
Report To: Health & Social Care Committee **Date:** 26 August 2010

Report By: Robert Murphy
Corporate Director
Inverclyde Community Health &
Care Partnership **Report No:** SW/33/10/BY/AM

Contact Officer: Barbara Billings
Head of Community Care &
Strategy **Contact No:** 01475 714015

Subject: Choose Life Inverclyde Progress Report 2009/10

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Committee on the local implementation and developments for 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, and is a key component of the Scottish Government's 'Towards a Mentally Flourishing Scotland' (TAMFS).

Inverclyde Council is committed to contributing to the national strategy and responds 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 the issue of suicide and its prevention. In order to monitor the activities a Development Group meets on a regular basis combined with the appointment of a local full time co-ordinator facilitating local effort.

- 2.2 A progress report for the period 2008 - 2009 is attached. Appendix 1
- 2.3 In 2009, there were 11 suicides in the Inverclyde Council local authority area, compared to 2008, when there were 10 suicides.

3.0 RECOMMENDATION

- 3.1 Note the findings of the progress report attached.
- 3.2 The Committee endorse this local approach to the National Suicide Prevention Strategy and support its continuing developments.
- 3.3 The Committee commends the Choose Life Co-ordinator and the Development Group in their work attributed to the receiving of an Association for Public Service Excellence Award (September 2009) through development of a successful collaborative partnership approach to suicide prevention and mental health improvement.
- 3.4 The Committee agrees to accept further annual performance reports at this time of year.

Robert Murphy
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

- 4.1 **Choose Life Co-ordinator:** This role and remit is pivotal to the local suicide prevention developments and the support provided by the Choose Co-ordinator to the local Development Group continues. This is mainly achieved through regular liaison meetings with the recurring projects and in the Choose Life Development Group 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 through effective leadership and direction of efforts.
- 4.2 **Association for Public Service Excellence (APSE) Award 2009:** Choose Life Inverclyde was handed an APSE award for Best Partnership Working (Public/Voluntary) in recognition of the successful partnership working approach being undertaken locally and beyond in the fields of suicide prevention and mental health improvement.
- 4.3 **Choose Life Training:** Ongoing delivery of Applied Suicide Intervention Skills Training (ASIST), Scottish Mental Health First Aid (SMHFA), safeTALK and Self-Harm Awareness Skills Training.
- 4.4 **Stepwell Rapid Response Service:** This service, provided in a community setting, seeks to be a first point of contact for people who are suffering from long and enduring stress. 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.
- 4.5 **Mental Health Primary Care Worker (FSF):** This development 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.
- 4.6 **Inverclyde Peace Initiative (IPI):** A project aiming to foster innovative approaches to anger management, conflict resolution and emotional intelligence in communities.
- 4.7 **Samaritans (Inverclyde Branch):** A key local partner in providing a Samaritans provides 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
- 4.8 **BE Inverclyde (Befriending the Elderly):** 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.
- 4.9 **CRUSE Bereavement Care Services (Inverclyde):** Service provided primarily for people who have been bereaved by suicide and also aid those feeling suicidal following bereavement, offering intervention and prevention.

5.0 PROPOSALS

- 5.1 The Committee endorse this local approach to the National Suicide Prevention Strategy and support its continuing developments.

6.0 IMPLICATIONS

6.1 Legal: There are no legal implications

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: Choose Life Co-ordinator and Choose Life Training Administrator

6.4 Equalities: Equal Opportunities processes and procedures are embedded within the operational practices of Social Work Services Authorised Providers List.

7.0 CONSULTATION

7.1 The Choose Life Inverclyde Progress Report (2009/10) has been discussed with members of the Choose Life Inverclyde Development Group and will be presented to the Joint Inverclyde Mental Health Development Group (September 2010).

8.0 LIST OF BACKGROUND PAPERS

8.1 Choose Life Inverclyde Progress Report (2009/10)

chooselife

The national strategy and action plan
to prevent suicide in Scotland

Inverclyde
council

**“Choose Life” Inverclyde
Progress Report – 2009 / 2010**

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 its initiative 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 –

- 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 above are aligned to the national objectives and Choose Life Inverclyde’s desired outcomes –

- 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 Prevalence of Self-Harm in Inverclyde

These figures are extracted from data published by the General Registrar’s Office¹ and key points appearing on the Scottish Public Health Observatory website². The numbers only referred to those individuals whose cause of deaths are 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. Not included in these figures are, for example, deaths

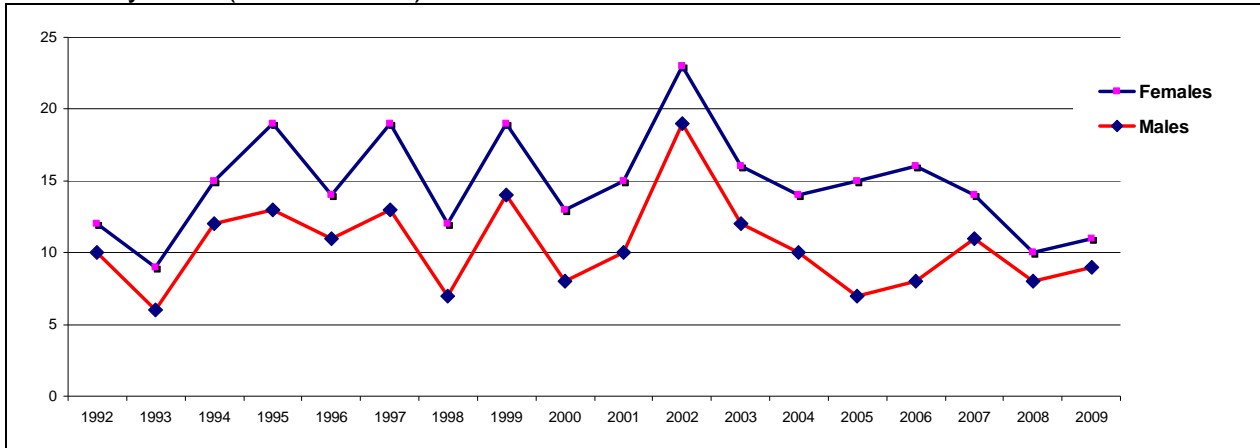
¹ <http://www.gro-scotland.gov.uk/statistics/publications-and-data/vital-events/ref-tables-2009/deaths-causes.html> (Table 6.11)

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

recorded for overdose of illicit or recreational drugs, unless there is clear evidence where there are either witnesses or where suicide notes have been left.

In 2009, there were 11 suicides in the Inverclyde Council local authority area, compared to 2008, when there were 10 suicides.

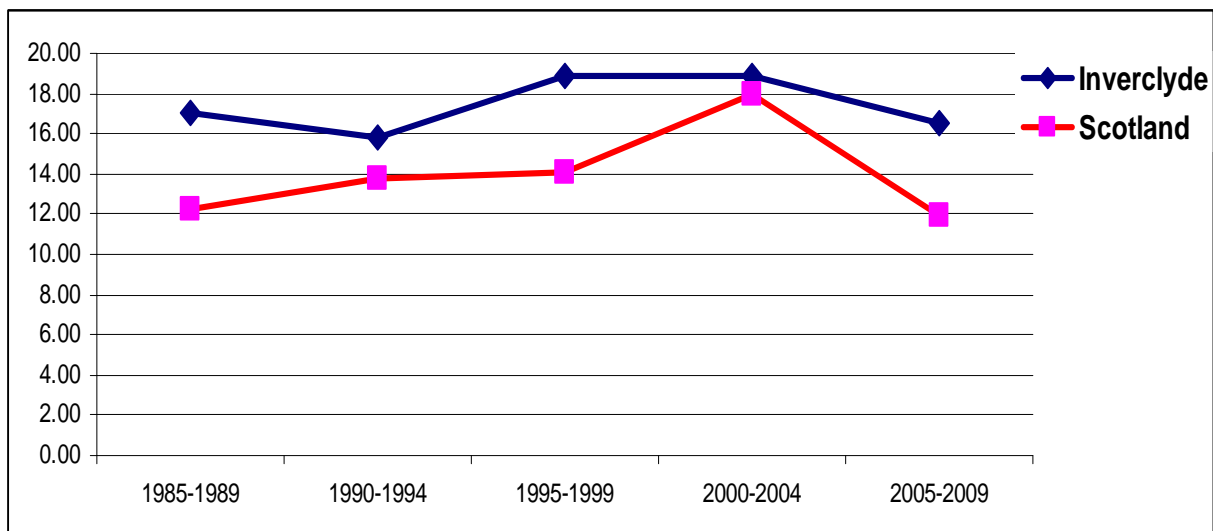
Following is a graphic representation of suicides in the Inverclyde Council local authority area (1992 – 2009)



The above figures demonstrate how unpredictable the pattern of suicide has been in Inverclyde. The data suggests a recent fall particularly when comparing the above rolling periods –

		Numbers				
		1985-1989	1990-1994	1995-1999	2000-2004	2005-2009
Inverclyde		79	72	83	81	66
Scotland		3721	3994	4308	4292	3955

Given statistics are better presented in European Age Standardised Rates (EASRs), for the Inverclyde area, compared to national data, this is shown as follows for the rolling 5-year periods from 1985 to 2009 –



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 – 2009), of the total of 11 suicides, 9 were males & 2 were females. The bias to completed suicide is towards men, which mirrors both national and global trends and links with activities in Inverclyde on men's health 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. In this regard, there is work developing, chaired by NHS Health Scotland's Director of Public Health Science and Choose Life (NHS Health Scotland) with the development of a National Suicide Register. A steering group has formed and will have a key role in the evolution of the register, particularly ensuring register data will inform and support local area activities. It is anticipated detailed work on the database will begin shortly and hoped the first reporting be in 2013.

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 1.

5. Implementation of “Choose Life” in Inverclyde

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

Overview: 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 Development Group 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 through effective leadership and direction of efforts.

There have also been key linkages to the Council's Corporate Plan and Single Outcome Agreement. This crosscuts 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.

In addition, work has been undertaken in co-delivering 4 of the Inverclyde ASIST workshops (see Choose Life and Training) and safeTALK training, where the Co-ordinator has delivered 2 workshops. In order to disseminate pertinent information to the Choose Life Inverclyde Network, 19 Information Updates have been produced.

National Developments and Linkages: 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 Advisory Groups on Scottish Government commissioned research, the National Training Strategy Steering Group, National Suicide Prevention Week, and National Working Groups for Locations of Concern and Postvention. The Co-ordinator is the locality representative for NHS Health Scotland Mental Health Improvement National Network, NHS Greater Glasgow & Clyde Mental Health Partnership (Suicide & Self-Harm Sub Group) and the NHS Greater Glasgow & Clyde Mental Health Improvement Network.

In addition there have been during the reporting period supporting developments pertaining to the overarching *'Towards a Mentally Flourishing Scotland'* (TAMFS) national action plan and associated work on the developments of key communication tools through the re-development of the Well? Scotland website.

Collegial support to neighbouring Choose Life localities in West Dunbartonshire and Renfrewshire continues, through attending a number of meetings with a range of statutory and voluntary agencies, pertaining to the reduction of suicides at the Erskine

Bridge. This has extended to the contribution of research papers and the analysis of data gathered on suicide attempts at this location of concern.

Ongoing work with the local media and awareness raising 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. This has proved invaluable linkages, especially in the areas of raising the importance of good mental well-being.

Inverclyde Mental Health Awareness Planning: The Co-ordinator continues to chair of the work of this group, which is a multi-agency partnership 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.

This group aims to ensure a 365-day approach to mental health improvement culminating for Mental Health Awareness Week in October. For the week's events in 2009, which also coincided with Inverclyde's contribution to the Scottish Mental Health Arts & Film Festival (SMHAFF – www.mhfestival.com), included the following summary –

- Launch event to include the showing of *'The Flying Scotsman'* – a film of how Scottish cyclist Graham Obree battled depression to reach the pinnacle of his cycling career. Following the film, Graham Obree joined the event and gave his personal recount of the film and took a number of questions from the floor.
- 36 different types of events with a focus on the arts, including laughter workshops, drama, comedy nights, salsa dancing etc.
- Schools' poster competition
- Stalls and Information dissemination in key locations throughout Inverclyde

Plans are already well ahead for this year's activities, which has already included a very successful Tea Dance during Scottish National Depression Week (June 2010). This was building upon a similar event from last year and this year's seen over 200 people attending.

Inverclyde Anti-Stigma Partnership: This Group was initiated with a focus on a local unified partnership approach in addressing the issues of stigma and discrimination. Work in this area has been beneficial with the Inverclyde Alliance endorsing the local approach and signing up to the 'see me' Pledge (July 2009). Work is now developing for Inverclyde Council to sign up in its own right and it is anticipated this stream of work will develop under the Council's Corporate Equalities Group.

'Towards a Mentally Flourishing Inverclyde' Event: In February 2009, the Co-ordinator was an integral part of the community planning response to the national policy and action in this event, which attracted 67 delegates from a variety of both statutory and voluntary agencies plus an additional 15 who supported the event in supplying 'marketplace' stalls and displays.

The event set out the national and regional picture for participants about the promotion of mental health and wellbeing through the *'Towards a Mentally Flourishing Scotland'* (TAMFS) priorities, and applied them to the local outcomes Inverclyde aims to achieve through its Single Outcome Agreement (SOA). The local SOA outcomes were mapped to the TAMFS priorities to map the ways the delivery of the TAMFS priorities

will have a positive impact on the delivery of the SOA outcomes. The opposite was then done to show how the achievement of the SOA outcomes would have a positive impact on delivering the TAMFS priorities, demonstrating and re-emphasising the role all the partners have to play in promoting and achieving good mental health and wellbeing in Inverclyde. A strong message of the event was the local articulation of the national policy is to ensure a way forward for all agencies delivering services to help promote good mental wellbeing, which is the responsibility of all partners, not just a 'health' or 'social care' matter.

Participants in workshops then discussed what they were already doing to help develop good mental health and wellbeing, but also to highlight where there are gaps and what action and support is required.

A report from the event has been discussed at the Inverclyde Alliance Board in June 2010 and will be further disseminated.

b) Choose Life National Evaluation – Phase 2 (2006/08)

As part of this evaluation, Inverclyde was selected as one of the 6 case study areas. The locality previously featured in the Phase 1 evaluation and it was therefore an opportunity to review the progress in this independent evaluation. It also provided an evidence base to complement the developments of the Choose Life Development Group (see section d).

A copy of the Inverclyde Case Study is detailed in Appendix 3 and the full evaluation can be viewed at <http://www.chooselife.net/Evidence/ResearchandEvaluation.asp>.

c) Association for Public Service Excellence (APSE)

In September 2009, during Suicide Prevention Week, Choose Life Inverclyde was handed an APSE award for Best Partnership Working (Public/Voluntary).

This award is recognition of the successful partnership working approach being undertaken in our locality and beyond in the fields of suicide prevention, mental health improvement and more importantly in trying to make a difference through changing culture, attitudes and challenging the stigma associated with suicide and mental health.

See Appendix 3.

d) 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: Three plus a dedicated Development Session

Notwithstanding the commentary as part of the Inverclyde Case Study (see Choose Life National Evaluation – Phase 2 (2006/08)), it was decided as part of the ongoing

monitoring and evaluation of the initiative, to hold a Development Session in May 2009. This was through facilitated discussion by an independent facilitator, to provide inputs on the future direction of the group. This enabled the group to revisit its action plan to consider the continuation of the group's key remit and to discuss its future direction.

Concurrent with this discussion, the Inverclyde Case Study (Choose Life National Evaluation – Phase 2 (2006/08) and the national policy changes through '*Towards a Mentally Flourishing Scotland*', it was decided to rename the current group to the Choose Life Inverclyde Implementation Group, which will better reflect the overall proposed remit and activities. In order to build upon the existing strategic direction of the local suicide prevention action plan, to maintain and expand the links and key influences in this local agenda, it is proposed a Core Group is created to fulfil this remit.

The Core Group will meet quarterly and report into the current Inverclyde Council arrangements and then further to the Performance Outcomes Framework to support the Single Outcome Agreement. Choose Life Inverclyde will contribute to the Health Inequalities Outcome Delivery Group feeding into the Framework.

Additional consideration is requested for the wider Choose Life Inverclyde Implementation Group to meet a further twice in the year. This addresses the ongoing necessities for the monitoring and evaluation of the local suicide prevention action plan, recognising the huge 'in kind' contributions made to local developments through collaborative working, sustaining information flows and further embedding the work required for suicide prevention into the mental health improvement and equalities agendas, thereby achieving cultural change. These meetings may take the form of showcasing sessions or conferences where guest speakers are invited to present on pertinent topics to inform local planning and practice and vice-versa.

Appendix 4 sets out the detail of the Forward Developments with Key Recommendations and Actions.

6. Funded and Commissioned 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:

- **90 Clients (33 females; 57 males) were supported in this reporting period in 208 sessions**

Outcomes:

- **Improved access by clients at risk engaging with a 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.

This post is core to the local implementation of Choose Life in Inverclyde. Development of this role has occurred in partnership with Choose Life Inverclyde, Inverclyde CHP and Child & Adolescent Mental Health Services (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. The service is provided for children and young people (12- 18yrs), carers and professional staff working with vulnerable children.

Outputs:

- **64 children/young people, 64 family members supported.**

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 by Inverclyde Peace Initiative 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. Specific funding was awarded for IPI's annual conference and to equip the 14 workshop leaders with the training and skills to deliver the conference workshops plus delivery of workshops providing the conflict resolution training to 70 representatives from all secondary schools in Inverclyde so that they can support a variety of initiatives in their own schools and in the community.

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) '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 2 workshops, training 18 participants**
- **ASIST – Provision of 9 workshops, training 172 participants**
- **safeTALK – Provision of 7 workshops, training 112 participants**
- **Self-harm Awareness Skills – Provision of 2 workshops, training 17 participants.**

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**

f) BE Inverclyde (Befriending the Elderly)

This is a joint development with Inverclyde Volunteer Centre and is 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.

Outputs:

31 live relationships – 62 individuals

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**

g) 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, three volunteers provided support to 49 clients in 63 sessions.

Prevalence of Self-Harm in Inverclyde

Discharges Self harm (Inverclyde) 2003 to 2009

Age group	All							Male							Female						
	2003	2004	2005	2006	2007	2008	2009	2003	2004	2005	2006	2007	2008	2009	2003	2004	2005	2006	2007	2008	2009
Total	231	225	244	224	259	239	239	129	91	122	101	108	110	103	102	134	122	123	151	129	136
0-15	14	10	10	8	10	6	8	7	4	1	2	5	1	2	7	6	9	6	5	5	6
16-19	23	28	31	15	15	20	25	12	8	8	6	4	8	9	11	20	23	9	11	12	16
20-24	35	32	36	28	32	26	25	18	15	23	12	20	15	14	17	17	13	16	12	11	11
25-34	47	45	44	50	38	64	59	24	19	24	18	12	28	28	23	26	20	32	26	36	31
35-44	64	64	64	67	73	62	63	37	23	33	31	30	30	25	27	41	31	36	43	32	38
45-54	32	33	47	36	59	39	44	19	16	23	19	20	17	15	13	17	24	17	39	22	29
55-64	8	11	6	14	12	16	13	5	5	5	9	3	10	9	3	6	1	5	9	6	4
65-74	6	2	6	4	15	4	2	5	1	5	3	13	0	1	1	1	1	1	2	4	1
75+	1	0	0	2	5	2	0	2	0	0	1	1	1	0	0	0	0	1	4	1	0

Source: ISD (NHS Greater Glasgow & Clyde), 2010



annual service awards 2009

Public / voluntary partnership working

Winner

Inverclyde Council

Award sponsored by Verve Van Centre



A handwritten signature in black ink, appearing to read "Arwyn Woolcock".

Clr Arwyn Woolcock, APSE national chair 2008/9

A handwritten signature in black ink, appearing to read "Paul O'Brien".

Paul O'Brien, APSE Chief Executive

10 September 2009

Date

**LOCAL SERVICES
LOCAL SOLUTIONS**



1 CONTEXT

- 1.1 Inverclyde is primarily an urban, industrial area (in decline) with a population of around 81,000. There are high levels of unemployment and associated health and social inequalities. Inverclyde has higher than national rates of poverty, unemployment, drug and alcohol misuse and severe mental illness.
- 1.2 There were 10 deaths by suicide¹ in the Inverclyde Council (CEC) area in 2008. European age standardised rates for five year periods show that suicides increased in Inverclyde between the late 1980s and the early 2000s and have fallen since then. Over the past 25 years the suicide rate for males in Inverclyde has been consistently more than that for females, but Inverclyde is unusual in that the female rate has increased steadily over the past 20 years.

2 CO-ORDINATION OF CHOOSE LIFE

- 2.1 The impact of health and social inequalities on a significant proportion of the local population has led Inverclyde Council to take a population approach to improving mental health and wellbeing. Choose Life is part of their action on mental health improvement.
- 2.2 Choose Life has been co-ordinated by Inverclyde Council through its Health and Social Care Committee which sets the strategic direction and receives annual reports on progress. Day-to day responsibility for strategy and implementation is delegated to the Head of Service – Community Care & Strategy based in Social Work Services. The Leader of the Council signs off the annual reports on behalf of the Community Planning Partnership. The CPP does not take an active role in Choose Life but mental health is one of its priorities.
- 2.3 The outcomes set for Choose Life Inverclyde are:
 - co-ordination 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 the approach.
- 2.4 There is a Choose Life Development Group, chaired by the Co-ordinator, with around 40 members drawn from Council departments (Education, Social Work, Homeless, Economic Development), the Community Health Partnership and the voluntary sector. Meetings are quarterly and there are around 10 regular participants. This is not a decision making group but acts as a forum for exchanging views, information and ideas about

¹ Defined as 'deaths caused by intentional self harm and events of undetermined intent'. All suicide data obtained from www.scotpho.org.uk

Choose Life activities. During Phase 2 it guided decisions on the funding of projects and monitored outcomes.

- 2.5 In February 2007 Training Sub-Group was re-formed to monitor the Choose Life Strategic Training Plan. It met on 2 occasions in 2007-08 to make recommendations. Training is now discussed at the Development Group.
- 2.6 During Phase 2, there was a Practitioners Support Forum with around 200 member organisations and individual practitioners. It provided informal peer support and reviewed themes and policies in relation to Choose Life e.g. the requirement for a local CRUSE branch and for self harm awareness training, and it contributed to other key developments and policy. It met 3 or 4 times a year. Owing to other pressures, the Forum has gone into abeyance.
- 2.7 Inverclyde Council has, from the start, had a dedicated Choose Life Co-ordinator post because of the links between mental health and wellbeing and suicide and self-harm. For the period November 2005 to June 2007, the Co-ordinator role was combined with the Health Improvement Officer post, giving the post-holder a wider remit for mental health improvement. The money released enabled the appointment of a part-time Development Officer in 2006 (later full-time). In June 2007, the Health Improvement Officer left and the Development Officer became the full-time, permanent Choose Life Co-ordinator. He retains the wider remit.
- 2.8 The Co-ordinator is located in Social Work Strategic Services where he is in close proximity to the primary care and mental health teams. His remit is to work across statutory and voluntary agencies and organisations; to build relationships and networks; and to raise awareness of suicide and the importance of mental wellbeing. He is also a Consulting Trainer.
- 2.9 There was a consensus among participants that the co-ordination arrangements in Inverclyde have worked very well. Since 2007, the CHP has been an active partner, particularly in the development and delivery of the HEAT 5 training target.
- 2.10 The role and location of the Co-ordinator was seen to be important to the implementation of Choose Life and to breaking down organisational silos. All participants considered that there had been a high level of success in building relationships, promoting awareness of suicide and increasing capacity across agencies. There were many comments about the networking and communication skills of the Co-ordinator and his commitment (and persistence) as an advocate for Choose Life.

3 LINKS TO KEY PARTNERSHIPS AND INFLUENCE ON STRATEGIES AND PLANS

- 3.1 The Co-ordinator has close links with the CHP (particularly on the implementation of HEAT 5) and contributes to work on mental health improvement through Mental Health Awareness Planning and the

Recovery Network group. He sits on the Inverclyde Mental Health Development Group, a joint strategic planning group looking at the mental wellbeing agenda. He also chairs the Mental Health Awareness Planning and the recently established Inverclyde Anti-Stigma Partnership, which is looking at ways to eradicate the stigma and discrimination associated with mental health. Choose Life is not currently part of the Drugs and Alcohol Forum, but the Coordinator is linked into sub-groups. He had links to the Health and Wellbeing Alliance and Inverclyde Community Compact (now under review). He is also a member of the Greater Glasgow & Clyde Mental Health Improvement Network and the Mental Health Partnership Suicide and Self-harm Sub-Group

- 3.2 Other partnerships include Stepwell Consultancy, Inverclyde Peace Initiative for young people, Samaritans, and ACUMEN, a support network for mental health service users and careers. The way in which most organisations link to Choose Life is through membership of the Development Group (and previously through the Partnership Support Forum).

4 LINKS TO AND INFLUENCE ON KEY SERVICES

- 4.1 During Phase 2 there was some progress in making links with key services such as primary care, health and social care. The main factors were:
- the role of the Co-ordinator in building relationships and networks
 - the wide membership of the Development Group and (previously) the Practitioners Support Forum
 - the availability of suicide prevention training and further impetus of HEAT 5.
- 4.2 There are no links with police or fire services, except through some training, and limited engagement with Greenock prison.
- 4.3 Choose Life is seen to have influenced the work of a range of organisations and agencies.
- 4.4 One of the main levers for building relationships has been the communication flow developed and maintained by the Co-ordinator. Participants highlighted the regular use of emails to give information about Choose Life locally and nationally, for example, on training, research, national news. In addition, the Council intranet has the Choose Life icon on its first screen and easy links to other information. Choose Life also appears on the Council's public website.
- 4.5 The availability and uptake of training has been another major factor in making links and extending the influence of Choose Life. Many Council and CHP staff have attended suicide prevention training but it has also been widely delivered in communities and in the voluntary sector.

- 4.6 One of the barriers identified to making links was attitudes to talking about suicide. However, participants felt that awareness raising and training have helped by enabling people to talk about suicide openly in a safe environment. They then feel more confident about raising the subject in their own communities or workplaces.
- 4.7 Choose Life is also perceived to have had an influence on the public health agenda. The development of a suicide prevention partnership was an outcome in the Joint Health Improvement Plan 2006-8; and the HEAT 5 target was included in the CHP Development plan 2008-10. Choose Life features in some Council Service plans but is not specifically referenced in the Corporate Plan 2007-11
- 4.8 Examples of Choose Life influence on practice include: the incorporation of depression, suicide thoughts and suicide into alcohol education in schools and other young peoples' groups; and the inclusion of depression and suicide into the alcohol single shared assessment.

5 LEVERS AND BARRIERS

- 5.1 Participants in the case study were asked what they thought were the levers and barriers to Choose Life's influence on policies, plans and practice in Inverclyde. These are summarised in Table 1.

Table 1: Levers and barriers to Choose Life influence in Inverclyde

Levers	Barriers
<ul style="list-style-type: none"> • High priority for mental health improvement in the Council and recognised link with Choose Life • Strategic lead from the Council • Permanent Co-ordinator post • Location of CLC in Social Work and co-location with primary care and mental health services • Access to training and wide uptake, and good reputation of the training • Good working relationship with CHP through HEAT 5 • Networking and communication by CLC • Inclusion in local plans 	<ul style="list-style-type: none"> • Stigma still attached to suicide • Public sector funding constraints • Difficulty of engaging with clinical services to identify the number of psychiatric patients who complete suicide • Lack of resources inhibiting attendance at training e.g teachers • Not yet engaged fully with all relevant agendas e.g Equally Well

6 PERFORMANCE MEASUREMENT

- 6.1 Inverclyde Council has not adopted the 20% target for reduction in suicide but is committed to contributing to it. Some participants expressed concern about the relevance of a numerical target and thought there was a need for other outcomes to be developed. The only reporting mechanism to date has been the annual report to the Health and Social Care Committee. However, Inverclyde is developing a Performance Outcomes Framework to support the Single Outcome

Agreement. Choose Life will contribute to the Health Inequalities Outcome Delivery Group which will feed into the Framework.

7 FUTURE PRIORITIES AND SUSTAINABILITY

7.1 Choose Life appears to have made good progress toward sustainability as evidenced by:

- the Co-ordinator's post is permanent
- the Choose Life budget has been retained in full
- there is a significant amount of 'in kind' costs from other organisations to help build capacity in the community

7.2 The contributory factors seem to be:

- a clear strategic lead from the Council and proactive support from the CHP
- the location of the Co-ordinator's post in a mainstream Council service and the ability to engage with a range of agencies
- synergy between the Council and CHP's approach to mental health and wellbeing in Inverclyde and the Choose Life approach
- the wide take-up of training.

7.3 While suicide prevention was not included as an indicator in the SOA, Choose Life was cited as a supporting strategy under two local outcomes: giving young people the best start in life and Improving the health of local people. It also crosscuts with "Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life".

7.4 While most participants agreed that Choose Life was now quite well embedded in Inverclyde, there was also a strong view that it needed to retain its own identity. There was concern that if it became subsumed into the wider agenda of mental health improvement at this stage, it could become "tokenistic" and lose momentum. The ten year strategy timescale was still felt to be the right one.

7.5 There was also concern about how the current difficult funding environment would affect Choose Life.

7.6 The Choose Life Action Plan 2008-10 identified the following areas for action: befriending for people aged 60+ with mental health issues; support for postpartum depression; contributing to implementation of the Equally Well action plan; and continuing HEAT 5 training.

7.7 The Development Group have identified two main areas for future planning: supporting people to become more positive and confident; and continuation of suicide prevention training. Recommendations include: a review of the Group's membership, remit and functions; considering the local implementing of the Government strategy Towards a Mentally

Flourishing Scotland (TAMFS) and making links with other key developments such as Curriculum for Excellence and employability.

7.8 Case study participants identified the following areas for future action:

- better links to the CPP
- increased emphasis on older people
- better links to clinical services
- addressing the impact of the economic downturn
- more explicit links between Choose Life and TAMFS.

7.9 In relation to the future sustainability of Choose Life, participants identified the following key factors:

- keeping the identity of Choose Life while making closer linkages to national policy agendas such as TAMFS, Equally Well and anti poverty policy
- retaining a Co-ordinator post to identify the key issues and drive Choose Life forward locally
- incorporating suicide prevention training into core/induction training of agencies.

7.10 A new structure is being developed in Inverclyde to reflect the new arrangements under the Single Outcome Agreement. Under these proposals the Choose Life Co-ordinator and the Development Group will come under the Community Care Core Group and will be well placed to make closer links with the new Alcohol and Drug Partnership and the Learning Disabilities Group.

8 LESSONS LEARNED

- A clear strategic lead from the Council, the nature and location of the Co-ordinator's post within a mainstream Council service and proactive support from the CHP have helped Choose Life make progress towards sustainability
- Relationship building and the ability to engage with a range of agencies has been a real strength of the Co-ordinator who has also made good use of internet based communication
- Using an effective public health approach to suicide prevention through resourcing it with a full-time Co-ordinator to facilitate partnership working
- High numbers have been trained and this has had an impact on the approach of organisations to assessing and addressing suicide risk
- The Development Group has been an important part of guiding Choose Life activity but there is an issue about regular attendance.

There may be other ways to create a mutually supportive network e.g. using the internet.

- Some importance being placed on reviewing the groups membership with the aim of an increased strategic input brings focused benefits.

CHOOSE LIFE INVERCLYDE DEVELOPMENT GROUP FORWARD DEVELOPMENTS

1. Introduction & Context

Choose Life Inverclyde is an innovative and successful initiative funded and co-ordinated by Inverclyde Council. The success of the project has largely depended on partnership working, which has been an underpinning factor. It is also thanks to the creative and forwarding thinking of the organisations and individuals who have engaged with the local agenda. The core business of the initiative is to commission a range of projects, which have been developed by working alongside partner organisations, community groups and individuals to help raise awareness of the issue of suicide.

For more than 35 years there has seen a massive increase of suicides in Scotland and two people per day die by suicide. In 2002, 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.

Choose Life Inverclyde was established in response to this national strategy and following a preliminary local service mapping in 2003, this demonstrated -

- The ways statutory Health Services responded to persons who had attempted suicide and identified those at risk of suicide or expressing suicidal ideation.
- A number of gaps in service mainly in the areas of responses to children and young people at risk of suicide and self-harm and to people whose attempted suicide or self-harm were not consequent to mental illness.
- A key decision not to set up a dedicated suicide prevention service, as this would not be the most effective use of funds.
- Using an effective public health approach to suicide prevention by employing a Co-ordinator to facilitate partnership working.
- All of the above would result in the outcome of the better and more effective use of resources

The above mapping exercise resulted on focussing on the areas of stress management, provision of a direct support service to you people aged 12 - 18, fostering innovative approaches to anger management, conflict resolution and emotional intelligence in communities and development of capacity building through training as a key mechanism.

CHOOSE LIFE INVERCLYDE DEVELOPMENT GROUP FORWARD DEVELOPMENTS

To facilitate the ongoing local implementation of a local suicide prevention action, a development group also formed concentrating its efforts on the above and responding to the service gaps through funding a number of projects and demonstrating strong links with the wider mental health improvement agenda, linkages with the tackling of health inequalities, the stigma and taboo surrounding mental health & suicide and promotion of protective factors, prevention of mental and physical ill health and support in improvements in quality of life achieved through pursuit of social inclusion, better access to health and care services, employment, good quality housing, education and recreational activities.

Some of the principles underpinning “*Choose Life*” are to raise awareness of the issue and facilitate multi-disciplinary working to tackle the prevention of suicide. The national action plan is a 10-year strategy and a critical success of the local implementation has been the successful partnership working approach achieved by –

- Working with a range of other agencies helping identify initiatives that benefit the overall objective of suicide prevention.
- Adopting a population and public health approach to suicide prevention.
- Working with other agencies allows informing practice and policy with a particular emphasis on challenging attitudes to suicide.
- Cultivating a developing environment of evaluation and sharing of best practice.

Choose Life Inverclyde aligns itself to the national aims and objectives¹ and works to the following outcomes –

- Co-ordination and development of a partnership approach to address local Choose Life objectives.
- Increasing public and professional awareness and involvement in Choose Life.
- Monitoring and local evaluation of effectiveness of the approach.

The Choose Life Inverclyde Development Group meets on a quarterly basis and is chaired by the Choose Life Co-ordinator. This group is not a decision making group and acts as a forum for exchanging views, information and ideas about Choose Life Inverclyde activities. The group also guides decisions on the funding of projects and monitoring outcomes. Current membership is drawn from Council departments (Education, Social Work, Homeless, Economic Development), the Community Health Partnership (CHP) and the voluntary sector, including service user involvement.

¹ <http://www.chooselife.net/AboutChooseLife/AboutChooseLife.asp>

CHOOSE LIFE INVERCLYDE DEVELOPMENT GROUP FORWARD DEVELOPMENTS

At the meeting in May 2009 it was decided to hold a development session, through facilitated discussion by an independent facilitator, to provide inputs on the future direction of the group. This enabled the group to revisit its action plan to consider the continuation of the group's key remit and to discuss its future direction.

Concurrent with this, the Scottish Government (2009) had published '*Towards a Mentally Flourishing Scotland*' (TAMFS) - setting out a policy and action plan for population mental health improvement for Scotland. There is an expectation local action plans would be developed in response to this document and a requirement for the group to consider its contribution to the local response to the national direction.

Inverclyde was also selected as a case study area for the Choose Life National Evaluation (Phase 2 – 2006/8)² and some of the findings from this along with the recommendations of the aforementioned facilitated discussion are used to inform this proposal, which has been reviewed by a subgroup of the current membership.

2. Key Recommendations & Actions

These are drawn from the 'Report on Facilitated Discussion held on Thursday 28 May 2009' and initial findings of the local case study area of the Choose Life National Evaluation (Phase 2 – 2006/8). The actions are augmented by the national policy driver of *Towards a Mentally Flourishing Scotland* (Scottish Government, 2009) plus the associated local implementation response (see Appendix 1).

2.1 Review of the Group's Membership

Of major note is the consideration to the proposal to rename the current group to the Choose Life Inverclyde Implementation Group, which will better reflect the overall proposed remit and activities. In order to build upon the existing strategic direction of the local suicide prevention action plan, to maintain and expand the links and key influences in this local agenda, it is proposed a Core Group is created to fulfil this remit.

² In development

CHOOSE LIFE INVERCLYDE DEVELOPMENT GROUP FORWARD DEVELOPMENTS

The suggested membership of the Core Group will consist of the following representation –

- Chair of the Group (To be confirmed)
- Choose Life Co-ordinator (Brian Young, Inverclyde Council)
- Mental Health Services (To be confirmed)
- CAMHS (Karen Gurney, Clinical Nurse Specialist, NHS Greater Glasgow & Clyde)
- Young Persons' Alcohol Team (Adam Smith, Inverclyde Council)
- Voluntary Organisation Rep (To be confirmed)
- Samaritans (Alex Southee, Chairperson to May 2010)
- Education Psychology (To be confirmed)
- Community Learning & Development (To be confirmed)

It is also envisaged there will be representation from a strategic planning function within the emerging Community Health & Care Partnership (CHCP).

Recruitment to the above will commence as soon as is practicable and the above membership will allow for the required strategic focus necessary for future developments and activities.

The Core Group will meet quarterly and report into the current Inverclyde Council arrangements and then further to the Performance Outcomes Framework to support the Single Outcome Agreement. Choose Life Inverclyde will contribute to the Health Inequalities Outcome Delivery Group feeding into the Framework.

Additional consideration is requested for the wider Choose Life Inverclyde Implementation Group to meet a further twice in the year. This addresses the ongoing necessities for the monitoring and evaluation of the local suicide prevention action plan, recognising the huge 'in kind' contributions made to local developments through collaborative working, sustaining information flows and further embedding the work required for suicide prevention into the mental health improvement and equalities agendas, thereby achieving cultural change. These meetings may take the form of showcasing sessions or conferences where guest speakers are invited to present on pertinent topics to inform local planning and practice and vice-versa.

CHOOSE LIFE INVERCLYDE DEVELOPMENT GROUP FORWARD DEVELOPMENTS

The wider group is to be chaired by the Choose Life Co-ordinator who will be responsible for the circulation of the notes of the Core Group meetings to this wider group.

2.2 Summary of Other Key Recommendations & Actions

Recommendation	Action	Action By/Lead	Timescale
a. Review of the Group's membership	As per 2.1 above and to include Terms of Reference (see point d)	Core Group Chair	April 2010
b. Review of the Group's remit and functions	As per 2.1 above and to include Terms of Reference (see point d)	Core Group Chair	June 2010
c. Agreeing individual stakeholders' contribution to the Choose Life Inverclyde Implementation Core & Wider Groups	As per 2.1 above and to include Terms of Reference (see point d)	Core Group Chair / Choose Life Co-ordinator	June 2010
d. Develop Terms of Reference for the Choose Life Inverclyde Implementation Core & Wider Groups	Agree specific terms of reference with individual stakeholders	Core Group Chair / Choose Life Co-ordinator	June 2010
e. Contribute to the local implementation of 'Towards a Mentally Flourishing Scotland' (TAMFS) / Innovative approaches to respond to TAMFS.	Attend and participate at an event on 26th February for the local articulation of TAMFS. This event will address – <ul style="list-style-type: none"> • The ways Inverclyde is currently addressing the TAMFS priorities. • What do is required to be done from an Alliance/partnership perspective and individual organisation perspective to ensure we help to deliver the TAMFS priorities. • What support is needed? 	Core Group Chair / Choose Life Co-ordinator	Ongoing with updates at Group meetings

CHOOSE LIFE INVERCLYDE DEVELOPMENT GROUP FORWARD DEVELOPMENTS

2.2 Summary of Other Key Recommendations & Actions (contd)

Recommendation	Action	Action By/Lead	Timescale
f. Explores Further the Mental Well-being Agenda	<ul style="list-style-type: none"> • Evaluating the impact of or reviewing funded projects. • Focusing on how best to maintain and bring added value to current funded programmes. • Identifying opportunities to impact on wider determinants. • Being clear as to the links the group has to wider structures such as community planning and the general health improvement agenda. 	Core Group Chair / Choose Life Co-ordinator	Ongoing with updates at Group meetings
g. Focus on Particular Work Programmes	<ul style="list-style-type: none"> • Identifying gaps in current approaches and agreeing ways to address them. • Mapping out other groups working on mental health and clarifying its connectivity to them. • Identifying opportunities to link with developments such as the recovery network, contribution to other initiatives such as Employability, Curriculum for Excellence, Equally Well, Meeting the Shared Challenge and other local strategic developments 	Core Group Chair / Choose Life Co-ordinator	Ongoing with updates at Group meetings

CHOOSE LIFE INVERCLYDE DEVELOPMENT GROUP FORWARD DEVELOPMENTS

2.2 Summary of Other Key Recommendations & Actions (contd)

Recommendation	Action	Action By/Lead	Timescale
h. Links to Work on Other Areas and Impacting on Wider Determinants	<ul style="list-style-type: none"> Using available tools to discern mental well-being impacts of initiatives in other areas e.g. income maximisation, physical activity and community safety. Taking a doable, phased approach to this work using the mental health indicators as a guide. Assist in the implementation of a workforce development programme on mental well-being. 	Core Group Chair / Choose Life Co-ordinator	Ongoing with updates at Group meetings
i. Programmes in a Series of Linked Development Sessions	<ul style="list-style-type: none"> Build on the May 2009 Development Session and explore the outputs more thoroughly. Address process as well as output issues. Carry out stakeholder analyses. Contribute to the local action plan in response to TAMFS. Encourage individuals to take personal responsibility for the group. Respond to any of the recommendations above. 	Core Group Chair / Choose Life Co-ordinator	Ongoing with updates at Group meetings

CHOOSE LIFE INVERCLYDE DEVELOPMENT GROUP FORWARD DEVELOPMENTS

3. Conclusion

The paradigm shift of national policy (*'Towards a Mentally Flourishing Scotland'* – TAMFS), key stakeholder involvement consultation and discussions achieved through a development session and links to the Choose Life National Evaluation (Phase 2) has provided a variety of opportunities for Choose Life Inverclyde to review its current processes.

This proposal document has captured the essences of ways to move forward the local suicide prevention agenda in order to contribute to its sustainability and ongoing commitment to having its own identity and platform. In this moving forward it is hoped this will also ensure the continuing influencing and lobbying Choose Life Inverclyde has developed thus far into the wider public health and mental health improvement agendas.

This proposal underscores the importance of the links to the wider remits and approaches through equality, diversity, human rights, social inclusion and the linkages to the delivery of all the local outcomes of the Single Outcome Agreement (SOA) and particularly in the areas of Health Inequalities, Alcohol Misuse/Problematic Drinking & Tackling Childhood Poverty. It further seeks to ensure the progression of the local suicide prevention action plan being fit for purpose and appropriately responding to national policy with outcomes achieved.