

Charter 11.8 Reducing Suicide Rates

Improvement Project Title – Reducing male Suicide in Aberdeen City through targeted training
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Aim statement – Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.
Link to Local Outcome Improvement Plan Falls under Stretch outcome 11. Healthy life expectancy (time lived in good health) is five years longer by 2026 with the key driver of supporting vulnerable and disadvantaged people, families and groups.
Why this is important Overview Nationally and locally we have seen an increase in male suicide rates including a 15% increase in male suicide from 2017 to 2018. Nothing kills more men under the age of 45 in Scotland each year than suicide and 73% of all suicides nationally are male. Locally 49% of all suicides occur in males aged from 30 – 54 and a new approach to compliment the work already being done is important. The North East Scotland Suicide Prevention Forum was formerly the Chooselife Steering Group and was re-established in September 2019. It has a wide membership which includes staff from NHS, Health and Social care across Aberdeen and Aberdeenshire Local Authority Areas, 3 rd Sector organisations specialising in mental wellbeing including SAMH, Foyer, Samaritans, Penumbra, SFRS and Police Scotland amongst others. Its role in to develop Suicide Prevention activities and shares high level data and good practice across Aberdeenshire and Aberdeen City. Background to idea NESSPF has a Campaign and Events subgroup which identifies public events that would benefit from additional support, and ties messaging in with seasonal themes or known background factors. During Suicide Awareness Week in September 2019, members of the organisations represented by the group attended a multiagency Suicide Awareness Event at Aberdeen Railway Station. During that event, advice and awareness was provided to a number of taxi drivers at the station. Later in the day, one driver returned and stated he had intervened with a suicidal customer a short time earlier, had followed the advice given, and was very appreciative of same. This was after only a very short discussion and suicide awareness input. This was the idea catalyst.

This identified a gap in that there are a large group of privately employed individuals who work 24/7 across all areas of Aberdeen who could provide benefit individuals at the early stages of crisis and signpost to support.

Further research was carried out which showed positive results had already been achieved from a similar initiative in Kilkenny in Ireland which saw around 200 suicide prevention interventions within taxi's, by the 1200 members signed up to it.

<https://www.bbc.co.uk/news/world-europe-41884645>

Current Suicide Prevention courses such as ASIST are aimed mainly at those in public sector professions, and the two day commitment could be problematic for those who are self-employed.

If a shorter, more accessible awareness input was designed simply to help individuals identify those who may be experiencing these feelings, this could provide a wide benefit to the public, and lead to further conversation or intervention.

The change ideas mainly revolve around the targeting of this training and awareness inputs to those who are in public facing, conversational roles.

Scottish Fire and Rescue Service have shown Local interest in this, as they move towards Wellbeing visits as part of their strategy, and will become part of the change ideas.

Testing this in the City will also allow sharing of good practice in Aberdeenshire under the terms of the Suicide Prevention Forum and the joint approach to Suicide Prevention co-ordination that Aberdeen and Aberdeenshire have taken.

Measures

- **Outcome measures –**
 - Number of completed suicide (male).
 - Number of Suicide interventions within Aberdeen City recorded by Taxi drivers/SFRS.
 - Number of Suicide prevention conversations where suicide prevention information is passed within Aberdeen City recorded by Taxi drivers/SFRS.
- **Process measures**
 - % of Taxi Drivers trained
 - % of SFRS trained
 - % Taxi Drivers/SFRS reporting feeling able to identify signs of a person in distress and have a conversations and/or signpost to the relevant service/person following training (Questionnaire – before/after input, and at 3 months)
 - Genders of those people within Aberdeen City recorded by Taxi drivers/SFRS.
 - Number of people given awareness inputs, later attending ASIST or SafeTalk training.
- **Balancing measures**
 - Increase in demand experienced by other services (to be discussed by group).
 - Rates of female suicide rates.

Change Ideas

1. To what extent can we design and provide shorter Suicide Awareness inputs for taxi drivers and can we sustainably provide it free of charge?

This will require a bespoke and achievable free of charge awareness input programme designed to encourage engagement of conversation and hand on to relevant authority, service, friend or family member who is able, available and acceptable in keeping that

individual safe. Feedback from drivers would be used to develop and maintain programme.

2. To what extent does training Taxi drivers increase intervention opportunities?

If we design and deliver a short but focussed awareness input to help taxi drivers within Aberdeen City to spot the signs of an individual who may be having thoughts of suicide will they use it?.

3. To what extent does training does training SFRS increase intervention opportunities?

As the Scottish Fire and Rescue Service move towards wider 'safe and well' home visits, [https://www.firescotland.gov.uk/media/1476819/SFRS Strategic Plan 2019 22 V1.0.pdf](https://www.firescotland.gov.uk/media/1476819/SFRS_Strategic_Plan_2019_22_V1.0.pdf) (Page 18)

Can we explore whether training can be given to front facing SFRS staff, around suicide awareness.

4. To what extent are these inputs, once designed, transferrable across to other Conversational Occupations?

If idea 1 proves successful, and we identify other 'Conversational Occupations', such as hair stylists and tattooists, those in early apprenticeship (NESCOL), can we utilise the same inputs without need for change.

- Conversational occupations may include but are not limited to hair stylists, tattooists, pub and nightclub staff and licensees and potentially bus drivers.
- The risk of suicide is as much as eight times greater when someone is abusing alcohol. Increasing the knowledge of staff in businesses where alcohol is purchased and consumed is therefore important. Continuing to work with local partners such as ManChat to deliver training to staff teams is key and incentivising uptake of training is something to be explored. For example, uptake of suicide prevention training could potentially be part of the criteria to receive a Best Bar One award.

4. To what extent does increasing lower level inputs encourage participation in full ASIST or SafeTalk training.

Does awareness lead to those individuals seeking more in-depth training?

Potential risks and/or barriers to success & actions to address these

Buy in and comfort of subject from drivers

Any training needs to be relevant, focussed and delivered within a time frame that suits drivers that are both self employed and salaried. Drivers will be provided with literature for support and refresher training and focus offered where required.

Drivers are self-employed and therefore additional time spent is loss of earnings, which may decrease enthusiasm for uptake – making this voluntary means this mitigate this by only having those who are invested trained.

Accurate recording of interventions and the impact made

To enable this project to be accurately assessed, the project team will have to work with drivers/firms to develop ways to record intervention/conversation numbers.

To assist, the team will develop clear parameters of what an 'intervention' looks like and devise clear and easy strategy to ensure drivers can feedback conversations had. Work with the Public Health team to help collate feedback and data gathered to ensure ongoing programme is guided by relevant data.

Driver support

Ensure drivers have access to a debrief service after any intervention if required.

Project Team

Liam Yule – Suicide Prevention Manager, SAMH
 Ian McKinnon – Inspector, Partnerships & Local Authority Liaison, Police Scotland
 Dave McKain – Taxi Enforcement Officer, Aberdeen City Council
 Derek Bain – Partnership Development Officer, Police Scotland
 Russel Mcleod – Managing Director, Rainbow Cars
 Public Health, NHS Grampian Shamini Omnes
 Alex Purdie – Station Commander, Scottish Fire and Rescue Service
 Samaritans Rep – Kath Petrie

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	Liaise with Taxi companies and develop project team to lead.	By end January 2020
Designing and Testing Changes (Project Score 4-7)	Develop focussed and efficient training programme and deliver training to approximately 100 drivers in groups of 12-15. (Training team to be developed) Update Taxi & Private Hire Consultation Group with project progress.	By March 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	Adapt programme as necessary and begin roll out to further drivers. Collate and present feedback on driver knowledge, discussions and interventions undertaken and literature distributed.	By December 2020
Spreading Changes (Project Score 9-10)	Continued monitoring and evaluation. Supporting drivers when further training or information required.	On going