Draft Suicide Prevention Action Plan 2018

Response from Children in Scotland

Children in Scotland believes that all children in Scotland should have an equal chance to flourish. By bringing together a network of people working with and for children, alongside children and young people themselves, we offer a broad, balanced and independent voice. We create solutions, provide support and develop positive change across all areas affecting children in Scotland. We do this by listening, gathering evidence, and applying and sharing our learning, while always working to uphold children's rights.

Children in Scotland welcomes the opportunity to respond to this consultation on the draft Suicide Prevention Action Plan 2018.

1) Improving the use of evidence, data and guidance on suicide prevention

Do you agree that we should establish a "knowledge into action" group for suicide prevention?

Yes.

Please explain your answer.

Children in Scotland believes that a "knowledge into action" group would be helpful to track data analysis about suicide and self-harm, effective interventions and to develop and test improvements.

We strongly recommend that this group includes individuals representing the specific needs and views of children and young people. We are concerned that the needs of children and young people are noticeably absent from the engagement paper as it currently stands and would argue that this gap requires addressing across all of the four priorities areas.

In terms of improving the use of evidence and data, we are aware that those aged 35-54 at the highest risk of suicide, and numbers for those aged 15-24 are comparatively small. Current statistics give a crude rate of 10.9 per

100,0000 population, and this has fallen considerably over the past 20 years[1]. However, if we are to take an early intervention and prevention approach, it is important to understand the early signs and indicators of suicidal behaviour. Research indicates that most mental health problems begin in adolescence[2]; it is therefore possible that the roots of much suicidal behaviour may similarly be developing in the 15-25 age range, if not even earlier. Understanding this process, and what can be done to prevent suicidal behaviour from taking hold, we believe would be an important focus of the "knowledge to action" group.

Annual suicide figures are not currently available for those aged 0-14 for reasons of robustness and comparability, as a higher proportion of probable suicide deaths in these extreme age groups are coded as events of undetermined intent. We acknowledge that data has to be reliable in order to be useful, but are concerned that a lack of data for those aged under 15, means that childhood suicides and suicidal behaviour are not fully recognised, understood or accounted for within national planning at present. We believe this gap should be addressed.

We therefore strongly recommend that further action is required within the Suicide Prevention Action Plan, to understand:

- The root causes of suicidal behaviour and when they emerge
- The nature and extent of suicidal behaviour for those aged under 25, and particularly addressing the data gap for those aged 14 and under.

2) Modernising the content and accessibility of training

2a) Do you agree that we should develop a new mental health and suicide prevention training programme? (Tick one only)

Unsure.

Please explain your answer.

We agree that a national mental health and suicide prevention training programme would be very welcome and is necessary. We would strongly advocate that this requires an increased focus on the following areas:

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[1] http://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/data/scottish-trends

[2] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593

- Training those working with children and young people to understand, recognise and respond to mental health needs and suicidal behaviour in children and young people
- Training and awareness raising for children and young people in mental health awareness, understanding suicide and self-harm and where to go for help. We recognise that this training will require adaptation for different age ranges.

We do have questions and caveats about the overall training programme approach, as follows, which we believe would require clarification before we could agree with this approach:

- Not all those with mental health problems or needs are at risk of suicide, and problems arise when the two issues are conflated. This will need to be very clear within the training offer. We strongly advocate that positive mental health is included as a training requirement, in addition to crisis prevention / intervention, and would like to see this clearly articulated
- Where does training not offered by NHS Health Scotland fit within this? Within school settings, we are aware that mental health anti-stigma training and awareness raising is provided by a range of organisations such as See Me, Place2Be etc. We also run our own learning and events programme, including courses on mental health, wellbeing and self-harm. We would strongly recommend that NHS Health Scotland seeks to co-ordinate their training programme, if possible, with other training providers across Scottish Government and within the third sector.
- We know from previous research that some pre-existing training courses, such as ASIST[3] have been very positively evaluated, and valued by participants. We understand that some of these evaluations are 10 years old now, and recognise there may be a need to re-evaluate them to see whether they are still appropriate and relevant. Without this information available, it is difficult to see the rationale for stopping well recognised and valued standardised training, to begin again with a new course.

2c) To what extent do you agree that there should be mandatory suicide prevention training for specific professional groups? (Tick one only)

Agree, with caveats

Please explain your answer.

[3] http://www.gov.scot/Publications/2008/05/21112543/0

We agree that there could be value in mandatory training for professionals, if it is relevant to their specific context and needs. We welcome the fact that teachers and school staff are recognised as being important audiences here, and can see the value in including them in training provision. However, we feel it is important to emphasise that teachers and school staff are not the only important adults in children and young people's lives. We would highlight the importance of supporting parents, carers and wider families to understand suicidal behaviour and how to respond if a child is at risk, as well as third sector organisations such as youth groups, sports clubs and societies etc. We would also emphasise that children and young people have their own learning needs in this area as well, and should also be considered as a key training audience within a national training programme.

We would be concerned therefore, if an emphasis on mandatory training for specific professions was to limit learning and development opportunities for these other key individuals in children and young people's lives.

2e) Please provide any additional comments or suggestions about modernising the content and/or accessibility of training on mental health and suicide prevention.

Please see points below about social media, and our views on the need for awareness about the strengths, role and limitations of social and digital media to support vulnerable children and young people.

3) *Maximising the impact of national and local suicide prevention activity;*

3a) Do you agree that we should establish a Suicide Prevention Confederation? (Tick one only)

Yes, with caveats.

Please explain your answer.

We believe that there is value in a Suicide Prevention Confederation, if it has a clear purpose and is action orientated. We would argue that inclusion of organisations representing children and young people will be essential to any confederation's success.

We are concerned however, that there is a risk that such a grouping could become a 'talking shop' where little is achieved, other than ticking an 'engagement' box. Organisations across the third sector and public sectors have many commitments and limited capacity, and need to know that membership of such a confederation is going to be worth their time and

energy. Articulating a clear purpose and plan will therefore be key to the confederation's success.

3c) Where do you think local leadership for suicide prevention is best located? (Tick one only)

Don't know

Please explain your answer.

From the perspective of children and young people's sector, this is a difficult question to answer, and there are pros and cons for each of the options presented.

Within the context of health and social care partnerships, the position of children's services varies across the country, with children's services having been integrated in some areas and not in others. Education is not located within the scope of health and social care partnerships, and for this reason, would look like too restricted an option.

National changes to educational governance have resulted in the development of regional improvement collaboratives, who will have a strategic role to drive through changes in education. They would be an important partner in local and regional suicide prevention work, given the recognition of the roles of schools in this agenda. However, we would see these collaboratives as having too narrow a focus to provide overall leadership.

We can see value in shared leadership across public and third sectors, in recognition that we all have a role to play in this agenda. However, we believe that accountability should ultimately sit within the public sector, rather than third sector, to ensure this agenda is driven forward across all public services.

3e) Please provide any additional comments or suggestions about maximising the impact of national and/or local suicide prevention activity.

We would reiterate the point made earlier in this response, that we believe a prevention and early intervention approach should be clearly articulated within this action plan to ensure positive impact across the lifespan.

Part of this approach will be to ensure that effective support is available to prevent suicidal behaviour developing, whether within the context of mental health support specifically, or more widely in terms of good public services, including health, social care, housing, welfare, justice, education and employment.

We would consider that it is particularly important that connections are made between this action plan and the Mental Health Strategy 2017-2027 and, for children and young people in particular, with the planned Child and Adolescence Health and Wellbeing Action Plan currently being developed by the Scottish Government. We would like to see clear recognition of the interface between different national strategies, approaches and action plans, to ensure that effort is not duplicated, impact is maximised, and gaps do not go unnoticed or unaddressed.

4) Developing the use of social media and online resources

4a) Do you agree that we should develop an online suicide prevention presence across Scotland? (Tick one only)

Yes

Please explain your answer.

We agree that digital media has an important role to play in terms of suicide prevention and general awareness raising – this is perhaps particularly true for young people**.** We recognise the importance of good quality, trustworthy and helpful information being readily available, to counteract unreliable content, and prevent harm.

We believe there are several roles that NHS Health Scotland and partners could play with regards to social media and online resources:

- Supporting other organisations, including media providers, around good practice with regards to reporting suicides. We believe this is particularly important when cases of young deaths by suicide are reported on, given that young people are the group most like to be influenced by reporting of this issue. The National Union of Journalists Scotland guidance produced in 2014 is very helpful with regards to deaths by suicide of a child or young person, and we believe that more could be done to share these guidelines more widely, within the context of more informal social media channels[4].
- Providing accurate and supportive information about where to get help, particularly in accessible forms for children and young people
- Supporting professionals to develop their knowledge and understanding of digital media as both a risk and protective factor in children and young people's lives
- Taking a pro-active approach in terms of providing information at specific times. For example, there is some research that indicates that

[4] https://www.nuj.org.uk/news/mental-health-and-suicide-reporting-guidelines/

suicide risk increases for young people during exam times[5]. Having a specific focus on supporting children and young people to manage stress and seek help during this period therefore, would be helpful.

As a final point on this subject, we do feel it is important to recognise that not everyone with information and support needs has access to digital information. Children under the age of 14, for example are less likely to be on Facebook, Twitter, Instagram etc, and so will need other routes to information. We would strongly recommend engaging with children and young people to ask them about their information and support needs, and how to best meet them.

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Children in Scotland

[5] https://www.theguardian.com/society/2017/jul/13/suicides-by-young-people-peak-in-exam-season-report-finds