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The Samaritans

Reducing Suicide in The Highlands  
Summary report

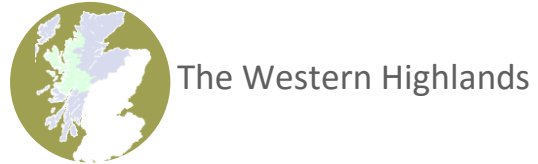
April 2018



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# Background



# Background

Highland local authority has the 3rd highest suicide rate of any in Scotland and the 4th highest number of deaths from suicide of any local authority.

Samaritans does not have any branches in the 'mainland' of the Highlands

It believes there is unmet need in terms of provision of appropriate services to support those at increased risk of or actually experiencing suicidal behaviour and actions across the rural and remote areas of this local authority.



# Objectives



- To understand the perceived need for services to support those at increased risk of death by suicide in the Highlands
- To understand the awareness of support services available and the kind of support people living with the experience of suicide would find most beneficial
- To establish the levels of awareness of Samaritans and whether that is a service (in current or amended form) these individuals might use

# Method and sample



- One to one in-depth interviews
- Lasting up to an hour
- Conducted in person and over the phone
- Recorded where possible
- Informed consent gained

- 22 respondents from:
  - Fort William area
  - Isle of Skye
- 18 who had attempted suicide (most of whom had also lost people to suicide)
- 4 who were bereaved by suicide
- Mix of males and females
- Recruited through voluntary help centres local medical centres and help networks
- Fieldwork period August 10<sup>th</sup> to September 6<sup>th</sup> 2017

# Experience in the Western Highlands



# The range of issues that contribute to high rates of suicide are numerous

## Cultural

- Small town mentality
- Gossip that isn't benevolent
- **Huge social stigma around mental health, huge personal stigma**
- Problematic for support workers to socialise, sometimes they are ignored in local pub
- The stigma around mental health is so great that locals appeared not to even use the phrase
- **Emotions are bottled up especially in males**

## Social

- Drugs use rife and starts at early age and exacerbates poor mental health
- Alcoholism on Skye and in Fort William
- Unemployment high
- Pockets of real poverty described
- Housing scheme in Fort William described as sink estate, Plantation
- Low aspiration
- Restricted social activities and facilities for all ages
- Sport is the main outlet for young males
- **Frequency of suicides exacerbates feeling of suicide in some**
- **Frequency of suicide has a normalising effect on peoples experience**



# Social stigma is such a big thing in the Highlands



- We spoke to many people who reported that they can't even speak about mental health. This is due to several reasons including: embarrassment, fear of having their story told across the town, inability to articulate feelings and a total lack of normalisation around conversations to do with mental well being and a strong cultural tendency not to talk about emotions.
- People gesticulated by pointing and making circles to their heads rather than expressing in words that a person had poor mental health.
- We encountered websites that reported the experience of a person who had taken their own life and was socially isolated as a result of his poor mental health.
- We talked to respondents who claimed suicide was preferable to opening up and talking about their feelings.
- There is a huge need to overcome some of the barriers, in the Highlands, to discussing mental health.
- Doctors (GPs) don't normalise the conversation, reportedly because they are not trained to and there is a lack of services to refer people to in the event of a problem being identified.



# Death by suicide is recognised by residents as an epidemic in Fort William



In this small area where people gossip, we've already had somebody trying to contact (my 10 year old) and tell him how his brother died. On Xbox.

They're [young men] needing retrained and reprogrammed. And I don't suppose that's something that could really happen. It would have to be somebody here all the time, 24 hours, seven days a week. But I think that's to be taught that is not acceptable. It's not an answer.

It's got to be broke somewhere though, I mean that this whole chain of suicides has got to be broke somewhere. **Because there's like groups of friends and two or three of them have done it.**

But you would hear of such-and-such committed suicide, and oh God another one another one another one. It's not 'til recently I've actually sat down and thought about it.

I saw kids around me that were just literally being dragged up and have gone on to become drug abuse, drug users or not working or whatever. At the same time, there's always that small majority that have been dragged up that have gone on to do very well. So, I think a lot of it is, I don't know, what's implanted in their head. I don't know. **Bomb Fort William.**

# Different experiences



## Off system (i.e. not consulted a health care professional)

- Often younger people
- Episodic mental illness
- Not presented to health care professional or support group
- Drugs and drink often exacerbate poor mental health
- Suicide accepted as the way out
- Many suicides reported as being completed under the influence of drugs
- The first attempt succeeds in many cases

## In system (being treated and in the care system)

- Often older person
- History of long term diagnosed mental health problems
- Have presented to healthcare professionals
- Spent time in New Craigs
- Often under the care of local CPN or GP
- Sometimes exacerbated by drink and drugs
- Often made several attempts

We suspect there are a lot of younger people, who fall into *off system* group, who sought a permanent solution to a temporary problem. We suspect that this group could be helped with community support and good communications. Those with long-terms diagnosed mental health issues are likely to need continual medical support.

# Local perceptions of mental health



- We were given one example of a very small village where it was stated in the past that **no one in the area has any mental health issues** therefore no services are needed when community development workers knew that this was not the case.
- Viewed as “not really an illness” and it is “mind over matter” by some communities.
- The term *personality disorder* suggests that the sufferer has control and that its part of his/her personality.
- Local help centres were referred to as *place for the loonies by some*.
- Huge fear of being judged and ostracised for being in poor mental health.

Denial



Stigma



Ignorance

I was quite angry when I woke up, and because I woke up, and I thought, "Oh no, I am now going to get into the loony bin."  
Attempted suicide

# Local perceptions of suicide



- There were elements of admiration in the language that respondents used to describe suicide.
- Some referred to *being strong enough to see it through, being brave enough to do it*, There was one example of a mother who claimed respect that her son had *seen it through*.
- This could have been post-rationalisation and/or a coping mechanism.
  
- Respondents were aware of the high numbers of suicides.
- Suicide is not on the agenda for conversation despite the high levels and the numbers of those affected.

Respect



Fear

# Service Provision



# Service provision



To be perfectly honest, nobody wanted to address the situation that I was actively suicidal and they did that by not asking the direct question.

I think the reason that they did that was because they didn't want to deal with the answer because there is so little on offer to help people who are in psychiatric crisis of any sort in this remote area and certainly, there are so few answers to assisting someone who is suicidal. Virtually, the only thing that they would have available would be some sort of sectioning and inpatient treatment at the psychiatric hospital. But, I already knew the psychiatric hospital is over a hundred miles away and two and a half to three hours drive away.

- Isle of Skye

Services are terrible, terrible, almost on the verge of non-existent. Theoretically, I'm supposed to see a psychiatrist every three months, but we haven't had a permanent psychiatrist in post for about seven or eight years now. We have a series of locums and I must have seen eight, nine different locums in the last few years because they don't stay. They stay a couple of months and then move on, there's no continuity of care and at the moment, the backlog of appointments for psychiatry is enormous.

- Isle of Skye

Well, I was led to believe you couldn't get any support until six months after the bereavement. That's what I was led to believe and I work in a care centre.

- Fort William

Even if you're trying to get into New Craigs, the places are so limited that it's actually very difficult to get an admission.

- Isle Skye

# Service provision



Went to the GP and I got a sense that she didn't have time for me. She just kept telling me I had MILD depression and anxiety. Any time I went to the GP they kept saying 'you should be feeling better by now!' so I stopped going.

- Fort William

There are too few people, there are too many problems. And you cannot possibly spread these people any thinner than they are already spread.

- Fort William

**I was telling her [the GP] in more detail, she just looked frightened, she genuinely looked scared, and didn't know what to say, and didn't really say much.** Gave me a number to phone for Osprey House in Inverness, but yeah, I don't know if maybe it hit her by surprise, I don't know if maybe she never had to deal with that being a GP before, but she genuinely looked scared. I got it into my head, if the doctors can't help me, who is going to help me? And that's when I thought, "Well, it's going to have to be myself."

- Fort William

I feel angry, because everything you read ... it says do this and do that, and go to your local psychiatrist, and there isn't any. There's a psychiatrist that comes to the island every few months, but they're always locum. I've seen three different psychiatrists, locums. There's no continuity. My last psychiatrist, who gave me the diagnosis, didn't actually explain to me. It was just written on a piece of paper. He just released me from New Craigs Psychiatric Hospital, and that was me on my own. The answer was, "Have a look at the internet," which is absurd .

- Isle of Skye

# Barriers to getting help





# Barriers to getting help



- Help doesn't exist or is unknown
- **Social stigma of being seen in a support centre**
- **Not wanting whole area to know**
- **Shame**
- Not having the courage to seek help
- Fear of talking about personal habits/experience
- Vulnerable and or low income
- Hard to get to a place, lack of transport and too far away
- Mental illness isolates and militates against contact
- Building the courage to get help
- Knowing that supporters will not understand the issue (especially if drug related)
- Referral circles
- Difficult to express how they are feeling
- Groups and workshops – prefer 1:1 discussions
- Fear the police or social services would get involved
- Embarrassed
- Lack of signposting where to go for help
- **Inability to talk about feelings**
- Lack of confidentiality

# The Samaritans



# Understanding of Samaritans



- Unknown to many
- Misunderstood as being for homeless people/foodbanks
- Some saw it as being only for the South and not existing in Scotland
- A religious organisation that is Christian (very negative for some)
- A few older respondents did actually call the Samaritans
- Mixed views on service received
- Positive, just listened and gave good advice
- Negative, sense they were wasting person's time, perception they were being accused of not trying hard enough or being patronised

# Service additions that could help reduce suicide



- Respondents were asked what services they would like to have locally and the following elements were mentioned:
  - Being approached by someone and asked if I need help
  - Something on Facebook that prompts me or asks me
  - Drop-in centre that is know about and accessible for those in the system
  - **A way of meeting up with a counsellor anonymously**
  - Face to face meetings
  - A helpline
  - **Speaking to a person who doesn't speak down to you and understands your situation**
  - Reassure people that they will be able to tell their story in their own time
  - Some feel better typing how they are feeling whether that be on a FB page or through a text service – eliminates anyone being judgemental
  - More talking therapies
  - CBT locally
  - Educational piece carried out with GPs
  - More awareness through schools, community groups, sports groups
  - **Support for those bereaved by suicide to help them learn it is not the answer**

# Conclusions



**The Highlands** - is reported in the Scottish Suicide Information Database (ScotSID) as having the highest comparable suicide rate than any other NHS board area in Scotland. But nothing in the regional area information for Lochaber, Skye, Wester Ross; as published by HIE, gives any insight into why this would be.

Respondents described many of the conditions that they believe contribute to mental illness and they included physical elements such as rural isolation and poor weather. It is not possible to influence that. Some of the wider influencing social elements such as poverty, lack of ambition, low aspiration are also hard to change.

They went on to describe other cultural elements such as stigma, a lack of understanding and tendency not to discuss. These can be influenced but would take time and long-term investment in multi channel communications aimed not just at younger males but should included the wider population if cultural misunderstandings and bias is to be corrected.

**Service provision** - Another key finding from this research is in a lack of high quality, accessible, support services. This is exacerbated on Skye.

Many respondents felt that GPs need more training in managing suicidal and mentally ill patients as well as signposting to other services.

It is not just those who have direct experience of suicide that need help and support. Those who are bereaved by suicide are very deeply affected by it and need support to help them cope with their loss.

There are many third sector organisations set up to support people with suicidal thoughts but they are not well networked to each other or to NHS services. In some cases there is no referral from NHS to these services. All who helped with this research would welcome input and support from Samaritans.

We saw evidence of incredibly dedicated professionals who were going above and beyond to deliver support in areas that they know is deprived of resource.

# Conclusions



**Perceptions of mental health and suicide** – It is not unusual for mental health and suicide to be dogged with stigma and a lack of understanding. While we can't say with certainty that it is worse in the Western Highlands than other areas of Scotland, it was reported by all who took part in the research and embedded in the language they were using.

**There are many outmoded views that mental health and suicide are totally voluntary and controllable.** This could be influenced by an information campaign. It could usefully start in schools and target young people.

Despite the recognised high levels of suicide in and around Fort William **it is not a topic that is readily open for discussion.**

**Barriers to seeking help** – There are many barriers to getting help and the major ones centre around social stigma and knowing where services are and what to expect.

**The Samaritans** – There is much the Samaritans can do to support people in the Highlands. One of the main hurdles to people using the Samaritans is a complete lack of knowledge, this is especially true of younger people.

One of the key requirements for Samaritans should be in publicising its existence and getting contact details known. It also has some negative perceptions to overcome.

Services that it could offer and that would be welcomed include:

- A text service
- A drop in centre
- The ability to meet supporters in person
- An active Facebook campaign designed to prompt people into making contact
- Support for those bereaved

# Recommendations



A communications campaign is needed to:

- Promote the existence of the Samaritans
- **Make people aware of the services available**
- Get the contact number known and accessible
- **Dismantle some misunderstandings**

Anything that the Samaritans can do to inform the public about mental health and suicide with an aim to promoting more discussion would benefit the community of the Western Highlands.

The Samaritans should consider putting in place services such as text contact and personal contact.

A sign posting service would be useful to inform people and healthcare professionals of the third sector organisations and what they have to offer.