RESPONSE TO CONSULTATION ON 'ENAGEMENT PROCESS OF THE DRAFT SUICIDE PREVENTION ACTION PLAN'

April 2018

CELCIS (Centre for excellence for looked after children in Scotland), based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Taking a multi-agency, collaborative approach towards making lasting change, CELCIS works alongside leaders, managers and practitioners to break down barriers and forge new paths in order to change thinking and ways of working with everyone whose work touches the lives of vulnerable children and families. We welcome this opportunity to contribute to the consultation on possible themes and draft actions for inclusion in the Scottish Government's new Suicide Prevention Action Plan. CELCIS are committed to supporting actions that assist in furthering the downward trend in suicide in Scotland.

There are approximately 14,897 looked after children in Scotland.[1] Looked after children are not a homogenous group; rather, they are individuals with their own needs, strengths and vulnerabilities. As such, looked after children live in a variety of circumstances; approximately 10% of looked after children live in residential homes, 24% live with foster carers, 28% live in a kinship care setting, and 25% live at home with one or both of their birth parents. Children and young people who are looked after have experienced difficulties in their lives. We know that a significant number of looked after children will have experienced a range of adversity which is detrimental to their mental health and wellbeing, including suffering neglect, abuse, trauma and loss.

Given the link between the Scottish Government's Mental Health Strategy 2017-2020 and the proposed action plan, CELCIS believes that it should be underpinned by the principle aims of the Mental Health Strategy, whereby: all stigma and discrimination related to mental health in Scotland is challenged and where collective understanding of how to prevent and treat mental health problems is increased.[2]

This contribution provides actions and themes that seek to support this objective by including issues and evidence which not only effect the health and well-being of

[1] Scottish Government (2018) Children's Social Work Statistics 2016/17
[2] Scottish Government (2017) Mental Health Strategy 2017 – 2020

care experience children and young people but also those who care for them, including foster carers and residential care workers.

Key messages:

- In 2004, the last time a comprehensive national study on the mental health of looked after children was undertaken, research found that over a fifth (22%) of looked after children surveyed had tried to hurt, harm or kill themselves; this rate was higher for children living in residential unit (39%).[3]

- There is evidence to suggest that children in care and care leavers are more at risk both of hurting themselves and completing suicide, than those who are not care experienced. It is important to investigate and act upon any evidential links between adverse childhood experiences, suicide and these groups.[4]

- A recognition of the duties and responsibilities held as corporate parents, as enshrined in the Children and Young People (Scotland) Act 2014 should inform the vision and practice of any proposed 'confederation' for suicide prevention.

- As discovered through the CELCIS suicide and self-harm prevention training programme, Protection Through Partnership, foster carers and residential care workers benefit from modernised, accessible and relevant training.

- Social media messaging should address a child in care and care leaver's specific needs, understand their views and signpost relevant services.

1. Improving the use of evidence, data and guidance on suicide prevention

We will establish a "knowledge into action" (KIA) group consisting of key national statutory and Third Sector agencies, and people with lived experience. The KIA group will track data analysis about self-harm and suicide, along with the emerging evidence base for effective interventions and will develop and test improvements.

Yes, CELCIS agrees that the Action Plan should establish a 'knowledge into action' group for suicide prevention. While we agree that the group should consist of representatives consisting of key national statutory bodies and Third Sector agencies, alongside people with lived experience, it is important that the group should take into account the experiences of looked after children and care leavers in their activities, as research has highlighted that this group are at an increased risk of attempting and completing suicide (compared to those who are not care

[3] Meltzer, H, Lader, D, Corbin, T, Goodman, R and Ford, T (2004*) The mental health of young people looked after by local authorities in Scotland*, London:TSO.

[4] Institute for Innovation in Social Services (Iriss) (2013) Understanding suicide and self-harm amongst children in care and care leavers

experienced).[5] This knowledge should form the group's analysis and intervention work in order to address the particular and uniquely challenging experiences and evidence around regarding children in care and care leavers.

This approach would align with the Concluding Observation from the United Nations Committee on Rights of the Child, who recommended that the Scottish Government should, "regularly collect comprehensive data on child mental health, disaggregated across the life course of the child, with due attention to children in vulnerable situations and covering key underlying determinants".[6]

In 2016, the Care Inspectorate undertook a triennial review of Significant Case Reviews (2012 – 2015) concerning 23 children and young people. 11 cases resulted in the death of a child or young person. Six fatalities were of young people aged 15 - 17 years; five of whom were female. The deaths of teenagers were as a result of their own risk-taking or self-harming behaviour, coupled with alcohol and drug misuse, when accidents were more likely to happen, or suicide: 2 from drug overdoses and 3 from suicide.[7]

Although historical (and perhaps no longer appropriate because of this), the 2004 national survey of the mental health of children and young people looked after by local authorities in Scotland provides, so far, the most substantial picture of suicide and self-harm, finding:

- 45% of children and young people (aged 5–17) looked after by a local authority had a diagnosable mental disorder

- Over a fifth (22%) of looked after children surveyed had tried to hurt, harm or kill themselves; this rate was higher for children living in residential unit (39%).[8]

The prevalence of emotional and mental ill health issues for looked after children is also consistently noted as being significantly high across UK and international literature.[9] Several findings are highly relevant here:

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[5] McLean, J, Maxwell, M, Platt, S Harris, F and Jepson, R (2008) *Risk and protective factors for suicide and suicidal behaviours: a literature review,* Edinburgh: Scottish Government.
[6] Together Scotland (2016) State of Children's Rights in Scotland
[7]Care Inspectorate (2015) Learning from Significant Case Reviews in Scotland: A retrospective review of relevant reports completed in the period between 1 April 2012 and 31 March 2015.
[8] Meltzer, H, Lader, D, Corbin, T, Goodman, R and Ford, T (2004*) The mental health of young people looked after by local authorities in Scotland*, London:TSO.
[9]Tarren-Sweeney, M., & Hazell, P. (2006) Mental health of children in foster and kinship care in New South Wales, Australia, *Journal of Paediatrics and Child Health*, 42(3), 89-97; Sempik, J., Ward, H., & Darker, I. (2008). Emotional and behavioural difficulties of children and young people at entry into care, Clinical child psychology and psychiatry, 13(2), 221-233; Milburn, N. L., Lynch, M., & Jackson, J. (2008). Early identification of mental health needs for children in care: a therapeutic assessment programme for statutory clients of child protection, *Clinical Child Psychology and Psychiatry*, 13(1), 31-47; Lachlan, M., Millard, A., Putnam, N., Wallace, A. M., Mackie, P., & Conacher, A. (2011). *Mental health care needs assessment of looked after children in residential special schools, care homes and secure care*. Glasgow: ScotPHN.

- The emotional and mental health needs of looked after children are significantly higher than that of children who are not looked after, and of children who come from similarly deprived backgrounds and who are not looked after.

- The presence of multiple mental health problems is highly prevalent amongst this population, which can increase complexity in assessment and identifying the most appropriate interventions.

These studies highlight the scale of the challenge in meeting the mental health and wellbeing needs of children and young people who are looked after. Furthermore, there should be a cognizance around the additional vulnerabilities and needs where children and young people who are looked after have a parent or carer who experiences mental health problems.

It is of our view that the relationship between adverse childhood experiences (ACEs) (e.g. physical and sexual abuse, parental neglect and exposure to socio-economic deprivation) between children in care and care leavers and suicide should form an explicit part of this exercise. As a review of evidence surrounding the issue of self-harm and suicide suggests, '(that) because of difficult and in many cases traumatising backgrounds, children in care and care leavers are more at risk both of hurting themselves and completing suicide'.[10]

There is evidence to suggest that ACEs are associative risk factors for suicidal behaviour in adolescence and adulthood. Exposure to ACEs can increase the risk of non-suicide self-injury (NSSI) and suicide attempts, with the risk of suicide or injury growing in proportion to the accumulation of ACEs, occurring in later life.[11] Indeed, studies have shown that the risk of attempted suicide remained more than threefold in adulthood with those who had accumulated ACEs than those who had not.[12]

Given that care leavers are individuals who have likely accumulated ACEs and are progressing through adulthood, they could unfortunately be subject to that threefold risk. Taken as a group, care leavers display risk factors associated with suicide, such as: higher unemployment and homelessness; and poor mental health and physical wellbeing.[13]

When the data given by Information Services Division Scotland which suggests that the demographic which most frequently completes suicide ranges between ages 30 - 44, it should be of interest to the group to investigate any relationship between this incidence, care leavers and ACEs.[14] This is important, as understanding and

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[10] Institute for Innovation in Social Services (Iriss) (2013) Understanding suicide and self-harm amongst children in care and care leavers

[11] Isohookana, R et al., (2013) Adverse childhood experiences and suicidal behaviour of adolescent psychiatric inpatients European Child Adolescent Psychiatry 22:13 – 22

[12] Dube, SR et al., (2001) Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. JAMA

[13] CELCIS & Scottish Throughcare & Aftercare Forum (2014) Throughcare and Aftercare Services in Scotland's Local Authorities: A National Study

[14] NHS, Information Services Division (2017) Profile of deaths by suicide in Scotland 2009 - 2015

acting upon substantiated links between ACEs, suicide and care leavers not only develops our collective understanding of how our through-care and aftercare system supports young people but can better inform preventative approaches to mental health and suicide.

Therefore, there should be a focussed pursuit in establishing robust data on the prevalence of ACE accumulation in childhood with the risk and completion of suicide in later life, as well as data on the mental health and wellbeing of looked after children and care leavers in Scotland in general, in order to inform the development of outcome measures, and to inform the development of services at a local level.

Definitions of suicide and self-harm

A further consideration for effective data analysis should be establishing definitions of suicide and self-harm. Definitions are important in order to effectively analyse data. Data should show and evidence based interventions should respond to whether a suicide was active or passive, if it was a sudden action or the result of a long term, habit forming behaviour. Self-harm, however, can be a more difficult and ambiguous concept. For example, self-harm may be a way of regulating negative emotions and not about survival or a fixed determination to die, yet the converse may also be true: it may be suicidal intention.[15] Therefore, definitions should attempt to understand and distinguish notions of intent and action as ‘lack of precision makes it difficult to identify clearly risk and protective factors for different forms of self-harm and appropriate ways to support people’.[16]

2. Modernising the content and accessibility of training

Action 2

NHS Health Scotland to lead on the development of a new, comprehensive mental health and suicide prevention training programme to replace and modernise the current suite of training programmes.

While CELCIS agrees that there should be a new mental health and suicide prevention training programme and welcomes its proposed comprehensive approach to inclusion, we consider that foster carers and residential child care workers should be primary beneficiaries of such a programme.

Although there has been no extensive studies on the impact of suicide on foster families, carers and workers, evidence has established that residential child care workers and foster carers can be profoundly affected by the emotionally

[15] Institute for Innovation in Social Services (Iriss) (2013) Understanding suicide and self-harm amongst children in care and care leavers

[16] *Ibid. 2013*

demanding work involved in caring for children who may be in severe distress.[17] The explicit effects of self-harm within residential child care were identified in a 2011 study in Ireland; whereby some workers experienced adverse personal and professional effects but few had been offered training on self-harm.[18]

These carers and workers need training as they are concerned with caring for traumatised and distressed young people and are therefore faced with assessing the risks that they pose to themselves, including permanent disability or death.[19] If high-quality and effective, this training and support may itself become a form of preventative suicide and NSSI protection for children in care as well as those leaving it. The Action Plan should offer regular training that has carer and worker support as part of its offer.

CELCIS has previously conducted training regarding self-harms and suicide in its Protection Through Partnership programme.[20] This programme aimed to improve the ways agencies work with each other and raise awareness amongst senior managers in social work, health and education throughout Scotland of the issues of self-harm and suicide for looked after children and young people (including both those who live at home and those who live away from home).

3. Maximising the impact of national and local suicide prevention activity

Action 3

The Scottish Government will work with partners, including NHS Health Scotland, to establish a Suicide Prevention Confederation of public, private and voluntary organisations to devise an agreed work plan of shared activities each year that maximises impact and ensures consistently good practice in suicide prevention both nationally and locally.

Question

Do you agree that we should establish a Suicide Prevention Confederation?

CELCIS broadly agrees with the intention that suicide prevention activity may be best placed with an integrated body that comprises of public, private and voluntary organisations and with the aim of creating a shared work plan of shared activities that maximises impact and ensures consistent good practice in suicide prevention both nationally and locally.

However, any proposed assimilation of bodies and agencies must consolidate around an approach and vision that supports the enactment of Part 9: Corporate

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[17] Furnivall, Judith (2007) "Hard to know what to do": how residential workers experience the mental health needs of young people. Scottish Journal of Residential Child Care, 6 (1)
[18] Williams D and Gilligan R (2011) Self injury and the challenges of responding to young people in care: the experiences of a sample of social care workers Irish Journal of Applied Social Studies 11 (1)
[19] Institute for Innovation in Social Services (Iriss) (2013) Understanding suicide and self-harm amongst children in care and care leavers

Parenting of the Children and Young People (Scotland) Act 2014 (the 2014 Act), as one of its primary activities. Part 9 requires Scottish Ministers, local authorities and a range of other public sector bodies to uphold particular responsibilities that safeguard and promote the rights of children and young people across all areas of their work. Corporate parents must be alert to matters which adversely impact on looked after children and care leavers, promote their interests and enable them to make use of supports and services they provide.

In line with corporate parenting duties and responsibilities, a 'confederation' should be committed to involving looked after young people when designing approaches to suicide prevention. There is a need to recognise looked after children and young people and their families as sources of unique and vital information in this area and should have opportunities to be involved in its prevention.

CELCIS believes that local strategic leadership for suicide prevention is best situated with the area's Integration Authority, where applicable. However, there is an important role for Community Planning Partnerships in this area. Integration Authorities provide a greater emphasis on joining up services and focussing on early intervention and preventative care and aims to improve care and support for people who use services, their carers and their families. A multi-domain approach is vital to reduce and respond to the service demands of suicide and self-harm activity. Glasgow City provides an example of how some suicide prevention actions and responsibilities are shared with Community Planning Partnership but overall led by the Health and Social Care Partnership (or Integrated Joint Board). [21]

Action 4

We want to maximise the positive influence of social media and its potential for key
messaging, and will work with NHS24, NHS Health Scotland and other interested partners to develop a strong online suicide prevention presence across Scotland that caters for all ages.

Question

Do you agree that we should develop an online suicide prevention presence across Scotland?

CELCIS agrees that the Scottish Government should develop an online suicide prevention presence across Scotland. Every opportunity should be exhausted to maximise awareness and education around suicide and NSSI. Young people can use the internet and social media to seek help and advice about their concerns, something which is important when the stigma of suicide prevents adults clearly identifying risks or, due to the difficult nature of the discussion, fully listening to a child's distress. Yet, the nature of the internet and social media means that children and young people can be exposed to information that is not helpful and even damaging. Social media platforms or networking sites could act to normalise

[21] Glasgow City Joint Integration Board (2016) Deaths from suicide within Glasgow City

suicide or further the stigma around asking for help. [22] Therefore, the Scottish Government should pay particular attention to the content that they display and, if required, make children and young people aware of the dangers of seeking information or advice from online locations that are not, for example, specifically designated by health and social care services, local authorities and other national programme bodies, such as See Me.

See Me, Scotland's national programme to end mental health stigma and discrimination, provides positive good practice examples of how social media can be utilised in developing a strong supportive online presence. For example, their 'It's Okay' campaign maximises different social media platforms to enhance accessibility. Another example of online good practice concerning children and young people lie with Childline, who provide a suicide prevention mobile application, 'For Me'.

For CELCIS, we believe that the expressed category (i.e. age) that the online presence seeks to apply to may be limited in scope and may exclude or alienate particular groups. As such, children in care and care leavers should be involved in the crafting of any social media platforms, key messaging and campaigns. Social media messaging should address a child in care and care leaver's specific needs, understand their views and signpost relevant services. In line with corporate parenting duties and responsibilities, those bodies responsible for this activity should be committed to involving looked after children, and to drawing on research evidence gathered on their experiences.

Thank you for providing us with this opportunity to respond. We hope the feedback is helpful; we would be happy to discuss any aspect in further detail.

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[22] Childine (2014) On the Edge: Childline Spotlight report on suicide