

# Our vision for Scotland's next suicide prevention strategy

## About this consultation:

Samaritans Scotland responded to the joint Scottish Government and Council of Scottish Local Authority (COSLA) consultation to inform Scotland's next suicide prevention strategy. This document is a record of that response, outlining our priorities and aspirations for a long-term, fully funded suicide preventions strategy.

We have followed the themes and structure set out in the Scottish Government and COSLA consultation paper, which can be found [here](#). However, in practice, there is likely to be significant overlap between these themes and improvements in one area of prevention will likely have significant impact on other areas.

We also recognise that an individual may move between categories - for example from being at risk of developing suicidal thoughts and feelings, to being at an early stage of suicidal ideation and distress, to becoming actively suicidal - and may experience multiple periods of distress and suicidality over their life.

To reduce repetition in our response we have included actions and recommendations within the theme where we believe they fit best. Where there are areas of overlap, we'll reference these across sections. However, we ask that the Scottish Government and COSLA consider this response holistically as our vision for systematic changes to improve support, strengthen prevention, and ultimately, reduce lives lost to suicide in Scotland.

As a member of the National Suicide Prevention Leadership Group (NSPLG), responsible for driving forward action to prevent suicide under the current action plan, Every Life Matters, we welcome this opportunity to build on this progress. We are committed to working in partnership with government, public services, the third and voluntary sector and people with lived experience of suicidal crisis and bereavement to realise our shared vision for a Scotland more people get the right support when they need it most, and where fewer lives are lost to suicide.

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## Prevention

*This section explores how the next strategy could support preventive work to help reduce the likelihood of someone developing suicidal thoughts. Many of the recommendations included within this section are also relevant to later sections and we have signposted areas of overlap throughout this document.*

### Progress in prevention to date

The current action plan, *Every Life Matters*, has galvanised collaborative suicide prevention activity, particularly at the national level, giving a central voice to those with lived experience, alongside representatives from a broad range of sectors and services. This approach provides a strong foundation for a long-term and further-reaching strategy.

While full implementation of the current 10-point action plan is ongoing, and the coronavirus pandemic has inevitably impacted aspects of this work, we would particularly note positive developments in the following areas:

- Facilitating meaningful participation of people with lived experience of suicide in prevention work - activity which has been recognised by the World Health Organisation as an example of good practice.
- The publication of new, national guidance on crisis support based on the principles of 'Time, Space, Compassion' to ensure people in suicidal crisis receive consistent support across all potential intervention touchpoints.
- The launch of the United to Prevent Suicide campaign, building a coordinated movement to increase public awareness around suicide prevention
- Pilots to explore new models for supporting people bereaved by suicide
- New workforce training resources such as the 'Ask, Tell, Save a Life' animations and accompanying e-learning resources

### Learning from other nations

#### Key messages:

1. Engage in detailed discussions with delivery leads and partners across the UK and Republic of Ireland through this wider consultation period to learn from experiences in developing and delivering their suicide strategies over recent years and throughout COVID-19

2. Develop a mechanism through the next strategy period to gather and learn from examples of positive work from other countries, focusing on other nations of the UK and the ROI in the first instance.

Through our work to strengthen suicide prevention across Scotland, England, Wales, Northern Ireland and the Republic of Ireland, Samaritans has unique insight into the development and implementation of national strategies across these jurisdictions.

In preparing this response we have engaged with Samaritans colleagues across all five jurisdictions, as well as Scottish members of our Lived Experience Panel and Samaritans volunteers in Scotland. Our experiences in Scotland, alongside those of our colleagues across our entire network, have led us to note the following elements to underpin delivery of a successful strategy:

- Set out a clear, over-arching vision and key aims with more detailed and clearly-phased implementation plan underpinning these
- Be clear who is accountable for decision making and delivery, and who is responsible for facilitating coordination of engagement and activity
- Embed both evaluation and oversight from the earliest stages to underpin implementation, develop the knowledge-base around effective interventions and ensure transparency in measuring success
- Support collaboration between sectors and service
- Be underpinned by appropriate and sustainable levels of resource and investment across both national and local leadership

There are excellent examples of prevention activity across the rest of the UK and ROI - both established and emerging – that we are aware of through our network. Within Samaritans that includes, for example, our engagement with Highways England and the Port of London Authority on prevention and postvention, our work with the Gypsy Traveller community in Ireland and our work on school exclusion in Wales. These are just a few examples from one organisation. A more outward facing strategy focused on evidence in practice from our neighbours would be welcomed in the next strategy period.

## Improvements to prevention

Greater focus on prevention among children & young people

### Key messages

3. Focus on building better mental health literacy, emotional resilience and help-seeking among children from primary school through to higher education
4. Ensure that much needed increased specialist CAMHS support is matched by early intervention investment in potential touchpoints within children and young people's own communities and family / peer systems

5. Target interventions at those children and young people who existing data and evidence suggest may be at higher risk of suicidal ideation and suicide – and incorporate the potential for increased risk through and post-COVID-19 into prevention activity
6. Target interventions around key transition points in young people’s lives including movement from education into paid employment and consider the potential impact of economic disruption exacerbated by the coronavirus pandemic.
7. Increase research investment on intersectionality in risk factors for children and young people and on demonstrating interventions that work
8. Leverage change by increasing collaboration across significant activity taking place beyond the suicide prevention community to support children and young people (e.g. The Promise)
9. Ensure that children and young people have meaningful opportunities to participate in designing and developing policies and services to ensure they meet their needs and preferences.

Recent annual suicide data has shown a concerning upward overall trend in deaths among young people aged 15-25. Available data indicates that self-harm, which can be a key predictor of future suicide risk, is more common among young people and rising, with 1 in 6 of 16-25-year-olds saying they have self-harmed at some point in their life.

The *Every Life Matters* action plan, until recent additions through the work of the NSPLG, did not provide sufficient focus on the particular needs of children and young people who are in distress and / or reaching suicidal crisis, nor has it focused on the opportunities to reduce suicide in the long term through a whole-life approach built from childhood.

In our engagement with Samaritans Scotland volunteers in developing this response, we heard a clear message that starting prevention early matters. This should begin with a greater childhood focus on mental and emotional health literacy and resilience which can encourage development of healthy coping-mechanisms and help-seeking, not only in childhood /early adulthood but later in life too.

Children and young people who are experiencing emotional distress or struggles with their mental health need to be identified and supported earlier rather than waiting to reach the point of severe mental ill-health or crisis. Samaritans supports calls for far greater CAMHS investment, but this should be matched by far greater support pre-crisis to reduce the need to refer to specialist CAMHS services at all.

Existing research is clear that common risk factors for suicide among children and young people include experience of adverse childhood events or and trauma, poor mental or physical health, significant academic pressure, loneliness / isolation and – among young adults – economic disruption. Consideration should also be given to the transitions in young people’s lives when they may experience heightened emotional distress or disruption such as moving between primary and secondary, moving on from statutory education to training, work, college or university, moving out of the family home etc. Future activity aimed at

prevention should focus on targeted interventions for those who existing evidence suggests are at increased risk, accompanied by more research on how complex factors and intersectionality can contribute to suicidal ideation and behaviour and what interventions work.

The next strategy should consider how to strengthen prevention across children and young people's existing networks - harnessing the potential of formal services such as education, healthcare and social work as well as supportive networks including parents & carers, peers, and the wider youth and community sector to support mental and emotional health.

Finally, there is significant activity taking place across different departments of government and across wider partners to improve the wellbeing of children and young people in Scotland – for example, the work of The Promise and the programme board focused on children and young people's mental health and wellbeing. Progress has been made recently to increase the level of co-ordination across national activity, and this is welcomed. But this should be embedded into the new strategy with specific prevention actions focused on children and young people. This should include action to support children and young people themselves to play a meaningful role in designing and developing policies and services, which will build on work just begun to develop a Children and Young People's lived experience group.

## Responding to life events, transitions and disconnection

### Key messages:

10. Take a life-long approach to prevention, recognising the impact of life events and transitions which may increase suicide risk - such as redundancy, homelessness, relationship breakdown, bereavement - and ensure policy and services are responsive to these to these key moments. This is particularly important in light of Covid-19, which has exacerbated factors such as economic disruption and uncertainty, loneliness and bereavement.
11. Consider the implications of long-term social disconnection and isolation for suicide risk and focus on how a range of services can foster connection and meaningful activity through investment in community-based initiatives, peer support and social prescribing.

Prevention should take a lifelong view, reflecting how life events and transitions may increase suicide risk and identifying opportunity to offer support earlier. Such life events and transitions may include moving from education into work, periods of unemployment or redundancy, periods of physical ill health or disability, period of high debt or homelessness, relationship breakdown, and bereavement. The pandemic and necessary restrictions to protect public health have exacerbated some of these experiences, and disruption and uncertainty has been a common theme among calls to our helpline since restrictions were first introduced. The next strategy should consider how policy and services can be responsive to life events and transitions and identify opportunities for support around mental and emotional health to be offered at these key points, through a range of services and settings.

The next strategy should also consider the role of long-term disconnection and social isolation, which may remain a common element throughout someone's life and which can contribute to increased suicide risk. Our research on the experiences of middle-aged men on low incomes - a particularly high-risk demographic for suicide - found that many of these men experienced disconnection over a period of years or even decades, compounding with other challenges, to reach a crisis point. When speaking about what support and interventions made the biggest difference, these men favoured initiatives focussed on fostering connection, community and purpose. The next strategy should consider the implications of disconnection, isolation and loneliness for suicide prevention, particularly in light of the ongoing impact of the coronavirus pandemic, and invest in community-based initiatives that foster protective factors for wellbeing.

### Building local capacity

#### Key messages:

12. Ensure local investment in dedicated suicide prevention leads to support co-ordination and delivery of activity and engage across existing (e.g Community Planning Partnerships) and emerging (e.g. National Care Service) structures to lever change. This should be backed by consistent and protected levels of funding at a local level to support core prevention activity, innovation and evaluation.
13. Consider appointment of an elected member in each local authority as a suicide prevention champion and seek to embed annual impact reporting on local plans
14. Build greater connection between national and local oversight / delivery activity to embed intelligence and learning into a shared approach to prevention that harnesses all available resources
15. Invest fully in the capacity and capability of local agencies (public and third sector), and those with lived experience, to engage meaningfully in local activity
16. Continue to build near-real time data and intelligence to support local prioritisation

We strongly support new activity through the NSPLG to build community capacity around prevention; this is an important area which we feel was largely lost in the transition from Choose Life to Every Life Matters, alongside the loss of investment in local resource. This transition has led to inconsistent levels of resource and investment across the country, curtailing the capacity for local prevention and innovation.

The impact of suicide is felt at a local level and prevention activity needs active local engagement and leadership to be sensitive, and responsive to context. Local suicide prevention groups should have access to data, skills and expertise to allow them to prioritise activity and deliver effective interventions. Elected representatives in local government are key partners here. The next strategy should also establish mechanisms for this Scotland-wide network of local prevention leads to share learnings and best practice, developing a dynamic knowledge base to inform future activity.

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## Targeting and tailoring prevention, intervention and postvention for at-risk groups

### Key messages:

17. Prioritise data collection on suicide and, where possible, attempted suicide that reflects demographic data – particularly focused on protected characteristics in the first instance. Use this new information to drive changes in tailored approaches to prevention, intervention and postvention
18. Commission engaged research to increase understanding of attitudes to, experiences of, and needs within marginalised communities taking account of the impact of intersectionality
19. Commit investment for delivering and evaluating targeted activity - including awareness campaigns, interventions, service models aimed at better engaging and supporting at-risk groups -in partnership with those who have expertise in relevant fields, again taking account of intersectionality
20. Consider the role of lived experience of disadvantage and discrimination alongside lived experience of suicide in order to engage those currently too little heard, if heard at all
21. Re-think how governance or advisory structures embed equity, diversity and inclusion in membership and activity

1 in 5 people experience thoughts of suicide at some point in their life, while more than 60% of people in Scotland say they have some direct, personal experience of suicide, whether from their own suicidal thoughts, supporting others or by being bereaved by suicide. But suicide risk does not affect all communities equally.

People living in the most deprived communities in Scotland are three time more likely to die by suicide than those living in the most affluent communities and existing data shows the deaths by suicide are particularly high among certain demographics. It is important to note there are many gaps in our understanding in Scotland, through both data collection and wider research, on the risks and impacts of suicide on particular communities and the next strategy should prioritise addressing these data gaps.

There is a strong basis in Every Life Matters from which to continue population-wide messaging on suicide in Scotland, but far more will be required during the next strategy period to increase our understanding of, and target interventions to, at-risk groups and to engage with many of those whose voices are currently unheard.

The next strategy should ensure consideration of at-risk groups, demographics and intersectionality is integrated throughout all strands of activity so that prevention and intervention effectively meets the need. The next strategy should take an intersectional and dynamic approach recognising that an individual may fall into multiple at-risk groups and that risk factors experienced by an individual may change over time.



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## Actively supporting responsible reporting

### Key messages:

22. Invest in building existing expertise on responsible reporting in Scotland across media outlets, as well as those involved public communications across all platforms.

Every Life Matters does not include any actions or commitments around supporting responsible reporting; it is the only national strategy across the UK and ROI not to include this. A well-established body of evidence shows that the way in which media reports on and portrays suicide can have significant implications for prevention. Coverage which glamourises or sensationalises suicide; highlights specific method - particularly new or novel method; implies that suicide is easy, painless or achieves a desired result, can all increase the risk of suicidal contagion. Certain groups including people already experiencing poor mental health, young people and people bereaved by suicide may be at increased risk of this contagion effect.

Samaritans has worked with media for almost three decades, raising awareness of the risks associated with problematic coverage of suicide and supporting the industry to encourage responsible and safe reporting. We know from research that when implemented well, media guidelines can have a positive effect on reporting and can help reduce suicide rates.

From monitoring news coverage of suicide over the last decade we have seen vast improvements over this period with greater general awareness among journalists and editors of the sensitivities and risks associated with covering the topic. However, we still face a number of challenges, for example suicide methods are included in headlines with greater frequency now. An increasingly digital media landscape, driven by search engine optimisation, further underlines the need for ongoing work to educate and collaborate with media on responsible reporting practices.

### Doing more to prevent online harm

#### Key messages:

23. Continue to work proactively with the UK Government to support new legislation on industry safeguards
24. Commission advice on whether to apply similar online harms provisions in Scottish law as those recommended by the Law Commission of England and Wales
25. Set out specific activities within the competence of the Scottish Government – such as education provisions – to improve public competence and confidence around staying safe online.

The role of social media and online content and forums has been the focus of growing attention and concern, with high-profile cases such as a death of Molly Russell raising

concerns that digital platforms are driving young and vulnerable to increasingly extreme or graphic self-harm and suicide content.

While the internet can be an invaluable resource for people experiencing suicidal feelings, it can also provide access to content that can drive suicidal contagion, particularly where content seeks to glamourise suicide or where it provides detail/ instruction around method. Evidence suggest that those at higher levels of distress are more likely to purposefully seek out information on methods of harm and are less likely to be diverted through sign-posting information, suggesting a significant challenge for prevention.

We acknowledge that not all levers to reduce online harms sit with the Scottish Government. As such, the new strategy period will require an approach that both collaborates with the UK Government on reserved matters such as in the passage of the online harms legislation, as well as acting decisively in Scotland on areas within national competence, which could include investment in research to better understand the relationship between internet use and suicidality, initiatives to improve help-seeking and support content online, and education / public awareness initiatives to improve online safety of people at risk of or experiencing suicidal distress.

#### Joining up national sector-specific suicide prevention activity more effectively

##### Key messages:

26. Create a forum or other collaborative approach to bring together sector-specific suicide activity with national strategy work to improve shared learning and resource allocation and increase impact

There are numerous sector-specific groups in Scotland endeavouring to reduce suicide within their field, either through specific suicide-focused groups or incorporating discussion into wider mental health activity – prisons, transport, water safety and the finance sector are just four examples of ongoing fields of activity. Currently there is no forum for Chairs of these groups to meet and no means to facilitate sharing of resource, learning or activity. The risks of this are fragmentation, competing priorities and wasted resource. The new strategy should create a forum to build a shared endeavour under strategic priorities.

## Early intervention

*This section focuses on actions we can take to support people at as early a stage as possible when they begin to experience suicidal thoughts, to prevent them reaching crisis point and / or attempting or completing suicide.*

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## Progress to date

We welcome the development of the NHS24 Mental Health hubs for offering new routes to mental health support, prior to a crisis point. This activity, which was accelerated in light of the coronavirus pandemic, are helping to connect people in emotional distress to a range of support, hopefully thereby reducing the risk of someone reaching suicidal crisis. The next strategy should consider learnings from new models of delivery and implications for suicide prevention.

## Improving early intervention

As we referenced at the outset of our response, people's real-life experiences do not fit into neat categories and someone may move between different levels of suicidal distress. For this reason, many of the actions covered under early intervention may also be relevant to improving support at the point of the crisis and we recommend taking a holistic view of how policy and services support people at all levels of distress.

### **More support, earlier on**

#### Key messages:

27. Invest in service capacity and resource to ensure high thresholds for service access are not simply a means of rationing access to the right help for those in suicidal crisis.
28. Fully deliver the commitments in the Mental Health Covid-19 Transition and Recovery Plan and continue to prioritise preserving access to mental health services through the pandemic and the immediate aftermath – including modelling for potential demand given the wealth of data being gathered on mental health in Scotland throughout the pandemic.
29. Focus on re-designing whole system approaches to support, treatment and recovery, building on the skills and resource across sectors
30. Increase training for professionals in recognising early signs of suicidality and offering proactive intervention, focusing initially on primary care staff
31. Invest in further development of talking therapies and wider third sector community supports, including peer-led services, to enable greater direct access and options for referral for those who are struggling but may not need tier 3 or 4 services.

A common theme across our engagement with listening volunteers and through our wider research and engagement activity is that the threshold for intervention and support is too high, meaning that people often have to reach a point of crisis before receiving the help they need. When people do reach this crisis point, they may still struggle to access specialist support service, which may not exist or may be over-subscribed. This has been a particular issue through COVID-19, where access to formal mental health services have been difficult, or non-existent at times. We have noticed the negative impact of this on callers to Samaritans.

Ensuring more people can access support at an earlier stage of suicidal distress or ideation, requires investment in and collaboration across a wider network of settings - including both health and clinical services acting alongside voluntary sector / community-based initiatives.

As healthcare services, and particularly primary care services, are often the first point of contact when someone begins to struggle with suicidal thoughts and feelings they have a crucial role to play in providing a compassionate and appropriate initial response and in connecting that individual to relevant and timely follow-on support. Evidence shows how primary care providers approach asking questions about suicidal thoughts, feelings and behaviour can play an important role in reducing stigma, encouraging open conversation and ensuring patients receive the right support. Suicide prevention training for primary care settings and other healthcare providers should support professionals to recognise signs of poor mental wellbeing and distress which may indicate suicide risk and support proactive, compassionate and open conversations.

In addition to providing clinical support and expertise, healthcare services can also play an important role as a gateway to wider, non-clinical sources of support throughout community referral / social-prescribing processes. Our research with middle-aged men highlighted the powerful role community-based initiatives, centred around peer support and purposeful activity, could play in reducing distress, either preventing men from reaching the point of suicidal crisis or supporting recovery for those who had experienced crisis.

## Crisis Intervention

*This section focusses on interventions at the point of suicidal crisis where someone may attempt or complete suicide.*

### Progress to date

#### Key messages:

32. Continue to invest sustainably in promoting and delivering 24-hour, open access helplines across a range of channels in the public and third sectors, with choice available to those in distress and crisis
33. Continue to invest in, and research the efficacy of new technologies such as online support and apps are providing important new means of access to help to many, alongside face to face services and models. Support digital literacy and access to reduce inequalities in provision.

Despite the challenges of the coronavirus pandemic and related restrictions, ongoing 24-hour support has continued to be available through the services of organisations like the NHS24 and Samaritans. Research by Samaritans to better understand the impact our helpline service has for our callers found that the 'always available' nature of our service was one of the features callers value most, while all callers, on average, reported a

significant reduction in distress from the start to end of a call, and from the start of a call to one week later. This research underlines the value of immediately available and easily accessible crisis support for people experiencing distress.

Analysis of Samaritans callers' concerns since the public health restrictions were first introduced in March 2020 found that reduced access to lack of mental health services and a loss of wider support systems and coping mechanisms were common concerns among callers with pre-existing mental health problems, underlining the importance of maintaining these lifeline services during period of severe disruption. Crisis support services require continued investment to ensure that they can continue to deliver ongoing support and respond effectively to changing needs.

The coronavirus pandemic has accelerated the development of digital / remote services for people experiencing crisis and distress with wide-spread innovation across both public and third sector services. In May 2020 Samaritans launched a new digital 'self-help' app, designed to provide people with an additional and complimentary source of support which works alongside our helpline services. In Autumn 2021 we launched an adapted version of this app specifically for the veteran's community. And we, like other support providers, are continuing to pilot the introduction of webchat services with a view to future, wide-scale roll-out. These are just a few examples from our own work, but illustrate the wide range of innovation taking place over this relatively short period of time.

The next strategy should seek to build on, invest in and, crucially, sustain digital innovation across sectors and services to widen and improve support for people in suicidal crisis and distress. This should include investment in research and evaluation to understand the impact and efficacy of digital innovation as well as actions to improve digital literacy across the population to reduce inequalities in access and provisions.

## Improving crisis intervention

### Transforming crisis support

#### Key messages:

34. Implement the Time, Space, Compassion principles for crisis response, accepted by the Scottish Government in 2021, across all identified touchpoints for those in suicidal crisis, over the course of the next strategy, with investment in delivery and evaluation to allow ongoing improvement. If implemented to drive the radical change envisioned in their development, this should have a significant positive impact on effective response for those in crisis
35. Focus on providing crisis response which is sensitive to diversity in our communities

The Time, Space, Compassion principles developed by the current National Suicide Prevention Leadership Group provide a blue-print for collaborative actions to ensure people

in suicidal distress receive a consistent response across services and settings. The next strategy should support ongoing work to fully implement these recommendations to achieve radical change in crisis support.

Alongside action to embed the Time, Space and Compassion principles across sectors and service, the strategy must provide ongoing support to ensure a range of crisis support services are available, wherever and whenever needed. Rather than investing in a single model of support, the next strategy should invest in sustainable promotion and development of a network of support services from across the public and third sectors, providing 24-hour coverage, including remote services such as helpline, text and webchat alongside in-person services. By investing in a network of support services, the strategy can help to ensure that a range of crisis responses are available to meet the diverse needs of different people and communities and is sensitive to demographic, cultural, geographic needs and preferences.

Restricting access to means

Key messages:

36. Use findings from the Locations of Concern engagement activity currently underway through the partnership between Scottish Government, CoSLA, Public Health Scotland, Samaritans Scotland and Police Scotland as the starting point of a longer-term action plan to reduce access to means across a range of settings.

While not an explicit focus within Every Life Matters, the NSPLG's statement in response to Covid-19 highlighted means restriction as an important area for further action within the next strategy. Methods of suicide can change over time and novel / emerging methods can become more common as they gain public attention, particularly if they are the focus of media or online coverage / discussion. More timely or 'real-time' national and local data and intelligence, shared across agencies and services, could help policy-makers and frontline services identify and respond to changing and emerging methods and prioritise preventative actions.

The next strategy should build on current engagement work to understand the challenges and opportunities for preventing suicide at public spaces - referred to broadly as 'locations of concern' to develop a long-term action plans to support preventative action and interventions in these settings.

The next strategy should also consider opportunities to restrict access to a wider range of methods, recognising that the majority of suicides continue to take place at home. This could include ongoing monitoring of timely data to identify trends and inform preventative action and consideration of innovative partnerships with key services like pharmacies to support interventions at point of purchase.

## Postvention

*This section focusses on actions to support individuals and communities in the aftermath of a suicide.*

### Progress to date

There are already some examples of good practice and innovation in this area which the next strategy should seek build on including the current pilot programme to develop new models for delivering bereavement support in NHS Ayrshire and Arran and NHS Highland, providing customised support within 24 hours of a bereavement by suicide. Insights from the independent review of these pilots should inform ongoing work to expand and improve bereavement support.

Samaritans' Step by Step programme supports schools, colleges and universities to respond to an attempted or completed suicide within the staff or student body. Through this programme specially trained Samaritans postvention advisors support the school leadership team which a range of actions including: communication with staff, students and parents, identifying and supporting individuals who may be at greater risk of contagion, responding to media and social media, managing memorials and anniversaries, and providing compassionate response across the school body. Similarly, Samaritans partnership work with the rail industry provides a model for providing post-incident support to frontline staff exposed to and affected by attempted or completed suicides, which could provide insight and learnings to a wider range of industries and settings.

### Improvements to postvention

#### Key messages:

37. Develop and evaluate a specific plan to support those affected by suicide using the four categories set out by the National Suicide Prevention Association in England, in order to reduce negative impact and prevent further suicidal ideation / suicide:
  - a. Suicide bereaved (long term):
  - b. Suicide bereaved (short term):
  - c. Suicide affected
  - d. Suicide exposed
38. Review the current work of the Crown Office and Procurator Fiscal on suicide, alongside wider, emerging work to review deaths by suicide in the community and in prisons (to name two) to ensure that families and communities affected are engaged, wherever possible, in a single, thorough, timely and well-supported process. Ensure this process provides confirmation of cause of death at the earliest opportunity to ensure accurate reporting and that it also addresses the application of clear improvements for prevention.

Improving post-vention can play a significant role in preventing future suicide and should be a focus of the next strategy. Evidence shows that bereavement or exposure to death by suicide can increase suicide risk and that this impact of single death by suicide can be widespread, with an individual death estimated to affect, on average, 135 people in some way.

The next strategy should build on current examples of good practice but commit to going further than the actions in Every Life Matters. When exploring opportunities to strengthen and expand postvention, the next strategy should consider the full spectrum of individuals and communities potentially affected by a suicide - the National Suicide Prevention Alliance offers a helpful model for categorisation, which encompassed wider exposure to death by suicide, not just those directly bereaved. Crucially this model includes consideration of the particular needs of first-responders -who are often at increased or repeated exposure to suicide - and by-standers.

The next strategy should also consider a wider range of settings where post-vention support could be delivered, building on existing models such as Samaritans' Step by Step post-vention programme supporting schools, colleges and universities following an attempted or completed suicide within the staff or student body and Samaritans' post-vention support to frontline staff delivered through our partnership with Network Rail. This may offer a potential model to develop wider community-based postvention programmes that could be adopted in settings such as workplaces, sport teams, faith communities, and residential settings.

The strategy should also explore the efficacy of existing and proposed processes to review, investigate and register deaths by suicide in Scotland. It's crucial families and communities affected by a death by suicide are engaged wherever possible, in a single, thorough, timely and well-supported process. This will provide a clear and transparent process and reduce the onus on families and others affected to respond to multiple enquiries or investigations. The next strategy should engage with people who have lived experience of bereavement by suicide to inform changes to existing processes and ongoing work towards a universal system of reviews for all deaths by suicide, as well as what support is required to enable engagement in these processes.

Beyond providing families and others directly affected by suicide with an opportunity for the circumstances of a loved ones' death to be meaningfully explored, reviews by suicide also offer important insight and learnings to inform future prevention. It's therefore important that this provides confirmation of cause of death at the earliest opportunity to enable reporting and timely data and that it also addresses and monitors the application of clear improvements for prevention.



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## Tackling stigma

*This section focusses on action to reduce stigma around suicide and encourage safe and open conversation.*

### Progress to date

#### Key messages:

39. Continue to invest in, develop and evaluate coordinated approach to public awareness, building on the strong foundation of United to Prevent Suicide and wider mental health campaigns.

The development of United to Prevent Suicide social movement provides a positive model for delivering population-wide and targeted awareness-raising campaigns around suicide prevention. It provides a shared spaces and channels to share and amplify relevant work from a range of partners active in suicide prevention. Broader mental health and awareness campaigns such as well-established See Me movement - Scotland's national programme to end mental health stigma and discrimination - and Clear Your Head, a recent collaborative emotional wellbeing in response to the challenges posed by the pandemic, have fostered great public awareness and discussion of mental and emotional wellbeing in a non-stigmatised and approachable way. There is some evidence to suggest that even amid the significant challenges posed by the pandemic the initial sense of solidarity - of 'all being it in together' - may have acted as a protective factor during the early stages. All of this provides a strong foundation and supportive climate for the next strategy to capitalise on by further destigmatising and facilitating open conversations about suicide.

### Improvements to tackling stigma

#### Key messages:

40. Build on the strong foundation fostered by United to Prevent Suicide through further public awareness to increase public knowledge and confidence around discussing suicide and support safe, compassionate interventions.

The next strategy should consider how to build on this foundation of awareness and understanding fostered by United to Prevent Suicide and others, through targeted behaviour-change campaigns that aim to equip members of the public to respond to someone in suicidal distress in a way that is compassionate, non-stigmatising and safe. Samaritans' *Small Talk Saves Lives* campaign is one example, with a specific focus on equipping members of the public with the knowledge and confidence to make safe and compassionate interventions if they seem someone who may be in distress, utilising existing soft skills like small talk. Small Talk Saves Lives was delivered in partnership with network rail and focussed on by-stander interventions at railway stations and other public spaces,

but the next strategy should consider the potential benefits of utilising this behaviour change model in a range of settings and for a range of audiences.

Many of the wider actions outlined in previous sections will also have a direct and positive bearing on reducing stigma, thereby encouraging open conversations and help-seeking. To avoid repetition, we won't outline these in detail here but please refer to our previous references to media guidelines and responsible reporting, reducing harmful online content, and improving responses to people at any stage of suicidal ideation or distress.

## Raising awareness & building capacity

*This section focusses on action to raise awareness of suicide prevention and build capacity to support prevention across a range of sectors and settings.*

Much of the activity outlined in previous sections will contribute significantly towards capacity building to support suicide prevention nationally and locally. To avoid repetition, we won't detail these actions here but please refer back to the following actions and recommendations:

- Building capacity through greater dedicated investment in local suicide prevention activity (prevention section)
- Reducing suicide risk and improving wellbeing through community activity to address loneliness & isolation and foster connection (prevention)
- Activity to ensure prevention and intervention meet the needs of diverse groups and communities (prevention & early intervention)
- Building on success of previous public awareness campaign to further develop public knowledge and confidence in discussing suicide and supporting safe & compassionate interventions (tackling stigma)
- Ensuring policy and services are meaningfully shaped by people with lived experience - both of suicidal crisis / bereavement by suicide, but also of disadvantage and discrimination - at all stages of development and delivery (relevant to all sections)

## Cross-policy work

*This section focuses on areas policy beyond the remit of health and social care that are relevant to prevention and how links can be made across policy remits.*

### Key messages:

41. Learn from recent activity, such as the application of island community impact assessments, the proposed legal duties to prevent homelessness and the multi-departmental COVID-19 activity in government, to understand how commitments to positive prevention and response can be embedded across government departments and the wider public sector

We have taken a cross-cutting approach throughout our response - predicating our recommendations on the assumption that many - if not all - of these will require collaboration between sectors, services and policy remits. We believe this collaborative approach best reflects the aspiration for suicide prevention and response in Scotland.

As highlighted in our prevention section, the next strategy should include action to support coordination and collaboration at a national and local level. Please refer back to our prevention section for further details.

It is crucial the strategy takes a cross-cutting policy approach to address the complex and interacting factors which contribute to suicide risk and to harness a whole system approach to strengthening suicide prevention and improving support and interventions. Many of the actions outlined in previous sections of our response will require coordination between a number of services, including education, justice, housing, social security, transport, planning and emergency services to name a few. The next strategy will also have to facilitate collaboration across a range of actors and sectors including but not limited to national and local government, Public Health Scotland and regional health boards, health and social care partnerships, and the third and voluntary sector. And it must also consider how this strategy will relate to a changing policy landscape including the review and refresh of Scotland's Mental Health Strategy, reform of social care and ongoing transition and recovery from the coronavirus pandemic.

Examples from broader policy and legislation offer potential models for how the next strategy can facilitate a cross-sector approach to prevention including: application of island community impact assessments, the proposed legal duties to prevent homelessness, formation of the Promise Scotland to deliver recommendations of the Independent Care Review, and the multi-departmental pandemic response and activity in government. The next strategy should take all opportunities to learn from the cross-sector approaches, to help identify mechanism(s) for facilitating collaboration and embedding suicide prevention across government departments and the wider public sector. Crucially, any mechanism must support ongoing evaluation and monitoring so that cross policy working is meaningful and effective.

## Additional reflections

As a member of the NSPLG, Samaritans has really appreciated the moves towards in ongoing discussions about lessons learned from the structures set up around Every Life Matters.

The collaborative strategic drive created by a coalition of leaders will be important to preserve and expand in light of our comments above – and we remain committed to full engagement with our partners. However, we do think it is important that accountability and responsibility for delivery, and for decision making on available budgets, could be more clearly articulated in structures set up around the new strategy.