Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 7

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**27th February 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/14/2014/HW**
Contact Officer:	**Helen Watson Head of Planning, Health Improvement and Commissioning Inverclyde Community Health and Care Partnership**	**Contact No:**	**01475 715369**
Subject:	**'MAKING WELL-BEING MATTER IN INVERCLYDE'**		

1.0 PURPOSE

1.1 To present the high-level delivery plan for 'Making Well-being Matter in Inverclyde', the CHCP Mental Health Improvement Delivery Plan for the period 2014 – 2016 and to seek Sub-Committee approval for its implementation.

2.0 SUMMARY

2.1 This responds to the action in the CHCP Directorate Improvement Plan (2013 to 2016) to devise and implement a mental health improvement delivery plan with the overarching aim of contributing to the improvement of the mental well-being of our local population.

2.2 The high-level delivery plan aims to build upon the successful and concerted efforts to implement the local response to *"Choose Life"* and *"Towards a Mentally Flourishing Scotland"*. There is also an opportunity to review existing service provision and synthesise the local outcomes for mental health improvement, suicide prevention and reducing self-harm.

2.3 Key features of the plan include the creation of the Inverclyde Mental Health Improvement Network and the re-establishment of the Inverclyde Anti-Stigma Partnership, including discrimination associated with mental health, dementia, other life-limiting causes and protected characteristics (Equality Act 2010).

3.0 RECOMMENDATIONS

3.1 The CHCP Sub Committee is asked to note the ongoing work and progress being achieved in respect of the improving and sustaining of mental well-being of the local population and the developments and proposals set out in this report.

3.2 The CHCP Sub Committee is asked to endorse 'Making Well-being Matter in Inverclyde' and the Delivery Plan **(Appendix 1)**.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 *"Choose Life"* is the National Strategy and Action Plan to Prevent Suicide in Scotland and comes to an end in December 2013. The local response has concerted and successful efforts to raise awareness, build capacity through training and up-skilling, tackling stigma and ensuring mental health and well-being improvement links to associated policy areas. In addition, there have been local successes in the local articulation of aligned mental health and improvement policies and drivers, such as the "*National Programme for Improving Mental Health & Well-being"* and *"Towards a Mentally Flourishing Scotland"*.

4.2 In November 2011, the NHSGGC Director of Public Health published 'Keeping Health in Mind' (2011 to 2013), focusing on mental health as its key to improving health and well-being and reducing health inequalities. This document was also a catalyst for the GGC Child & Youth Mental Health Improvement Recommendations.

4.3 There is aligned work on mental health and well-being contained within the Scottish Government Mental Health Strategy: 2012 – 2015 and the recently published national strategy and action plan to continue to reduce suicide in Scotland.

4.4 'Making Well-being Matter in Inverclyde' sits firmly in the wider locality and Inverclyde Alliance vision of **'Getting it Right for Every Child, Citizen and Community'** and at the core of **'Nurturing Inverclyde'.**

4.5 The high level delivery plan aims to synthesise the following Key Priorities –

- building on the local strategic and operational work achieved thus far for suicide prevention and mental health improvement;
- improving strong partnership working and broad-based community activities underpinned by co-production and asset-based approaches to health improvement;
- the local response to Scottish Government's Mental Health Strategy and that of the GGC Child & Youth MHI Recommendations, mentioned above and augmented by the CHCP Directorate Improvement Plan (in development);
- mapping to the series of well-being outcomes, which the Inverclyde Alliance has adopted of Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible, Included;
- reducing the incidence of self-harm and ensuring support for people who use self-harm as a coping mechanism;
- the re-establishment of the Inverclyde Anti-Stigma partnership, not only to address local issues pertaining to mental illness but to ensure strong links with the wider locality Equalities agenda;
- workplace settings, with a particular emphasis on responding to ScotSID reports for 2010 & 2012 where among those of employment age, 68% and 67% respectively in employment and a wide range of occupations were represented and
- a call to action to support all of the above through the establishment of a local mental health improvement network.

4.6 With regard to self-harm, it has to be recognised that the relationship between suicides and self-harm is complex, self-harm being one of the strongest risk factors for subsequent suicide. Most of the data that is gathered tends to rely and focus on hospital-treated populations. People who use self-harm as a way of coping is not well understood and mainly used a way of coping with distress and as stated above, evidence suggests the prevalence and patterns of use of self-harm comes mostly from records about people who use hospital services. But many people who are in touch with other services say that they try to avoid contact with hospital services if possible.

5.0 PROPOSALS

5.1 It is proposed that the Sub-Committee notes the contents of this report and approve 'Making Well-being Matter in Inverclyde', the CHCP Mental Health Improvement Delivery Plan for the period 2014 – 2016 for publication.

6.0 IMPLICATIONS

Legal

6.1 None at the time of this report

Finance

6.2 None at the time of this report. Spend to be contained within current budget commitments.

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

Human Resources

6.3 None at this time of this report.

Equalities

6.4 There are no foreseen negative equalities implications. There are key actions in the Plan designed to impact favourably on people with protected characteristics, and to address the inequalities that persist in Inverclyde.

Repopulation

6.5 None at this time of this report.

7.0 CONSULTATION

7.1 ''Inverclyde – Health in Mind' was held in September 2012 and workshop discussions allowed for preliminary discussions on the work required to continue the sustainable approaches to local suicide prevention and the reduction in the prevalence of self-harm.

7.2 A community planning consultation event was held in May 2013 to discuss the local needs of the Scottish Government's Engagement Paper for Reducing Suicide and Self-Harm.

8.0 LIST OF BACKGROUND PAPERS

8.1 'Making Well-being Matter in Inverclyde'. **Appendix 1**

8.2 Briefing Summary of the Scottish Government: Suicide Prevention Strategy 2013 – 2016. **Appendix 2**

INVERCLYDE

CHCP

Community Health & Care Partnership

‘MAKING WELL-BEING MATTER IN INVERCLYDE’

(Inverclyde CHCP Mental Health Improvement Delivery Plan)

2014 - 2016

January 2014

This document can be made available in large print, audio tape, computer disk and in a variety of Community Languages, on request.

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਰਾਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

‘MAKING WELL-BEING MATTER IN INVERCLYDE’

(Inverclyde CHCP Mental Health Improvement Delivery Plan)

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'Making Well-being Matter in Inverclyde'

Forward

It is with great pleasure that we present Inverclyde CHCP's Mental Health Improvement Delivery Plan, 'Making Well-being Matter in Inverclyde'. This further demonstrates our organisational commitment to contributing to the improvement of the mental well-being of our local population.

Good mental health and well-being is crucial to ensuring that everyone in Inverclyde is able to cope with life's stressors. This is particularly true in light of the on-going challenging economic problems being experienced around the world. Mental health and well-being, particularly where this is to be sustained and improved upon, requires everyone to recognise they have a part to play.

Over the past few months, there has been a dynamic policy landscape for mental health, suicide prevention and reducing self-harm with a number of key documents being published by Scottish Government. This in particular reference to the *Scottish Government's Mental Health Strategy (2012 – 2015)* and more recently, the *Scottish Government's Engagement Paper for the Reduction of Suicide and Self-Harm*. In recognising the needs of our local communities, this high level delivery plan also serves as a response to the national policy direction.

While the above documents provide a backdrop for the work to improve mental well-being, we are not entirely starting from a blank sheet of paper. Our work to support the national *"Choose Life"* suicide prevention strategy has seen concerted and successful efforts to raise awareness, build capacity through training and up-skilling, tackling stigma and ensuring mental health and well-being improvement links to associated policy areas. In addition, there have been qualified local successes in the local articulation of *"Towards a Mentally Flourishing Scotland"*. Much of this would not have been achieved, had it not been for the partnership working of our partners and the wider community.

In conclusion, this delivery plan aims to build upon all of these successes and is also an opportunity to review existing service provision and to synthesise the local outcomes for both mental health improvement and suicide prevention. I am also pleased to announce that to support this delivery plan, will be the creation of the Inverclyde Mental Health Improvement Network and the re-establishment of the Inverclyde Anti-Stigma Partnership, among a number of other outcomes detailed in the pages following.

Brian Moore, Corporate Director,
Inverclyde Community Health and Care Partnership

1. Introduction and Context

'Making Well-being Matter in Inverclyde' as Inverclyde CHCP's mental health improvement delivery plan sits firmly in the wider locality and Inverclyde Alliance vision of **'Getting it Right for Every Child, Citizen and Community'.** At the core is the award-winning **'Nurturing Inverclyde'** and this means that Inverclyde Council and its partners will work in partnership to create a confident, inclusive Inverclyde with safe and sustainable, healthy, nurtured communities, and a thriving, prosperous economy, with active citizens who are resilient, respected and responsible and able to make a positive contribution to the area.

There is also a series of well-being outcomes, which the Inverclyde Alliance has adopted that have been adapted and expanded from 'Getting it Right for Every Child' covering the core areas of -

Safe
Healthy
Achieving
Nurtured
Active
Respected
Responsible
Included

GIRFECCC Well-being Wheel

For the purposes of this document, the definition of mental health improvement[1] is –

- the promotion of mental well-being
- the prevention of mental health problems
- the improvement in quality of life for those with mental health problems.

In addition, mental health Improvement and well-being is set out as a cross cutting issue in the Inverclyde Alliance Single Outcome Agreement. There is growing evidence to suggest that if community planning partnerships invest in mental health improvement, they will save in other areas.

[1] Adapted from NHS Health Scotland's Mental Health Improvement Outcomes Framework - http://www.healthscotland.com/scotlands-health/evaluation/planning/mental-health.aspx

Mental health improvement and subjective well-being can positively impact on outcomes related to life expectancy, chronic disease, alcohol and drug use, and pro-social behaviour, as well as have a positive impact on the economy, allowing more people to work. Therefore mental health and well-being is crucial to the delivery of positive well-being outcomes for Inverclyde's communities, and the SOA local outcomes are crucial to the delivery of population mental health and well-being.

Contextually, some of the other key drivers and associated policies that inform 'Making Well-being Matter in Inverclyde' are –

- Refreshing The National Strategy and Action Plan to Prevent Suicide in Scotland: Report of The National Suicide Prevention Working Group[2]
- The Scottish Government's Mental Health Strategy 2012 – 2015 (and local implementation), detailing 7 Key Themes and 4 Key Change Areas, supported by 36 commitments[3].
- NHS Greater Glasgow & Clyde's Child & Youth Mental Health Improvement working group and its recommendations for local articulation (details on request).
- Responding to Self-Harm in Scotland: Final Report (Scottish Government 2010)[4]
- 'Keeping Health in Mind' (NHS Greater Glasgow & Clyde Director of Public Health) Report 2011 – 2013[5].
- The Christie Commission on the Future Delivery of Public Services[6].
- Scottish Government's Engagement Paper on the Prevention of Suicide and Self-Harm (published February 2013)[7].
- Integration of Adult Health and Social Care in Scotland Consultation: Scottish Government Response[8].

In addition to the above are the developments associated with the CHCP's Commissioning Strategy and that of the CHCP Directorate Improvement Plan (2013 to 2016), along with other authoritative publications –

- Scottish Suicide Information Database (ScotSID) reports for 2009 and 2010 (see Section 5)
- Supporting Continued Investment in Mental Health Improvement in Scotland in an economic downturn (see http://www.healthscotland.com/documents/4936.aspx)
- 'GP at the Deep End' (GP experience of the impact of austerity on patients and general practices in very deprived areas - http://www.gla.ac.uk/media/media_232766_en.pdf)

[2] http://www.scotland.gov.uk/Publications/2010/10/26112102/0
[3] http://www.scotland.gov.uk/Publications/2012/08/9714/downloads
[4] http://www.scotland.gov.uk/Publications/2011/03/17153551/0
[5] www.nhsggc.org.uk/dphreport/
[6] http://www.scotland.gov.uk/About/Review/publicservicescommission
[7] http://www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Suicide-Self-Harm/Working-Group
[8] http://www.scotland.gov.uk/Publications/2013/02/4208

- The World Health Organisation Regional Office for Europe Report on the Impact of Economic Crises on Mental Health (http://www.euro.who.int/__data/assets/pdf_file/0008/134999/e94837.pdf) and
- Improving strong partnership working and broad-based community activities underpinned by co-production[9] and asset-based approaches to health improvement.[10]

Appendix 1 details the High Level Delivery Plan.

2. Background

In 2002, the then Scottish Executive launched "***Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland"*** aiming to set the direction and necessary actions to be taken to prevent suicide in Scotland. It took a largely population-based approach with a focus on raising awareness, community based approaches and training. It also prioritised research and set a national target for reducing suicide. In 2008 an additional [HEAT] target was set, to train at least 50% of all frontline NHS staff in suicide prevention awareness techniques by the end of 2010. This target was achieved both nationally and locally and continuing delivery is being monitored.

Based on evidence and learning from 2002, there was a refresh of the national objectives in 2010, with an increased focus on clinical services, linked to work on depression and alcohol, and to a growing understanding of the links between common mental health problems and suicide. The refreshed objectives (see http://www.scotland.gov.uk/Publications/2010/10/26112102/0) form the basis of the current national strategy to end of 2013 and clarified where national and local efforts need to be targeted to allow for a more focused evidence-based approach, in particular with people in high risk groups.

Locally, the suicide prevention and mental health improvement agendas have focussed on –

- 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 and impact of suicide prevention activities.
  - A range of differing projects, activities and initiatives have taken forward the local suicide prevention and mental health improvement agendas including

[9] The Challenge of Co-production, Boyle and Harris, 2009: http://www.nesta.org.uk/publications/reports/assets/features/the_challenge_of_co-production.
[10] http://www.healthscotland.com/documents/5535.aspx & http://www.scdc.org.uk/what/assets-scotland/newsandresources/ (please note this includes links to YouTube).

Stress Management Services; a contribution for the running of the local Samaritans branch; support for people bereaved by suicide, through CRUSE Bereavement Care and Survivors of Bereaved by Suicide (SOBS);
- on-going capacity building and training, delivered through the safeTALK and Applied Suicide Intervention Skills Training (ASIST) programmes plus the self-harm awareness skills workshops;
- Adopting a strategic approach to improving population mental health and well-being, particularly through the Inverclyde Alliance, encouraging all partners to identify their role in ensuring that the people living in Inverclyde's communities have good mental health and well-being and recognising it's not just a 'health' issue;
- The Inverclyde Alliance signing up to the 'see me….' pledge, to tackle the stigma associated with mental ill health

A summary of other key outputs include –

- over 1200 people are now trained in suicide prevention and there is more accurate reporting in local media of suicide and suicide prevention;
- people are more confident in approaching those whose lives are at risk to suicide;
- local people more comfortable talking about suicide and fostering partnership approaches ensuring suicide prevention is seen as everyone's business;
- a number of operational delivery groups, responding to the strategic approach such as the Inverclyde Mental Health Awareness Planning and the local Creative Forum and others and all of this can be influenced by what has been captured as the social determinants of mental health[11];
- some of the local actions responding to the social determinants of mental health are –
  - Employment opportunities – the SOA Outcome Delivery Group focussing on Economic Regeneration and Employability works to bring jobs to the local area to help local people to increase their levels of employability.
  - Social Cohesion – the SOA Outcome Delivery Group focussing on Successful Communities works to help communities to become more resilient and capable and to take an asset based approach to developing communities.
  - Health care provision/ lifestyle/physical health – as mentioned earlier the Health Inequalities Outcome delivery Group works to deliver better health outcomes for the communities of Inverclyde. A Nutrition Policy has been developed for the area.
  - Intergenerational relationships – the WOOPI project which is run through Community Learning and Development brings older and younger people

[11] http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/conf_co18_en.pdf

together through an intergenerational project. This encourages our older citizens to become anchors for the future of the next generation.

- Parenting Skills and resources – the Best Start in Life outcome delivery group focuses on nurturing Inverclyde's children and young people and giving them the best possible start in life. This includes approaches to parenting, and Inverclyde is implementing the Triple P project.

- Work of the Inverclyde Alliance, particularly around *'Towards a Mentally Flourishing Inverclyde'* has been helping to widen awareness of mental health issues, building a greater understanding of mental health and helping to get services thinking about building mental health promotion into their plans and services.

3. Measuring Well-being

Local work is taking place to provide a basis for establishing a clearer relationship between health and well-being outcomes and health improvement actions being undertaken at the local level, through asset based approaches to [mental] health improvement.

Following analysis of the health and well-being survey and other sources of information regarding well-being (such as the Glasgow Centre of Population Health work "mental health in focus"), a range of indicators, which can be used to monitor well-being in Inverclyde is being developed and the project group aim to develop a '*Community Well-being and Resilience Index'*, which it is hoped will help to measure population well-being across Inverclyde.

The project is also developing and piloting a well-being measuring tool for use within Mental Health Services groups/activities to identify progress for those who engage with services.

One of the methods of measuring mental health and well-being that has been used is through the Citizens' Panel, whose members were asked a series of questions regarding mental health and the results are summarise below. An approved adaptation of the Warwick-Edinburgh Mental Well-being Scale (WEMWEBS) was used.

3.1 Mental Health and Well-being Citizens Panel Questionnaire

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a 14 item scale in which individuals respond to questions about their thoughts and feelings. By incorporating WEMWBS into the People's Panel Survey this will allow the Community Planning Partnership to assess the mental health of the Inverclyde population.

The responses to the well-being scale can be compared with results achieved from other mental health and well-being studies. The comparisons are based on an overall score, which is calculated by giving each response a numeric value. For instance if a respondent selects the response 'none of the time' this is allocated a score of 1, right the way up to 'All the time' which has score of 5. In this way the minimum score a person can achieve is 14, that is if they select 'none of the time' for each statement and the maximum they can achieve is 70, that is if they select 'all the time' for each statement.

Current research using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) indicates that an average score for the Scottish population is 50.7. The average score among all respondents to the Citizens' Panel questionnaire was 51.5. The average score for respondents living in the Worst 15% of Datazones was 49.9 compared to 52.0 for those living in the Rest of Inverclyde. As well as not being designed to identify people who have or probably have a mental illness, WEMWBS does not have a 'cut off' level to divide the population into those that have 'good' and those that have 'poor' mental well-being in the way that scores on other mental health measures, for example the GHQ 12 do.

In addition to the statements relating to WEMWBS, respondents were also asked to consider some additional statements. The issue with the greatest number of respondents stating they are able to "do it" some of the time or less often is "I'm getting more out of life", with 40% of respondents stating they are able to do this either some of the time or less often. In contrast, 19% of respondents said that they are able to make up their own mind either some of the time or less often.

3.2 General questions and attitudes about stress - Statements regarding stress

The statements contained in this question were adapted from Well-being Research Programme, 2008-09 (Scottish Government). The two statements with the highest level of agreement are, "Stress can really build and have a serious effect on your life and health" (93%) and "Stress can spiral out of control – you need to nip it in the bud before it gets on top of you" (84%).

In contrast to this, the statement with the highest level of disagreement is, "People who think they are stressed just need to give themselves a bit of a shake" (66%).

Respondents were asked to consider a further set of statements that were adapted from evaluation of “see me” – the National Scottish Campaign against Stigma and Discrimination Associated with Mental Ill-Health (Scottish Government, 2009). The two statements with the highest level of agreement are, “Anyone can suffer from a mental health problem” (88%) and “People with mental health problems should have the same rights as anyone else” (85%).

In contrast to this, the statements with the highest level of disagreement are, “People with mental health problems are largely to blame for their own condition” (81%) and “People with mental health problems are often dangerous” (56%).

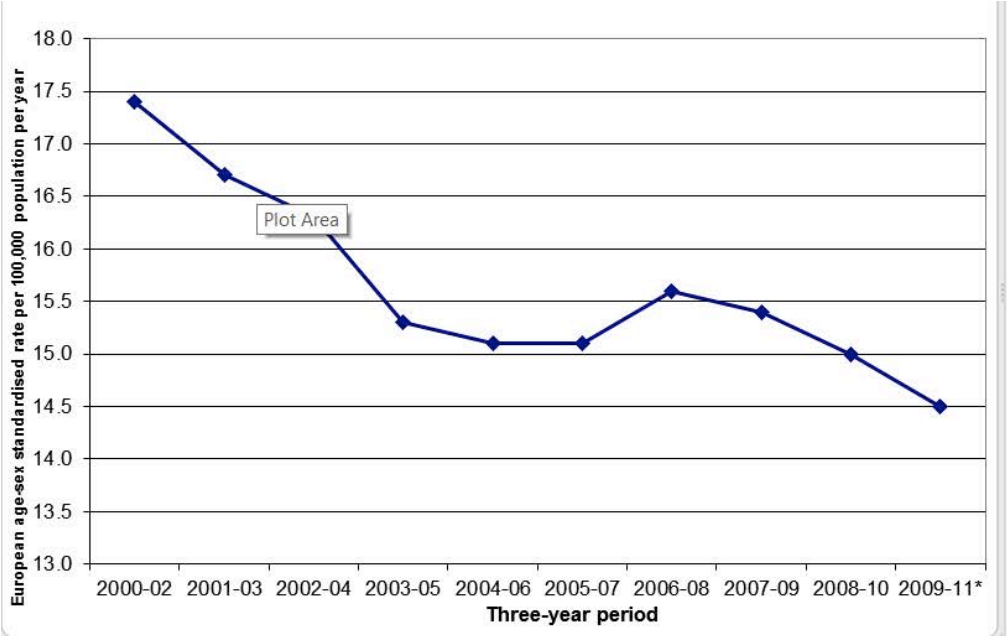
3.3 Awareness of mental health campaigns, initiatives and promotional activity

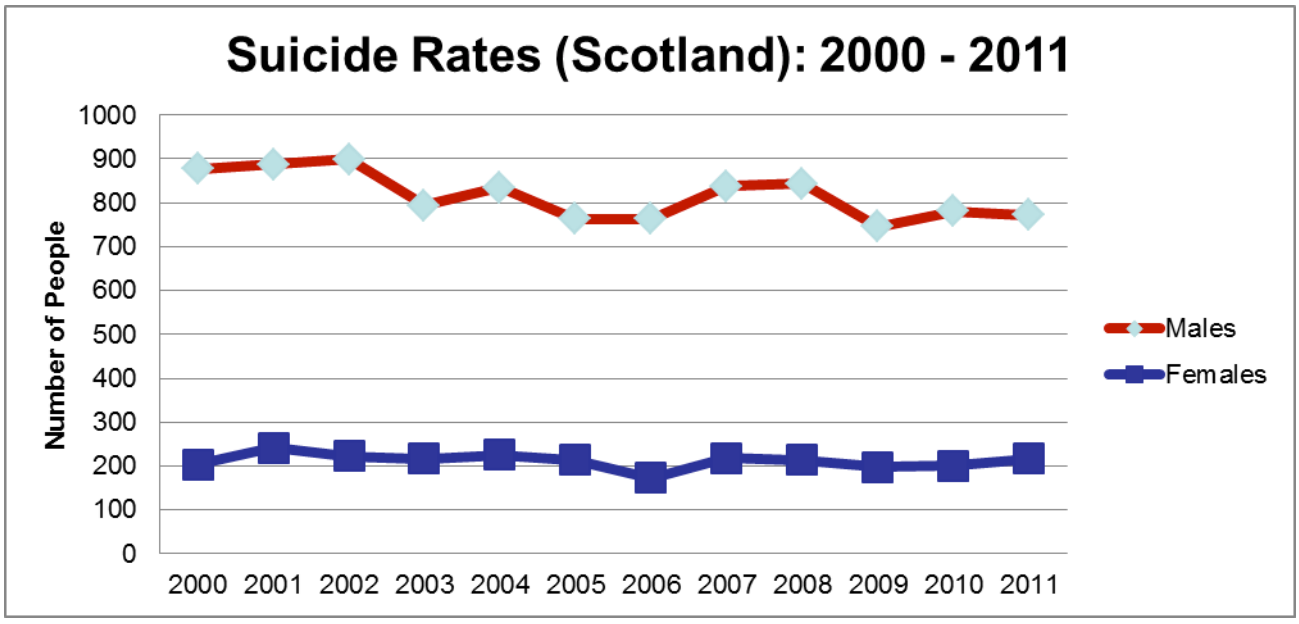
Respondents were asked to indicate which mental health campaigns, initiatives and promotional activity they had heard of. The top 5 campaigns or initiatives people had heard of were, “*Choose Life*, the national strategy and action plan to prevent suicide” (41%), “‘See me’ the national anti-stigma campaign” (38%), “The Breathing Space telephone advice line” (29%), “National Programme for Improving Mental Health and Well-being” (28%) and “Scottish Mental Health First Aid (SMHFA)” (23%)

In contrast initiatives such as “Suicide Talk” and the “Scottish recovery Network” were least likely to be known by respondents.

4. Suicide Rates

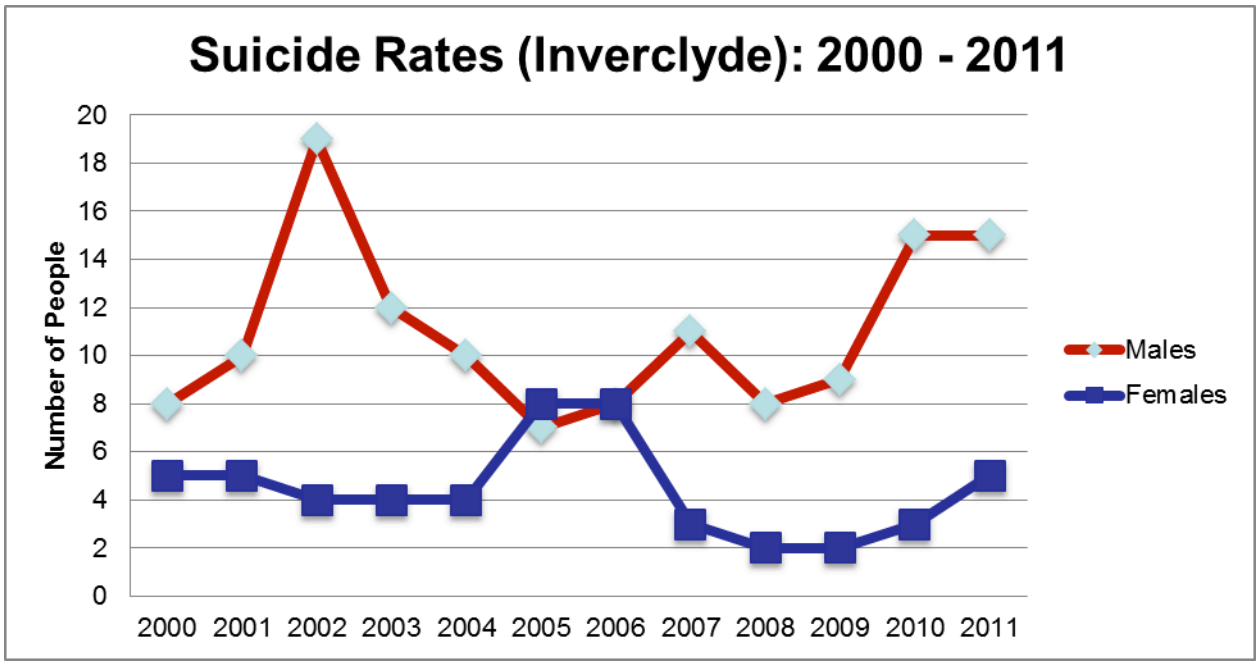
The Scottish Government target is to reduce the suicide rate in Scotland by 20% by 2013, with the following graph showing the change in suicide rates[12] over time using three-year rolling averages.





[12] European age-standardised rates (EASRs) is the most conventional and appropriate form of reporting, giving possibilities to undertake comparisons.

4. Suicide Rates (contd)



All of the above figures are sourced from data published by the General Registrar's Office for Scotland[13] and refer to individuals whose deaths were recorded as probable suicide or where the cause of death is not accident or illness but where the intent of the deceased is undetermined. The International Statistical Classification of Diseases and Related Health Problems (ICD), which is used to code the causes of deaths, has separate categories for deaths which, on the basis of the information that is available, can be classified as being the result of:

- intentional self-harm (ICD-9 codes E950-959; ICD-10 codes X60-X84 plus Y87.0, which is for sequelae of intentional self-harm); and
- events of undetermined intent (ICD-9 codes E980-989; ICD-10 codes Y10-Y34 plus Y87.2, which is for sequelae of events of undetermined intent).

'Intentional self-harm' includes cases where it is clear from (e.g.) a note that was left, or something that the deceased had said or done, that the person's intention was suicide. 'Intentional self-harm' also includes cases where the evidence establishes that a person died as a result of self-inflicted injuries, even if it is not clear that suicide was the intention - so this category will include a death that was the result of a 'cry for help' that went wrong, because the death was caused by the deceased harming themself intentionally.

[13] http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/suicides/index.html

5. The Scottish Suicide Information Database (ScotSID)

As part of the national and leadership developments from Choose Life (NHS Health Scotland), a series of reports have been published since December 2011.

ScotSID is a national database providing a central repository for information on all probable suicide deaths in Scotland in order to support epidemiology, preventive activity and policy making.

This national database links existing information relating to individuals who are thought to have completed suicide from a range of sources. The specific data elements that were linked for this report include individuals' death records, hospital emergency, outpatient and inpatient attendance records and prescriptions dispensed in the community. It is envisaged that future linkages will extend to GP records, police sudden death records and suicide review reports from mental health services. The linkage of this information will enable as complete a picture as possible to be built up of those individuals who are thought to have committed suicide and help identify high risk groups.

The following is a summative comparison of the key points of probable deaths by suicide for the calendar years 2009 and 2010 –

- There was a total of 1,533 deaths due to self-harm and events of undetermined intent in 2009 and 2010. Of these, 1,501 (98%) were Scottish residents.
- Almost three quarters of those who died were male, and almost half were aged between 35 and 54 years.
- The number of probable suicides in the most deprived quintile is more than three times higher than the number in the least deprived quintile.
- Among those of employment age, 67% were in employment and a wide range of occupations was represented.
- Seventy one per cent of suicidal acts occurred in a private dwelling.
- Sixteen per cent of those completing suicide died in hospital.
- Of the 1,501 Scottish residents, 890 (59%) had been an inpatient in a general hospital less than five years before death. Of these, 25% had a diagnosis of 'Injury from Intentional Self Harm' and 18% had a diagnosis of 'Unintentional Injury (including assault by another person)', at discharge.
- Of the 1,501 Scottish residents, 21% had been a psychiatric inpatient less than five years before death.
- There were a total of 757 probable suicides in 2010 for Scottish residents. Of these, 424 (56%) had mental health prescriptions dispensed within twelve months prior to death. About 1 in 5 (21.5%) attended A&E within three months prior to death.

6. Self-Harm

It has to be recognised the relationship between suicide and self-harm is complex, self-harm being one of the strongest risk factors for subsequent suicide. Most of the data that is gathered tends to rely and focus on hospital-treated populations. People who have self-harmed have a higher risk of suicide in the year following an episode compared to individuals who are not known to have self-harmed. Individuals who repeat self-harm are at greater risk of suicide compared to individuals who have only one episode of self-harm.

While some of the above may suggest a strong linkage between those who die by suicide and self-harm, most people who self-harm do not go on to complete suicide. Moreover, it is challenging to accurately estimate the scale of self-harm both from national and local perspectives.

In addition to the complexities of self-harm, people who use self-harm as a way of coping is not well understood[14]. The Royal College of Psychiatrists estimate that 1 in 10 people use self-harm, with a smaller proportion using self-harm regularly. It is a way of coping with distress and as stated above, evidence suggests the prevalence and patterns of use of self-harm comes mostly from records about people who use hospital services. But many people who are in touch with other services say that they try to avoid contact with hospital services if possible. So far there is very little published information about the circumstances of people who get support and care in the community.

7. Performance Measures

In addition to the data gathering outlined in the detail of this high level delivery plan below, it is the intention for the CHCP to review this plan on an annual basis, which ensures the plan's relevancy and it still meets the needs of the local community.

The review will be published through the current Inverclyde Council and CPP structures and it is the intention to formally advise key stakeholders and interested parties, through events organised by the Inverclyde Mental Health Improvement Network.

[14] Shared Strengths [an informal network of people who recognise that some adults use self-harm as a means of coping] Policy and Practice Paper - (http://www.otbds.org/sharedstrengths)

'MAKING WELL-BEING MATTER IN INVERCLYDE'
(High Level Mental Health Improvement Delivery Plan)

INVERCLYDE CHCP Community Health & Care Partnership

1. Population Approaches

Area of Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, Well-being Reference
1.1 Build on the existing local work for mental health improvement & suicide prevention and strengthen this approach in line with current evidence and 'what works'	Training, up-skilling workshop and awareness raising programmes are already delivered plus activities to ensure mental health improvement is everyone's business.	Increase reach into wider community settings and increase knowledge and awareness for all.	We will work with wider community, using co-production approaches. Review on annual basis.	We will gather feedback from participants and report through annual review processes.	HoS PHIC	Within existing resources	SOA4; SOA6 Safe Healthy Nurtured Respected & Responsible
1.2 Address specific actions for self-harm issues alongside suicide prevention	Delivery of self-harm awareness skills training is already in place, through GGC standardised programme	We will increase provision of training delivery and build training delivery capacity	Work with other GGC areas to develop Trainers for Trainers (T4T) pack from 1/1/14.	We will gather feedback from participants and T4T programme will be monitored and evaluated	HoS PHIC	Within existing resources	SOA4; SOA6 Safe Healthy Nurtured Respected & Responsible

'MAKING WELL-BEING MATTER IN INVERCLYDE'
(High Level Mental Health Improvement Delivery Plan)

INVERCLYDE CHCP Community Health & Care Partnership

1. Population Approaches (contd)

Area of Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, Well-being Reference
1.3 Implement actions to ensure there are strategic and operational activities to support people engaging with, listening to people with experience of significant distress.	Further develop, in collaboration with Mental Health Services, Psychology, Primary Care Mental Health and 3rd sector organisations, a range of resources and self-help materials	We will want to reduce barriers to accessing services and increase knowledge, awareness and accessibility of services. We will build 'suicide-safe' and mentally healthy communities.	We will have developed resources and self-help materials to complement the existing training and up-skilling activities in 1.1 and 1.2 With effect from 1st October 2013 and review on annual basis.	We will implement a monitoring and evaluation process and gather feedback	HoS PHIC/ HoS MHAH	Within existing resources	SOA4; SOA6 Safe Healthy Nurtured Respected & Responsible
1.4 Improve knowledge & support what communities are feeling about the pressures faced	Supporting communities in recognising the risk factors associated with suicide, through awareness-raising and training.	We will work with communities, through co-production and The Samaritans & CRUSE to further develop intelligence.	We will use a range of approaches to engage with communities, with immediate effect and review on an annual basis	We will gather feedback and evaluate on an on-going basis.	HoS PHIC	Within existing resources	SOA4; SOA6 Safe Healthy Nurtured Respected & Responsible

'MAKING WELL-BEING MATTER IN INVERCLYDE'
(High Level Mental Health Improvement Delivery Plan)

1. Population Approaches (contd)

Area of Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, Well-being Reference
1.5 Improve links and partnership working with addictions services	Engagement in Inverclyde People's Day and actions in the Inverclyde Alcohol and Drug Partnership and sub-groups	Further develop strategic and operational links, with a view to increasing joint working possibilities	We will work on developing awareness-raising and, where possible, training to highlight risks associated with addictions, poor mental health and suicide/self-harm With effect from 1st October 2013 and review on annual basis.	With ADP colleagues, we will implement monitoring processes and where necessary, collect and share feedback	HoS PHIC/ HoS MHAH	Within existing resources or bids via ADP	SOA4; SOA5 SOA6 Safe Healthy Nurtured

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INVERCLYDE CHCP Community Health & Care Partnership

1. Population Approaches (contd)

Area of Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, Well-being Reference
1.6 Stress Management Services	Stress Management Services for both Keep Well clients and wider community are delivered	Commission a service to provide stress management service for Inverclyde population	A commissioned service provision will be in place by 1st September 2013.	We will work with nominated provider to supply quantitative and qualitative data.	HoS PHIC	Within existing resources from Keep Well and wider community support funding	SOA4 Safe Healthy Nurtured
1.7 Ensure services for people bereaved by suicide	CRUSE and Survivors of Bereaved by Suicide (SOBS) services are provided.	Sustain service provision for wider community.	We will continue to support CRUSE and SOBS, with immediate effect.	We will gather feedback and evaluate on an on-going basis.	HoS PHIC	Within existing resources	SOA4 Safe Healthy Nurtured Respected & Responsible
1.8 Actions to sustain and improve mentally healthy workplace settings	Established 'Healthy Working Lives' programmes have been developed	Sustain and improve workforce mental health and well-being	We will develop and deliver specific programmes, with immediate effect	We will gather feedback and evaluate on an on-going basis.	HoS PHIC	Within existing resources	SOA4 Safe Healthy Active Nurtured Respected & Responsible Included

'MAKING WELL-BEING MATTER IN INVERCLYDE'
(High Level Mental Health Improvement Delivery Plan)

2. Early Years

Area of Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, Well-being Reference
2.1 Further develop emotional literacy support	Pilot starting in Barnardo's (September 2013)	Seek to map current provision in pre=5 establishments and look to develop emotional literacy pack, following evaluation of pilot	We will work in partnership with Barnardo's from 1st September 2013	We will gather feedback and evaluate.	HoS PHIC HoS C&F	Within existing resources	SOA4; SOA6 Safe Healthy Nurtured Respected & Responsible
2.2 In collaboration with Inverclyde ADP & Education Services, pilot 'Oh Lila' (Alcohol Focus) pack in pre-5 establishments	New development	Develop learning pack for pre-5 establishments	We will work in collaboration with Education Services and ADP January 2014	We will gather feedback and evaluate.	HoS PHIC	Within existing resources	SOA4; SOA5; SOA6 Safe Healthy Nurtured Respected & Responsible

'MAKING WELL-BEING MATTER IN INVERCLYDE'
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INVERCLYDE CHCP Community Health & Care Partnership

3. Children & Young People

Area of Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, Well-being Reference
3.1 Locally implement the GGC Child & Youth Mental Health Improvement Recommendations	Agreement from Child & Maternal Health Strategy Group to develop an action plan, consisting of – • Local articulation of 'One Good Adult' • Resilience development in schools • Resilience development in communities • Guiding through the service maze • Responding to distress • Peer help & social media	Contributing to locality outcome of our young people having the best start in life and appropriate community support in place. Facilitating the delivery of CPD and training opportunities for teachers, youth workers and young people	We will work, through co-production, with Education Services and Community Learning and Development to devise an action plan. 1st October 2013	We will gather both qualitative and quantitative data, monitor and evaluate on an on-going basis.	HoS C&F HoS PHIC	Within existing resources	SOA4; SOA5; SOA6 Safe Healthy Nurtured Respected & Responsible

'MAKING WELL-BEING MATTER IN INVERCLYDE'
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4. Cross-cutting Linkages

Area of Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, Well-being Reference
4.1 Re-establish the Inverclyde Anti-stigma Partnership	Revised development and build upon the Inverclyde Alliance and Inverclyde Council signing up to 'see me' Pledge	Develop a partnership forum, using co-production approaches, for local anti-stigma activities, including mental health, dementia, other life-limiting causes and protected characteristics (Equality Act 2010).	A local partnership will be established, with effect from 1st January 2014.	We will devise an action, including monitoring and evaluation	HoS PHIC	Within existing resources	SOA4 Safe Healthy Nurtured Active Respected & Responsible Included
4.2 Actions to support the mental well-being of carers, particularly young carers	On-going activities, through a variety of settings have ensured materials and information for carers	Further develop and provide targeted support	We will work with the Carers Centre and Young Carers, via the CHCP's Team Lead Key Partnerships, with immediate effect.	We will devise and implement a monitoring and evaluation process.	HoS C&F HoS PHIC	Within existing resources	SOA4; SOA6 Safe Healthy Nurtured Respected & Responsible

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INVERCLYDE CHCP Community Health & Care Partnership

4. Cross-cutting Linkages (contd)

Area of Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, Well-being Reference
4.3 Work to support in the mental well-being improvement of people with Dementia and their carers	Build upon and extend work of the Inverclyde Mental Health Awareness Planning Group	Ensure there is appropriate mental well-being support activities in place	This area of work cross-cuts with the developing Inverclyde Dementia Strategy. With effect from 1st October 2014	We will gather appropriate feedback and monitor and evaluate, with links to the Inverclyde Dementia Strategy Reference Group	HoS PHIC	Within existing resources	SOA4; Safe Healthy Nurtured Active Respected & Responsible Included
4.4 Work with the local prisons developments	Awareness raising and safeTALK workshops have been provided	Sustain and improve possible joint working opportunities for training and awareness raising	We will work on developing awareness-raising and, where possible, training to highlight risks associated with poor mental health and suicide/self-harm, with immediate effect	We will gather appropriate feedback and monitor and evaluate	HoS MHAH	Within existing resources	SOA4; Safe Healthy Nurtured Active Respected & Responsible Included

Briefing Summary
Scottish Government: Suicide Prevention Strategy 2013 – 2016
(Published December, 2013)

Brief Description:
The Scottish Government's suicide prevention strategy to 2016 sets out key areas of work that they believe will continue to reduce the number of suicides in Scotland.

The strategy marks another milestone in the progressive story of suicide prevention in Scotland. It continues the trend in previous strategies to focus on where the evidence leads. It echoes key messages – learned from practice and research – that suicide is preventable, that it is everyone's business and that collaborative working is key to successful suicide prevention.

National leadership by the Scottish Government on reducing suicide – supported by NHS Health Scotland – together with the retention of local Choose Life coordinators, will provide support and direction for national and local work.

A copy of the full strategy is available at http://www.scotland.gov.uk/Resource/0043/00439429.pdf.

Content:
The Scottish Government's strategy to reduce suicide focuses on 5 key themes of work in communities and in services with 11 commitments to continue the downward trend in suicides and contribute to the delivery of the National Outcome to enable people to live longer, healthier lives.

The key themes are:

A. Responding to people in distress
B. Talking about suicide
C. Improving the NHS response to suicide
D. Developing the evidence base
E. Supporting change and improvement

The 11 commitments are:

Commitment 1: We will take forward further work on self-harm as part of the publication of a document on responding to people in distress. This work will take into account feedback from the public engagement process, which helped inform the development of this strategy, the current work in Tayside in relation to Commitment 19 of the *Mental Health Strategy* and the *Scottish Government's report Responding to Self-Harm in Scotland: Final Report*

Commitment 2: NHS Health Scotland and NHS Education for Scotland will work together to develop and extend the current approach of workforce development activity to address a wider range of experience and in a wider range of contexts. In doing so we will consider how this support can be made available to families and communities. This work will also be linked to the work under Commitment 1 on distress.

Commitment 3: We will map existing arrangements for responding to people in distress in different environments and localities and will use this information to develop guidance, which supports safety and person-centredness.

Commitment 4: For those presenting to A&E we will examine how existing local and national data sources, such as the Scottish Patients at Risk of Readmission and Admission (SPARRA), can be used to provide benefit to those at risk of suicide. We will also support improvement programmes that are aimed at linking available data sources to inform service responses for those at risk of suicide or repeat attendance, such as currently exist in NHS Greater Glasgow & Clyde and in Tayside.

Commitment 5: We will work closely with NHS Health Scotland, 'see me…' and other agencies to develop and implement an engagement strategy to influence public perception about suicide and the stigma surrounding it and will use social media, in addition to other communication channels, to communicate key messages about suicide and its prevention.

Commitment 6: We will work with Healthcare Improvement Scotland to support improvements for NHS Boards that focus on areas of practice which will make mental health services safer for people at risk of suicide, for example, transitions of care, risk management, observation implementation and medicines management. This will be delivered through the SRLS and SPSP-MH.

Commitment 7: We will work with the Royal College of General Practitioners and other relevant stakeholders to develop approaches to ensure more regular review of those on long-term drug treatment for mental illness, to ensure that patients receive the safest and most appropriate treatment.

Commitment 8: We will build on work already done in relation to Commitment 22 of the Mental Health Strategy[1] to test ways of improving the detection and treatment of depression and anxiety in people with other long-term conditions.

Commitment 9: We will continue to fund the work of ScotSID and the Scottish element of the National Confidential Inquiry into Suicide and Homicide and we will also contribute to developing the national and international evidence base. In doing so we will work with statutory, voluntary sector and academic partners.

Commitment 10: NHS Health Scotland will continue to host the Choose Life National Programme for Suicide Prevention. This National Programme, in addition to the functions set out above, will continue to provide leadership and direction for local Choose Life Co-ordinators and in respect of other health improvement aspects of suicide prevention.

Commitment 11: We will set up arrangements to monitor progress with implementation of all the commitments in this strategy. This will include an Implementation Board to be chaired by a Senior Manager from the Scottish Government.

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[1] Commitment 22: We will work with the Royal College of GPs and other partners to increase the number of people with long-term conditions with a co-morbidity of depression or anxiety who are receiving appropriate care and treatment for their mental illness.