8 June 2018

Dear Lewis,

Suicide Prevention Plan – Progress Update

In advance of the Health and Sport Committee meeting on the 12th June I want to provide the Committee, and the organisations invited to speak, with a brief update on the progress being made.

Background

In March, the Scottish Government published an engagement paper seeking views on the proposals for a future suicide prevention plan. This paper followed on from the engagement events run by the Health and Social Care Academy, the Health and Social Care Alliance Scotland, Samaritans Scotland and NHS Health Scotland.

There has been substantial and hugely valuable discussion and debate. In early May the Parliament supported the Scottish Government’s commitment to

- the creation of a National Suicide Prevention Leadership group to help support the creation and delivery of local prevention action plans;
- deliver more constant crisis support for people who have lost a loved one to suicide; and
- the development of reviews, where necessary multi-agency, into all deaths from suicide.

I have also met with a number of stakeholders to hear directly from them about their priorities for a Suicide Prevention Plan. The excellent advice and opinions provided at these meetings, together with the feedback from similar discussions my officials have had with stakeholders, and the conclusions from the 300 or so responses to the engagement paper have helped inform and focus the Government’s thinking. I am very grateful to all who took the time and effort to contribute.
My officials are currently in the process of finalising the Plan, but in order to assist your discussion on the 12th, I wanted to provide an outline of the main themes that will be covered.

**Key Themes**

There has been significant progress made in how those at risk of completing suicide, are supported and helped. We have seen a reduction by 17% over the last decade in the number of deaths by suicide, but my ambition is for a step change in response and culture around suicide. Leaders at a national, regional and local level have a key role in helping to create this culture and ensuring that learning is taken from every suicide to improve the work to help prevent future suicides.

To this end, and as confirmed by Parliament, the creation of a National Suicide Prevention Leadership Group will be central to the development of a focused and innovative programme of activity, acting as the mechanism to translate priorities into action.

This Leadership Group will enable a sustained and collaborative focus on suicide prevention, which draws together stakeholders so that priorities are identified and action plans, at the national, regional and local level are aligned and comprehensive. This work will recognise the developing statutory landscape and associated responsibilities and accountability.

Critical to the work of the Leadership Group, will be the use of evidence. As discussed by Parliament and during my meetings with stakeholders, it is vital that the learning from all deaths from suicide is used to influence and drive priorities for improvement. This work will be relevant to those with elevated risk of suicide ideation and suicide attempts, at both an individual level and for at risk groups.

When I think about the step change required in our response to and culture around suicide, it is clear that we must ensure that experiences and learning are harnessed to improve our approach to prevention and early intervention. We must also address how we speak about suicide and its impact. I am clear that improving the consistency of crisis support for those bereaved or affected by suicide, and those considering suicide, is a priority. Services should ensure that compassionate, effective support is available for survivors of suicide and people and their families who have been affected by suicide.

There has been discussion about the role of targets in driving the improvement required. It is important that the valuable monitoring evidence is used to understand the changes in the rate of deaths from suicide, and that this information is developed further to help inform action. However, I agree with a number of stakeholders who have concluded that a single national numerical target could diminish our ambition, and could undermine the learning environment that delivers continuous improvement.

Turning to the specific role of the Scottish Government I am clear that the approach to suicide prevention will be embedded across other areas of Government. This is central to prevention and early intervention, and will help sustain improvement. I also expect that my officials will make an important contribution to the Leadership Group, that this Group will report to me as Minister for Mental Health, and that there will be an annual public report setting out progress and future priorities.
Next Steps

It is my intention to publish the Suicide Prevention Plan in advance of recess. This will allow work to progress during the summer and ensure that the National Suicide Prevention Leadership Group is formed by September 18. I therefore ask that should the Health and Sport Committee wish to comment on the priorities outlined in this letter, that it does this to me, by close of business on the 19th June.

There will be significant and on-going opportunity for this Committee to contribute to suicide prevention priorities over the coming months and years. As noted above the Leadership Group will report annually on progress and priorities, and will welcome engagement with the Committee.

MAUREEN WATT