

Consultation on a New Suicide Prevention Strategy and Action Plan for Scotland

July 2022



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Support Available

We know that sometimes it can be difficult to talk or write about your, or other people's, experiences of suicide. Support is always available, and if you feel that any of the issues raised in this consultation affect you, the following sources of support may be useful:

Breathing Space

Breathing Space is Scotland's mental health helpline for individuals experiencing symptoms of low mood, depression, or anxiety, and offers free and confidential advice for individuals over the age of 18. They can be contacted on 0800 83 85 87, 6pm to 2am Monday to Thursday; and from 6pm Friday throughout the weekend to 6am Monday.

Samaritans

Samaritans provide confidential non-judgemental emotional support 24 hours a day for people who are experiencing feelings of distress or despair. You can contact Samaritans free on short code 116 123 or via email on jo@samaritans.org

NHS24 Mental Health Hub

Telephone advice and support on healthcare can be obtained from NHS24 on the short code 111; the Mental Health Hub is open 24/7.

Joint Foreword



We are pleased to share the draft suicide prevention Strategy and Action Plan with you as part of our public consultation.

There is no doubt that we all experienced personal challenges brought about by the COVID-19 pandemic and rising costs of living. However, over the past few years we have seen communities and organisations across all sectors come together to support each other, including our most vulnerable people. They have provided practical support, connection and compassion – which we know are so important to our mental health and wellbeing.

We know that these impacts may be felt for some time. This makes it all the more important that we take stock and renew our efforts on suicide prevention. This Strategy and Action Plan is backed by the 2021-22 Programme for Government commitment to double funding for suicide prevention. We know suicide is often a result of a range of complex factors and circumstances in someone's life, but we also know there are things we can all do to support someone who is at risk of suicide.

Given the wide range of influences on suicide, we need to take an approach that builds suicide prevention across all parts of society. The new draft Strategy and Action Plan are designed to do exactly that.

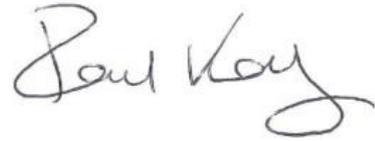
The draft suicide prevention Strategy and Action Plan have been developed with people personally affected by suicide, as well as stakeholders and partners. It builds on the momentum from the Suicide Prevention Action Plan: Every Life Matters, published in 2018.

We are extremely grateful to everyone who took the time to participate in our engagement events and who responded to our online questionnaire. Your views and experiences have already played a hugely important part in shaping the draft Strategy and Action Plan. This consultation is now an opportunity for you to tell us what you think of the draft Strategy and Action Plan.

Thank you again for taking the time to take part in this consultation and for sharing our ambition that by working together we can prevent suicide.

Handwritten signature of Kevin Stewart in black ink.

Kevin Stewart MSP
Minister for Mental Wellbeing and Social
Care

Handwritten signature of Paul Kelly in black ink.

Councillor Paul Kelly
COSLA Spokesperson for Health and
Social Care

Introduction

The Scottish Government and the Convention of Scottish Local Authorities (COSLA) will publish a new Suicide prevention Strategy and Action Plan in September 2022. This will replace the current Suicide Prevention Action Plan: *Every Life Matters*¹ which was published in 2018.

Every Life Matters sets out ten actions which are driven by the National Suicide Prevention Leadership Group (NSPLG)². The Plan continues to deliver a wide range of actions, including: campaigns to reduce stigma and promote suicide awareness (with a focus on reaching groups with a higher risk of suicide), improving suicide prevention skills of the workforce; ensuring effective, compassionate support to anyone in crisis, supporting local suicide prevention, planning and designing new services for people in suicidal crisis and following a bereavement.

Good work is already happening across Scotland – nationally and locally – to prevent suicide, and the new Strategy and Action Plan will build on that foundation, whilst being ambitious and going further than before, to ensure fewer lives in Scotland are lost to suicide.

Approach to Design of the Strategy and Action Plan

We are taking an outcomes approach in this new Strategy. Outcomes are the results or changes we want to see as a result of the Strategy and Action Plan. These include changes in knowledge, awareness, skills, practice, behaviour, social action, decision making etc. Outcomes may be intended and/or unintended, positive and negative. Outcomes fall along a continuum from immediate (short term) to intermediate (medium term) to final outcomes (long term).

The Strategy and Action Plan will approach suicide prevention in a way that takes into account all aspects of an individual's experiences which could contribute to suicidal behaviour.

This Strategy takes a whole of Government and society approach, in recognition that suicidal ideation is often as a result of a number of complex issues people are experiencing, which sit beyond the reach and responsibility of health and social care services. For example, we know that there is increased risk of suicide in middle aged men, those experiencing poverty or isolation, carers, or those who are LGBT+ or who are neurodiverse.

In practice, this means the Strategy and Action Plan sets out how suicide prevention will be embedded within existing and future policies across national and local government, and how that translates into effective action on the ground - across all sectors and communities.

The Strategy will run over the course of ten years, with an initial Action Plan accompanying it that will run for three years.

¹ [Suicide prevention action plan: every life matters - gov.scot \(www.gov.scot\)](http://www.gov.scot)

² [National Suicide Prevention Leadership Group - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Development of the Strategy and Action Plan to Date

Since September 2021 the Scottish Government, COSLA and Public Health Scotland (PHS) have carried out extensive early engagement with key stakeholders, partners, groups and communities across Scotland - participation levels have been extremely high.

By taking a 'multi-stage' approach to engagement at all of the key stages of the Strategy development, we have sought to ensure stakeholders, partners, communities and people with lived experience of suicide, have had their views heard in a meaningful way. Hearing these views throughout the development of the Strategy has supported the drafting of the Strategy and Action Plan, which means that people across the country have helped to co-develop the vision, principles, priorities and outcomes of the Strategy and the focus of the Action Plan.

A report on analysis of early engagement activity is available via the Scottish Government website at the following link: [Suicide prevention Strategy development: early engagement - summary report.](#)

We have also engaged proactively with key sectors and partners who we feel can play a key role in preventing suicide, within and beyond the health and social care sector.

In helping us develop the draft Strategy and Action Plan, we have also considered established international evidence on suicide prevention, such as guidance from the World Health Organisation.

Purpose of this Consultation

This is the third and final stage of consultation on Scotland's new Suicide Prevention Strategy and Action Plan (2022).

This document sets out a series of questions which relate to the draft Strategy and Action Plan which accompany this document.

We want you to share your views about the proposed content of these documents which will be published in September 2022. Specifically, we are looking for your views on:

Draft Strategy:

- The proposed vision for the Strategy
- The proposed priorities (which will be the focus of the initial 3 year Action Plan)
- The proposed outcomes we are seeking to achieve over this Strategy
- The proposed principles on how we work
- The proposals for delivering and overseeing the Strategy and Action Plan.

Draft Action Plan:

- The approach we are taking to link actions to support delivery of the outcomes.
- Any views on continuing to build on the current actions from the current Suicide Prevention Action Plan - *Every Life Matters*
- The new actions we are proposing under each outcome
- Which outcomes and actions you consider should be prioritised.

By sharing your views, you will help us ensure that we produce a suicide prevention Strategy and Action Plan which works for, and is accessible to, everyone in Scotland.

You may feel that you do not want to answer some of the questions contained in the consultation and you can choose to skip questions if you do not have a view or a particular interest in the area we are asking about. Whether you answer all of the questions, or only some, your views will be carefully considered by the Scottish Government and COSLA when we further refine the Strategy and Action Plan ahead of publication in September.

Responding to this Consultation

We are inviting responses to this consultation by midnight on Tuesday 23 August 2022.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot>). You can access and respond to this consultation online at: [Suicide Prevention Strategy and Action Plan Consultation - Citizen Space \(consult.gov.scot\)](http://consult.gov.scot).

You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of Tuesday 23 August 2022.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Suicide Prevention Strategy - Consultation
Scottish Government Mental Health Directorate
St Andrew's House
Edinburgh
EH1 3DG

Handling Your Response:

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If

you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

To find out how we handle your personal data, please see our privacy policy: <https://www.gov.scot/privacy/>.

Next Steps in the Process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so.

Comments and Complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at: contact@suicidepreventionengagement.scot.

Scottish Government Consultation Process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- Indicate the need for policy development or review
- Inform the development of a particular policy
- Help decisions to be made between alternative policy proposals
- Be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Next Steps for Finalising the Strategy and Action Plan

Following the consultation closing date, we will analyse responses and consider them as part of final drafting for the Suicide Prevention Strategy and Action Plan. The final draft of the Strategy and Action Plan will be signed off by Scottish Ministers and COSLA Leaders.

The final version of the Suicide Prevention Strategy and Action Plan will be published in September 2022.

Questions

Section One – Strategy

This section relates to the **Strategy** document.

We want to hear your thoughts about the proposed vision, principles, outcomes and priorities. We have described what we mean by these terms below.

Vision – The ambition for suicide prevention activity in Scotland.

Principles – The ways in which we will work to help achieve vision.

Outcomes – The results or changes we want to see as a result of the Strategy and Action Plans.

Priorities – What we need to focus on first - based on feedback from the public and organisations who have engaged to date.

We want to know what you think about each of them by answering the following questions:

Vision:

- 1.1. Do you agree with the proposed vision, described below, for the new Suicide Prevention Strategy. **[Y/N]**

“Our ambition is a Scotland where everyone works together to prevent suicide.

To achieve this we will work with communities to become safe, resilient and inclusive - where people who have thoughts of taking their own lives, or people affected by suicide, are offered effective, compassionate and timely support, and a sense of hope.”

- 1.2. If you answered **no**, what would you change about the vision and why? You may also wish to outline what you think the vision should be.

[Click or tap here to enter text.](#)

Principles:

We have developed six guiding principles as our way of working to ensure effective delivery of the Strategy and Action Plan. We want to know if you agree with the principles proposed.

For each one, please indicate your selection with a tick under the corresponding option. You will have a chance to write your thoughts about any of the proposed principles after you have reviewed them all.

1.3.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Suicide prevention is everyone's business. We will provide opportunities for people across different sectors at local and national levels to come together to connect and play their part in preventing suicide.					

1.4.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We will take action which addresses the suicide prevention needs of the whole population and where there are known risk factors such as poverty, marginalised and minority groups.					

1.5.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
All developments and decisions will be informed by lived experience. We will also ensure safeguarding measures are in place across our work.					

1.6.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Effective, timely and compassionate support – that promotes recovery - should be available and					

accessible to everyone who needs it including people at risk of suicide, their families/carers and the wider community					
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1.7.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We will ensure the needs of children and young people are addressed and their voices will be central to any decisions or developments aimed at them.					

1.8.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
To build the evidence base, quality improvement methodology and testing of new, creative and innovative practice will be embedded in our approach.					

1.9. Please use the box below for any other comments you have in relation to principles:

Click or tap here to enter text.

Outcomes

The four outcomes described below reflect what people have told us, to date, that they want to see in the New Suicide Prevention Strategy and Action Plan. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland.

We'd like to know if you agree that the Suicide Prevention Strategy should aim to achieve each outcome. For each one, please indicate your selection with a tick under the corresponding option:

1.10.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Outcome 1:</u> The environment we live in promotes the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.					

1.11.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Outcome 2:</u> Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.					

1.12.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Outcome 3:</u> Everyone affected by suicide is able to access appropriate, high quality, compassionate, and timely support - that promotes recovery. This includes people of all ages who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.					

1.13.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Outcome 4:</u> All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to-date practice, research, intelligence, and improved by regular monitoring, evaluation and review.					

1.14. Please use the box below for any other comments you have in relation to outcomes:

Click or tap here to enter text.

Priorities

We need to prioritise the areas that we want to work on first, in order to help us reach the proposed outcomes. We have suggested priority areas below, which are based on the areas identified by stakeholders through our extensive early engagement period. These priority areas form the focus of this first Action Plan.

For each one, please indicate your selection with a tick under the corresponding option. You may wish to refer to the Strategy document in considering these statements, further detail is contained under each.

1.15.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk					

1.16.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour					

1.17.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Promote & provide effective, timely, compassionate support - that promotes recovery					

1.18.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Promote a co-ordinated, collaborative and integrated approach					

1.19. Please use the box below for any other comments you have in relation to priorities:

[Click or tap here to enter text.](#)

Delivery and Governance

To help us deliver the Strategy and achieve the actions in our Action Plan we are proposing a new *Scottish Delivery Collaborative*. A description of this collaborative can be found below:

Scottish Delivery Collaborative: a Scotland wide delivery team on suicide prevention. It will bring together local practitioners with the national implementation team and harness insights from the Academic Advisory Group (AAG), Lived Experience Panel (LEP) and Youth Advisory Group (YAG).

The collaborative will use an agile planning approach and constantly develop and evaluate effective strategies to improve our reach and support for people who are at risk of suicide, including using technology. Public Health Scotland will play a key role in supporting the Collaborative to put knowledge into action and building an active learning approach.

1.20. Do you agree with the proposed approach to delivery and the new Scottish Delivery Collaborative? **[Y/N]**

1.21. If you answered no, please provide details why. You may also want to provide suggestions for an alternative approach.

[Click or tap here to enter text.](#)

At a national level, we propose to adjust our existing National Suicide Prevention Leadership Group so that it can champion and drive suicide prevention through a partnership approach; advise SG & COSLA on progress on the Strategy and changes needed to direction/ priorities; and, advise the Delivery Collaborative on delivery. We will include new members to ensure our leadership group offers a wider representation of the lived experience of people who are suicidal, organisations focused on poverty and minority groups, and organisations working in key settings, such as justice and education.

1.22. Do you agree with the proposed approach to national oversight and the adjustments to the role of the National Suicide Prevention Leadership Group? **[Y/N]**

1.23. If you answered no, please provide details why. You may also want to provide suggestions for an alternative approach.

[Click or tap here to enter text.](#)

The NSPLG and Delivery Collaborative will be connected into wider Scottish Government governance structures to ensure strategic connections are made, including those addressing the wider determinants of mental health which we know are similar to those impacting on suicide.

Local leadership & accountability for suicide prevention will sit with Chief Officers in line with public protection guidance. As part of this role Chief Officers will connect into Community Planning Partnerships (CCPs) which will help ensure suicide prevention is considered as a priority in the wider strategic context, and that all local partners are engaged and supportive.

1.24. Please use the box below for any other comments you have in relation to delivery and governance:

Click or tap here to enter text.

Anything Else?

Is there anything else you want to tell us about the proposed Strategy document?

Click or tap here to enter text.

Section Two – Action Plan

This section relates to the **Action Plan** document.

The new actions which make up this Action Plan, are built around 7 themes which sit under the overarching ‘Outcomes’.

Theme One relates to ‘**Whole of Government and Society Policy**’ and we are seeking your views on the proposed actions contained on pages 6 – 11 of the accompanying Action Plan document.

- 2.1. Please use the box below to provide your thoughts about the actions contained under **Theme One: Whole of Government and Society Policy**. In answering this question you may want to consider:
- If you agree with the proposed actions outlined.
 - If there are any proposed actions you disagree with and why.
 - If there are any actions you think we should consider that haven’t been included in the document.

Click or tap here to enter text.

We would now like to hear your views on the other proposed actions, and have grouped all the actions which sit in each of the remaining six themes, together. This is not how they are laid out in the Action Plan document however, as individual actions will sit under the outcomes they will help achieve. We have grouped them in this way for the consultation so you can more easily compare each action and provide views.

2.2.

Theme Two: Access to Means					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Develop a comprehensive, cross sector Action Plan to address locations of concern, with an initial focus on falling/jumping from height (and which complements the national guidance).					
Consider priority actions on access to means following the Delphi study – including wider work on locations of concern which includes waterways, railways and retail outlets.					

2.3. Please use the box below for any other comments you have in relation to theme two:

Click or tap here to enter text.

2.4.

Theme Three: Media Reporting					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Work with national and local media sector to hold a series of awareness raising events about responsible media reporting (including social media) which begins to support change in media reporting of suicide. Scope to draw on lived experience insight.					

2.5. Please use the box below for any other comments you have in relation to theme three:

Click or tap here to enter text.

2.6.

Theme Four: Learning and Building Capacity					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Evaluate our social movement and campaigns to ensure they reflect emerging good practice and are having the desired reach and impact, and draw on wider learning, for example from See Me.					
Implement actions from the review of learning approach to suicide prevention to ensure it is fit for purpose					

and meets the different needs of the workforce and communities alike. This will likely lead to a tailored and targeted learning approach and resources – including to focus on areas where our learning approach can achieve the greatest system-wide impact. To support that we propose carrying out at least two tests of change to support learning and support.					
Support the embedding of the Whole School Approach to Mental Health and the Children and Young People’s Mental Health and Wellbeing professional learning resource, which includes suicide prevention, and share good practice.					
Develop existing and new resources for inclusion in the school curriculum which build understanding on mental health, self-harm and suicide prevention.					
Create a portal to host our suicide prevention resources and information in one, accessible, digital space - and which links to other relevant platforms.					
Consider how suicide prevention can be embedded in pre-registration training curricula e.g. for health & social care, youth work, and teaching staff.					
Provide reliable and easily digestible information in different formats about suicide and suicide prevention to communities, including to community based organisations, such as sports and youth					

organisations and community centres. This includes providing accessible information for everyone, including people who do not have English as their first language, or those with learning disabilities.					
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2.7. Please use the box below for any other comments you have in relation to theme four:

Click or tap here to enter text.

2.8.

Theme Five: Support					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Increase our understanding and practice around help seeking and help giving (potentially through test of change), and share good practice.					
Consider ways to adapt Distress and Brief Interventions to ensure it supports people at the earliest opportunity, and to ensure it is considered for everyone who has thoughts of suicide or has made an attempt, where appropriate. Potential for new referral pathways, and ways to re-engage with support after discharge.					
Respond to the diverse needs of communities. To support this we propose at least two tests of change to reach particular groups / communities where there is a heightened risk of suicide. We plan to work with trusted organisations to (1) review the design and delivery of					

<p>learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we will seek to understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high.</p>					
<p>Build new peer support capability to enable further use of peer support models for suicide prevention.</p>					
<p>Develop resources to support families, friends, carers (including children and young people), and anyone else affected by suicidal behaviour – building on existing resources.</p>					
<p>Ensure counsellors in education settings are skilled and responsive to signs of suicidal concerns, whilst ensuring proactive approach to supporting children and young people at key transitional stages, as part of a continuum of care.</p>					
<p>Consider how those working in primary care settings - including GPs, nurses, mental health teams and the broader primary care workforce - can identify and support people who are at risk of suicide, who may present in distress or with low mood, anxiety or self-harm. This could include: safety planning, referrals to</p>					

<p>DBI, community support (social prescribing), and proactive case management, especially for people with a high risk of suicide.</p>					
<p>Undertake work to ensure clinicians in unscheduled care settings are alert to suicide risk - particularly those who have self-harmed - and respond effectively through the provision of psychosocial / psychiatric assessment and ensure care pathways and support are put in place, including in the community (which may include via primary care). Distress and Brief Interventions should be offered, where appropriate as part of an increased range of potential interventions. The pathways to these interventions will be monitored through implementation of unscheduled care pathways.</p>					
<p>Statutory services to continuously improve the quality of clinical care and support for people who are suicidal, and share good practice and learning, both individually and by working together across services. To achieve this a first step is for mental health services to adopt the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) guidelines into their operating practices, and the relevant Medication Assisted Treatment (MAT) standards.</p>					
<p>Consider value and impact of a single Scottish specific telephone number which will</p>					

provide access to existing telephone support and resources.					
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2.9. Please use the box below for any other comments you have in relation to theme five:

Click or tap here to enter text.

2.10.

Theme Six: Planning					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
In settings where people are at higher risk of suicide, ensure there is a suicide prevention action plan in place which takes account of risk and protective factors, and connects to statutory partners (where appropriate) and local suicide prevention plans - to ensure smooth transition at discharge. Plans should include actions for the people they support as well as for their workforce, and the development of plans should include input from both groups. Key settings include: criminal justice settings, secure accommodation, residential care, and schools/ higher education (as appropriate).					
Develop guidelines for communities to respond effectively to suicide clusters and contagion within their local context.					

2.11. Please use the box below for any other comments you have in relation to theme six:

Click or tap here to enter text.

2.12.

Theme Seven: Data and Evidence					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Continue to embed and enhance our lived experience model, and ensure it is representative of groups experiencing suicidal behaviour. Enhancing the model could include developing resources/toolkit to support people with lived experience sharing their personal stories in safe, meaningful and impactful ways.					
Improve data recording and reporting on suicide deaths and attempts, and bring that together with wider, relevant data to improve our understanding of suicide risks and trends. This intelligence will form a core part of our suicide prevention Delivery Collaborative to support planning, delivery and evaluation, both at a national and local level.					
Introduce a horizon scanning function to produce a 6 monthly digest of new evidence, which connections to the mental health Research Advisory Group. Priority areas may include: COVID and cost of living impacts, and the mental health of children and young people and other marginalised equality					

groups. Again, this intelligence will form a core part of our suicide prevention Delivery Collaborative to support planning, delivery and evaluation, both at a national and local level.					
Roll out multi-agency suicide reviews and a learning system (aligning with the serious adverse event reviews process within mental health services).					
Host learning events to disseminate information and share learning and good practice between and across sectors on suicide prevention. This will build on the Suicide Information Research Evidence Network (SIREN) model.					

2.13. Please use the box below for any other comments you have in relation to theme seven:

Click or tap here to enter text.

Anything Else?

2.14. Is there anything else you want to tell us about the proposed Action Plan document?

Click or tap here to enter text.

Section Three – Final Thoughts

This section gives you the opportunity to share any other thoughts you have on the draft Strategy and Action Plan.

3.1. Is there anything else you feel you want to tell us about the Strategy and Action Plan that you feel you haven't had the chance to as part of this consultation?

Click or tap here to enter text.



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