



It's time to talk about it.

#WorldSuicidePreventionDay

Recommendations

1. Giving teachers the training and support they need to talk about mental health in our classrooms and foster a "whole school approach" to mental health.
2. Embedding compulsory suicide prevention training for all clinical health workers, allied health professionals and pharmacists.
3. Nurturing fair and compassionate workplaces that promote good mental health.
4. Creating LGBTI safe spaces so that people can truly be themselves.
5. Fighting stigma and discrimination from classrooms to boardrooms.
6. Implementing a national roll-out of Community Triage.
7. Introducing a '100% Health' screen for all discharged hospital patients.
8. Support for individuals directly impacted by suicide, particularly family and first responders.
9. Greater mental health support for victims of crime and people in the justice system.
10. Local authorities must ring-fence and protect funding for suicide prevention.
11. Tackling poverty and inequality and fully implementing the Christie recommendations.
12. Better implementation of media guidelines for the reporting of suicide.



A National Conversation

For the first time in six years, suicide has risen in Scotland. Data from the National Records of Scotland show that 728 people died by suicide in 2016 – that's 56 more deaths compared to 2015.

The Mental Health Foundation believes that two people dying by suicide in Scotland every day is two too many. The vast majority of suicides are preventable – but we need to create the right environment for people to thrive and to receive help when they need it.

Overall, suicides in Scotland have been falling over the past decade. We achieved an 18% drop and that is progress to be welcomed. However, we need to ensure that the increase witnessed over the past year doesn't turn into a trend. We simply can't afford to reverse the progress made in recent years.

Data obtained by the Mental Health Foundation reveals disparities, and in some cases a sharp reduction, in suicide prevention investment by local authorities.

That's why on World Suicide Prevention Day the Foundation is calling for a national conversation in our schools, our health service, our workplaces, national and local government and right across Scottish society. Across all sectors of Scottish life, there needs to be greater awareness about suicide, its devastating impact on families, friends and communities and what steps we can take, as a society, to prevent more deaths by suicide.



What do the figures tell us?

- In 2016, the suicide rate for males was **more than two and half times** that for females.
- People living in the most deprived areas are **over three times more likely to die by suicide** than people living in the least deprived areas.
- Research shows that the vast majority (70%) of those who died by suicide had some type of contact with healthcare services in the year prior to death.
- Scotland has the **second highest suicide rate in the UK** after Northern Ireland.

While death by suicide can happen across all ages and socio-economic backgrounds, it's clear that men, as well as people living in poverty are at much greater risk. This is why, on World Suicide Prevention Day we are calling on the Scottish Government, in advance of its future suicide prevention strategy, to commit to tackling the inequalities that too often are the root causes of suicide. By taking a preventative approach we can support people to thrive, become more resilient and live healthier lives.

Recommendations



Our research published earlier this year, *Surviving or Thriving*, shows that only 13% of us enjoy good levels of mental health. Many of us are not thriving. We cannot thrive individually or as a nation until we take steps to remedy this. Each of us can act to strengthen our own mental health and reduce the risks of becoming unwell. We can help our friends and families to do the same.

However, there is much that is beyond our control. Significant responsibility lies with government at national and local levels, as well as our workplaces and public services. We therefore make the following recommendations:

1. Giving teachers the training and support they need to talk about mental health in our classrooms and foster a “whole school approach” to mental health.

A key plank of any resilience programme must be delivered in schools. Teachers and peer educators need the right training and the resources to support delivery, however too many teachers tell us that they’re worried about “getting mental health wrong” in the classroom. Health and wellbeing should be on an equal footing to numeracy and literacy and not perceived as a box ticking exercise – but to do that, we need to give teachers the confidence to explore mental health. A universal approach is needed, which incorporates a classroom programme exploring mental health. This should become standard practice across all schools and Education Scotland’s “Applying Nurture as a Whole School Approach” framework should be implemented across the board. Creating a “whole school approach” where young people feel comfortable discussing mental health would help build confidence, particularly among young people with existing conditions such as anxiety or eating disorders.

But a targeted approach is also needed. It is alarming that 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early stage. In some cases this can disrupt learning or lead to



alcohol or drug problems. That's why school-based counselling should be rolled out across Scotland, to provide fast access to support. This would also help furnish children and young people with the emotional vocabulary to be able to talk about their feelings.

2. Embedding compulsory suicide prevention training for all clinical health workers, allied health professionals and pharmacists.

59% of people who die by suicide in Scotland have received a prescription for their mental health in the preceding twelve months. Indeed, evidence shows that in many cases, contact was made with more than one health service. Around 25% had at least one psychiatric inpatient stay or psychiatric outpatient appointment in the year before death. Suicide prevention training should be embedded in core training for all clinical staff. Given that antidepressants can lead to suicidal ideation, pharmacists should play a role in signposting and giving people information about managing potential side-effects. Consultation rooms in pharmacies should be available to discuss suicide and distress and resources and advice should be available. The Foundation believes that building stronger suicide prevention strategies into primary care, such as GP brief interventions, particularly for people with existing or ongoing mental health problems or those on a mental health prescription, can help to prevent suicide.

3. Nurturing fair and compassionate workplaces that promote good mental health.

The lowest-paid workers, who typically don't have much job security or control over their work patterns, suffer from the highest rates of suicide. Zero-hour contracts, for example, have created exploitative environments that keep people in low paid work because they're desperate to keep a roof over their head. It's all too common for people without a history of mental health problems to develop them because they've had to cope with the stress of living hand to mouth. Workplaces should end the silence on mental health and ensure employees have access to appropriate support during difficult times. Mental health awareness for line managers should be compulsory. Indeed, NICE identify line manager training as one of the most important steps for mental health improvement in the workplace. We need to make sure employers accommodate



reasonable adjustments (e.g. flexible working) for employees with mental health conditions and explore whether staff would benefit from welfare programmes like Access to Work, which can help people to stay in employment. The Foundation believes that employers should respond compassionately to major life events, such as bereavements or relationship breakdown, to make it easier for people to return to work when they are ready. Finally, the impact of workplace restructuring and redundancies on the mental health of employees should be fully considered and acted upon.

4. Creating LGBTI safe spaces so that people can truly be themselves.

Lesbian, gay, bisexual, transgender and intersex people are at higher risk of some mental health problems and alcohol and substance misuse. The rate of suicidal ideation and self-harm for LGBT people is 20-25%, compared with 2.4% for the general population.¹ Coming to terms with an identity that is different to that of most of your peers, or coping with ignorance, prejudice and discrimination can be confusing and distressing, particularly for those who lack a supportive network of family and friends. Some people will face rejection and bullying which can adversely impact on self-esteem. Greater support in schools should be available, particularly during puberty years, given the degree of emotional changes that can arise for many young people. This could include peer support or opportunities to meet others who are similarly exploring their identity. Ensuring that schools adopt a zero tolerance approach to bullying and nurturing an inclusive environment is pivotal in creating LGBTI safe spaces and the opportunity for people to safely disclose their identity and be themselves.

5. Fighting stigma and discrimination from classrooms to boardrooms.

Mental health stigma is still present right across Scottish society, although progress is being made. 40% of employers, for example, say they wouldn't hire someone with a mental health problem. Our young people can be victims of bullying at school and as adults, bullying in the workplace is commonly reported. Mental health stigma is still present in our health service. People with mental health problems have too often faced stigmatising experiences from frontline staff and this has got to change. It's unacceptable that those in crisis and at risk of suicide



can still face stigmatising responses in A&E and other health settings. Such negative experiences will only make it less likely for people to seek help later down the line. By reducing stigma and discrimination we also reduce the risk of social exclusion and isolation. Our workplaces, schools, health service, as well as government and the third sector should embrace drives to stamp out stigma and discrimination wherever they may be. As a managing partner of See Me, the Mental Health Foundation believes that the vital work they do must continue.

6. Implementing a national roll-out of Community Triage.

In a state of crisis people often don't know where to get help. The Mental Health Foundation is clear that early intervention is crucial and calls for a co-ordinated approach in responding to crisis between emergency services. We need a more co-ordinated, consistent and compassionate response to people in crisis and distress. However, research shows that existing service models are inconsistent and patchy and not enough co-design with people that use the services has been undertaken. Effective and regularly evaluated crisis plans should be implemented by all Health and Social Care Partnerships. The Foundation believes that the successful NHS Greater Glasgow and Clyde Community triage service should be rolled out across Scotland² and that out of hours services should be available and accessible. Triage allows mental health professionals to intervene directly, avoiding hospital admissions or detention in a police cell and ensures people receive help in the community, with local emergency services working more efficiently together. Intensive home treatment teams have also proven to provide fast, effective treatment in the community and reduced hospital admissions.

7. Introducing a '100% Health' screen for all discharged hospital patients.

Across Scotland we are succeeding in reducing physical ill health among people in high risk categories, thanks to screening, brief interventions, self-management advice and public campaigns. Similarly, a "check-in" is needed for the health of our minds. The Foundation believes that a 100% health screen should be undertaken on all patients who are discharged from hospital, regardless of whether they were hospitalised for physical or mental health reasons. 100% health screens would provide evidence-informed self-management



advice; peer support or the right level of professional mental health support.

8. Support for individuals directly impacted by suicide, particularly family and first responders.

There should be a concerted effort to support family members in the aftermath of a suicide, as well as first responders, who are often close relatives or friends of the deceased. Such individuals often struggle to cope with the trauma of the bereavement and are themselves at a higher risk of suicide. A recent survey of bereaved young adults who lost a friend or relative by suicide found that 20% had received no mental health support. This has to change. Families have told the Foundation that very little support is available in the aftermath of a suicide, such as liaising with the coroner. Research suggests that families and close friends affected by suicide are at greater risk of suicide themselves and the Foundation believes that they should receive support as a matter of priority. Protocols should also be in place for providing support to non-relative first responders such as peer support, advice and the opportunity to talk to someone about the experience through a trauma informed approach.

9. Greater mental health support for victims of crime and people in the justice system.

Victims of crime often experience psychological distress and trauma. Around 40% of victims of violence treated in hospital emergency departments are estimated to develop a mental health condition.³ The Foundation fully supports Victim Support Scotland's call for psychological support for people affected by the trauma of crime.

Extensive research suggests that there are strong links between mental ill health and Scotland's prison population. Prisoners are drawn predominantly from disadvantaged communities; they are more likely to have been victims of trauma or abuse, or have a drug or alcohol problem. Around 7% report a history of self-harm, including a suicide attempt.⁴ The risk of death, including suicide, after leaving prison, is particularly high amongst men, which is why the Foundation calls for greater co-ordinated action on re-integrating people to communities. The Scottish Government should work closely with the Scottish



Prison Service to improve the mental health of prisoners, including supporting young offenders. Scottish prisons should work towards creating psychologically and trauma informed environments and shift the focus from a punitive approach to one that is person-centred and recovery based.

The Foundation also calls for support to be available for those serving community sentences. In particular, mental health brief interventions should be rolled out to assess mental health needs with a view to assisting recovery and reducing re-offending.

10. Local authorities must ring-fence and protect funding for suicide prevention.

Although the overall rate of suicide in Scotland has decreased over the last decade, we caution against local and national government complacency. Funding from the Scottish Government for suicide prevention is no longer ring-fenced, and is instead included in wider local funding packages. Freedom of Information data obtained by the Mental Health Foundations reveal a significant drop in spending on suicide prevention in some local authorities in recent years. Continued improvement in the reduction of suicide relies on appropriate funding for suicide prevention, especially initiatives targeted at higher-risk groups, such as men and the most socio-economically disadvantaged. To this end, the Foundation calls for suicide prevention funding to be protected. In order to increase transparency, local authorities should ring-fence resources and publish data on preventative spending on a yearly basis.

11. Tackling poverty and inequality and fully implementing the Christie recommendations.

Men in the most deprived areas are ten times more at risk of suicide than those living in the most affluent communities.⁵ We know that economic insecurity and poverty have an adverse effect on mental wellbeing. Indeed the primary health impacts of economic downturns are on mental health, including increasing the risk of suicide. We are asking policy makers to take a “mental health in all policies” approach which considers mental health across all areas including social, economic, and environmental policy. It’s time for a compassionate welfare system that can support people with mental health problems during periods of ill health, an effective strategy to



tackle homelessness, and investment in more disadvantaged communities and good quality housing. We need to do more to tackle in-work poverty, bridge the attainment gap in our schools, create more opportunities for our young people and take a preventative spending approach to health and wellbeing. The Christie Commission concluded that as much as 40% of all spending on public services could have been avoided by prioritising a preventative approach. We believe that the Commission's recommendations should be implemented in full and that investing in prevention will foster more resilient and thriving communities.

12. Better implementation of media guidelines for the reporting of suicide.

Whilst journalists inevitably want their audience to identify with the people in their stories, they have a responsibility to ensure that suicide is not glorified or romanticised by reporting, to prevent possible copycat suicides. This includes inflated expressions of grief or regret from the local community, suggesting that they are honouring the act of suicide rather than mourning the death of an individual. Statements that praise the deceased should be balanced with an acknowledgment that they may have been experiencing distress in their life. Omitting such aspects of a story may make suicidal behaviour more attractive to others who are at risk. Equally, sensitivity in the use of pictures of the deceased is important. Photographs portraying the deceased in situations that misrepresent their situation prior to death should be avoided. Furthermore, careful consideration is required around the placing of pictures; placing them in a prominent position has the potential to exaggerate, or even glamorise, the act of suicide. Samaritans have published comprehensive media guidelines for reporting suicide and we call on reporters to fully endorse them.⁶

Ten steps we can all take to thrive



No one is immune from developing problems and there are steps we can all take to understand, protect and sustain good mental health. In much the same way as it is now accepted that people should seek to maintain good physical health, we all need to acknowledge the importance of acting to support good mental health for ourselves and for those around us.



Talk about your feelings

Talking about your feelings can help you stay in good mental health and deal with times when you feel troubled. However many of us can find it difficult to let people know when we are struggling. Talking about your feelings is not a sign of weakness, it is part of taking charge of your wellbeing and doing what you can to stay healthy.



Keep active

Regular exercise can boost your self-esteem and help you concentrate, sleep, and feel better. Exercise keeps the brain and your other vital organs healthy and also offers a significant benefit towards improving your mental health. Exercising doesn't just mean doing sport or going to the gym. Walks in the park, gardening or housework can also keep you active. Short periods of high intensity activity also carry particular benefits to brain health as you get older.



Eat well

One of the most obvious yet under-recognised factors for mental health is nutrition. What we eat and drink affects how we feel, think and behave. Your brain is an organ. It needs a mix of nutrients in order to stay healthy and function well, just like the other organs in your body. Strive to eat a balanced diet including lots of different types of fruit and vegetables, wholegrain cereals or bread, nuts and seeds, dairy products, oily fish and plenty of water. In tandem, try to limit how many high-caffeine, sugary drinks and portions of processed food you have.



Drink sensibly

Occasional light drinking can be enjoyable for some people. However, we often drink alcohol to change our mood. Some people drink to deal with fear or loneliness, but the effect is only temporary. When the drink wears off, you feel worse because of the way the alcohol has affected your brain and the rest of your body. Drinking is not a good way to manage difficult feelings. Whenever possible stay within the recommended daily alcohol limits.



Keep in touch

There is nothing better than catching up with someone you care about face to face but that is not always possible. You can also give someone a call, drop them a note or chat to them online. It is worth working on relationships that make you feel loved or valued. However if you think being around someone is damaging your mental health, it may be best to take a break from them or call it a day completely.



Ask for help

We can all get tired or overwhelmed by how we feel or when things do not go to plan. If things are getting too much for you and you feel you cannot cope, ask for help. If you are concerned that you are developing a mental health problem you should seek the advice and support of your GP as a matter of priority. Your GP may suggest ways that you or your family can help you or they may refer you to a specialist or another part of the health service. If you are in distress and need immediate help and are unable to see a GP, you should visit your local A&E.



Take a break

A change of scene or a change of pace is good for your mental health. It could be a five-minute pause from your day, a half-hour lunch break at work, or a weekend exploring somewhere new. Taking a break may mean being very active. It may mean not doing very much at all. Listen to your body. If you are really tired, give yourself time to sleep. Without good sleep, our mental health suffers and our concentration goes downhill. Sometimes the world can wait.



Do something you are good at

Enjoying yourself can help beat stress. Doing an activity you enjoy and achieving something boosts your self-esteem. Concentrating on a hobby or interest, like gardening or the arts, can help you forget your worries for a while and can change your mood. It can be good to have an interest where you are not seen as someone's mum or dad, partner or employee. You are just you.



Accept who you are

We are all different. It is much healthier to accept that you are unique than to wish you were more like someone else. Feeling good about yourself boosts your confidence to learn new skills, visit new places and make new friends. Good self-esteem helps you cope when life takes a difficult turn. Be proud of who you are. Recognise and accept the things you may not be good at but also focus on what you can do well and have achieved. If there is anything about yourself you would like to change, are your expectations realistic? If they are, then work towards the change in small steps.



Care for others

Doing good does you good. Caring for others is often an important part of keeping up relationships with people close to you. It can bring you closer together. Why not share your skills more widely by volunteering for a local charity? Helping out can make us feel needed and valued as well as help us build new skills and relationships.

The Samaritans offer emotional support 24 hours a day - in full confidence. Call **116 123** for free or email jo@samaritans.org.uk

If you are concerned that you are developing a mental health problem **you should seek the advice and support of your GP as a matter of priority**. If you are in distress and need immediate help and are unable to see a GP, you should visit your local A&E.



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