

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 17,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

RCPCH response to the Engagement Process of the Draft Suicide Prevention Action Plan 2018

Comments

In our [RCPCH Why Children Die - Scotland](#) report from 2014, suicide data for both adults and children in Scotland shows a strong deprivation effect, with the suicide rate more than three times higher in the most deprived fifth of the population than in the least deprived fifth.

In the '[RCPCH The State of Child Health Scotland 2017](#)' report we recommended that the Scottish Government should implement a robust, consistent child death review system for Scotland by 2018. In [RCPCH State of Child Health Scotland One Year On](#) we reported that although the Scottish Government has committed to creating a system to ensure that child deaths are properly reviewed progress has stalled. The RCPCH wants to see a timetable for action developed and published to ensure this commitment is implemented as soon as possible.

1a) Do you agree that we should establish a “knowledge into action” group for suicide prevention?

Yes

1b) Please explain your answer.

Establishing a “knowledge into action” (KIA) group consisting of key national statutory and Third Sector agencies, and people who have experienced a family member or loved one who has committed suicide would offer the potential to reduce suicide in young people.

1c) Please provide any additional comments or suggestions about improving the use of evidence, data and/or guidance on suicide prevention.

The Scottish Government and NHS Scotland should identify barriers to implementing guidelines and standards and ensure that the ‘knowledge into action group’ have an action plan to work with to overcome them. The group could also determine whether there is evidence of common themes occurring in childhood and whether interventions could reduce suicide risk in later life, e.g. if parental suicide is a common theme then a structured counselling programme could give the child/young person resilience for future adverse life events. It may be useful to capturing details of any adverse childhood events from participants who have made suicide attempts.

The use of evidence could be improved by working with the views of children and young people and used to tailor the health system to meet their needs.

The data gathered should be used to develop national youth suicide prevention strategies, with particular focus on young people in deprived communities.

The Scottish Children and young people's Mental Health Indicators set is an important tool enabling government and policy makers to monitor the mental health and wellbeing of children and young people. An analysis of this data over the past decade has shown that although the mental health of children and young people has improved over time, there are still substantial opportunities for improvement.

The Scottish Government should include children and young people within their suite of patient experience surveys, patient surveys of GP services and inpatient settings and cover outpatient and community settings. To improve mental health services using patient experience responses, questions on mental health and these services must be a feature of these surveys.

Questions

2a) Do you agree that we should develop a new mental health and suicide prevention training programme? (Tick one only)

Yes

2b) Please explain your answer.

Standard management (or a pathway) for any condition is associated with better outcomes. Whilst highly desirable, there is a practical issue of grossly overwhelmed CAMHS which would need to be addressed. There are existing education resources for people working with children and young people in a range of settings. The RCPCH has led a consortium – [MindEd](#) - to develop free, practical e-learning sessions to help adults identify and understand children and young people with mental health issues whenever and wherever they are needed. This also includes modules to support families.

A mapping exercise should be undertaken to identify the range of mental health and suicide prevention training programmes already available. If there are any gaps identified in terms of mental health and suicide prevention training programmes these should be developed to complement existing resources.

2c) To what extent do you agree that there should be *mandatory* suicide prevention training for specific professional groups? (Tick one only)

Agree

2e) Please provide any additional comments or suggestions about modernising the content and/or accessibility of training on mental health and suicide prevention.

Where individual representatives of professional groups have a *mandatory* requirement to undertake first aid training, it should be *mandatory* that mental health first aid and suicide prevention are included.

Questions

3a) Do you agree that we should establish a Suicide Prevention Confederation? (Tick one only)

Don't know

3b) Please explain your answer.

We are guarded in our recommendation here since there needs to be a clear benefit to patients from the confederation. Our priority is for progress to be made on arrangements for the child death review process. If a robust child death review process was established the purpose of it would be to focus on prevention and shared learning.

3c) Where do you think *local* leadership for suicide prevention is best located? (Tick one only)

Don't know

3d) Please explain your answer.

Questions

4a) Do you agree that we should develop an online suicide prevention presence across Scotland? (Tick one only)

Yes

4b) Please explain your answer.

Suicide is preventable; reduced access to means of suicide and improved mental health support for young people is essential to reduce suicide rates amongst youth.

4c) Please provide any additional comments or suggestions about developing social media and/or online resources for suicide prevention.

Professional bodies representing all those working with infants, children and young people in health, social care, education, criminal justice and community settings should equip their members with the necessary tools to identify mental health issues through the promotion of resources such as the [MindEd](#) portal launched in 2014 for professionals and volunteers and from 2016, included [MindEd for Families](#). As well as tackling stigma around poor mental health and giving adults access to information anytime and anywhere, MindEd aims to strengthen coping strategies, resilience and bring forward early effective intervention. The Scottish Government should consider supporting work to link schools better to those services.

For further information about any aspect of this consultation response, please contact Professor Steve Turner, Officer for Scotland at: s.w.turner@abdn.ac.uk



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