



# Creating Hope Together

Scotland's Suicide Prevention Action Plan 2022-2025



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# Sources of Support

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We know that the content in this strategy may impact emotionally on those reading this document.

Support is always available, and you may find the below useful.

## **Breathing Space**

Breathing Space is Scotland's mental health helpline for individuals experiencing symptoms of low mood, depression, or anxiety, and offers free and confidential advice for individuals over the age of 16. They can be contacted on 0800 83 85 87, 6pm to 2am Monday to Thursday; and from 6pm Friday throughout the weekend to 6am Monday.

## **Samaritans**

Samaritans provide confidential non-judgemental emotional support 24 hours a day for people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning 116 123 or via email on [jo@samaritans.org](mailto:jo@samaritans.org)

## **NHS24 Mental Health Hub**

Telephone advice and support on healthcare can be obtained from NHS24 by phoning 111; the Mental Health Hub is open 24/7.

## **Childline**

Childline is a free service for children and young people, for whenever they need support or advice. It is open 24/7, and there are many ways to get support. You can call 0800 1111. Other ways are set out on their website: [www.childline.org.uk](http://www.childline.org.uk)

## Vision

Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

To achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma.

Our aim is 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.

## Guiding Principles

1. We will consider inequalities and diversity – to ensure we meet the suicide prevention needs of the whole population whilst taking into account key risk factors, such as poverty, and social isolation. We will ensure our work is relevant for urban, rural, remote and island communities.
2. We will co-develop our work alongside people with lived, and living, experience (ensuring that experience reflects the diversity of our communities and suicidal experiences). We will also ensure safeguarding measures are in place across our work.
3. We will ensure the principles of Time, Space, Compassion are central to our work to support people's wellbeing and recovery. This includes people at risk of suicide, their families/carers and the wider community, respectful of their human rights.
4. We will ensure the voices of children and young people are central to work to address their needs, and co-develop solutions with them.
5. We will provide opportunities for people across different sectors at local and national levels to come together, learn and connect – inspiring them to play their part in preventing suicide.
6. We will take every opportunity to reduce the stigma of suicide through our work.
7. We will ensure our work is evidence informed, and continue to build the evidence base through evaluation, data and research. We will also use quality improvement approaches, creativity and innovation to drive change – this includes using digital solutions.

## Outcomes

### Outcome 1:

The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.

### Outcome 2:

Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

### Outcome 3:

Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

### Outcome 4:

Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

## Priority Areas

Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk

Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal

Promote & provide effective, timely, compassionate support – that promotes wellbeing and recovery

Embed a coordinated, collaborative, and integrated approach

# Introduction and vision

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- This action plan details the actions for the next 3 years, which implements the first stage of the Scottish Government and COSLA's 10 year suicide prevention strategy, and the four long term outcomes it sets out. To achieve the vision we must deliver across these long term outcomes which together will affect change across our society, services, communities, and individual experiences.
- Much has been achieved since the publication of Choose Life, Scotland's first suicide prevention strategy in 2002 – at both a national and local level. This action plan is intended to be ambitious and build on this strong foundation.
- Over the last four years, the suicide prevention action plan Every Life Matters continued to build momentum across a wide programme of activity. Key deliverables include: new tools and guidance to support local planning and evaluation, strengthened delivery of training and development of new learning resources, new work to raise awareness and reduce stigma of suicide (including through the United to Prevent Suicide social movement), and the design and testing of new approaches for people in suicidal crisis and following a bereavement. Importantly, that action plan has also brought about a progressive way of working, with strong leadership and expertise, coupled with lived experience insight and academic research. We have much to value and build upon.
- This action plan identifies what areas we will continue to focus on, what new areas we will initiate, and areas of future work to support delivery of the long term outcomes.
- The action plan already reflects the suicide prevention work required to support the COVID-19 recovery. However, we appreciate that socio-economic issues, such as the cost of living crisis, have the potential to exacerbate many of the factors we know contribute to suicide. It is therefore timely that this strategy takes a whole of Government and society approach where we recognise the need to address financial inequity, debt, homelessness and child poverty, among other factors and child poverty, among other factors. We will also retain flexibility for innovation and respond to any changes that arise over the life of this action plan. We will review the future areas of work identified at the mid-point of the action plan.
- We recognise that public, private and third sectors – as well as communities and individuals – all have a part to play in the partnership approach we have to preventing suicide in Scotland. This action plan will be achieved by everyone working together which will include sharing resources and learning.

- We also recognise the need for a wide range of national and local government policies pulling together to address structural and social issues linked to suicide risk.
- We will seek to deliver the actions within this action plan in an integrated way – working across actions and outcomes – in order to make a difference in our communities. By communities we mean both the places where we live, and the groups we connect with. We will also ensure that actions are relevant across the life stages to ensure we reach and support children and young people, adults and older adults. Through our engagement, we heard that often children and young people do not always see where action is relevant to them. To help with this we have highlighted with \*\* the actions which apply to children and young people to ensure their needs continue to be addressed, as the action plan is implemented.
- The actions in this plan are designed to support delivery of the four long term outcomes and are built around 6 action areas as set out below.
  - Action area One: Whole of Government and society approach
  - Action area Two: Access to means
  - Action area Three: Media reporting
  - Action area Four: Learning and building capacity
  - Action area Five: Supporting compassionate responses
  - Action area Six: Data, evidence and planning

### **Activating this plan:**

There are key steps required over the coming months to activate this action plan:

1. A work plan will be developed in partnership with key delivery partners that will detail the level at which actions will be delivered – e.g. national, local, regional (or a combination), lead partners, resourcing and timescales. The work plan will include the actions which will continue from Every Life Matters plus the new actions identified in this action plan.
2. Work to transition from current structures to embed the new delivery and governance structures
3. Finalisation and publication of the outcomes framework which will include key indicators to measure progress in delivering the action plan.

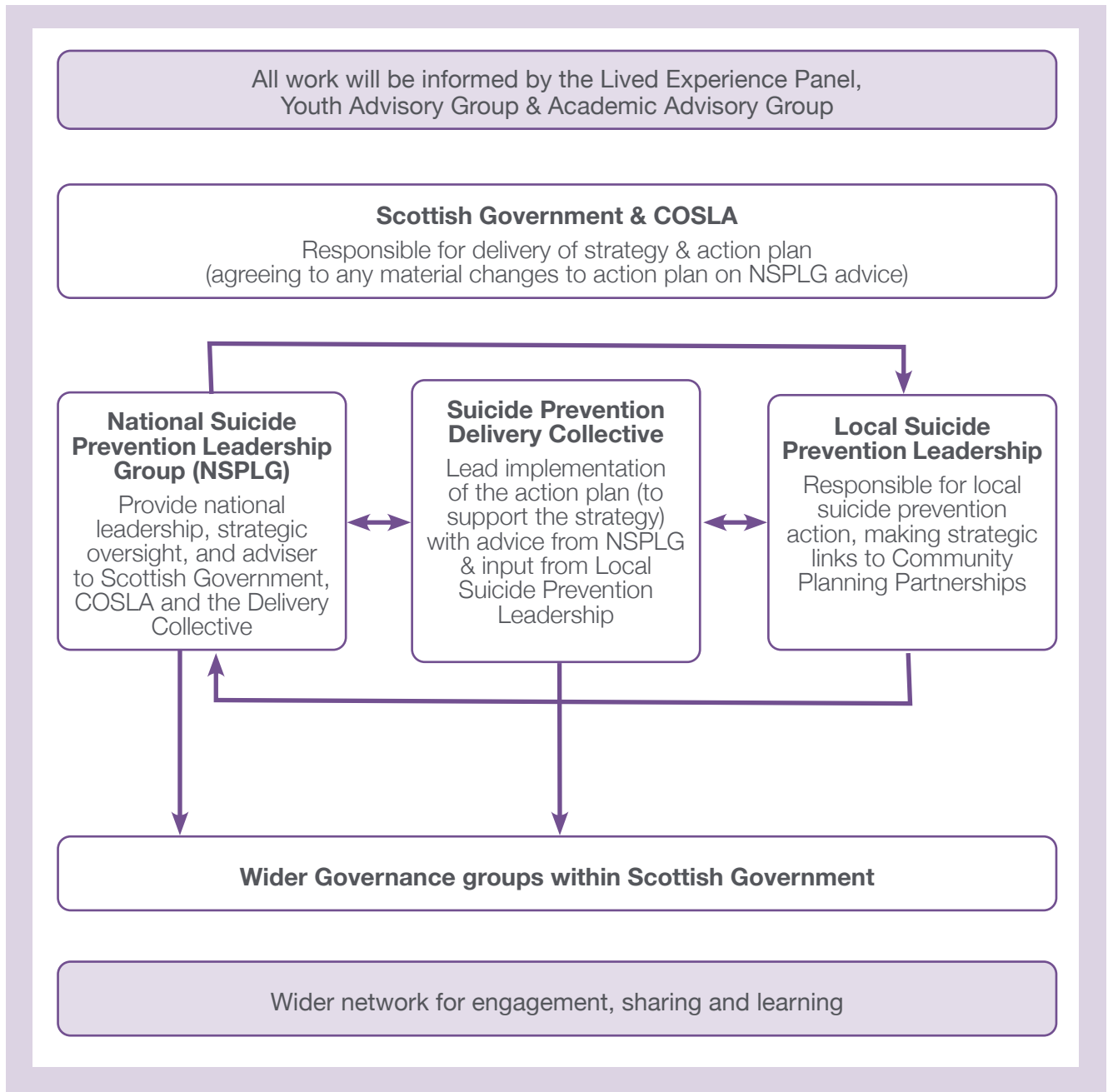
## Introduction and vision (continued)

### Delivering and overseeing this action plan

To deliver this plan we will build on our existing delivery and governance structures, ensuring they are sustainable and inclusive. This will drive progress and provide opportunities to build and share learning on suicide prevention.

- Making some adjustments to the role of the **National Suicide Prevention Leadership Group (NSPLG)** so that it can champion and drive suicide prevention through a partnership approach; advise Scottish Government and COSLA on progress of the strategy and any changes needed to direction / priorities; and, advise the Delivery Collective on delivery. We will include new members to ensure our leadership group offers a wider representation of people's lived experience of suicide, organisations focused on poverty and minority groups, and organisations working in key settings, such as justice and education. The NSPLG will produce an annual report to Scottish Government and COSLA about progress towards indicators as well as advice on future direction, and priorities. We plan the first report at the mid-point of this action plan, to allow time for the new plan to bed in
- We will create a **Scottish Delivery Collective** which will be a Scotland wide delivery team on suicide prevention. It will bring together local practitioners with the national implementation team and harness insights from the Academic Advisory Group (AAG), Lived Experience Panel (LEP) and Youth Advisory Group (YAG). The Collective will use an agile planning and delivery approach and constantly develop and evaluate effective strategies to improve our reach and support for people who are at risk of suicide, including using technology. Public Health Scotland will play a key role in supporting the Collective to put knowledge into action and building an active learning approach
- NSPLG and / or the Delivery Collective will be connected into wider Scottish Government governance structures to ensure strategic connections are made, including work to address **the social determinants of mental health**, which we know are very similar to those impacting on suicide
- **Local leadership and accountability** for suicide prevention will sit with Chief Officers in line with public protection guidance. As part of this role Chief Officers will connect into Community Planning Partnerships (CPPs) which will help ensure suicide prevention is considered as a priority in the wider strategic context, and that all local partners are engaged and supportive
- As well as our structures, we recognise the importance of a creating a **dynamic and engaged suicide prevention community** in Scotland, with networks and gatherings to bring together communities and professionals across sectors, to share knowledge and strengthen understanding of best practice. This will also help us achieve our underpinning philosophy that "Suicide Prevention is Everyone's Business".





## Introduction and vision (continued)

### Resourcing the Action Plan

In the [2021-22 Programme for Government](#) the Scottish Government committed to double the specific annual funding available for suicide prevention over the course of the current Parliamentary term, from £1.4 million to £2.8 million. The funding will directly support the ambition set out in this strategy, which is intended to create positive change across all our communities – both communities of place, and communities of interest.

### Indirect funding

We will ensure suicide prevention is considered across all mental health policy and programmes, including those focussed on early intervention and prevention. The Mental Health & Wellbeing Communities funding for adults (£15 million amount in 2022-2023) is a good example where suicide prevention is already a priority. Through our national suicide prevention implementation leads we will actively seek to ensure that local suicide prevention projects and initiatives are supported through available funds.

The whole of Government and society policy approach also draws upon non-mental health funding and resource to support suicide prevention, for example, policies aimed at child poverty, substance use, and debt. We will continue to develop this approach.

### Investment decisions

In developing the detailed work plan to take forward the action plan, we will scope existing and new actions to support delivery of our long term outcomes. This will include identifying delivery options and expected resource requirements (direct and indirect) for each.

Resourcing will be considered and agreed with affected partners, nationally and locally. This will ensure actions are delivered in ways that are affordable, achieve value for money, and are sustainable.

The Scottish Government will provide an indicative annual funding for suicide prevention activity, to the Delivery Collective. This will allow for the production of a draft annual budget by the Delivery Collective – using the outcomes framework as a tool to prioritise activity. The Scottish Government and COSLA will be consulted on the proposed budget, and it will be approved by Scottish Government, as budget holder.



## Evaluating the Action Plan

- We will ensure a framework is in place to track the delivery of actions and measure their impact. We will ensure there is an evaluation framework around all aspects of delivery and make tools available to support evaluation of local delivery.
- Our outcomes framework will include a logic model and a set of indicators so that we can assess how our work is contributing to the delivery of the vision and the four long term outcomes.
- We will build on our existing guidance to local areas and publish advice on how to identify and incorporate suicide prevention indicators at a local level.

# Outcome 1

**Outcome 1:** The environment we live in promotes the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.

## Priority

- Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk.

## Context / Messages

- We must strengthen our approach to suicide prevention by addressing the social determinants specific to suicide prevention. To support that we will adopt a whole of Government and society approach to suicide prevention. This will involve aligning policy action to ensure all relevant Government policies take action to prevent suicide – from the policy design stage, right through to delivery. Our approach will encompass the spectrum of need – prevention, early intervention, intervention, postvention, and recovery. We will focus on social, economic and spatial policies – and strive to reach communities most affected by inequalities and poverty.
- We also recognise the need to ensure our communities are suicide safe places, and we will seek to proactively design-in suicide-aware places and buildings, and be responsive to practice and evidence on access to means of suicide, including locations of concern.
- We recognise that responsible media reporting (including social media) of suicide is needed, and we will work with the sector to improve this.

## What we will keep doing

- Deploy research and wider findings on risk and protective factors to increase knowledge and support targeted action across our suicide prevention work
- Consider the findings from the Delphi study which seeks to engage a network of academic experts, health professionals and people with lived experience of suicide and self-harm, with a view to developing a set of best-practice guidelines to help prevent suicide by hanging and self-poisoning
- Continue to work with UK Government and Ofcom to ensure the forthcoming legislation on online harms is robust and implemented rigorously in Scotland
- Take a human rights based approach to our work and engage with protected characteristics groups – in recognition of the impact that discrimination can have on the mental health of those who are, for example, LGBTI, disabled people or racialised groups.

## New actions

### Action area 1: Whole of Government and society approach

#### Action 1.1: Whole of Government and society approach (supported by local policies and action)

We know that suicide prevention needs to be much more than acting at the point people are suicidal, we must use our knowledge of risk and protective factors to take action at every opportunity to mitigate against suicide, and to support people at the earliest opportunity. To support this, engagement has taken place across Government and COSLA to identify where suicide prevention can be connected into wider policies and delivery.

We have worked to ensure a joined-up approach to delivering suicide prevention. This action sets out the current whole of Government policy actions where there are opportunities to make explicit links to suicide prevention and which:

- a. Are critical to addressing the social determinants / causes and inequalities of suicide. For example, actions around poverty, homelessness and substance use
- b. Extend the opportunities to prevent suicide by integrating a suicide prevention element into an existing service or the delivery of Government policy on the ground – for example, ensuring the workforce in settings which may be a touchpoint for people who are suicidal have increased awareness and skills to respond to people in distress, and who are suicidal.

These actions are detailed in Annex A, and will be updated on a rolling basis as policy developments occur. While these actions have been presented under the Whole of Government and society approach action area, we recognise that some are also relevant under other action areas.

\*\* We consider children and young people will benefit from this action.

### Action area 2: Access to Means

**Action 2.1:** Develop a comprehensive, cross sector action plan to address locations of concern with an initial focus on falling / jumping from height (and which complements the national guidance).

**Action 2.2:** Consider priority actions on access to means following the Delphi study, as well as wider work on locations of concern such as waterways, railways and retail outlets.

\*\* We consider children and young people will benefit from this action.

### Action area 3: Media reporting

**Action 3.1:** Work with the national and local media sector to hold a series of awareness raising events about responsible media reporting (including social media) – drawing on lived experience.

\*\* We consider children and young people will benefit from this action.

# Outcome 2

**Outcome 2:** Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

## Priority

- Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal

## Context / Messages

- We recognise the need for individuals, families, communities, workplaces and services to have a better understanding of suicide, so that they can be more confident and responsive to suicidal behaviour and risk.
- Promoting awareness of suicide and reducing stigma is a core element of preventing suicide. We will therefore continue to work to increase awareness of suicide to create a foundation of understanding and compassion in our communities and services, and thereby equip people to respond effectively to someone who is suicidal. It also creates the conditions for people who are feeling suicidal to understand their feelings and feel safe in expressing those to others, knowing they will receive a compassionate, timely response, and the support they need.
- This behaviour change underpins all our work – from prevention and early intervention through to crisis and recovery early intervention, through to crisis and recovery. By embodying the principles of Time, Space and Compassion across our communities and services, we can provide the wrap around support that is needed to prevent suicide – our Everyone's Business philosophy.
- As with all our work, taking a human rights-based approach and learning from people with lived experience is essential. By empowering people and understanding their experiences we will create the right ways to talk about suicide and ensure people are listened to and well supported.
- Throughout this work we see the potential to focus on priority sectors, settings and communities – where bringing an intensive focus will have the greatest impact on preventing suicide.



## What we will keep doing

- Continue to grow Scotland's suicide prevention social movement, United to Prevent Suicide (UtPS) by encouraging people in communities and organisations – across all sectors – to join the movement and participate
- Continue to run suicide prevention campaigns, at whole population level and targeting specific groups where there is a higher risk of suicide – and ensure national and local campaigns are coordinated to maximise reach and impact, always seeking opportunities to address inequalities. We will also ensure suicide prevention is embedded across wider mental health stigma and service design programmes
- Continue to build learning resources on suicide prevention that responds to the different levels of the Knowledge and Skills Framework on mental health improvement and suicide prevention. Also, deliver local learning through the Scotland-wide facilitation network. We will also complete the review of our learning approach.

## Outcome 2 (continued)

### New actions

#### Action area 4: Learning and Building Capacity

**Action 4.1:** Develop a future programme for the social movement, campaigns, and anti-stigma work (including a focus on tackling workplace stigma).

This programme will be shaped by people with lived experience, by evaluating our social movement and campaigns, by reflecting on emerging good practice, and by drawing on wider learning, for example from See Me. We will also seek to adopt community development approaches to connect and build community led change.

\*\* We consider children and young people will benefit from this action.

#### Action area 4: Learning and Building Capacity

**Action 4.2:** Implement actions from the review of the learning approach to suicide prevention to ensure it is fit for purpose and meets the different needs of the workforce and communities alike. This will likely lead to a more tailored and targeted learning approach and resources – including to focus on areas where our approach can achieve the greatest system-wide impact. To support that we propose – as a first step – carrying out at least two tests of change to support learning and support (as follows).

The tests of change will reach groups / communities where there is a heightened risk of suicide by building capacity with local and community groups. We plan to work with trusted organisations to (1) review the design and delivery of learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we will seek to better understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high.

#### Considerations in developing this approach:

- Identify and prioritise key settings within communities to promote learning, for example, schools / further and higher education, welfare services, and within health and care settings: primary care, mental health services, unscheduled care / A&E, community pharmacy, perinatal, women's health, pain / long term conditions, support for unpaid carers (and embedding suicide prevention as part of the Carers Strategy), palliative care and organisations working in violence against women and girls
- Professional groups may include first / emergency responders, educators (such as counsellors / teachers), and staff in the criminal justice sector
- Consider touchpoints for people in financial distress, seeking welfare support, and marginalised groups
- Respond to the diverse needs and intersectionality of communities, including cultural / social factors, and geographic location
- All approaches and resources should embody principles of Time Space Compassion, and are trauma informed
- Reflects risk and protective factors
- Need to build in continued engagement with communities and key support settings to ensure awareness raising and learning translates into action
- Need to consider from the outset how the effective approaches can be mainstreamed and evaluated.

\*\* We consider children and young people will benefit from this action.



## New actions

### Action area 4: Learning and Building Capacity

**Action 4.3:** Support the embedding of the Whole School Approach to Mental Health and the Children and Young People's Mental Health and Wellbeing professional learning resource, which includes suicide prevention, and share good practice.

\*\* We consider children and young people will benefit from this action.

### Action area 4: Learning and Building Capacity

**Action 4.4:** Develop existing and new age-appropriate resources for inclusion in the school curriculum which build understanding on mental health, self-harm and suicide prevention and are evidence-informed.

\*\* We consider children and young people will benefit from this action.

### Action area 4: Learning and Building Capacity

**Action 4.5:** Consider how suicide prevention can be embedded in pre-registration training curricula e.g. for health and social care professions, youth work, and teaching staff.

\*\* We consider children and young people will benefit from this action.

### Action area 4: Learning and Building Capacity

**Action 4.6:** Create a portal to host suicide prevention resources and information and advice in one, accessible, digital space – which links to other relevant platforms. The portal should support the needs of:

- Individuals, families / friends / carers and anyone affected by suicide – offering a range of self-management advice and tools (including digital), and advice and guidance on where to seek further support
- Practitioners working in the field and those with an interest in building their understanding about suicide prevention.

\*\* We consider children and young people will benefit from this action.

### Action area 4: Learning and Building Capacity

**Action 4.7:** Provide reliable and easily digestible information in different formats about suicide and suicide prevention to communities, including to community-based organisations and locations, such as sports and youth organisations, libraries, welfare agencies and community centres. This includes providing accessible information for everyone, including people who do not have English as their first language, or those with learning disabilities.

\*\* We consider children and young people will benefit from this action.

### Action area 4: Learning and building capacity

**Action 4.8:** Increase our understanding and practice around help seeking and help giving to inform suicide prevention approaches. An early learning opportunity is from the current place-based Samaritans / Scottish Government project in West Highlands.

There are links between this work and the actions on responding to the diverse needs of communities and developing new approaches to prevent suicide.

# Outcome 3

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**Outcome 3:** Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

## Priority

- Promote and provide effective, timely, compassionate support – that promotes wellbeing and recovery.

## Context / Messages

- To prevent suicide, we need to create the conditions for good mental health and wellbeing and tackle the social determinants of suicide. We must also ensure there is timely and effective support for anyone who feels suicidal – from the earliest moment. As such, our support must span from early intervention, preventing crisis, support during crisis, and post crisis support and recovery. When providing support to anyone feeling suicidal, we must value their resilience and strength, and seek to create a sense of hope.
- To achieve this, we must continually seek to understand what interventions work for different individuals (and groups), and how we can help people to reach out for help when they need it; and indeed, for support services to reach in. Our support must always be culturally safe, trauma informed, and embody the principles of Time, Space and Compassion.
- We know that a priority must be ensuring support services are available and relevant to all communities of place and communities of interest; and we will focus on areas and groups where suicide rates are highest, including deprived areas. This focus will include building protective factors, such as social connectedness, as well as a focus on risk. Given this, we will build the understanding and capacity of our communities, including through peer-support and our programme of awareness raising and learning.
- We know many people affected by suicide are in contact with statutory services, including primary care, mental health services, and unscheduled care settings. They may also be in contact with services beyond health and social care, such as homelessness services and education. As such, we will focus our efforts on improving patient safety and experience in health and social care settings, whilst supporting greater partnership working across key statutory services.

## What we will keep doing

- Through other Government mental health priorities and programmes we will continue to support population mental health and wellbeing. Over the last two years this has included: increasing mental health staff in primary care, investing in school counsellors, our communities funds for adults and children and young people, our public information and digital resources about where to access support, including the Mind to Mind website, investing in assessment and support services (such as NHS 24 mental health hub and Breathing Space), and work to support particular aspects of mental health (such as perinatal, self-harm and eating disorders)
- Ensure suicide prevention is considered in our workforce planning and in system improvements for mental health unscheduled care. Introducing quality standards for Mental Health will directly support the pathways, assessment and care for people who are suicidal and reach out for help
- Take a human rights-based approach to our work and engage with protected characteristics groups and the trusted organisations who connect to them
- Continue to invest in promoting support for people who are suicidal, including through digital, such as the 'surviving suicidal thoughts' videos
- Continue to improve suicidal crisis responses by embedding the principles of Time, Space and Compassion in commissioning and service design, as well as growing workforce and community capacity and capability to offer Time, Space and Compassion based support
- Continue to learn from our suicide bereavement support services – both for family and in workplaces
- Continue to roll out of the Distress Brief Intervention (DBI) across local areas, informed by evaluation. We know from the evaluation of the initial DBI pilots that one in ten people reported that they may have attempted suicide or continued with suicidal thoughts if DBI had not been offered to them
- For children and young people, we will continue to invest in Child and Adolescent Mental Health Services (CAMHS) and wider community supports. We will also support children and young people who have neurodevelopmental support needs through implementation of our National Neurodevelopmental Specification. We will continue to pilot DBI for under 16s (and consider wider rollout following evaluation).

## Outcome 3 (continued)

### New actions

#### Action area 5: Supporting a compassionate response

**Action 5.1:** Consider ways to adapt Distress Brief Intervention (DBI) programme to ensure it supports people at the earliest opportunity, and to ensure it is considered for everyone who has thoughts of suicide or has made an attempt, where appropriate. We will consider the potential for new referral pathways, and ways to re-engage with support after discharge.

#### Action area 5: Supporting a compassionate response

**Action 5.2:** Respond to the diverse needs of communities.

To support this we propose at least two tests of change to reach groups / communities where there is a heightened risk of suicide. We plan to work with trusted organisations to (1) review the design and delivery of learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we will seek to understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high. (This is the same action as set out under action area 4, along with considerations in developing this approach).

We will also consider the findings from the joint International Association for Suicide Prevention (IASP) and Scottish Government funded research 'Interlinked systematic umbrella reviews of the effectiveness of interventions to prevent suicide', due to publish in 2023.

\*\* We consider children and young people will benefit from this action.

#### Note:

Trusted organisations / groups could include those with a focus on: men, women, LGBTI, minority ethnic communities, migrants, asylum seekers, socially isolated communities, occupational groups, additional support needs, criminal justice, self-harm, mental illness / support, gypsy travellers, unpaid carers, students, gender based violence, victims, and disability.

#### Action area 5: Supporting a compassionate response

**Action 5.3:** Build new peer support capability to enable further use of peer support and recovery models for suicide prevention, working with key partners, such as Scottish Recovery Network.

#### Action area 5: Supporting a compassionate response

**Action 5.4:** Develop resources to support families, friends, carers / unpaid carers (including children and young people), and anyone else affected by suicidal behaviour – building on existing resources. Such resources should provide information and advice for people who are supporting someone who is suicidal (including after a suicide attempt), which would include their rights under the Carers Act as well as self-care advice.

\*\* We consider children and young people will benefit from this action.

## New actions

### Action area 5: Supporting a compassionate response

**Action 5.5:** Ensure relevant staff such as pastoral / guidance staff, school nurses and counsellors in education settings are skilled and responsive to signs of suicidal concerns, whilst ensuring proactive approaches to supporting children and young people at key transitional stages, as part of a continuum of care.

\*\* We consider children and young people will benefit from this action.

### Action area 5: Supporting a compassionate response

**Action 5.6:** Develop approaches to prevent suicidal behaviour in children and young people, with a focus on delivering action in key settings, including education, health and social care, youth work. This will include:

- Engaging with Youth Advisory Group to understand the concerns and priorities for action for children and young people
- Reviewing and synthesising evidence around the needs, risk and protective factors, and effective responses (including the findings from the Children and Young People's Joint Delivery Board Task and Finish Group on crisis and support)
- Learning from reviews of suicide deaths in children and young people undertaken through the National Hub for Child Death Reviews.

\*\* We consider children and young people will benefit from this action.

### Action area 5: Supporting a compassionate response

**Action 5.7:** Develop new approaches to prevent suicidal behaviour in older adults, with a focus on delivering action in key settings. This will include:

- Engaging with people with lived experience
- Reviewing and synthesising the evidence around the needs, risk and protective factors and effective responses
- Implementing learning from the reviews of suicide deaths in older adults.

### Action area 5: Supporting a compassionate response

**Action 5.8:** Consider how those working in primary care settings – including GPs, nurses, mental health teams and the broader primary care workforce – can identify and support people who are at risk of suicide, who may present in distress or with low mood, anxiety or self-harm. This could include: safety planning, referrals to DBI, community support (social prescribing), and proactive case management, especially for people with a high risk of suicide.

We will consider effective ways to share good practice and learning with clinicians and managers in primary care settings across Scotland, which will include support for the workforce.

\*\* We consider children and young people will benefit from this action.

## Outcome 3 (continued)

### New actions

#### Action area 5: Supporting a compassionate response

**Action 5.9:** Work with clinicians in unscheduled care settings to ensure (a) they are alert to suicide risk - particularly for people who have self-harmed or attempted suicide – and respond effectively through the provision of psychosocial assessment; and (b) they work with partners to ensure care pathways and support are put in place, including in the community (which may include via primary care).

Care pathways for people who have self-harmed or attempted suicide should focus on their mental wellbeing and recovery needs.

Distress Brief Intervention should be offered, where appropriate as part of an increased range of potential interventions. The pathways to these interventions will be monitored through implementation of unscheduled care pathways.

#### Considerations in developing this approach:

- Review current models of ongoing support at the point of at the point of onward referral or discharge from unscheduled care settings (including international examples), to inform our future approach to ensure a high quality of continued support and recovery for those who are, or have been, suicidal.
- Consider how to share good practice across clinicians and managers in clinical settings, including support for the workforce.
- Involve families as appropriate in developing care / aftercare strategies.
- Ensure principles of Time, Space and Compassion are embedded at each stage – right through arrival, assessment, care and discharge.

\*\* We consider children and young people will benefit from this action.

## New actions

### Action area 5: Supporting a compassionate response

**Action 5.10:** Work to support statutory services to continuously improve the quality of clinical care and support for people who are suicidal, and share good practice and learning, both individually and by working together across services.

To achieve this a first step is for mental health services to adopt the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) recommendations into their patient safety planning and operating practices, and the relevant Medication Assisted Treatment (MAT) standards.

#### Considerations in developing this approach:

- Undertake work to help embed assertive case management approaches which engage all relevant agencies to support someone with suicidal risk or following an attempt. This could include services such as: mental health, primary care, secondary care, social work, alcohol and drug services, housing services (and frontline homeless organisations, where appropriate), education, police, prisons, and youth workers. Community based organisations should also be engaged where that will support the individual. This approach would ensure a person who is suicidal has all relevant local services working together to provide an effective and seamless support – the No Wrong Door approach
- Where suicide risk is identified, a multi-agency, assertive approach should be used to span early intervention, prevention, crisis and recovery – with a particular focus on transition between parts of the system / service
- When services are supporting someone who has been suicidal, they should carefully plan handover between services, and discharge from services. They should also ensure people can quickly and easily re-engage with their service should their needs change
- Transition points should be fully planned for, particularly as children and young people move from children to adult services.
- Support should take a human rights based approach, recognise risk and protective factors and include safety planning as reflected in the evidence on suicide risk management (included in NICE guidance on self-harm),<sup>1</sup>
- Services must also consider how they reach and meet the needs of particular groups, such as minority ethnic communities, people affected by trauma, and gypsy travellers
- Develop opportunities to share good practice across clinicians and managers in service settings, including support for the workforce.

\*\* We consider children and young people will benefit from this action.

<sup>1</sup> <https://www.nice.org.uk/guidance/ng225>

## Outcome 3 (continued)

### New actions

#### Action area 5: Supporting a compassionate response

**Action 5.11:** Provide suicide bereavement support across Scotland to ensure fair and equitable service, based on the evaluation of the pilot services and engagement with local service partners.

\*\* We consider children and young people will benefit from this action.

#### Action area 5: Supporting a compassionate response

**Action 5.12:** Consider the value and impact of a single Scottish specific telephone number which will provide access to existing telephone support and resources.

### What will we do next

- Ensure the mental health unscheduled care programme is leading to improvements for people at risk of suicide.
- Understand and address gaps in early intervention for suicide risk, for the whole population, as well as for individuals or groups who may have heightened risk of suicide.
- Continue to consider new models of support for people who are suicidal, based on evidence and insight.



# Outcome 4

**Outcome 4:** Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review

\*We recognise this is an enabling outcome to the other 3 outcomes. Whilst technically a process, rather than societal, outcome, we consider it critical to achieving the vision.

## Priority

- Embed a coordinated, collaborative and integrated approach

## Context / Messages

- By designing-in our data needs and taking a broad view of different types of evidence (including management / evaluation data, qualitative data and service insights) we will build an effective evidence informed approach to suicide prevention.
- Our data, evidence, practice and lived experience insights are all essential for good design, delivery and evaluation of our actions, and will inform the continued evolution of our approach to suicide prevention.
- Our outcomes framework will identify indicators and measures which will enable us to assess progress and evaluate delivery of the outcomes.
- Public Health Scotland will play a key role in translating evidence into action on the ground – both in our communities and in key settings.
- Surveillance and reviews of suicide will help improve our understanding about suicide and enable us to take action to proactively support people at greater risk of suicide.

## Outcome 4 (continued)

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### What we will keep doing

- Use the insights from lived experience – the Lived Experience Panel and the Youth Advisory Group – to shape the design, delivery, communications and evaluation across our work
- Engage with equalities groups and marginalised communities to better understand their specific needs which will help shape our work
- Learn about suicidal behaviour from our Academic Advisory Group. This includes: understanding the connection between suicide and mental health and wellbeing; risk and protective factors; and, effective interventions for reducing suicide – including for specific groups. We will seek to learn more from qualitative and quantitative research by creating a horizon scanning function, and ensuring suicide research is integrated into our Delivery Collective alongside practice and lived experience insights. By synthesising and disseminating this learning we will be better placed to drive change nationally and locally
- Continue to bring together data sources on suicide to inform our priorities, actions and public information. This will include: routine data, suicide reviews, more timely data, Scottish Suicide Information Database (ScotSID), and management / evaluation data. To support this, we will develop national information sharing agreements where necessary to support collection, analyses, management and sharing of data
- Seek opportunities to carry out tests of change in communities of interest and place to learn more about effective suicide prevention approaches
- Continue to progress local multi-agency data reviews, with a supporting learning system. This will help identify missed service engagement opportunities
- Support local areas to develop tailored suicide prevention action plans based on local need. This will be supported by guidance, good practice, and local data
- Additionally, the national implementation lead resource will provide guidance and support.

## New actions

### Action area 6: Data, evidence and planning

**Action 6.1:** In settings and services where people are at higher risk of suicide, ensure there is a suicide prevention action plan in place which takes account of risk and protective factors, and connects to statutory partners (where appropriate) and local suicide prevention plans – to ensure smooth transition release or discharge. This should draw on existing plans, resources and best practice approaches taken within settings to suicide prevention.

Plans should include actions for the people they support as well as for their workforce, and the development of plans should include input from both groups. Key settings / services include: criminal justice settings (police custody and prison), secure accommodation, residential care, first / emergency responders, and schools / further and higher education (as appropriate).

#### Considerations in developing this approach:

- Scope to develop resources for use in occupational sectors, especially where high prevalence of suicide, such as construction and veterinarian
- Consider providing resources / frameworks for action, together with opportunities to share and learn from practice across sectors.

\*\* We consider children and young people will benefit from this action.

### Action area 6: Data, evidence and planning

**Action 6.2:** Develop guidelines that enable effective and timely responses to suicide clusters and contagion within their local context.

\*\* We consider children and young people will benefit from this action.

### Action area 6: Data, evidence and planning

**Action 6.3:** Continue to develop, embed, nurture and enhance our lived experience model, whilst ensuring it is representative of the diversity of people affected by suicide. Enhancing the model could include:

- Developing resources / toolkit to support people with lived experience sharing their personal stories in safe, meaningful and impactful ways
- Seeking opportunities to bring together national and local lived experience groups and considering when and how to seek wider lived experience input and participation.

\*\* We consider children and young people will benefit from this action.

## Outcome 4 (continued)

### New actions

#### Action area 6: Data, evidence and planning

**Action 6.4:** Improve data recording and reporting on suicide deaths and attempts, and bring that together with wider, relevant data to improve our understanding of suicide risks and trends. This intelligence will form a core part of our suicide prevention Delivery Collective to support planning, delivery and evaluation, both at a national and local level.

#### Considerations in developing this approach:

- Explore scope for recording suicide attempts (linked to locations of concern data). This will require improving the reporting and quality of data on self-harm and suicide attempts
- Consider drawing on data relating to children and young people's needs from schools, counselling services, etc., and potentially other settings, such as further and higher education, secure and community settings
- Explore use of Geographic Information System (GIS) mapping and other analytical tools to plot and identify locations of concern for suicides, suicide attempts, and distress incidents - to inform local action
- Ensure data from suicide reviews connects to and enhances ScotSID data, as well as wider data sets such as National Records of Scotland (NRS) published data, more timely data, and management / evaluation data which will enhance the data around factors relating to suicide such as trauma, criminal justice, gender-based violence etc.

\*\* We consider children and young people will benefit from this action.

#### Action area 6: Data, evidence and planning

**Action 6.5:** Introduce a horizon-scanning function to produce a 6-monthly digest of new evidence, which connects to the Mental Health Research Advisory Group. Priority areas may include: COVID-19 and cost of living impacts, and the mental health of children and young people and other marginalised equality groups. Again, this intelligence will form a core part of our suicide prevention Delivery Collective to support planning, delivery and evaluation, both at a national and local level.

\*\* We consider children and young people will benefit from this action.

#### Action area 6: Data, evidence and planning

**Action 6.6:** Roll out multi-agency suicide reviews and a learning system (aligning with the serious adverse event reviews process within mental health services). The learning from suicide reviews should sit alongside the trend analyses from the Scottish Suicide Information Database (ScotSID) to maximise the opportunities for evidence to continually improve suicide prevention action.

\*\* We consider children and young people will benefit from this action.

#### Action area 6: Data, evidence and planning

**Action 6.7:** Host learning events to disseminate information and share learning and good practice between and across sectors on suicide prevention. This will build on the Suicide Information Research Evidence Network (SIREN) model.

\*\* We consider children and young people will benefit from this action.

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## What will we do next

- Apply learning from the tests of change in communities of interest and place (set out under Outcome 2 & 3) in order to support wider change
- Consider further use of standards and guidelines to drive improvement in statutory and non-statutory sectors, on suicide prevention
- Continual review of priorities / areas of focus and overall action plan on the basis of emerging data and understanding – progress on this plan will be reviewed at the progress on this will be reviewed at the mid-point of the action plan
- Consider the use of the innovation programmes to promote suicide prevention action.

# Annex A – Whole of Government and society approach

**Action area 1:** Whole of Government and society approach, supported by local policies and action. This will be updated on a rolling basis as key policy developments occur.

## **Mental Wellbeing and Social Care**

### **Self-Harm**

- We will publish Scotland's first dedicated self-harm strategy and action plan in 2023. The strategy is aimed at supporting anyone who self-harms, including people who are suicidal. The strategy development is being driven by people with their own lived, or living, experience of self-harm, and informed by insights from those who support them – whether family and friends, or frontline services. The strategy and action plan will reflect the diverse range of self-harm experiences and seek to ensure people receive support which is inclusive, appropriate, sensitive and person-centred – in a range of appropriate settings. We are already supporting people who self-harm through our investment in new pilot support services (delivered by Penumbra in three local areas), and that will increase through the new national online portal which will provide vital information and advice to people who self-harm, and those who support them.

### **Trauma and Adverse Childhood Experiences (ACEs)**

- We will increase the capacity of the workforce to deliver individual support and interventions to improve recovery from the impact of trauma. As part of the National Trauma Training Programme, NHS Education for Scotland (NES) will increase capacity for delivery of 'Safety and Stabilisation, training (a programme that helps the relevant workforce to deliver individual support and interventions to improve recovery from the impact of trauma), and 'Survive and Thrive, training (a trauma-enhanced group-based psychoeducation intervention that can significantly reduce trauma symptoms and facilitate recovery for people affected by complex trauma).

## Dementia

- We will explore how suicide prevention activity can inform and be embedded in the diagnosis process and subsequent Post Diagnostic Support offer, which is available to anyone in Scotland newly diagnosed with dementia, for up to a year. This includes support for staff delivering the services and for those accessing them
- We will highlight that people living with dementia are at a higher risk of suicide and consider this in the development of the new dementia strategy and tailor campaigns accordingly.

## Mental Health Law

- We will continue to take forward recommendations from the Scottish Government's 'Review of investigating deaths of patients being treated for mental disorder' (2018), and work with partners to ensure suicide prevention learning coming out of that work is shared and acted upon to help reduce the number of deaths by suicide after someone has been discharged from hospital
- We will consider the final recommendations from the independent Scottish Mental Health Law Review (SMHLR) to identify where there may be an impact on suicide prevention in any proposed changes to legislation or practice.

## Care Quality Standards

- We will work with the Quality and Safety Board and NHS Assure to improve our understanding and the assessment of the quality and safety of mental health estates
- We will work with Healthcare Improvement Scotland (HIS) and healthcare partners to reduce ligature risks and ensure the assessment, care and discharge of patients who are suicidal is carried out proactively, including through safety planning, and is mindful of risk factors (including trauma and complicated grief)
- We will create opportunities for clinical staff across Scotland to share learning on supporting patients who are suicidal – we will explore options for how this can best be achieved
- We will work with HIS to ensure the approach to serious adverse event reviews for suicide aligns with the ongoing roll-out of multi-agency reviews of suicide, including the most effective way to share the learning across reviews
- We will work to ensure a trauma-informed approach and the principles of 'Time, Space and Compassion' are embedded within the National Standards for Mental Health.

## Annex A – Whole of Government and society approach (continued)

### Workforce, Digital and Primary Care

- We will support local planning groups which have been established with funding from the Mental Health Recovery and Renewal Fund, to embed suicide prevention in their work – ensuring better and more timely access to support for those in distress
- We will work to ensure the primary care workforce is aware of the risk factors for suicide, and are equipped to respond to anyone presenting who is suicidal – this could include safety planning and referral to statutory and third sector partners. (Further detail under Outcome 3)
- We will consider how Mental Health multi-disciplinary teams can support people most at risk of suicide and provide primary care teams with information and resources about where support can be accessed for people who are experiencing suicidal thoughts.

### Wellbeing and Prevention

- We will continue to make connections across suicide prevention and wider population mental wellbeing initiatives, and will identify opportunities to collaborate and share learning. These include: tackling mental health stigma through See Me, understanding the social determinants of mental health, supporting employers to promote mentally healthy workplaces, and providing online resources to support population mental wellbeing (including Mind to Mind website)
- We will include suicide prevention as a priority area under the Communities Mental Health and Wellbeing Fund. In Year 2 of the fund, suicide prevention implementation leads will proactively engage Third Sector Interfaces (TSIs) to raise awareness of this priority issue and help ensure access to funding for suicide prevention focused projects.

### Supporting Mental Health of the Workforce

- We will review the evidence, and commission new research where needed, to identify workforce sectors, industries and particular groups of employees where staff are at higher risk of suicide or have high exposure to suicide (for example, health and social care, transport and construction). We will use this to inform future suicide prevention activity and targeted support, which could include workforce policies and supports. This links to the mental health and wellbeing platform for employers
- We will continue to support the wellbeing and mental health (including around suicide prevention) of the Health, Social Work and Social Care Workforce via a range of national resources – namely the Workforce Specialist Service, the Workforce Development Programme, the National Wellbeing Hub and the National Wellbeing Helpline
- We will continue to engage with stakeholders in Health, Social Work and Social Care, in order to ascertain potential new initiatives as appropriate to support the wellbeing and mental health of the aforementioned workforces.



### **Student Mental Health**

- We will ensure the Student Mental Health Action Plan (to publish in 2023) prioritises suicide prevention through actions to address suicide prevention in our colleges and universities.

### **Autism and Learning Disabilities**

- We will review the suicide prevention learning resources to ensure they address the needs of people with learning disabilities and neurodivergent people (including autistic people), and recognise their higher risk of suicide. We will seek to target those resources at professionals, including GPs and wider primary care teams
- We will ensure suicide prevention is embedded within the single neurodevelopmental pathways (for children and young people, and for adults) and the national post diagnostic support web hub, recognising the increased risk of suicide in neurodivergent people, including autistic people.

### **Wider Government Policy**

#### **Homelessness**

- We will pursue Homelessness Prevention Duties. We will introduce legislation in this Parliamentary session to both strengthen Local Authority homelessness prevention activity and to create new homelessness prevention duties on wider public bodies. We aim to ensure that people get early support to prevent homelessness, and that the risk of homelessness is identified and acted on regardless of the service first approached. To support this, we will prioritise suicide prevention training for public services covered by the legislation, including Local Authority housing staff
- We will prioritise third sector front line homeless organisation staff for suicide prevention training
- We will request Local Authority housing teams are included in multi-agency case management approach for anyone suicidal, as well as third sector frontline organisations (where they are engaged).

## **Annex A – Whole of Government and society approach (continued)**

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### **Drugs Mission**

- We will identify joint drugs / suicide prevention opportunities as part of the National Drugs Mission – particularly around access to services, compassionate / trauma-informed support, and peer support models
- We will engage with mental health and substance use services to support the implementation of Medication Assisted Treatment (MAT) standards, specifically MAT Standards 6, 9 and 10 which focus on mental health support and trauma-informed care. MAT standards are designed to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland
- We will prioritise staff in Alcohol and Drugs services for training in suicide prevention
- We will request Alcohol and Drugs services staff are included in multi-agency case management approach for anyone suicidal
- We will consider follow up opportunities for suicide prevention coming from the Healthcare Improvement Scotland (HIS) mental health and substance pathfinders.

### **Alcohol**

- We will ensure effective links across alcohol brief interventions and distress brief interventions to ensure people receive integrated support to meet their needs
- We will ensure learning from stigma and help seeking behaviours on alcohol and substance use are shared to inform suicide prevention / distress approaches, and vice versa.

### **Child Poverty**

- We will explore the potential to embed suicide prevention and distress support in the delivery of Best Start, Bright Futures our second tackling child poverty delivery plan
- We will support partnership working between local child poverty and suicide prevention leads, to collaborate and share learning.

### **Money and Debt Advice**

- We will further develop a response for people whose mental health has been affected by issues relating to debt and finances. We will work closely with a range of advice organisations including Citizen's Advice Scotland to better understand and tackle these issues, including the prevention of suicide
- We will continue to work with the advice sector to understand and respond to the continuing impacts of the pandemic and rising cost of living on their services and how they are delivered; and we will ensure our funding continues to support the sector to help the people who are struggling the most financially, which we recognise is a risk factor for suicide
- We will prioritise staff working in money advice and welfare services for suicide prevention training.

## **Social Security**

- We will work with Social Security Scotland to support embedding Time, Space and Compassion as part of their approach to working with – and supporting – members of the public who may be at higher risk of suicide in line with the Social Security Scotland Charter<sup>2</sup>. This will include providing learning for staff to be able to recognise those who may be at higher risk of suicide and ensure they have knowledge, skills and confidence to support the person at the time of interaction, and know how to signpost to further support or escalate concerns to ensure someone's safety.

## **Social Care / National Care Service**

- We will ensure our approach to delivering suicide prevention activity is to be flexible and responsive to the changing landscape we are operating in. This includes the transformative redesign of community health and social care through the creation of the National Care Service which will support more multi-disciplinary and person-centred care
- We will explore how to effectively support the mental health and wellbeing of the health and social care workforce, including around suicide prevention

## **Whole Family Wellbeing Support**

- We will invest at least £500 million in Whole Family Wellbeing Funding over the course of this Parliament to help transform services that support families, ensuring families can access the support they need, where and when they need it, enabling families to thrive – which will support suicide prevention
- Over 2022-23 we will invest the initial £50 million of funding to: help local areas shape and scale up services that are already effectively wrapping around the needs of families using a multi-agency, multi-disciplinary approach; to support local areas to shift from crisis intervention to preventive support; and to provide support for national activity needed to drive these changes. We will continue to explore links to suicide prevention through this investment.

## **Social Isolation and Loneliness**

- We will consider how suicide prevention can be included in the implementation of 'A Connected Scotland' strategy – to tackle social isolation and loneliness, and to build stronger connections.

<sup>2</sup> [Social Security Scotland - Our Charter](#)

## **Annex A – Whole of Government and society approach (continued)**

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### **The Promise / People with Care Experience**

- We will work with stakeholders, including The Promise Scotland, to engage with care experienced people to better understand what action is needed to embed suicide prevention activity in our support to children and young people in care, and care leavers.

### **Children and Young People**

- We will consider the findings of the Children and Young People's Mental Health and Wellbeing Joint Delivery Board in relation to suicide prevention, when it makes its final recommendations in December 2022
- We will work with Perinatal and Early Years Mental Health – including the Perinatal and Infant Mental Health Programme Board – to develop approaches and mental health support to ensure suicide prevention is considered during the perinatal period.

### **Bereavement Support for Children and Young People**

- We will consider any recommendations relating to suicide and suicide prevention, which come out of the final report of the National Childhood Bereavement Project.

### **Family Law**

- We will embed suicide prevention support and awareness raising as part of future guides for adults and children on attending the family courts and alternatives to court
- We will develop greater understanding of suicide risk for people interacting with the family law system, and explore how to better support people and prevent suicide.

### **Criminal Justice and Prisons**

- We will continue to work with partners across justice and wider public services to explore how to better support those at risk of offending, accused of offending, those currently in prison or custody and upon liberation – who may be at higher risk of suicide. This will include exploring how to embed suicide prevention as part of release planning and co-ordination, and as part of wider through-care activities.

### **Victims and Witnesses**

- We will consider opportunities to increase suicide awareness training for organisations working with and supporting people who have been victims of crime.

### **Violence Against Women and Girls**

- We will work with our partners across the Violence Against Women sector to ensure that suicide prevention is embedded within the refreshed Equally Safe Strategy, and within the approach of individual partner organisations.
- We will prioritise third sector front line staff in organisations working in violence against women and girls services for suicide prevention training

### **Hate Crime**

- We will consider the support available for victims and witnesses of hate crime, including the ability to access mental health and suicide prevention support, in the development of our new Hate Crime Strategy for Scotland.

### **Asylum and Migration**

- We will explore how to effectively support people with 'No Recourse to Public Funds' (including people seeking asylum and people at risk of, or experiencing, destitution) to access the services they need to support their mental health, including where there is a risk of suicide.

### **Veterans**

- We will work to reduce the risk of suicide by developing services through the Veteran Mental Health and Wellbeing Action Plan that improve access to evidence based psychological services.

### **Physical Health and Activity**

- We will actively play our part in challenging stigma and preventing suicide through physical activity and sport
- We will explore how suicide prevention can be supported by Scotland's Mental Health Charter for Physical Activity and Sport
- We will consider opportunities to address the mental health impacts of chronic pain, including suicide risk, as part of the implementation plan for the Framework for Pain Management Service Delivery
- We will work with sportscotland and the wider sports sector to consider and support the mental health impacts of performance sport and the performance environment on athletes and staff.

## Annex A – Whole of Government and society approach (continued)

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### Planning and Building Standards

- Spatial Planning:  
We will seek to make links between suicide prevention and the National Planning Framework 4 (NPF4)
- Building Standards:  
We will review existing evidence, and commission any new research needed, to consider whether targeted regulatory interventions on the development or management of buildings, would assist in reducing suicide risks.

### Road Safety

- We will consider through our Safe System's approach to road safety how our policies focusing on reducing people killed or seriously injured on Scotland's roads can help reduce the risk of suicide.

### Menopause

- We will explore the links between peri-menopause, menopause and suicide to gain a better understanding of the impact menopause can have on mental health and the links to suicide risk
- We will explore how best to embed suicide prevention as part of support available to women in peri-menopause and menopause, in recognition of the impact that menopause can have on mental health, and the links to suicide risk.

### Gambling

- We will work with Public Health Scotland to develop a better understanding of the scale of problem gambling in our communities by reviewing and developing official Scotland-level data
- We will work towards ensuring people experiencing gambling-related harms are able to access the right support, and treatment, across health and social care services.



### **Redundancy**

- We will ensure suicide prevention continues to be considered in the planned work to improve the health and wellbeing offer through the Partnership Action for Continuing Employment (PACE) Continuous Improvement Programme.

### **Carers**

- We will improve training and support for health and social care professionals to help identify and support unpaid carers at risk of suicide
- We will support unpaid carers who care for people at risk of suicide by promoting learning resources and awareness-raising on suicide prevention.

### **Volunteering**

- We will explore where there are opportunities to further encourage volunteering across the actions contained in this plan, in recognition of the benefits volunteering has on reducing social isolation and loneliness, improving mental health, and empowering communities - volunteering can powerfully contribute to suicide prevention.

# Glossary

Term	Definition
Access to Means (Access to Means of Suicide)	Access to methods of self-harm with intention of dying
Chief Officer	Chief Officers (typically Local Authority Chief Executives) lead the development and implementation of action plans within their local areas within their role as public protection leads and within the context of Community Planning Partnerships
Communities Health and Wellbeing Fund	Part of the Scottish Government Recovery and Renewal Fund to support mental health and wellbeing in communities across Scotland
Community Planning	How public bodies work together, and with local communities, to design and deliver better services in their area
Community Planning Partnerships (CPPs)	The name given to all those services that come together to take part in community planning
COVID-19 (Coronavirus)	An infectious disease caused by the SARS-CoV-2 virus
Delivery Lead(s)	People who have been employed across a range of organisations and who have a lead for implementing actions from the suicide prevention action plan at a national level
Delivery Partner	Someone working to deliver something on behalf of someone else
Delphi Study (Technique)	An established approach to answering a research question through agreement by subject experts
Distress Brief Intervention (DBI)	DBI is a non-clinical, timely intervention which provides one to one emotional and practical support to people who present in distress to frontline services
Horizon Scanning	Analysis of the future which will consider how emerging trends and developments might potentially affect current policy and practice
Intersectionality	The relationship between social categorisations such as race, class, and gender
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
Lived Experience	People who have a personal knowledge of something which has been gained through first hand experience. Their experience may be in the past or present, which is sometimes referred to as lived, or living



Term	Definition
Locations of Concern	A specific, and often public, site which is frequently used as a location for suicide
Local Authority	An administrative body or local council in Scotland
Multi-agency reviews (of deaths by suicide)	An approach where a range of different organisations who have expertise and/or an interest in suicide prevention, come together to consider the learning from the circumstances which may have contributed to someone dying by suicide and then turn this learning into appropriate action
National Care Service	The proposed way to deliver community health and social care in Scotland in the future – to ensure consistent delivery of quality social care support for those who need it
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	A project based within the University of Manchester which has collected in-depth information on all suicides in the UK since 1996 and uses this information to make recommendations which aim to improve patient safety in mental health settings and help to prevent suicide
National Planning Framework	A long term plan for Scotland that sets out where development and infrastructure is needed
Outcomes	Outcomes are the changes we want to see as a result of this strategy. These include changes in: knowledge, awareness, skills, practice, behaviour, social action, and decision making
Outcomes Framework	This will demonstrate the link between actions/ activities you want to do with the long term outcomes. It will include a logic model and set of indicators
Postvention	Support after a suicide or attempted suicide
Poverty	A household is considered to be in poverty if their income is less than 60% of the average income for that household type
Protective Factors	Protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide
Public Health	A range of measures which aim to protect and improve the health of people and their communities
Racialised Communities	A term which draws attention to the racialisation of people of colour and serves to highlight the discursive power of whiteness
Risk Factors	Risk factors are characteristics that make it more likely that individuals will consider, attempt, or die by suicide

## Glossary (continued)

Term	Definition
Safeguarding	Protecting someone's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect
Self-Harm	When someone hurts themselves as a way of dealing with difficult feelings, memories or overwhelming situations and experiences
Socio-economic	Relates to the differences between groups of people caused by their social and/or financial situation
Stakeholder	A person with an interest in a particular subject or issues. Many stakeholders are also Delivery Partners
Statutory Services	Services provided by national or local authorities
Stigma	Stigma is a negative attitude or idea about a mental, physical, or social feature of a person or group of people that involved social disapproval
Suicide Clusters	A situation in which more suicides than expected occur in terms of time, place, or both
Suicide	Death resulting from an intentional, self-inflicted act
Suicide Prevention Academic Advisory Group (AAG)	A group of academic researchers who use their expert knowledge in suicide to support the development and implementation of actions to help prevent people taking their own lives. They also undertake new research to help fill any gaps in knowledge
Suicide Prevention Lived Experience Panel (LEP)	A group of people who have been personally affected by suicide, and who use their experience to support the development and implementation of strategy and actions which will help to prevent people taking their own lives
Suicide Prevention Youth Advisory Group (YAG)	A panel of young people aged 16 to 25 set up to share views and inform future policy around suicide prevention in Scotland
Test of Change	Testing something on a smaller scale to see how it works, with a view to improving it and then doing it on a larger scale
Time, Space and Compassion	Principles that should be used in any response to suicidal crisis in Scotland
Trauma Informed Practice	Being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm and recognises and supports people's resilience



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