Mental Health

Samaritans Scotland

Samaritans Scotland welcomes the opportunity to respond to the Health and Sport Committee’s call for views on mental health in Scotland. Samaritans is the leading suicide prevention charity in the UK and ROI. Last year we dealt with around 5.4 million contacts from people who needed our trained listening volunteers across the nations, including around 300,000 of those in Scotland. We also play a role in encouraging and supporting suicide prevention activities at local and national levels based on our insight and expertise in this area. We are members of the Scottish Mental Health Partnership, a coalition of third sector mental health organisations, service providers and professional bodies working together to promote mental health awareness and improve outcomes for people experiencing mental health problems.

While there has been success in bringing down suicide rates in Scotland over the past decade, there were still 672 deaths by suicide in 2015 and the rate in Scotland remains higher than the UK as a whole. Suicide is the single biggest killer of men under 50 in the UK and of young people aged 20-34. The data also shows a strong and clear relationship between deprivation and the overall suicide rate in Scotland, with those in the most deprived 20% of the population three times more likely to take their own life than those in the least deprived 20%.¹ Suicide is an unjust and avoidable difference in health and length of life that results from being disadvantaged. This inequality persists.

6. Which parts of the previous mental health strategy have been the most successful?

We support the focus and commitment that a mental health strategy brings. Strategies can establish the framework needed for a range of interventions to be made nationally, regionally and locally in a coordinated way. It is however difficult to accurately measure the success of any of the commitments as Scottish Government have not undertaken a full review of the impact and outcomes from the previous strategy.

7. Which parts of the previous mental health strategy have been the least successful?

The current Suicide Prevention Strategy 2013 – 2016 recognises the reduction of suicide, coming partly from work with frontline staff, as a successful outcome of work within the mental health field. It would seem sensible then for suicide prevention activity to be recognised within the Mental Health Strategy. However none of the thirty-six recommendations in the current Mental Health Strategy specifically

¹ Scottish Suicide Information Database (ScotSID) Report 2016: http://www.isdscotland.org/Health-Topics/Mental-Health/Related-Publications/
mentions suicide or suicide prevention. While suicide is not merely an issue of mental health, linking across from the Mental Health Strategy to the Suicide Prevention strategy makes sense through strategic recommendations. It makes sense for the 59% of people in the ScotSID report who had a mental health drug prescription in the year prior to taking their own life.

8. What would you identify as the key priorities for the next mental health strategy?

We intend to respond to the Scottish Government’s consultation on the proposed framework for the next Mental Health Strategy as part of their on-going consultation.

Whilst we welcome the Scottish Government’s recent commitment to a new and distinct Suicide Prevention Strategy, we feel there is merit in including a commitment to suicide prevention and actions to support a continuing reduction in suicide within the Mental Health Strategy. Suicide is the result of many different factors which interact in complex ways. Importantly, those interventions are often out-with the scope of mental health policies. However, to work most effectively the mental health and suicide prevention strategies should not sit entirely separately; rather government strategies work best when they complement and take account of each other, particularly in these overlapping areas.

Addressing the link between suicide and deprivation

One area which would clearly benefit from this is the link between suicide and socioeconomic deprivation. Despite success in bringing down suicide rates in Scotland over the past decade, the difference in the rates between the most and least deprived people in Scotland persists. Socio-economic position can be defined in many ways – by job, class, education, income, or housing. Whichever indicator is used, people at the bottom are at higher risk of suicide. Indeed our Men, Suicide and Society report found that disadvantaged men are 10 times more likely to take their own life than affluent men.\footnote{Men, Suicide and Society (Samaritans, 2012): \url{http://www.samaritans.org/about-us/our-research/research-report-men-suicide-and-society}} This clear and persisting link between socioeconomic deprivation and suicide means that it is time to start tackling suicide as both a mental health and an inequality issue. Given the range of factors that can contribute to this, it would make sense for this to be addressed across both mental health and suicide prevention strategies. We would therefore welcome a strategic commitment that links across both strategies to tackle this in the most effective way.

Promoting protective factors

As this link demonstrates, suicide is influenced by a range of social, personal and economic factors. In order to really address suicide rates then we need to promote protective factors which will help people to cope with life’s challenges. A key strand
of this has to be focused at our young people, ensuring that they are equipped to build resilience against risk factors throughout life. While we are therefore encouraged to note the proposals for ‘prevention, early intervention and early years approaches’ within the proposed framework for the next strategy, we feel there is a need to go beyond tackling ‘problems’ early. Early intervention is of course vital; however we should also be emphasising prevention and widely promoting emotional awareness.

Given that suicide is combination of vulnerability, environment and life events, if we can promote protective factors that allow people to adequately cope with some of suicide’s risk factors then we are truly starting to address suicide in Scotland.

While the proposal in the published framework to promote good mental health through work with children’s services is to be welcomed, we feel there would be merit in expanding this. Schools are in a unique position to promote mental health among young people and therefore the promotion of emotional health and resilience in schools can act as a key form of prevention and early intervention across the population. While Curriculum for Excellence includes health and wellbeing as one of the eight areas contributing to experiences and outcomes, a clear focus as part of the curriculum on developing emotional awareness could have a lasting impact across generations.

Outreach in communities

Samaritans Scotland, like many other third sector organisations provides a key service to communities across Scotland. This includes operating a listener scheme in all Scottish prisons, our UK wide partnership with Network Rail and being there to help children and young people prepare for life’s challenges by running workshops and providing materials for schools. We also support secondary schools in the aftermath of a suicide, through our Step by Step service. Some of our branches provide a referral service which allows GPs, mental health units and Police to refer an individual to Samaritans, as well as our volunteers attending A&E departments to support those experiencing real emotional distress.

We currently receive no direct funding from Scottish Government to provide our service, yet our more than 1000 volunteers give 260,000 hours of their time a year, valued at over £3.5 million. A similar story is true of many other third sector organisations, who provide key services to the community. We believe that the outreach work that these organisations provide will be central to transforming mental health in Scotland. Rather than continuing to focus on primary care we must look to making mentally healthier communities, which ultimately are supported and transformed through outreach.

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3 Mental Health in Scotland – a 10 year vision (Scottish Government, 2016):
https://consult.scotland.gov.uk/mental-health-unit/mental-health-in-scotland-a-10-year-vision
Summary

- We believe there is merit in featuring suicide prevention as a leading commitment within a Mental Health Strategy at an appropriately strategic level.
- The link between suicide and socioeconomic deprivation can most effectively be tackled across both mental health and suicide prevention strategies.
- We also need to promote protective factors which will help people to build resilience against these risk factors.
- Schools are in a unique position to promote mental health and emotional well-being among young people and therefore the promotion of emotional health in schools can act as a key form or prevention/early intervention.
- Outreach work within communities is key to transforming mental health in Scotland.