

# Aberdeenshire Council

## Integrated Impact Assessment

### Aberdeenshire Suicide Prevention Action Plan 2023-2024

Assessment ID	IIA-001875
Lead Author	Vicky Henderson
Additional Authors	Andrew Douglas, Carron Douglas, Maria Chan
Service Reviewers	Ryan McGregor
Subject Matter Experts	Susan Forbes, Kakuen Mo, Caroline Hastings, Annette Johnston, Christine McLennan
Approved By	Alex Pirrie
Approved On	Tuesday January 16, 2024
Publication Date	Tuesday January 16, 2024

# 1. Overview

This document has been generated from information entered into the Integrated Impact Assessment system.

The Scottish Government produced a new national strategy for suicide prevention, Creating Hope Together. Aberdeenshire HSCP are developing a delivery plan aiming to meet the objectives of the national strategy.

Aberdeenshire HSCP are working closely with a range of partners in order to gather views on how we can deliver on this strategy. This is a whole lifespan strategy and as such will be working closely with Aberdeenshire Council colleagues from education and children's services.

To begin with, two benefit mapping exercises took place to identify what benefits partners want to see Aberdeenshire deliver. These benefit mapping exercises were used to inform the actions we will take.

We developed a Year 1 Delivery Plan alongside these partners. Year 1 Delivery plan includes creating years 2 and beyond of the delivery plan with a co-production approach with people with lived experience.

During screening 4 of 10 questions indicated that detailed assessments were required, the screening questions and their answers are listed in the next section. This led to 3 out of 5 detailed impact assessments being completed. The assessments required are:

- Children's Rights and Wellbeing
- Equalities and Fairer Scotland Duty
- Health Inequalities

In total there are 15 positive impacts as part of this activity. There are 0 negative impacts, all impacts have been mitigated.

A detailed action plan with 2 points has been provided.

This assessment has been approved by alex.pirrie2@aberdeenshire.gov.uk.

The remainder of this document sets out the details of all completed impact assessments.

## 2. Screening

Could your activity / proposal / policy cause an impact in one (or more) of the identified town centres?	No
Would this activity / proposal / policy have consequences for the health and wellbeing of the population in the affected communities?	Yes
Does the activity / proposal / policy have the potential to affect greenhouse gas emissions (CO2e) in the Council or community and / or the procurement, use or disposal of physical resources?	No
Does the activity / proposal / policy have the potential to affect the resilience to extreme weather events and/or a changing climate of Aberdeenshire Council or community?	No
Does the activity / proposal / policy have the potential to affect the environment, wildlife or biodiversity?	No
Does the activity / proposal / policy have an impact on people and / or groups with protected characteristics?	Yes
Is this activity / proposal / policy of strategic importance for the council?	No
Does this activity / proposal / policy impact on inequality of outcome?	Yes
Does this activity / proposal / policy have an impact on children / young people's rights?	No
Does this activity / proposal / policy have an impact on children / young people's wellbeing?	Yes

## 3. Impact Assessments

Children's Rights and Wellbeing	No Negative Impacts Identified
Climate Change and Sustainability	Not Required
Equalities and Fairer Scotland Duty	No Negative Impacts Identified
Health Inequalities	No Negative Impacts Identified
Town Centre's First	Not Required

## 4. Childrens' Rights and Wellbeing Impact Assessment

### 4.1. Wellbeing Indicators

Indicator	Positive	Neutral	Negative	Unknown
Safe	Yes			
Healthy		Yes		
Achieving		Yes		
Nurtured		Yes		
Active		Yes		
Respected		Yes		
Responsible		Yes		
Included		Yes		

### 4.2. Rights Indicators

UNCRC Indicators upheld by this activity / proposal / policy	Article 6 - Life, survival and development
--	--

### 4.3. Positive Impacts

Impact Area	Impact
Safe	Obtaining an overview of suicide risk in Aberdeenshire's school aged children and young people will help inform preventative work, including guidance and training for staff.

### 4.4. Evidence

Type	Source	It says?	It Means?
Internal Consultation	School Senior Leaders	School Leaders have indicated a need for more support and guidance around suicide prevention, risk assessment and safety planning. Routes of support for schools in the event of a completed suicide need to be more explicit.	More robust guidance and training is required to support schools

Type	Source	It says?	It Means?
Internal Data	Mental Health Support Services	Kooth Digital Mental Health Service has been commissioned for Aberdeenshire children and young people aged 11-18 years. Suicidal thoughts were amongst the top 10 presenting issues for Aberdeenshire children and young people who accessed the platform during 2022-23. The Togetherall Digital Mental Health Service has been commissioned for Aberdeenshire residents aged 16 years plus. During 2022-23, 53% of new registrants (n=110) had thoughts about ending their life, and 22% had attempted suicide.	There is a need to focus on suicide prevention within our population of children and young people

#### 4.5. Accounting for the Views of Children and Young People

The views expressed by young people about their mental health within the SHINE survey are being taken into account in developing mental health supports and services. Information provided by young people to our Digital Mental Health Services has been taken into account in determining that there should be a focus on suicide prevention within our children's services planning.

#### 4.6. Promoting the Wellbeing of Children and Young People

The work aims to improve children and young people's mental health, manage risk and prevent instances of harm.

#### 4.7. Upholding Children and Young People's Rights

This work aims to protect children from harm.

#### 4.8. Overall Outcome

No Negative Impacts Identified.

The work is preventative in nature and a response to identified need

## 5. Equalities and Fairer Scotland Duty Impact Assessment

### 5.1. Protected Groups

Indicator	Positive	Neutral	Negative	Unknown
Age (Younger)	Yes	Yes		
Age (Older)	Yes	Yes		
Disability	Yes	Yes		
Race		Yes		
Religion or Belief		Yes		
Sex	Yes	Yes		
Pregnancy and Maternity		Yes		
Sexual Orientation	Yes	Yes		
Gender Reassignment		Yes		
Marriage or Civil Partnership		Yes		

### 5.2. Socio-economic Groups

Indicator	Positive	Neutral	Negative	Unknown
Low income	Yes	Yes		
Low wealth		Yes		
Material deprivation		Yes		
Area deprivation		Yes		
Socioeconomic background	Yes	Yes		

### 5.3. Positive Impacts

Impact Area	Impact
Age (Older)	The local delivery plan aims in its first year to raise awareness in the older population (65+) of suicide prevention. Older people are a known risk group and raising awareness will help to ensure this group know where to access support.
Age (Younger)	The national suicide prevention strategy, 'Creating Hope Together', is a lifespan strategy and the work to develop the Aberdeenshire local delivery plan has included people from education services and children and young people's services. The actions in the delivery plan aim to support people in schools and other education settings to enhance knowledge of suicide prevention of the staff working in those areas so they can support children and young people better..
Age (Younger)	Obtaining an overview of suicide risk in Aberdeenshire's school aged children and young people will help inform preventative work, including guidance and training for staff

Impact Area	Impact
Disability	People with disabilities are more likely to die by suicide, therefore this whole population work should positively impact on this group.
Sexual Orientation	Any work on suicide prevention will aim to deliver on a whole population basis. Evidence (noted below) indicates people who are not heterosexual experience more thoughts of suicide than the general population. Therefore, this work will potentially have a positive impact on this group.
Sex	More males than females die by suicide. This delivery plan will raise awareness of suicide prevention and thus impact positively on males in Aberdeenshire.
Sex	Any work on suicide prevention will aim to deliver on a whole population basis. Evidence (noted below) indicates people who are trans more thoughts of suicide than the general population. Therefore, this work will potentially have a positive impact on this group.
Low income	People experiencing higher levels of deprivation, such as low income, are more likely to feel suicidal and die by suicide. This delivery plan addresses some of these areas of deprivation.
Socioeconomic background	People from more deprived socio-economic background are more likely to suffer from suicidal ideation and die by suicide. This delivery plan will work towards supporting people living in those areas and look at other ways in the development of years 2 and 3 of the delivery plan to support them.

## 5.4. Evidence

Type	Source	It says?	It Means?
External Data	National Records of Scotland - Probably Suicides 2023 Report	The rate of suicide mortality in males was 2.9 times as high as the rate for females.	Males are more likely to die by suicide than females.
External Data	National Records of Scotland - Probable Suicides 2023 Report	The rate of suicide mortality in the most deprived areas in Scotland was 2.6 times as high as in the least deprived areas in Scotland. This is higher than the deprivation gap of 1.8 times for all causes of death.	People living in the most deprived socio-economic areas are more likely to die by suicide than those living in less deprived areas. They are more likely to die by suicide than other causes of death, even when taking into consideration socio-economic background.

Type	Source	It says?	It Means?
External Data	National Records of Scotland - Probable Suicides 2023 Report	The age-specific rate of suicides in Scotland is highest at age 25-44 and age 45-64. The rate at age 25-44 is at a lower level now than at its peak in 2011. The rate for age 45-64 has been fairly consistent over time. In comparison, the age-specific rate of suicides in age 65-74 has increased in each of the last five years	<p>Suicides are highest amongst people between the ages of 25-44 and 45-64. However, the death rate by suicide for people age 25-44 is at a lower level than it was in 2011 when it was at its highest.</p> <p>People having being dying by suicide more often than before for the ages between the age of 65-74.</p>
External Data	MentalHealth.org - <a href="https://www.mentalhealth.org.uk/scotland/explore-mental-health/statistics/lgbtiq-people-statistics">https://www.mentalhealth.org.uk/scotland/explore-mental-health/statistics/lgbtiq-people-statistics</a>	In the UK, one in eight LGBTIQ+ people aged 18 to 24 had attempted to end their life almost half of trans people had thought about taking their life	<p>LGBTIQ+ young people (18-24) are more likely than the rest of the population to have attempted to take their own life.</p> <p>Almost 50% of trans people have thought about taking their own life (higher than the national average).</p>
External Data	Disability Rights UK - <a href="https://www.disabilityrightsuk.org/news/disabled-people-far-more-likely-die-suicide-non-disabled-people">https://www.disabilityrightsuk.org/news/disabled-people-far-more-likely-die-suicide-non-disabled-people</a>	<p>Disabled people are much more likely to die by suicide than non-Disabled people according to the latest data released from the 2021 Census.</p> <p>For men, the figure for Disabled men was over three times higher – 48.36 deaths by suicide per 100,000 people compared to 15.88 deaths by suicide per 100,000 people for non-disabled men.</p> <p>For women, the figure for Disabled women was over four times higher – 18.94 deaths by suicide per 100,000 people compared to 4.47 deaths by suicide per 100,000 people for non-disabled women.</p>	<p>Disabled people are more likely to die by suicide than non-disabled people. Therefore, working to preventing suicides will aim to positively impact people with disabilities.</p>



Type	Source	It says?	It Means?
Internal Data	Mental Health Support Services	Kooth Digital Mental Health Service has been commissioned for Aberdeenshire children and young people aged 11-18 years. Suicidal thoughts were amongst the top 10 presenting issues for Aberdeenshire children and young people who accessed the platform during 2022-23. The Togetherall Digital Mental Health Service has been commissioned for Aberdeenshire residents aged 16 years plus. During 2022-23, 53% of new registrants (n=110) had thoughts about ending their life, and 22% had attempted suicide.	There is a need to focus on suicide prevention within our population of children and young people
Internal Data	School Senior Leaders	School Leaders have indicated a need for more support and guidance around suicide prevention, risk assessment and safety planning. Routes of support for schools in the event of a completed suicide need to be more explicit.	More robust guidance and training is required to support schools

## 5.5. Information Gaps

We would like to gain my knowledge around measuring and evaluating outcomes.

## 5.6. Measures to fill Information Gaps

Measure	Timescale
To be explored. Due to the sensitive nature of this subject matter, not at all data is exclusively shared. And the we are mindful of how data is interpreted.	Continuous.

## 5.7. Engagement with affected groups

Year 1 of the delivery plan was developed with multi-agency partners including SAMH, Penumbra, Police Scotland, education services, children and families services, adult services and mental health services. A year 1 action includes developing years 2 and 3 or the action plan which will use a co-production approach - engaging with lived experience groups. Caution must be taken when engaging with these groups as looking for input too early into someone's bereavement can be challenging and they may require counselling/support afterwards. This is why this approach has been taken - so there are tangible actions in year 1 while also allowing year 1 to be spent engaging with people with lived experience.

## **5.8. Ensuring engagement with protected groups**

We must be extremely sensitive in how and when we engage with other people. We turn to how third sector partners to lead on this - as they have the trained and experience staff who know how to effectively engage and communicate with others.

## **5.9. Evidence of engagement**

SAMH have recruited locally based support workers who actively link- in to local groups and local people.

## **5.10. Overall Outcome**

No Negative Impacts Identified.

The Suicide Prevention Delivery Plan will aim to enhance knowledge and access to suicide prevention interventions by increasing our level of contact and support with people.

## **5.11. Improving Relations**

A draft of the year 1 delivery plan was taken to the Grampian Patient Empowerment Group on 17/08/23 where it was shared and discussed. The group were advised on the plans for further joint work to develop year 2.

## **5.12. Opportunities of Equality**

This Action Plan will help promote awareness, knowledge and learning opportunities. Everyone will be encouraged and supported to come and work together with us; there will be no exclusion.

## 6. Health Inequalities Impact Assessment

### 6.1. Health Behaviours

Indicator	Positive	Neutral	Negative	Unknown
Healthy eating		Yes		
Exercise and physical activity		Yes		
Substance use – tobacco		Yes		
Substance use – alcohol		Yes		
Substance use – drugs		Yes		
Mental health	Yes			

### 6.2. Positive Impacts

Impact Area	Impact
Mental health	As this is a lifelong (national) strategy and action plan, we will ensure that our delivery of service provides support for someone's lifelong journey.
Mental health	The vision is to tackle health inequalities which are associated with mental health and suicide, such as poverty and debt.
Mental health	We want to strengthen everyone's awareness and responsiveness to suicide and people who are suicidal.
Mental health	We aim to form create a robust, collaborative and integrated approach to suicide - improve planning and service delivery.
Mental health	Our aim is to promote positive wellbeing and recovery - inform others about support groups and develop approaches on how to self-manage, safety planning, assessment, etc.

### 6.3. Evidence

Type	Source	It says?	It Means?
External Data	Scottish Suicide Information Database (ScotSID)	port profiling suicide deaths between 2011 and 2019[3] shows:  Just under three quarters of all suicides in Scotland are male Almost half (46%) were aged 35-54	Death by suicide is approximately three times more likely among those living in the most socio-economically deprived areas than among those living in the least deprived area 88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.

Type	Source	It says?	It Means?
External Data	ational Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) annual report[4], published May 2022,	31% of people who died by suicide in Scotland had contact with mental health services in the 12 months prior to their death.	This tells us the link between people who already seek or have sought support from MH services and go onto taking their own life.
External Data	uicide among young people in Scotland: A report from the Scottish Suicide Information Database (ScotSID)	Published in 2022: identified that between 2011 and 2020 probable suicides were the leading cause of death among 5–24-year-olds, accounting for a quarter of all deaths (recognising there is a much lower death rate from all causes for this age group, compared to over 25s). While children and young people in this age group were less likely than over 25s to have had contact with a healthcare service in the period before death, two-thirds of cases did have contact with healthcare services.	This highlights the level of awareness we must have on young people's mental health and its link to suicide.

## 6.4. Information Gaps

We have a limited amount of information on the views of the population of Aberdeenshire.

## 6.5. Measures to fill Information Gaps

Measure	Timescale
We will consult and engage with the people of Aberdeenshire to develop Years 2 and beyond of the delivery plan.	First phase by Summer 2024.

## 6.6. Overall Outcome

No Negative Impacts Identified.

The Suicide Prevention Delivery Plan will aim to enhance access to suicide prevention interventions by increasing training. This should not remove services from elsewhere and only increase the number of people trained and therefore access and information.

## 7. Action Plan

Planned Action	Details
Seek feedback and approval from IJB	<p><b>Lead Officer</b> Vicky Henderson</p> <p><b>Repeating Activity</b> No</p> <p><b>Planned Start</b> Tuesday December 12, 2023</p> <p><b>Planned Finish</b> Tuesday December 12, 2023</p> <p><b>Expected Outcome</b> Agreement from IJB to continue to implement action plan</p> <p><b>Resource Implications</b> Not aware of any resource implications at this time</p>
Incorporate views from SPG (if any) then seek feedback and approval from IJB	<p><b>Lead Officer</b> Vicky Henderson</p> <p><b>Repeating Activity</b> No</p> <p><b>Planned Start</b> Tuesday December 12, 2023</p> <p><b>Planned Finish</b> Wednesday January 31, 2024</p> <p><b>Expected Outcome</b> Updated action to be taken to IJB for approval</p> <p><b>Resource Implications</b> None know at this time</p>