

**Recommendation: Priorities for Pandemic-Related Suicide Prevention Action**

<b>1</b>	<b>Closer national and local monitoring of enhanced and real time suicide and self-harm data</b>
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.

<b>2</b>	<b>Specific public suicide prevention campaigns, distinct from and in partnership with the umbrella ‘Clear Your Head’ mental health and wellbeing campaign</b>
ISSUE	The ‘ <a href="#">Clear Your Head</a> ’ 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 and often stigmatise suicide and self-harm.
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.

<b>3</b>	<b>Enhanced focus on specifically suicidal crisis intervention</b>
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. <sup>1</sup>
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. Resource staff training that supports new ways of working.

<b>4</b>	<b>Restricting access to means of suicide</b>
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. <sup>2</sup>
ACTION	Take steps to restrict the accessibility of means by which hanging can be used as a method of suicide in the community as well as in institutional settings. Take steps to restrict the availability in all settings of overdoses of both prescription and non-prescription medication.

<sup>1</sup> 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)

<sup>2</sup> 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>