

# Briefing for the Equalities, Human Rights and Civil Justice Committee: Creating Hope Together – Scotland's Suicide Prevention Strategy (2022-2032)

## Introduction

- Creating Hope Together, our ambitious and innovative [10 year suicide prevention strategy](#), and the accompanying [Action Plan](#) (2022-2025), were published jointly by Scottish Government and CoSLA in September 2022. The strategy's vision is to reduce suicide deaths in Scotland whilst tackling the inequalities which contribute to suicide.
- We continue to have lived experience as a cornerstone of our work and will use all available evidence including research/practitioner input to inform our approach.
- Cross-sector partnership working is at the heart of delivering our new strategy. The complexity of suicide requires us to build leadership, understanding and action across all sectors and communities. Additionally, our approach creates spaces and opportunities for partners and communities across Scotland to work together to prevent suicide, and support anyone affected by suicide.
- Our whole of government and society approach to suicide prevention is recognised internationally as progressive - as it recognises the social determinants of suicide and seeks to ensure we take every available opportunity to incorporate suicide prevention across our policy development and service design and delivery. In practice this means, we are widening the opportunities to support someone who is – or at risk of – feeling suicidal.
- 2023-24 has been the first full year of delivery, and we are currently developing our 2024-25 delivery plan which will continue to build on our progress to date, including deepening our approach to equalities.

## National Suicide Prevention Advisory Group (NSPAG)

- [NSPAG](#) has been established to champion and drive suicide prevention work in Scotland by providing independent assurance and advice on the strategy's progress and help us to better understand the inequalities and intersectional factors contributing to suicide.
- Its membership has been carefully drawn from many of the sectors who are leading work on the social determinants of suicide and includes members representing groups who are at higher risk of suicide e.g. those with care experience.

## Equalities Focus

- At the core of our strategy we are prioritising the needs of marginalised and vulnerable groups who (research tells us) are at more risk of crisis, distress and suicide. We are working with trusted partners such as Samaritans Scotland to build an inclusive approach to the development of our work.

- Over 2024-25 we will deepen our targeted approach to understanding the needs - and providing support - to marginalised communities in a way that genuinely recognises and meets their needs. For example, through engagement with equalities and carers organisations on which interventions work for whom and build this into specific elements of our delivery plan for 24-25.
- We are building a learning culture across our equalities work, whereby we bring back learning from our targeted work within specific communities or settings, to then look for opportunities to apply that across other marginalised communities.
- We will continue to ensure our programme of activities, engagement and research are all firmly rooted in addressing the inequalities which contribute to suicide and in reaching marginalised communities. We know how critical this approach is to reducing suicide.

## Progress During 2023/24

We are pleased to report strong and consistent progress across all aspects of our delivery plan this year. We have also successfully established our new delivery and advisory structures – which we and our suicide prevention partners believe are essential to achieving our ambition right across Scotland. Key highlights of our delivery are set out below.

### Delivery Model

- We have created an innovative cross-sector delivery collective, Suicide Prevention Scotland, to drive the delivery of our action plan. This brings together key partners, sectors, communities and the workforce to achieve change. Specifically, this mutually supportive community has created a new level of collaboration and learning for anyone working on suicide prevention across Scotland.
- Suicide Prevention Scotland is led by the Scottish Government and COSLA's National Delivery Lead, Haylis Smith, who has responsibility for the overall delivery of the action plan. A range of third sector partners have been appointed as Strategic Outcome Leads to lead the delivery of each of the strategy's four outcomes. These are: Samaritans Scotland; Scottish Action for Mental Health; Change Mental Health; Penumbra and Public Health Scotland. This approach is helping us draw on their organisational knowledge, networks and assets to further extend our reach.

### Outcomes Approach

- The Strategy and Action Plan have been developed using an outcomes based model in order to recognise - and give visibility to - the range of changes (outcomes) that we understand are needed to prevent suicide and achieve our vision. The sheer range of changes recognises the complexity of suicide; and the need to tackle the social determinants and inequalities which contribute to suicide, as well as ensuring our environment protects against suicide risk.
- We have used evidence and feedback from suicide prevent researchers, partners and those with lived experience to design an outcomes-based strategy and associated [framework](#). We are using these to prioritise our work and measure and report on progress. The first annual report will be published in July 2024.

- This approach will set out clearly how our actions will develop over the 10 years of the strategy to deliver on these outcomes. This will enable us to see the changes we need to achieve in order to prevent suicide and includes changes in knowledge, awareness, skills, practice, behaviour, social action and decision making.

## 2023/24 Delivery Highlights

The priorities we are delivering for 2023/24 are: continuing to deliver ongoing actions where there is strong evidence of impact; implementing new areas of work; and building the foundations for longer-term work.

## Continued Delivery of Evidence Based Action

Key areas of ongoing work include:

- Enabling improvement to the support people receive when in suicidal crisis using the [Time, Space Compassion](#) (TSC) approach; this has a particular focus on unscheduled care and primary care settings and within communities. More broadly the TSC approach is underpinning all aspects of delivery – following feedback from our lived experience panel on how critical this is for support at any stage;
- The United to Prevent Suicide social movement which aims to encourage people to talk more openly about suicide;
- Providing effective support for people bereaved by suicide based on our positive evaluation findings;
- Focused campaigns and anti-stigma work;
- Tailored suicide prevention learning;
- Reviews of suicide deaths to inform local system redesign; and
- Improving the assessment and care people who are suicidal receive from mental health services, using the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) evidence-based guidelines. We are working closely with Health Improvement Scotland in this work.

## New areas of work

- Activating the whole of government and society policy package so that a wide range of government policies and their delivery on the ground are working to prevent suicide. For example, we have already embedded suicide safety as part of the National Planning Framework 4, so that it can be actively considered in the preparation of local development plans and as part of new development proposals.
- Developing an online portal which hosts information and advice on suicide, to help people who may be suicidal and anyone worried for someone, as well as professionals
- Deepening our understanding of the interventions which are effective to prevent suicide for children and young people
- Creating more high-quality peer support groups for people across Scotland affected by suicide, which complements the support that is available from services.
- Improving safety at locations of concern building on the previously published guidance
- Intensive work to understand help-seeking behaviour amongst people who may be suicidal, through action learning work with Samaritans Scotland in West Highlands and Skye and reviewing research evidence

- Supporting the development of compassionate suicide prevention plans through targeted work with high risk settings
- Continuing to work closely with people with lived experience through our Lived Experience Panels

## Identifying and Prioritising the Needs of Specific Groups

- Suicide is a major inequality issue. To ensure that different needs and experiences have been taken into account in the development of our strategy, we consulted widely with communities right across Scotland, listening to people with lived experience of suicide, as well as reviewing all the evidence available through our [Equalities Impact Assessment](#) process. We continue to use this evidence and analysis, as well as emerging international research and that commissioned from our Suicide Prevention Academic Advisory Group, to ensure that we have the available evidence to allow us to design and deliver in a way that addresses the inequalities of suicide.
- Our aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope. We are proud of this broad aim, rather than just focussing on reducing deaths, as we know many people have suicidal thoughts or are affected by the suicidal through or actions of loved one.
- We are determined to tackle the root causes of suicide which evidence tells us are concentrated in particular communities of place, interest and experience. Addressing these inequalities is key to reducing suicide deaths in Scotland and can be seen in our guiding principles which are rooted in equalities and diversity.
- We are, therefore, tailoring our approaches to meet the needs of different groups. This includes children and young people, older people, LGBT groups and autistic people – whilst of course recognising that it is often the multiplicity of disadvantage and isolation that affect suicide risk. Our enhanced focus on equalities means that our strategy is also prioritising action on people with higher risk of suicide; those within key high risk settings, such as prisons; and children and young people.
- We have been working hard to understand the needs of marginalised groups. We are deepening that understanding through active engagement with organisations who work directly with marginalised groups such as the Equality Network. The insights and learning from this engagement are already informing how we prioritise and design our 2024/25 delivery plan.
- We are ensuring our suicide prevention work has impact across rural and remote communities, which we know often experience greater levels of stigmatisation and isolation. Our work with the Samaritans in [rural and remote communities](#) is providing valuable learning to help us understand more about help seeking and designing effective approaches to offer support. We will use this learning across our wider equalities work.

## Lived Experience Input

- Our suicide prevention work is rightly being led by and designed with diverse lived experience insight through our lived and living experience panels, which complements our other sources of evidence through practice insights, statistical data, and academic research and intelligence.
- The Lived and Living Experience Panel (LLEP) was established in 2019 and has been recognised by the World Health Organisation as an internationally significant case study in meaningful participation in suicide prevention work.
- LLEP will continue to play a key role in influencing, co-designing and co-producing across the range of suicide prevention actions and broader work. We are pleased that our recent round of recruitment to the LLEP has led to an expanded and more diverse representative panel of people affected by suicide. This will ensure that we can deepen our approach to reaching and supporting groups who are marginalised / disadvantaged.
- The views of children and young people are also represented through our Youth Advisory Group which ensures that our work is guided and informed by the experiences of young people with lived experience of suicidality or who have been bereaved by suicide. To widen the insights we have on suicide from children and young people, we are also engaging with a participation network of organisations working with young people who further support the voices of children and young people in our work.
- To ensure that we continue to maximise the impact of our valuable lived experience work, we have established a lived and living experience steering group. This ensures that we look systematically across the voices of adults, children and young people with lived and living experience of suicide. It also ensures these voices are central to the successful delivery of our suicide prevention strategy, and that we continue to ensure all safeguarding measures are as robust as possible.

## Distress Brief Intervention Programme (DBI)

- Our suicide prevention vision is also supported through the Scottish Government's world-leading [DBI](#) programme, which provides compassionate and personalised non-clinical support to people in emotional distress who come into contact with frontline services.
- An independent evaluation published in 2022 showed that DBI is an effective model in supporting people in distress, and *in around 10% of referrals, has helped prevent suicidal thoughts or even suicide.*
- Since 2016 when the programme was first developed, the Scottish Government has provided just under £21m to support the implementation and growth of the DBI. This includes provision of around £4m pa in recent years to support all elements of DBI, including core funding for the 4 original pilot areas, and seed funding for new "associate" sites coming on stream.

- The DBI pathway via NHS24 was set up in 2020. It means that NHS24 call handlers can – where people are assessed as appropriate – offer callers a referral to DBI support. The most recent confirmed figures (December 23) show that over 56,000 nationally have been supported by DBI of which NHS24 represents the biggest single referrer at over 17,000.
- In our Programme for Government in 2020 we committed to embed DBI in all NHS Board areas by 2024, and we are on track to achieve this.

## Funding To Support the Delivery of the Suicide Prevention Strategy

- Suicide prevention funding is ring-fenced as part of the core mental health budget and is underpinned by a Programme for Government commitment to double the annual suicide prevention budget to £2.8m by 2026, which we are well on track to achieve.
- In 2023-24, funding of £2.5 million was allocated to suicide prevention work. The suicide prevention budget for 2024-25 will be finalised following the passage of the budget bill through Parliament and associated budget allocations.
- Many other elements of the mental health budget support suicide prevention work. For example, our £15 million per annum [Communities Mental Health and Wellbeing Fund](#) for adults supported nearly 300 suicide prevention projects in 2022-23.
- Despite significant budget challenges, mental health remains a priority. We continue to spend in excess of £1.3 billion on mental health, including Mental Health Directorate's programme budget which has more than doubled, from £117m to £260m in 2023-24.

## The Impact of Spending Decisions in Other Areas

- At a national level, we recognise that suicide prevention involves a broad range of services and budgets including housing, money advice, homelessness and alcohol and drug services.
- Wider Scottish Government spending contributes to tackling the inequalities which can contribute to suicide. An example is the [Scottish Child Payment](#) which has lifted 50,000 children out of relative poverty. Another is investing up to £90m in devolved employability services, with services targeted at supporting parents, disabled people, those with long term health conditions and ethnic minorities.
- As part of our whole of government and society approach, we are actively working across Scottish Government portfolios and with local partners, including NHS Boards and local authorities, to identify opportunities to co-ordinate action and share practice and learning to ensure that our plans and resources are working together to prevent suicide; ultimately helping us to design and deliver priorities in a way that is relevant and impactful across communities.