
Making Suicide Prevention Everyone's Business: Because together we can save lives

The second annual report of the National Suicide
Prevention Leadership Group

September 2020



Scottish Government
Riaghaltas na h-Alba
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Foreword



Rose Fitzpatrick CBE QPM
Chair
National Suicide Prevention Leadership Group

This is the second annual report of the National Suicide Prevention Leadership Group, established in September 2018 to support the delivery of Scotland's Suicide Prevention Action Plan *Every Life Matters*, published in August 2018.

Our work to support progress on the ten actions in *Every Life Matters* has gathered momentum over the year since the publication of our first annual report in September 2019. I am grateful to our members, delivery leads, lived experience panel, academic advisory group, COSLA and Scottish Government colleagues and other stakeholders for their sustained efforts as partners in suicide prevention in Scotland.

The COVID-19 pandemic has required all of us as individuals, communities and in organisations to adapt to the changing circumstances it has imposed on us.

Understandably, because of the immediate demands of responding to the pandemic, some of the work to progress the ten actions in *Every Life Matters* has been paused. However, as a group, we were able to call on the knowledge and experience of our contributors to react quickly, taking action to identify immediate priorities for suicide prevention in these exceptional times.

Our COVID-19 Statement published in June 2020 made evidence-based recommendations to the Scottish Government and COSLA for action to mitigate the impacts of the pandemic on suicidal thoughts and behaviours. The suicide prevention priorities we recommended were accepted in full. We know the pandemic will have an influence on the mental health and wellbeing of the population for some time to come and we will remain focused in our efforts to meet this challenge and mitigate its effects in relation to suicide.

Since our 2019 annual report, we have welcomed the creation of Public Health Scotland and begun to work productively with them to help support and strengthen sustainable local leadership in suicide prevention. Our commitment to this partnership is as strong as that to our relationships with people of lived experience,

third, public and private sector organisations, COSLA members and the Scottish Government.

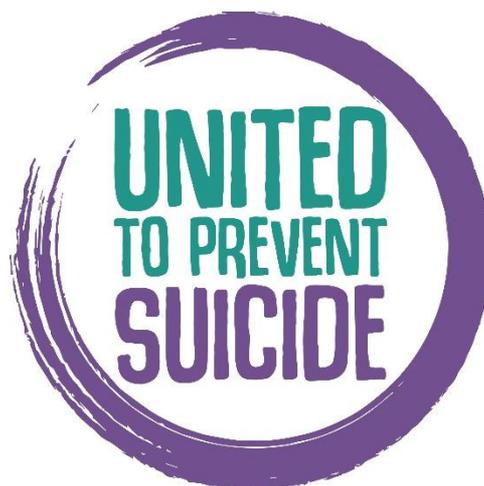
On World Suicide Prevention Day 10 September 2020 we had the privilege of launching a new suicide prevention identity and public awareness campaign for Scotland. In doing so we recognise that it will take not only our partnership of organisations, but also every one of us as individuals to make the change we seek and to make suicide prevention everyone's business.

The launch of this new movement for change — *United to Prevent Suicide*— demonstrates our commitment to working with everyone in Scotland to remove stigma and increase confidence in talking about suicide, so that together we can save lives.

Because every life matters.

Rose Fitzpatrick CBE QPM

Chair of Scotland's National Suicide Prevention Leadership Group





Clare Haughey MSP
Minister for Mental
Health

The progress made over the last year, described in this annual report, has been achieved through the collective, and very much valued efforts of many individuals and organisations across Scotland. I welcome this second annual report from our National Suicide Prevention Leadership Group and reaffirm my view that all of us have a part to play in supporting those people who may be at risk of suicide.

I was pleased to participate in the recent launch of the new identity and public awareness campaign, '*United to Prevent Suicide*'. I commend the Leadership Group's approach in putting those with lived experience at the centre of developing this new identity. Suicide is a complex subject and very often people find it difficult to discuss. This new movement for change will help to address that by raising awareness of suicide and by encouraging people to be more open, honest and non-judgemental in talking about it.

I am grateful for the work of the Leadership Group and our partners in furthering progress towards the vision set out in Scotland's Suicide Prevention Action Plan: Every Life Matters, and for the Group's prompt response earlier in the year in recommending evidence-based actions for suicide prevention during the pandemic. There is more work to be done and I know the Group will continue to provide its vital leadership and drive in our shared determination to save lives.

Clare Haughey MSP
Minister for Mental Health



Councillor Stuart Currie
COSLA Spokesperson for
Health and Social Care

Over the last few months, the Covid pandemic has shone a spotlight on the importance of mental health and suicide prevention in Scotland. The impact of lockdown restrictions; isolation, financial, stress and worry etc. are all factors which contribute to suicide risk. The work of the NSPLG has contributed to our understanding of the impact restrictions may have had for the population in Scotland.

Covid-19 has meant some constraints have been placed on the NSPLG as resources were refocussed on supporting the efforts of the pandemic but despite this, I'm grateful for the considerable progress that has been made on the actions which were prioritised over this period. The NSPLG and lived experience panel have continued to meet remotely releasing a Covid-19 statement which set out recommendations for priority actions during the pandemic and over the longer term all of which were endorsed by COSLA and Scottish Government.

This continued work means we have seen the launch of a new campaign *United to Prevent Suicide*, which encourages all of us to sign up to play our part in preventing suicide; the progression of work to support those bereaved by suicide; development of online training resources and the collection and analysis of real time data all of which will support local areas to continue to deliver work aimed at reducing suicide rates.

I commend the commitment of the NSPLG, the lived experience panel and local areas in their continued efforts to deliver this vitally important area of work and look forward to seeing the further progress over the coming year.

Councillor Stuart Currie
COSLA Spokesperson for Health and Social Care

Introduction

The Scottish Government published its Suicide Prevention Action Plan: *Every Life Matters* in 2018.¹ The National Suicide Prevention Leadership Group (NSPLG) was established in September 2018 by the Scottish Government to support the delivery of *Every Life Matters*. Membership of the NSPLG reflects the range of partners involved in suicide prevention, and most importantly includes those with lived experience of the impacts of suicide. Our remit, minutes and other publications of interest are available online.² We report and make recommendations to Scottish Ministers, and to COSLA on matters under the responsibility of local government.

The ten actions in *Every Life Matters* have been supplemented by the eleven recommendations made in September 2019 in our [first annual report](#) and more recently by the four recommendations made in June 2020 in our [COVID-19 Statement](#). This, our second annual report, gives an overview and update on progress over the past year. The COVID-19 pandemic and the consequent need for delivery partners' efforts to be temporarily focused elsewhere has meant that some work has not progressed as far as all those involved would have wished. In the meantime, however, in our COVID-19 Statement we were able to draw on the best evidence relevant to suicide prevention in a pandemic to recommend specific immediate priorities to mitigate against the risks of suicide in these exceptional times.³

Statistical data on suicide rates has not yet been published for 2019 because during the pandemic a number of toxicology tests remain outstanding, resulting in delays in finalising the causes of deaths. These statistics are part of the National Records of Scotland's 'Death from various causes' report due for publication in November 2020.⁴ Our work will continue to be led by the most recent data and evidence as it becomes available, and we ask people not to speculate about suicide rates in the absence of such data and evidence. We strongly promote the importance, now more than ever, of improving the collection and dissemination of real time data on self-harm and suicide, on which preventative action can be firmly based. Work on the collection and analysis of 'real-time' data is already underway and a first report was submitted to the NSPLG in September.

¹ Suicide Prevention Action Plan, Scottish Government (2018), available at <https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/>

² NSPLG membership, available at: <https://www.gov.scot/groups/national-suicide-prevention-leadership-group/>

³ Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., Khan, M., O'Connor, R. C., Pirkis, J., & COVID-19 Suicide Prevention Research Collaboration (2020). 'Suicide risk and prevention during the COVID-19 pandemic' *The Lancet. Psychiatry*, 7(6), 468–471. [https://doi.org/10.1016/S2215-0366\(20\)30171-1](https://doi.org/10.1016/S2215-0366(20)30171-1)

⁴ National Records of Scotland publications schedule, available at: <https://www.nrsotland.gov.uk/statistics-and-data/future-publications/nrs-publication-schedule-changes>

NSPLG Lived Experience Panel

The NSPLG Lived Experience Panel was set up in September 2019 to inform our work and support delivery of the actions in *Every Life Matters* together with any subsequent recommendations. The panel is made up of people who responded to a national advertisement and who give their time as passionate volunteers. Panel members have been immensely generous in sharing their personal experiences of the impacts of suicide, and hugely influential in the work of the NSPLG.

The panel is made up of 14 people each with different connections to suicide. Some are survivors of bereavement from suicide, others have been suicidal in the past or have been carers for family members or friends living with suicidal thoughts and behaviours. Members come from a diverse range of professional and social backgrounds, and inform our work from Orkney to Glasgow. They are supported with respect and sensitivity by our Lived Experience Panel Co-ordinator. A wider network of over a hundred people across the country with lived experience of the impacts of suicide is also involved in supporting the work of the NSPLG through a range of activities.

The panel was being established in the months leading up to the pandemic, having had two successful induction events. Members came together for two face to face engagements in February, during which they met with the chair and members of the NSPLG. Following the introduction of lockdown measures panel members very quickly committed to meeting virtually and their influence on the work of the NSPLG is undiminished.



Some members of the NSPLG Lived Experience Panel pictured at a meeting in early 2020

Most notably, the views and lived experience of panel members were at the heart of developing Scotland's new suicide prevention identity and campaign under Action 3 of *Every Life Matters*, and the launch on 10 September 2020 of the new social movement (an organised campaign to encourage social change), *United to Prevent Suicide*.

Some of our Lived Experience Panel members have shared their impressions of working together and with the NSPLG

“How could just over a dozen “normal” people from different geographical areas and of different ages, who have been touched by suicide, come together during a national pandemic to deliver and agree such an important message? Because of their respect for each other, being sensitive to each other's views, being open and brutally honest, that's why”

“Sensing from the group we are all passionate about this work and will try our best to make any situation work as long as it helps even one person seek help and prevent the devastation of suicide.”

“The people on the panel are the most understanding group of people I've ever been able to open up to. They relate to everything I say in their own individual ways and their input allows me to explore my lived experiences in ways that I haven't done before. I believe it's this level of understanding that has allowed the panel to overcome the challenges during the COVID-19 pandemic. The pandemic is far from over and I'm proud to be part of a panel that is needed now more than ever.”

“I have found being a member of the Lived Experience Panel as one of the most important and rewarding activities of my life. I congratulate the NSPLG for taking the initiative to set the panel up and more importantly for seriously taking the views of the panel into consideration during the development of their strategy and work products. This proven ability to influence the outcomes has greatly emphasised the importance of the role we play.”

Update on Progress of *Every Life Matters* Actions and NSPLG Recommendations⁵

LOCAL SUICIDE PREVENTION PLANNING, GUIDANCE, GOOD PRACTICE AND EVALUATION

Action 1 of the Suicide Prevention Action Plan, and recommendations 3 & 4 of the First Annual Report of the NSPLG

Much of the work planned for this year in relation to action 1 of *Every Life Matters* and recommendations 3 and 4 of the NSPLG 2019 annual report has been delayed due to the pressures on local partners during the pandemic. As that work resumes it builds on activity prior to the pandemic, including face to face engagement with local suicide prevention leads across Scotland when each local lead provided details of their current activities and, where available, a copy of their local suicide prevention action plan. These plans were analysed and mapped on to *Every Life Matters* and local leads were asked what would be helpful for them in translating national work to a local level.

Work was also carried out with local leads to identify and analyse a range of suicide prevention planning guidance documents available from across the world with a view to developing best practice guidance for all local suicide prevention partnerships in Scotland. As the immediate pandemic response demand eases, work will be taken forward to complete draft best practice suicide prevention planning guidance, which will then be tested in two or three local partnership areas.

MENTAL HEALTH AND SUICIDE PREVENTION TRAINING

Action 2 of the Suicide Prevention Action Plan

The Mental Health Improvement and Self Harm and Suicide Prevention Knowledge and Skills Framework, alongside a workforce development plan, was published by NHS Education for Scotland in 2019 in partnership with NHS Health Scotland (now Public Health Scotland) and the Scottish Government.⁶ This framework is aimed at those working across health and social care settings and beyond, and identifies the knowledge and skills required across four levels of professional practice: informed, skilled, enhanced and specialist.

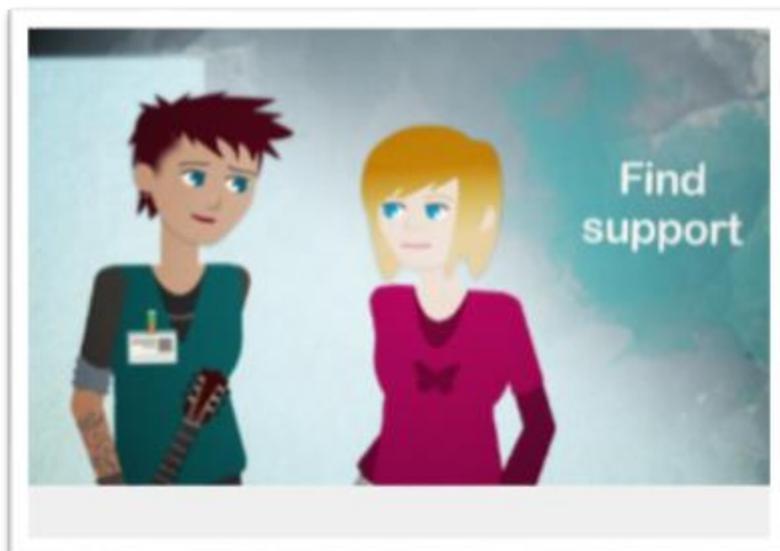
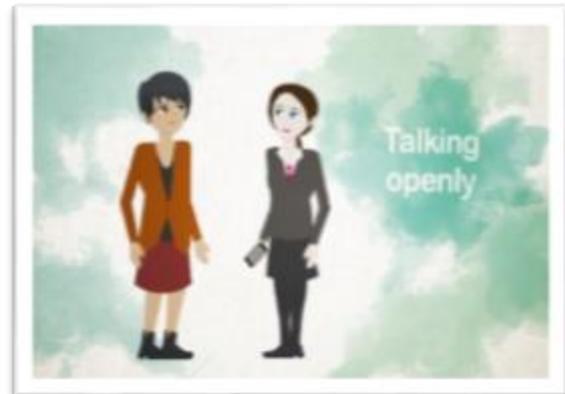
Learning animations aimed at the informed level for those supporting adults in mental health improvement and the prevention of suicide were initially launched in 2019, and have subsequently been further developed as an eLearning module. As at the end of August 2020, these animations had been accessed by almost 14,000

⁵ Full descriptions of actions and NSPLG recommendations are available in appendices B, C, and D

⁶ [Mental Health Improvement and Self Harm and Suicide Prevention Knowledge and Skills Framework](#)

people on Vimeo and over 2,500 people have engaged with this content on the NHS Education for Scotland Turas Learn eLearning site.⁷

A new series of animations was launched in September 2020 addressing mental health improvement and the prevention of self-harm and suicide by children and young people, aimed specifically at those working with children and young people in health and social care settings.⁸ Click on an individual picture below to view the animation it refers to.



⁷ Animations available at <https://vimeo.com/338176393>

⁸ Animations available at <https://learn.nes.nhs.scot/17099>

Engagement and partnership working has been vital in the development of learning resources to support the knowledge and skills framework. Examples include:

- Working with Volunteer Scotland in the development of a training plan to support volunteers working in mental health.

“I would like to thank Public Health Scotland and NHS Education for Scotland for their support and commitment to our Mental Health Volunteer programme. Their sharing of learning materials and knowledge, enhanced the learning journey of our volunteers.”

**Adrian Murtagh,
Head of Volunteer Practice, Volunteer Scotland**

- Engagement events with young people in the development of the children and young people animations.
- A Scotland-wide workshop for mental health nurses and allied health professionals, facilitated by the Mental Health Nursing Forum for Scotland, exploring learning needs at the enhanced level of the knowledge and skills framework.

These animations have also reached a wider audience, not captured in the figure given above for the number of people who have viewed them via Vimeo and Turas.

Notably, many local authorities and other organisations outside the health and social care network have also chosen to make these animations available to their workforces, members and service users through their organisational intranet or as part of training programmes. Examples include:

- The National Rural Mental Health Forum
- Abbey Vale Football Club
- Aberdeen City Council
- Police Scotland
- Scottish Prison Service

Work specific to action 2 of *Every Life Matters* was unavoidably paused for a short period during the pandemic. However, to support the needs of the health and social care workforce during this period, pandemic-specific learning resources were developed, including:

- [COVID-19 and responding to people in mental distress and crisis](#)
- [COVID-19 and responding to distress and crisis - presentation](#)
- [COVID-19 : mental health and suicide prevention](#)
- [COVID-19 : mental health and suicide prevention-presentation](#)

RAISING PUBLIC AWARENESS AND BUILDING A SOCIAL MOVEMENT FOR SUICIDE PREVENTION

Action 3 of the Suicide Prevention Action Plan; recommendation 8 of the First Annual Report of the NSPLG and priority 2 of the NSPLG's COVID-19 Statement

The NSPLG launched Scotland's new *United to Prevent Suicide* identity and public awareness campaign — the start of a social movement — on World Suicide Prevention Day, 10 September 2020.

NSPLG lived experience panel members were at the heart of developing the *United to Prevent Suicide* identity and materials, having been invited to participate in face to face sessions with the creative agency commissioned to develop proposals for the new suicide prevention branding. Panel members met with the NSPLG chair and those NSPLG members leading this work and gave detailed constructive feedback on the proposals, based on their own lived experiences of the impacts of suicide.

The creative agency took those views and returned with a revised version of the new identity and branding, which panel members wholeheartedly welcomed and endorsed. Individual members then most generously supported the launch of the *United to Prevent Suicide* campaign and movement by sharing publicly their own experiences of the impacts of suicide, and their passion for this work, in broadcast media interviews which were moving and influential in calling for change.

NSPLG lived experience panel members reported that during this process they felt their input and lived experience had been valued highly and received open-mindedly by the NSPLG, so that they had been able genuinely to influence this foundational element of *Every Life Matters*. The views of each individual panel member and their willingness to be simultaneously supportive and challenging undoubtedly influenced for the better and strengthened Scotland's new suicide prevention identity, branding and social movement, *United to Prevent Suicide*.

More action is planned by the NSPLG for the coming months to extend the reach of our suicide prevention campaign, which is funded and fully supported by the Scottish Government as part of its Suicide Prevention Action Plan *Every Life Matters*.

The challenge for all of us who consider ourselves to be stakeholders in suicide prevention in Scotland is to promote this new *United to Prevent Suicide* social movement, to harness the power of individuals to ask for help and give it, and in achieving that, to save lives from suicide.

What is United to Prevent Suicide?

On World Suicide Prevention Day 10 September 2020 the National Suicide Prevention Leadership Group launched a new identity for suicide prevention in Scotland: ***United to Prevent Suicide***. This signalled the start of a campaign to make Scotland the most supportive country in the world on suicide prevention, and to create a social movement of people confident to ask for help and to give it.



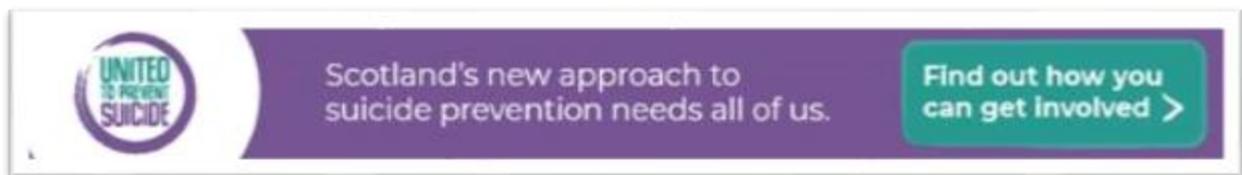
Minister for Mental Health, Clare Haughey MSP and COSLA Spokesperson on Health and Social Care, Councillor Stuart Currie invite us to be *United to Prevent Suicide*

The *United to Prevent Suicide* identity and campaign result from involving around 3,000 people across Scotland in face to face and virtual community focus groups, including specific sessions with the NSPLG, its lived experience panel, local suicide prevention leads and the views of many other people expressed in response to YouGov surveys.

This broad range of feedback from people across Scotland:

- Gave us ideas of what a suicide prevention identity for Scotland should look and feel like
- Was clear that the word **suicide** needed to be front and centre of any identity and campaign as it can help save lives and help break down stigma
- Said stories from those with lived experience of thoughts or suicidal behaviour or of being bereaved through suicide should be at the core of any campaign
- Emphasised that if we want to make a difference, any social movement should be driven by everyone in Scotland.

The NSPLG's opening public awareness campaign reflects these findings through supporting all of us to be confident to talk about suicide as well as being confident to listen and to connect someone to the help they need. It also underpins our call to action: **Together we can save lives, so let's talk suicide.** Over the first days of *United to Prevent Suicide* more than a thousand people signed up to join the movement for change.



An important part of *United to Prevent Suicide* is its dedicated online hub, where people can sign up to signify their support and commitment to actively talking about suicide to remove the stigma of that word and give help. The online hub provides resources such as animations showing people how to start conversations about suicide, how to listen and what to do to get help.

Our partners across Scotland are promoting *United to Prevent Suicide* across their own agencies and networks. The NSPLG has provided promotional assets which have been displayed as email signatures, on digital display screens at mainline train stations including Edinburgh Waverley and Glasgow Central, and across social media.

In a hugely impactful contribution to the launch of the campaign, on World Suicide Prevention Day 10 September 2020 Transport Scotland displayed the words *United to Prevent Suicide* on its motorway overhead digital display boards for the whole day, reaching hundreds of thousands of motorway users across Scotland.

Plans are in hand for *United to Prevent Suicide* messaging to be displayed in football stadia across Scotland and for murals in key outdoor locations across the country. In addition, a television advertisement is planned for early October, to build the momentum of this social movement and bring the key message, that we need to talk to save lives, into people's homes.



Edinburgh Waverley Station signage on 10 September 2020

The launch of *United to Prevent Suicide* has only been possible because people with lived experience and those who care about saving lives from suicide have been at the heart of its development. The NSPLG believes that this is only the start of the journey we must take in changing the way we address suicide prevention in Scotland.

We are grateful for the involvement of our NSPLG lived experience panel members, especially to those who shared their stories for the launch to underline the importance of getting involved in this new social movement.

It is all about joining the conversation at www.unitedtopreventsuicide.org.uk **because together we can save lives, so let's talk suicide.**



**TOGETHER WE
CAN SAVE LIVES,
SO LET'S TALK
SUICIDE.**

Join us @ **unitedtoprevent suicide.org.uk**
& let's make this the most supportive
country in the world.

#UNITEDTOPREVENTSUICIDE

SUPPORT FOR PEOPLE BEREAVED BY SUICIDE

Action 4 of the Suicide Prevention Action Plan and recommendation 9 of the First Annual Report of the NSPLG

To assist in the development of evidence-based support for those people bereaved by suicide in Scotland, in May 2020 the Mental Health Foundation (MHF) in partnership with the NSPLG undertook a qualitative research study examining models of suicide bereavement interventions and best practice.⁹

The MHF report supplemented other international research showing that support provided following a suicide (also known as postvention support) has a beneficial effect on people bereaved by suicide, with people who receive support less likely to be at high risk themselves of suicide.¹⁰ In addition, people who received this targeted support reported lower levels of depression and anxiety.¹¹

The NSPLG welcomed these studies and recommended the development of a rapid early response bereavement support service to provide flexible access to practical support and advocacy for those most immediately affected in the early days following a suicide. Discussions began between the NSPLG and partners in two areas of Scotland about taking part in a two-year bereavement support pilot, based on good practice identified elsewhere, to introduce a rapid response service for people who have been bereaved by suicide. Its aim was to provide early advice and assistance to bereaved families, together with practical support, an assessment of need, a safety plan and signposting to local organisations who can offer appropriate additional support. Evaluation and dissemination of early learning were intended to be key features of the pilot programme.

With the advent of the pandemic and its impact on local resources, this work was necessarily paused. At the time of publication of this annual report work is in hand in collaboration with local partners in the two identified areas, to agree the shape of and roll out this important pilot and test this model of support for those bereaved by suicide. The pilot will be independently evaluated, and any learning identified will be incorporated into any future recommendations for broader rollout.

⁹ Mental Health Foundation, 2020. Support for those bereaved by suicide. A Qualitative Research Study. <https://www.mentalhealth.org.uk/publications/support-those-beareaved-suicide> Accessed 7th September 2020

¹⁰ Visser, V. S. et al., 2014, Evaluation of the effectiveness of a community-based crisis intervention program for people bereaved by suicide. *Journal of Community Psychology*, 42(1), pp. 19-28.

¹¹ Pfeffer, C. R., et al. 2002. Group intervention for children bereaved by the suicide of a relative. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(5), pp. 505-13.

SUPPORT FOR PEOPLE IN SUICIDAL CRISIS

Action 5 of the Suicide Prevention Action Plan and priority 3 of the NSPLG's COVID-19 Statement

In February 2020, a workshop was held with the NSPLG lived experience panel, to better understand the experiences and identify the needs of those in suicidal crisis. In parallel with gathering this evidence of experience, the NSPLG academic advisory group provided information from the evidence-base of effective interventions that support people at the point of suicidal crisis.

In July 2020, a further far-reaching stakeholder consultation on suicidal crisis was undertaken by the NSPLG. The survey was developed and shared with stakeholder organisations representing those with lived experience and with diverse service providers and representative organisations, including those from the LGBTQ+ community, the National Rural Mental Health Forum, organisations representing children and young people, and those representing black and minority ethnic communities.

The NSPLG survey invited both professional stakeholders and service users to share their insights of seeking support during a suicidal crisis. The survey posed questions such as:

- What does it mean when people are described as 'seriously considering taking their own lives'?
- What help and support should be available for people seriously considering taking their own life?
- Where are there current gaps in suicide crisis support?
- What would prevent people seriously considering taking their own life from asking for help?
- What specialist help could be given to particularly vulnerable people, for example (but not limited to): those who experience financial stress, domestic violence, drink alcohol to excess or take drugs, feel isolated, lonely or who are bereaved?

In light of COVID-19, the consultation also included questions specifically exploring experiences during the pandemic. The consultation received 455 responses and 70 of the responses were from people with lived experience of the impacts of suicide.

Themes will be collated from the consultation results, together with the most up to date academic evidence (including evidence around COVID-19 and mental health), themes from wider literature on crisis services and policy, feedback from the NSPLG lived experience panel and from national suicide prevention co-ordinators. It is intended that the findings will be presented to the NSPLG for consideration in October 2020. Further discussion will then take place with external stakeholders, with the intention of final recommendations being presented to the NSPLG for decision before the end of 2020.

DIGITAL TECHNOLOGY TO SUPPORT SUICIDE PREVENTION

Action 6 of the Suicide Prevention Action Plan

Stakeholder consultation, including initial workshops with the NSPLG lived experience panel, has taken place to establish what digital media are currently available in the field of suicide prevention, including websites, apps, blogs, online video, social media, podcasts and gaming, and how people are using them.

This engagement work has resulted in a total of 455 responses, including 70 responses from people with lived experience of the impacts of suicide.¹² Analysis of these responses has highlighted some overarching themes including: the need for practical provisions for engaging in digital resources; the need for access to free WiFi and access to internet-enabled technology particularly for those in rural areas or experiencing digital poverty; and significant interest in the use of video conferencing to speak to a mental health professional.

A short-life working group of key stakeholders has recently been established to consider the results of the survey and to identify digital priorities in suicide prevention. This work will enable the NSPLG to better understand and to progress work on:

- the most effective ways for people to access digital support if they are feeling suicidal
- what would be the most helpful developments around online suicide prevention support
- what barriers would prevent someone from using digital resources for suicide prevention
- what would be effective ways to manage harmful online content such as pro-suicide platforms
- what would be the most effective ways of meeting the online/digital suicide prevention needs of children and young people
- how access to online/digital suicide prevention services in rural areas could be improved.

It is clear that digital support for suicide prevention is a complex and fast-moving area with enormous potential, but it is also an area with substantial risks which must be given careful consideration and mitigation.

SUICIDE PREVENTION FOR GROUPS OF PEOPLE WHO MAY BE AT ELEVATED RISK

Action 7 of the Suicide Prevention Action Plan and recommendation 11 of the First Annual Report of the NSPLG

Work in relation to groups of people potentially at heightened risk of suicide has involved stakeholder engagement, including focus groups with a broad range of

¹² This was a joint engagement exercise with work on action 5, support for people in suicidal crisis.

participants. The impact of the pandemic has restricted this work to making contact online rather than face-to-face as planned.

NSPLG lived experience panel members have taken part in a series of sessions to help develop a deeper understanding of the perspectives of people who identify with groups who are at heightened risk of suicide, and who have lived experience of suicidal crisis or of supporting others in that situation.

The NSPLG academic advisory group has completed a review of literature relating to people at risk of suicide. This, together with the findings of the focus groups and interviews, is intended to be used to inform recommendations to the NSPLG by the end of 2020.

The importance and potential for wide practical application of this work is illustrated by the engagement of a member of the NSPLG lived experience panel to advise and help the Police Scotland Negotiators Team understand how to engage effectively in supportive conversations with people in suicidal crisis, to keep them safe.

MEETING THE NEEDS OF CHILDREN AND YOUNG PEOPLE

Action 8 of the Suicide Prevention Action Plan and recommendation 10 of the First Annual Report of the NSPLG

Following the report and recommendations of the Children and Young People's Mental Health Taskforce led by the late Dame Dr Denise Coia, the Scottish Government and COSLA are engaged in significant work to promote positive mental health among children and young people. The NSPLG aims to ensure that work includes and prioritises suicide prevention. It is important that young people in Scotland are equipped to recognise suicidal crisis and have access to appropriate, timely support for themselves, their families and friends.

NSPLG members leading work to support action 8 of *Every Life Matters* are working closely with the Children and Young People's Mental Health and Wellbeing Programme Board (CYPMHW) to align its work with the work of the NSPLG and to ensure a consistent, nationwide approach.

The NSPLG recognises that significant work is taking place in schools to promote positive mental health. We have identified, and agreed with the CYMPWB board, a need to develop a programme to work with parents and guardians of children and young people in schools, helping them to identify risk of suicide, know how to respond and where to find specialist support.

The NSPLG welcomes the pandemic extension of Distress Brief Interventions (DBI) across Scotland and would encourage consideration of its use in appropriate educational settings. Work continues with Child and Adolescent Mental Health Services (CAMHS) to help them understand the challenges and potential barriers children and young people may face in accessing urgent support in the context of suicide prevention.

During the COVID-19 pandemic, the NSPLG has engaged with education policy teams in Scottish Government to ensure consistent signposting for children and young people in schools to mental health support services. Our recommendation that such signposting be undertaken via online learning platforms was accepted and implemented with immediate effect, providing a direct link to the Young Scot website which offers a comprehensive list of resources for children and young people.

Recognising that digital technology can create risks as well as opportunities to support the mental health of children and young people, the NSPLG successfully lobbied a popular social media application to remove content which appeared likely to be detrimental to their mental health. This included content which depicted and endorsed sexual violence, a trend that was spreading on the platform and reaching children as young as 13. The NSPLG welcomes such positive responses to removing the risks of online harm leading to suicidal behaviour and will continue to build positive relationships with digital platforms and providers.

The NSPLG lived experience panel is currently exploring forming a sub-group with a particular interest in, and experience of, suicide prevention in children and young people to inform work in this area. In the meantime, panel members continue to share their compelling experience and passion for preventing suicide to enable us to engage with schools, colleges and universities, for example to offer stories, videos and other resources to raise awareness and offer support to children and young people across Scotland in ways which are known to be effective in influencing their safety.

The NSPLG members who lead in ensuring that the needs of children and young people are taken into account work with colleagues across all actions in the Suicide Prevention Action Plan, and influence all recommendations made by the NSPLG. This is particularly important in the context of the new emotional, psychological, domestic, educational, financial and familial stresses placed on children and young people during the COVID-19 pandemic.

USING SUICIDE DATA AND EVIDENCE EFFECTIVELY

Action 9 of the Suicide Prevention Action Plan; recommendation 2 of the First Annual Report of the NSPLG; and priority 1 of the NSPLG's COVID-19 Statement

Throughout this year the NSPLG academic advisory group has been involved in a broad range of support to the work of the NSPLG, including rapid literature reviews and analysis of surveys to support work on actions such as local suicide prevention planning; the development of support for those bereaved by suicide; suicidal crisis support; digital technology for suicide prevention; and work with specific groups at heightened risk of suicide. Work was also started on revising SUPRESE (Suicide prevention at sub-national (regional/local) level: self-evaluation instrument) in order to further contribute to effective local suicide prevention planning across Scotland.

As the COVID-19 pandemic gathered pace, and as part of an international research collaboration, members of the NSPLG academic advisory group led and co-authored a systematic review of the evidence on the potential impact of previous infectious

disease-related public health emergencies on suicide-related outcomes.¹³ The findings of this review, which aims to provide comprehensive current knowledge that can inform suicide prevention during the COVID-19 pandemic, were disseminated to the NSPLG, Public Health Scotland and the Scottish Government's Suicide and Self-Harm Policy Team.

The co-chairs of the NSPLG academic advisory group are also part of the International COVID-19 Suicide Prevention Research Collaboration that published guidance in *Lancet Psychiatry* on a public health response to mitigate suicide risk associated with the COVID-19 pandemic.¹⁴ This evidence-based suicide prevention guidance was at the heart of the NSPLG COVID-19 Statement, the recommendations of which were accepted in full for action by the Scottish Government and COSLA.

The Research Collaboration guidance and related NSPLG recommendations have since been disseminated by the NSPLG to support the work of a range of organisations involved in suicide prevention action, including chief executives of local authorities and NHS boards; Police Scotland; universities and colleges; and chief officers of Health and Social Care Partnerships.

REVIEWS OF DEATHS BY SUICIDE

Action 10 of the Suicide Prevention Action Plan and recommendations 5-7 of the First Annual Report of the NSPLG

Progress on this work has been delayed due to pandemic pressure on the resources of partner agencies. The NSPLG had been planned to carry out a mapping exercise in relation to existing reviews and, prior to the pandemic, organisations responsible for reviewing deaths from a range of causes potentially related to suicide were identified and approached to take part. The aim was to agree a consistent set of data which should be collected during all these processes, thus reducing duplication of effort and improving consistency of data in local areas. This work will now take place over the coming year.

Discussions were also held with stakeholders in areas where multi-agency local reviews of all suicides are currently undertaken with the aim of learning from these processes and exploring the opportunities for developing a single review system, regardless of whether the person who died by suicide had been in contact with mental health services or not. Two areas have been identified to test this system with implementation due to be restarted after publication of this report, as resource restrictions have eased.

¹³ Zortea TC, Brenna CTA, Joyce M, McClelland H, Tippett M, Tran MM, Arensman E, Corcoran P, Hatcher S, Heisel MJ, Links P, O'Connor RC, Edgar NE, Cha Y, Guaiana G, Williamson E, Sinyor M, Platt S (in press). The impact of infectious disease-related public health emergencies on suicide, suicidal behavior, and suicidal thoughts: A systematic review. *Crisis*.

¹⁴ Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., Khan, M., O'Connor, R. C., Pirkis, J., & COVID-19 Suicide Prevention Research Collaboration (2020). 'Suicide risk and prevention during the COVID-19 pandemic' *The Lancet. Psychiatry*, 7(6), 468–471. [https://doi.org/10.1016/S2215-0366\(20\)30171-1](https://doi.org/10.1016/S2215-0366(20)30171-1)

AUDIT AND EVALUATION

Recommendation 1 of the First Annual Report of the NSPLG

Progress on actions set out in *Every Life Matters* is described in this second annual report of the NSPLG. It is intended that there will be a targeted audit of the 10 actions of the Suicide Prevention Action Plan, the results of which will be made available as early as possible in 2021.

NSPLG COVID-19 Statement

30 June 2020

The NSPLG published our COVID-19 Statement on 30 June 2020, recommending that suicide prevention should be a priority public health issue and integral to government planning, both during the pandemic and in the longer term.

In our statement we welcomed the initiatives developed and resourced by national and local government and the third sector, to support the mental health of people across Scotland during the pandemic. We set out our view that specific policy areas beyond mental health policy, such as equalities, employment and the economy, will need to be engaged to address the potential long term mental health and suicide consequences of the pandemic.

Reviewing the available material, we adopted the evidence-based interventions identified by the COVID-19 Suicide Prevention Research Collaboration, in its *Lancet Psychiatry* paper as a basis for a pandemic-specific plan of action for suicide prevention in Scotland.¹⁵ Drawing on this evidence and with our knowledge of current suicide prevention work in Scotland, we recommended that four immediate priorities for suicide prevention should be progressed by the Scottish Government and COSLA:

- 1 Closer national and local monitoring of enhanced and real time suicide and self-harm data — to identify emerging trends and groups at risk for early preventative action.
- 2 Specific public suicide prevention campaigns, distinct from and in partnership with the umbrella ‘Clear Your Head’ mental health and wellbeing campaign — to encourage people at risk of suicide and in suicidal crisis to seek help without stigma and to encourage others to give it.

¹⁵ Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., Khan, M., O'Connor, R. C., Pirkis, J., & COVID-19 Suicide Prevention Research Collaboration (2020). ‘Suicide risk and prevention during the COVID-19 pandemic’ *The Lancet. Psychiatry*, 7(6), 468–471. [https://doi.org/10.1016/S2215-0366\(20\)30171-1](https://doi.org/10.1016/S2215-0366(20)30171-1)

- 3 Enhanced focus on specifically suicidal crisis intervention — to ensure that those in suicidal crisis can access timely help and support, and meet any increase in numbers.
- 4 Restricting access to means of suicide — to reduce the availability to those in crisis of the most commonly used means of suicide.

These recommended priorities for action were accepted in full by the Scottish Government and COSLA in August 2020.

Our COVID-19 Statement also addressed and made a recommendation on an important issue brought more strongly into focus by the likely long term impacts of the pandemic on mental health and people's life circumstances. As Scotland's NSPLG we strongly believe that, following on from the three year span of *Every Life Matters*, Scotland should have a long-term suicide prevention strategy potentially spanning the next 10 years. We believe that long-term suicide prevention strategy should include a range of specific policy areas beyond mental health policy, in order to address issues such as equalities, employment and the economy which have an impact on the life circumstances of individuals and are integral to preventing suicide.

This recommendation was also accepted by the Scottish Government and COSLA, and work has begun to consider how best to progress the consultation and co-design which will give Scotland and those affected by suicide now and in the future the strategy and preventative action they deserve.

We welcome the joint response of the Scottish Government and COSLA to our COVID-19 Statement recommendations and their commitment to working together and with a broad range of stakeholders, including most importantly people who have lived experience of the impacts of suicide, to develop a longer-term suicide prevention strategy.

Every member of the NSPLG is committed to supporting that important work because we know it will save lives.

Conclusion

This is our second NSPLG annual report and is published as we move into the final year of the three year Suicide Prevention Action Plan: *Every Life Matters*.

When *Every Life Matters* was published and the NSPLG established we could not have anticipated the COVID-19 pandemic or how fundamentally it has affected the lives of people across Scotland. The pandemic has also affected progress on delivering some of the actions in the Suicide Prevention Action Plan but as we publish this report there are indications that some of the work on those actions will be able to resume.

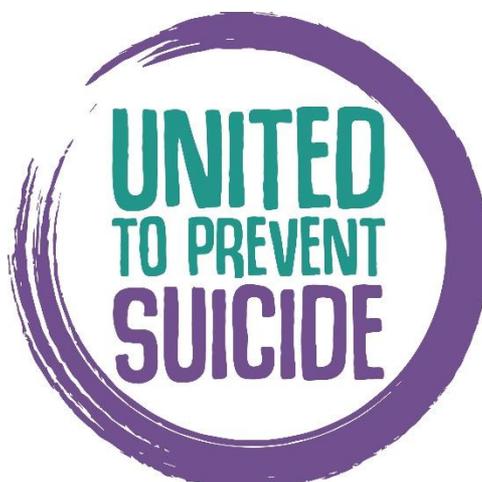
In identifying the four key priorities for suicide prevention during the pandemic set out in our COVID-19 Statement of June 2020, we strongly asserted that suicide prevention should continue to be an integral part of Scotland's COVID-19 pandemic public health response and recovery phases. We were pleased that those priorities and our recommendation that Scotland should have a new long-term suicide prevention strategy to follow on from *Every Life Matters*, were accepted in full by the Scottish Government and by COSLA.

The launch by the NSPLG on World Suicide Prevention Day 10 September 2020 of a new suicide prevention identity and campaign for Scotland could not have been more timely. *United to Prevent Suicide* is intended to spark a social movement in which people across the country step forward to ask for or give help when help is needed, because they have the confidence to talk about suicide without stigma or fear of saying the wrong thing.

The choice of strapline for *United to Prevent Suicide*: "Together we can save lives, so let's talk suicide" is not incidental. Now more than ever, the strong collaborations we have built between people with lived experience of suicide, members of the NSPLG, a broad range of stakeholders and those working so hard behind the scenes to create this new movement must be extended. Now we need individuals in families, communities and workplaces across Scotland to feel confident to talk about suicide, to ask for help, and to give it.

As Scotland's National Suicide Prevention Leadership Group we want everyone in Scotland to be *United to Prevent Suicide*. We will continue to do everything in our power to minimise the impacts of the COVID-19 pandemic and to champion suicide prevention in every home, workplace and community across the country.

Because every life matters.



Appendix A

Members of the National Suicide Prevention Leadership Group

Ms Rose Fitzpatrick CBE QPM	CHAIR
Ms Rachel Cackett	Executive Director, Samaritans Scotland
Mr George Dodds	Director of Health Equity and Director of Health and Work, Public Health Scotland
Dr Alistair Cook	Principal Medical Officer, Scottish Government
Ms Fiona Drouet	Emilytest
Chief Superintendent David Duncan	Police Scotland
Mr Toni Giugliano	Policy and Public Affairs Manager, Mental Health Foundation
Dr David Hall	Royal College of Psychiatrists
Mr Nigel Henderson	Chief Executive, Penumbra
Dr Amy Knighton	Royal College of General Practitioners
Ms Lara McDonald	Young Person Representative, nominated via Young Scot
Ms Jane O'Donnell	Head of Service Policy, COSLA
Ms Nicky Reid	Chief Executive, SPFL Trust
Ms Angela Scott	Chief Executive, Aberdeen City Council
Dr Michael Smith	Lead Associate Medical Director, NHS Greater Glasgow Clyde CE and IJB representative
Mr Alan Thornburrow	Country Director Scotland, Business In the Community
Mr Billy Watson	Chief Executive, SAMH
Academic Advisors	Professor Rory O'Connor, University of Glasgow
	Emeritus Professor Steve Platt University of Edinburgh

Appendix B

Scotland's Suicide Prevention Action Plan *Every Life Matters*

We envisage a Scotland where suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone's business.

Action 1 The Scottish Government will set up and fund a National Suicide Prevention Leadership Group (NSPLG) by September 2018, reporting to Scottish Ministers – and also to COSLA on issues that sit within the competence of local government and integration authorities. This group will make recommendations on supporting the development and delivery of local prevention action plans backed by £3 million funding over the course of the current Parliament.

Action 2 The Scottish Government will fund the creation and implementation of refreshed mental health and suicide prevention training by May 2019. The NSPLG will support delivery across public and private sectors and, as a first step, will require that alongside the physical health training NHS staff receive, they will now receive mental health and suicide prevention training.

Action 3 The Scottish Government will work with the NSPLG and partners to encourage a coordinated approach to public awareness campaigns, which maximises impact.

Action 4 With the NSPLG, the Scottish Government will ensure that timely and effective support for those affected by suicide is available across Scotland by working to develop a Scottish Crisis Care Agreement.

Action 5 The NSPLG will use evidence on the effectiveness of differing models of crisis support to make recommendations to service providers and share best practice.

Action 6 The NSPLG will work with partners to develop and support the delivery of innovations in digital technology that improve suicide prevention.

Action 7 The NSPLG will identify and facilitate preventative actions targeted at risk groups.

Action 8 The NSPLG will ensure that all of the actions of the Suicide Prevention Action Plan consider the needs of children and young people.

Action 9 The Scottish Government will work closely with partners to ensure that data, evidence and guidance is used to maximise impact. Improvement methodology will support localities to better understand and minimise unwarranted variation in practice and outcomes.

Action 10 The Scottish Government will work with the NSPLG and partners to develop appropriate reviews into all deaths by suicide, and ensure that the lessons from reviews are shared with NSPLG and partners and acted on.

Appendix C

Recommendations From The First Annual Report Of The NSPLG (2019)

Recommendation 1 We recommend to the Scottish Government and COSLA that the progress and effectiveness of Every Life Matters and its 10 actions are evaluated, in line with World Health Organization advice.

Recommendation 2 We recommend to the Scottish Government and COSLA that the provision of timely and accessible data about suicides must improve. Suicide prevention planning at a local and national level is dependent on good information and the ability to share it appropriately. The development of ScotSID as an interactive and local resource should be supported with appropriate engagement and barriers to sharing information should be tackled with vigour.

Recommendation 3 The Scottish Government should fund local test-sites to develop, deliver and test local suicide prevention activity in line with the guidance being developed under Action 1 of Every Life Matters. This will contribute to continuous development of that guidance, identifying good practice and learning across all areas of the Suicide Prevention Action Plan.

Recommendation 4 The Scottish Government and COSLA should enhance the learning from locally developed and delivered suicide prevention action plans by introducing a consistent evaluation model, based on academic research and an outcomes based approach, through which learning can be identified and shared.

Recommendation 5 COSLA should support the introduction of multiagency reviews of all deaths by suicide which take place in a community setting. We consider that Chief Officers responsible for public protection in each local area would be best placed to ensure that these are undertaken, with the support of guidance developed under Action 10 of Every Life Matters.

Recommendation 6 The Scottish Government determine how best to put in place multiagency reviews to be undertaken of all deaths by suicide which occur during a defined period after being discharged from prison or police custody.

Recommendation 7 The Scottish Government and COSLA should determine how best to put in place reviews of all deaths by suicide of young people which occur during a defined period after leaving the care system. This should include identifying an appropriate national body to work with local authorities to ensure effective scrutiny and dissemination of learning.

Recommendation 8 The Scottish Government and COSLA should provide strong support for work to transform and modernise suicide prevention branding and identity in Scotland, so as to support the delivery of the Suicide Prevention Action Plan and to build a social movement in which suicide prevention becomes everyone's business.

Recommendation 9 The Scottish Government should make funding available to pilot a new model of care for those bereaved by suicide which is effective in reducing

distress, self-harm and suicide. It should include evaluation and appropriate mechanisms to ensure that learning is shared.

Recommendation 10 The Scottish Government and COSLA should consider how the crisis support for children and young people and their families to be taken forward by the Children and Young People's Mental Health Implementation Board can be made available to people of all ages across Scotland.

Recommendation 11 The Scottish Government should fund additional engagement targeted at groups of people with characteristics and experiences which may indicate elevated risk of suicide.

Appendix D

NSPLG COVID-19 Statement: Priorities for Pandemic-Related Suicide Prevention Action

1	Closer national and local monitoring of enhanced and real time suicide and self-harm data
ISSUE	Currently, data on suicide deaths is taken from death registration records held by National Records of Scotland. The ScotSID database links this information with other data sources. These yearly reports, while vital for longer term and strategic planning, do not allow for a rapid response to changing trends, especially so at a local level. Local and national action to prevent suicide would be enhanced through the availability of more timely data. We need timely data on suicidal thoughts, suicide attempts and self-harm as well as suicide to allow us to promptly identify new groups at risk of suicide as well as groups who may be at increased risk due to the pandemic.
ACTION	Examine existing data collection streams across health and social care and appropriate partner agencies to identify possible sources; identify existing processes and/or where necessary introduce new processes for bringing these together; and where there are gaps, begin collection of new data. Use this timely and localised data to inform local and national suicide prevention action.

2	Specific public suicide prevention campaigns, distinct from and in partnership with the umbrella ‘Clear Your Head’ mental health and wellbeing campaign
ISSUE	The ‘ <u>Clear Your Head</u> ’ campaign was launched by the Scottish Government in response to the pandemic. The campaign provides practical advice on how to get through the worrying and uncertain times created by the pandemic. It further signposts people to the Samaritans, NHS 24, and Breathing Space where they feel they need to talk to someone. To complement this work specific campaigns should encourage people at risk of suicide and in suicidal crisis to seek help without stigma and encourage others to give it. These distinct public suicide prevention campaigns should address the complexity of factors that lead to suicide and self-harm and create stigma.
ACTION	Develop and launch specific campaigns on suicide prevention relevant to the stages of the pandemic, in line with the new branding for suicide prevention (developed through the work on action 3 of the Suicide Prevention Action Plan), distinct from and in partnership with current Scottish Government messaging on mental health and wellbeing.

3	Enhanced focus on specifically suicidal crisis intervention
ISSUE	People in suicidal crises require specific interventions. Some may not seek help during the pandemic fearing that services are overwhelmed or that attending face-to-face appointments might put them at risk from COVID-19. Others may seek help from voluntary sector crisis helplines which during the pandemic are likely to have their capacity stretched due to increases in call volumes and reductions in volunteer capacity. ¹⁶
ACTION	Enhance existing suicidal crisis support, and develop and implement clear remote assessment and care pathways for people who are suicidal, to ensure that those in suicidal crisis can access timely help and support, and to meet any increase in those seeking help during suicidal crisis. Provide staff training that supports new ways of working.

4	Restricting access to means of suicide
ISSUE	There has been an accumulation of evidence in recent years about the effectiveness of restricting access to several means of suicide. These restrictions typically give individuals who contemplate suicide more time to reconsider and potentially change their course of action. The 2018 ScotSID report shows that, among males dying by suicide in Scotland, ‘hanging, strangulation & suffocation’ was the most common method (51% of the male cohort), followed by poisoning, and, among females, the second most common method (30% of the female cohort) after poisoning. ¹⁷
ACTION	Take steps to restrict the accessibility of means of hanging in the community as well as in institutional settings. Take steps to restrict the availability of overdoses of both prescription and non-prescription medication.

¹⁶ Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., Khan, M., O’Connor, R. C., Pirkis, J., & COVID-19 Suicide Prevention Research Collaboration (2020). ‘Suicide risk and prevention during the COVID-19 pandemic’ *The Lancet. Psychiatry*, 7(6), 468–471. [https://doi.org/10.1016/S2215-0366\(20\)30171-1](https://doi.org/10.1016/S2215-0366(20)30171-1)

¹⁷ Scottish Suicide Information Database, ‘A profile of deaths by suicide in Scotland 2011-2017’ (2018), <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2018-12-04/2018-12-04-ScotSID-Report.pdf>



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