence of Self-Harm in Inverclyde

SMR1: Discharges Self harm - Calendar years 2003 to 2008 - TOTAL

CHCP	Age group	All						Male						Female					
		2003	2004	2005	2006	2007	2008	2003	2004	2005	2006	2007	2008	2003	2004	2005	2006	2007	2008
Inverclyde	T	231	225	244	224	259	239	129	91	122	101	108	110	102	134	122	123	151	129
	0-15	14	10	10	8	10	6	7	4	1	2	5	1	7	6	9	6	5	5
	16-19	23	28	31	15	15	20	12	8	8	6	4	8	11	20	23	9	11	12
	20-24	35	32	36	28	32	26	18	15	23	12	20	15	17	17	13	16	12	11
	25-34	47	45	44	50	38	64	24	19	24	18	12	28	23	26	20	32	26	36
	35-44	64	64	64	67	73	62	37	23	33	31	30	30	27	41	31	36	43	32
	45-54	32	33	47	36	59	39	19	16	23	19	20	17	13	17	24	17	39	22
	55-64	8	11	6	14	12	16	5	5	5	9	3	10	3	6	1	5	9	6
	65-74	6	2	6	4	15	4	5	1	5	3	13	.	1	1	1	1	2	4
	75+	2	.	.	2	5	2	2	.	.	1	1	1	.	.	.	1	4	1

Self Harm Awareness Training Summary of Feedback (November 2008 to March 2009)

Number of people who completed evaluation forms out of 58 54

How would you rate your knowledge of self harm awareness before and after the training course?

Number of people who had increased their awareness 48

Number of people who had stayed the same 6

Number of people who had decreased their awareness 0

What did you learn from this training session? (Number of people who ticked each question)

1. What self harm is 47

2. Why people self harm 48

3. How people self harm 48

4. How to respond to self harming behaviour 50

5. Alternative coping strategies to self harm 50

6. Other :

- It's not suicide
- Know your limits
- Resources available
- Other experiences

Which of the following do you aim to do? (Number of people who ticked each question)

- | | |
|--|----|
| 1. I will be more aware of possible signs of self harming behaviour in other people | 49 |
| 2. I will sign post people to appropriate support services | 46 |
| 3. I will keep myself safe at all times when supporting another person who is self harming | 51 |
| 4. I will be aware of my limitations and ask for the support of others where required | 53 |
| 5. I will ask for guidance from my manager about the organisations self harm policy | 48 |
| 6. I will inform my friends and colleagues of the importance of self harm awareness training | 52 |

Other:

- Change attitude to self harm
- Let other organisations know what is available

Any other comments /feedback:

- Enjoyed the course, good to have it 2 nights in the evening. Feel I may have struggled with 1 day as heavy issue. Content of course is excellent.
- Discussion groups and scenarios were very effective to put across , well informed sessions and relaxed atmosphere
- A very good night's session, easy to understand, well presented. A good mix of people
- Fantastically presented and interesting training day. Variety of methods helped to retain interest
- Very well presented training that removed the mystery and stigma associated with self harm
- Learned a lot of really useful information which I'm sure I will be able to put into practice
- Enjoyed the training. Possibly look into more depth at long term effects self harm has on a person , how they cope later in life when they have stopped self harming
- Understanding of how others respond to clients who self harm and the outcomes
- Perhaps a little more in the area of possible signs of self harming behaviour
- I went away with a lot of knowledge and understanding of self harm thank you
- It exceeded my expectations
- Enjoyed the course immensely and it has given me a very good insight into self harm

Number of people who supplied contact details to be contacted again for evaluation purposes

49