RCGP SCOTLAND

RCGP Scotland briefing
Equalities, Human Rights and Civil Justice Committee Evidence Session
Suicide Prevention Strategy

Tuesday 30 April 11:15 – 12:30

- Dr David Hall, Royal College of Psychiatrists
- NHS Highland and Argyll & Bute HSCP
- NHS Tayside Department of Public Health

Committee members

Karen Adam
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Party: Scottish National Party
MSP for: Banffshire and Buchan Coast (Constituency)

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Party: Scottish Conservative and Unionist Party
MSP for: Central Scotland (Region)

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MSP for: West Scotland (Region)

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MSP for: Stirling (Constituency)

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Party: Scottish Labour
MSP for: Lothian (Region)

Craig Hoy
Party: Scottish Conservative and Unionist Party
MSP for: South Scotland (Region)

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Party: Scottish National Party
MSP for: Coatbridge and Chryston (Constituency)

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Party: Scottish Green Party
MSP for: Mid Scotland and Fife (Region)

Scottish Government and COSLA's Suicide Prevention Strategy[1]

In 2022, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published Scotland's Suicide Prevention Strategy 2022-2032: Creating Hope Together in 2022.[2]

Published alongside this strategy was an Action Plan covering the period 2022 to 2025. [3]

The Strategy's vision is to reduce the number of suicide deaths in Scotland. It also aims to tackle the inequalities which contribute to suicide.

Key statistics[4]

- There were 762 probable suicides in 2022, an increase of 9 from 2021.
- The age standard mortality rate for Scotland for 2018 - 2022 had increased to 14.4 suicides per 100,000 population from a rate of 13.3 in 2013 - 2017.
- The rate of suicide in males was almost 3 times as high as the rate for females.
- At local level, the rate was higher than the Scottish average in Highland, Dundee City, East Ayrshire and Perth and Kinross council areas.
- Over the last two decades the average age of death has increased, from a low of 41.9 years in 2000 to 48.2 years in 2022.
- The rate of suicide in the most deprived areas in Scotland was 2.6 times as high as in the least deprived areas in Scotland.
- The suicide rate in Scotland has been consistently higher than the suicide rate in Northern Ireland, Wales and England.

Royal College of General Practitioners Scotland

We are the professional membership body for GPs in Scotland and represent approximately 5000 members. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice. We support GPs through all stages of their career, from medical students considering general practice, through to training, qualified years and retirement.

Top lines and consultation response[5]

- Every suicide is a tragedy, and GPs do everything they can to help people in crisis and to prevent anyone reaching that point. Such a devastating and traumatic event often has repercussions on future generations too, in terms of their emotional wellbeing. The College recognises the prime importance of societal and public health factors in preventing suicide and support efforts to address those.
- The College has called for a deeper recognition of the key role GPs and their teams play in the provision of mental health care, and especially for those either at risk of or who have taken steps to end their life. Traditional estimates state that one third of all GP consultations have had a mental health component, but since the COVID-19 pandemic our members report that to be a significant underestimation.
- The lack of investment in services and workforce is a key barrier to the reduction of suicide in Scotland and to delivering preventative and upstream action.

- Access to GPs, primary care teams, specialists, and third sector support is crucial to take on the fundamental influences on rates of self-harm and suicidal thoughts.
- With the available funding not sufficient to meet the high levels of demand, and repeated messaging that patients are frustrated, Scotland's GP workforce has been left depleted and demoralised.
- Adequately funded Protected Learning Time (PLT) with national support from a national call handling service would truly allow general practice teams to come together to learn and embed new guidance.
- RCGP Scotland agrees that policies should be informed by lived experience and that co-design can be an important process for ensuring services align with the needs of those accessing them.

The Scottish Government and COSLA Suicide Prevention Strategy and Action Plan

- RCGP Scotland agrees that for the development of effective preventive interventions, the identification of modifiable psychological factors associated with suicide attempt and suicide death is required.
- We note that suicide occurs because of a convergence of genetic, psychological, social, and cultural risk factors, combined with experiences of trauma and loss. Lack of access to support and physical access to suicide methods may also contribute to rates of suicide.
- We highlight the importance of collecting data on intermediate outcomes such as help-seeking behaviour and the identification of at-risk individuals.
- We would generally stress the need to consider the roles of the GP, the third sector, alcohol and drugs, Health and Social Care Partnerships, and the new National Care Service.
- As noted in the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) report, Scotland has had a higher number of mental health outpatient DNAs (Do Not Attends), where care usually reverts to the GP, as well as fewer interventions by crisis services.[6]
- We support the principle of aiming to address the needs of children and young people, but as noted in the Audit Scotland report on Child and Adolescent Mental Health Services (CAMHS), it is clear that Scotland is currently falling short.[7]

The role of general practice

- General practice sits at the frontline of the NHS, providing a 24/7 service, carrying out the vast majority of patient contacts and playing a crucial role in alleviating pressure on other parts of the health service.

- GPs are overwhelmingly the providers of mental health medical care in the community, caring for people with stress or distress, and almost all those with mild or moderate mental illness, and many with severe and enduring problems too. For many, GP practices are the first port of call in a crisis.
- Traditionally, 1/3 of all GP consultations have a mental health component. Anecdotally, GPs report this as an underestimation, with some practices, particularly those in deprived areas, estimating it can reach 50%. (Catriona)
- Mental disorders often co-exist with physical illnesses and those with severe mental disorders have a life expectancy 15-20 years shorter than the general population.[8] GPs can provide the holistic and lifelong care to best meet these needs.
- A study published in 2023 highlighted the opportunity for GPs to identify high risk individuals. All of the deaths in 2017 recorded as suicide were analysed. A quarter (n = 1516) of all suicide deaths were in middle-aged males. 43% on these men had their last GP consultation within 3 months of suicide; and a third of these males were unemployed and nearly half were living alone. Males who saw a GP recently before suicide were more likely to have had recent self-harm and work-related problems than males who had not. Having a current major physical illness, recent self-harm, presenting with a mental health problem, and recent work-related issues were associated with having a last GP consultation close to suicide.[9]
- A clinician in general practice who identifies someone with active suicidal ideation would ordinarily seek emergency input from a mental health emergency service.

The system of mental health support

- The current model for specialist input within adult mental health care does need some reform. Currently a referral is made by a clinician in primary care, but unless a person is in crisis they may potentially have a long wait before their first contact with a specialist. So typically this leads to a small number of people being seen intensively. The input of specialists could be broadened from severe complex problems to support the inclusive mental health care that general practice provides.
- There are significant workforce and services challenges in specialist care where there is a shortage of psychiatrists, psychiatric nurses and other clinicians, alongside inpatient beds.
- If there is no specialist advice available before a patient has their first assessment in secondary care, it is the GP who continues to maintain care and support until a patient attends an appointment.
- We hear from GPs that some have very low referral rates to specialist mental health services. This can be because:
    - they know that their patients will not be seen for such a long time that referral has little current relevance,
    - they have no sector psychiatrist,
    - patients are resistant to being referred as services where they perceive them as distant and threatening,
    - the rejection of referrals – especially when there seem inadequate grounds for this – can negatively affect referral behaviours of clinicians and often adds to

the patient's feelings of being unworthy or not worth helping, however unintended.

- This is unmet need which is invisible to secondary care mental health services, but very evident in primary care. We need much better recognition and resourcing for the role that primary care plays. The primary care model is for patients being seen quickly in GP practices, with rapid access to relatively brief interventions, earlier in the patient journey, and far greater numbers having access as a result. This is a major gap in provision.

Workforce

- GPs remain very committed to this work, but the College is profoundly concerned by the combination of rising workload and increasing workforce shortages. This has led to GPs finding it more difficult to provide the time, space and regular review so needed by this group of patients. It is crucial that patients can get support for their mental health as quickly and easily as possible.
- General practice faces significant and concurrent challenges in workforce, workload, and wellbeing. It is becoming increasingly difficult for GPs to provide high quality mental health care to their patients in the face of a diminishing workforce and rising workload, including mental health presentations.
- On recruitment, RCGP Scotland does not believe the Scottish Government is on track to deliver on its promise of 800 new GPs by 2027.
    - Public Health Scotland's latest figures from 2022 show a decrease in whole time equivalent GP numbers of 3%.
- On retention, major workload capacity challenges are relevant.
    - 5% increase in registered patients in last 10 years
    - 21% increase in registered patients aged over 65
    - Nearly 1 in 10 practices in Scotland now have formally closed lists
    - The percentage of older people (65+) will increase by over 22% in the next twenty years.
- In this context and without investment and support, we fear that the mental health provision for the population is likely to be further compromised as GPs struggle to cope, and more burn out and step away from clinical work..
- We see support for primary care mental health services being an intervention to help support retention of the GP workforce.
- We urgently need a long-term solution to ensure that GPs and their teams have protected time within their working week to come together for learning and development activities in both the in-hours and Out of Hours service

Funding

- RCGP Scotland is a member of the Scottish Mental Health Partnership. As a collective, we stated our disappointment that the Scottish Government's 2024/5 budget froze mental health funding at £290.2m of direct investment, the same as the previous two years, which amounts to a real terms cut.

    - The Scottish Government has itself committed to increasing mental health spending to 10% of the NHS budget.
- The Scottish Government's 2021/22 Programme for Government committed to create a network of 1,000 additional mental health specialists, and for every GP practice to have access to a mental health and wellbeing service by 2026.
    - This has not been delivered and the Scottish Government has paused efforts to deliver it – this is highly disappointing.
- As part of the 2017-2027 Mental Health Strategy delivery, 'Action 15' funding was given to general practice to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to prisons. It did not achieve the aim in relation to all GP practices - March 2022, 22% of GP practices in Scotland had no access to mental health workers. The cut to the Mental Health and Wellbeing Fund promised for general practice was very disappointing, and many GP practices did not see the Action 15 monies.
- We support the Deep End Group call for the Scottish Government to take steps to secure long-term funding for community link workers. They can help with housing, benefits, debt, food insecurity, fuel poverty, physical inactivity, loneliness, abuse and much more when these impact on their health. The lack of investment in services and workforce is a key barrier to the reduction of suicide in Scotland and to delivering preventative and upstream action.

Health inequalities

- The health of the Scottish nation is heavily undermined by its health inequalities.
- Mental health problems are strongly linked to health and social inequalities. A person's position in society plays an important part in their mental health, with less advantaged people having greater experience of poor mental health.
- The Scottish Health Survey 2021 found that depression, anxiety, ever attempted suicide, and ever attempted self-harm were more common in the most deprived areas.[10]
    - In 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 consultations vs. 28 per 1,000 patients).
    - Adults living in the most deprived areas in Scotland are approximately twice as likely to have common mental health problems as those in the least deprived areas (22% vs. 11%). [11]
    - People living in the most deprived areas are also three times more likely to end up in hospital for mental health issues than those in the least deprived areas.
- The Audit Scotland Report into Adult Mental Health notes that "Mental health services cannot address [inequalities] alone, and they are not yet working closely enough with other sectors, such as housing, welfare, and employability support services, to address and prevent some of the causes of poor mental health."[12]
    - We need better and more general practice in areas of profound socio-economic deprivation to reduce the mental and physical ill-health and mortality our services can influence.

    - We also need visionary new models accounting for social inclusion, with extended teams of link workers, enhanced receptionist roles and so on, allowing GPs to focus on the significant unmet need burden, including the 'unworried unwell', and the complex.
    - A major cause of stress in patients, especially patients with multimorbidity, is the treatment burden imposed on them by the need to seek help from a dysfunctional and fragmented health system. Patients with complex physical, mental and social problems in deprived areas are often the least able to engage successfully with such arrangements.
- RCGP Scotland highlights the value that continuity of care in primary care can deliver., bringing better clinical outcomes for an array of conditions; reduced mortality; better uptake of preventative services; better adherence to medication; reduced avoidable hospital admissions; greater trust; and some of the improved outcomes will be mental health ones.

GP wellbeing[13]

- Doctors across the NHS are known to be at a higher risk of poor mental health and suicide than the average population and also face a number of barriers in accessing care.
- The 2023 RCGP Scotland tracking survey showed that 32% of respondents reported that their mental wellbeing while working in general practice over the past month has been poor.
- We recognise and welcome progress that has been made in supporting the mental wellbeing of health and social care staff more widely, such as the National Wellbeing Hub and the Workforce Specialist Service (WSS), providing tailored, confidential mental health support for frontline staff.
    - The continuation of these services is crucial. In April 2022, doctors accounted for two thirds of all registrants with the WSS, and half of those were GPs, despite their smaller numbers in the medical workforce. In the 2023/24 financial year there has been a 25% increase in monthly activity.[14]
- Further action is required at earlier stages to help ensure that GPs feel supported and able to manage the demands of general practice.

Emergency detention

- RCGP Scotland would also note our concern around the challenge of GPs being asked to undertake emergency detentions of patients in the community who risk significant harm to themselves or others, especially when they are already known to mental health services.
- Some GPs have experienced being profoundly under-supported in the community when having to detain someone, in a way that should be seen as unacceptable. There is a huge amount of variation in how this scenario is managed across Scotland. Some GPs have no sector psychiatrist and no access to intensive home treatment teams.
- When GPs are expected to undertake this work, this means that clinicians who are less familiar with the paperwork and processes are put in a position where they are

having to arrange a joint visit with a Mental Health Officer (and often police and ambulance too) to assess a patient who may be unpredictable, extremely distressed and potentially dangerous. Sometimes police or ambulance services are reluctant to be involved, where the guidance for that is not clear, leaving the GP in an even more difficult position.

- This often takes several hours, and rural areas have further issues with transportation and time delays.

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[1] https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-equalities-human-rights-and-civil-justice-committee/business-items/suicide-prevention-strategy
2 Scotland's Suicide Prevention Strategy 2022-2032: Creating Hope Together in 2022
3 an Action Plan covering the period 2022 to 2025
[4] https://www.nrscotland.gov.uk/news/2023/small-increase-in-suicides
[5] https://yourviews.parliament.scot/ehrcj/suicide-prevention-strategy/consultation/view_respondent?uuId=927345559
[6] https://nspa.org.uk/wp-content/uploads/2022/04/NCISH-2022-report-bookmarked-FINAL.pdf#:~:text=The%202022%20annual%20report%20from%20the%20National%20Confidential,between%202009%20and%202019%20across%20all%20UK%20countries.
[7] https://www.audit-scotland.gov.uk/publications/blog-child-and-adolescent-mental-health-services
[8] https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/pages/7/#ref https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/pages/7/
[9] https://bjgp.org/content/73/732/e478
[10] https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/
[11] https://www.healthscotland.scot/media/1626/inequalities-briefing-10_mental-health_english_nov_2017.pdf
[12] https://audit.scot/uploads/docs/report/2023/nr_230913_adult_mental_health.pdf
[13] https://www.rcgp.org.uk/getmedia/d48ff6ce-fa09-48d1-9eb2-28104176be68/RCGP-Scotland-Retaining-Our-GP-Workforce-report.pdf (p.10)
[14] Vital service supporting doctors when they need it most (home.blog)