Assessment No	1163	Owner	lamclaughlin	
Resource	HSCP			
Resource	FirstName	Service Surname	Joint Job Title	
Head Officer	Lauren	McLaughlin	Health Improv	vement Lead
nead Officer	Lauren	WCLaughiin	r lealth impro	vement Leau
Members	Lauren Mclaughlin, Health Improvement Lead, HSCP Allison Miller, Health Improvement Senior, HSCP Roddy MacNeill, Police Scotland Julie Campbell, Operations Manager HSCP			
	(Please note : the word 'policy' is used as shorthand for strategy policy function or financial decision)			
Policy Title	West Dunbartonshire Suicide Prevent	tion Action Pla	n 2024-2026	
	The aim, objective, purpose and	intended ou	t come of polic	cy .
	This action plan sets out the commitment West Dunbartonshire Suicide Prevention Group (WD SPG) will take to implement the national Creating Hope Together: Suicide Prevention strategy 2022-2032 and Creating Hope Together - Year Two delivery plan in our local area. This action plan aims to support the WD SPG to ensure an overall coherent strategy is implemented across multiple stakeholders all of whom need to be brought in to support achieving effective change. The action plan is part of the wider system of work aligning with the public approach to mental health.			
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.			
	HSCP Strategy and Transformation Children and Families Services Specialist Childrens Services WDC Housing Police Scotland WDC Education, learning and Attainn WDC Working 4U Y Sort IT WDC Housing Primary Care Development HSCP Mental Health Services Stepping Stones The Alliance Community Voluntary Service Blue Triangle WD Carers Addictions Services Child and Adult Protection Services WD Water Safety Group	nent Services		
Does the propos	sals involve the procurement of an	y goods or se	ervices?	Yes
If yes please cor discuss your red	nfirm that you have contacted our quirements.	procuremen	t services to	No
SCREENING				
You must indica	te if there is any relevance to the fo	ur areas		
Duty to elimina foster good rela	te discrimination (E), advance equ	al opportuni	ities (A) or	Yes
	uman Rights (HR)			Yes

Relevance to Health Impacts (H)	Yes					
Relevance to Social Economic Impacts (SE)	Yes					
Who will be affected by this policy?						
The West Dunbartonshire Suicide Prevention Action Plan aims to support any resident across the life course who lives in West Dunbartonshire as well as the workforce that supports those in the area.						
Who will be/has been involved in the consultation process?						
The wider West Dunbartonshire Suicide Prevention Group were central to the developm included in the plan.	ent of all actions					

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.

Specific group to consider	Needs	Evidence	Impact
Age	This very emotive topic remains a priority for Scottish Government which recognises the need to take a whole population approach to suicide prevention. The action plan is designed to support people at all life stages – from childhood right through to older years The action plan recognises however, that tailored approaches are often needed to meet the needs of children and young people who continue to report poor mental health and wellbeing and emotional distress.	Local data evidence the risk factors known to be associated with suicide, as well as data on suicidal ideation and completed suicides. Probable deaths by suicide NRS In 2023, West Dunbartonshire recorded nine (6 males, 3 female) probable deaths by suicide which represents a slight increase from 2022 when there were eight (7 male, 1 female) such deaths. In 2022 there were 18 probable deaths by suicide (13 male, 5 female). Full year data for 2024 is not yet available, however, local intelligence indicates the as of July, the number of deaths by probable suicide had surpassed the 2023 annual figure. The Distress Brief Intervention (DBI) Service in West Dunbartonshire for 14–24-year-olds (26 if care experienced), offers fast, compassionate support within 24 hours to young people in emotional distress. The reason for referral between February 2023 and January 2024: 11% suicidal thoughts 11% self harm 71% stress/anxiety 37% depressed/low mood 59% of all referrals in this period had a contributory factor of 'coping with life' issues. Planet Youth survey of S3 and S4 year groups in 2023: Wellbeing 45% of young people reported good or very good mental wellbeing 56% were happy with their life. 42% feel strong and healthy both mentally and physically	Positive – the action plan outlines universal preventative activity which aims to support all people and especially those who may experience poor mental health and may be at higher risk of suicidal ideation. The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups such as middle aged men and young people. The action plan calls on multiple stakeholders across the system to implement change. The targeted action will change and expand across the life of the plan and requires the wider system to recognise their prevention activity and report this through the working group. Negative - local community services such as Distress Brief Intervention Service is not available for the main demographic of people who go on to complete suicide. Consideration given to scoping out requirements to enable expansion of the service.

- 53% think, at times, they are no good at all
- 38% have thought about harming themselves
- 32% have actually harmed themselves on purpose
- 40% reported someone told them they were thinking about suicide
- 29% said a friend or someone close had attempted suicide
- 26% have had thought about suicide
- 19% have seriously considered suicide
- 12% have told someone they were thinking about suicide
- 9% have attempted suicide
- 5% have attempted suicide in the past 6 months (n863)

Bullying (last 12 months)

- 40% have been bullied in school
- · 23% have been bullied out of school
- · 22% have been bullied on social media
- 21% have been bullied by text

Cross Cutting

The compounding nature of identifying with characteristics across several categories be more likely to experience poor mental wellbeing, suicide ideation and more serious mental health issues and in turn struggle to engage with the services and community supports which could help them or have a preventative effect.

Evidence to show that men with several protected characteristics may be more likely to experience common mental health issues and issues relating to mental wellbeing.

Evidence from Scottish Government shows that cooccurring substance use and mental health concerns are a common issue. There are indications that in Scotland adults who use substances report lower mental wellbeing scores than adults who do not, and it is estimated that problem inequalities can have on substance use was a factor in between 48% and 56% of suicides between 2008 and 2018.

In 2023-24, 51% of applicants to local authorities who were assessed as homeless or threatened with homelessness had at least one support need, defined as a mental health problem, drug or alcohol dependency, physical or learning disability, medical

Positive – the action plan outlines universal preventative activity which aims to support all people and especially those who may experience poor mental health and may be at higher risk of suicidal ideation.

The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups while considering the impact that multiple the health of populations and communities. The targeted action will change and expand across the life of the plan and requires the wider system to recognise their prevention activity and report this through the working group.

condition, or difficulties with skills of independent living (Scottish Government 2024

Improving the Lives of Scotland's Gypsy/Travellers 2 | Action Plan 2024-2026 outlines the better need for understanding that poor mental health and suicide is a significant issue for Gypsy/Traveller communities (particularly young males).

The reasons for such poor health in Gypsy/Traveller communities are complex; it is unclear how social determinants such as social exclusion, poverty, poor living conditions, low educational achievement, and pervasive stigma and discrimination interact with lifestyle factors, health seeking behaviour, and healthcare access Millan M, Smith D, 2019 https://www.ncbi.nlm.nih.gov/p mc/articles/PMC6388580/ The influence on health of social determinants such as low socio-economic status, poor housing conditions, poor employment, and experiencing stigma, prejudice and discrimination is well established. Friends, Families and Travellers. Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. 2022

Among Gypsy/Travellers, there are high rates of homelessness or poor housing, low education attainment, unemployment, and poverty, as well as daily experiences of racism and discrimination. This has a profound effect on health and wellbeing, mental health in particular.

Health needs assessment of lesbian, gay, bisexual, transgender and nonbinary people May 2022
The literature review included many sources which demonstrate a high prevalence of suicidal thoughts and behaviours among LGBT+ people.

Trans and non-binary people

were particularly likely to speak about suicidal thoughts. although these tended to subside after transition.

Asvlum seekers were especially likely to have attempted suicide. Of those who answered the question in the survey, nearly one in three (31%) said that they had ever made an attempt to end their life. Although Page | vi the prevalence of suicide attempts was high across all LGBT+ groups, it was highest among trans masculine and nonbinary people, with nearly half of respondents in these groups saying they had made a suicide attempt.

The survey findings showed that those with a limiting condition or illness were also much more likely than others to have displayed behaviours of self-harm or suicide attempts. It also showed that 48% of people with autism or ADHD had experienced an abusive relationship compared to 35% of other LGBT+ people, compounding suicide risk.

Disability

People with disabilities both physical and learning are more likely to experience poorer mental health and wellbeing.

This group may have difficulty accessing online information

Consideration required to the high proportion of young people and their families awaiting neurodiversity assessment in West Dunbartonshire

NHS Greater Glasgow and Clyde 2022/23 adult health and plan outlines universal wellbeing survey data for West Dunbartonshire shows one in three (34%) respondents said they had a long-term condition or illness that substantially interfered with their day-to-day activities. Of those who had a long-term limiting condition or illness:

- 46% had a physical disability
- 16% had a mental or emotional health problem
- 65% had a long-term illness Those with a long-term limiting condition or illness were less likely than others to have a positive view of their quality of life and were much more likely than others to have a score indicating depression.

Scottish Health Survey 2023 shows 1 in 7 adults are current smokers, with rates of smoking higher in areas of deprivation such as West Dunbartonshire. Smoking is the cause of

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The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups and calls on multiple stakeholders across the system to help implement change. around one in five deaths and a leading cause of premature death, ill health and disability in Scotland (Ash Scotland)

621 pupils were recorded as having been assessed and or declared as having a disability in WD from Pupil Census 2023 across all stages. (up from 401 in 2022) 3420 young people (across all stages) were known to have an additional support need in

West Dunbartonshire in 2023.

The 2022 Scotland Census data for health, disability and unpaid care shows 12,140 people in West Dunbartonshire had their day-to-day activity 'limited a lot', and 12,307 had their day-to-day activity 'limited a little'. In West Dunbartonshire there were: 6440 people who were deaf or hearing impaired 2776 people who were blind or vision impaired 346 people with partial loss of voice or speaking difficulty 4571 people with one or more of learning disability, learning difficulty or developmental disorder 10465 people with a physical disability 11190 people with a mental health condition

Numbers awaiting neurodiversity assessment in West Dunbartonshire remain high.

20362 people with a long-term illness, disease or condition

Research by the suicide prevention charity Papyrus shows that the risk of suicide is prevalent in neurodivergent populations. Many people with neurodivergent conditions report facing discrimination, bullying, and marginalisation in society, which can lead to feelings of isolation, hopelessness, and despair. These negative experiences can significantly impact mental health and increase the risk of suicide. Neurodivergent individuals can also be exposed to certain social and

emotional challenges that often accompany some conditions. such as autism. Individuals with these conditions may struggle with social interactions, communication, and emotional regulation. which can also lead to feelings of isolation, loneliness, and despair.

Another reason those who are neurodivergent are at a higher risk of suicidal thoughts comes from the additional barriers they might face when trying to access mental health support and resources, including stigma, discrimination, misdiagnosis.

A literature review to inform current research by Dr Ewelina Rydzewska has shown that 66% of autistic adults with no learning disability have considered suicide. A study of coroners' records in 2022 in England showed that autistic traits are overrepresented in people who died by suicide, and that between 11-41% of those who die by suicide may be autistic.

Impact

Social & Economic The influence on health of low socio-economic status, poor housing conditions, poor employment, and experiencing stigma, is well established. Local Community supports are needed to reduce the need for travel costs, time off work/school and for those with caring responsibilities in an area where levels of deprivation are high.

Poverty is the single biggest social determinants such as driver of poor mental health, and we know that people living in poverty carry a higher risk of suicide, as do those who are unemployed or socially isolated those who may Mental health and wellbeing strategy.

> Data collated to inform the work of the WD Family Prosperity Network in West Dunbartonshire by Public Health Scotland 2024

Relative child poverty rate After housing costs were deducted in 2022/2023 an estimated 4,728 children in West Dunbartonshire were living in relative poverty, up from 4,161 in 2014/15.

Around 28% of all children in West Dunbartonshire were living in relative poverty in 2023 (higher than the Scottish average). Poverty rates were

Positive - the action plan outlines universal preventative activity which aims to support all people and especially experience poor mental health and may be at higher risk of suicidal ideation. The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups and calls on multiple stakeholders

across the system to

implement change.

higher in Kilpatrick, Clydebank Central and Clydebank Waterfront.

Employment rate - The estimated employment rate in West Dunbartonshire is lower than for Scotland and Great Britain. The overall lower employment rate in West Dunbartonshire is primarily driven by a lower male employment rate. PHS West Dunbartonshire Data Report 2024 – Child poverty

Jobs density is lower in West Dunbartonshire. There were just over 6 jobs for every 10 people of working age in West Dunbartonshire, compared with around 8 jobs per every 10 working age people in Scotland.

16- to 19-year-olds in West Dunbartonshire have been slightly less likely to be in education or work than those in Scotland.

NRS probably suicide deprivation data

In 2023, West Dunbartonshire recorded nine (6 males, 3 female) probable deaths by suicide which represents a slight increase from 2022 when there were eight (7 male, 1 female) such deaths. In 2022 there were 18 probable deaths by suicide (13 male, 5 female). Full year data for 2024 is not vet available, however, local intelligence indicates the as of July, the number of deaths by probable suicide had surpassed the 2023 annual fiaure.

The rate of suicide mortality in the most deprived areas in Scotland was 2.4 times as high as in the least deprived areas in Scotland. This is higher than the deprivation gap of 1.8 times in 2023 for all causes of death. For the most deprived areas, the mortality rate in 2023 is 1.4 times lower than it was in 2001. This difference in mortality rate by deprivation has been fairly stable since 2001.

In 2023-24, 51% of applicants to local authorities who were assessed as homeless or threatened with homelessness had at least one support need. defined as a mental health problem, drug or alcohol dependency, physical or learning disability, medical condition, or difficulties with skills of independent living (Scottish Government 2024;

Sex

There is a need to increase preventative measures and support for those at increased risk of poorer mental health, suicide and those bereaved by suicide. intervene earlier for men to have a positive impact on suicide rates.

NRS Probable Death by Suicide In 2023, there were 590 male suicide deaths in Scotland, up by 34 (6%) compared to the previous year. There were 202 There is a particular need to suicide deaths among females, 4 (2%) less than 2022. The mortality rate for suicides in 2023 was 3.2 times as high for males as it was for females. The rate for males has been consistently higher than females, ranging from 2.6 to 3.6 times as high since the series began in 1994

> Females are more likely than males to experience mild to moderate mental health problems and are particularly vulnerable to this if they experience domestic abuse. West Dunbartonshire has the second highest rate of domestic abuse incidents 153 per 10,000 population as reported to the Police Domestic Abuse Recorded by Police 2023/24

The Distress Brief Intervention (DBI) Service in West Dunbartonshire for 14-24year-olds (26 if care experienced), offers fast, compassionate support within 24 hours to young people in emotional distress.

The reason for referral between February 2023 and January 2024:

- 11% suicidal thoughts
- 11% self harm
- 71% stress/anxiety
- 37% depressed/low mood

59% of all referrals in this

Positive – the action plan outlines universal preventative activity which aims to support people who may experience poor mental health and may be at higher risk of suicidal ideation.

The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups and calls on multiple stakeholders across the system to implement change.

The targeted action will change and expand across the life of the plan and requires the wider system to recognise their prevention activity and report this through the working group.

period had a contributory factor of 'coping with life' issues.

The uptake of the DBI service by sex saw 69% female and 31% male. This is an increase in uptake of the service by males since September 2023.

Planet Youth survey of S3 and S4 year groups in 2023: Wellbeing

- 45% of young people reported good or very good mental wellbeing
- 56% were happy with their life.
- 42% feel strong and healthy both mentally and physically
- 53% think, at times, they are no good at all
- 38% have thought about harming themselves
- 32% have actually harmed themselves on purpose
- 40% reported someone told them they were thinking about suicide
- 29% said a friend or someone close had attempted suicide
- 26% have had thought about suicide
- 19% have seriously considered suicide
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Bullying (last 12 months)

- 40% have been bullied in school
- · 23% have been bullied out of school
- · 22% have been bullied on social media
- 21% have been bullied by text

Gender Reassign

People who identify as transgender are more likely to experience poorer mental transgender and nonbinary health and wellbeing, and are more likely to have suicide ideation or attempt suicide.

Health needs assessment of lesbian, gay, bisexual, people May 2022 including emotional distress, The literature review included many sources which demonstrate a high prevalence of suicidal thoughts and behaviours among LGBT+ people.

> Trans and non-binary people were particularly likely to speak about suicidal thoughts,

Positive - the action plan outlines universal preventative activity which aims to support all people and especially those who may experience poor mental health and may be at higher risk of suicidal ideation.

The action plan aims to take a life course approach but outlines targeted action for

although these tended to subside after transition.

The prevalence of suicide attempts was highest among trans masculine and nonbinary people, with nearly half of respondents in these groups saving they had made a suicide attempt.

identified high-risk groups and calls on multiple stakeholders across the system to help implement change.

17% of respondents said they had withheld information from the Gender Identity Clinic about suicide attempts.

Health Report from LGBT Youth Scotland (May 2023), part of the LGBT Youth Scotland Life in Scotland for LGBT Young People research project (2022), a nationwide survey of LGBT young people between the ages of 13 and 25 reported "94% of trans participants reported experiencing mental health conditions or related behaviour and a higher percentage of trans participants than cisgender participants reported experiencing each of the conditions/behaviours listed (anxiety, suicidal thoughts/actions, depression, self harm, eating disorder). In particular, it was noted that the percentage of trans participants reporting suicidal thoughts (66% vs 34%) and/or actions or self-harm (58% vs 28%) was almost double the percentage of cisgender participants reporting these."

Of the 958 people in West Dunbartonshire who answered the question about trans identities in the Health and Wellbeing Survey 2022, less than 1% said they considered themselves to be trans or have a trans history meaning the trans population in West Dunbartonshire is likely to experience isolation and loneliness.

Health

Health inequalities are avoidable differences in people's health across the population and between specific population

West Dunbartonshire data in the 2023-34 Health and Wellbeing Survey shows one in preventative activity three adults in West Dunbartonshire had a long-

Positive - the action plan outlines universal which aims to support all people and especially

groups. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit good mental and emotional health.

Consideration required to the high proportion of young people awaiting neurodiversity assessment in West Dunbartonshire

term limiting condition or illness, rising to nearly three in four (73%) of those aged 75 or over. Just under half (46%) of all adults were receiving treatment for at least one condition, rising to 88% of those aged 75 or over. Just under half (46%) of respondents said they had one or more illness or condition for which they were currently being treated (not necessarily 'limiting' illnesses/conditions) -20% were being treated for one condition, and 26% were being treated for two or more.

26% of West Dunbartonshire respondents in the Health and Wellbeing Survey had a WEMWBS score indicating depression – either probable clinical depression (14%) or possible mild/depression (12%). Those aged 35-64 were the most likely to have a score indicating depression. Those with a limiting condition or illness were much more likely than others to have a score indicating depression.

32% of respondents said their quality of life had deteriorated due to the pandemic; 26% said their general mental or emotional wellbeing had deteriorated and 25% said their general physical wellbeing had deteriorated due to the pandemic.

Those living in the most

deprived areas were less likely to have a positive view of their general health, physical wellbeing, mental/emotional wellbeing or quality of life and more likely to have a WEMWBS score indicating depression.

Poverty is the single biggest driver of poor mental health, and we know that people living in poverty carry a higher risk of suicide, as do those who are unemployed or socially isolated Mental health and wellbeing

The current prevalence and impact of poverty in West Dunbartonshire is well understood. The West

strategy.

those who may experience poor mental health and may be at higher risk of suicidal ideation. The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups and calls on multiple stakeholders across the system to help implement change. The targeted action will change and expand across the life of the plan and requires the wider system to recognise their prevention activity and report this through the working group.

Dunbartonshire: Local Child Poverty Action Annual Report 2022-2023 shows After housing costs were deducted in 2022/2023 an estimated 4,728 children in West Dunbartonshire were living in relative poverty, up from 4,161 in 2014/15.

Around 28% of all children in West Dunbartonshire were living in relative poverty in 2023 (higher than the Scottish average). Poverty rates were higher in Kilpatrick, Clydebank Central and Clydebank Waterfront.

The figure of 27.6% for West Dunbartonshire remains higher than the Scottish (24.5%) and NHS Greater Glasgow and Clyde average (23%).

In September 2022 there were 2,288 primary school children; 1,711 secondary school pupils;

and 130 assisted learning pupils in receipt of a clothing grant. This represents approximately 34% of the school pupil population.

Numbers awaiting neurodiversity assessment in West Dunbartonshire remain high.

Research by the suicide prevention charity Papyrus shows that the risk of suicide is prevalent in neurodivergent populations. Many people with neurodivergent conditions report facing discrimination, bullying, and marginalisation in society, which can lead to feelings of isolation. hopelessness, and despair. These negative experiences can significantly impact mental health and increase the risk of suicide. Neurodivergent individuals can also be exposed to certain social and emotional challenges that often accompany some conditions, such as autism. Individuals with these conditions may struggle with social interactions, communication, and emotional regulation,

which can also lead to feelings of isolation, loneliness, and despair.

Another reason those who are neurodivergent are at a higher risk of suicidal thoughts comes from the additional barriers they might face when trying to access mental health support and resources, including stigma, discrimination, misdiagnosis.

A literature review to inform current research by Dr Ewelina Rydzewska has shown that 66% of autistic adults with no learning disability have considered suicide. A study of coroners' records in 2022 in England showed that autistic traits are overrepresented in people who died by suicide, and that between 11-41% of those who die by suicide may be autistic.

Evidence from Scottish
Government shows that cooccurring substance use and
mental health concerns are a
common issue. There are
indications that in Scotland
adults who use substances
report lower mental wellbeing
scores than adults who do not
and it is estimated that problem
substance use was a factor in
between 48% and 56% of
suicides between 2008 and
2018.

Human Rights	Our local action plan is aligned to the national suicide prevention outcomes are contributing to Scotland's National Outcomes, primarily to respect, protect and fulfil human rights and live free from discrimination. UN Convention on Rights of the child (CRC) sets out the human rights of every person under the age of 18 and is the most complete statement on children's rights treaty in history. The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to.	The following UNCRC articles relate and are considered in the provision of the local suicide action plan: • Article 2 All children under 18 should enjoy all the rights set out in the UNCRC without discrimination, including those with mental health conditions. • Article 6 Every child and young person should enjoy the same opportunities to grow and develop in conditions that don't impact negatively on their mental wellbeing. • Article 19 Every child has the right to protection from all forms of violence, including the neglect of their mental health, selfharm and suicide. • Article 24 (health and health services) Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy.	Positive – the action plan outlines universal preventative activity which aims to support all people and especially those who may experience poor mental health and may be at higher risk of suicidal ideation. The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups and calls on multiple stakeholders across the system to help implement change.
Marriage & Civil Partnership	No needs identified		Neutral - The Action plan aims to support any resident who lives in the West Dunbartonshire area regardless of their marital or civil partnership status.
Pregnancy & Maternity	Young parents and single parent families are more likely to experience poorer mental health and wellbeing but generally there is an increased risk of mental health difficulties during perinatal period for all groups.	Perinatal Mental Health refers to mental health during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, coparents, partners) can experience issues with their mental health. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment. The stigma and fear associated with perinatal mental health can leave those affected feeling inadequate as a parent, isolated and vulnerable and can impede or delay getting help, treatment and recovery.	Positive – the action plan outlines universal preventative activity which aims to support all people and especially those who may experience poor mental health and may be at higher risk of suicidal ideation. The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups and calls on multiple stakeholders across the system to help implement change.

Suicide is the leading cause of direct maternal death within the year after birth, according to the Maternal Mental Health Alliance. A significant proportion of women who die by suicide in the perinatal period have early life adversity, multiple social disadvantages, and comorbid substance use.

Research by the Royal College of Physiatrists suggests that children exposed to severe maternal stress during pregnancy are nearly 10 times more likely to develop a personality disorder by the age of 30.

Information from Family Nurse Partnership (FNP) Scotland 10 year analysis completed in 2021 has shown: almost all FNP clients (98%) had experienced some form of trauma or adverse experience in their lives before enrolling onto FNP.

The most prevalent complexities for FNP clients at entry to FNP were; anxiety or other mental health issues (63%), experience of parental separation (63%), low income (60%), not being in work, education or training (57%). Over a fifth (22%) of FNP clients were care experienced or on the child protection register.

Race	People from ethnic /minority/racial backgrounds are more likely to experience poorer mental health than white people.	Women from Black and ethnic minority backgrounds are at greater risk of developing mental health problems. Research shows their vulnerability is further exacerbated by culture and ethnicity, stigma associated with poor mental health, language barriers and lack of awareness of supports available. Facts and figures about racism and mental health - Mind Rates of mental illness for people from Black, Asian and Minority Ethnic (BAME) backgrounds are sometimes greater than for white people. Compared to white people. Compared to white people Cabinet Office. Race Disparity Audit Summary Findings from the Ethnicity Facts and Figures website. Black women are more likely to experience a common mental illness such as anxiety disorder or depression Older South Asian women are an at-risk group for suicide Black men are more likely to experience psychosis, and Black people are 4 times more likely to be detained under the Mental Health Act. Detentions under the Mental Health Act. Detentions under the Mental Health Act Main facts and figures 561 school-aged pupils in WD recorded from minority ethnic background 2022 Scottish Government Pupil Census. Nationally 6% of children who access CAMHS services have BAME background.	Positive – the action plan outlines universal preventative activity which aims to support people who may experience poor mental health and may be at higher risk of suicidal ideation. The action plan aims to take a life course approach but outlines action targeted for identified high-risk groups such as Gypsy/Traveller communities and Refugee and Asylum Seeking Communities in Year 1 of the plan. The targeted action will change and expand across the life of the plan and requires the wider system to recognise their prevention activity and report this through the working group.
Religion and Belief	No needs identified		Neutral - The Action plan aims to support any resident who lives in the West Dunbartonshire area regardless of their religion or belief.
Sexual Orientation	Poor mental wellbeing is more like to occur in LGBTQ+ communities than when compared with heterosexual/cisgender people, and this group have high numbers of attempted suicide.	NHS GGandC NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of evidence indicating that LGBT+ people	Positive – the action plan outlines universal preventative activity which aims to support people who may experience poor mental health and may be at

in Scotland are at much higher risk of mental health problems and suicide. Studies have linked mental health problems and emotional distress but have also highlighted that mental health problems are compounded by experiences such as bullying, discrimination, hate crimes and social isolation. This was also apparent from the qualitative research in which the issues around social and mental health were clearly interlinked. The quantitative survey undertaken as part of the needs assessment showed that overall more than half (54%) of respondents said they had mental health problems e.g. depression/ anxiety/ stress, but this was higher for trans masculine (75%), nonbinary people (72%) and bisexual women (61%). Of those who answered the question in the survey (N=2,182), nearly one in three (31%) said that they had ever made an attempt to end their life. Of those who had attempted suicide, 28% said that they had made an attempt in the last year.

higher risk of suicidal ideation.
The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups and calls on multiple stakeholders across the system to implement change.

Those with a limiting condition or illness were also much more likely than others to have displayed behaviours of self-harm, suicide attempts. Disabled LGBT+ people could be particularly vulnerable to abusive or unhealthy relationships. The survey also showed that those who had a limiting condition or illness were more likely than others to have experienced an abusive relationship (49% compared to 31%).

Health Report from LGBT Youth Scotland (May 2023), part of the LGBT Youth Scotland Life in Scotland for LGBT Young People research project (2022), a nationwide survey of LGBT young people between the ages of 13 and 25 reported "a large majority of our participants (88%) reported they experienced at least one mental health condition or related behaviour. Participants

also reported very high rates of anxiety and depressions 50% stated that they experienced suicidal thoughts or actions and 43% had self-harmed.* The report made specific recommendations to the Scottish Government that targeted work should be funded and delivered for LGBTQ- young people within mental health improvement and suicide prevention programmes.			
		anxiety and depression: 50% stated that they experienced suicidal thoughts or actions and 43% had self-harmed." The report made specific recommendations to the Scottish Government that targeted work should be funded and delivered for LGBTQ+ young people within mental health improvement and suicide prevention	

Actions					
Action	Issue Description	Action Descscription	Actioner Name	Due Date	Completed Date
1	Recognition of under representation of Community reps from minority groups on the Suicide Prevention Group	Continual review of group membership and build the knowledge sharing distribution lists		31/03/25	
2	One of our main community prevention services is not available to the main demographic who are going on to complete suicide (middle age men)	Explore and scope the requirements to widen the age range of community prevention services such as DBI		31/03/26	

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.

1163 The West Dunbartonshire Suicide Prevention Action Plan 2024-26 outlines universal preventative activity which aims to support all people and especially those who may experience poor mental health and may be at higher risk of suicidal ideation.

The action plan aims to take a life course approach but outlines targeted action for identified high-risk groups. The action plan calls on multiple stakeholders across the system to implement change.

The targeted action will change and expand across the life of the plan and requires the wider system to recognise their prevention activity and report this through the working group.

Any negative impacts that have been identified and set against actions for completion.

Will the impact of the policy be monitored and reported on an ongoing bases?

Yes. The action plan progress and relevant associated measures will be report via West Dunbartonshire Public Protection Chief Officers Group (PPCOG), biannually and will also provide and update reports to the Health and Social Care Partnership Senior Management Team (HSCP SMT) and the Health and Social Care Partnership Board, as and when required. The group will maintain links with and report to the NHS Greater Glasgow and Clyde (NHS GGC) Suicide Prevention Group, which in turn reports to the NHS GGC Public Health and Wellbeing Committee.

Q7 What is you recommendation for this policy?

Intoduce

Please provide a meaningful summary of how you have reached the recommendation

1163 The West Dunbartonshire Suicide Prevention Group were central to the development of all actions included in the plan. All partners recognise the need for collaborative working to support our communities so they become safe, compassionate, inclusive, and free of stigma. As a group we align with the national aim that for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope recognizing that a refreshed plan with some targeted action for particular equalities groups