

# What types of resources do we need?: the views of stakeholders involved in suicide prevention in Scotland

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This article presents findings and recommendations emerging from interviews conducted with a diverse range of professionals in Scotland. These interviews explored views on known and available resources/materials (e.g. leaflets, information cards, training packs etc) that have as an objective suicide prevention, intervention or postvention. In particular, interviewees were asked how they felt existing resources could be improved, and to identify whether, and if so what type of, additional materials are needed. This small study was conducted as part of Scotland's strategic activity to prevent suicides.

## Scotland's suicide prevention strategy

*The Prevention of Suicide: Guidelines for the formulation and implementation of national strategies* (UN, 1996) underlines the importance of a broad-based approach to suicide prevention that extends beyond simply activity within the health sector. In addition, these guidelines emphasise the importance of an organising body having the mandate to promote, implement and co-ordinate progress towards the objectives of the strategy.

Choose Life, Scotland's national suicide prevention strategy and action plan (Scottish Executive, 2002) is consistent with these guidelines. Choose Life has at its heart a philosophy of 'shared responsibility' for tackling suicide, placing suicide prevention as the collective responsibility of public, private and voluntary agencies.

Choose Life has seven key objectives:

- early prevention and intervention
  - responding to immediate crisis
  - improving support for hope and recovery
  - providing support to those who are affected by suicidal behaviour or a completed suicide
  - awareness raising and encouraging people to seek help early
  - supporting the media in reporting of suicide
  - knowing what works
- (Scottish Executive, 2002).

Choose Life is part of, and operates under the auspices of the Scottish Executive's work on health improvement and social justice as part of the National Programme for Improving Mental Health and Well-Being, eliminating stigma and discrimination around mental ill health, and promoting and supporting recovery from mental health problems.

Implementation of the Choose Life strategy is co-ordinated by the Scottish Executive - the devolved government for Scotland which is accountable to the Scottish Parliament. Within the Scottish Executive, a small National Implementation Support Team (NIST) has been established to help support the local and national implementation and delivery of the strategy.

NIST supports, co-ordinates and complements action taken at a local government level. In Scotland, there are 32 local authorities, and each of these is required to develop a suicide prevention action plan to address the Choose Life objectives.

Each local authority has a designated Choose Life co-ordinator who has responsibility for ensuring and supporting the production and progress of their local action plan, and ensuring sustainability of suicide prevention activity.

## The need to know which resources are available

In line with one of Choose Life's key objectives – knowing what works - an operational issue that local Choose Life co-ordinators faced was in sourcing available resources (e.g. leaflets, training materials, guidelines and protocols) that could be used or adapted to support work in their area. For this reason, NIST and co-ordinators agreed that it would be useful to collect, distil and share what co-ordinators and other key stakeholders knew about available resources – from within Scotland and further afield. To make this information accessible to all, it was decided that this should then be entered and stored in a fully searchable online database.

As a result, an independent consultancy was commissioned to do two things: first, to conduct a preliminary mapping exercise to identify resources that are known to Scottish stakeholders and that have as

an objective suicide prevention, intervention or postvention; and second, to conduct telephone interviews with identified national and local stakeholders to seek their views on the adequacy and appropriateness of known resources, including their thoughts on what ones are required.

The main focus of this article lies on these interviews. However, in order to contextualise the findings from these, the results of the mapping exercise are presented below.

## Capturing and sharing knowledge

A questionnaire was developed that asked respondents to name, describe and comment on all resources of which they knew which included a focus on suicide prevention, intervention or postvention. Following a pilot and associated refinements, this questionnaire was emailed to all local Choose Life co-ordinators and to 39 national organisations playing a pivotal role in mental health improvement, support or treatment. Besides being requested to complete the survey, all were asked to cascade the survey to others who they thought might have knowledge or experience of suicide-relevant resources. Through this process, 118 resources were identified, the most common of these being training materials, leaflets, websites and guidelines.

Information on all was entered into a database which can be viewed and updated via the Choose Life web site

[www.chooselife.net](http://www.chooselife.net)

## Opinions on known resources

The survey was complemented by telephone interviews, the purpose of which was to explore in greater depth perceived strengths and weaknesses of available resources and stakeholders' views on what additional ones were needed.

Accordingly, a purposive sample of 32 national and local stakeholders were selected for interview. Of these, 20 represented national agencies with a designated responsibility for public health, mental health, or for key target groups (e.g. young people, men, prisoners, and those bereaved by suicide). A further 12 stakeholders holding a local remit and representing diverse geographical areas were selected; most of these were local Choose Life co-ordinators. Of the 32 approached, 31 agreed to be interviewed: one local stakeholder refused due to work pressures.

Interviews were conducted using a semi-structured guide to elicit views on known resources, gaps in these and how these might be filled. All interviewees were assured that their views would be non-attributable. Interviews lasted on average 30-45 minutes, with the interviewer taking detailed notes throughout which were subsequently analysed thematically.

The remaining sections of this report describe the main issues that were raised by national and local stakeholders during these interviews.

### Range of resources used

National and local stakeholders were able to identify a wide range of resources of which they were either aware or had experience of using. Of those most frequently mentioned, three involved funding from Choose Life / the National Programme for Improving Mental Health and Well-being, notably *After a Suicide* (booklet produced by Scottish Association for Mental Health), *Living with Suicide* (a video and associated training materials produced by Cruse Bereavement Care Scotland) and *The Reporting of Mental Health and Suicide by the Media* (produced by the National Union of Journalists). In addition to these Scottish resources, three others were frequently cited: *the Applied Suicide Intervention Skills Training (ASIST)* and *SuicideTALK* (both LivingWorks Education, Canada) and *Skills-based Training on Risk Management (STORM)* (developed by University of Manchester in England).

Interviewees also identified a number of more generic resources relating to mental health and mental health promotion.

While these resources were not specifically designed for the purpose of suicide prevention activities, many people said they found them useful, particularly in raising awareness and promoting early intervention with people who may be at risk of suicidal behaviour or self harm.

Unsurprisingly, national stakeholders were more likely to have experience of using 'off the shelf' resources or resources that had been specifically developed for use in their own organisation than those developed at a local level. Similarly, among local stakeholders, there was more awareness and use of nationally produced materials, and only very limited awareness of resources that were developed in other geographical areas for local use.

The fact that stakeholders lack knowledge on the full range of materials available testifies to the value of Choose Life's creation of an online database as described earlier.

### Culturally relevant resources

The importance of ensuring that resources are culturally relevant and appropriate to different types of audience was highlighted by many. While some felt there were resources that had been developed in other countries that could potentially be used in Scotland, they argued that these would need to be carefully tailored to ensure that they are culturally relevant. It would seem however, that the issue of cultural sensitivity is a sophisticated one as even resources developed within Scotland were not always considered to be appropriate for all: some Scottish resources were viewed as having an urban bias, in turn signalling a need to tailor these for use in rural areas. Furthermore, some stressed the need to ensure that the content, design and language used in materials were relevant to different sections of the community and reflected diversity in relation to issues such as gender, race, ethnicity and sexual orientation.

### Flexibility of existing resources

There was a commonly expressed view that resources developed for particular purposes were not always transferable for use in different settings or localities. This lack of flexibility resulted in local agencies developing tailor made resources, in turn

creating the potential for considerable duplication of effort across the country.

Instead, it was suggested that this situation could be averted by producing flexible templates for generic resources that could be adapted at a local level to reflect local needs and circumstances. This approach was seen as being particularly suitable for generic products such as referral protocols, contact cards, educational materials and guidelines for dealing with common issues relating to suicide prevention and intervention.

Encouragingly, there were some instances of this being achieved: for example, a number said they had adapted awareness raising materials developed by a Choose Life colleague in one locality for use in their own area.

### Evidence of effectiveness

Lack of evaluation of effectiveness was highlighted as one of the main weaknesses of existing resources; a key problem was the lack of information on which resources work in particular circumstances and different environments. It was suggested that having a core of resources that have been demonstrated to be effective through a rigorous evaluation process would assist local partnerships by providing them with off the shelf resources that were clearly evidenced as being fit for purpose.

### Availability of resources

Interviewees were asked to identify areas where they felt resources were needed yet were unavailable. Through this process, it became evident that some of these perceived gaps simply reflected a lack of awareness of the full range of available resources (which the launch of the online database should remedy). However, interviewees also identified a number of issues and target groups not served by known resources.

### Postvention resources

Resources specifically designed to meet the needs of the diverse range of people supporting those bereaved by suicide were seen to be lacking. Thus, while the existence of good generic postvention resources was acknowledged, interviewees highlighted the need for tailor-made resources for church leaders and representatives of other religious denominations, under-

takers, community leaders and members of voluntary groups.

It was further suggested that because the consequences of suicide can be different in small rural communities, resources should provide advice on how to handle the particular circumstances associated with living in small and close-knit communities.

Finally, interviewees highlighted the need for others that deal with the consequences of suicidal behaviour and attempted suicides *that do not result in death*.

### Key groups requiring targeted resources

Interviewees felt that there were gaps in resources for specific target groups deemed at higher risk of suicidal behaviours. First, a need was expressed for resources for older people, especially since single older people and those recently bereaved were viewed as particularly vulnerable. Second, it was felt that resources were needed for people who were leaving some form of institutional setting e.g. prison, residential care (for looked after children), and hospitals etc. Some proposed that the development of protocols and referral procedures would help ensure that such individuals' needs are communicated effectively to those with responsibility for supporting them in the wider community. Third, those abusing substances were viewed as requiring targeted resources, with calls for more collaboration at both a national and a local level between those who are responsible for producing materials for working with people with substance abuse problems and those working to tackle suicide and self harm issues. Fourth, it was suggested that resources were needed to meet the needs of survivors of sexual or other forms of abuse and for people with disabilities including those with learning difficulties. Finally, some interviewees felt that there were currently insufficient resources for children, recommending the development of classroom materials that embed issues relating to suicide and self harm within the context of those addressing mental wellbeing.

### Filling the gaps

A common theme running through the interviews was the view that while there were identifiable gaps in available

resources, *filling these* would not always require the development of a whole raft of new ones.

First, existing resources might be adapted. There was particular interest in examining the possibility of adapting resources that have been developed elsewhere, including outwith Scotland, particularly where these are of demonstrable effectiveness.

The potential to mainstream the suicide prevention messages in other relevant resources was identified as another viable option. This was seen as particularly appropriate in those resources tackling risk factors (e.g. sexual abuse, substance abuse etc.), targeting vulnerable groups (e.g. older people, those who are homeless etc.) or dealing with related issues (e.g. mental health promotion).

Next, there were calls for the development of flexible templates for resources such as risk assessment and referral protocols: templates, developed on the basis of best practice, could be populated at a local level, thereby engendering some degree of consistency across the country.

Finally, a few interviewees wanted to see wider development of materials to raise public awareness of the issues relating to suicide, including standard resources such as presentation materials, images, statistics etc that would help them raise awareness of issues at a local level (needs that have since been addressed by NIST).

### Online resource database

There was unanimous support for the development of the online resource database, with this viewed as providing a highly accessible gateway to other resources for people working to tackle suicide. Given that most resources have not been subjected to any formal evaluation, the fact that the database allows stakeholders to offer comments on the strengths and weaknesses was described as particularly helpful.

Clearly the future success of the database will depend on the extent to which it is used: it will be important that stakeholders treat the database as a first point of contact when they are searching for materials, and that they use the online form to add other resources, as well as their comments on those already listed.

For these reasons, interviewees stressed the importance of promoting awareness

of the database across diverse agencies and encouraging them to contribute to it, driving traffic to the database via links from other websites, taking care to ensure that information is kept up to date, and letting people know when new resources are added. Finally, it was seen as important that the use of the database is monitored and evaluated. NIST is currently implementing each of these recommendations.

### Over to you

The study that we report is small, yet we hope that some of the issues raised by stakeholders in Scotland will be relevant to those working to reduce suicides in other parts of the world. We also acknowledge the limitations of this study, in particular, the fact there will be many resources 'out there' that were unknown to those who were surveyed or interviewed. Therefore, we hope that this article will encourage *Suicidologi* readers to have a look at, use, and contribute to the resource database. We would welcome comments on resources already identified and information on resources not yet listed.

You can access the resource database via the Choose Life website at [www.chooselife.net](http://www.chooselife.net)

### References

- Scottish Executive (2002) **Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland**. Edinburgh, Scottish Executive.
- United Nations (1996) **The Prevention of Suicide: Guidelines for the formulation and implementation of national strategies**. New York, United Nations
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