

A CONSULTATION ON THE NEW NATIONAL PUBLIC HEALTH BODY 'PUBLIC HEALTH SCOTLAND' SAMH RESPONSE

Introduction

SAMH has represented the voice of people most affected by mental health problems in Scotland for more than 90 years.

Today, in over 60 communities we work with adults and young people providing mental health social care support, services in primary care, schools and further education, among others. These services together with our national programme work in See Me, respectme, suicide prevention and active living; inform our policy and campaign work to influence positive social change.

SAMH is dedicated to mental health and wellbeing for all: with a vision of a society where people are able to live their lives fully, regardless of present or past circumstances.

SAMH welcomes the opportunity to respond to the consultation on the new National Public Health Body 'Public Health Scotland'. SAMH broadly welcomes the plans to reform public health in Scotland and establish a national body to consolidate the national public health functions into a single body.

Our response will focus on the suicide prevention training functions of the proposed national body Public Health Scotland. It is crucial that the organisation and delivery support of suicide prevention and mental health training is treated as a core function of the new body.

General Comments

Question 1: Do you have any general comments on the overview of the new arrangements for public health?

SAMH welcomes the general approach to public health reform since the 2015 Review of Public Health in Scotland.¹ We agree with the review findings that to successfully address key public health issues such as mental health and health inequalities, public health in Scotland requires a refocusing on prevention; greater coordination of activities and processes across statutory and non-statutory bodies -locally and nationally; and strengthened national leadership.

We were very encouraged by the development and publication of the Public Health Priorities for Scotland in 2018.² In particular we welcome priority 3: "A Scotland where we have good mental wellbeing". It is critical that the new public health body aligns its focus and activities with these priorities and supports their delivery nationally and at a local level.

¹ Scottish Government [2015 Review of Public Health in Scotland Strengthening the Function and Re-Focussing Action for a Healthier Scotland](#) 2016

² Scottish Government [Public Health Priorities for Scotland](#) 2018

In this regard we agree with the proposals outlined in the consultation document that Public Health Scotland's principal high level functions include: providing national, professional and strategic leadership for the public's health and wellbeing in Scotland; supporting innovation by identifying and promoting national and international best practice; and providing oversight of the delivery of the Public Health Priorities.

To ensure a consistent approach nationally and locally we also welcome the proposal that Public health Scotland is to be jointly accountable to Scottish Ministers and COSLA. It is crucial that the third sector – who collectively delivers much of Scotland's public health activities – is seen as a key partner and fully involved in Public Health Scotland's strategic development, including in the development and delivery of public health services.

Community planning and partnership arrangements

SAMH broadly supports the proposal for Public Health Scotland to be listed in schedule 1 of the Community Empowerment (Scotland) Act. This will result in Public Health Scotland becoming a formal community planning partner and a member of each Community Planning Partnership (CPP).

Despite our approval of the proposal for Public Health Scotland to become a member of each CPP we have a number of concerns. During the consultation on the draft Suicide Prevention Action Plan we argued that local suicide prevention activities should be located within new local Public Health bodies rather than CPPs.³ We were concerned that despite CPPs being a good strategic fit for local suicide prevention leadership due to their membership including key statutory and non-statutory partners, they have historically been challenging for many third sectors to engage with consistently.⁴ This is partly due to the lack of consistent CPP membership and arrangements across different local authorities.

As there are no plans for new local public health bodies, a formal role for Public Health Scotland within CPPs makes strategic sense due to the wide-ranging role CPPs have in supporting local approaches to tackling health inequalities. It will be critical that Public Health Scotland supports third sector participation both in shaping Public Health Scotland's own activities and in supporting third sector engagement with CPPs. We agree with the consultation that effective engagement with Third Sector Interfaces (TSIs) will be required to ensure the collective voice of the third sector has a central role in public health activities, locally and nationally.

Question 8: What are your views on the functions to be delivered by Public Health Scotland?

Training

Every day in Scotland an average of two people a day die by suicide. A key function of Public Health Scotland will be the national oversight and management of suicide

³ SAMH [Engagement Process of the Draft Suicide Prevention Action Plan 2018 – SAMH Response](#) 2018

⁴ SAMH [Engagement Process of the Draft Suicide Prevention Action Plan 2018 – SAMH Response](#) 2018

prevention training. NHS Health Scotland currently leads the National Programme for Suicide Prevention in Scotland. Its responsibilities include:⁵

- Providing national leadership
- Organising nationally and locally targeted campaigns
- Providing evidence informed guidance through our Choose Life website (external)
- Workforce development including the Applied Suicide Intervention Skills Training (ASIST) (external).

Chapter 5 of the consultation, on the proposed functions of Public Health Scotland, includes a commitment for the new body to manage and have:

“Oversight, development and delivery of national training and development for public health, in conjunction with NHS Education for Scotland (NES)”

This will include the new body taking responsibility for suicide prevention training managed by NHS Health Scotland. SAMH is clear that national oversight for suicide prevention and support to local delivery partners should be a priority focus for Public Health Scotland once it is established.

SAMH would like to see greater clarity on future national suicide prevention training resources. Action 2 of the National Suicide Prevention Action Plan: Every Life Matters commits to the: “creation and implementation of refreshed mental health and suicide prevention training by May 2019”, with delivery across public and private sectors supported by the National Suicide Prevention Leadership Group (NSPLG).⁶

To date there has not been a full refresh of suicide prevention training. In May 2019 the Scottish Government published a series of three online resources developed by NHS National Education for Scotland and NHS Health Scotland.⁷ These resources are very welcome as tools to increase awareness about mental wellbeing, and suicide prevention, and include good advice on having conversations about suicide. While very welcome, clearly more work is required to fulfil the commitment in the action plan for fully refreshed suicide prevention training by May 2019. In answer to a parliamentary question in June 2019 (S5W-23634) the Minister for Mental Health outlined that the animations were only the first phase of training and education resources on suicide prevention to be developed.⁸

We also note that in answer to written parliamentary questions in February and 2019 the Scottish Government confirmed that, along with NHS Health Scotland and NHS Education Scotland, it is committed to a review of existing Mental Health and Suicide

⁵ <http://www.healthscotland.scot/health-topics/suicide> [accessed June 2019]

⁶ Scottish Government [Every Life Matters](#) 2018

⁷ Scottish Government [Suicide prevention training launched](#) May 2019

⁸ Scottish Parliament [Question S5W-23634: Mary Fee, West Scotland, Scottish Labour, Date Lodged: 05/06/2019](#)

Prevention Training products available in Scotland, with a view to developing tailored training to the needs of staff groups.^{9, 10}

SAMH raised concerns about the possible loss of Applied Suicide Intervention Skills Training (ASIST) in our consultation response to Draft Suicide Prevention Action Plan 2018.¹¹ Our view is that ASIST should ideally continue to be licenced by NHS Health Scotland and Public Health Scotland, once it is established. If the Scottish Government do make the decision to no longer licence ASIST and to develop their own suicide prevention training, SAMH believes any new training package must retain a strong focus on intervention skills. This should equip people with the skills to directly intervene and support someone who is thinking of suicide. Suicide prevention training should retain a separate identity from wider mental health training, to avoid risking a loss of focus on the 'intervention' nature of ASIST.

Academic evaluation of ASIST has demonstrated its effectiveness at providing people with the skills to intervene when supporting someone who has thoughts or plans of suicide. This is fundamental to the success of ASIST as an internationally recognised and valued training package. Academic evaluation of ASIST has shown it leads to significantly improved outcomes for people receiving an ASIST intervention, including a reduction in suicide ideation and an increase in the person's exploration of reasons for living and informal support contacts.¹² The Scottish Government commissioned evaluation of the use of ASIST in Scotland in 2008 and found it was an effective programme.¹³

As one of the leading delivery partners for ASIST in Scotland, we have seen an increasing demand from a wide range of organisations and employers for the training. SAMH delivered 14 ASIST courses to external organisations in 2018 (compared to 2 in 2016) with over 280 individuals receiving the training. Internally over 55% of our staff have received ASIST training. Since 2014, SAMH staff have undertaken at least 500 ASIST interventions, both with members of the public and people using our services. We have experienced first-hand as a deliverer and trainer of ASIST how effective it can be in supporting people in immediate crisis.

One of the strengths of ASIST is its applicability to a wide variety of audiences including professionals working directly with people experiencing thoughts of suicide, as well as the general public. In answer to a parliamentary question (S5W-21823¹⁴) the Minister for Mental Health indicated the development of future suicide prevention training for specific health staff groups. Suicide is everyone's business and all communities should have access to high quality suicide prevention training. Any future focus on staff role

⁹ Scottish Parliament [Question S5W-21823: Edward Mountain, Highlands and Islands, Scottish Conservative and Unionist Party, Date Lodged: 26/02/2019](#)

¹⁰ Scottish Parliament [Question S5W-23634: Mary Fee, West Scotland, Scottish Labour, Date Lodged: 05/06/2019](#)

¹¹ SAMH [Engagement Process of the Draft Suicide Prevention Action Plan 2018 – SAMH Response](#) 2018

¹² Gouls, M, S et al. [Impact of Applied Suicide Intervention Skills Training \(ASIST\) on National Suicide Prevention Lifeline Counselor](#) Suicide Life Threat Behav. 2013 Dec; 43(6): 10.1111/sltb.12049. 2013

¹³ Scottish Government [The Use and Impact of Applied Suicide Intervention Skills Training \(ASIST\) in Scotland: An Evaluation](#) 2008

¹⁴ Scottish Parliament [Question S5W-21823: Edward Mountain, Highlands and Islands, Scottish Conservative and Unionist Party, Date Lodged: 26/02/2019](#)

specific suicide prevention, which may well be required for certain professional roles, should not take away focus from the need for intervention based training being available to all communities.

As outlined in our consultation response to the national suicide prevention action plan, we believe that while training should be available to everyone it should be mandatory to groups including: GPs, social security staff and educational providers.¹⁵ Suicide prevention training should also be provided to allied health professionals as part of their core training and continual professional development. In particular pharmacists and their staff should be provided with mandatory training. Fifty nine per cent of those who died by suicide between 2009-15 were prescribed a mental health drug in the year prior to their death, so training pharmacists presents a key opportunity to intervene and provide advice.¹⁶ Public Health Scotland should work with the NSPLG, professional bodies (e.g. RCGP) and local stakeholders (including though the body's proposed role in Community Planning Partnerships (CPPs)) to ensure suicide prevention training is mandatory for key professional groups.

Local Suicide Prevention

As part of NHS Health Scotland's current role in implementing key aspects of national programme for suicide prevention, NHS Health Scotland manages national activities and supports local implementation. A key activity for Public Health Scotland once it is established will be to work with the NSPLG on the future of suicide prevention leadership and activity both nationally and locally.

Currently there is a lack of clarity on suicide prevention spending and staffing at a local level. Freedom of information requests submitted to all local authorities by SAMH in 2017 found that almost half of Scotland's 32 local authorities did not know or failed to provide information on their suicide prevention budgets and associated workforces. Evidence from the initial 10 year Choose Life strategy demonstrated that well-resourced local leadership supported by a national infrastructure provided the drive to implement real change at the local level and reduce suicides.¹⁷

The phase 2 evaluation report of the initial Choose Life national strategy called for a continued national support function to give support and direction to local work (e.g. in targeting, training supporting cross sectoral activities and sharing learning).¹⁸ Changes to the Choose Life programme, including the move of the National Implementation Support Team to NHS Health Scotland and a loss of ring fenced funding, have undermined the strengths of the original programme. It is crucial that Public Health Scotland in partnership with the NSPLG learn from the success of the initial 10 year Choose Life programme and develop a strong national framework to support local activities. This

¹⁵ SAMH [Engagement Process of the Draft Suicide Prevention Action Plan 2018 – SAMH Response](#) 2018

¹⁶ ISD Scotland [A profile of deaths by suicide in Scotland 2009-2015](#) 2017

¹⁷ Scottish Government [Choose Life Evaluation of Phase 2](#) 2010

¹⁸ Scottish Government [Choose Life Evaluation of Phase 2](#) 2010

should include supporting the development of a national framework for local evaluation, as is being developed in England.¹⁹

SAMH currently manages the local Choose Life co-ordinator for Aberdeen City and Aberdeenshire who has been involved in ground breaking, award winning work on online resources including a suicide prevention app and Google AdWords campaign.²⁰ The suicide prevention app and supporting website reached more than 13,000 users in the first six months. The app provides a range of guidance materials and tools to build a safe plan, with support or alone.²¹ Public Health Scotland should actively identify, support and share good practice such as the North East suicide prevention app, across local and national partners.

Question 15: What are your views on the arrangements for data science and innovation?

Data management and analysis is crucial to understanding the population health at a national and local level and will be key to developing effective public health interventions. SAMH agrees with the approach outlined in the consultation that Public Health Scotland will have a focus on collecting data and conducting research on the social, economic, environmental and behavioural determinants of health and wellbeing. In line with the agreed national public health priorities there must be adequate focus on the relationship between mental health and socio economic factors.

Data Collection and Publication

The consultation proposes that Information Services Division Scotland (ISD) will cease to exist, with its duties and functions incorporated into Public Health Scotland. There is also a commitment that Public Health Scotland will need to access public health data and intelligence from sources out with ISD to ensure it can have an accurate understanding of the whole system. SAMH highly values the quality of data routinely published by ISD on mental health including:

- Psychological Therapies Waiting Times and Psychological workforce planning
- Child and Adolescent Mental Health Services (CAMHS) Waiting Times and CAMHS workforce planning
- Mental Health Benchmarking Project
- Scottish Suicide Information Database (ScotSID) and Suicide - Scottish Public Health Observatory (ScotPHO)
- Medicines for Mental Health

We believe that Public Health Scotland should continue to routinely publish these data sets or equivalent resource once the body incorporates the current duties of ISD. Public Health Scotland should also work with stakeholders, including SAMH, to examine what additional mental health related data should be gathered and published to support the

¹⁹ Department of Health [Government Response to the Health Select Committee's Inquiry into Suicide Prevention](#) 2017

²⁰ http://www.chooselife.net/uploads/documents/195-ChooseLife_NPS_Aberdeen_August2017.pdf

²¹ http://www.chooselife.net/uploads/documents/195-ChooseLife_NPS_Aberdeen_August2017.pdf

design of good public health services. We believe at a minimum this should include data on patient outcomes. For example in England the Improving Access to Psychological Therapies (IAPT) NHS programme routinely publish outcome and recovery data alongside waiting time and referral data.²²

²² NHS Digital [Improving access to psychological therapies data set reports](#) [accessed June 2019]