Scotland's Suicide Prevention Strategy

Draft for Public Consultation

Sources of support

We know that the content 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 18. 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 on short code 116 123 or via email on jo@samaritans.org

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

Introduction

This strategy sets out Scottish Government and COSLA's intentions for suicide prevention in Scotland over the next ten years and the outcomes we aim to achieve. The strategy will be supported by shorter term (2-3 year) action plans which detail the key activity required to achieve the outcomes set. While Scottish Government and COSLA have responsibility for ensuring the delivery of this strategy, we know we can only achieve the vision by effectively by working collaboratively with partners across a range of public service and third sectors and with communities across Scotland. We have therefore set out actions and a delivery structure which cover suicide prevention for the whole population through all life stages from childhood through to older years which builds on existing partnership working and opens up opportunities for new and innovative practice.

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Vision

Our ambition is a Scotland where everyone works together to prevent suicide.

To achieve this we will work with communities to become safe, resilient and inclusive - where people who have thoughts of taking their own lives, or people affected by suicide, are offered effective, compassionate and timely support, and a sense of hope.

Guiding Principles

1. Suicide prevention is everyone's business. We will provide opportunities for people across different sectors at local and national levels to come together to connect and play their part in preventing suicide.
2. We will take action which addresses the suicide prevention needs of the whole population and where there are known risk factors such as poverty, marginalised and minority groups.
3. All developments and decisions will be informed by lived experience. We will also ensure safeguarding measures are in place across our work.
4. Effective, timely and compassionate support - that promotes recovery - should be available and accessible to everyone who needs it including people at risk of suicide, their families/carers and the wider community.
5. We will ensure the needs of children and young people are addressed and their voices will be central to any decisions or developments aimed at them.
6. To build the evidence base, quality improvement methodology and testing of new, creative and innovative practice will be embedded in our approach.

Outcomes/goals

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.

Outcome 2:
Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.

Outcome 3:
Everyone affected by suicide is able to access appropriate, high quality, compassionate, and timely support - that promotes recovery. This includes people of all ages who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

Outcome 4:
All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to-date practice, research, intelligence, and improved by 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 suicidal behaviour
- Promote & provide effective, timely, compassionate support - that promotes recovery
- Promote a coordinated, collaborative and integrated approach

Vision

Our ambition is a Scotland where everyone works together to prevent suicide.

To achieve this, we will work with communities to become safe, resilient and inclusive, and where people who have thoughts of taking their own lives, or those who are affected by suicide, are offered effective, compassionate and timely support, and a sense of hope.

How we are going to work - guiding principles

There is no single factor which causes suicide. For every individual who contemplates or dies by suicide, there are an individual set of circumstances which have contributed to those feelings. Therefore, we know to have the greatest impact, we need to undertake work across the life stages, providing actions which support suicide prevention for children & young people, adults and older adults. We also know that we need to take action across the suicide prevention continuum; promotion, prevention, intervention and postvention.

> *"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"*
>
> *Desmond Tutu*

We will adopt these six guiding principles as our way of working to ensure effective delivery of the strategy and action plan.

1. Suicide prevention is everyone's business. We will provide opportunities for people across different sectors at local and national levels to come together to connect and play their part in preventing suicide
2. We will take action which addresses the suicide prevention needs of the whole population and take account of known risk factors such as poverty, marginalised and minority groups
3. All developments and decisions will be informed by lived experience. We will also ensure safeguarding measures are in place across our work.
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The difference the strategy will make - outcomes/ goals

Outcomes are the results or changes we want to see as a result of the strategy and action plans. These include changes in knowledge, awareness, skills, practice, behaviour, social action, decision making etc. Outcomes may be intended and/or unintended, positive and negative. Outcomes fall along a continuum from immediate (short term) to intermediate (medium term) to final outcomes (long term).[1]

Outcomes to support the vision

- 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.
- Outcome 2: Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.
- Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – that promotes recovery. This includes people of all ages who experience suicidal thoughts and behaviour, anyone who cares for them and anyone affected by suicide in other ways.
- Outcome 4: All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to-date practice, research, intelligence, and improved by regular monitoring, evaluation and review.

We know that to achieve our vision we need to ensure we deliver actions to achieve these outcomes which cover, systems, specific groups and the whole population. An outcomes-focused approach clearly sets out what we want to achieve (long term outcomes) and how the actions or interventions will help to deliver this through a pathway of short and medium term outcomes. It also builds in evaluation from the start so that the effectiveness of the strategy and its component parts can be measured. An outcomes framework which details intermediate and short-term outcomes and indicators will be produced to demonstrate how the actions in the action plan will achieve the overarching long term outcomes above.

Achieving the suicide prevention strategic outcomes will contribute to the **National Outcomes** for:

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

[1] USING EVALUATION TO HELP COMMUNITIES (wisc.edu)

We grow up loved, safe and respected so that we realise our full potential

We live in communities that are inclusive, empowered, resilient and safe

We are healthy and active

We tackle poverty by sharing opportunities, wealth and power more equally

We respect, protect and fulfil human rights and live free from discrimination

What we will focus on - key themes and priority areas

Through the extensive stakeholder engagement undertaken to develop the strategy and action plan, it is clear that a broad range of work which covers all life stages; Children & Young People, Adults and Older Adults is required to achieve the vision and outcomes. The following areas were identified by stakeholders as priorities for suicide prevention and therefore form the focus of the action plan which accompanies this strategy:

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

- There will be a focus on work which addresses issues such as poverty, debt, addictions, homelessness, trauma, isolation etc
- Based on the evidence, we will work to reduce access to means
- We will undertake work to ensure sensitive media reporting for both traditional and social media

2. Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour

- We will continue campaign work to address stigma and raise awareness
- Build skills and knowledge through learning opportunities and education for the whole population and targetted for groups who can have the greatetst impact
- We will ensure resources and information are accessible

3. Promote & provide effective, timely, compassionate support - that promotes recovery

- We will build understanding of what works and provide opportunities to share learning
- Develop work around self-management, psychosocial assessment, safety planning, responding to distress and crisis, enabling recovery and postvention support after a suicide attempt or bereavement
- Support help seeking and help giving

4. Promote a coordinated, collaborative and integrated approach

- We will support innovation through continuous improvement
- We will improve data, evaluation, evidence and creating the condtions to share learning across Scotland
- We will ensure the voices of those with lived & living experience are central in all decisions and developments

None of these will achieve the vision for this strategy in isolation. Some activity will require preparatory work over the short term while others will be building on work which has happened through previous strategies and action plans. The first action plan developed to support this strategy clearly lays out what action will be taken to address each priority area, by who and when.

Where we've come from

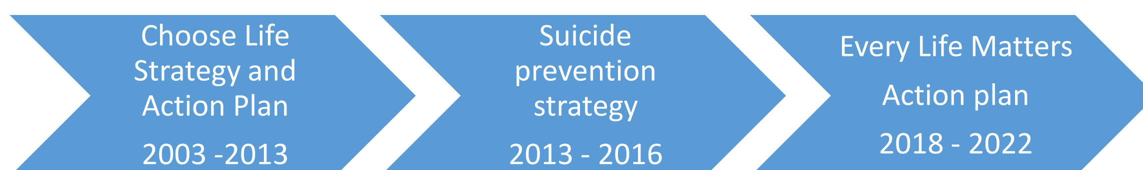
Suicide prevention in Scotland

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 Scottish Suicide Information Database (ScotSID) report profiling suicide deaths between 2011-2019[2] 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
- Eighty-eight percent were 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 published May 2022 indicated that 31% of suicides in Scotland had contact with a mental health service in the 12 months prior to their death.

The Office for National Statistics (ONS) published a report covering suicide rates in all four nations of Great Britain in 2018 which 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 [3]. Every death by suicide can have a huge impact with one study indicating that around 135 people are affected in some way by every suicide[4].



The complex, multi-faceted nature of suicide requires multiple, co-ordinated and comprehensive input from a range of sectors over the long term. As such, there has been a strategic focus on suicide prevention in Scotland since the publication of the Choose Life Strategy & Action Plan in 2002. These strategies and action plans have led to a focus on suicide prevention at both a national and local level.

Choose Life laid the groundwork for suicide prevention in Scotland; the strategy and action plan established an identified suicide prevention lead in every area of Scotland who has responsibility for developing and implementing a local action plan and built in a national infrastructure to support their work which is now delivered through Public Health Scotland

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[2] A profile of deaths in Scotland 2011-2019 (publichealthscotland.scot)

[3] Suicides in the UK - Office for National Statistics (ons.gov.uk)

[4] Cerel J, Maple M, van de Venne J, Moore M, Flaherty C, Brown M. Exposure to Suicide in the Community: Prevalence and Correlates in One U.S. State. Public Health Rep. 2016;131(1):100-107. doi:10.1177/003335491613100116

(PHS) through regular network events, advice and learning resources. The strategies and action plans since then have built on these foundations and resulted in the publication in 2018 of *Every Life Matters.*

Where we are now

Every Life Matters[5] established a strong national leadership from the National Suicide Prevention Leadership Group (NSPLG). The role of NSPLG is to ensure the delivery of the ten actions in the action plan and is supported by an Academic Advisory Group (AAG), Lived Experience Panel (LEP) and Youth Advisory Group (YAG). Delivery Leads, reporting to NSPLG, are based in a range of organisations and undertake work to achieve the actions in the action plan. Table 1 provides a summary of the range of work which has taken place to achieve the ten actions in *Every Life Matters*

Action	Key achievements [update]
Action 1 – support for local action planning	• Publication of Local Area Action Plan Guidance[6] • Established opportunities for local leads to share experience and provide peer support • Established Implementation Lead roles in PHS
Action 2 – refreshed mental health and suicide prevention learning resources	• Development of Mental Health Improvement & Suicide Prevention Framework[7] • Development of free Ask, Tell resources and facilitation packs to support delivery[8]
Action 3 – co-ordinated approach to public awareness campaigns	• Developed United to Prevent Suicide (UtPS) social movement • @_FCUnited campaign
Action 4 – timely effective support for those affected by suicide	• Pilot Bereaved by Suicide support service • Cruse workplace support
Action 5 – crisis recommendations	• Time, Space, Compassion
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 • 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)

[5] Scotland's Suicide Prevention Action Plan - Every Life Matters (www.gov.scot)
[6] Local Area Suicide Prevention Action Plan Guidance | COSLA
[7] Mental health improvement and suicide prevention framework | Turas | Learn (nhs.scot)
[8]

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 • Establishment of Lived Experience Panel (LEP) – recognised by WHO as good practice example
Action 10 – develop multi-agency reviews into all deaths by suicide	• Process tested in three areas • Plan for implementation across Scotland in place

In July 2020, to address the concerns raised 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	• PHS/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 - @_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 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

In addition to these key areas to address the actions from *Every Life Matters,* other work to tackle identified needs has also taken place. This includes work to address Locations of Concern and development of guidance for instances of suicidal cluster.

How we developed this strategy

It was agreed through NSPLG, that there was a need to develop an outcome focused long term (10 year) strategy with associated shorter term (3-5 year) action plans which would support its delivery. Having a lived experience panel to support the work of *Every Life Matters* demonstrated the importance and value of ensuring people's voices are heard in the development of work around suicide prevention. It is key that this continues into this strategy and action plan. This formed the rationale for the approach taken in their development. We began by listening to people who have an interest in suicide prevention either through personal or professional experience. Between September 2021 and June 2022, the conversations and questionnaire submissions provided the information and intelligence to help identify what we can build from current and previous work and also shaped the actions that can be taken to address any gaps. We know there is a need and benefit to continue to undertake engagement and participation, particularly with children and young people and will maintain this approach as we implement this strategy and action plan.

We will ensure that as we transition to delivery of this strategy and action plan, in addition to addressing new areas of work identified through the stakeholder engagement, we will continue to build on the excellent work established through previous strategies and action plans.

Whole of Government and society approach

In developing this strategy, careful consideration has been given to areas of work which contribute to suicide prevention, but which can be more appropriately addressed through other existing or developing policy work. Where this is the case, we will work with those policy areas to ensure a joined-up approach and that the role they play in reducing suicide is explicitly identified in their work. This includes (but is not limited to):

1. **Mental health & 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 is due to be published at the end of 2022.
2. **Self-harm strategy** – work will continue to develop a standalone self-harm strategy which will be published in 2023. However, we know there is a link between self-harm and suicide and therefore to address this we will increase training and safety planning within key medical settings, ensure proactive and ongoing care and assessment and expand training to support Distress Brief Intervention.
3. **Poverty** – one of the greatest risks of suicide is living in the lowest socio-economic areas of Scotland. Through implementation of this strategy and action plan, we will ensure there is a focus on the impacts of poverty on suicide risk. We will engage with policy areas addressing poverty and deprivation for both adults and children and ensure the link to suicide is addressed through their work.
4. **Children & young people** – the suicide prevention needs of Children & Young People and their families are considered through a wide range of policy work on Children and Young People's Mental Health and Wellbeing, Education, Whole Family support, ACES and Trauma, Child Poverty pathfinders and tests of change, the Student Mental Health Action Plan, Eating Disorders and perinatal and infant mental health. We will build on the work already in place to ensure the needs of

children & young people who experience suicidal ideation and behaviour are addressed in a timely, safe and compassionate way and build connections at local level between leads for suicide prevention and child poverty.

5. **Homelessness** – we will ensure suicide prevention is integrated in the No Wrong Door tests of change and prioritise suicide prevention training for staff working in these settings and services. We will also ensure housing staff are included in the multi-agency case management approach for anyone who is suicidal.
6. **Addictions** – we know there is a strong link between the risk & protective factors for suicide and addictions. We will identify opportunities to work jointly to address these as part of the Drugs Taskforce Implementation Plan. We will engage with mental health services to support the implementation of the medication assisted treatment standards and ensure alcohol and drug treatment (ADT) staff are prioritised for suicide prevention training.
7. **Planning –** new policy on suicide aware buildings will be included in National Planning Framework and local guidance will be developed to support implementation.

Where we want to be and how we will get there.

Our understanding of suicide

Our understanding of suicide prevention continues to improve and our strategic approach has been shaped by this. It is well recognised that suicide is not caused by a single factor and that the pathway to suicide is complex. As a result, frameworks that help us understand this complexity, specifically how different risk factors interact are essential to guide suicide prevention efforts. The integrated motivational-volitional (IMV[9]) model is one such widely used framework that does this. It maps out the final common pathway to suicidal thoughts and suicidal behaviour as well as identifying potential targets for intervention and prevention. 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). The 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.

[9] The IMV Model – Suicidal Behaviour Research Laboratory (suicideresearch.info)

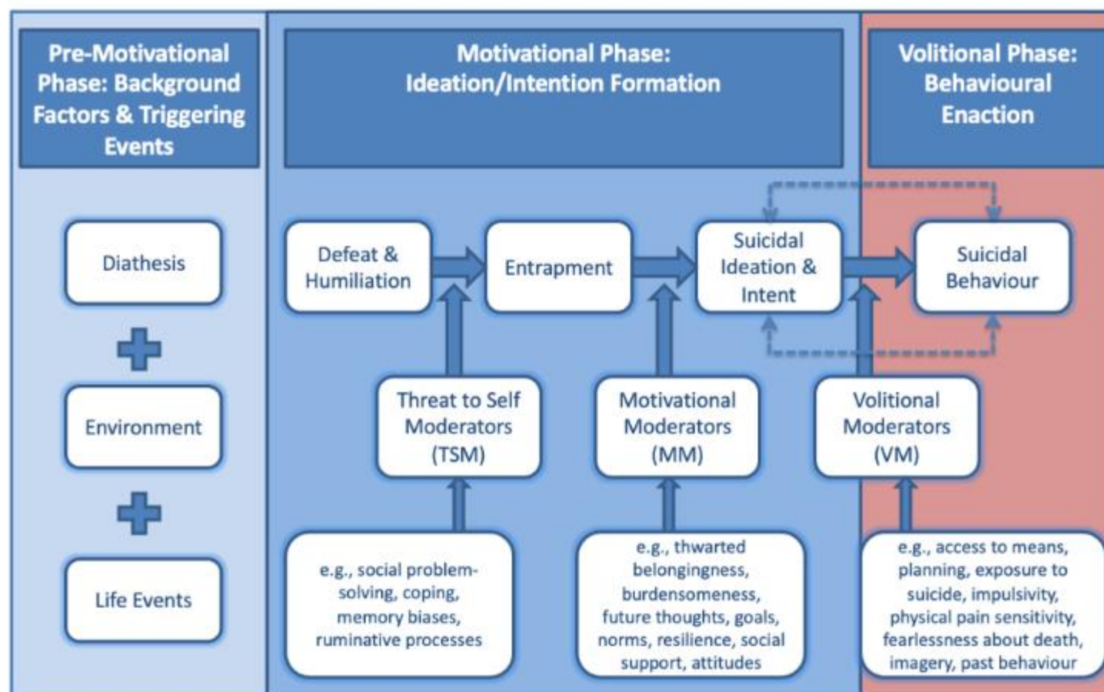

Figure 1

We will use the IMV model to guide actions and continue to build our understanding of what works through the delivery model detailed below.

Through the work of the Academic Advisory Group, we have developed a greater understanding of risk and protective factors for suicide. Our action plan is influenced by our understanding and will adapt to new and emerging evidence; working across the whole of Government, with trusted organisations and in geographic communities to mitigate risks and support protective factors where possible.

Our focussed work on suicidal crisis did not recommend a particular model of crisis support. Instead, it set out the Time, Space, Compassion approach which was developed through the engagement with practitioners and people with lived experience of suicidal crisis. Work is now underway and we will continue to embed this approach. This I includes integrating Time, Space, Compassion into strategy, commissioning and service design, growing capacity and capability to offer Time, Space, Compassion and building our understanding of what is in place and what works. The Time, Space, Compassion approach will also be built into the actions within this action plan.

External influences

Over the last two to three years, there have been a number of significant events/issues which have the potential to negatively impact the population of Scotland. These include the COVID-19 pandemic, Brexit and the cost-of-living crisis. Our action plan reflects the suicide prevention work required to support the Covid recovery and mitigate against other negative events; and also to seize the opportunities associated with positive developments (for example, the increased willingness of people to discuss their mental health).

Our approach to delivering suicide prevention activity needs to be flexible and responsive to the changing landscape we are operating in. This includes organisational developments

such as the creation of the National Care Service. Developing short term (2-3 year) action plans which are regularly reviewed and building in evaluation will help us to respond quickly to any emerging issues.

Delivery & governance

Our approach will see a change in the implementation governance and delivery to provide sustainability and inclusive structures which drive progress and opportunities to learn on suicide prevention.

Scottish Government and COSLA have joint responsibility for ensuring this strategy and action plan are delivered. To facilitate this, we will create a ***Scottish Delivery Collaborative***; a delivery team which will bring on the ground practice together with a national implementation team and harnessing the Academic Advisory Group, the Lived Experience Panel, and the Youth Advisory Group. This collaborative will create an agile planning and learning community focussed on evidence and practice. The Collaborative will review data, practice insight and research on effective strategies to reach and support people who are suicidal and will use this to design new approaches which may include digital innovations. Public Health Scotland will play a key role in translating knowledge into action and through an active learning approach will ensure new data on suicide and practice and lived experience insights support design, delivery and evaluation of activity.

Some adjustments will be made to the ***National Suicide Prevention Leadership Group*** so that it can champion and drive suicide prevention through a partnership approach; advise Scottish Government and COSLA on progress on the strategy and changes needed to direction/priorities; and advise the Delivery Collaborative on delivery. New members will be invited to join the group to ensure our leadership represents the lived experience of people who are suicidal. This will include representatives from organisations focused on poverty, those representing minority groups, and organisations working in key sectors such as Justice and Education. The NSPLG will produce an annual report on progress towards the indicators and advice on direction and priorities for Scottish Government and COSLA.

The NSPLG and Delivery Collaborative 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.

In line with public protection guidance, **local leadership & accountability** for suicide prevention will sit with Chief Officers who will connect into the Community Planning Partnerships (CPPs) to ensure suicide prevention is considered in the wider strategic context. This will ensure all local partners are engaged and supportive, and that suicide prevention features in CPP priorities.

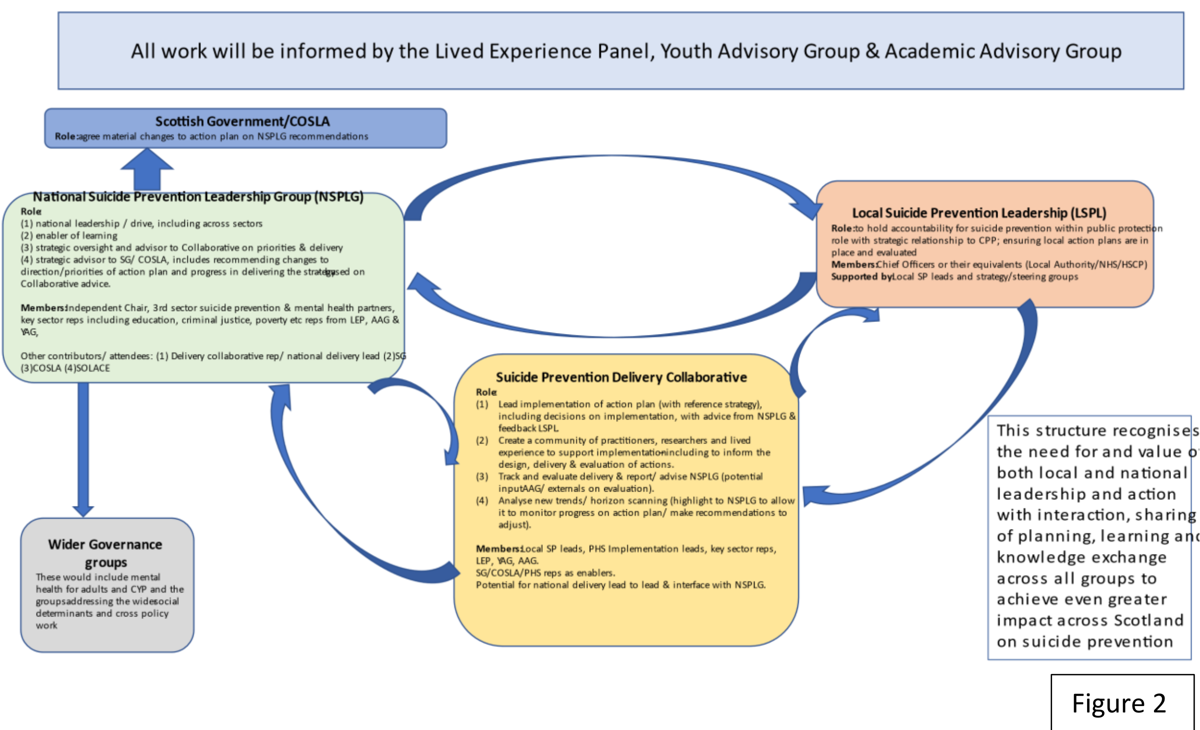

Figure 2

If we are to achieve the ambition that suicide prevention is everyone's business, we need to create a **dynamic and engaged suicide prevention community** in Scotland. We need to be clear about the role individuals and organisations can play and the steps required to get there. The delivery of suicide prevention cannot be left to the individuals and organisations detailed in figure 2. To succeed in achieving our vision, partners in the NHS, social care, public health, criminal justice and education for example will need the awareness, understanding, knowledge and skills required to play their part. We also need to 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 bring communities and professionals together through networks and gatherings to share knowledge and strengthen understanding of best practice. This will also help us achieve our underpinning principle that Suicide Prevention is Everyone's Business.

Scottish Government has committed to double the funding available for suicide prevention over the course of the current parliament. In addition, key funding streams such as the Mental Health & Wellbeing Communities funding for adults and children provide resources which support prevention activity at community level. We will continue to ensure that suicide prevention is included as a priority where funding for early intervention and prevention activity is available.

How will we know we've achieved the outcomes/goals?

It is important to understand the impact that the strategy and action plan have. To that end, we will develop an outcomes framework which will demonstrate how actions, through achieving short and medium term outcomes, contribute to achieving the long term outcomes of this strategy. We will ensure regular evaluation, monitoring and review is built into the programme of delivery at both national and local level and publish annual reports on progress.

The flexibility of our implementation structures means the Delivery Collaborative will be well placed to identify any emerging issues which will then be highlighted to NSPLG. As an advisory group, NSPLG will escalate issues to Scottish Government and COSLA which will allow for action to be taken. The involvement of wider policy areas in NSPLG and the Delivery Collaborative will also mean that we are able to monitor and track progress in line with other strategies for related areas of work such as those addressing social determinants of mental health. As our approach will focus on continuous improvement and action plans which are shorter term, we will be able to respond quickly to any emerging evidence and adapt our approach as needed.