

Building Connections Session Report

Developing plans and taking action that reflects the diversity of our communities and suicidal experiences

1. Why this and why now

Inequality, stigma and discrimination contribute significantly to personal and community experiences of suicide – increasing the risk, number and impact of suicides within a community of place, experience or identity.

In response to this, Creating Hope Together (Scotland's suicide prevention strategy) outlines a commitment and framework for action to:

- reduce stigma and discrimination,
- ensure equity of access and support,
- address the root causes / social determinants, that lead to increases in risk of suicide,
- promote the conditions which protect against suicide risk; and critically,
- ensure inequality and diversity are effectively considered, so that suicide prevention in Scotland reflects the diversity of communities and suicidal experiences, as well as more effectively supporting people and communities experiencing high risk of suicidality.

The Building Connections session was held five months after the establishment of Suicide Prevention Scotland. The timing created an opportunity to reflect on the early plans and work of Suicide Prevention Scotland, shape delivery plans for 2024 – 2026, and build on previous learning and engagement with equalities groups, including the Mental Health Equality & Human Rights Forum, Youth Advisory Group and Lived and Living Experience Panel.

1.1 About Suicide Prevention Scotland

Suicide Prevention Scotland is a community of people and organisations, working together to deliver Scotland's suicide prevention strategy and action plan, Creating Hope Together. This work includes bringing people and organisations together to:

- plan and take action,
- connect, learn and share what works, and
- inform national policy, priorities and action plans.

1.2 About the session

In November 2023, Suicide Prevention Scotland invited groups and organisations working alongside communities whose experience of suicide is shaped by discrimination, stigma, inequality and wider social determinants, to join a session and share perspectives on:



- **early opportunities for action** and key barriers to progressing action, and
- **ways of working together** that ensure Suicide Prevention Scotland’s plans and priorities, effectively reflect and respond to the experiences of these communities.

The aim of this was to start to:

- **test out a workshop based approach** to bringing groups and organisations working alongside communities together, to discuss and shape Suicide Prevention Scotland’s approach and work,
- **build on learning and relationships** developed during the engagement and Equality Impact Assessment (EQIA) that informed Creating Hope Together and early work of Suicide Prevention Scotland, and
- **deepen relationships with a wider diversity of groups**, organisations and communities, in a way that supports Suicide Prevention Scotland’s guiding principle:

“We will consider inequalities and diversity – to ensure we meet the suicide prevention needs of the whole population whilst taking into account key risk factors, such as poverty and social isolation. We will ensure our work is relevant for rural, remote and island communities.” (Creating Hope Together, 2022).

The outputs from this session will be added to what groups and organisations shared through previous engagement¹, and learning from an ongoing programme of meetings and events with experts in communities, and used to shape Suicide Prevention Scotland’s:

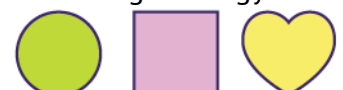
- delivery plan for 2024 - 2026,
- plans to widen and deepen engagement - recognising that while there has been good progress over 2023/24, more needs done to ensure the interests and voices of key groups are better represented in future plans and work, and
- Suicide Prevention Scotland’s approach to learning and improvement, including what it does to actively support a culture of learning and accountability for culturally competent suicide prevention.

1.3 About this document

This document provides a summary of **key themes, learning and opportunities for action** identified during the session, and is for:

- groups and organisations who took part in the session,
- Suicide Prevention Scotland delivery and outcome leads, and

¹ Through the consultation and engagement that lead to the development of Creating Hope Together, Suicide Prevention Scotland and the new Mental Health and Wellbeing Strategy.



- wider members of the Suicide Prevention Scotland community, including the National Suicide Prevention Advisory Group.

It also outlines learning and actions that will help build Suicide Prevention Scotland's approach to broadening and deepening collaboration with groups and organisations working alongside communities.

While this document draws together different perspectives on Suicide Prevention Scotland, Creating Hope Together and the session, it is important to acknowledge that it has been written from the perspective of the session facilitation team² and based on the views of people who were in the room. Widening perspective and involvement in shaping next steps, will be key to effective progress. It is also important to highlight that a summary like this will never reflect all of the points and perspectives shared on the day. Participant's detailed feedback notes have been shared with Suicide Prevention Scotland workstream leads, to ensure all feedback provided, is taken into the next phases of work.

1.4 Sharing perspectives

Event participants are invited to offer different and additional perspectives on the session using this [MS Form](#), or by getting in touch with the facilitation team at TSC@gov.scot.

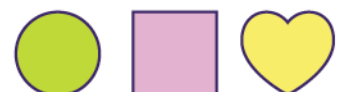
The form is broken down into three sections:

- Section 1 asks about the **Learning from the session** section of this paper,
- Section 2 asks about the **Identifying opportunities for action** section of this paper, and
- Section 3 provides the option to **share contact details**.

Please note that these feedback routes will remain open between **18 April 2024 until 31 May 2024**. Contact outside of this period is still very much welcome, via the TSC@gov.scot email address.

The facilitation team would also like to take this opportunity to thank everyone who contributed to the design, session and follow up learning.

² Haylis Smith (National Delivery Lead for Suicide Prevention Scotland) and Linda Hunter (Time Space Compassion lead for Suicide Prevention Scotland)



2. Learning from the session – building on and improving approach

2.1 Developing Suicide Prevention Scotland's approach

In the session and feedback, participants described ways of working that support engagement with them and their communities. This included working in ways that:

- centre groups who have expertise and existing relationships within communities,
- create opportunities to be open, creative, empower communities and work collaboratively,
- show care and commitment to relationships and the long term wellbeing of communities,
- bring people together, build relationships and support joint working, resource sharing and sustainable action,
- recognise the power of community-based responses, assets and strengths, including how these things help protect communities and prevent suicide,
- invest in people and relationships - valuing the expertise, data and intelligence communities and groups bring, and
- build on and learn from what already exists, closing the gap between what we set out to do, and communities' experiences of that.

2.2 Turning this into action

Participants' experience of the session was mainly positive. Discussions and feedback on the session highlighted three key areas of learning and improvement for Suicide Prevention Scotland.

Co-designing engagement: the facilitation team worked with participants in advance and during the day, to prioritise and offer choice and flexibility in how they participated. A range of methods were used to capture insights and different perspectives. Participants described how this approach helped create conditions for meaningful conversations and supported them to meet and connect with other participants.

Next steps: to build on what worked well, by starting the process of co-designing engagement plans earlier in the process. This should include involving more and different perspectives on approach, as well as how to achieve mutual benefit, positive outcomes and reduce the potential for harms (e.g. processes or locations that increase the likelihood of causing minority stress). It should also include conversation with groups and organisations who did not attend, to ensure future plans reflect their interests and support participation.



Who was and wasn't in the room

Thirty three people attended the session³. More people wanted to attend than could be accommodated by the venue and design of the session. Groups already actively involved in the work of Suicide Prevention Scotland were more likely to book and attend the event. The majority of participants attended to share their own views, within a specific community of place or identity. A small number attended to share the views of a wider group of communities (e.g. disabled people, rural and LGBT+ communities). Attendees described working alongside people with experiences (including intersectional experiences) of suicidality and bereavement, poverty, being a child or young person, LGBT+, part of an adversely racialised community, being a veteran, living with long term conditions or disability, and living in rural, isolated or island communities.

Next steps: To develop and run an ongoing programme of mutually beneficial engagement activity with groups and organisations working alongside communities impacted by discrimination, stigma, inequality and wider social determinants. This should include focused work with groups and communities where connections are newer or are still to be developed, including but not limited to adversely racialised communities, people with experience of seeking asylum and refugee status, care experienced groups, neurodivergent people, autistic people and people with learning disabilities.

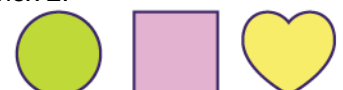
Clear and consistent use of language

People attending the session highlighted the importance of:

- clear and consistent use of language in sessions, communications and plans,
- describing what is meant by the terms 'equalities' and 'addressing inequalities', and
- intentionally using words and taking action to put people's intersectional experience of discrimination, stigma, inequality and wider social determinants, at the centre of plans, relationships and activity.

Next steps: To develop and use an agreed approach to language for Suicide Prevention Scotland documents, communications and events, that supports learning and action to address discrimination, stigma, inequality and the impacts of social determinants and wider suicide risk factors. While this work is underway, a 'work in progress' glossary of terms has been included in this document. Ideas and recommendations on better sources of definitions are welcomed and can be shared using the [MS Forms link](#).

³ A full list of organisations and groups who attended the session is included in Annex 2.



3. Identifying opportunities and action

Session participants identified seven priority areas for discussion, drawn from the [2023/24 suicide prevention priorities](#) (Scottish Government, COSLA) and a range of opportunities for action, to support progress and remove barriers to progress. These covered:

- raising awareness and improving learning about suicide,
- whole of Government and partnership working,
- Time Space Compassion,
- supporting new peer support groups,
- working with partners in high risk settings,
- understanding suicide risk for children and young people, and
- rolling out suicide reviews and improving data.

This section offers a high level description of each theme, a summary of the opportunities for action identified by participants, and an invite for readers to share additional and different perspectives using this [link \(MS Forms\)](#), or by email to TSC@gov.scot.

3.1 Overarching themes

Participants identified four areas for action that cut across all Suicide Prevention Scotland plans and activity. These included:

- being clear what is meant by equalities and addressing inequalities in the context of each area of activity,
- developing a clear plan for engagement and partnering with people and communities impacted by discrimination, inequality, stigma and wider social determinants,
- centring the experience, expertise and needs of people and communities impacted by discrimination, inequality, stigma and wider social determinants, in the work of Suicide Prevention Scotland, and
- normalising talking about, raising awareness and taking action that reflects and is sensitive to the values, norms and experiences of different groups and communities.



3.2 Raising awareness and improving learning about suicide

This theme covers awareness raising, improving learning about suicide, building a better understanding of help seeking behaviours, and developing ways to target and support sectors regularly working with people and communities most impacted by suicide.

People attending the session said they'd like to see early opportunities to work together on:

- improving understanding and raising awareness of how people within different groups and communities experience suicide and suicidality,
- improving understanding of the barriers and risks experienced by the communities they work alongside and are a part of, and
- developing suicide prevention learning content, resources and approaches that meet the needs of communities, and people in communities experiencing higher risk of suicidality.

Suicide Prevention Scotland is moving that to action by:

- using this feedback to help scope work that will ensure national learning resources reflect and meet the needs of communities impacted by discrimination, stigma and wider social determinants,
- ensuring these plans include engagement activity, to support co-production of national learning resources, and
- ensuring learning and expertise on the barriers and risks experienced are shared with and inform the whole of government and partnership working workstream.

Some ways Suicide Prevention Scotland think we'll know we're on track are when:

- more people see themselves and their experiences reflected in national awareness raising resources and campaigns (e.g. NHS24 Surviving Suicidal Thoughts videos, United to Prevent Suicide campaigns and social movements),
- community led approaches to learning and stigma reduction, already running and working well, are supported by and shaping national resources, and
- Suicide Prevention Scotland has a good understanding of how to improve national learning resources, and is actively co-producing adapted and new content that better supports different workforces and communities.

What does 'being on track' mean to you? What's missing that matters?

Share your views using this [MS Forms link](#)



3.3 Whole of government and partnership working

This section covers activity to ensure suicide prevention and experiences of suicidality are well understood across national and local government and key partnership settings, that policies are well connected and address the social determinants of suicide and that communities get a suicide aware and compassionate response, wherever and whenever they make connection with services.

People attending the session said they'd like to see early opportunities to work with local and national government and partnerships to:

- increase cultural competency – so that communities' experiences of discrimination, stigma and the wider social determinants of suicide are well understood and effectively shape policy and partnership working,
- build cross government commitment to joining up work to tackle the root causes of discrimination, stigma, inequality and the wider social determinants of suicide,
- build relationships with communities, that lay the foundations for co-production, and
- align policy and resources to what already works in communities.

Suicide Prevention Scotland are working to move this into action by:

- using this feedback to shape the next steps on whole of government and partnership working, including plans for partnering with communities to develop and deliver the work,
- using community experience, alongside other forms of evidence and expertise, to prioritise the policy areas to focus on during 2024/5, and
- supporting communities to generate and share learning that can be used to shape both their own and government/partnerships understanding of the needs of communities (also links to community based tests under 3.4).

Some ways Suicide Prevention Scotland think we'll know we're on track are when

- people and communities experiencing higher risk of suicide can see their specific and intersectional experiences reflected in this work,
- communities are experiencing benefits from being part of this work, and learning and expertise around what already works for communities is clearly and increasingly shaping work on this priority, and
- there are tangible examples of connected policy at national and local level, and the impacts for and learning from communities are actively shaping what happens next.

What does 'being on track' mean to you? What's missing that matters? Share your views using this [MS Forms link](#)



3.4 Time Space Compassion

This section covers work to build on the Time Space Compassion approach and improving the way people are supported and cared for when they are suicidal.

People attending the session said they'd like to see early opportunities to work together on:

- increasing the number and sustainability of safe/drop-in spaces within communities – building on local opportunities and places where people already access community based support,
- embedding statutory services in communities, in ways that increase accessibility of support, help address the root causes of suicide and reduce suicidality, and
- using local data to identify key workers and groups offering direct support to communities, and providing targeted learning and support to embed Time Space Compassion in what they do.

Suicide Prevention Scotland are working to move this into action by:

- supporting community based tests of change – working in partnership with bodies already supporting collaborative action and learning in communities,
- involving community based groups and organisations in work to embed Time Space Compassion in unscheduled, secondary mental health and primary care settings, and
- promoting and normalising culturally sensitive and person centred practice through Time Space Compassion podcasts, practice stories and workshops.

Some ways Suicide Prevention Scotland think we'll know we're on track are when:

- communities of place and identity are exploring and sharing learning on how they're using Time Space Compassion to help people in their community feel more supported when affected by suicide,
- a vibrant and diverse community of practice meet and support each other to take action and share learning on compassion led practice, and
- more people and communities see themselves and what's important to them reflected in Time Space Compassion resources, e.g. Time Space Compassion practice stories, podcasts, learning resources, and
- people providing direct support to communities have time, space and opportunities (e.g. learning and networks of support) to consider how this approach links to their role.

What does 'being on track' mean to you? What's missing that matters?

Share your views using this [MS Forms link](#)



3.5 Supporting new peer support groups

This section covers the development of sustainable community based peer support across Scotland.

People attending the session said they'd like to see early opportunities to work together on:

- continuing the work that's already underway, through the Scottish Recovery Network Creating Hope Together with Peer Support project – both for specialist suicide prevention and mental health peer groups, and those working with wider communities of place and identity, and
- building better understanding of community-based peer support across the statutory sector, and creating opportunities to build better cross sector connections.

Suicide Prevention Scotland are working to move this into action by:

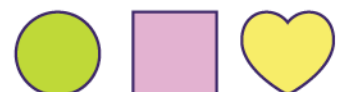
- ensuring the Creating Hope through Peer Support work, facilitated by Scottish Recovery Network, is relevant and supportive for communities of place and identity, and
- using learning and the outputs of this work to shape the wider work of Suicide Prevention Scotland, with a particular focus on how this can support tests of change and improvement activity in health, social care and community settings.

Some ways Suicide Prevention Scotland thinks we'll know we're on track are when:

- more people and more diverse groups are benefiting from community-based suicide prevention peer support,
- a diverse range of communities feel confident and supported to set up community-based suicide prevention peer support groups, using and benefiting from the Creating Hope with Peer Support learning resources, and
- more people find it easy to find and access the mix of community based peer support and statutory services, that works for them.

What does 'being on track' mean to you? What's missing that matters?

Share your views using this [MS Forms link](#)



3.6 Working with partners in high risk settings

This section covers work to build effective and compassionate suicide prevention action plans, sharing and promoting current evidence and good practice, and developing evaluation and monitoring tools that support learning and improvement.

People attending the session described an interest in helping scope the next phase of this area of work, including:

- working out the best ways to bring communities and organisations together, to work and develop policies that impact on high risk settings (with links to the whole of government and partnerships theme), and
- developing ways to improve access to support and resources for people living and working in high risk settings for suicide.

Suicide Prevention Scotland are working to move this into action by developing partnerships with communities and opportunities for involvement in work to develop suicide prevention action plans in high risk settings.

Some ways Suicide Prevention Scotland thinks we'll know we're on track are when:

- local / setting specific suicide prevention action plans are in place and include ways to manage high-risk settings and the impact this is having for people and communities, and
- these plans reflect the experiences of local communities, people with lived and living experience, and embed the community and culturally specific needs of those communities.

What does 'being on track' mean to you? What's missing that matters?

Share your views using this [MS Forms link](#)



3.7 Suicide risk behaviours amongst children and young people

This section is about developing a better understanding of suicidal behaviour and what contributes to increased risk of suicidality for children and young people, as well as how we improve responses for children and young people.

People attending the session said they'd like to see early opportunities to work together on:

- embedding person, family and recovery centred approaches in responses, and
- building on existing support for friends and family, in relation to suicide and suicidality.

Suicide Prevention Scotland are working to move this into action by:

- working with the Youth Advisory Group, to prioritise work over the next two years,
- starting work on collating and publishing existing research and engagement findings on suicidal behaviour, help seeking and effective responses for children and young people,
- connecting and sharing learning with Scottish Government and COSLA's Children and Young People Joint Strategic Board and key policy leads across government, to inform their work on improving responses for children and young people, and
- starting with a focus on young carers, scoping work with groups and organisations already supporting children and young people, their friends and family, to identify and fill gaps in existing support resources

Some ways Suicide Prevention Scotland think we'll know we're on track are when:

- children and young people experiencing discrimination, stigma and the social determinants of suicide, are benefiting from improved suicide prevention and crisis responses as a result of learning from tests of change including the [Youth Navigator](#) programme and piloting of Distress Brief Intervention for children and young people,
- more groups and organisations are taking part in the Youth Advisory Group for Suicide Prevention's Participation Network, and are feeling more confident to engage and co-produce improved responses and support for children and young people,
- young carers are finding it easier to access suicide prevention information and resources,
- it's clear how the work of Suicide Prevention Scotland is supporting delivery of the UN Convention on the Rights of the Child.

What does 'being on track' mean to you? What's missing that matters?

Share your views using this [MS Forms link](#)



3.8 Roll out of suicide reviews and improving data

This section is about improving the part suicide reviews and data plays in driving the improvement and redesign of support, so that is more timely and effective for people who are suicidal.

People attending the session said they'd like to see early opportunities to work together on:

- ensuring equality data is captured as a core part of suicide reviews,
- using what's already known and evidenced, to prioritise action and mobilise people and resources – to take action on the impacts of discrimination, inequality, stigma and marginalisation, and
- developing unified and shared approaches for data collection, sharing and use, in ways that can flex to meet needs and inform action at local and national levels.

Suicide Prevention Scotland are working to move this into action by:

- building engagement with communities and key partners into the work programme for this priority, with a particular focus on identifying and addressing barriers to collecting complete and accurate data and intelligence on equalities and the impacts of inequality, and ensuring data and intelligence collected supports redesign of services that reflect and meet community and culturally specific needs,
- scoping and starting work on data sharing agreements at a national and local level, data sharing templates and promoting best practice in information sharing, and
- taking the evidence and learning from work on this priority and using it across the Suicide Prevention Scotland delivery plan.

Some ways we think we'll know we're on track are when

- organisations responsible for public health and improvement planning will be using this data to identify trends and key risk factors for people who share protected characteristics and/or experience of social determinants for suicide, and who have died by suicide.
- there will be more confidence, across organisations and communities, that data collected through suicide reviews effectively reflects people's intersectional experience of discrimination, stigma and inequality, and
- these analyses will be used at national and local levels to meet community and culturally specific needs.



Annex A – Glossary of terms

The following definitions have been drawn from a range of national and expert sources. While offering a starting point, it is recognised more work is needed to develop descriptions that are more accessible and relatable to suicide prevention practice.

Discrimination means treating someone less favourably than someone else, because of a protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation), a mistaken perception that they have a protected characteristic, or because they are associated with someone who has a protected characteristic.

Diversity refers to a representative mix of people or groups.

Equality based approach is working to:

- eliminate discrimination, harassment and victimisation,
- advance equality of opportunity for people who have protected characteristics
- work proactively to foster good relations between people with different protected characteristics.

This may involve treating some people more favourably than others, as well as taking different steps to meet the specific needs of different people.

Inclusion health is an umbrella term used to describe people who are socially excluded on the basis of one or more social determinants. People in these groups typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. An inclusion health approach means:

- taking action to address the risk factors that contribute to poor health
- understanding the characteristics and needs of people in inclusion health groups
- developing the workforce to include and support people
- delivering integrated and accessible services
- taking action that leads to positive impact and improvements for people in these groups

Inequality (specifically health inequality) means avoidable and unjust differences in people's health across the population.

Intersectionality is a term used to describe the multiple and compounding experiences of discrimination amongst people who have more than one protected characteristic. For example, the experience of being discriminated against on the basis of racialisation, gender, and disability. Taking an intersectional approach means centring peoples lived and living



experience in making sense of how interlocking systems of power impact on those who are most marginalised in our society.

Human rights based approach is making sure that people's rights are put at the very centre of policies and practices. The PANEL principles are one way of breaking this down in practice. These are Participation, Accountability, Non-Discrimination, Empowerment and Legality.

Person centred care – is when those providing care/support do this in partnership with the people they care for / support, so that it is based on what matters most to the person receiving care/support.

Poverty A household whose income is less than 60% of the average income for that household type. Persistent poverty is defined as living in poverty for three or more of the last four years.

Risk factors of suicide are behaviours, relationships, experiences, social, economic and physical environment factors associated with an increase the risk of suicidality and suicide.

Social determinants of health are the non-medical factors that contribute to the creation of risk factors and influence the health outcomes of people and communities. They are the conditions within which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life (e.g. economic policy and systems, development agendas, social norms and policy, and political systems).

Stigma is a negative attitude or idea about a mental, physical, or social feature of a person or group of people that involves social disapproval

Trauma informed practice is being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm and recognises and supports people's resilience.



Annex B – participating groups and organisations

- The Alliance Scotland
- ANDYSMANCLUB
- Believe-In
- Change Mental Health
- Cruse Scotland
- DRC Generations – North West Glasgow Peer Mentoring Support Project
- Dundee Volunteer and Voluntary Action
- East Dunbartonshire Health & Social Care Partnership - Alcohol & Drugs Partnership
- Equality Network
- Feniks
- Fife Health and Social Care Partnership
- Fife Locations of Concern Delivery group.
- Fife Suicide Multi-Agency Partnership Group
- Intercultural Youth Scotland's Mental Health service
- Kooth
- LGBT Health and Wellbeing
- Living Warriors Project
- Man On Inverclyde
- Megan's Space
- Neil's Hugs Foundation
- NHS Forth Valley
- NHS Highland
- Penumbra Mental Health
- Scottish Recovery Network
- See Me
- Supported Scotland
- Suicide Cultures: Reimagining Suicide Research, University of Edinburgh
- Touched by Suicide
- Suicide Prevention leads from number of geographic areas.

