

chooselife

A national strategy and action plan
to prevent suicide in Scotland

Background to Local Action Plan

Argyll and Bute

August 2005

1. Introduction

The Argyll and Bute Community Planning Partnership, which has twenty four members, is ultimately responsible for the implementation of Choose Life locally. This is important as it means that a broad range of stakeholders have made a commitment to support the implementation of our local action plan. This responsibility has been devolved to the Choose Life Sub Group which will monitor progress and feedback to the partnership.

It is vital that we get across the message that the successful implementation of our local action plan depends on us developing a shared vision and a shared sense of responsibility for its implementation. The action planning seminar along with our informal discussions with individuals and groups have helped us to begin this process.

2 Local Information

2.1 Backgroundⁱ

Argyll and Bute is a large and varied area covering more than 2,700 square miles (including 25 inhabited islands), with a population of approximately 91,390. One of the most attractive aspects of Argyll and Bute Council area is its diverse geography. Different geographies impact on people and their lives, the services they enjoy and social and economic fabric of their communities. Residents of urban centres such as Helensburgh or Dunoon face a different set of issues than those living in rural communities such as Clachan or Muasdale. Clearly, there is a difference between the rural and semi urban areas.

2.2 Population

At the time of the 2001 Census, the population of Argyll and Bute was 91,190. This total represents less than 2% of the population of Scotland. Since the 1991 Census, the population of Argyll and Bute has declined by 0.9%. Over the same period, the population of Scotland has increased by 1.3%. A falling birthrate coupled with a higher mortality rate due to an above average proportion of elderly people, have contributed to the declining population. There are more people settling in the area than are leaving to settle elsewhere. However, even a 250 annual net immigration to the area is not enough to account for the depopulation factors. The population of the area will continue to fall over the next 15 years, presenting service delivery and infrastructure challenges.

Argyll and Bute accounts for almost 10% of the total land in Scotland. However, as indicated earlier, the total population of the region accounts for fewer than 2% of the Scottish total. These factors contribute to make Argyll and Bute the third most sparsely populated council area in Scotland, with population density of only 0.13 persons per hectare.

The number of people living in an urban versus rural settling impacts on density figures. Eighty percent of the population live in one of 198 settlements (A settlement is defined as an

ⁱ Taken from Argyll and Bute Profile 2004 provided by Argyll and Bute Council

area with at least six household spaces) spread out across the area. Approximately 45% of the total population live in one of the area's five largest urban centres. One in five residents do not live in a settlement. With almost half the population living in the five largest towns and the rest of the population spread over 193 small centres and remote areas, Argyll and Bute cannot easily be described as a predominantly urban or rural authority.

The projected decline in the number of 16 to 24 year olds is of greatest concern. The main hypothesis is that this age band has traditionally been forced to leave the area to continue higher education or seek employment and in many cases has not returned. Research carried out in other Scottish authorities support this premise, however there is no specific data for Argyll and Bute. This appears to be more significant when considering the Atlantic Islands, where an even smaller percentage of the population falls within this age band.

2.3 Economy

The economy of Argyll and Bute is as diverse and complex as its geography. Higher overall economic activity rates and lower than average levels of unemployment would suggest a thriving economy. However, these indicators may be deceptive. Employment professionals suggest that many of the unemployed in the area move to other areas in search of work, thus lowering the unemployed figures. They go on to suggest that this may be particularly prevalent in the 16 to 24 year old age band. Further analysis of this issue is required before these theories can be confirmed or refuted. The Rural Mainland (The area running from Oban in the north down through Mid Argyll and Kintyre to Campbeltown in the South) has the highest proportion of its working age population economically active, while the Commuter Belt (Helensburgh/Lomond and Bute and Cowal) has the highest percentage of economically inactive people. This is due to the number of retired and long-term sick people in the economically inactive population in the Commuter Belt. This group may have decided to relocate closer to health services in the more urban areas.

The economy of Argyll and Bute is predominantly serviced based, with the public sector as the largest employer. There is a higher than average percentage of jobs in the hospitality and agriculture/forestry/hunting/fishing sectors. This is in part due to the availability of natural resources (forestry, fishing, etc), as well as the area's established reputation as a holiday destination. However, these types of industries are susceptible to seasonal issues and often offer jobs that are lower paid. There are pockets of relative affluence and poverty in all regions.

2.4 Health

The Argyll and Bute council area is wholly within NHS Argyll and Clyde Health Board area. The Health Board is responsible for providing NHS services in the area and work in partnership to improve the health of the people who live in the area. The Health Board area is one of the most diverse in Scotland, encompassing urban centres of population such as Paisley and Greenock and the rural areas of Argyll and the Isles. A network of Community Services and Local Health Care Co-operatives meet the area's routine health care requirements. Most of the area is serviced by a major acute hospital - Lorn and Islands District General Hospital - situated in Oban and there is a network of smaller hospitals in Lochgilphead, Campbeltown, Bowmore on Islay, Rothesay on Bute, Dunarros on Mull and Dunoon. For more remote areas, there is an air ambulance service, which provides emergency transfers to hospitals in Glasgow. This service is offered on Islay and Tiree.

Overall, the resident health of Argyll and Bute is generally good compared to the rest of Scotland. People in the area live slightly longer and healthier lives, smoke less and have significantly lower levels of hospital admissions for heart disease, cancer and self-harm (an indicator of depression). GP lists are shorter, which in rural areas usually mean shorter waiting times to see a GP. However, there are areas of concern regarding health in Argyll and Bute. Fewer residents in Argyll and Bute live within a 30 minute drive of a hospital and a 5 minute drive to a GP's office than the Scottish average. Hospital admissions for diabetes, stroke and external causes are above the national averages.

Admissions for external causes are alcohol related admissions, which are 52% over the Scottish average. Although not a direct measure of consumption, these figures suggest that alcohol related health issues are a major concern for the area. Preliminary research into alcohol and drug use in adolescents indicates that drinking and smoking is in line with national averages, but suggests that drug use in 15 year olds is significantly above the national norms.

A more subjective measure, but one that is equally as important, relating to health is the percentage of people who believe themselves to be in good health. According to the 2001 Census, the residents of Argyll and Bute were less likely to classify their health as poor compared to the rest of Scotland.

2.5 Transport

Geographic diversity, a sparse population and a large land area dictate that Argyll and Bute will face some significantly different transportation issues than the rest of Scotland. However, there are also many issues that the region shares with the nation. There is a wide range of public transport services in the area including rail, buses, ferries and air transport but a combination of restricted services and a lack of flexibility means that car ownership is well above the national average in Argyll and Bute. Obviously, with 25 inhabited islands, a robust and effective ferry network is critical to island communities. Ferries provide a vital commercial link with the mainland and act as the main mode for bringing tourism revenues to the local economies. However, travellers lose some freedom as travel is dictated by ferry schedules and, at times, weather conditions. This contributes to the feeling of remoteness reported by many islanders. However, the data is not clear on whether this feeling of remoteness is a positive or negative perception, as many might cherish the sense of isolation.

2.6 Deprivation

In 2003, the Scottish Index of Multiple Deprivation (SIMD) concluded that Argyll and Bute was the 15th most deprived local authority area. The areas of greatest deprivation are concentrated in urban centres (Helensburgh, Dunoon, Rothesay, Campbelton and Oban) and have a total resident population of 5,700 people.

Income deprivation, like overall deprivation, is concentrated in the urban centres. There are approximately 10,300 people who are income deprived in Argyll and Bute. There are approximately 6,000 people in Argyll and Bute who are employment deprived. As with income deprivation much of the employment deprivation in the council area is concentrated in urban areas, although rural Cowal and the Rhinns of Islay also show high levels. Higher levels of Health and Education deprivation are concentrated in urban centres, while Access

and Housing Deprivation is more of a problem in rural areas. In terms of Access deprivation, one might expect that the Islands would rank as the most deprived areas, however, this is not the case. The measure is comprised of a series of indicators relating to access to services, such as a GP, petrol station etc. Under this definition, the Islands are no more deprived than the other rural areas of Argyll and Bute. However, since the indicator was designed at a national level, it does not take into account the unique transportation issues that face island communities. Therefore, it may not accurately represent the major access and transportation issues faced by island communities.

3. The rate of suicide and self-harm in Argyll and Bute

In 2004 there were 21 deaths (18 men and 3 women) by suicide or undetermined intent in Argyll and Bute.

Cause of Death*		Scotland	Argyll & Bute
All causes	All	56,187	1,131
	M	26,775	568
	F	29,412	563
External causes of morbidity and mortality	M	1,508	37
	F	920	17
Accidents	M	758	17
	F	632	13
Transport accidents	M	247	8
	F	82	3
Falls	M	299	5
	F	391	6
Poisonings	M	40	
	F	17	
Intentional self-harm	M	448	10
	F	158	2
Assault	M	103	1
	F	18	1
Event of undetermined intent	M	161	8
	F	68	1

* Annual Report of the Registrar General for Scotland 2004

These figures show an increase in deaths by suicide or undetermined intent from 17 in 2003 to 21 in 2004 (equivalent to 23 deaths per 100,000 population). Eighty six percent of the people who died were male and it will be important for us to review our activities to ensure that local action is targeted appropriately. Similarly it will be important for us to identify, from the data available, any other factors, such as the age group or locality of the people who have died that should inform our priorities for future work.

4. Development and review of our local Choose Life Action Plan

We held an action-planning seminar on the 9th of September 2004 in Inverary, 75 people attended this. The aims of this seminar were to increase awareness about Choose Life, identify gaps and priorities for development and also people who would be willing to be involved in the implementation and review of our action plan.

We will hold another seminar in November 2005 this seminar will provide opportunities for us to hear from:

- **The Choose Life Suicide Prevention Strategy Review** – We commissioned Avante Consulting to carry out a piece of work to
 - Identify the support, advice and information available to people at risk of suicide or self-harm and to people affected by suicidal/self-harming behaviour
 - Assess the effectiveness of these (in meeting Choose Life objectives), highlighting gaps as well as good practice
 - Identify competencies and barriers for agencies and staff
 - Provide recommendations for innovative approaches to suicide prevention
 - Provide recommendations for improved co-ordination and communication

Of particular concern are the settings, accessibility and usage of services; the relationship and role of services not directly related to suicide; opportunities for better co-ordinated, synergistic work across services and opportunities to enhance provision, close gaps and promote good practice.

- **Recipients of our Choose Life Local Action Fund**
 - Lomond and Argyll Advocacy Service
 - Dunoon Link Club
 - Bute Healthy Living Initiative
 - Kintyre Voluntary Sector Forum
 - Argyll and Bute CAB
 - Argyll and Bute Couple Counselling
 - Helensburgh Addictions Rehabilitation Team

The seminar will also provide us with an opportunity to review the implementation of our local action plan and determine priorities for development in 2006 – 2008.

5. Priorities for Development

Based on the issues raised at the action planning seminar and other discussions we have had with a variety of people we have identified six main strands of work. Details of the activities undertaken can be found in the description of local initiatives undertaken.

a) Awareness Raising

We need to get across the message that reducing the incidence of suicide and self-harm is everyone's business and that there are simple, practical things that we can all learn about recognising and responding to people at risk.

b) Information

We need to make sure that there is easy access to information about

- The help, advice and support available (locally and nationally)
- Signs and risk factors
- What you can do to help
- The scale of the problem
- What works (based on local, national and international evidence)

'Suicide – the Myths versus the Facts' and 'Self-harm – the Myths versus the Facts' leaflets have been produced and distributed.

c) Co-ordination and Networking

We need to make sure that we make best use of the resources (people and skills as well money) available across Argyll and Bute, develop effective ways of sharing good practice and avoid duplication of effort where possible.

The feedback from our action planning seminar made it clear that people valued the opportunity to network with people from a broad range of sectors and organisations and would welcome more opportunities to do this. In an area like Argyll and Bute bringing people together can involve a significant amount of their time and so we need to be sure that the maximum benefit possible is made of these opportunities and also that we explore options which don't involve people physically coming together to do this.

d) Training

Increasing the capacity of people across Argyll and Bute to respond appropriately and effectively to people at risk of suicide or self-harm is a vital element to the implementation of Choose Life locally. We therefore plan to run the following training programmes for as broad a range of people as possible.

General Mental Health Awareness Training

Improving mental health awareness and tackling stigma will provide a valuable foundation for the implementation of Choose Life. We will be using 'Promoting Mental Health – Raising Awareness', a training pack produced by NHS Health Scotland. The objectives of which are:

- to raise awareness and understanding of the concept of mental health promotion and its role in keeping people well
- to improve knowledge of mental health promotion issues
- to provide information about initiatives which are effective in promoting mental health and well-being
- to provide a range of practical activities to develop the mental health promotion role
- to suggest ways in which mental health promotion activities can be monitored and evaluated

Applied Suicide Intervention Skills Training (ASIST)

ASIST is designed to help participants become more ready, willing and able to help people at risk of suicide. It works on the basis that suicide can be prevented through the actions of prepared individuals.

Just as “CPR” skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. ASIST is a two-day intensive, interactive and practice-dominated course designed to help participants recognise risk and learn how to intervene to prevent the immediate risk of suicide.

Dealing with Self-Harm

It is important for us to get across the message that suicide and self-harm are very different issues and in particular that self-harm isn't necessarily about suicide. Sometimes people harm themselves because they want to die but more often it is a coping method to help them get through a difficult time. We have developed a 'Dealing with Self-harm' training pack the objectives of which are to:

- Identify what is meant by self-harm.
- Understand the causes of self-harm.
- Learn practical skills and strategies for responding to self-harm

For each of the above training programmes we will be offering training for trainers courses as a way of increasing capacity and ensuring sustainability.

e) Supporting Local Voluntary, Community and Self-help Groups

We plan to offer this support through

- Access to training, conferences etc
- Development support for groups
- Direct Financial support to support innovative activities that address the gaps identified (the Choose Life Local Action Fund)

f) Policy/Protocol Review and Development

We have identified three key areas where policies/protocols need to be in place and shared (as appropriate) across statutory, voluntary, private and community sectors. These are

- A clear referral route in to mental health and other relevant support/services – to ensure an integrated approach and reduce the risk of people 'falling between two stools'
- A discharge protocol that ensures appropriate follow up for people being discharged from hospital (general as well as psychiatric), care, prison etc
- An integrated procedure for recording incidents of self-harm or suicidal behaviour and feeding any relevant information into local planning processes

An Argyll and Clyde wide Choose Life group is taking forward this work.

Action Plan Team Profile:

Full Name (of Planning Group): **Choose Life Sub Group**

Remit: The group has delegated authority from the Community Planning Partnership to develop and oversee the implementation of Argyll and Bute's Local Choose Life Action Plan

Chair

Name: Ann Campbell

Designation: Public Health Practitioner

Organisation: Lomond and Argyll LHCC

Number and dates of Meetings held	2004/5 – meetings were held on 13 th May, 20 th July, 19 th October, 23 rd November and 2 nd February 2005/6 – meetings held 4 th May, 24 th August, -- meetings planned for 16 th November, January
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Members

Name	Designation	Organisation
Dave Bertin	Mental Health Project Lead	NHS Argyll and Clyde
Shirley Mcleod	Health Development Officer	Argyll and Bute Council
Maureen Beaton	Service Manager – Mental Health	Argyll and Bute Council
Sheila Walker	Quality Improvement Officer	Argyll and Bute Council
Peter Minshell	Chief Executive	Argyll and Bute CVS
Marlene Baillie	Local Authority Liaison Officer	Police
Jan Henderson	Senior Health Promotion Officer	NHS Argyll and Clyde
Gordon Higgins	FUSIONS Manager	Argyll and Bute Council