Suicide Prevention Scotland.

Action Plan Development

Local Suicide
Prevention Planning and
Implementation Toolkit

Local Suicide Prevention Planning and Implementation Toolkit

What will this document support you to do?

- ✓ Understand some of the core steps in developing a local area suicide prevention action plan.
- Understand conducting a needs assessment.
- Understand and assess what your local areas needs are.
- Consider how you consult on developing your plan.
- Consider what activities you may wish to include in your plan.
- Prioritise what activities will have the biggest impact locally.
- Provide practical examples of how others have developed their plans.

When might this document be most helpful?

- When you need some ideas to help you develop an action planning process.
- When you are undertaking your action plan needs analysis.
- When you need some ideas to help you develop what to include in your action plan.
- When you are ready to move your Suicide Prevention activities from the strategic planning phase to action.
- When you need to review your suicide prevention action plan because of new evidence or you are new in post, or to consider the implications of new evidence or national work.



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Introduction

Most local authority areas in Scotland are encouraged to, and choose to, develop a local suicide prevention action plan allowing for a local focus on activities.

Creating Hope Together Vision

Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

To achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma.

Our aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

It is recommended that local areas have a suicide prevention action plan that is based on local need. This local action plan will not necessarily replicate the actions outlined in the national suicide prevention delivery plan or reflect the action plans developed in other local areas who may have differing needs or resource, but it is likely there will be some similarities. Action plans can cover a range of themes and activities such as capacity building, awareness raising, bereavement support and crisis support - further examples of themes and activities can be found later in the document. How you develop your local plan and the actions within it will contribute to the vision of Creating Hope Together, but each area may have a different approach as they plan to meet local needs.

Why develop a local suicide prevention action plan?

There are many **reasons** why having a local suicide prevention action plan is beneficial:

- Break overarching goals (i.e. reduce number of deaths by suicide) into smaller actions
- Identify responsibilities & timeframes
- Reflect local priorities
- Prioritise and track activities
- Develop partnership working & collaboration
- Accountability
- Supports monitoring, evaluation & reporting



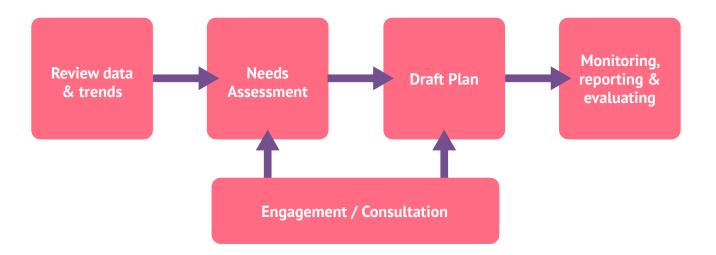
What is action planning?

Action planning is the process that guides the day-to-day activities of a project or workstream. It is the process of operationalising your strategic objectives.

Most action plans consist of the following elements:

- a statement of the vision/goal what you & your partners want to achieve (the outcomes or result areas)
- the activities that must be implemented to achieve/deliver each outcome
- An estimated timeline for when each activity will take place and be completed (when)
- Clear roles and responsibilities of those who will be responsible for delivering each activity (who)
- Any inputs/resources that are needed.

How to develop your plan



It is important to look at the data and trends for your area, along with the available evidence and intelligence, and at what actions in previous plans have (or have not) worked - take time to reflect as part of developing your local action plan.



Needs Assessment

Local areas should develop suicide prevention action plans and activities based on local needs. A needs assessment can support you to understand your local context from a number of perspectives including:

- local and national datasets
- input from people who have experienced suicidal thoughts, have attempted suicide or are bereaved by suicide (lived/living experience)
- those working in suicide prevention related roles (practice based insight)
- academic insights or subject expertise into behaviour and the effectiveness of suicide interventions



The information gathered from stakeholder engagement and consultation is sometimes referred to as practice based insight, along with the local and national data, academic / subject expertise, and insight from people with lived and living experience, this forms part of a needs assessment for a local area.

This section of the Local Suicide Prevention Planning and Implementation Toolkit will focus on gaining Practice Insight and drawing on Academic/Subject expertise. You can find further information about utilising national and local datasets, and living and lived experience insight in the **Data and Information** and **Involving People** with Lived and Living Experience sections of this toolkit.

A needs assessment helps to develop a comprehensive picture of the challenges in a community, and uncover promising practice, to guide planning and delivery of interventions for that community.

Other elements involved in a needs assessment process include literature review, data analysis, communication and consensus building. This allows you to understand the needs and perspectives of all key stakeholders involved in developing your plan, with the aim to achieve a collective plan that all partners support.



A needs assessment should help to provide answers to questions local areas may have such as:

- Where should we focus our efforts?
- What are the particular challenges in our area?
- What should our priorities be?

In order to do this, a local area needs to look at the available data and intelligence for the locality which might help to explain the local picture of suicidal behaviour. Useful information, beyond data on suicidality, to gather would include wider structural influences on suicidal behaviour such as employment opportunities, unemployment, levels of poverty, homelessness, availability, acceptability and accessibility of support services especially for those with mental health issues and those in distress etc.

Information and guidance about how to conduct a needs assessment is available from **Skills Development Scotland.**

Practice example

Tayside Children and Young People's Suicide Prevention working group of the Tayside Suicide Prevention Leadership Group has undertaken a needs assessment to raise awareness of the importance of suicide and self-harm prevention in young people and to inform local action planning.

The report takes a public health approach; examining data to assess the prevalence of suicide and associated risk factors, summarising research evidence for preventative action, mapping current services and stakeholder opinion in Tayside and making recommendations for action. The report recommendations have been collated into four themes: Prevention, Early Intervention, Services, and Working Well Together.

The **full report** includes:

- an executive summary,
- recommendations for action,
- prevalence of suicide and self-harm in under 25 year olds,
- risk and protective factors
- local service mapping
- a comprehensive review of effective interventions.

You may be interested in reading the **NHS Highland Director of Public Health 2021 report** which includes a further example of a needs assessment.

It is also useful at this point, when you understand and have assessed the local context, to begin considering the outcomes for your activities. For further information on this please see the **Outcomes, Monitoring and Evaluation** section of the **toolkit**.



Consultation/Engagement

Most areas develop their plan via consultation and/or engagement with partners and/or their local community (including those with lived and living experience). However some areas draft a plan first, then take it for consultation. This consultation/engagement can help develop a sense of shared ownership of the plan and the activities it contains.

We would urge you to consider who should/could be involved (what partners support delivery or have an interest in suicide prevention, are there any groups locally with lived and living experience – please see the **Governance & Collaboration** and **Involving People with lived and living experience sections** of the toolkit for useful info) and the format of how you engage. Many areas choose to hold in-person events with partners. There are a few examples below:

Practice example

Engagement

Glasgow & East Dunbartonshire held in-person session with partners such as first responders, 3rd sector, Public Health, Mental Health Services, Housing & Education to shape their plan – this helped shape activities, target groups and partnership working within the plans.

Renfrewshire steering group developed the plan as a group before sharing it with other wider partners to be ratified.

Fife consulted with their local community via an online form, giving professionals and their local community the chance to feedback on what was suggested for the plan and identify any gaps they felt needed to be addressed.

In Orkney the Suicide Prevention Taskforce considered the national vision and whether it was relevant for their local context. The Taskforce then discussed current and potential future activity under five headings: Prevention, Early Intervention, Intervention, Recovery, and Postvention.



It is useful to share your finalised plan with those who you have engaged with or publish it on your local HSCP website.

Based on the outputs of your needs assessment and consultation/engagement around your plan, you may need to prioritise what activities to take forward based on local need and resource.

Reflective questions:

Do you know what stakeholders working in suicide prevention think is working well and where there are gaps? (practice-based insight)

Do you know what people with lived experience think is working well and where there are gaps?

Do you know what action your local community think should be taken and where they see gaps?





SUPRESE Tool

The <u>Self-evaluation Instrument for Assessing Suicide Prevention at Sub-national (Regional/Local) Level (SUPRESE)</u>, was developed by Professor Steve Platt, Public Health Scotland and Samaritans.



What the Tool Helps You To Do

- Checks if key parts of suicide prevention work are in place in your area.
- Looks at how well these parts are being carried out:
 - Are they following best practices?
 - Is there a plan to check if they're working?



What's Included

- The tool has 21 questions/items:
 - 6 about planning and strategy.
 - 6 about actions being taken.
 - 4 about monitoring and reviewing progress.
 - 5 about raising awareness and providing training.



Who Should Use It

- Local or regional suicide prevention professionals.
- It's meant to help teams:
 - Think about what's going well and what's not.
 - Plan what needs to be improved.



How Often to Use It

- Once a year is recommended.
- Best done before planning new programmes or setting budgets.

Some local authority areas work collaboratively on an area wide plan (such as Greater Glasgow and Clyde, or Ayrshire) that sits alongside their localised plan and allows for shared activities and collaboration on pieces of work (such as training, communications, locations of concern etc) and reporting at a board/area wide level.



Reflective questions:

Do you understand the current partnerships/connections/opportunities for joint working across adults and children and young people in relation to suicide prevention?

Do you know what the local data and evidence tells you about suicide prevention in your area over time and in comparison to other areas / national picture? Are there any gaps?

Do you know what the latest evidence is around effectiveness of interventions (locally / nationally / globally)? (subject/academic expertise)

Do you know what current suicide prevention activity is taking place in the local area? (SUPRESE and stakeholder engagement)

Do you know what resource is available to support suicide prevention in your local area?

Have you conducted an Equalities Impact Assessment or Health Inequalities Impact Assessment?





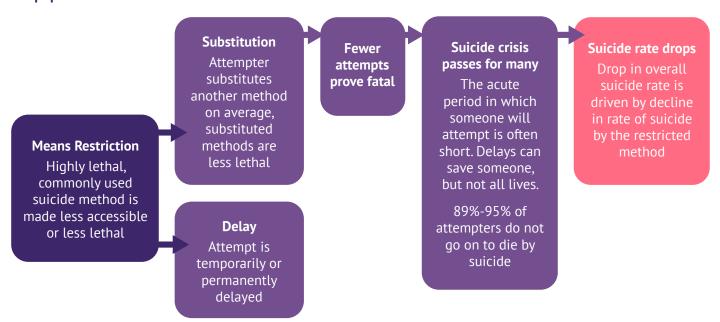
Contents of an action plan

No two actions plans are the same. However, there are themes or some areas of work which regularly appear in action plans, such as:

Restrict Access to Means

Suicide rates can be substantially reduced by making it more difficult to die in an act of deliberate self-harm as described below in **Barber & Miller's conceptual model.**

Conceptual model of how reducing access to a highly lethal and commonly used suicide method saves lives at the population level



Many of these interventions require a national approach/solution through legislation, such as the reduction in pack size of paracetamol, or suicide risk referenced in the **National Planning Framework 4 guidance**. However, actions such as removal of potential ligature points in mental health settings can and should be undertaken at a local level. Different areas will be affected by different factors (e.g. rurality versus urban), therefore, understanding the local data will be useful in determining what action may contribute to suicide prevention.

Address Locations of Concerns

This generally includes the monitoring of locations of concern and developing a locations of concern group for the local area in order to respond to emerging locations, agree actions etc





Appropriate Media Reporting

Check the Comms Top Tips in our toolkit and read useful information from Samaritans.

Target Activities to At-Risk Groups

Marginalised groups – Many areas have targeted suicide prevention activities for specific groups in their areas, such as activities which target ethnic minorities/ the LGBTQ+ population in their community, alongside their universal response.

Crisis support – This generally includes providing support for someone experiencing suicidal crisis and having a local pathway to ensure support is provided when needed.

Bereavement – This generally includes service provision or signposting to services and/or resources for people bereaved by suicide.

Training & Learning Programmes

Training/capacity building – This includes activities such as delivering training eg. safeTALK, Scotland's Mental Health First Aid (SMHFA), ASIST, and the Ask, Tell Respond suite of resources, for both the workforce and our communities.

Community Awareness - Tackling Stigma

Communications and campaigns – This includes campaign planning for World Suicide Prevention Day developing resources to support promotion of local activities, developing a bank of good news stories and sharing content on different channels to engage other professionals and signpost community members to services etc.

Other activities include:

Data – This includes surveillance, gathering data on suicide attempts (from A&E or Police Scotland sources), reporting on deaths by suicide in the area, monitoring numbers, identifying locations of concerns and reacting to clusters etc.

Time, Space, Compassion – This includes the promotion and embedding of the Time, Space Compassion principles and delivering awareness sessions locally.

Postvention response – This includes the activities and processes a local area would instigate following a suicide. Check the **Postvention section of this toolkit** for further information.

Please note this is not an exhaustive list.





Within all actions, a focus on inequalities and activity which looks to address inequality would be useful to consider.

Some areas choose to tailor the contents of their plan to match the outcomes within the Creating Hope Together Strategy and/or Action Plan. However as the strategy is broad, most Suicide Prevention activities can be aligned to it, while the Action Plan provides a shorter-term focus on activities if desired.

We would also encourage consideration of children and young people as an element of your plan, or as some areas have done, develop a separate plan specifically for this group, which may contain different activities.

Following engagement, it can be difficult to take in all the feedback. Selecting areas of focus from the suggested activities for your plan as a multi-agency group is beneficial and there are many tools that can support prioritisation/evidence informed planning or activities locally. Your organisation may be able to support this locally.

Reflective questions:

Review feedback from consultation and prioritise activities based on local capacity, and evidence of effectiveness/impact.

What themes are you identifying from the consultation/engagement responses?

What capacity does the local partnership have to deliver these actions?

What evidence is there to support the emerging themes/actions, and will they have the desired impact?

Monitoring and evaluating your plan

The work that you do around assessing local need provides a good foundation for monitoring and evaluating your activities and shows the contribution towards your overall outcomes. The section on **Outcomes, Monitoring and Evaluation** in this **toolkit** can help you to identify how you will measure the impact of your action plan.





Reporting

Many areas have subgroups which report their activities back to a local suicide prevention steering group, who will then report into a strategic group such as the Community Planning Partnership. More information on reporting structures is available in the **Governance and Collaboration section of this toolkit.**

You should consider who the information will be shared with and what format might be most appropriate. Below are some considerations for reporting on the work being taken forward in your action plan:

- Explain the rationale for the approach that you are taking
- Make sure that the evidence that you are capturing will be useful and can be meaningfully used for improvement work.
- Consider if the evidence that you have is of sufficient quality, if there's anything further you need to have confidence in what it is telling you.
- Focus on the contribution that your activity is making do not over-claim the impact that it is having.
- If something is not working in the way in which you hoped, you should consider why not. Having a range of stakeholders with different perspectives can be helpful in assessing evidence.
- Highlight any contextual or external factors that might be important and impacting the progress that your activity is making.
- Use your theory of change to show how the short-term outcomes contribute to achieving your longer-term outcomes.

Sharing stories of hope and regular updates on your activities built on your reports with a wider range of stakeholders is beneficial for continued buy-in and engagement to your local activities.

Reflective questions:

What groups need to have oversight of your work locally?

Are there other areas of work contributing to suicide prevention which can be reported on within your plan?





Resources and support

There are a number of resources about suicide prevention and actions which may help local areas.

The Suicidal Behaviour Research Laboratory (SBRL)

Based in the University of Glasgow and led by Professor Rory O'Connor, the SBRL conducts research which aims to apply theoretical models derived from psychology and social sciences to enhance understanding of suicidal behaviour. The website has links to publications, current research and online blogs which may be of interest.

Read more about the **Suicidal Behaviour Research Laboratory**

The National Suicide Prevention Alliance (NSPA)

Although this Alliance is aimed at public, private and voluntary organisations in England, the membership is wider than this. The aim of NSPA is to bring people who care about suicide prevention together in order to support individual and collective action to reduce suicide and support those affected or bereaved by suicide. The website provides links to a range of resources including toolkits and guidance documents, strategy documents and a range of data. It also includes links to the websites of all the member organisations.

Visit the NSPA website for more information

Centre for Suicide Research (CSR)

The Centre for Suicide Research is part of the Department of Psychiatry at the University of Oxford. The work of the CSR aims to translate research findings about the nature and extent of suicidal behaviour into actions for prevention and treatment.

Visit the CSR website for links to a range of resources and journal articles





Samaritans

In addition to their role as providers of support to those in need, Samaritans work to improve understanding and challenge the social elements that impact suicide.

Visit Samaritan's website for a range of available publications

International Association for Suicide Prevention (IASP)

IASP are dedicated to preventing suicide and suicidal behaviour, alleviating its effects, and providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors.

Visit the <u>IASP website</u> for a range of resources and publications providing a global perspective

Suicide Prevention Scotland

This Local Suicide Prevention Planning and Implementation toolkit features a range of sections to support you in your work. A number of case studies will be available on the **Suicide Prevention Scotland website**.

You can also get in touch for further information on action plan development or to discuss anything included in the Local Area Suicide Prevention Planning and Implementation toolkit by contacting Public Health Scotland.

phs.suicidepreventionteam@phs.scot



