# Creating Hope Together

## Scotland's Suicide Prevention Strategy 2022-2032

The Scottish Government and the
Convention of Scottish Local Authorities (COSLA)
September 2022

COSLA

Scottish Government
Riaghaltas na h-Alba
gov.scot

# Contents

# Sources of Support

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 information 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

## 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

# Acknowledgements

Many people have contributed to the development of this strategy and its associated action plan, without whom we would not have been able to develop such an ambitious and collaborative approach to suicide prevention.

In particular we would like to thank all those who gave up their time to join any of the online or face to face discussion groups and/or complete the online questionnaire(s), these were key to identifying the initial themes, and where action was needed.

We are also grateful to all our partners organisations who are already contributing to our suicide prevention work in Scotland, and who have shared their experience and expertise to shape this new approach. This includes many organisations who do not have an explicit remit around suicide prevention but whose work contributes to some of the known issues which can lead to suicidal thoughts and behaviours.

We wish to thank everyone who has provided their professional knowledge to help develop the outcomes and the identified actions.

And finally, a heartfelt thank you to all those people with lived or living experience of suicide who have given their time freely to help shape these documents, we cannot thank you enough.


## Foreword from the Minister for Mental Wellbeing and Social Care, and the Health and Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA)

This strategy sets out the Scottish Government and COSLA's vision for suicide prevention in Scotland over the next ten years. The strategy is supported by an initial 3 year action plan setting out the actions needed to support the vision.

Every life lost to suicide is an enormous tragedy. And every life lost leaves devastating and long lasting impacts on families, friends and communities. Up to 135 people can be affected in some way by every suicide[1]. This strategy is therefore designed to support anyone affected by suicide.

Suicide is complex, and rarely caused by one single factor. So, our approach to preventing suicide must span right across society. All our sectors must work together – and learn together – to drive change. We must also support our communities and workforce so they can play their part.

Desmond Tutu once said "There comes a point where we need to stop pulling people out of the river. We need to go upstream and find out why they are falling in". That encapsulates the approach we are taking in this strategy. We are taking a whole of Government and society approach to understand the complex picture of life experiences that can lead a person to think about suicide, and then to act upon that, to prevent suicide.

Our suicide prevention work in Scotland is grounded by lived experience, guiding us every step of the way. Indeed our approach has been commended by the World Health Organisation. We give the most heartfelt thanks to every member of our Lived Experience Panel and Youth Advisory Group for their contribution, and we remain firmly committed to lived experience continuing to sit at the heart of our work.

Our research community in Scotland is also first class and we will continue to draw on their evidence and expertise, just as we have done to date.

We should recognise that much has been achieved in Scotland on suicide prevention, at a national and local level – including the social movement 'United to Prevent Suicide' and its fantastic campaign work, the pilot bereavement support services that are already helping families, the learning resources which are bringing greater awareness and skill in the workforce, and the resources and data we are providing to guide local action. And of course the work we are doing to support people directly – the digital advice to support people experiencing suicidal thoughts, and our ongoing work to improve suicidal crisis responses through Time, Space and Compassion.

1 Exposure to Suicide in the Community

Our work is now to redouble our efforts. The Scottish Government has committed to doubling its funding for suicide prevention over the lifetime of this Parliamentary term to support this shift.

To achieve that we will take a whole population approach to suicide prevention. Our actions must therefore be designed to support people at all life stages – from childhood right through to older years. We recognise however, that tailored approaches are often needed to meet the needs of children and young people, and that is a central theme across this strategy. Finally, we must acknowledge and respond to the factors which make people more or less likely to experience suicidal thoughts.

While Scottish Government and COSLA have responsibility for delivering this strategy, we will only be successful by working together with partners across all sectors and communities. This strategy seeks to build on our already strong suicide prevention platform in Scotland – by creating new opportunities for collaboration, learning and innovation. We recognise that public, private and third sectors – as well as communities and individuals – all have a part to play in our shared ambition to prevent suicide in Scotland. Leadership and partnership therefore sit at the heart of this strategy, enabling us to deliver our shared aspiration that suicide prevention is Everyone's Business.

The work to develop this strategy has helped to strengthen our platform for suicide prevention. We have reached into new communities, organisations, groups – and of course engaged with people with lived, and living, experience of suicide. Their contributions have been incredibly rich – and essential – in shaping this strategy. Our National Suicide Prevention Leadership Group community has also been a driving force in this new strategy – bringing new strategic insight and ambition.

We look forward to working with you all too, as we take forward this strategy – with renewed passion, insight and ambition.

Kevin Stewart MSP
Minister for Mental Wellbeing and Social Care

Councillor Paul Kelly
COSLA Spokesperson for Health and Social Care

## 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

# Vision

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

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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.

# How we are going to work – our guiding principles

Recognising the complex reasons and circumstances which contribute to someone feeling suicidal, we will adopt these seven guiding principles as our way of working to ensure effective delivery of the strategy and action plan.

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 and 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.

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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.

# The difference we want to achieve – our long term 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 fall along a continuum from short term, through intermediate, to long term[2].

The outcomes approach builds in evaluation from the start, so that the effectiveness of the strategy (and its component parts) can be measured.

Work has commenced on developing our outcomes framework and we will publish it, with indicators, shortly after publication of this strategy. The outcomes framework will demonstrate how the actions in the action plan will achieve the long term outcomes which are set out below.

Over the lifetime of this strategy, we will continue to use the outcomes framework to prioritise our actions and investment so that we maximise our impact in reducing suicide deaths in Scotland. As with all outcome frameworks it will evolve over time in light of new and emerging intelligence, research, evidence, and / or societal changes.

### Long term outcomes to deliver the vision

To achieve the vision we must deliver across these long term outcomes. Together these outcomes will affect change across our society, services, communities, and individual experiences.

- 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.

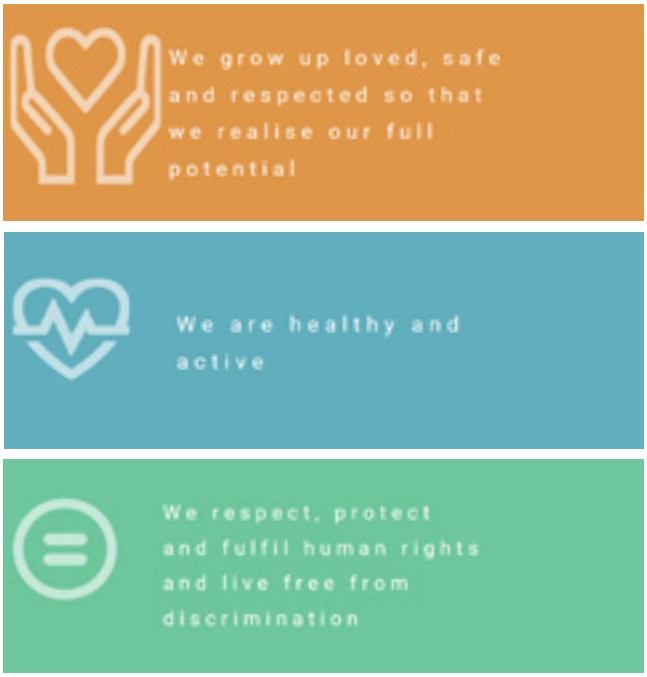
* We recognise this is an enabling outcome to the other 3 outcomes. Whilst technically a process, rather than societal outcome, we consider it is critical to achieving the vision.

2 Using Evaluation to Help Communities – Logic Modelling

## The difference we want to achieve – our long term outcomes (continued)

In delivering the suicide prevention outcomes we will also be contributing to Scotland's National Outcomes, which are set out in Scotland's National Performance Framework.
Suicide prevention outcomes will contribute specifically to National Outcomes for:

- Children & young people
- Health
- Communities
- Poverty
- Human rights



# Measuring our impact and responding to change

## External influences

Scotland currently faces a number of challenges linked to recent events, such as the COVID-19 pandemic, Brexit and the cost of living crisis. This strategy – and its associated action plan – already reflect the suicide prevention work required to support the COVID-19 recovery and mitigate against other events. 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, for example; where we recognise the connections to money, debt, homelessness, and child poverty – among other factors.

While we work to mitigate against the potential negative consequences, we must also seize the opportunities associated with external developments. For example, the increased willingness of people to discuss their mental health and the community cohesion associated with the COVID-19 pandemic. These are also built into our action plan and we will continue to seek opportunities to develop work around protective factors.

We will ensure our approach to delivering suicide prevention activity is 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 remain alert to emerging strategic developments and consider how to respond through the National Suicide Prevention Leadership Group (NSPLG) and Delivery Collective which will be established as part of the implementation of the action plan.

## Measuring change

It is critical that we understand the impact this strategy is having on suicide in Scotland. Through the indicators in our outcomes framework we will be able to measure the difference our actions (including those set out under the whole of Government and society approach) are making to delivering the short and intermediate outcomes, and in time, the long term outcomes and vision.

We will also ensure regular evaluation, monitoring and review is built into the programme of delivery at both national and local level. Reports on progress will be published and more detail will be set out in the outcomes framework.

# Measuring our impact and responding to change (continued)

## Responding to change

Our approach to continuous improvement across the action plan, together with more timely data on suicides, will allow for ongoing refinements to our delivery approach. Also, as the action plans will be refreshed over the course of this 10 year strategy, there will be natural opportunities to take account of changing circumstances and evidence, as those new action plans are being prepared.

The Delivery Collective (see page 26) will also be well placed to routinely identify and assess emerging issues – using its new horizon scanning function as well as ongoing analysis of data, insights, evidence and practice feedback.

Where any issues arise that may need an immediate reprioritisation of effort or approach, the Delivery Collective will highlight these to the NSPLG for consideration. The NSPLG will then provide advice to the Scottish Government and COSLA on direction and priorities, and it will be for the Scottish Government and COSLA to agree any changes to the current action plan in response.

# What we will focus on – our priorities

Through the extensive public and stakeholder engagement to develop the strategy and action plan, it is clear that a broad range of work is required to achieve the vision and long term outcomes. Furthermore, our work must support people at all life stages; as children, young people, adults and older adults.

The following areas were identified by people with lived experience and stakeholders as key priorities for suicide prevention, and have therefore shaped the focus of the first action plan, alongside evidence and the outcomes approach.

| **1. Build a whole of Government and society approach to address the social determinants which have the greatest link to suicide risk** |
|---|
| • Focus action on addressing causes of suicide, such as poverty, debt, addictions, homelessness, trauma, and social isolation.<br>• Reduce access to means of suicide, using evidence.<br>• Undertake work to ensure sensitive media reporting (both traditional and social media). |
| **2. Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal** |
| • Continue campaign work to address stigma and raise awareness.<br>• Build skills and knowledge of suicide across the whole population, and target people working in sectors and settings who play a role in preventing suicide.<br>• Make resources and information on suicide prevention accessible. |
| **3. Promote and provide effective, timely, compassionate support – that promotes wellbeing and recovery** |
| • Build understanding of effective support (for different groups and people) and translate into practice.<br>• Develop approaches on self-management, psychosocial assessment, safety planning, responding to distress and crisis, enabling recovery, and postvention support (after a suicide attempt or bereavement).<br>• Support people to seek help, whilst ensuring compassionate responses are in place (consider use of digital). |
| **4. Embed a coordinated, collaborative and integrated approach** |
| • Support innovation and scaling up through continuous improvement<br>• Improve planning and delivery through improved data, evaluation, evidence and learning opportunties – within and across sectors.<br>• Ensure the voices of people with lived experience are central to all decisions and developments. |

Some of these priorities require preparatory work over the short term, while others will build on existing work taken forward under previous strategies.

Alongside these delivery priorities, this strategy seeks to further embed the partnership approach to suicide prevention that the National Suicide Prevention Leadership Group (NSPLG) has helped create. We have already seen great value in bringing key sectors and people together and want to build on this through gatherings and information sharing. By joining together, and learning together, we can fulfil the 'Everyone's Business' philosophy of preventing suicide.

## What we will focus on – our priorities (continued)

### Links to related strategies

Within this strategy and action plan we have focussed on the areas specific to suicide prevention. We know however, that to prevent suicide there needs to be strong crossover with other strategies and programmes of work to identify action which will prevent suicide. For example, the Mental Health & Wellbeing Strategy, Self-Harm Strategy, Trauma Informed Practice, and strategies and plans developed by key sectors and organisations, such as Police Scotland and the Scottish Ambulance Service. The diagram below illustrates some of the key Governmment strategies and programmes which underpin and support suicide prevention

We will also ensure there is coherence across national and local suicide prevention plans, ensuring the suicide prevention needs of local areas are met – and help inform our national approach.

# Where we've come from – suicide trends and prevention in Scotland

## Trends

Suicide in Scotland is a significant public health issue which affects all age groups and communities. Although no-one is immune from suicide, some individuals are at greater risk. Data from the Scottish Suicide Information Database (ScotSID) report profiling suicide deaths between 2011 and 2019[3] shows:

- Just under three quarters of all suicides in Scotland are male
- Almost half (46%) were aged 35-54
- Death by suicide is approximately three times more likely among those living in the most socio-economically deprived areas than among those living in the least deprived area
- 88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.

In addition, the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) annual report[4], published May 2022, indicated that 31% of people who died by suicide in Scotland had contact with mental health services in the 12 months prior to their death.

The Office for National Statistics (ONS) 2018 report covering suicide rates across the UK highlighted the rate of suicide was higher in Scotland than in other parts of the UK; 16.1 deaths per 100,000 persons, compared to 12.8 in Wales, and 10.3 in England[5]. It is worth noting differences in reporting suicide deaths between England & Wales and Scotland means that direct comparisons cannot be made.

Published in September 2022, *Suicide among young people in Scotland: A report from the Scottish Suicide Information Database (ScotSID)*[6] identified that between 2011 and 2020 probable suicides were the leading cause of death among 5–24-year-olds, accounting for a quarter of all deaths (recognising there is a much lower death rate from all causes for this age group, compared to over 25s). While children and young people in this age group were less likely than over 25s to have had contact with a healthcare service in the period before death, two-thirds of cases did have contact with healthcare services.

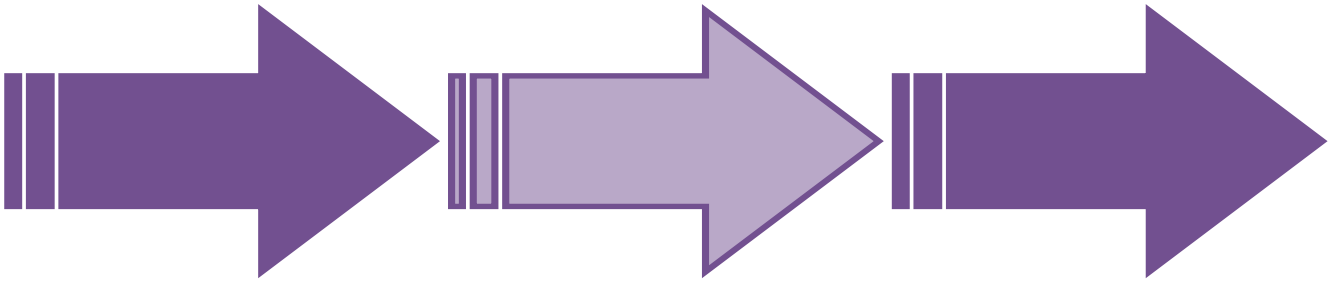
3 Public Health Scotland – A Profile of Deaths in Scotland, 2011-2019
4 NCISH – Annual report 2022: UK patient and general population data 2009-2019
5 Office for National Statistics – Suicides in the UK
6 Public Health Scotland – Suicide Among Young People in Scotland – September 2022

# Where we've come from – suicide trends and prevention in Scotland (continued)

## Scotland's strategic approach

Since the early 2000's suicide prevention has been a strategic priority in Scotland. The 'Choose Life' strategy and action plan laid the groundwork for suicide prevention in Scotland. Specifically, the strategy and action plan established an identified suicide prevention lead in every area of Scotland with responsibility for developing and implementing a local action plan. It also created national infrastructure to support the breadth of work, and this is now delivered by Public Health Scotland (PHS), through ongoing network events, advice, and learning resources.

The strategies and action plans since since the Choose Life strategy and action plan have built on its foundation, and led to the publication of 'Every Life Matters' in 2018.



| Choose Life Strategy and Action Plan | Suicide Prevention Strategy | Every Life Matters Action Plan |
|---|---|---|
| 2003 - 2013 | 2013 - 2016 | 2018 - 2022 |

# Where we are now – our current suicide prevention approach and priorities

Every Life Matters established the NSPLG with the role of driving implementation of the action plan. The NSPLG is supported by an Academic Advisory Group (AAG), Lived Experience Panel (LEP), and the newly created Youth Advisory Group (YAG).

Delivery Leads, reporting to NSPLG, are based in a range of organisations and undertake work to deliver the actions in the action plan.

A summary of the range of work which has taken place to deliver the ten actions in Every Life Matters is set out at Annex A (Table 1). Our engagement and consultation with people with lived experienced and stakeholders has confirmed these actions remain relevant and necessary to prevent suicide, and therefore these areas of work will continue to be a focus within this strategy and action plan, building on the achievements to date.

In addition to these key areas under Every Life Matters, other work has also been taken forward in response to new issues, such as COVID-19. This includes: work to address locations of concern, the development of guidance for instances of suicidal clusters, and feedback on the UK Government's online safety white paper[7].

7 UK Government – Online Harms White Paper

# How we developed this strategy

The Scottish Government and COSLA agreed with the NSPLG's advice on the value in developing a long term (10 year), outcomes-focused, suicide prevention strategy, supported by a number of shorter-term action plans. The Scottish Government and COSLA are equally committed to delivering the strategy and action plan, with joint responsibility for delivery.

### Lived experience and stakeholder insight

The hugely valuable contribution of lived experience to delivering Every Life Matters has confirmed the importance of ensuring people's voices sit at the very heart of our suicide prevention work. Lived experience has therefore been a cornerstone of our strategy development approach.

We began by listening to people who have an interest in suicide prevention, through personal or professional experience. Between September 2021 and January 2022, conversations and questionnaire responses provided valuable information and insight to allow key themes to emerge. The key themes were: awareness raising and training (for professionals and non-professionals), campaigns, language and stigma, lived experience, schools focus, and funding.

Throughout May and June 2022, we undertook targeted engagement to explore these themes by engaging with stakeholder organisations working in key sectors, such as criminal justice, education, first / emergency responders, and the private sector. This engagement was extremely valuable in identifying ways to expand and refine our suicide prevention approach based on the initial themes, as well as identifying new actions and ways of working.

### Data and evidence

Data and evidence have also played a central role to the development of this strategy. This includes published data and research, both Scottish and international, as well as specific themed research and analysis carried out by our Academic Advisory Group (AAG). The AAG has also provided valuable insight and guidance throughout the process.

### A whole of Government and society approach

Wide engagement has taken place across Government and COSLA teams to identify opportunities for suicide prevention to be connected into wider policies and their delivery. These opportunties are intended to both address the social determinants / causes of suicide and to ensure we can maximise the opportunities to identify and support people who are suicidal, including marginalised and minority groups.

This engagement has resulted in a wide range of opportunities – many of which will be taken forward through existing or developing policy programmes beyond suicide prevention. Where this is the case, we will work with those policy areas to ensure a joined-up approach across our respective work. We will also look to ensure their contribution to suicide prevention is identified in their work.

The associated action plan to this strategy sets out the current set of whole of Government and society policy actions. We expect these policy connections to continue to develop on a rolling basis in line with wider developments across Government and society.

Key whole of Government and society policies include:

- Mental health and wellbeing strategy – we know that to reduce the rates of suicide in the future, we need to provide the conditions for promoting mental wellbeing, addressing social determinants of poor mental health and preventing (where possible) mental illness. This work is best placed within the scope of the mental health and wellbeing strategy which will be published in the coming year.

- Supporting mental health of the workforce – we want to ensure that that everyone in a front-facing role feels supported to provide person-centred, trauma-informed, rights-based, compassionate care and services that promote better population mental health and wellbeing outcomes. We will review the evidence, and commission new research where needed, to identify where staff are at higher risk or have high exposure to suicide and will use this to inform future suicide prevention activity and targeted support. We will also continue to support the wellbeing and mental health of the health, social work and social care workforce through a range of national resources and will continue to engage with these sectors to identify new initiatives as appropriate.

- Self-harm strategy – work will continue to develop a standalone self-harm strategy which will publish in 2023. We know for many people, self-harm is a way of coping with their distress and is not a path to suicide. However, we also know self-harm does increase the risk of suicide. So while the self-harm strategy will be separate from the suicide prevention strategy, there are important links to be made. The suicide prevention action plan sets out a number of actions to improve responses for people who are suicidal which we consider will be equally valuable in improving the response to people who seek help for their self-harm.

- Poverty – one of the greatest risks of suicide is living in the lowest socio-economic areas. Through implementation of this strategy, we will ensure there is a focus on the impacts of poverty on suicide risk. We will ensure our policies on poverty and deprivation – for adults and children – connect to our work on suicide prevention, for example, building connections at local level between leads for suicide prevention and child poverty.

- Children, young people and families – the suicide prevention needs of children, young people and their families are considered through a wide range of Government policies. This includes: children and young people's mental health and wellbeing, education, whole family support, trauma and adverse childhood experiences, child poverty, student mental health,

## How we developed this strategy (continued)

eating disorders, and perinatal and infant mental health. We will build on the span of work already in place to support children and young people, as well as fathers and perinatal women, including where they experience suicidal thoughts and behaviour – so that they are supported in a timely, safe and compassionate way.

- Homelessness – we will ensure suicide prevention is integrated in our homelessness policy, including prioritising suicide prevention training for staff working in these settings and services. We will also, where appropriate, ensure housing staff are included in the multi-agency case management approach for anyone who is suicidal.

- Substance use – we know there is a link between suicide and substance use. We will identify opportunities to work jointly across these issues, where relevant, as part of the National Drugs Mission. We will also engage with mental health services to support the implementation of the medication-assisted treatment (MAT) standards and ensure staff working in alcohol and drug services are prioritised for suicide prevention training.

- Criminal justice – we will build on the existing partnerships across justice and wider public services, to explore how to better support people in the justice system 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.

- Planning and building standards – we will use planning policies to build suicide safer communities. This will include making links between suicide prevention and the National Planning Framework (NPF4) and consider whether targetted regulatory interventions on the development or management of buildings, would assist in reducing suicide risks.

### Formal public consultation

In July 2022, we published the draft strategy and action plan for public consultation. We received 212 responses; 71 from organisations, and 141 from individuals. We have incorporated feedback into this final strategy, and accompanying action plan (we will also publish a consultation report shortly).

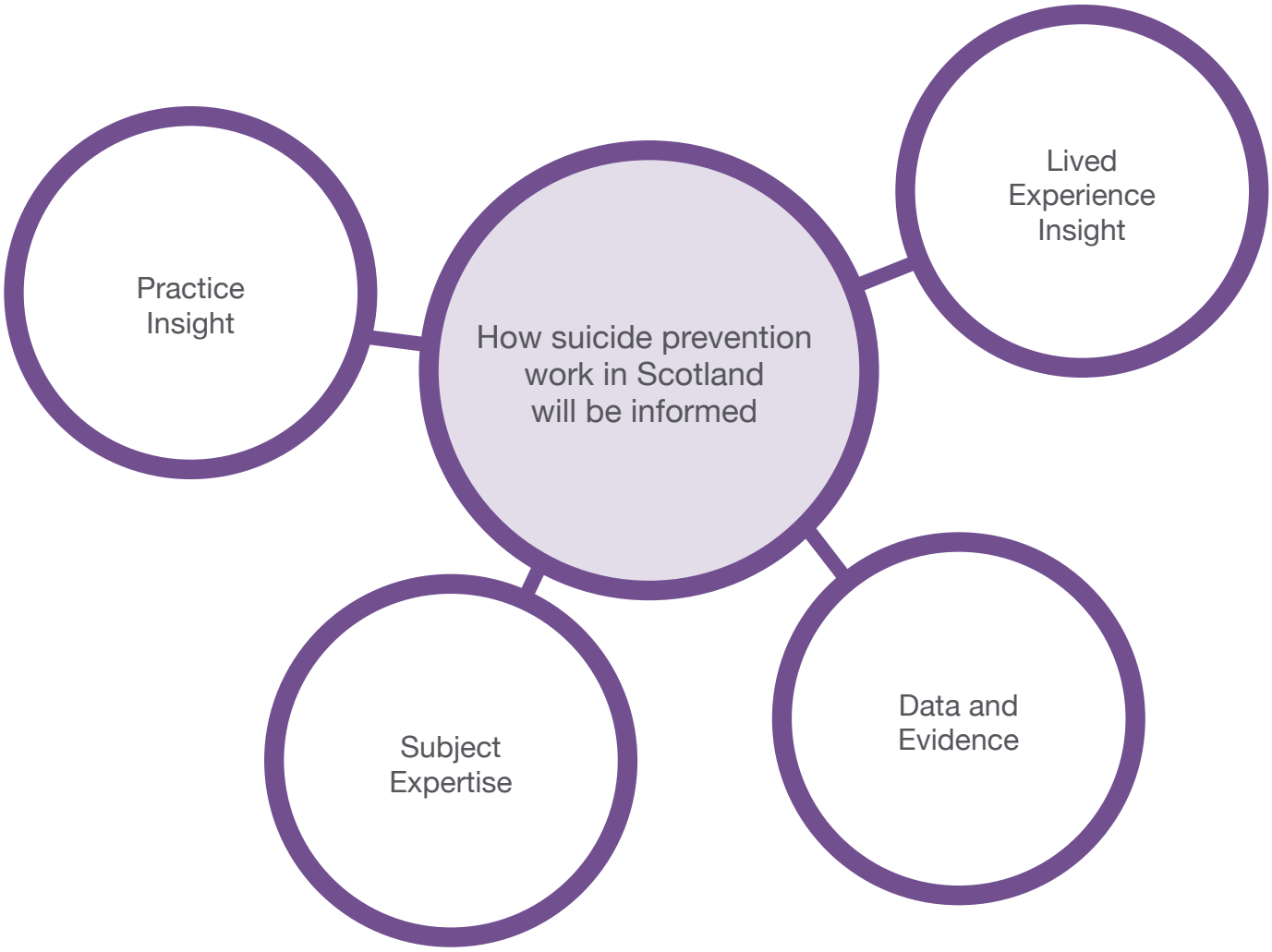
### Ongoing engagement and participation

We recognise the value in continuing to engage across sectors and with new and existing partners and organisations; as well as hearing first hand from people with lived experience. We are committed to maintaining this participative approach as the strategy and action plan are implemented.

In particular, we know there is further work needed to fully understand the needs of children and young people. We will work with the new Youth Advisory Group – and other leading children and young people's organisations and groups – to understand their needs and co-produce approaches with them.

We also know that some groups have suicide prevention needs which are specific to their experiences, such as LGBTI people, racialised groups, and migrants. We are fully committed to engaging with members of these communities – and trusted organisations who work with and for them – to ensure we continue to build our understanding of their needs and take tailored suicide prevention approaches.

The diagram below demonstrates the way in which the work will be informed, as the strategy and action plan are implemented.



# Our understanding of suicide, and our approach

Our understanding of suicide and its prevention continues to develop which is shaping our strategic approach. Both published research and our extensive consultation and engagement confirms that suicide is not caused by a single factor and that the pathway to suicide is complex.

Frameworks that help us understand this complexity, specifically how different risk factors interact, are essential to guide our suicide prevention efforts. The integrated motivational-volitional (IMV[8]) model is one such widely used framework that does this.

This model was developed from the recognition that suicide is characterised by an interplay of biology, psychology, environment, and culture and that we need to move beyond psychiatric categories if we are to further understand the causes of suicide risk.

The IMV framework maps out the common pathway to suicidal thoughts and suicidal behaviour, as well as identifying potential areas for prevention and intervention. The IMV model (Figure 1) is so named as it integrates different perspectives to help identify the factors associated with the development of suicidal thoughts (the 'motivational' phase) and the other factors that increase the likelihood that someone engages in suicidal behaviour (the 'volitional' phase).

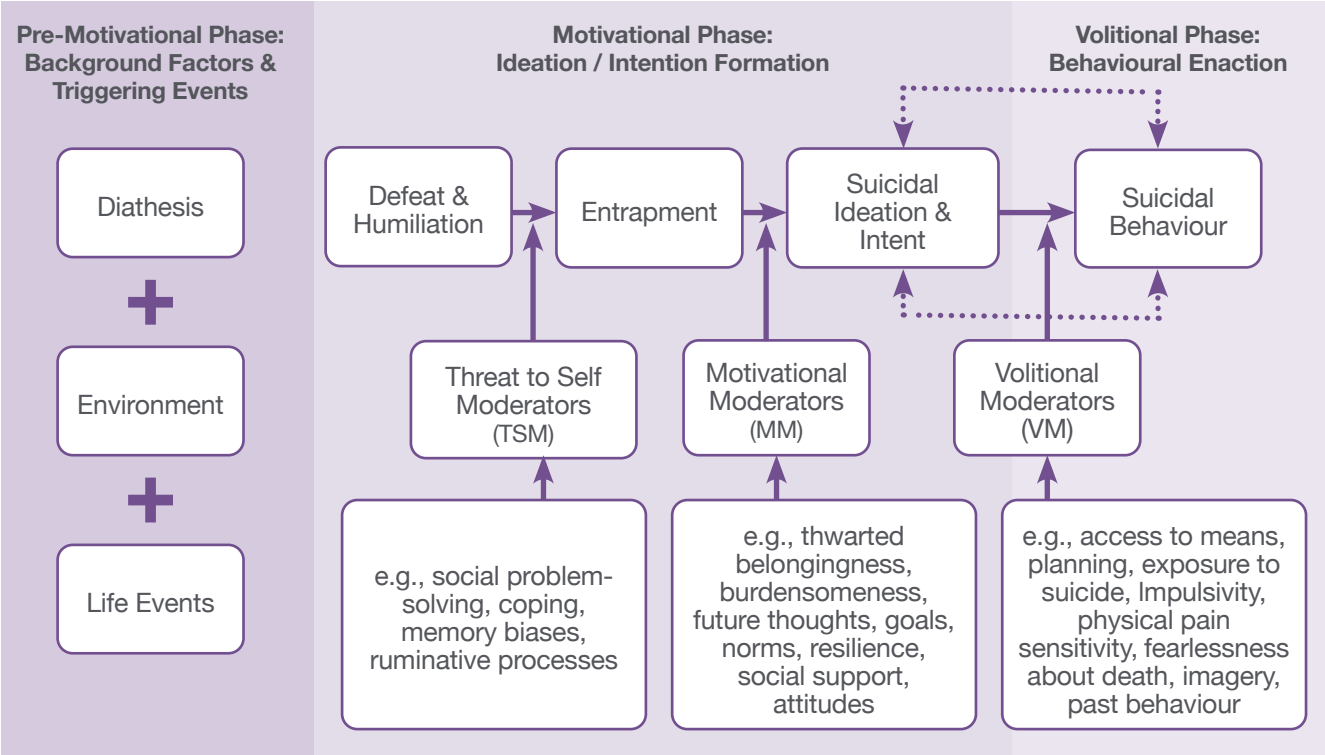



Figure 1

8 The IMV Model – Suicidal Behaviour Research Laboratory

The IMV model is a tool – alongside our outcomes framework – that will support the implementation of this strategy. We will use it to continue to build understanding of the intersectionality of factors for suicide, and to guide action. Specifically, the approach we take to delivery – drawing on lived experience, research / data, expertise and practice – will allow us to identify emerging themes, how they connect, and thereafter to design and deliver appropriate actions.

### Risk and protective factors for suicide

Our understanding of the factors that make people more or less likely to be affected by suicide has increased in recent years, and this strategy is focussed on taking decisive action.

Over the last year, the Academic Advisory Group has undertaken research to develop a greater understanding of risk and protective factors for suicide. The high level findings are:

<u>Key risk factors:</u>

- Age and sex should be considered when other risk factors of suicide attempt are present, for example, self-harm history, impulsivity, and feeling of entrapment.
- Specific risk factors include: employment status, a sense of defeat, hopelessness, and challenging relationships.
- Perceptions of relationships should be considered, for example, feelings of burdening others.
- Intergenerational interventions can help avoid negative experiences in early life, for example, poor maternal mental health in the antenatal period is associated with negative impact on the emotional, physical and mental development of the child, during infancy and the early years, but also through to teenage years.
- Interpersonal connections should be developed / improved to help maintain relationships (as they provide vital social support).

Once the research is finalised it will be shared with key partners and organisations to further aid understanding and suicide prevention action.

## Our understanding of suicide, and our approach (continued)

The action plan which accompanies this strategy is influenced by this understanding of risk and protective factors, as well as trends in suicide. For example, we know the largest number of suicide deaths occur in males, and that the suicide rate is around 3 times higher in our most deprived areas. We also know that other factors are significant, such as, relationship status (54% of people who die by suicide are single at the time of death), employment status (68% are in employment[9]), and gender identity (people who are transgender are 3-4 times more likely to die by suicide than the general population[10]). Finally, we know that social isolation is a significant risk factor, and therefore social connection acts as a key protective factor.

It is often a combination of risk factors (including life events) which can lead to suicidal behaviour. Understanding these risk and protective factors helps us put inequalities at the heart of our approach – so we can reach and connect with people who are most at risk, and build up the protective factors across our communities; all in the desire to reduce suicide.

To achieve this, we must increase our focus on the contributing factors to suicide risk, and take every opportunity to identify and support people when they are suicidal (as set out in our whole of Government and society approach). Further, we must also tailor our approaches to reach groups at higher risk of suicide, by working alongside trusted organisations who are working with, and for, minority groups, and by taking a strong community focus.

### Time, Space and Compassion

Under Every Life Matters, the focussed work on suicidal crisis did not recommend a particular model of crisis support. Instead, it set out the Time, Space and Compassion approach which was developed through developed by engaging with people with lived experience of suicidal crisis and practitioners. Work is now underway to implement this approach across services and communities to ensure the responses people receive when suicidal are truly compassionate and helpful. This work includes integrating Time, Space and Compassion into strategic planning, commissioning, and service design – so that we grow the capacity, capability and learning to offer Time, Space and Compassion across settings and communities.

However, these principles have come to encapsulate so much more than what people need at the point of suicidal crisis; in fact these are what people need at any point in their suicidal experience. As such we see a much wider opportunity to embed these principles right across our strategy so that our approach to suicide prevention is defined by the principles of Time, Space and Compassion.

9 Public Health Scotland – A Profile of Deaths in Scotland, 2011-2019
10 Trends in suicide death risk in transgender people

## Suicidal support – at every age, and every life stage

Our approach also recognises that people's suicidal experiences and needs change depending on their circumstances and their life stage. We also recognise the need for particular focus at points of transition.

### Life stages

The strategy covers all life stages, for children and young people (under 25), for adults (over 25), and older adults (over 65).

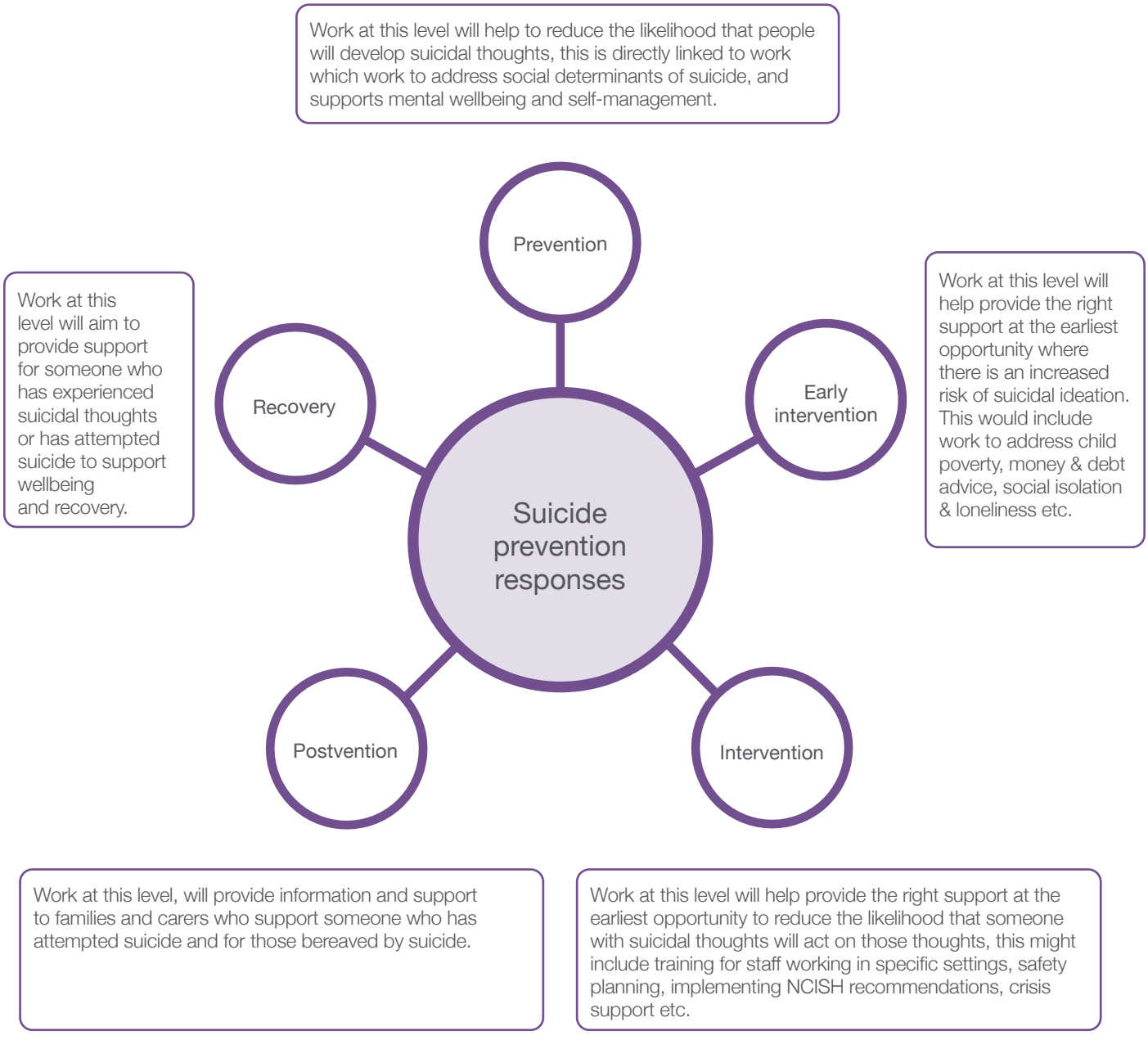
Throughout the strategy and action plan, we talk about 'everyone' or 'people'. When we use this language, we are talking about the whole population at every stage of life. There are some actions which target specific groups of people, where this is the case, we have provided details of who these groups are.

### Stages of preventing suicide

We know that suicide prevention needs to be much more than acting at a point of crisis, and we must use our knowledge of risk and protective factors to take early action, and to do that in a way that offers Time, Space and Compassion. Our support and action must respond to the suicidal experiences that people face. We recognise that experiences of suicide are personal; they vary from one person to another and are unlikely to follow a linear route. As such our efforts must span the following areas: promotion of wellbeing (primary prevention), early intervention, intervention, recovery and postvention.

## Our understanding of suicide, and our approach (continued)

The diagram below sets out the type of responses we need to be able to offer people. None of these responses are stand-alone areas; indeed we need action across these areas to help prevent suicide.



# Delivering the strategy

The Scottish Government and COSLA have joint responsibility for ensuring this strategy, and the associated action plans, are delivered.

We recognise the strong delivery and governance foundations created by the NSPLG, through Every Life Matters, and see opportunities to strengthen that model further. Specifically, we will strive to ensure our delivery is more sustainable and integrated at a national and local level, to deepen our approach to tackling inequalities, and to ensure we achieve the most strategic value and expertise from the NSPLG. We consider these adjustments (as illustrated in the diagram below) will help drive forward suicide prevention across Scotland's communities.

If we are to realise the ambition that suicide prevention is Everyone's Business, we need to create a dynamic and engaged suicide prevention community in Scotland, with clear roles for individuals and organisations.

The delivery of suicide prevention must go beyond the individuals and organisations with a direct role in delivering the action plan. To truly succeed in our vision, partners – such as those in the NHS, social care, public health, criminal justice and education – will need the awareness, understanding, knowledge and skills required to play their part. To achieve this we must work together, with opportunities to learn, share and plan together.

We need to also create the conditions which allow our communities to feel empowered to take a lead in suicide prevention. They are well placed to provide peer support and timely, compassionate care in spaces people feel comfortable and safe. To facilitate this, we will draw on community development approaches and seek to bring communities and professionals together through networks and gatherings to share knowledge and strengthen understanding of best practice.

We believe that by working in these ways, we will deepen the impact of our suicide prevention work greatly.

### Scottish Delivery Collective

To achieve strong suicide prevention delivery right across Scotland, we will create a Delivery Collective which brings together our delivery partners across Scotland to learn, connect and take a joined up strategic approach to delivery. It will bring together National and Local Suicide Prevention leads, National Implementation Leads (who are locally focused), representatives of third sector partners across mental health, poverty and marginalised groups, first / emergency responders such as Police Scotland and the Scottish Ambulance Service, and representatives from the private sector.

The members of the Delivery Collective will plan and deliver national actions, and create the platform to ensure national and local actions are well co-ordinated and mutually supportive.

## Delivering the strategy (continued)

By bringing together our national and local delivery teams we will be better able to learn from on-the-ground practice and learning, which will be valuable to help shape our national action plan. Further, we can see that the Delivery Collective approach will also allow us to harness the valuable expertise and insight of the Academic Advisory Group, the Lived Experience Panel, and the Youth Advisory Group right across our national and local work.

The Delivery Collective will create an agile planning and learning community, focussed on evidence and practice. It will review data, practice insight, research and lived experience insight to design new approaches to reach and support people who are suicidal, which may well include digital innovations. Public Health Scotland are expected to play a key role in translating knowledge into action through an active learning approach, as well as ensuring evaluation is built into all our action.

### National Suicide Prevention Leadership Group (NSPLG)

Some refinements will be made to the NSPLG so that it can better champion and drive suicide prevention; advise Scottish Government and COSLA on progress on the strategy (including any changes needed to direction / priorities); and provide advice to the Delivery Collective on strategic issues affecting delivery.

New members will be invited to join the group to ensure the Leadership Group reflects the experiences of people who are suicidal. This will include representatives from organisations focused on poverty, those representing minority groups, and organisations working in key sectors which we consider vital to support our work – such as criminal justice and education.

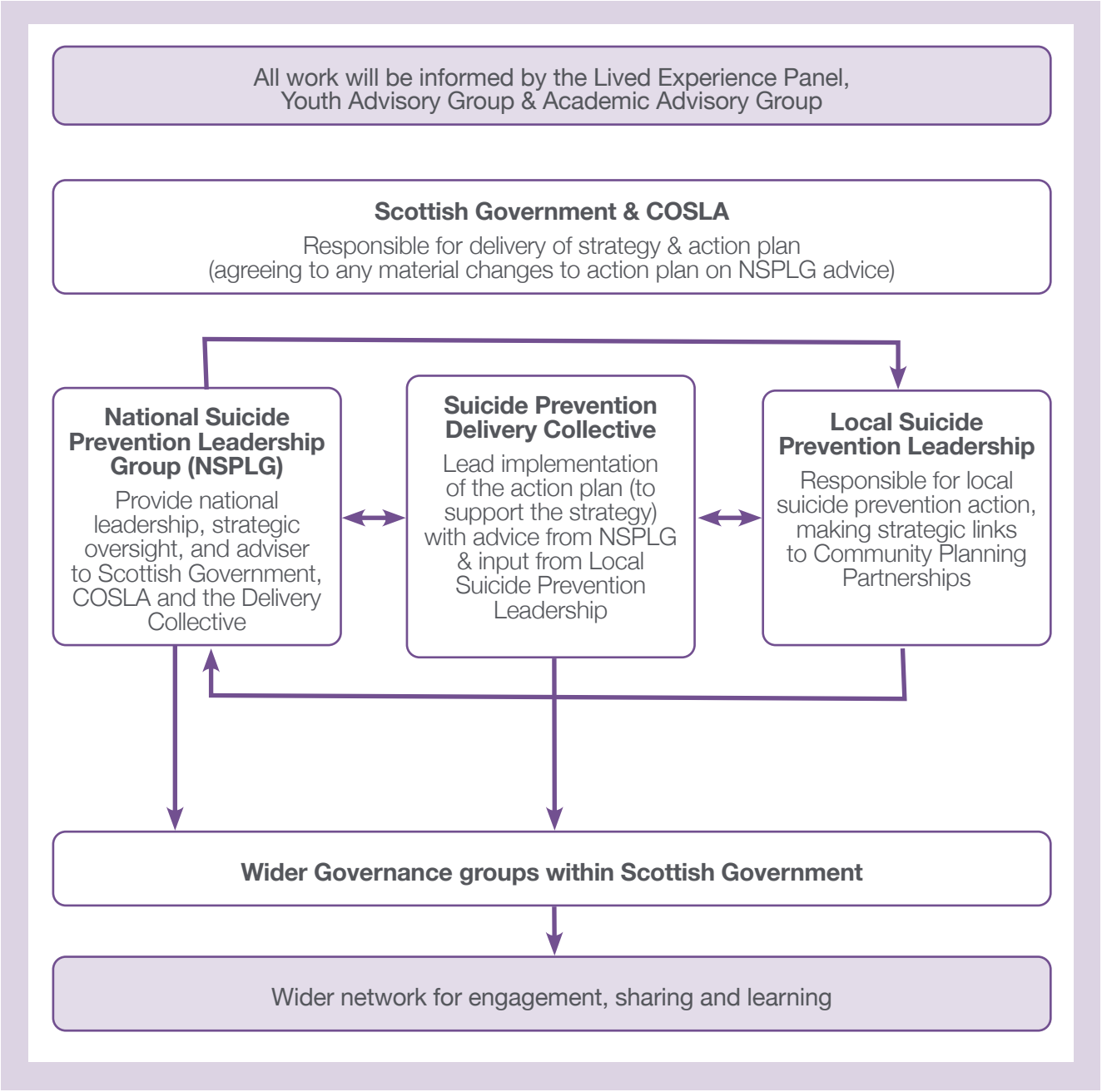
Lived experience and academic research will continue to be a cornerstone of the refreshed NSPLG.

### Local Leadership

In line with public protection guidance, local leadership and accountability for suicide prevention will sit with Chief Officers, who in turn will connect into the Community Planning Partnerships (CPPs). The relationship between Chief Officers and CPPs will ensure suicide prevention is considered in the wider strategic context – with all partners engaged and supportive of suicide prevention as a shared priority to which they are all working.

### Relationship with wider Government

The NSPLG and the Delivery Collective will be connected into wider Scottish Government governance structures to ensure strategic connections are made, including those addressing the wider determinants of mental health – which we know are similar to those impacting on suicide.


All work will be informed by the Lived Experience Panel, Youth Advisory Group & Academic Advisory Group
Scottish Government & COSLA
Responsible for delivery of strategy & action plan (agreeing to any material changes to action plan on NSPLG advice)
National Suicide Prevention Leadership Group (NSPLG)
Provide national leadership, strategic oversight, and adviser to Scottish Government, COSLA and the Delivery Collective
Suicide Prevention Delivery Collective
Lead implementation of the action plan (to support the strategy) with advice from NSPLG & input from Local Suicide Prevention Leadership
Local Suicide Prevention Leadership
Responsible for local suicide prevention action, making strategic links to Community Planning Partnerships
Wider Governance groups within Scottish Government
Wider network for engagement, sharing and learning

# Investment

## Direct funding

In the 2021-22 Programme for Government the Scottish Government committed to double the specific 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.

The types of activities we anticipate supporting includes:

- National advice and support services – for example, piloting bereaved by suicide support, developing online digital resources
- National events, campaigns and wider engagement and participation with the public
- Learning resources for leaders, workforce and communities
- Resources and learning opportunities to facilitate service improvement and empower communities to respond to suicide – for example, suicidal crisis responses in services and communities
- Facilitating and supporting lived experience insight – for example, through the Lived Experience Panel and Youth Advisory Group
- Research and data – for example, through our Academic Advisory Group and with data experts, undertaking research and data projects to address key gaps in our understanding (such as help seeking, effective interventions, risk factors for particular groups, and also wider expertise on interpreting and using research and data)
- Innovation – for example, designing and testing new approaches to reach and support people at suicide risk
- Delivery resource and expertise – for example, national delivery lead team, expertise on areas such as project planning, communication, and participation
- Implementation support and capacity building – for example; team to facilitate change on the ground, working to support local areas to develop, deliver and evaluate their local activity, whilst creating opportunities to exchange learning across Scotland
- New and innovative approaches – for example, the new areas of peer support and tests of change set out in the action plan.

### 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 in 2022-2023) is a good example where suicide prevention is already a priority.

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.

# Annex A – Every Life Matters: Key Achievements

Table 1 Every Life Matters Action Plan: Suicide prevention action in Scotland 2018-2022

| Action | Key achievements |
|---|---|
| Action 1 – support for local action planning | • Publication of Local Area Action Plan Guidance[11]<br>• Established opportunities for local leads to share experience and provide peer support<br>• Established Implementation Lead roles in Public Health Scotland |
| Action 2 – refreshed mental health and suicide prevention learning resources | • Development of Mental Health Improvement & Suicide Prevention Framework[12]<br>• Development of free Ask, Tell, Respond resources and facilitation packs to support delivery[13] |
| Action 3 – co-ordinated approach to public awareness campaigns | • Developed United to Prevent Suicide (UtPS) social movement<br>• @_FCUnited campaign<br>• Better tomorrow social media campaign aimed at young people |
| Action 4 – timely effective support for those affected by suicide | • Pilot Bereaved by Suicide support service<br>• Cruse workplace support |
| Action 5 – crisis support recommendations | • Time, Space and Compassion report |
| Action 6 – Support innovations in digital technology | • Surviving Suicidal Thoughts – NHS inform vlogs |
| Action 7 – actions targeted at risk groups | • Improved understanding of the needs of veterans & racialised communities<br>• Supported by a number of Action 3 campaigns<br>• Improved understanding of risk and protective factors |
| Action 8 – consider the needs of children and young people in all actions | • Establishment of Youth Advisory Group (YAG)<br>• (as above) Better tomorrow social media campaign aimed at young people<br>• Development of Ask, Tell, Respond resources for the workforce – to support needs of children and young people |
| Action 9 – data, evidence and guidance used to maximise impact | • Establishment of Academic Advisory Group (AAG) providing evidence and intelligence to support delivery of all actions<br>• Establishment of Lived Experience Panel (LEP) – recognised by World Health Organisation (WHO) as good practice example of meaningful participation. |
| Action 10 – develop multi-agency reviews into all deaths by suicide | • Review process developed and tested in three areas with key learning identified |

11 Local Area Suicide Prevention Action Plan Guidance | COSLA
12 Mental health improvement and suicide prevention framework | Turas | Learn (nhs.scot)
13 https://www.nes.scot.nhs.uk/nes-current/mental-health-improvement-and-prevention-of-self-harm-and-suicide-turas-learning-site/

In July 2020, to address concerns about the potential impact of the COVID-19 pandemic on the population's mental health and potential for suicide, four additional actions were added to the existing plan.

| Action | Key achievements |
|---|---|
| 1. Closer national and local monitoring of enhanced and real time suicide and self-harm data – to identify emerging trends and groups at risk for early preventative action | • Public Health Scotland / Police Scotland provide more timely data reporting to local areas |
| 2. Specific public suicide prevention campaigns, distinct from and in partnership with the umbrella 'Clear Your Head' mental health and wellbeing campaign – to encourage people at risk of suicide and in suicidal crisis to seek help without stigma and to encourage others to give it | • Part of campaigns for UtPS such as @_FCUnited |
| 3. Enhanced focus on specifically suicidal crisis intervention – to ensure that those in suicidal crisis can access timely help and support, and meet any increase in numbers | • Captured within work for Action 5 (see above) |
| 4. Restricting access to means of suicide – to reduce the availability to those in crisis of the most commonly used means of suicide | • AAG undertaking Access to means Delphi Study |
| 5. A longer-term – potentially 10 year – suicide prevention strategy for Scotland should build on the current Suicide Prevention Action Plan and the learning from multi-agency pandemic mental health responses. Scotland's long term suicide prevention strategy should be supported by an agreed cross-government (national and local) programme of work and an outcomes-based evaluation framework, with continuing investment. | • Resulted in this Strategy and Action Plan |

# 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 if 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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