

Local Area Suicide Prevention Action Plans



Scottish Guidance



National
Suicide Prevention
Leadership Group

Section 1

Introduction

Acknowledgements

The following guidance produced by the National Suicide Prevention Leadership Group (NSPLG) represents work informed by knowledge, research and evidence from COSLA, the NSPLG Academic Advisory Group, Public Health Scotland and the NSPLG Lived Experience Group with contributions from wider UK suicide prevention organisations and the local area suicide prevention leads.

Thanks are due to Professor Steve Platt and Shirley Windsor for their amendments, additions and general support throughout the process; to Andy Grierson and Jane O'Donnell for their role as critical friends; to Pauline Toner, Sheena Lowrie, Liam Yule, Sarah Watts, Shirley Barrett, Marc, Avril & Jenny from Scottish Borders MH&WB Forum, who all took the time to provide details of good practice examples and Professor Rory O'Connor for providing additional narrative for the IMV model.

Particular thanks go to the members of the Lived Experience Panel who gave their time to provide guidance on how we can ensure the voices of those with lived experience are central to local action planning.

Finally, thanks to Lisa Powell for her editing skills and Shelagh Campbell for her magic in turning word documents into the interactive resources which follow.

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Introduction from NSPLG



On behalf of the National Suicide Prevention Leadership Group, I am grateful for all the care and effort put into producing this local suicide prevention action planning guidance.

I hope you, as local suicide prevention leads at the centre of supporting local communities, will find it a helpful resource as you plan, deliver and improve your local suicide prevention activity, building on the foundations laid by so much work already taking place across Scotland.

Scotland's national Suicide Prevention Action Plan 'Every Life Matters' was published in 2018 and created the National Suicide Prevention Leadership Group to support delivery of that plan. Working with people with lived experience of the impacts of suicide, with local communities, social sector and national organisations good progress has been made to date, even in the context of the challenges of the Covid-19 pandemic. We continue to believe that no death by suicide should be considered inevitable, and that suicide prevention at all levels must be everyone's business.

At the national level we have developed learning resources, raised public awareness by creating a social movement through the United to Prevent Suicide campaign, are researching why some people are a more risk of suicide than others and developing new recommendations for those in immediate suicidal crisis.

Supporting local suicide prevention action we will shortly be launching a pilot support service for those bereaved by suicide in Highland and Ayrshire & Arran. We will also be introducing an initial pilot project reviewing every death by probable suicide in three local areas, to help us learn from each tragic loss of life and reduce risk for the future.

Our work is underpinned by a strong partnership approach and at the heart of our programme is a commitment to engage with people who have personal experience of the impacts of suicide. Members of our Lived Experience Panel, who share their experiences so generously, have been involved in shaping this new guidance, as have members of our highly-respected Academic Advisory Group. I know this way of working in partnership will be important to you too, as you plan and deliver your own suicide prevention activity locally.

As you will see, this guidance is designed to offer a single source of information and tools which are relevant to suicide prevention work at both local and national levels, across the whole of Scotland.

As local suicide prevention leads, your role is pivotal to ensuring that suicide prevention is a critical priority within existing local planning arrangements and local plans. We want to help ensure that your local plans are able to draw on the best available evidence and to make it clear how all services, sectors, organisations and groups in our communities can play their part with you in preventing suicide.

Suicide prevention is your business, and our business too. We hope you will find this guidance helpful and look forward to working ever more closely with you to share your learning and insights as we continue to improve it. Because every life matters.

Rose Fitzpatrick, Chair of the National Suicide Prevention Leadership Group

A handwritten signature in blue ink that reads "Rose Fitzpatrick". The signature is fluid and cursive, with the first name "Rose" clearly legible.

Introduction



This document is one of four which together form a guide containing the information required to develop robust, effective and sustainable local suicide prevention action plans. The information is spread out over four documents in recognition that areas across Scotland are at different stages of their action plan development. The flowchart will help action planning groups decide which documents will be useful depending on the stage they are at in their local development.

The guide will ensure that the activity delivered across local areas achieves the following:

1. Aligns with the national strategy and action plan – local activity contributes to the achievement of the aims and objectives of a national strategy and/or action plan
2. Is evidence informed – is developed using what is known through both experiential and research evidence
3. Is able to meet local needs – is informed by evidence about what works, for whom, in what circumstances
4. Can be evaluated – to enable us to build the evidence for what works

National Context

National Performance Framework

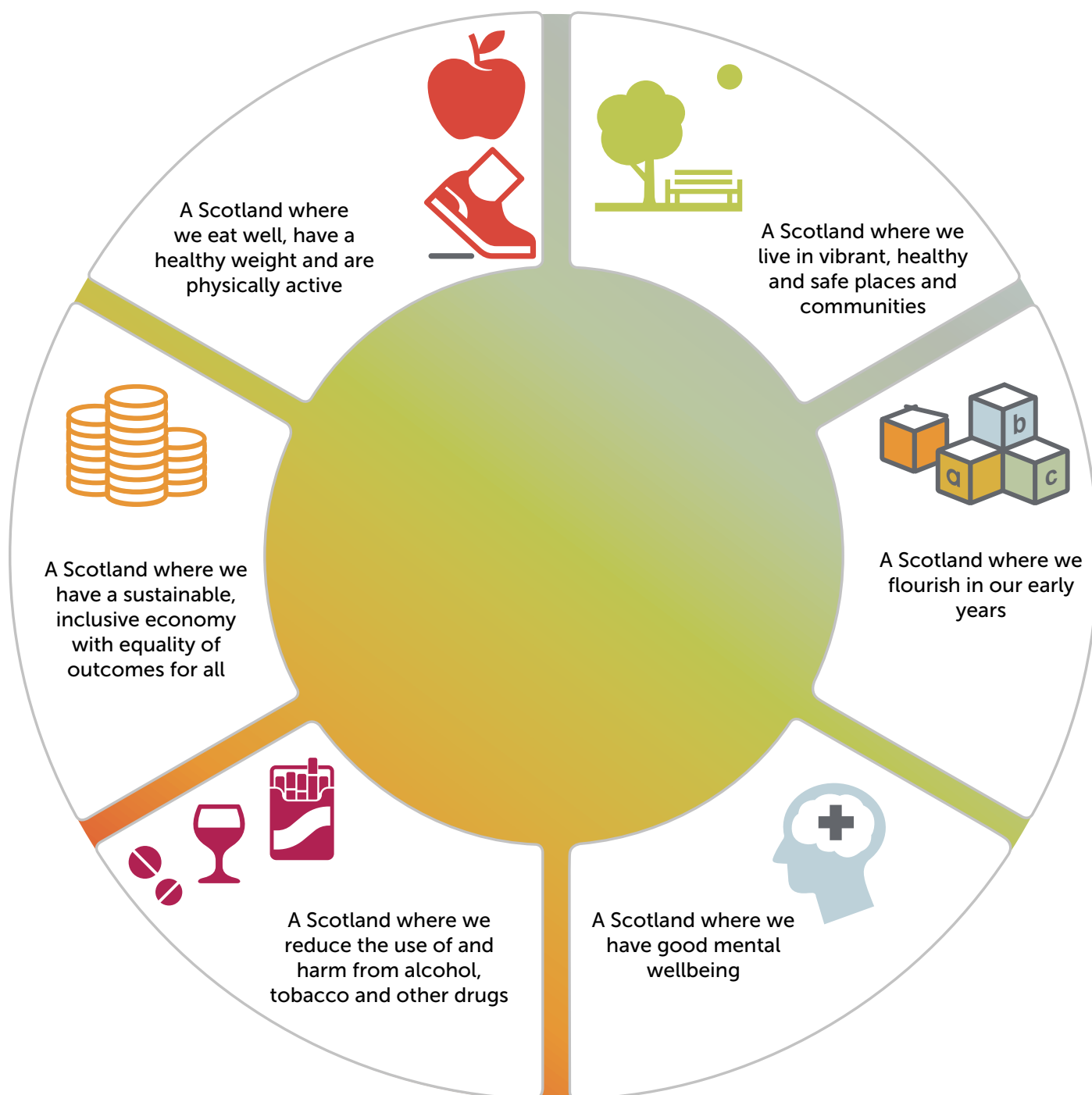
Mental health and wellbeing are key priority areas for Scottish Government and CoSLA. Suicide prevention work supports the aims of the National Performance Framework and supports the delivery of the [Scotland’s National Outcomes](#)



A set of 81 indicators have been identified in order to measure progress against each outcome. [A report on progress](#) was published in May 2019

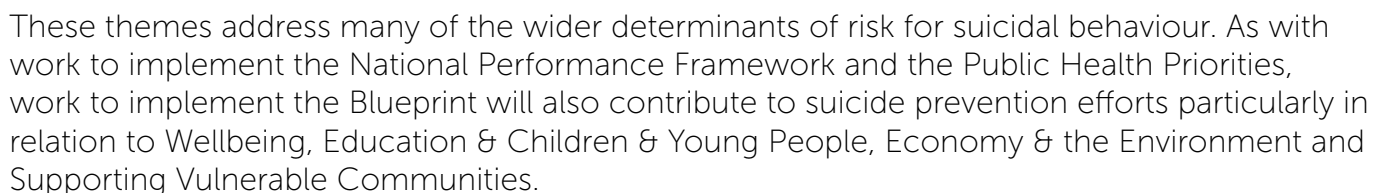
Scotland's Public Health Priorities

Scottish Government and COSLA, working with a range of partners and stakeholders, have engaged widely across Scotland to develop a set of public health priorities:



It is likely that activity which supports the prevention of suicidal behaviour will also contribute to the public health priorities and vice versa.

The Blueprint will allow Local Government to build around an ambitious vision for Scotland's future based on the empowerment of people and communities. The Blueprint is based around six themes:



Scotland's Mental Health Strategy 2017-27

The vision for the [Mental Health Strategy](#) is of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.

The strategy sets out 40 actions which aim to achieve this vision and contains a commitment to publishing a new suicide prevention strategy or action plan which was achieved through the publication of [Every Life Matters](#) in 2018.

Suicide prevention in Scotland

Suicide prevention has been a key policy area in Scotland since 2002. In response to the increasing rise in suicide rates, particularly for young men, the ten year suicide prevention strategy and action plan *Choose Life* was launched, detailing 7 objectives which contributed to achieving a reduction in the number of people dying by suicide by 19% by 2013. Funding was provided to local councils with a requirement to have an identified Choose Life co-ordinator to drive forward the work.

The work Choose Life started continued with a further strategy 'refresh' in 2013. In 2017, the [Mental Health Strategy for Scotland 2017-2027](#) committed to developing a new suicide prevention strategy or action plan and in 2018, Scotland published the current suicide prevention action plan *Every Life Matters*.

Every Life Matters

The [Every Life Matters](#) action plan aims to further reduce suicide by 20% by 2022 from the 2017 rate. The vision is of 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.

The key strategic aims are:

- People at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support;
- People affected by suicide are not alone;
- Suicide is no longer stigmatised;
- We provide better support to those bereaved by suicide;
- Through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.

The action plan details 10 actions to deliver this vision and meet these aims detailed in **Table 1**

Table 1

1	The Scottish Government will set up and fund a National Suicide Prevention Leadership Group (NSPLG) by September 2018, reporting to Scottish Ministers and 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.
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.
3	The Scottish Government will work with the NSPLG and partners to encourage a coordinated approach to public awareness campaigns, which maximises impact.
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.
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.
6	The NSPLG will work with partners to develop and support the delivery of innovations in digital technology that improve suicide prevention.
7	The NSPLG will identify and facilitate preventative actions targeted at risk groups.
8	The NSPLG will ensure that all of the actions of the Suicide Prevention Action Plan consider the needs of children and young people.
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.
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.

The multi-agency National Suicide Prevention Leadership Group (NSPLG) was formed in September 2018 to ensure the delivery of the actions within the plan. A number of delivery leads were appointed to undertake the work required for each action, with funding available to test innovative pieces of work in local areas. There have been some amendments to the initial action plan document, annual reports and a review of the progress made for each action which are available from the [Scottish Government NSPLG webpage](#).

These guidance documents support the work of Action 1 of Every Life Matters.

Covid-19 statement

The Covid-19 pandemic in 2020 has had an impact both on the mental health of the population and on the ability to respond to the increasing needs. A number of the actions in the suicide prevention action plan had to be put on hold while action leads were required to support activity related to the immediate impact of covid in other health and social care settings. In June 2020, the NSPLG [published a statement](#) in response to the pandemic. This statement identified immediate priorities for suicide prevention and recommendations for the future (**Table 2**). The 2020-21 Programme for Government committed to the development of a longer-term suicide prevention strategy (potentially up to 10 years) developed in collaboration with COSLA and partners.

Table 2

Priority areas of suicide prevention work during the pandemic	
Action 2	mental health and suicide prevention training
Action 3	public awareness campaigns
Action 5	models of crisis support
Action 6	innovations in digital technology
Action 9	data, evidence, monitoring and guidance

Recommendations	
1	Closer national and local monitoring of enhanced and more timely 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.

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.
5	A Long Term Broad-Based Suicide Prevention Strategy

Although the focus during the Covid lockdown period was on the actions in **Table 2**, all other actions within the SPAP remain relevant. As delivery leads return to their posts, the work around Actions 1, 4, 7, 8 & 10 will recommence with the expectation that these will progress to completion.

Mental Health – Scotland’s Transition & Recovery

In response to the covid-19 pandemic, Scottish Government published a [transition and recovery plan](#) focusing on four areas of need:



This plan also set out a commitment for Scottish Government to work with COSLA to consider a future long term suicide prevention strategy. Work on this is expected to commence in early 2021.

Key messages about suicidal behaviour



The personal, social and economic costs of suicidal behaviour are substantial

In 2019, 833 people died by suicide in Scotland, more than two people every day. The number of people affected by each suicide is difficult to calculate and will vary, recent studies suggest the figure to be around 135 people exposed¹. When the number of people who have had contact with the individual throughout their lives from personal connections and communities are taken account, this number can rise significantly. It is estimated that the economic cost of each suicide is around £1.67million



Anyone can be at risk of suicidal behaviour but some groups are more likely to die by suicide than others

It is important to know that no-one is immune to thoughts of suicide.

However, it is known that in the UK:

- men are 3 times more likely than women to die by suicide, with middle aged men being at greatest risk
- Suicide is the biggest killer of young people aged 16-24
- There is a significantly higher risk of suicide in people who are unemployed compared to people who are employed but the majority of people who take their own lives are employed
- People living in areas of deprivation are more likely to die by suicide than those living in more affluent areas
- Individuals who have previously attempted suicide or self-harmed are at significantly greater risk than people who have never attempted suicide or self-harmed
- People who have been diagnosed with a mental illness are also at greater risk

¹ Cerel et al How many people are exposed to suicide? Not six *Suicide & Life Threatening Behaviour* 49(2) April 2019



Some factors can put people at greater risk of dying by suicide

Between 2007-2017 only 28% of all deaths by suicide were individuals under the care of mental health services.



Preventing suicide is possible

Between 2003-2013 the rate of suicide in Scotland reduced by 19%. While it is difficult to prove cause and effect, the development of a national strategy implemented in local areas with a focus on suicidal behaviour as a public health issue is believed to be a contributing factor and demonstrated the importance of actions at multi-levels.



Suicide prevention is everyone's business

Suicidal behaviour can happen to anyone in any setting, therefore a whole system approach, which includes action from public awareness to mental health service provision, working together, can be **United to Prevent Suicide**.



Restricting access to lethal means works

There is strong evidence that restricting access to lethal means works in reducing suicide rates. For example, restricting pack sizes of paracetamol in 1998 led to a 30% reduction in deaths from paracetamol poisoning in UK.



Bereavement support forms a core element of suicide prevention

Losing a close family member or friend to suicide is associated with many negative health and social outcomes, including increased risk of suicidal behaviour.



Responsible media reporting of suicidal behaviour is critical

An increase in the rates of suicide has been associated with media reporting of deaths by suicide of celebrities and where method has been described or pictured, an associated increase in the use of this method has also been seen. More general reporting of suicide has been shown to also have a negative impact on suicidal behaviour². Conversely, positive stories of hope and recovery along with information on sources of support have been shown to have a positive impact.



Suicide prevention strategies should be evidence-informed

Evidence informed strategies support the best use of available resources, the best practice to support suicidal behaviour and the ability to prioritise work in areas likely to have the greatest impact. Where there is a lack of available evidence, opportunities to develop it should be considered.

² Thomas Niederkrotenthaler et al Association between suicide reporting in the media and suicide: systematic review and meta-analysis Cite this as: BMJ 2020;368:m575

Local Action Plans



There are 32 Local Authority areas in Scotland, 32 community planning partnerships, 14 regional Health Boards & 31 Health & social care partnerships. Every Life Matters Action 1 commits to supporting local areas to develop local suicide prevention action plans. A reduction in suicide rates is unlikely to be achieved without the guidance and strategic leadership of a multi-agency local planning group and the delivery of effective multi-sectoral collaborative action plans involving those with lived experience of thoughts of suicide, suicide attempt and those who have been bereaved by suicide.

These plans need to be evidence informed, have [SMARTER goals](#), focus on local needs, use data where it is available while recognizing new sources of information may be required to address gaps and support the implementation of the action plan.

The information in the other documents in this series will support the development, delivery and evaluation of local plans.

Section 2 – Governance and Collaboration

Section 3 – Data, Evidence & Intelligence

Section 4 – Monitoring & evaluation