

**DUNDEE SUICIDE PREVENTION STRATEGIC PLAN**

**A Strategic Plan for Preventing Suicide in Dundee.**

**2019 - 2022**

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**Introduction**

Our vision is that *suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone’s business.*

The Dundee Suicide Prevention Strategic Planning Partnership (the Partnership) has produced this Strategic Plan (the Plan) in recognition of the negative impact of distress and suicide on citizens of Dundee.

The Plan intends to strengthen public access to the information, connections, resources and support needed, when it is needed, for every citizen to deem their life worth living. This includes the possibility of a positive future containing hope, opportunities to experience good health and wellbeing, social connection and support in times of distress and contemplation of suicide.

We aim to achieve this vision through delivering our priorities, targeting risk factors associated with suicide and embedding suicide prevention within redesign and strategic planning initiatives across all age and care groups in Dundee. Partnerships are key to ensuring this work moves forward and we pledge to work together to achieve our aims.

Throughout the life of the plan and beyond, we will seek out and utilise the views, experiences, and assets of our citizens, our workforce and our stakeholders to shape and influence whole system change. Our ambition is to deliver effective positive change which is visible, valued, and supports achievement of better outcomes for citizens of Dundee.

**Our Priorities**

To enable citizens of Dundee to have the information, resources, and support they need to live a healthy and fulfilled life and in doing so prevent suicide, we have established three strategic priorities.

The priorities are:

Alongside these priorities we will work with partners to contribute to a reduction in health inequalities and improve the health and wellbeing of our communities across Dundee.

**Our Guiding Principles**

To support our strategic approach to improving wellbeing and reducing distress we have adopted a set of guiding principles. These guiding principles are based on the [National Standards for Community Engagement](https://www.scdc.org.uk/what/national-standards/) to promote an approach which enables shared decision making and action.

The principles are:

**Context of Change**

**Strategic Overview**

This Plan has been written in national and local policy context where services should be “*outcome-focused, integrated and collaborative. They must become transparent, community-driven and designed around users’ needs. They should focus on prevention and early intervention*” ([Commission on the Future Delivery of Public Services](http://www.gov.scot/resource/doc/352649/0118638.pdf) (2011)).

To develop this Plan, reference was made to the wide range of local and national policies, research and strategic plans which aim to establish and promote wellbeing and improve outcomes for people. These include [Dundee Health and Social Care Partnership Strategic and Commissioning Plan](https://www.dundeehscp.com/), Tayside Plan for Children, Young People and Families and the City Plan, Mental Health and Wellbeing Strategic Plan, Substance Misuse Strategic Plan.

These set out a commitment to supporting a shift towards:

* Improving outcomes for citizens of Dundee.
* Responding effectively to people in distress.
* Improving communications and reducing stigma associated with distress.
* Promoting equality and social inclusion.
* Reducing inequalities and disadvantage.
* Intervening early to prevent needs arising in the first place.
* Protecting people who are most vulnerable from harm.
* Developing and delivering services which are experienced as integrated, personalised and easy to access in localities across Dundee.
* Empowering people to be involved in the design and development of supports and services.

The Suicide Prevention Partnership is committed to working together with a range of partners to enable these shifts to be realised.

**Suicide Prevention Strategic Overview**

The Scottish Government’s Suicide Prevention Strategy 2013- 2016 focused on 5 themes to lead work across Scotland. This plan was renewed in August 2018 through [Scotland’s Suicide Prevention Action Plan: Every Life Matters](https://www.beta.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/) and prioritised 10 actions to shape national delivery of suicide prevention.

These actions are summarised in the delivery plan below.

**DELIVERY**

**PARTNERS**

**ACTION 4**

Support or those affected by suicide

**TARGET VISION**

Reduce suicide rate by 20% by 2022 Suicide is preventable. Suicide prevention is everyone's business.

Anyone contemplating suicide, or whose life has been touched by suicide, receives the support they need.

Local Prevention Action Plans

Children and Young People

Equalities and Inequalities

At Risk Groups

Scottish Government COSLA and Partners

Establish Public Awareness Reference Group

Additional support mechanisms to meet range of needs

Agree principles for collaboration

**ACTION 3**

Public awareness

**ACTON 6**

Digital Technology

**ACTION 1**

Local Prevention Action Plans

**ACTION 2**

Suicide Prevention Training

**ACTION 8**

Children and Young People

**ACTION 5**

Crisis support

**ACTION 7**

At Risk Groups

**ACTION 9**

Data, Evidence and Improvement

**ACTION 10**

Reviews

Scottish Government and Partners

Review existing practice and evidence including lived experience

Identify information and awareness needs and what works

Recommend public awareness

and

information strategy

Support implementation and evaluation

Recommend support pathway to be implemented by end 2019

Support evaluation pathways

NHS

Integration Joint Boards

Scottish Government

COSLA

COSLA

Integration Joint Boards

Third Sector

NHS

NHS

Integration Joint Boards

Third Sector

COSLA

Public, Private

and

Third Sector

Children & Young People, Public, Private and Third Sector

Scottish Government

COSLA

NHS

Integration Joint Boards

Public, Private

and

Third Sector

National and Local Partners

Map existing

activity

Scope existing planning

Develop best

Practice guidance

Identify test sites

Report on test site findings by October 2019

Draft guidance

for local planning arrangements by Dec 2019

Recommendations

on implementation and review

Support Implementation

2018-19

2019-20

2020-21

2020-21

Establish what

works

Establish what is needed

Online resource available by May 2019

Additional training resources available

Mainstreaming

Review and refine

Support rollout beyond health sector

Map existing provision and

identify gaps

Establish evidence base

Learning from Distress Brief Intervention

Recommendation to

develop and test a framework

Support the roll out of agreed Framework across Scotland

Support evaluation of Framework

Establish Digital Reference group

Review existing activity and identify people’s needs

Identify and

recommend options

for product for

development

Support product development, testing and roll out

Support Evaluation

Focused engagement with seldom heard groups

Identify evidence, good practice and gaps

Develop

Framework for At Risk Groups and make recommendations

Support implementation

Review and Refine

Establish conversations with young people

Link to Children and Young People’s Mental Health Taskforce and Youth Commission on Mental Health

Ensure needs of Children and Young People are embedded in every action

Establish conversations with People with Lived Experience

Establish Academic Advisory Group

Ensure experience, other evidence and improvement methodology are embedded in every action

Recommendations to Scottish Government on monitoring and evaluation of

Suicide Prevention Action Plan

Develop and test review methodology

Recommendations on roll out of reviews across Scotland

Recommend process(es) for disseminating learning across Scotland

ANNUAL REPORT 2019

ANNUAL REPORT 2020

ANNUAL REPORT 2021

Initial National Suicide Prevention Leadership Group Delivery Plan

**Demand for Support**

**Suicide Prevention Strategic Needs Assessment**

To inform our understanding of suicide prevention in Dundee and to enable effective targeting of activity, analysis of data was undertaken from a range of sources, which include the Tayside Multiagency Suicide Review Group (TMASRG), Adult Support and Protection Statistical Reports, The Scottish Public Health Observatory, The Tay Road Bridge, Scottish Index of Multiple Deprivation and Scotland’s Census. Further information about these reports is at Appendix 1.

In summary, this information told us that:

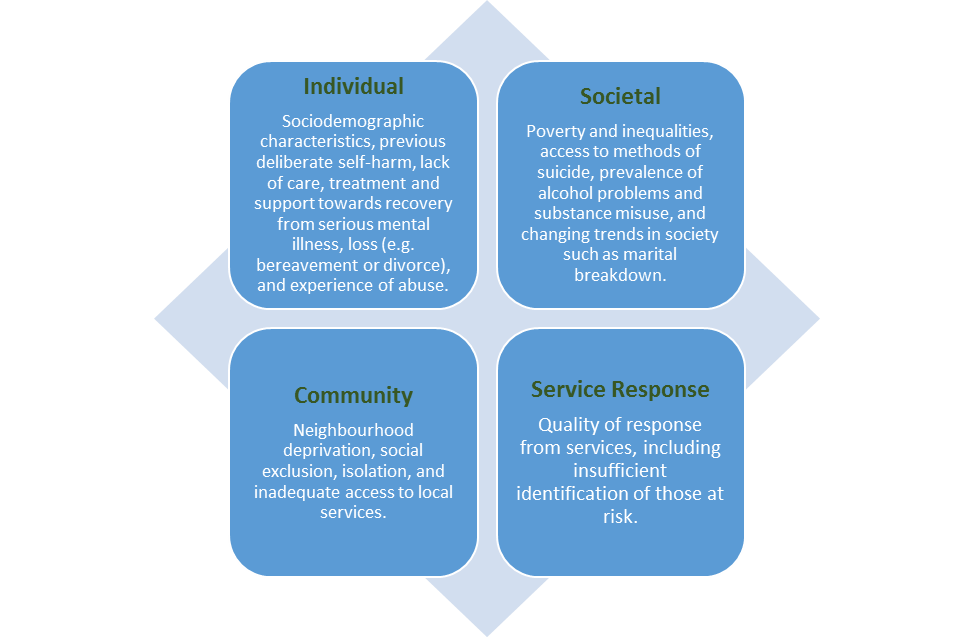
The TMASRG Annual Report 2017 highlights at risk populations which are pertinent to Dundee and include;

* Male opiate users with an average age of 40.
* Males with an average age of 31 who have poor employment history, substance misuse (excluding opiates) and unstable relationships.
* Retired individuals with poor physical health and a history of mental health disorder.
* Males with an average age of 53 in previous employment and relationships but who have experienced loss of employment and/or divorce and are socially isolated.

Compared to National suicide data, 60% of people were in employment and 40% unemployed at time of death. Local data for Dundee shows these figures to be reversed, 60% unemployed and 40% employed.

Based on the information from the TMASRG reviews 64% people attended their GP for any reason and 35% attended mental health services in the year prior to suicide. Detailed information indicates that around 20% had been noted to be in distress or have low mood by families but had not sought any support.

In addition to the TMASRG reviews, the Scottish Public Health Observatory identified four key groups of risk factors – Individual, Societal, Community and Service Response.



**Learning from the Strategic Needs Assessment**

Taking account of the strategic needs assessment, to effectively reduce suicide in Dundee, as a Partnership we must work with our partners to:

* Undertake targeted prevention activity with high risk groups which develops sustainable approaches to prevent suicide.
* Identify and prioritise support for people who may be affected by bereavement, social isolation, job loss, relationship breakdown and poverty.

* Increase our workforce and stakeholders confidence in responding to crisis and suicidal behaviour in daily practice.
* Identify and prioritise support for people who have recently been prescribed anti-depressants or have changed their medication.
* Build capacity across local communities so that people in crisis can access the right type of support, at the right time, at the right place for them.
* Support Carers and family members who are supporting people affected by crisis and suicidal behaviour.
* Improve our communications, information and advice provided about crisis and suicide.
* Promote whole system change which enables early intervention and prevention to improve outcomes for citizens of Dundee.
* Develop integrated models of working which improves coordination of support and outcomes for citizens of Dundee.

* Embed suicide prevention across all strategic planning groups and boards so that suicide prevention becomes everyone’s responsibility in Dundee.

**Our Resources**

**Supports**

Citizens of Dundee can currently access both formal and informal supports from a range of resources across Dundee. The Triangle of Support in Appendix 2 describes the type of resources provided by organisations and services in Dundee.

The Suicide Prevention Triangle of Support is underpinned by the nine values which include respect, partnership, safety and innovation. It identifies the shared approach to supporting people and differentiates the levels of care and support available.

The supporting base of the triangle outlines the Universal services available, leading up to Mainstream additional support, which is accessible to all. This escalates into Targeted Multi-Agency Support which is tailored to individual intervention options and at the peak, the triangle outlines the inpatient and safest care provision.

**Integrated Budget**

As a Partnership we have developed integrated health and social care budgets so that we can use our resources effectively. Our integrated budget statement is below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Suicide Prevention Budget** | **Amount 2018/19** | **Amount 2019/ 20** | **Amount 2020/ 21** |
| Engagement and Support to Prevent Suicide | 30,000 | 60,000 | 60,000 |
| Communications | 1,000 | 1,000 | 1,000 |
| Provision of Training | 3,000 | 3,000 | 3,000 |
| Provision of Data from Tayside Multi-Agency Suicide Prevention Group | 5000 | 5000 | 5000 |
| Staffing Costs | 16,000 | 16,000 | 16,000 |
|  |  |  |  |
| Total | 55,000 | 85,000 | 85,000 |

It is our aim to implement a collaborative and integrated approach so that people in distress can achieve their outcomes in the way that suits their individual circumstances. This includes working with services and care group strategic planning groups to build our capacity to support people in crisis in Dundee and their families. Over the course of this Plan we aim to support a shift in resource use towards priorities identified in the plan.

**Delivering on Our Priorities**

As a Partnership, we recognise that to successfully improve wellbeing, reduce distress and prevent suicide we must work together and collectively with people who use services, carers, communities and our partners.

To achieve our vision, that *suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone’s business,* we have considered:

* How we are doing against our three strategic priorities.
* What actions and shifts we need to take to achieve these outcomes.
* Our model which will support us to achieve these shifts.
* What investment is required to support completion of the actions and development of our model?

A Strategic Outcome Delivery Plan outlining how we will achieve our outcomes and investment has been developed to support this. The plan is available at Appendix 3.

**Our Model.**

We will prioritise investment in projects and supports which enable our priorities and model of delivery to be realised.

Our model is centred on:

* Developing our workforce and organisations response to crisis and suicide prevention. It is intended that this will build on developments to date so that in Dundee we evidence positive support to people in distress and their families.
* Develop partnerships and strategic alliances which will embed suicide prevention across all age and care groups.
* Enabling a shift towards prevention and early intervention through collaborative approaches which target at risk groups, promote whole system change and reduce social isolation.
* Promoting integrated models of locality based support which enables individuals to access the right support at the right time.
* Improving understanding and awareness of communications relating to Suicide Prevention and crisis.

**Our Priorities**

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| **Priority 1 – Wellbeing, Connection and Resilience**  *Information, advice and support is available and accessible to people at risk of suicide. Social inclusion, wellbeing and resilience are promoted to reduce stigma associated with crisis, suicide and social isolation.* |

**How Are We Doing?**

Nationally, [Samaritans](https://www.samaritans.org/scotland/about-samaritans/media-guidelines/) monitor the way suicide is reported from national and local media sources and for this reason have developed a media guidelines and factsheets for journalists. This is since research has consistently shown links between certain types of media coverage of suicide and increases in suicidal behaviour among vulnerable people.

Dundee City Council and NHS Tayside have endorsed these guidelines and through a protecting people communications group aims to promote use of these guidelines with local media and organisations.

Our ambition is to improve the information, advice and communications about wellbeing, crisis and suicide locally, in order to reduce stigma and improve access to support.

**What Did You Tell Us?**

In discussions with partners, you told us that you felt our priorities should be:

* Reducing stigma associated with Suicide.
* Changing how suicide and suicidal behaviour is communicated and reported in the media.
* Involving people with lived experience in shaping how services are developed and provided.
* Improving information and advice about services and supports available when a person is contemplating suicide.
* Providing information and advice about opportunities to improve personal wellbeing, social connections and resilience.

**What Are We Doing Now?**

Within Dundee, we have undertaken a range of activities to improve our communications about information and advice available and promote social inclusion, wellbeing and resilience.

Review and Update of Cluster Guidance

**What Will We Do?**

Through local engagement and discussion we know that we need to improve our communications about information and advice available and promote social inclusion, wellbeing and resilience. The actions we will take to make this shift are:

**Communications and Engagement**

* Implement a suicide prevention communications framework which sets out key messages that all partners can use to promote prevention of suicide and use of Samaritans Media Guidelines.

* Continue to organise suicide prevention campaigns, supported by National Suicide Prevention Week, to increase awareness, understanding, identification and response to suicide prevention in Dundee.
* Continue to deliver engagement sessions across services, strategic planning groups, local community planning groups and committees to raise awareness of suicide prevention, local supports and influence that suicide prevention is everyone’s business.
* Implement an engagement framework which enables people with lived experience, families and communities to feel listened to and actively involved in shaping services and supports.

**Wellbeing and Social Inclusion**

* Implement wellbeing focused health promotion to promote wellbeing, social connections, resilience and recovery across communities of Dundee.
* Development and implementation of a digital multi-agency toolkit, e-learning and factsheets which provides advice and information about suicide, wellbeing and services available to provide support during crisis.
* Development and implementation of a website and app which provides advice and information about suicide, wellbeing and services available to provide support during crisis.
* Pilot and support further development of community based initiatives which involve communities in increasing social inclusion and reducing social isolation.
* Implement targeted promotion and use of Suicide?Help! App across Dundee (linking with Tayside colleagues) to at risk groups.
* Work in partnership with Tayside Children and Families collaborative to support young people to improve their wellbeing and outcomes.

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| |  | | --- | | **Priority 2 – Proactive Prevention of At Risk Communities and Groups**  *Improving outcomes for people at high risk of suicide through focused interventions and influencing whole systems change. Promoting long term solutions to build capacity to develop sustainable approaches to change*. |   **How Are We Doing?**  The TMASRG suicide data tells us that between 2013 and 2017 there were 131 completed suicides in Dundee of which, 76% were male.  Our ambition is to prevent suicide, particularly in males, in Dundee and develop opportunities for citizens of Dundee which improves wellbeing, connection and resilience.    **What Did You Tell Us?**  In discussions with people in distress, their families, our workforce and stakeholders you told us that you felt that key priorities for our Strategic Plan are:   * Improved access and signposting to emotional and practical support to support a greater focus on early intervention and prevention. * That people can access support from workforce and organisations that are knowledgeable and empathic about distress and suicide. * To ensure there is improved communication and coordination between organisations and services where there is a risk of suicide so as to support effective joined up response. * Improving supports to young people affected by suicide and in particular young people who were present when the death occurred. * Improved additional support contacts out with normal working hours. * Encouraging others to talk when something is wrong.  |  |  | | --- | --- | | **What Are We Doing Now?**  Over the past year within Dundee we have undertaken a range of activities to support a reduction in rate of suicide and improve wellbeing of citizens.  Below are some examples of activity within Dundee.  In addition to this, the Partnership has contributed to the work of the National Suicide Prevention Strategy to ensure effective connection between local and national priorities.   |  | | --- | | **Good Practice Example**  **The Tay Road Bridge implemented a workforce development programme and procedures which enables Tay Road Bridge staff to engage with people who present at risk of suicide on the Tay Road Bridge.**  **During 2017, 95% people did not complete suicide as a result of this intervention. The Tay Road Bridge have also published useful facts and work with a range of partners to support their response to suicide.** |   **What Will We Do?**  Through local engagement and discussion we know that we need to develop our workforce, partnerships, pathways and supports to improve outcomes and respond effectively to people contemplating suicide. The actions we will take to make this shift are:  **Developing our Workforce, Stakeholders and Organisations**   * Develop and implement a multi-agency learning framework which sets out minimum level of training across our workforce for identifying and responding to suicide which reflects Scotland’s National Action Plan. * Develop and implement a digital toolkit and e-learning resource which provides guidance on use of psychologically informed environments, trauma informed practice and working with risk. * Work with public and private sector organisations to develop wellbeing toolkits and guidance which support healthy working lives and carer positive employers.   **Improving outcomes for people at high risk of suicide**   * Implement local and national guidance on action to prevent suicides at locations of concern.      * Implement a Dundee multi-agency protocol for responding to potential/identified suicide cluster based on Tayside Cluster Guidance. * Work with the Dundee Alcohol and Drugs Partnership to support development and implementation of the Dundee Substance Misuse Strategic Plan and Drug Death Action Plan.      * Work with the Dundee Alcohol and Drugs Partnership to support implementation of the redesign of substance misuse services to improve opportunities for early intervention, recovery and reducing harm through substance misuse. * Work with the Dundee Mental Health Strategic Planning Group to support implementation of the Dundee Mental Health Strategic Plan and redesign of community mental health services in order to improve opportunities for early intervention and recovery. * Work with Dundee Health and Social Care Partnership to support implementation of a multi-agency Tayside Gapapentoid Group to reduce diversion of Pregabalin, Gabapentin, Diazepam and Alprazolam, Oxazepam and Temazepam. * Work with Dundee Health and Social Care Partnership to develop and implement standards which enable effective identification and response to people at risk of suicide who present to health and social care services within acute settings. * Work with Primary Care Improvement Programme to develop and implement standards which enable early identification and response to people at risk who present to primary care services. * Use learning from Drugs Commission, Mental Health Inquiry, National Delivery Plan and ongoing data analysis and research to further develop and inform our response to suicide prevention in Dundee. * Further develop and implement fully the lead professional model as a means of improving coordination of support with vulnerable people and an effective response to working with risk. * Work with the Frailty Strategic Planning Group to improve outcomes for individuals who are retired and who have long term conditions. * Work with public and private sector organisations to raise awareness of employee wellbeing and ensure effective supports in place for employees at risk of redundancy and/ or job loss.   **Early Intervention and Prevention**   * Develop pathways with Welfare Rights to increase accessibility and information about financial supports. * Develop pathways with Welfare Rights, Department Work and Pensions, Health & Support at Work and Employability agencies to support people at risk of falling out of work or who have recently left work. * Develop pathways with GPs to enable early identification and early intervention approaches where people are newly prescribed anti-depressants or have a medication change. | | |
| **Strategic Outcome 3 – People bereaved or affected by suicide**  *People bereaved or affected by suicide will receive effective support.* |

**What Did You Tell Us?**

Dundee Voluntary Action and NHS Tayside Public Health co-ordinated the collection of detailed information from local people who have had lived experience of bereavement by suicide.

The key findings from the review told us that people with lived experience of bereavement by suicide considered that the following would be beneficial:

* Access to emotional and practical support for any person who is affected by or bereaved by suicide.
* Offer of support should be available as soon as possible after the death. This support would help initially in acknowledging what has happened and if ongoing support would be helpful.
* Agencies providing support should be knowledgeable of the processes, procedures and practical issues that arise following a suicide.
* Support should be provided at a local community hub or similar venue so that it can be easily accessible.
* Community support should be available where a suicide has affected many community members.
* Family and friends can be important in providing support.
* Information packs on where support is available are useful.
* All agencies should be more sensitive in their handling of people bereaved by suicide.

**What Are We Doing Now?**

Over the past two years within Dundee we have undertaken a range of activities to support people bereaved or affected by suicide in Dundee.

Below are some examples of activity within Dundee.

**What Will We Do?**

Through local engagement and discussion we know that we need to develop our support to families bereaved by suicide. The actions we will take to make this shift are:

**Supporting our Workforce, Stakeholders and Organisations**

* Develop and implement a multi-agency learning framework which sets out minimum level of training across our workforce for identifying and supporting family members or carers affected by suicide.
* Work with public and private sector organisations to ensure effective supports in place for employees who are family members or carers affected or bereaved by suicide.
* Work with public and private sector organisations to ensure effective supports in place for professionals and Witnesses affected by a suicide.

**Support to Families and Carers Bereaved or Affected by Suicide**

* Develop and implement a model of support for immediate support to children, families and Carers following a suspected suicide.
* Implement support to families bereaved by a suicide ensuring all families are offered support.

* Work in partnership with the Dundee Alcohol and Drug Partnership and Carers Partnership to implement support to Carers and Families affected by substance misuse.
* Work in partnership with the Mental Health Strategic Planning Group and Carers Partnership to implement support to Carers and Families affected by mental health.

**Demonstrating Achievement of Our Outcomes**

Progress towards achieving our vision and outcomes will be monitored by the Suicide Prevention Partnership using our measures of success set out below and an Implementation Plan. The Partnership will provide an annual report which sets out our performance, impact on citizens of Dundee, resource use, annual budget and unmet demand as a way of ensuring a continued focus on achieving outcomes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local and National Outcomes** | **National Health and Wellbeing Outcomes**  **SHANARRI Wellbeing Outcomes,**  **Local Outcome Improvement Plan** | | | |
|  | | | | |
| **Our Three Strategic Priorities** | **Wellbeing, Connection and Resilience** | **Proactive Prevention of At Risk Groups and Communities** | **People Bereaved or Affected by Suicide** | |
|  | | | |  |
| **Underpinned by our Guiding Principles** | **Co-Production, Integrated Service Delivery, Equality of Access, Innovation and Best Practice** | | | |
|  | | | | |
| **Our Key Measures of Success**  **(Includes Indicators relating to National Wellbeing Outcomes)** | Improved reporting of suicide in local media.  Early identification and support to people in distress and at risk of suicide.  Increased access to a range of information and advice regarding wellbeing and suicide prevention  People with lived experience feel able to influence how services are developed and provided. | Decreased rate of suicide in Dundee.  Improved outcomes for individuals.  Increased range of opportunities and supports which improve social inclusion and recovery.  % workforce who feel confident in identifying and responding to people in distress and at risk of suicide. | People bereaved or affected by suicide will say that they feel supported.  Reduced distress by people bereaved or affected by suicide and distress. | |