

# **Scotland's Suicide Prevention Action Plan: 2022-2025**

**Draft for Public Consultation**

## Scotland's Suicide Prevention Action Plan – 2022-2025 (Draft for Public Consultation)

### 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 who are affected by suicide, are offered effective, compassionate and timely support, and a sense of hope.

### Introduction

- This action plan details the actions for the next 3 years, which implements the first stage of the Scottish Government & COSLA's 10 year suicide prevention strategy, and the four outcomes it sets out.
- The action plan identifies what areas we will continue to focus on, what new areas we will initiate, and areas of future work to support delivery of these outcomes. We will also retain flexibility for innovation and responding to any changes that arise over the life of this action plan. We will review the future areas of work identified at the mid-point of the action plan.
- Much has been achieved since the publication of *Choose Life*, Scotland's first suicide prevention strategy in 2002 – at both a national and local level. This action plan is intended to be ambitious and build on this strong foundation.
- Over the last four years, the current suicide prevention action plan *Every Life Matters* has continued to build momentum across a wide programme of activity. Key deliverables include: new tools and guidance to support local planning and evaluation, strengthened delivery of training and development of new learning resources, new work to raising awareness and reducing stigma of suicide (including through UtPS), the design and testing of new services for people in suicidal crisis and following a bereavement. Importantly, the action plan has also brought about a progressive way of working, with strong leadership and expertise, coupled with lived experience insight and academic research. We have much to value, and build upon.
- This plan will only be achieved by partners and communities working together, including sharing resources and learning. We recognise our third sector partners play an important and valuable role in the strong partnership approach we have to preventing suicide in Scotland. We recognise there is a role for the private sector to play too.
- We also recognise the need for a wide range of national and local government policies pulling together to address structural and social issues linked to suicide risk.

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- We will seek to deliver the actions within this plan in an integrated way – working across actions and outcomes – in order to make a difference in our communities. By communities we mean both the places where we live, and the groups we connect with.
- The actions in this plan are designed to support delivery of the four outcomes, and are built around 7 themes as set out below.
  - Theme One: Whole Government Policy
  - Theme Two: Access to Means
  - Theme Three: Media Reporting
  - Theme Four: Learning and Building Capacity
  - Theme Five: Support
  - Theme Six: Planning
  - Theme Seven: Data and Evidence

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### Delivering and overseeing this plan

To deliver this plan we will build on our existing delivery and governance structures to ensure we have sustainable and inclusive structures which drive progress and opportunities to learn on suicide prevention. This includes:

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

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### Resourcing the Action Plan

- The Scottish Government has committed to double the funding for suicide prevention, to £2.8 million per annum, by the end of the current Parliament. This funding will be used to support delivery of the action plan and will complement investment by other areas of Government and the public sector which contribute to suicide prevention objectives. For example, the Communities Mental Health and Wellbeing Fund for adults and community supports for children, young people and families, as well as funding which addresses the social and economic determinants of suicide, such as, work to tackle child poverty.
- Through our suicide prevention implementation leads we will actively seek to ensure that suicide prevention projects and initiatives are supported through the available funds.

### Evaluating the Action Plan

- We will ensure a framework is in place to track the delivery of actions, and measure their impact. We will ensure there is an evaluation framework around all aspects of delivery and make tools available to support evaluation of local delivery.
- Our outcomes framework will include a set of indicators so that we can assess how our work is contributing to the delivery of the four outcomes.
- We will equip Community Planning Partners in local areas with guidance on how to incorporate suicide prevention indicators

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

### Priority

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

### Context/Messages:

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

### What we will keep doing

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

## New actions

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

### Mental Wellbeing and Social Care

#### **Trauma and Adverse Childhood Experiences (ACE's)**

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

#### **Dementia**

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

#### **Mental Health Law**

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

#### **Care Quality Standards**

- We will work with the Quality and Safety Board and NHS Assure to improve our understanding and the assessment of the quality and safety of mental health estates.

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

### **Workforce, digital and primary care**

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

### **Wellbeing and Prevention**

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

### **Supporting Mental Health of the Workforce**

- We will review the evidence, and commission new research where needed, to identify workforce sectors, industries and particular groups of employees where staff are at higher risk of suicide or have high exposure to suicide (for example, health and social care, transport and construction). We will use this to inform future suicide prevention activity and targeted

support, which could include workforce policies and supports. This links to the forthcoming mental health and wellbeing platform for employers.

- We will also explore how to effectively support the mental health and wellbeing of the health and social care workforce, including around suicide prevention.

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

- 'Our approach to delivering suicide prevention activity needs to be flexible and responsive to the changing landscape we are operating in. This includes the transformative redesign of community health and social care through the creation of the National Care Service which will support more multi-disciplinary and person-centred care.

### **Student Mental Health**

- We will ensure the Student Mental Health Action Plan (to publish in 2023) prioritises suicide prevention.

### **Autism and Learning Disabilities**

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

### Wider Government Policy

#### **Homelessness**

- We will pursue Homelessness Prevention Duty. We will introduce legislation in this parliamentary session to both strengthen local authority homelessness prevention activity and to create new homelessness prevention duties on wider public bodies. We aim to ensure that people get early support to prevent homelessness, and that the risk of homelessness is identified and acted on regardless of the service first approached. To support this we will prioritise suicide prevention training for public services covered by the legislation, including LA housing staff. Meantime we will seek to integrate suicide prevention and distress support into the No Wrong Door tests of change.
- We will prioritise third sector front line homeless organisation staff for suicide prevention training.
- We will request Local Authority housing teams are included in multi-agency case management approach for anyone suicidal, as well as third sector frontline organisations (where they are engaged).

### **Drugs Mission**

- We will identify joint drugs/ suicide prevention opportunities as part of the National Drugs Mission – particularly around access to services, and compassionate / trauma informed support, and peer support models.
- We will engage with mental health and substance use services to support the implementation of Medication Assisted Treatment (MAT) standards, specifically MAT standard 9 which is focussed on mental health. MAT standards are designed to help reduce drug related deaths, and other harms, and to promote recovery.
- We will prioritise staff in Alcohol and Drugs Partnerships for training in suicide prevention.
- We will request Alcohol and Drugs Partnership staff are included in multi-agency case management approach for anyone suicidal.
- Consider any follow up opportunities for suicide prevention coming from the Healthcare Improvement Scotland (HIS) dual diagnosis pathfinders.

### **Alcohol**

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

### **Child Poverty**

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

### **Money and debt advice**

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

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- We will invest up to £10 million over the current Parliament to increase access to advice in accessible settings to maximise incomes and tackle poverty, which will help support suicide prevention.
- We will prioritise staff working in money advice and welfare services for suicide prevention training.

### **Social Security**

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

### **Whole Family Wellbeing Support**

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

### **Social Isolation and Loneliness**

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

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

- We will work with care experienced people to better understand how best to embed suicide prevention activity in work already underway to support children and young people in care, and care leavers.

### **Children and Young People**

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

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

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

### **Family Law**

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

### **Criminal Justice and Prisons**

- We will continue to work with partners across justice and wider public services to explore how to better support people who may be at higher risk of suicide, before and during their release from custody. This will include exploring how to embed suicide prevention as part of release planning and co-ordination, and as part of wider through-care activities.

### **Victims and Witnesses**

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

### **Violence against women and girls**

- We will continue to work with our partners across the Violence Against Women sector to ensure that suicide prevention remain a priority within the Equally Safe Strategy, and within individual partner organisations.

### **Hate crime**

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

### **Asylum and Migration**

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

### **Veterans**

- We will work to deliver recommendations and actions within the Veterans Mental Health and Wellbeing Action Plan, including those relating to suicide prevention.

### **Physical health and activity**

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

### **Planning & Building Standards**

- We will consider the potential links that can be made between suicide prevention and the National Planning Framework 4 (NPF4).
- We will review existing evidence, and commission any new research needed, to consider whether targeted regulatory interventions on the delivery [development] or management of buildings, might assist in reducing suicide risks.

### **Road Safety**

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

### **Menopause**

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

### **Gambling**

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

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### Redundancy

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

### Theme 2: Access to Means

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

Action 2.2: Consider priority actions on access to means following the Delphi study, including wider work on locations of concern which includes waterways, railways and retail outlets.

### Theme 3: Media reporting

Action 3.1: Work with national and local media sector to hold a series of awareness raising events about responsible media reporting (including social media) which begins to support change in media reporting of suicide. Scope to draw on lived experience insight.

**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.

**Priority:**

- Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour

**Context/ Messages:**

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

**What we will keep doing:**

- Continue to grow Scotland's suicide prevention social movement, United to Prevention Suicide (UtPS) by encourage people in communities and organisations - across all sectors - to join the movement, and participate.
- Continue to run suicide prevention campaigns, at whole population level and targeting specific groups where there is a higher risk of suicide – and ensure national and local campaigns are coordinated to maximise reach and impact. We will also ensure suicide prevention is embedded across wider mental health stigma and service design programmes.

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- Continue to build learning resources on suicide prevention to fulfil the Knowledge and Skills Framework on mental health improvement and suicide prevention. Also, deliver local learning through the facilitation network. We will also complete the reviewing of our learning approach.

### New actions

#### Theme 4: Learning & Building Capacity

Action 4.1: Evaluate our social movement and campaigns to ensure they reflect emerging good practice and are having the desired reach and impact, and draw on wider learning, for example from See Me.

#### Theme 4: Learning & Building Capacity

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

Considerations to further develop this approach:

- Propose at least two tests of change to reach particular groups / communities where there is a heightened risk of suicide. We plan to work with trusted organisations to (1) review the design and delivery of learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we will seek to understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high.
- Prioritise key settings to promote learning, for example, schools/ higher education, welfare services, and within health & care settings: primary care, mental health services, unscheduled care/ A&E, perinatal, women's health, pain/ long term conditions, support for carers (and embedding suicide prevention as part of the Carers Strategy), palliative care.
- Professional groups may include first responders, educators (such as counsellors/ teachers), and staff in criminal justice sector.
- Consider touchpoints for people in financial distress, seeking welfare support, and marginalised groups.
- Respond to the diverse needs of communities, including cultural / social factors.
- All approaches and resources embody principles of Time Space Compassion, and are trauma informed.
- Reflects risk and protective factors.

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- Need to build in continued engagement with communities and key support settings to ensure awareness raising and learning translates into action.

### Theme 4: Learning & Building Capacity

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

### Theme 4: Learning & Building Capacity

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

### Theme 4: Learning & Building Capacity

Action 4.6: Consider how suicide prevention can be embedded in pre-registration training curricula e.g. for health & social care, youth work, and teaching staff.

### Theme 4: Learning & Building Capacity

Action 4.5: Create a portal to host our suicide prevention resources and information in one, accessible, digital space - and which links to other relevant platforms.

### Theme 4: Learning & Building Capacity

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

### Theme 5: Support

Action 5.1: Increase our understanding and practice around help seeking and help giving (potentially through test of change), and share good practice.

**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.

**Priority:**

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

**Context/ Messages:**

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

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### What we will keep doing

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

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| New actions   |
| Theme 5: Support  |
| Action 5.2: Consider ways to adapt Distress and Brief Interventions to ensure it supports people at the earliest opportunity, and to ensure it is considered for everyone who has thoughts of suicide or has made an attempt, where appropriate. Potential for new referral pathways, and ways to re-engage with support after discharge. |
| Theme 5: Support  |

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Action 5.3: Respond to the diverse needs of communities. To support this we propose at least two tests of change to reach particular groups / communities where there is a heightened risk of suicide. We plan to work with trusted organisations to (1) review the design and delivery of learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we will seek to understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high.

### Note:

Trusted organisations / groups could include: men's organisations, LGBTQI+ organisations, minority ethnic organisations, isolated communities organisations, occupational groups organisations, additional support organisations, criminal justice organisations, self-harm organisations, mental illness / support organisations, women's organisations; gypsy travellers organisations, carers organisations, student organisations, gender based violence organisations, victims organisations, disability groups and organisations.

Theme 5: Support

Action 5.4: Build new peer support capability to enable further use of peer support models for suicide prevention.

Theme 5: Support

Action 5.5: Develop resources to support families, friends, carers (including children and young people), and anyone else affected by suicidal behaviour – building on existing resources.

Theme 5: Support

Action 5.6: Ensure counsellors in education settings are skilled and responsive to signs of suicidal concerns, whilst ensuring proactive approach to supporting children and young people at key transitional stages, as part of a continuum of care.

Theme 5: Support

Action 5.7: Consider how those working in primary care settings - including GPs, nurses, mental health teams and the broader primary care workforce - can identify and support people who are at risk of suicide, who may present in distress or with low mood, anxiety or

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self-harm. This could include: safety planning, referrals to DBI, community support (social prescribing), and proactive case management, especially for people with a high risk of suicide.

### Action 5: Support

Action 5.8: Undertake work to ensure clinicians in unscheduled care settings are alert to suicide risk - particularly those who have self-harmed - and respond effectively through the provision of psychosocial / psychiatric assessment and ensure care pathways and support are put in place, including in the community (which may include via primary care). Distress and Brief Interventions should be offered, where appropriate as part of an increased range of potential interventions. The pathways to these interventions will be monitored through implementation of unscheduled care pathways.

Considerations to further develop this approach:

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

### Theme 5: Support

Action 5.9: Statutory services to continuously improve the quality of clinical care and support for people who are suicidal, and share good practice and learning, both individually and by working together across services. To achieve this a first step is for mental health services to adopt the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) guidelines into their operating practices, and the relevant Medication Assisted Treatment (MAT) standards.

Considerations to further develop this approach:

- Undertake work to help embed assertive case management approaches which engage all relevant agencies to support someone with suicidal risk or following an attempt. This would include mental health services, and potentially: primary care, social work, alcohol and drug partnerships, housing services (and frontline homeless orgs, where apt), education teams, police, prisons, and youth workers. Community based organisations should also be engaged where that will support the individual. This approach would ensure a person who is suicidal has all relevant local services working together to provide an effective and seamless support – the No Wrong Door approach.
- Where suicide risk is identified, a multi-agency, assertive approach should be used to span early intervention, prevention, crisis and recovery - with a particular focus on transition between parts of the system/service.

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- Support should recognise risk and protective factors, including safety planning.
- Services must also consider how they reach and meet the needs of particular groups, such as minority ethnic communities, people affected by trauma, and gypsy travellers.

### Theme 5: Support

Action 5.10: Consider value and impact of a Single Scottish specific telephone number which will provide access to existing telephone support and resources.

### What will we do next

- Roll out of bereavement support, informed by evaluation – to ensure fair and equitable service across Scotland.
- Ensure mental health unscheduled care programme is leading to improvements for people at risk of suicide.
- Understand gaps in early intervention for suicide risk, for whole population, as well as higher risk groups.

**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:**

- Promote a coordinated, collaborative and integrated approach

**Context/ Messages:**

- Only by designing-in our data needs, and taking a broad view of different types of evidence (including management information and call data) will we be able to have an effective evidence based approach to suicide prevention.
- Our data, evidence, practice and lived experience insights are all essential for good design, delivery and evaluation of our actions, and to inform the continued evolution of our approach to suicide prevention overall.
- Public Health Scotland will play a key role in translating evidence into action on the ground – both in our communities and in key settings, such as primary care, NHS24, mental health assessment centres, third sector, custodial settings, welfare services, residential and community based care across the life stages, greenspace / wider environment, and transport.
- Surveillance and reviews of suicide must also be a core element of improving our understanding about suicide, and taking action to proactively support people at greater risk of suicide.

**What we will keep doing:**

- Use the insights from lived experience – the Lived Experience Panel and the Youth Advisory Group – to shape the design, delivery, communications and evaluation across our work.
- Engaging with equalities groups and marginalised communities to better understand their specific needs which will better help shape our work.
- Learn about suicidal behaviour from our valuable Academic Advisory Group. This includes: understanding the connection between suicide and mental health and wellbeing; risk and protective factors; and, effective interventions for reducing suicide - including for specific groups. We will seek to learn more from research by creating a horizon scanning function, and ensuring suicide research is integrated into our delivery collaborative alongside practice and lived experience insights. By synthesising and disseminating this learning we will be better placed to drive change nationally and locally.
- We will continue to bring together data sources on suicide to inform our priorities, actions and public information. This will include: published data, suicide reviews, more timely data, Scottish Suicide Information Database (ScotSID), and

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management/ evaluation data. To support this we will develop national information sharing agreements where relevant to support data collection, management and sharing.

- As highlighted in outcomes 2 and 3, we will also seek opportunities to carry out of tests of change in communities of interest and place to learn more about effective suicide prevention approaches.
- We will continue to progress local multi-agency data reviews, with a supporting learning system. This will help identify missed service engagement opportunities.
- Support local areas to develop tailored suicide prevention action plans based on local need. This will be supported by guidance, good practice, and local data.

### New actions

#### Theme 6: Planning

Action 6.1: In settings where people are at higher risk of suicide, ensure there is a suicide prevention action plan in place which takes account of risk and protective factors, and connects to statutory partners (where appropriate) and local suicide prevention plans - to ensure smooth transition at discharge. Plans should include actions for the people they support as well as for their workforce, and the development of plans should include input from both groups. Key settings include: criminal justice settings, secure accommodation, residential care, and schools/ higher education (as appropriate).

Considerations to further develop this approach:

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

#### Theme 6: Planning

Action 6.2: Develop guidelines for communities to respond effectively to suicide clusters and contagion within their local context.

#### Theme 7: Data & Evidence

Action 7.1: Continue to embed and enhance our lived experience model, and ensure it is representative of groups experiencing suicidal behaviour. Enhancing the model could include developing resources/toolkit to support people with lived experience sharing their personal stories in safe, meaningful and impactful ways.

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### Theme 7: Data & Evidence

Action 7.2: Improve data recording and reporting on suicide deaths and attempts, and bring that together with wider, relevant data to improve our understanding of suicide risks and trends. This intelligence will form a core part of our suicide prevention Delivery Collaborative to support planning, delivery and evaluation, both at a national and local level.

Considerations to further develop this approach:

- Explore scope for recording suicide attempts (linked to locations of concern data). This will require improving data reporting and quality on self-harm and suicide attempts.
- Consider drawing on data relating to children and young people's needs from schools, counselling services, etc, and potentially other settings, such as higher education, prison and community settings.
- Explore use of GIS mapping and other analytical tools to plot and identify locations of concern for suicides, suicides attempts, and distress incidents - to inform local action.
- Ensure suicide review data connects to ScotSID data, as well as wider data sets such as NRS published data, more timely data, and management/ evaluation data.

### Theme 7: Data & Evidence

Action 7.3 Introduce a horizon scanning function to produce a 6 monthly digest of new evidence, which connections to the mental health Research Advisory Group. Priority areas may include: COVID and cost of living impacts, and the mental health of children and young people and other marginalised equality groups. Again, this intelligence will form a core part of our suicide prevention Delivery Collaborative to support planning, delivery and evaluation, both at a national and local level.

### Theme 7: Data & Evidence

Action 7.4: Roll out multi-agency suicide reviews and a learning system (aligning with the serious adverse event reviews process within mental health services).

### Theme 7: Data & Evidence

Action 7.5: Host learning events to disseminate information and share learning and good practice between and across sectors on suicide prevention. This will build on the Suicide Information Research Evidence Network (SIREN) model.

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### What will we do next

- Implement tests of change from learning both for communities of interest and place based – Outcomes 2 & 3.
- Consider further use of standards and guidelines to drive improve in statutory and non-statutory sectors, on suicide prevention.
- Continual review of priorities/areas of focus and overall action plan on the basis of emerging data & understanding – progress on this plan will be reviewed at the 18 month point.
- Consider the use of the innovation programmes to promote suicide prevention action.