**Samaritans Podcast 2 – Strategy SAMS VF**

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|  | *This audio bulletin features views and insights from a range of contributors - which are not necessarily representing the views of Samaritans or those who’ve supported Samaritans’ work.**Please be aware this bulletin includes discussion of self-harm and suicide and that some of this content may be triggering. You can contact Samaritans for free, 24/7, by calling 116 123 or emailing**jo@samaritans.org* |
| Sir Peter Housden | In the jargon they call these guiding coalitions. These are the people who're going to phone each other up at ten thirty at night when it's all going to pot, desperate to find a way through. |
| Claire Dean (Narrator) | Hello and welcome to the second podcast on Self-Harm. Yesterday we heard about the prevalence and the impact of self-harm in Scotland. Today we’re looking at what can be done. Samaritans Scotland are calling for a new national strategy. So, I’ve been speaking to Executive Director Rachel Cackett together with a man who’s seen a lot of strategies during his lifelong career in public service, the former Permanent Secretary of The Scottish Government Sir Peter Housden. |
| Claire Dean (Narrator) | So, Rachel, can I ask you first why are you calling for a new national strategy on self-harm and how serious a public health issue is self-harm? |
| Rachel Cackett | Well the reason we’re calling for a strategy for self-harm is we think that self-harm is a serious public health issue that's been, you know, widely hidden hence the title of our report, Hidden Too Long. when you look across sort of Scottish civic society, self-harm is not something that's right up there in everyone's policy landscape. So, the reason we're calling for a strategy is really to shine a light onto this area and to sort of coalesce energy and support for renewed action around self-harm in Scotland.  |
| Claire Dean (Narrator) | So, Peter what would you say are the advantages then of producing a national strategy to tackle such a serious issue? |
| Peter Housden | Well, Rachel puts it very well. I mean what you get is you bring people together with varied perspectives, and, through the process of making a strategy, you can provide focus, what would be the important things to do, rigour makes sure there's some evidence behind what you're proposing. If you can get the process right, the scope a strategy provides to both recognise and involve people who may be further away from the normal processes of policy development and delivery. Bringing people in from the community and voluntary sector with their experience and with their expertise. You can get a very rich mix if you get strategy making right.  |
| Claire Dean (Narrator) | Rachel you've done a lot of research into self-harm. Surely that already highlights what needs to be done and what changes need to be made? |
| Rachel Cackett | Well, it gives us some indications and you'll see from the report that we produced last October that there are some clear guides in there, particularly from the people with lived experience of self-harm who we surveyed. It doesn't necessarily tell us what we should do though. It tells us what people experienced. So, for example, eight in ten people had sought support from health care um for their self-harm over their lifetime. But only a third found that at least moderately useful so there's a question there that we still need to answer, which is how do we make those engagements more useful for people who are reaching out. And that's why this concerted effort of bringing people together really matters. Because we still need to answer some of those questions. |
| Claire Dean (Narrator) | And Peter who would you say should be involved in developing a national strategy then? |
| Peter Housden | Well, some people will select themselves in terms of their involvement in the main lines of mental health work. I think the interesting thing is to reach beyond that so you’ve not only got the community but also the voluntary sector writ large. And particular localities and individuals. You can't really be too wide.  |
| Claire Dean (Narrator) | And what about the importance then of involving those with lived experience? |
| Peter Housden | Well, I think that's fundamental and Scotland has led the way in recent times [clears throat] in making that happen on a broad front. And I think the mistake is to assume that people with lived experience are just all emotion and actually if you ask people in those situations what do they think's going on, where is the system working, where is it not, they can often give you deeply insightful answers and help point you in the right direction in a way that people involved in the statutory sector may actually be too close to it all to see that happening. So, I've seen that a lot.  |
| Rachel Cackett | I would totally agree with what Peter's just saying. If you look at something like the review of young people with experience of care that's turned into, you know, the work around The Promise. It's been phenomenally well engaged and really given us quite a different approach to how do we take forward an action plan which ...which is what we're all wanting beyond this...  |
| Peter Housden | mmm |
| Rachel Cackett | from the...from the experiences of those who...who are right at the heart of it. And you know, I...I never in my lifetime thought I would hear a discussion in Parliament about love. But when that report was published that's exactly what we had. So I think if you can really go to the root here, if you can talk to the people who know best, the people who are right there, who are experiencing this as part of their everyday life, the people who were supporting those who have experience of self-harm then you have an opportunity to really change minds. To change a whole way of talking and therefore a way of coalescing action particularly in that political sphere.  |
| Claire Dean (Narrator) | What about the risks though, potential risks of producing a national strategy? Peter? |
| Peter Housden | My experience suggests that one of the risks is that the strategy, however good, gets crowded out. The landscape is very dense. People are producing strategies all the time and all manner of subjects. So, you've got to make sure that what you're doing has impact but also that you understand how it's going to have that impact over time. The first stage of developing a strategy like this is just getting half a dozen people who are completely committed, completely committed to actually making this happen over time. In the jargon they call these guiding coalitions. These are the people who're going to phone each other up at ten thirty at night when it's all going to pot, desperate to find a way through. And it's this kind of human connection across organisations and networks that will drive forward. Getting the statutory sign up, the parliamentary approval, the officials’ endorsement, all of things of course matter. They're necessary but not sufficient because things will happen. You'll have setbacks and you're going to need to regroup yourself and press forward. And that's when those guiding coalitions are really important.  |
| Claire Dean (Narrator) | Peter are there examples then of good strategies in other areas that we could draw from? |
| Peter Housden | Well, the one that always left a mark on me was the question of infection control in hospitals. You'll remember that there was serious concern a decade or so ago about hospital acquired infection. And all manner of guidance and instruction were given out to clinical and other staff on the frontline with very variable results. They actually started to make a difference when they tipped the problem up the other way and asked people on the frontline what should we do? And then empowered them to make those changes and to record their results. So, it's now commonplace but you go on to a hospital ward in Scotland and you see a chart saying it is 942 days since we last had a line infection. And these are filled in by staff on the ward. Great pride is taken in them. So those kind of approaches, I think empowering people, using evidence, sharing experience across the board. And I think that's what generates that kind of lasting engagement and impact around. That would be point one. I think point two is that you...you don't want to have all your eggs in one basket on all of this. You want to be sponsoring and supporting a variety of different approaches, you know, to mix metaphors you ...you want a flotilla of small boats here rather than one single ocean liner. And the Early Years work in Scotland again was a signal example of that where you had locality teams themselves shaping what would make the biggest impact in their area against the three national goals. And then coming together regularly to share their experience, successes and failures and to think about what the next steps of the work overall might be.  |
| Claire Dean (Narrator) | And Rachel then what...what are you hoping ultimately then to achieve by developing a national strategy for self-harm? |
| Rachel Cackett | I think it comes down to a simple thing. It's really, really simple. If you reach out for help at whatever stage, you should be able to receive the right help for you at that point. It's a really brave decision to reach out for help. And the idea that it's not there at all, or it's there but it's not the right kind of help is heart-breaking both for the person who is self-harming and for their friends and family. And then I think the second thing for me is that we need to be addressing the reasons that people self-harm in the first place. So we want fewer people to need to reach out for help. And that's a much more complicated issue around so many different departments of government even, to look at the sorts of reasons why people get to the level of distress that self-harm is the action that they then take. If we can do a strategy in Scotland that turns into action around those two issues, then I think what we have is something that will make a real difference to those individuals on the ground, the number of people who are really struggling with this in their everyday lives but perhaps who feel unable to come forward. |
| Claire Dean (Narrator) | And Peter what in your view is ...is going to be the real key to success when developing and taking forward that national strategy and really making that difference to...to individuals and...and the wider community as...as Rachel says? |
| Peter Housden | Well, I think in terms of mobilising statutory agencies in all of this some real feel for the kind of priorities and challenges those organisations face led by people on the inside who are able to turn good intentions into practical guidance and real things that organisations can do would be one. I think two the Samaritans keeping this issue up in the public policy domain will be important over time so that people have a sense of whether we're making progress on this or not, and why. And again, the question about who is going to lead the strategy. I've seen people fold their tents and go away contented because government have adopted such and such a policy and official X and member Y are in the lead. And then three months later they're disappointed cos the official's moved on and the elected member has got different calls on her time. So, you've got to ensure against that. You've got to have a broad base and to know how you're going to support longevity in the work.  |
| Claire Dean (Narrator) | How optimistic are you then Rachel that ultimately if...if we do develop a...a national strategy on self-harm that we can significantly reduce the numbers of people affected by it? |
| Rachel Cackett | I'm totally optimistic that if we can do everything that Peter and myself have been talking about that actually we’ll make a significant difference I'll be really blunt. Samaritans...we...in Scotland we would not have come out and asked for this strategy if we felt it wasn't going to make a substantive difference. There is a huge difference to be made and we know that there's a real will out there to do it. We've been speaking a little bit this morning about statutory services. I think I just really want to emphasise the people that we've spoken to at that frontline, those people working in those statutory services and beyond, not just statutory services, they're the ones who are clamouring as well for there to be something different on offer here. So, I hold that confidence. I think we've got a real opportunity here. I think there is a real interest in doing something different. And I think the public support is there. And that's a really important message.  |
| Claire Dean (Narrator) | To take the next steps towards Samaritans Scotland’s proposal for a national strategy on self-harm, each Challenge Group will be tasked with discussing key issues and putting forward recommendations. In the next three episodes, we’ll be looking at defining self-harm, raising awareness of self-harm and how services can best respond and support people effectively. |
| End Thanks | *Samaritans Scotland would like to thank the Scottish Government for supporting our work on self-harm.* |