Briefing for the Citizen Participation and Public Petitions Committee on petition PE2183: Make Suicide Awareness and Prevention training mandatory for high school students, lodged by Craig Paton

Brief overview of issues raised by the petition

The petition is highlighting the issue of suicide among young people in Scotland.

Curriculum content

Health and Wellbeing is a key area of Curriculum for Excellence (CfE) and is one of the three curriculum areas considered to be the responsibility of all practitioners (the other two are literacy and numeracy). The current technical framework of the curriculum provides "experiences and outcomes" and "benchmarks" across the curriculum from early years up to the end of Broad General Education (BGE) – normally at the end of S3.

There are six areas of the health and wellbeing curriculum:

- Mental, Emotional, Social and Physical Wellbeing
- Planning for Choices and Changes
- Physical Education, Physical Activity and Sport
- Food and Health
- Substance Misuse
- Relationships, Sexual Health and Parenthood (RSHP).

The curriculum in Scotland is largely non-statutory. The content of what is taught in schools, particularly in BGE, is largely a matter for teachers, schools or local authorities. Nevertheless, the Government and its national agencies can and do influence curriculum content in schools. For example, through guidance or working groups on specific issues.

The Scottish Government published a Mental health and wellbeing: Whole School Approach framework in 2021. This explains that a whole school approach aims to support everyone's mental health by creating a positive, inclusive environment. The intention is that this approach combines preventative and universal support for the school community with more focused help for those who need it. It aims to reduce stigma, encourage early intervention and promote wellbeing across the school community. The framework includes "Prevention of suicide and self-harm" as a possible staff development opportunity. The framework says that pupils should be involved

in co-designing the content and delivery of the health and wellbeing curriculum. It also says:

> "Curricular approaches which focus on promoting resilience can be adapted to reflect the current, local context and ensure their relevance to children and young people. Learning and teaching should also take account of prior knowledge and understanding as well as respond to and act upon what the children and young people want to learn about. As well as building resilience there should be opportunities for children and young people to develop mental. emotional, social and physical skills, problem-solving, coping, and relationship management skills. Enabling children and young people to learn that there are a range of strategies available to enhance mental health and wellbeing."

The framework was developed by the Scottish Government's Mental Health in Schools Working Group. The remit of this group includes to "seek to understand the use and impact of the mental health support we are providing through education settings (including supporting considerations around suicide prevention in education), identifying and addressing barriers and gaps where appropriate". The minutes of this group include references to suicide prevention work, including for the meeting in June 2025 where COSLA presented a discussion paper on suicide prevention in education.

The Scottish Government also provides annual funding to local authorities to support access to counsellors in every secondary school.

Education Scotland is currently undertaking work on the Curriculum Improvement Cycle (CIC). The CIC is intended to take around 10 years with the current cycle running to 2033-34, and at that time, the next cycle will begin. The CIC will reexamine CfE's current technical framework and may change how knowledge is articulated within the curriculum. This process reflected recommendations of the OECD's report of the review of CfE published in 2021. The OECD observed that the policy environment in Scotland had "resulted in a reactive and oftentimes political approach, which is not the most efficient way to address issues with CfE."

Suicide Prevention Scotland

The Scottish Government has maintained a continuous focus on reducing suicide since at least 2002, publishing a series of strategies, prevention and delivery plans every few years. The current strategy is 'Creating Hope Together', running from 2022 to 2032. The current delivery plan was published in August 2025 and covers the next three years. Policy actions for children and young people are intended to 'build new networks of support easily accessible from schools'. An Advisory Group on Healthy Body Image for Children and Young People was set up in 2019 to look at ways of improving support for young people and advice for professionals. They published a report in 2020.

The current delivery plan is built around four outcomes. Outcome 2 covers suicide prevention in a 'whole school approach to mental health and school curriculum' and details a number of intended or ongoing actions.

Child and adolescent mental health services (CAMHS)

CAMHS services are organised and run by the fourteen territorial NHS health boards. Specialist services are provided for children and young people aged up to 18 years. Teams of staff comprise Psychologists, Psychiatrists, Community Mental Health Nurses, Clinical Associates in Applied Psychology and Health Care Support Workers.

Referrals are made by GPs, school nurses, health visitors, social workers, educational psychologists, via paediatric hospital units, occupational and speech and language therapists and the Crisis team.

Referral criteria for CAMHS are decided nationally and were defined in 2009 (updated 2024):

Condition 1: basic threshold

- A child/young person has or is suspected to have a mental disorder or other condition that results in persistent symptoms of psychological distress.

Condition 2: complexity and severity threshold There is also the existence of at least one of the following.

- An associated serious and persistent impairment of their day-to-day social functioning.
- An associated risk that the child/young person may cause serious harm to themselves or others
- An associated significantly unfavourable social context (e.g. a child in care, a sibling, a parent or carer with significant mental or physical health problems, a child who has been the victim of abuse or who has experienced domestic abuse). Where this is observed, a multidisciplinary approach should be taken ensuring appropriate inclusion of relevant agencies.

CAMHS are regarded as the top tier of support available, when other available support, such as through school or community interventions, has not been successful.

Data on Probable Suicides

The National Records of Scotland publishes statistics annually on probable suicides. SPICe published a blog on suicide deaths in Scotland (2024)

Ned Sharratt and Anne Jepson
Senior Researchers
22/10/2025

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Published by the Scottish Parliament Information Centre (SPICe), an office of the Scottish Parliamentary Corporate Body, The Scottish Parliament, Edinburgh, EH99 1SP