

Every Life Matters: the first two years

A review of Scotland's
Suicide Prevention
Action Plan
2018 - 2020

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Overview

Background

Every Life Matters, Scotland's Suicide Prevention Action Plan (SPAP) 2018 – 2021 (Scottish Government, 2018), sets out the Scottish Government's cross-sectoral plan to further reduce the suicide rate by 20% by 2022 (from the 2017 baseline). The Plan contains 10 'Actions' and is being led by the National Suicide Prevention Leadership Group (NSPLG).

Commissioned by the National Suicide Prevention Leadership Group, the following is a rapid review of progress over the period September 2018 to October 2020. This is based on responses to a brief survey completed by the delivery leads for each of the Actions and the Lived Experience Panel co-ordinator. The aim of the Review is to draw out the lessons from the implementation process to date, taking into account the ongoing implications of COVID-19. The findings are intended to contribute to the continuing work of the NSPLG and Scottish Government Suicide Prevention and Self Harm Policy Team. They also offer learning to inform the development and implementation of any future suicide prevention strategy and action plan.

Key learning points

- There is clear progress toward implementation of the SPAP, with evidence of momentum building. Actions are, however, at different stages of delivery and the COVID-19 pandemic has also necessitated pauses to work and some re-prioritisation of effort.
- There is evidence of extensive engagement, collaboration and partnership working across the different Actions. This includes engagement with the wider workforce beyond people working in mental health and with the general public, as well as people with lived experience. There is also evidence of substantial partnership and collaboration with local suicide prevention leads, statutory and third sector providers, and other agencies with parallel or overlapping interests.

- The review reveals the important role of the Lived Experience Panel in contributing to the planning and development of the Actions, providing training, as well as bringing their own voices to the public awareness campaign. There is scope for learning from the operation and impacts of the Panel. In the short term, consideration may need to be given to mechanisms for sustaining the degree of involvement and commitment of members of the panel over time.
- The extensiveness of engagement suggests that the process of delivery may itself contribute to the social movement that the *United to Prevent Suicide* public awareness campaign is seeking to generate.
- The review also reveals the need to take into account the long lead-in time before delivery of Actions.
- Early consideration of the infrastructure, e.g. early appointment of a programme manager and delivery leads, clear processes for sign off of project plans, including proposals for recruiting supporting staff and governance processes, might have helped to further speed up delivery.
- In relation to several of the Actions, progress was hampered by the absence of high quality evidence of effectiveness on which to base proposals or recommendations.
- An outcomes framework underpinning the SPAP might have helped to clarify: the focus and purpose of each Action; the short-term outcomes each was intended to achieve; and how each Action was expected to contribute to the goal of a 20% reduction in suicide rates. It might have also helped to identify measures for monitoring and evaluating the extent to which each Action was progressing toward these outcomes.

Conclusions

The review suggests that, while momentum is increasing, the pace of progress has perhaps been slower than anticipated. COVID-19 has meant some Actions were postponed or re-prioritised. Other external factors may have also delayed progress. But the review does suggest that some of the barriers relate to implementation processes. This underlines the need for operational, as well as

strategic, leadership, with sufficient resources (time, personnel, funding) to support delivery.

The review does, however, also draw attention to the extensive stakeholder engagement that has been undertaken, and the key role of those with lived experience in shaping delivery of the Plan.

There is limited available evidence concerning whether and how the different Actions, collectively or individually, may contribute to the ultimate goal of a reduction in suicidal behaviour. As the SPAP moves forward, there may be value in investing in further support for evaluation and monitoring. The Review highlights the importance of ensuring that any subsequent suicide prevention strategy is evidence informed, outcome-focused, and builds in monitoring and evaluation from the start.

List of abbreviations

| | |
|---------|---|
| AAG | Academic Advisory Group |
| CAMHS | Children and young people's mental health services |
| CoSLA | Convention of Scottish Local Authorities |
| CYP | Children and Young People |
| DLs | Delivery Leads |
| IMV | Integrated Motivational-Volitional Model of Suicidal Behaviour ¹ |
| KSF | Knowledge and Skills Framework |
| LEP | Lived Experience Panel |
| MHF | Mental Health Foundation |
| NES | NHS Education for Scotland |
| NRS | National Records of Scotland |
| NSPLG | National Suicide Prevention Leadership Group |
| PDSA | Plan, Do, Study, Act |
| PHS | Public Health Scotland |
| SAMH | Scottish Association for Mental Health |
| ScotSID | Scottish Suicide Information Database |
| SG | Scottish Government |
| SPAP | Suicide Prevention Action Plan |

¹O'Connor, R (2011), Towards an Integrated Motivational-Volitional Model of Suicidal Behaviour, in R. O'Connor, S. Platt, J. Gordon (2011), *International Handbook of Suicide Prevention: Research, Policy and Practice*, John Wiley and Sons Ltd (<https://onlinelibrary.wiley.com/doi/10.1002/9781119998556.ch11>); O'Connor, R and Kirtley, The Integrated Motivational-Volitional Model of Suicidal Behaviour (2018) *Phil. Trans. R Soc B* 373, (<https://royalsocietypublishing.org/doi/pdf/10.1098/rstb.2017.0268>)

A note on terms used:

Activities: what is done

Outputs: what is produced

Short-term outcomes: changes that are a direct result of the intervention, e.g. in knowledge, attitudes, skills or awareness.

1. Introduction

1.1. Introduction to the review

Every Life Matters, Scotland's Suicide Prevention Action Plan (SPAP) 2018 – 2021 (Scottish Government, 2018), sets out the Scottish Government's cross-sectoral plan to further reduce the suicide rate by 20% by 2022 (from the 2017 baseline). Its 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; [and where] suicide prevention is everyone's business." To support the realisation of this vision, the Plan contains 10 'Actions' (see table 1).

Over the past two years, much effort has gone into developing and implementing these Actions. What has been achieved, and recommendations for building on these achievements, are set out in two annual reports produced by the National Suicide Prevention Leadership Group (NSPLG) (NSPLG, 2019; NSPLG, 2020a). To provide a more in-depth understanding of the processes involved in delivering the Actions, the achievements to date, and factors which may have inhibited or supported progress to date, the NSPLG commissioned members of its Academic Advisory Group (AAG) and Public Health Scotland (PHS) to undertake a rapid review of progress over the period September 2018 to October 2020.

The aim was to draw out, and reflect on, the lessons from the implementation process to date. COVID-19 has clearly had, and will continue to have, an impact on what Actions can be taken forward through which processes. Moreover, the pandemic has reinforced the imperative for effective actions to prevent suicide in the face of the likely direct and indirect impacts on population mental wellbeing. Within this context, the findings and conclusions of this review are intended to provide a timely contribution to support the ongoing work of the SPAP. They also offer learning to inform the development

and implementation of any future suicide prevention strategy and action plan.²

A draft version of this Review was sent to delivery leads, the Chair of the Lived Experience Panel, members of the Scottish Government Suicide Prevention & Self Harm Policy Team and the SPAP Programme Manager for comment, and was discussed at a meeting of the National Suicide Prevention Leadership Group on 2 December 2020.³

1.2 What is the SPAP (Every Life Matters)?

Every Life Matters was launched in August 2018. In addition to further reducing the suicide rate in Scotland, the key strategic aims of the SPAP 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
- Better support is provided to those bereaved by suicide
- Through learning and improvement, the risk of suicide is minimised by delivering better services and building stronger, more connected communities.

The SPAP sets out the Actions that national, regional and local leaders “must take to transform society’s response and attitudes towards suicide” (table 1). As this table indicates, some of these Actions are quite concrete or specific, while others are more ‘thematic’, cross-cutting actions.

² This review does not cover the development of the Action Plan itself or the structure and operation of the NSPLG. Both of these processes might, however, provide useful learning for the development and implementation of complex strategies and action plans.

³ See section 1.3 for details about these key roles and structures.

Table 1. The 10 actions of the Suicide Prevention Action Plan

| Action No. | Description |
|-------------------|---|
| 1 | The Scottish Government will set up and fund a National Suicide Prevention Leadership Group (NSPLG) by September 2018, reporting to Scottish Ministers – and also to CoSLA on issues that sit within the competence of local government and integration authorities. This group will make recommendations on supporting the development and delivery of local prevention action plans backed by £3 million funding over the course of the current Parliament. |
| 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. |

| Action No. | Description |
|-------------------|--|
| 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. |

1.3 Key roles in the oversight and delivery of the SPAP

The National Suicide Prevention Leadership Group (NSPLG) was established in September 2018 by the Scottish Government to support the delivery of *Every Life Matters*. Membership reflects a broad range of delivery partners involved in suicide prevention and from key national (leadership) agencies, and includes those with lived experience of the impacts of suicide. The NSPLG's remit, minutes and other publications of interest are available

online.⁴ The NSPLG reports, and makes recommendations, to Scottish Ministers and CoSLA on matters under the responsibility of local government.

The Academic Advisory Group (AAG), established in April 2019, provides expertise, advice and support to the NSPLG in respect of research evidence and evaluation methodology relevant to the successful implementation of the SPAP. It aims to keep the NSPLG informed of cumulative and recent research findings as well as contributing to the development, implementation and evaluation of the SPAP. The AAG is co-chaired by Professor Rory O'Connor, University of Glasgow and Emeritus Professor Steve Platt, University of Edinburgh.

The *Lived Experience Panel (LEP)*, established in September 2019, informs the work of the NSPLG and supports delivery of the Actions in *Every Life Matters*, together with any subsequent recommendations. The panel comprises 14 people who responded to a national advertisement and who give their time as committed volunteers. "Panel members have been immensely generous in sharing their personal experiences of the impacts of suicide, and hugely influential in the work of the NSPLG" (NSPLG, 2020a, p. 6). Panel members come from a diverse range of professional and social backgrounds, and each has a different connection to suicide. Some are survivors of bereavement from suicide, others have been suicidal in the past or have been carers of family members or friends living with suicidal thoughts and behaviours. They are supported with respect and sensitivity by a co-ordinator hosted by SAMH. A wider network of over 100 people across the country with lived experience of the impacts of suicide is also involved in supporting the work of the NSPLG through a range of activities.

⁴ <https://www.gov.scot/groups/national-suicide-prevention-leadership-group/>

The *Scottish Government Suicide Prevention & Self Harm Policy Team* has overall policy responsibility for the NSPLG and the SPAP, and has financial oversight of any budget proposals and spend. The Policy Team provides the link between the Minister for Mental Health (and CoSLA) and the NSPLG, in addition to the NSPLG Chairperson's regular meetings with the Minister. They have facilitated the Chairperson's input to ongoing wider policy discussions, such as the development of the Mental Health Transition and Recovery Plan (Scottish Government, 2020a).

In July 2019, a Programme Manager was appointed specifically to support the NSPLG activity over and above the inputs from the Policy Team.

Action Sponsors: For each Action, there are two sponsors drawn from the NSPLG. They provide direction to, and overall support for, the development of each Action and act as a conduit between delivery leads (see below) and the NSPLG. The sponsors for the AAG play a more hands-on role in the outputs/activities of Action 9 due to the nature of the work involved.

Action delivery leads: At the time of the review, each Action, with the exception of Action 8, focusing on children and young people, had a dedicated delivery lead resource. The role of the delivery leads is to develop and implement agreed plans to achieve the aims of the Actions for which they are responsible. Those who undertake the delivery lead role, and the organisations from which they are drawn, reflect the knowledge and skills required to achieve the intended objectives of their specific Action. The work on developing workforce learning resources, for example, is being undertaken jointly between NHS Education for Scotland (NES) and Public Health Scotland (PHS), while the development of support for local action plans is led by a delivery lead hosted by CoSLA in recognition of the key role played by Chief Officers Groups and Community Planning Partnerships in local suicide prevention activity. The delivery leads meet monthly to review progress, share thinking and forge cross-collaborative working.

Detailed planning for Action 8 and the appointment of a delivery lead were postponed initially while awaiting the recommendations from the Children and Young People's Mental Health Taskforce. Following publication of the Taskforce's recommendations in July 2019⁵, a Children and Young People's Mental Health and Wellbeing Programme Board was established. The NSPLG and the Board jointly proposed a policy mapping exercise to identify any gaps in relation to suicide prevention. The COVID-19 pandemic meant that this exercise had to be delayed. When completed in September 2020, this identified the specific areas of work which could appropriately be progressed under Action 8. The recruitment of a delivery lead to take this forward began in December 2020.

1.4 SPAP Year 1 and Year 2 Annual Reports: summary of findings and recommendations

The NSPLG has produced two annual reports which provide an overview of activities undertaken during 2018-19 (NSPLG, 2019) and 2019-20 (NSPLG, 2020a) to deliver the 10 Actions of *Every Life Matters*.

The first annual report covered the following topics:

- Embedding suicide prevention in local planning
- Increasing suicide prevention awareness, knowledge and skills
- Improving support for those in crisis or bereaved by suicide
- Improving understanding of what works, particularly for those at risk
- Meeting the needs of children and young people.

The report made 11 recommendations (appendix 1), all of which were accepted by the Scottish Government and CoSLA as part of plans to move ahead from the progress made to that point.

The second annual report was published during the COVID-19 pandemic. In addition to highlighting the impact of the pandemic on progress in delivering

⁵ Children and Young People's Mental Health Taskforce – Recommendations
<https://www.gov.scot/publications/children-young-peoples-mental-health-task-force-recommendations/>

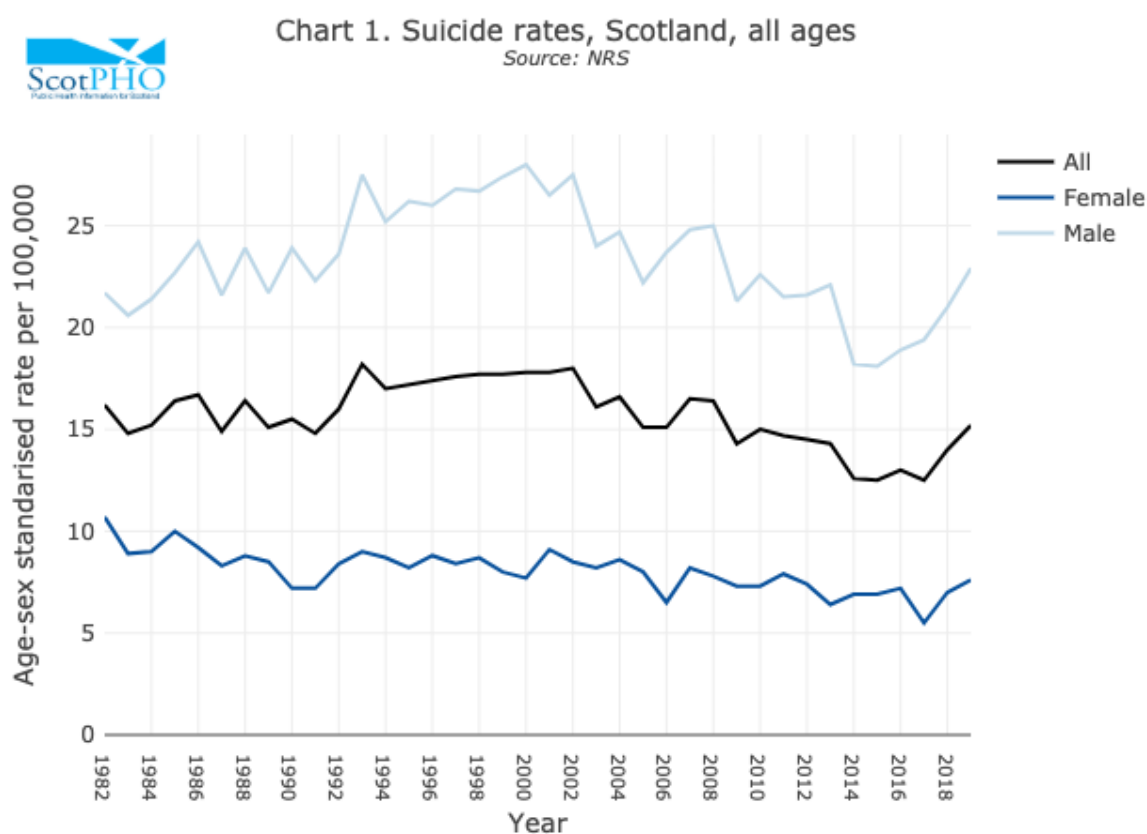
the SPAP (see section 2.3 below), the report provided an update of progress relating to the 10 SPAP actions, the 11 recommendations made in the NSPLG's first annual report, and the four priorities of the NSPLG's COVID-19 Statement (see section 2.3.2 below). The key event was the launch of Scotland's new *United to Prevent Suicide* visual identity and public awareness campaign⁶ — the start of a 'social movement'— on 10 September 2020, World Suicide Prevention Day.

⁶ <https://unitedtoprevent suicide.org.uk/>

2. The Suicide Prevention Action Plan context

2.1 Recent trends in suicide in Scotland

Chart 1 shows the trend in age-sex standardised suicide rates per 100,000 (among females, males and persons) from 1981 to 2019. Among males, after a downward trend from 2000, the suicide rate has been on the rise over the past four years. The overall European age-standardised suicide rate (EASR) has risen from 18.5 per 100,000 population in 2015 to 23.3 per 100,000 in 2019. This is the highest rate since 2013. The peak incidence among men continues to be found in the 35-44 and 45-54 age groups (EASRs of 34.4/100,000 and 35.8/100,000, respectively). However, it is in the youngest and oldest adult groups that the most marked increases in male suicide rates can be seen. The 2019 rate among 15-24 year old men (24.0/100,000) is the highest since 2007 and the rate among 25-34 year olds is the highest since 2013. At the other end of the life course, the 2019 suicide rates among 65-74 and 75-84 year old men (17.3/100,000 and 18.3/100,000, respectively), while



low compared to other age groups, are the highest since 2008. The result of these trends has been a narrowing of the differences in rates among different age groups.

The overall suicide rate among women was also on a downward trend from the early 2000s (9.1/100,000 in 2001) to 2017 (5.7/100,000). There has been an increase in the rate during 2018 and 2019 (7.6/100,000 in 2019). As for men, the highest rates among women are in the 35-45 (10.8/100,000) and 45-54 (14.0/100,000) age groups. The most notable, and concerning, change in female suicide rates, however, can be seen among young adults aged 15-24. In 2019 the rate in this age group was 10.7/100,000, the highest rate for at least 37 years. (Data on ScotPHO website start in 1982.) In 2015 there were 8 suicide deaths among women aged 15-24 years; in 2019 this number increased to 33.

2.2 Local suicide prevention activities in Scotland

In most local authority areas, suicide prevention is undertaken operationally by an identified resource, although time and funding allocated to this activity varies greatly between areas. Local suicide prevention leads have brought their experience and knowledge to bear in the various developmental stages of Actions that have been progressed to date, particularly Actions 2, 3 and 4, and are contributing to the ongoing work on Actions 1 and 10. In addition to mirroring the work that is taking place at national level, local areas have forged ahead in exploring ways of addressing locations of concern as well as developing improved inter-agency data sharing on suicide deaths. Some areas have also linked with other services, such as addiction services, to develop more integrated responses, particularly where the evidence suggests increased suicide risk.

2.3 Implications of COVID-19

2.3.1 Impact on implementation of the SPAP

The Scottish Government's Programme for Government notes that "[t]he impact of COVID-19 has been felt across Scotland. It has disrupted our everyday lives, our families, our communities and our economy. It has had a profound effect on our wellbeing as a nation" (Scottish Government, 2020b, page 17). It has also created major challenges to statutory and third sector organisations which are committed to delivering timely and appropriate support to an increasing number of people with mental health problems resulting from lockdown and other features of the governmental response to the pandemic.

Several actions in the SPAP had to be put on hold while delivery leads were required to support activity related to the immediate impact of the pandemic in other health and social care settings. Progress was especially impeded in relation to Actions 1, 4, 5 and 10. As noted in the NSPLG's Second Annual Report (NSPLG, 2020a, page 5): "The COVID-19 pandemic and the consequent need for delivery partners' efforts to be temporarily focused elsewhere has meant that some work has not progressed as far as all those involved would have wished."

2.3.2 NSPLG Statement: priorities during the pandemic

In June 2020, the NSPLG published a statement on the pandemic which identified four immediate priorities for action to mitigate the potential impacts of the pandemic on suicidal behaviour (table 2) (NSPLG, 2020b). The statement also made a strong recommendation to develop a long-term suicide prevention strategy, potentially covering a 10-year period following the completion of the SPAP (i.e., from September 2021). The four priorities were fully accepted by the Scottish Government and CoSLA. The 2020-21 Programme for Government included a commitment to developing a longer-term suicide prevention strategy in collaboration with CoSLA and other partners (Scottish Government, 2020b, page 83).

Table 2. NSPLG Priorities for pandemic-related suicide prevention action

| Priority No. | Description | Purpose |
|---------------------|---|--|
| 1 | Closer national and local monitoring of enhanced and more timely suicide and self harm data | To facilitate rapid response to changing trends, especially at local level. To facilitate prompt identification of new groups at risk of suicide and known groups at increased risk of suicide. |
| 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. To address the complexity of factors that lead to suicidal behaviour and create stigma. |
| 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 persons seeking such support. |
| 4 | Restricting access to means of suicide | To reduce the availability to those in crisis of the most commonly used means of suicide, in community as well as institutional settings. |

3. Findings

3.1 Review methods

The aim of this rapid review is to draw out learning from the implementation of the SPAP over the period September 2018 to October 2020.

Data for the review were collected using a brief schedule circulated to the delivery leads responsible for each Action (or sponsor where a delivery lead had not been appointed). A tailored schedule was also sent to, and completed by, the Lived Experience Panel co-ordinator. The data were collected in September/October 2020. Returns were received in relation to all of the Actions and from the LEP.

One of the key findings to note is that, although the aim was to capture activities over the first two years of the SPAP, the responses from delivery leads suggest that much of the planning and development was undertaken in year two. In year one, the bulk of public facing outputs was produced under the auspices of Action 2.⁷ A contributory factor to the comparatively early implementation of Action 2 was that the work and associated funding had been agreed with NES/NHS Health Scotland (subsequently PHS) before the Action Plan was finalised.

The longer development periods for the other Actions illustrate the amount of lead-in time that may need to be built in (together with supporting infrastructure) to any future strategy before it will be possible to see substantive change.

3.2 The SPAP infrastructure

As noted in section 1 above, the SPAP was launched in August 2018 with the National Suicide Prevention Leadership Group (NSPLG) being established in September 2018 to support the delivery of the plan. In July 2019, a Programme Manager was appointed, and, in September 2019, the appointment of delivery leads, with operational responsibility for implementing

⁷ For more detail on each of the 10 Actions see section 1.1, table 1 above.

the Actions, was approved by the NSPLG. Appointment to the delivery lead posts was, however, gradual, with some being appointed in November 2019 and others not in post until as late as February 2020. As also noted above, to avoid overlap with parallel work being taken forward by the Children and Young People's Mental Health and Wellbeing Programme Board, detailed planning and the appointment of a delivery lead for Action 8 were postponed. Recruitment of a delivery lead began in December 2020.

Some delivery leads covered more than one Action, for all or some of the time over this period. Other Actions have more than one delivery lead: the AAG, responsible for delivery of Action 9, has two delivery leads, as does Action 3.

Several Actions recruited or attempted to recruit or commission supporting staff (in addition to commissioning agencies for particular types of work — see section 3.4 below). The AAG recruited two researchers who came into post in early 2020. Action 3 has recently recruited a social movement manager to support the public awareness campaign work. Action 7 also sought to commission an external consultant to undertake the engagement with people with lived experience of suicide from at risk groups. The requirement for a consultant was identified in the initial proposal for the Action in October 2019. The sign-off arrangements for the recruitment process were, however, prolonged, mainly due to a lack of clarity as to what was required for a decision on recruitment to be reached. The resulting delays in progress led to the decision to conduct the work “in-house”.

While there is no Action that directly focuses on the involvement of lived experience in the work of the SPAP, there was a commitment from the outset to ensure that no Action should be progressed without the involvement of those with lived experience. Accordingly, a co-ordinator was appointed (hosted by SAMH) to develop and grow the Lived Experience Panel and its wider network.

3.3 The impact of COVID-19 on the delivery of the Actions

As noted in section 2.3 above, in response to the COVID-19 pandemic and associated infection control measures, some of the SPAP Actions were paused (e.g. Action 4 – now resumed) and some were of necessity delayed because the delivery leads were recalled to their substantive posts. In addition, local suicide prevention leads and other stakeholders were pulled back to more direct COVID-19 work or furloughed, limiting the scope for stakeholder engagement. A number of Actions continued, however, in spite of the restrictions, but the methods of working and the timing of outputs were affected. Methods of engaging with stakeholders, for example, had to shift to online working/digital engagement, with implications for safeguarding, particularly in relation to people with lived experience or at risk groups. The development of specific outputs was also delayed. For example, the production of an animation addressing mental health improvement and suicide and self harm prevention, aimed at the children and young people's workforce (part of Action 2), was held up due to the difficulty of getting a sound recordist into the studio; and a workshop to develop learning materials to support the animations was delayed. Mechanisms for disseminating campaign materials also had to be modified. The United to Prevent Suicide public awareness campaign (Action 3), for example, had to use different approaches for testing out the campaign options, with a slant towards digital and mixed media focus. The outlets for promotion were also more limited, with no print media or cinema promotion.

Some unintended 'positive' impacts of the pandemic were also noted, however. The increased need for action to address worsening mental health and greater suicide risk likely to result from the infection control measures put in place in response to the pandemic proved to be galvanising. LEP members, for example, felt it gave their work even greater impetus, even if it meant finding new ways of engaging and ensuring safeguarding in different ways. In relation to Action 1, it was suggested that the focus on mental ill-health and risk of suicide, which the pandemic has highlighted, helped to progress action locally, where previously local suicide prevention leads may

have struggled to gain senior management buy-in. It was also suggested that the need to communicate in different ways could result in more efficient means of engaging, e.g. by saving on travel time.

3.4 Activities

As illustrated in appendix 2, the development and implementation of the Actions involved a range of activities, reflecting the stage they had reached in delivering on the Action. These included: initial scoping, planning and information gathering; development; implementation; and collaboration and engagement.

Given the COVID-19 context and evolving infrastructure, it is unsurprising that, while some Actions had progressed to implementation activities (such as Actions 2 and 3), others were still engaged in planning or development.

3.4.1 Scoping, planning and information gathering

Scoping, planning and information gathering were key activities across all the Actions over the first two years of the SPAP. Stakeholder engagement activities included focus groups, interviews and consultations undertaken across the majority of Actions, to help identify and clarify issues. Action 5, for example, undertook stakeholder engagement “to define main gaps, inconsistencies and barriers to effective suicidal crisis care”. Action 7 engaged with representatives of at risk groups to explore “people’s experience of suicide; helpful practice and interventions during periods of suicidality; unhelpful practice and interventions during periods of suicidality; [and] suggestions for positive change”. Engagement involved a range of agencies and organisations, as well as with people with lived experience, including, but extending beyond, the LEP. The breadth of engagement activities is discussed further below. Scoping, planning and information gathering also included the rapid research reviews undertaken by the AAG, in support of Actions 6 and 7, as well as the analysis of consultation exercises in support of Actions 5 and 6.

3.4.2 Development

Scoping and information gathering were carried out by a number of the Actions to inform initial development work, including, but not restricted to: the extensive and intensive work of developing and testing the workforce learning resources (Action 2); and the development of the identity and campaign materials in support of the refreshed suicide prevention public awareness campaign that became 'United to Prevent Suicide' (Action 3). It also involved working with local suicide prevention leads to help shape planning guidance to link national and local suicide prevention actions (Action 1), or linking with other national agencies with death review processes to explore ways of learning from and aligning these processes (Action 10). In relation to Action 4, the engagement with the LEP and other stakeholders around the country, together with research commissioned by the Mental Health Foundation (MHF), shaped the service specification. Additional input from the AAG, as well as from the LEP, informed the design of the evaluation brief. An online consultation with people with lived experience and relevant organisations and professional groups was also conducted to inform the development of Actions 5 and 6. This generated over 200 responses.

3.4.3 Implementation

As noted throughout, not all of the Actions were at an implementation stage. Action 2, in relation to workforce development, and Action 3, the public awareness campaign, were the most advanced in delivering on their respective actions. Action 4 was ready to begin recruiting a lead for a pilot service for people bereaved by suicide, but this was delayed for around six months due to the pandemic. This Action was resumed in October 2020, when a call for expressions of interest was issued. On a smaller scale, Action 10 was progressing towards implementing tests of change of a suicide deaths review process in two areas of Scotland (Grampian and Borders), with a third area (Dumfries & Galloway) added subsequently.

3.4.4 Collaboration and engagement

What emerges from surveying all the Actions is the extensiveness and intensiveness of joint and partnership working and active engagement, informing the shape and direction of each Action. The delivery lead for Action 5, for example, described how the stakeholder engagement process had involved:

“Numerous 3rd sector organisations, suicide prevention leads in many regions (Glasgow, Borders, Lothian), trauma organisations e.g. Rivers Centre, COSLA, NHS, Police Scotland. It included visits to rural areas (Lochaber, Elgin and Borders) and discussions with people with Lived Experience.”

Across the Actions, the types of collaboration and engagement included:

- *Joint/partnership working.* A number of Actions involve joint or partnership working with a range of agencies. Action 2, for example, was delivered jointly by PHS and NES, while Action 3 was jointly led by PHS and SAMH. Action 1 was working with local suicide prevention leads to develop planning guidance to align local and national plans more closely. Actions 4 and 10 were also working in close collaboration with local areas to pilot service models. In relation to Action 4, extensive work was being undertaken in Ayrshire and Arran and Highland preparatory to piloting a national service to support families bereaved by suicide. As noted above, the Action 10 delivery lead was also working closely with two (subsequently three) areas to implement tests of change of a suicide deaths review process, using the Shetland/Tayside model. Across the Actions, there was also evidence of engagement with agencies involved in parallel activities to explore opportunities for joint working, e.g. the Action 10 delivery lead was working with leads of other death review processes to map processes and consider a consistent database for collaboration and

review; in relation to Action 6, initial partnership meetings had been held with NHS 24, to identify joint digital innovation opportunities.

- *Engagement with other agencies.* As the examples of Actions 5 and 10 illustrate, delivery leads for all Actions were in dialogue with a range of other agencies with overlapping interests. These included Police Scotland, the Mental Welfare Commission, NHS24, and Healthcare Improvement Scotland.
- *Participatory:* A key characteristic of all the Actions is the extent to which they sought contributions from a range of professional groups as well as stakeholders with lived experience of suicide. The development of workforce learning resources, animations and supporting materials (Action 2), for example, involved a range of different professional groups, including mental health nurses, Allied Health Professionals, dentists and pharmacists, as well as representatives from the children and young people's workforce. In addition to professional groups, events were held with young people to enable them to contribute to the development of the children's and young people's animations. The LEP made many, varied contributions to the majority of the Actions (see below). In addition, interviews, focus groups and consultations involved an even wider group of stakeholders with experience. To support the development of the identity and supporting materials for the public awareness campaign, Action 3 included:

“Engagement with over 400 external stakeholders pre and post campaign launch; ...two virtual stakeholder sessions with almost 200 stakeholders to present the identity and campaign ... [ran] two YouGov surveys to support testing of final identity and support launch event into the identity and campaign assets. Over 2,000 members of the public engaged.”

3.4.5 The contribution of the Lived Experience Panel

The LEP made influential contributions to the majority of the SPAP Actions.⁸ In relation to Action 3, for example, the LEP made a significant contribution to the development of the identity for the public awareness campaign, as well as providing an “authentic” voice to the campaign launch. In relation to Action 8, a video made by a LEP member’s son on the experience of losing a sibling to suicide was developed with a view to disseminating it to secondary and tertiary educational settings. LEP members also helped to design data gathering tools: informing the Action 7 engagement proposal, for example; responding to evaluation proposals for Action 4; and informing the consultation questions in relation to Action 5.

The contribution of the LEP also suggests a potentially broader impact, independent of specific Actions. One member of the LEP, for example, gave training sessions on understanding people in suicidal crisis to Police negotiators in Glasgow and Edinburgh. Plans were in place to deliver training to a further 100 new negotiators in November 2020. In addition, prior to the first COVID-19 ‘lockdown’, the LEP co-ordinator delivered safeTalk training to 20 Studio Something staff (the creative agency involved in the public awareness campaign development) and to the Mental Welfare Commission staff team (as part of his training delivery role elsewhere).

3.5 Outputs

Reflecting the purpose and stage of implementation, Actions 2 and 3 generated the bulk of external-facing outputs. Under Action 2, these included the KSF and workforce development plan, animations for the adult and children and young people workforces⁹, an e-learning module and associated

⁸ At the time of writing (November 2020), the LEP had not yet become involved in Actions 1 and 10. Discussions were, however, planned to take place in relation to Action 10 in early December 2020.

⁹ The learning resources for the adult workforce comprised three animations giving practical advice on how to support people who may be feeling suicidal or experiencing mental distress (<http://www.healthscotland.scot/news/2019/may/new-mental-health-and-suicide-prevention-resources-launched>). The resources for the children and young people’s workforce also comprises three animations and can be accessed via TURAS

facilitators notes accessible via the TURAS Learn e-learning website^{10,11}, and five COVID-related learning resources.¹² Data provided by the delivery leads on the reach and uptake of these different resources indicate:

- As at end August 2020, adult animations were accessed by nearly 14,000 people on Vimeo and over 2,500 people engaged in the Turas Learn eLearning site.
- As at end of September 2020, three weeks post-launch, the Children and Young People animations views on Vimeo for all 3 animations - 1406.
- As at end of September 2020, 49 facilitators had submitted applications to lead local learning sessions using the animations and other learning resources. The majority of facilitators range from education, NHS and social care settings, with some standalone private facilitators.

Public facing outputs from Action 3 (in addition to the surveys initiated to develop and test the products) included:

- Identity and campaign stakeholder packs and promotional resources
- Online digital hub to host the campaign and social movement
- Dedicated campaign media and social media activities
- A 30 second campaign film for TV and digital channels.

(<https://learn.nes.nhs.scot/17099/mental-health-improvement-and-prevention-of-self-harm-and-suicide>)

¹⁰ TURAS is the online learning platform for health and social care staff in Scotland

(<https://learn.nes.nhs.scot/>)

¹¹ <https://learn.nes.nhs.scot/17262>

¹² [COVID-19 and responding to people in mental distress and crisis](#)
[COVID-19 and responding to distress and crisis - presentation](#)
[COVID-19 : mental health and suicide prevention](#)
[COVID-19 : mental health and suicide prevention-presentation](#)
[COVID-19 Mental Health and Suicide: Older Adults and COVID-19](#)

Beyond these, Action 4 commissioned and published research by the Mental Health Foundation to inform the development of a service for people bereaved by suicide.¹³ Together with other colleagues in an international collaboration, some AAG members were co-authors of a systematic review of the evidence concerning the impact of previous infectious disease-related public health emergencies on suicide-related outcomes. The review is now available online.¹⁴ Arguably, making this available to a wider audience extends the reach and potential impacts, in terms of knowledge and awareness, of the SPAP. As noted in the context of the review of activities (section 3.4), the AAG also undertook several rapid evidence reviews and contributed to the design and analyses of consultations on behalf of several Actions.

Other outputs were more internal-facing, such as project plans and timelines.

3.6 Short-term outcomes

In relation to Actions 1 and 10, led by the same delivery lead, reference was made to developing a “logic model” as part of the preparatory work. Action 4 also developed an outline logic model to inform both the service specification and evaluation design. This is not to say that other Actions did not, or were not, working through the anticipated links between the intended outcomes and the activities they were planning. As part of this review, delivery leads/sponsors were asked to indicate what short-term outcomes they had achieved to date, how implementation of the Action would contribute to the prevention/reduction of suicidal behaviour, and what evidence they would use to demonstrate progress towards the achievement of the short-term outcomes by September 2021. The responses are summarised in appendix 3.

¹³ Mental Health Foundation Scotland (March 2020) *Support for those bereaved by suicide: A qualitative Research Study*, Glasgow: Mental Health Foundation Scotland (<https://www.mentalhealth.org.uk/sites/default/files/MHF%20Support%20for%20those%20bereaved%20by%20suicide%20report.pdf>)

¹⁴ Zortea TC, Brenna CTA, Joyce M, McClelland H, Tippet M, Tran MM, Arensman E, Corcoran P, Hatcher S, Heisel MJ, Links P, O'Connor RC, Edgar NE, Cha Y, Guaiana G, Williamson E, Sinyor M, Platt S (2020). The impact of infectious disease-related public health emergencies on suicide, suicidal behavior, and suicidal thoughts: A systematic review. *Crisis*. <https://doi.org/10.1027/0227-5910/a000753>

The different ‘types’ of Action, as well as the different stages of development/implementation, may explain why, as indicated in appendix 3, there is presently limited information on relevant short term-outcomes (as opposed to outputs, such as take-up/reach). While able to describe the aspirations for how the Actions would or could contribute to the overarching goal of a reduction in suicide rates, plans to collect evidence to demonstrate what has been achieved (in terms of difference made), up to the end of the period covered by the SPAP (September 2021), appeared to be less well developed. Indirectly this perhaps reflects the nature of the SPAP itself. As discovered in the course of the attempt by the AAG and NHS Health Scotland (now PHS) to undertake an evaluability assessment, there are difficulties in evaluating the individual and additive impacts of this series of Actions in the absence of an **overarching** and **comprehensive** suicide prevention strategy to which the Actions are intended to contribute.

3.7 Facilitators and barriers

To get a sense of what may have helped or hindered the implementation of the different Actions, delivery leads/sponsors were invited to indicate the barriers and facilitators they faced *prior* to the COVID-19 ‘lockdown’. There are some clear commonalities across the Actions.

3.7.1 Facilitators

Effective co-operation and collaboration

For Action 4 the facilitator was “the unanimous support of everyone involved in this project. The clear understanding by stakeholders of the value of this initiative.” This is echoed across the Actions, and includes accounts of:

- Good internal support and communication between delivery leads, sponsors, the AAG, NSPLG and the Scottish Government policy team. Leads for Actions involving partnerships between organisations described the value of having a range of complementary skills and experience, enabling work to be taken forward. One delivery lead, for

example, referred to “good teamwork and time investment” as facilitating progress.

- The support of external partners and of other stakeholders, including local suicide prevention leads and other agencies/organisations, was identified as facilitating progress. This suggests a groundswell of support to achieve change, summarised by one delivery lead as the “motivation of stakeholders to improve the current suicide support landscape.”
- As noted throughout, the active engagement of people with lived experience, particularly through the LEP, as well as beyond, was consistently identified as a strength.

The supporting infrastructure

- Having a dedicated, “albeit limited”, budget, and flexibility around budget spend “as long as it was in line with agreed direction of travel”, and having an agreed plan of action “signed off” by the NSPLG, were identified as helping to achieve progress.

3.7.2 Barriers

In response to the question regarding (pre-COVID-19) barriers, one delivery lead commented positively: “None, there was (and continues to be) support for this Action from both national and local partners” (Action 1). Several issues were, however, raised by other delivery leads/sponsors: some reflected the complexity of the issues the Actions were seeking to address, while others, as noted earlier, related to the operational infrastructure.

Defining the issue and absence of evidence

Substantive issues included, for example, the difficulty of defining ‘suicidal crisis’ (Action 5), but also the lack of evidence of effective interventions (Actions 5 and 6). In relation to workforce development (Action 2), the complexity of the workforce within the scope of the Action was felt to have been “challenging”.

Infrastructure issues

Identified infrastructure issues included a delay in appointing a delivery lead for Action 6. Difficulties or delays due to the perceived complexity of recruitment processes were also noted (Actions 7 and 9).

4. Implications and learning

The findings of this review reveal the breadth and depth of activity which has been, and continues to be, undertaken to progress the 10 Actions in the SPAP. This appears to be in spite of, and perhaps even because of, the COVID-19 pandemic. Although requiring some re-thinking of priorities and of the mechanisms for developing and delivering on the Actions, the potential increase in suicidal behaviour as a result of the pandemic has given added urgency to the need for effective interventions to mitigate and respond to suicidal distress. The experience over the past two years also provides learning about how to progress this work into the final year of the SPAP and beyond. The review suggests opportunities for learning in relation to: scoping the Action; identifying and measuring outcomes; structures for delivery; and processes and mechanisms of engagement.

4.1 Scoping the action

As noted earlier, particularly in relation to Action 5, some of the initial time has been spent clarifying what is meant by 'suicidal crisis'. Both this Action and Action 6 (digital interventions) also alluded to the absence of high quality evidence of effectiveness on which to base proposals or recommendations. This suggests that there may be a value, in any future strategy and associated action plan, in undertaking some initial scoping of the action to be addressed, whether and what available evidence of effectiveness is available, and the implications for achieving desired outcomes. This would perhaps help reinforce the potential, evidence-informed, line of sight between an action and its contribution to outcomes, i.e. its rationale, before getting into the detail of whether, how and by whom it could be developed into a concrete, measurable intervention. This would not preclude innovation and the generation of new evidence through robust evaluation, but would perhaps ensure innovation with a purpose.

4.2 Identifying and measuring outcomes

An outcome is the difference that an activity makes (on its own or in combination with other activities). Short-term outcomes are typically couched in terms of changes in attitudes, awareness, skills and knowledge. Outcomes are distinct from outputs, which might be a product of some sort, e.g. a training resource. As noted above, Actions 1 and 10 included the development of logic models, suggesting that early thought had been given to the possible causal pathways from activities to outcomes. An evaluation specification and outline logic model had been developed for Action 4. On the basis of the information provided for this review, however, across the whole of the SPAP, there appears to be limited evidence of short-term outcomes, and measurement or evidence is still largely couched in terms of outputs or proposals for an “evaluation plan”.

This may arise from a combination of factors. First, there may be a conceptual confusion between ‘outputs’, things done or produced, and ‘outcomes’, the difference made or changes introduced or brought about. Second, there may be substantive reasons for a lack of clarity around outcomes. Specifically in relation to the SPAP, it may, for example, reflect the stage or nature of the Actions, several of which were still largely developmental, or, as in the case of Action 5, one step removed from implementation (contingent on the take-up of the recommendations that are made). Third, and more strategically, it may also suggest that there is scope for thinking through, and making explicit early on in the planning process, the short-term, intermediate and long-term outcomes that actions are seeking or anticipated to achieve or contribute toward, and the indicators/measures that would provide evidence of achieving the outcome, including where change is likely to happen over longer periods. Starting from outcomes, whether of a strategy as a whole or of individual components, might, as suggested above, also help to ensure that activities have an underpinning logic – rather than starting from an action (or set of actions) and attempting to retrofit outcomes. This may suggest the value of building in evaluation capacity early on, to support outcomes-focused thinking. In addition to helping to clarify the ‘logic’,

this may also encourage early consideration of the ways and means for demonstrating progress.

It should be noted that responses to the review identified opportunities for learning from specific evaluations. These included:

- A process evaluation of Action 3: what might be learned from the complex, intensive and extensive process of developing this campaign?
- The role of the LEP: The LEP was a key contributor to the majority of the Actions. The process of contributing was also felt to be of value to individual members and to wider groups of participants with lived experience. There would be value in evaluating the process and outcomes achieved, both to inform future suicide prevention work and also, potentially, for integrating lived experience into other areas of policy development. Given the innovative nature of this model, there may also be wider, international interest in the role of the LEP and what it has been able to achieve.¹⁵

As suggested above, other Actions might consider the potential for more systematic monitoring and evaluation (process, outcomes and/or economic evaluation) to support understanding of what the Action is achieving, how, for whom and in what contexts. This may be particularly salient given the priorities identified in the NSPLG for pandemic-related suicide prevention action (see section 2.3.2 above), including specific suicide prevention campaigns (Action 3) and development of suicidal crisis interventions (Action 5).

4.3 Structures for delivery

The scope of the review did not include the development of the Action Plan itself, or the structure and functioning of the NSPLG, including the roles and responsibility of the Group, its programme manager and Scottish Government

¹⁵ The World Health Organization is intending to include information about the work of the LEP in its forthcoming implementation guide for suicide prevention in countries (“Live Life”).

policy leads. Responses to the review do, however, suggest that early consideration of the structures to support delivery might have helped to reduce the lead-in times – particularly salient in the context of a three-year Action Plan.

As the summary of activities suggests, different Actions were at different stages of implementation. In part, this reflects the complexity of the tasks involved, but also the length of time to appoint delivery leads. Among some of those responsible for delivering on the Actions, processes for recruiting support staff could also be experienced as complex and prolonged. There is clearly a value in scoping out what is required early on in the process, and building requests for supporting capacity into the business planning process, but this needs to be underpinned by clear decision-making processes and governance arrangements.

4.4 Processes of engagement

The breadth and depth of activity being undertaken, notwithstanding delays in appointing delivery leads or other support staff and the impact of COVID-19, are notable. What is also evident is the extent of joint and partnership working with other agencies and organisations, and the extensive and intensive level of engagement with stakeholders with lived experience, as well as the “general public”. As has been noted throughout, a key role has been played by the LEP, in contributing not just their expertise but also themselves, their voices. The importance of the LEP’s contribution cannot be underestimated; as a model, it is potentially at the forefront of suicide prevention activity globally. This may even further underline the value of capturing and disseminating the learning, both to inform its ongoing development in Scotland, and also so that other countries can learn from Scotland’s experience.

In the short term, one of the issues to consider may be how to maintain the energy, commitment and continued engagement of a comparatively small group of people. Early consideration should be given to issues of

sustainability over time, to enable a wider group of people to continue to contribute, to the extent and in ways that they wish.

Arguably, the extensiveness of engagement and collaboration deployed in the development of the Actions, and the cross-cutting work of the LEP, may indirectly extend the reach of the Action Plan, adding to the gathering 'social movement'. In effect, the processes used to develop and implement the Actions may themselves start generating outcomes.

4.5 Mechanisms of engagement

The COVID-19 pandemic has raised the profile of digital interventions. Consideration of the development and support for delivery of innovations in digital technology is a specific Action (Action 6), and also has implications for the other Actions, particularly in the context of infection control measures which discourage face-to-face contact. As the delivery lead for this Action notes, this Action has to be progressed in the context of limited evidence of effectiveness. It also raises the potential for digital exclusion, if people are unable or unwilling to use digital technology.

A shift toward online engagement has also had implications not only for how to engage with people, but also how to ensure their safety. For the LEP, the move to online engagement had meant adapting their safeguarding processes:

“We have a session on safeguarding before every meeting where we remind ourselves of how the meetings will run. We have a short debrief at the end of every session. We also do a series of welfare calls to Panel members. That is all part of a new system and has required a lot of adaptation.”

Given the uncertain future, this is important learning for future programmes.

Indirectly, what the pandemic has also revealed is the need for Actions to be able to respond flexibly to the changing environment. The move to online processes is an indicator of the capacity to do so. The need for agility may

become even more pressing as the impacts of the pandemic make themselves felt over time with a re-focus of some Actions.

5 Conclusions

This review shows that, while momentum is unquestionably increasing, the pace of progress has perhaps been slower than anticipated or desired at the time *Every Life Matters* was published in September 2018. In addition, implementation has been uneven across the different Actions. The impact of COVID-19 from March 2020, while giving added urgency to the need for suicide prevention measures, has put further practical obstacles in the way of the delivery of some Actions. As discussed above, this did not mean a complete hiatus. Several Actions were paused, but have subsequently resumed; and others continued, but not in the form that was anticipated.

By the start of 2020, the temporal trend in suicide incidence was clearly upward (see section 2.1), possibly resulting from the impact of external factors on the economic and psychological wellbeing of the Scottish population. While adverse external factors are likely to have continued to exercise some influence on suicide rates (and suicide prevention activity) during 2020, the findings of this review suggest that at least some of the barriers to progress relate to implementation. As one of the delivery leads commented:

“Understanding the landscape, developing the infrastructure and building relationships all take time.”

This point is clearly illustrated by evidence, detailed in this review, of the extensiveness and intensiveness of activity required to implement the SPAP. This, in turn, underlines the need for operational, as well as strategic, leadership, with sufficient resources (personnel, funding) to support delivery. Given the complex lead-in processes, a delivery infrastructure, together with clear decision-making and governance arrangements, also need to be in place early on, in order to get to the point “where all the pieces are in place”. Any future suicide prevention strategy needs to be underpinned by an action plan and supporting infrastructure to facilitate an implementation process that can contribute efficiently and effectively to agreed outcomes.

What also emerges from the review is the extensiveness of stakeholder engagement that has been undertaken. The involvement and contribution of those with lived experience is key in shaping implementation, but the range of other agencies, partners and professionals, drawn in and contributing to the evolving Actions, suggests that the process of delivering on the SPAP, may, in itself, add momentum to a gathering social movement.

Despite the evident commitment, enthusiasm and energy invested in delivering the Actions, what the review also, indirectly, underlines is the limited available evidence concerning whether and how the different Actions, collectively or individually, may contribute to the ultimate goal of a reduction in suicidal behaviour. As the SPAP moves forward, there may therefore be limited ways of knowing or being able to demonstrate its impact. This may suggest the value of investing in further support for evaluation and monitoring as the SPAP progresses into its final year. It also points to the importance of ensuring that any subsequent suicide prevention strategy is outcome-focused and evidence informed; that the direction of travel from long-term, intermediate and short-term outcomes to activities is clearly mapped, and is of sufficient durability and sustainability to achieve the identified outcomes; and that, as far as possible, measurement of the distance travelled, through evaluation and monitoring, is embedded from the start.

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Appendix 1: NSPLG First Annual Report: 11 Recommendations

| Recommendation no. | Description |
|--------------------|---|
| 1 | The progress and effectiveness of <i>Every Life Matters</i> and its 10 actions are evaluated, in line with World Health Organisation advice. |
| 2 | The provision of timely and accessible data about suicides must improve. Suicide prevention planning at a local and national level is dependent on good information and the ability to share it appropriately. The development of ScotSID as an interactive and local resource should be supported with appropriate engagement and barriers to sharing information should be tackled with vigour. |
| 3 | The SG should fund local test-sites to develop, deliver and test local suicide prevention activity in line with the guidance being developed under Action 1 of <i>Every Life Matters</i> . This will contribute to continuous development of that guidance, identifying good practice and learning across all areas of the Suicide Prevention Action Plan. |
| 4 | The SG and COSLA should enhance the learning from locally developed and delivered suicide prevention action plans by introducing a consistent evaluation model, based on academic research and an outcomes based approach, through which learning can be identified and shared. |

| Recommendation no. | Description |
|--------------------|---|
| 5 | COSLA should support the introduction of multiagency reviews of all deaths by suicide which take place in a community setting. We consider that Chief Officers responsible for public protection in each local area would be best placed to ensure that these are undertaken, with the support of guidance developed under Action 10 of <i>Every Life Matters</i> . |
| 6 | The SG [should] determine how best to put in place multiagency reviews to be undertaken of all deaths by suicide which occur during a defined period after being discharged from prison or police custody. |
| 7 | The SG and COSLA should determine how best to put in place reviews of all deaths by suicide of young people which occur during a defined period after leaving the care system. This should include identifying an appropriate national body to work with local authorities to ensure effective scrutiny and dissemination of learning. |
| 8 | The SG and COSLA should provide strong support for work to transform and modernise suicide prevention branding and identity in Scotland, so as to support the delivery of the Suicide Prevention Action Plan and to build a social movement in which suicide prevention becomes everyone's business. |

| Recommendation no. | Description |
|-----------------------|---|
| 9 | The Scottish Government should make funding available to pilot a new model of care for those bereaved by suicide which is effective in reducing distress, self harm and suicide. It should include evaluation and appropriate mechanisms to ensure that learning is shared. |
| 10 | The Scottish Government and COSLA should consider how the crisis support for children and young people and their families to be taken forward by the Children and Young People’s Mental Health and Wellbeing Programme Board can be made available to people of all ages across Scotland. |
| 11 | The Scottish Government should fund additional engagement targeted at groups of people with characteristics and experiences which may indicate elevated risk of suicide. |

Appendix 2: Main Activities undertaken, in process and completed between September 2018 and October 2020

| SPAP Action. | Main activities undertaken, in process and completed between Sept 2018 and Oct 2020 |
|---------------------|--|
| 1 | <p>Logic model and timeline for action developed.</p> <p>Engaged with local suicide prevention leads to identify and map local suicide prevention action plans against national action plan; engagement with LEP</p> <p>Recommendations on guidance delivered to NSPLG (December)</p> |
| 2 | <p>Knowledge and Skills Framework and Workforce Development Plan produced</p> <p>Animations developed and launched for adult and children and young people’s workforces</p> <p>E-learning module and facilitators support posted on TURAS⁹</p> <p>Five COVID-19 specific learning resources produced¹¹</p> <p>Development work involved extensive engagement, including with young people and children and young people’s workforce, mental health nurses and Allied Health Professionals, dentists and pharmacists.</p> |

| SPAP Action. | Main activities undertaken, in process and completed between Sept 2018 and Oct 2020 |
|---------------------|--|
| 3 | <p>United To Prevent Suicide identity and campaign developed and launched, including development of digital hub for social movement, campaign film for TV and digital channels, stakeholder packs and promotional materials.</p> <p>Development work involved commissioning and managing external design and research agencies as well as extensive engagement and consultation with LEP and range of external stakeholders (approx. 670), as well as survey of general public (2000).</p> |
| 4 | <p>Service specification and evaluation specification prepared for piloting service</p> <p>Service specification based on extensive engagement with a range of stakeholders, including LEP, and commissioned research by Mental Health Foundation; expressions of interest requested from third sector organisations for lead agency to conduct pilot on suicide bereavement support service</p> |

| SPAP Action. | Main activities undertaken, in process and completed between Sept 2018 and Oct 2020 |
|---------------------|--|
| 5 | <p>Research undertaken to inform working definition of suicidal crisis</p> <p>Extensive stakeholder engagement undertaken, including people/groups with lived experience.</p> <p>Analysis of consultation undertaken by Action 5 team, and the responses analysed by the AAG.</p> <p>Working definition of suicidal crisis, direction of travel paper/project plan, draft recommendations presented to NSPLG</p> |
| 6 | <p>AAG rapid review of the role of digital technology in the prevention or reduction of suicidal ideation and/or behaviour undertaken</p> <p>Online consultation undertaken and workshop with LEP; Delivery Leads surveyed to scope out use of digital technology</p> <p>Planning meetings held with NHS24 to identify joint digital innovation opportunities</p> <p>Working group set up to research and establish key priorities</p> <p>Engagement with Samaritans Online Harms team to establish connections with online platforms such as Google, Facebook and Tik Tok</p> |

| SPAP Action. | Main activities undertaken, in process and completed between Sept 2018 and Oct 2020 |
|---------------------|---|
| 7 | <p>AAG undertook rapid evidence review</p> <p>Engagement sessions held with representatives of ‘at risk’ groups, including members of LEP to inform the next stage of the Action</p> |
| 8 | <p>Engaging with LEP sub-group focusing on children and young people</p> <p>Developing video, drawing on lived experience for dissemination in educational settings</p> <p>Developing relationships with Scottish Government Children and Young People’s Mental Health and Wellbeing Programme Board and Scottish Government Children and Young People’s Mental Health Service (CAMHS) lead</p> <p>Engaging with social media platforms resulting in removal of harmful content from one platform</p> <p>Initiated signposting on teaching platforms to Young Scot webpage supporting children and young people’s mental health during lockdown</p> |

| SPAP Action. | Main activities undertaken, in process and completed between Sept 2018 and Oct 2020 |
|---------------------|---|
| 9 | <p>Ongoing provision of capacity and expertise to SPAP as a whole and individual Actions</p> <p>Undertaking rapid evidence reviews including in support of Actions 6 and 7 and the impact of public health emergencies on suicidal behaviour</p> <p>Contributing to: the design of, and analysing consultations on behalf of Actions 5 and 6; evaluation of Action 4; and SPAP review</p> <p>Exploring scope for collecting more timely data on suicide and self harm</p> |
| 10 | <p>Logic model and timeline for action developed.</p> <p>Identified areas where multi-agency suicide reviews are undertaken, discussed processes and obtained documentation</p> <p>Identified other death review processes, meeting to map processes and consider consistent dataset across processes</p> <p>Agreed to undertake tests of change in two areas. Information sharing agreement developed.</p> <p>Discussions held with AAG and other relevant national agencies</p> |

Appendix 3 Short term outcomes, anticipated contribution to reduction in suicidal behaviour by September 2021, by SPAP Action

| SPAP Action no. | Short term outcomes achieved to date | How implementation will contribute to prevention/reduction in suicidal behaviour | Evidence to demonstrate progress by Sept. 2021 |
|------------------------|---|---|--|
| 1 | n/a- developmental activities to date. | Development of guidance to help translate actions in a new suicide prevention strategy into local action plans, and therefore contribute to a reduction in suicide rates. | More local areas have action plans which demonstrate best practice and activity which maps to the national strategy compared with the benchmarking information gathered. |
| 2 | Those working in the public sector have direct access to digital learning resources on mental health. | Improved knowledge and skills across the workforce. A contribution to prevention will be as a result of: <ul style="list-style-type: none"> • Public sector workforce having an increased awareness of mental | Uptake of learning resources across key locations and workforces. Findings from evaluation of reach and impact |

| SPAP Action no. | Short term outcomes achieved to date | How implementation will contribute to prevention/reduction in suicidal behaviour | Evidence to demonstrate progress by Sept. 2021 |
|-----------------------|---|--|---|
| | | <p>health, self harm and suicide</p> <ul style="list-style-type: none"> • A public sector workforce feeling confident with the skills and knowledge relevant to their roles to respond appropriately to people in distress • People experiencing distress feel able to seek help and receive an appropriate and compassionate, non-stigmatising response • Children, young people and adults experiencing distress who come into contact with the public sector workforce or private sector will receive an appropriate and | <p>of learning resources.</p> |

| SPAP Action no. | Short term outcomes achieved to date | How implementation will contribute to prevention/reduction in suicidal behaviour | Evidence to demonstrate progress by Sept. 2021 |
|------------------------|---|---|--|
| | | compassionate, non-stigmatising response. | |
| 3 | <p>Visual identity and campaign launch pick up promoted across wide range of media and stakeholders (engagement with social media and media posts being recorded).</p> <p>September 2020: over 1,400 people have signed up to online hub.</p> | <p>New identity aims to galvanise national and local action around suicide prevention. This may contribute to more integrated responses to those in distress.</p> <p>Opening campaign aims to promote the value of people talking more openly and confidently about suicide, therefore potential to reduce stigma but also improve the level of support provided to those with suicidal ideation.</p> | <p>Pre and post campaign assessments; initial campaign reach and impact report (December 2020), and subsequent reach and impact reports.</p> |

| SPAP Action no. | Short term outcomes achieved to date | How implementation will contribute to prevention/reduction in suicidal behaviour | Evidence to demonstrate progress by Sept. 2021 |
|--------------------------------|---|---|---|
| | Improved knowledge and awareness of suicide and confidence in having discussions with others around suicide. | | |
| 4 | Service specification for a pilot service in two areas issued October and evaluation specification due to be published. | Based on research evidence it is anticipated that the provision of the service to people bereaved by suicide will reduce distress and suicidality in this population group. | Evaluation designed to capture evidence of outcomes. |
| 5 | n/a – developmental | The impact of the recommendations will | The extent to which the |

| SPAP Action no. | Short term outcomes achieved to date | How implementation will contribute to prevention/reduction in suicidal behaviour | Evidence to demonstrate progress by Sept. 2021 |
|------------------------|---|--|---|
| | activities to date. | depend upon the extent to which they are implemented. | <p>recommendations are implemented will be a marker of progress for this action.</p> <p>It is anticipated that any actions resulting from the recommendations will be formally evaluated.</p> |
| 6 | n/a – developmental activities to date. | <p>If used positively, the internet and other technologies can be used to influence suicide prevention both locally and nationally. This could include providing online support to people who may be at risk of suicide, raising awareness of sources of support, facilitating individuals' ability to manage themselves and</p> | <p>Due to slippage in timescales development of physical products by September 2021 unlikely.</p> <p>Set of recommendations and action plan to be delivered to</p> |

| SPAP Action no. | Short term outcomes achieved to date | How implementation will contribute to prevention/reduction in suicidal behaviour | Evidence to demonstrate progress by Sept. 2021 |
|------------------------|---|---|---|
| | | develop resilience, and encouraging safe use of the internet. | NSPLG by September 2021. |
| 7 | n/a – developmental activities to date. | <p>Increase the NSPLG’s understanding of the commonalities and differences contributing to suicidal behaviour among the various at risk groups.</p> <p>The Action will allow interventions to be developed and informed by the experience of people from at risk groups. This will help to ensure future interventions are more sensitive to, and better aligned with, the needs of at risk groups, with the ultimate aim of reducing suicidal behaviour and deaths among these groups.</p> | <p>We will produce an Action 7 summary report with recommendations.</p> <p>The recommendations will be formed as practical steps that can be implemented to reduce suicide risk amongst at risk groups.</p> |

| SPAP Action no. | Short term outcomes achieved to date | How implementation will contribute to prevention/reduction in suicidal behaviour | Evidence to demonstrate progress by Sept. 2021 |
|--------------------------------|--|--|--|
| | | The Action has used the IMV model as a conceptual framework. As such, findings from the Action may provide additional evidence for the applicability of the IMV model to our understanding of suicide. | |
| 8 | Relationship developed with a social media platform and removal of harmful content; and supported social media cross-platform collaboration. Achieving a holistic approach with those working | Working directly with children and young people, we will equip them with the skills to cope when suicidal ideation overwhelms them. They will gain valuable life skills and coping mechanisms. We will encourage conversation, remove the stigma/stereotypes and encourage healthy conversation, therefore reduce internalisation and | Project plans and reports e.g. on advancement of 'bridging the GAP' in service provision with CAMHS. |

| SPAP Action no. | Short term outcomes achieved to date | How implementation will contribute to prevention/reduction in suicidal behaviour | Evidence to demonstrate progress by Sept. 2021 |
|------------------------|--|---|---|
| | in mental health. | escalation of suicidal ideation. | |
| 9 | <p>Provided academic expertise and capacity to undertake literature reviews, consultations, surveys and evaluation support.</p> <p>Contributed to wider understanding of the impacts of public health emergencies on suicidal behaviour.</p> | <p>Supporting learning about effective suicide prevention intervention in Scotland through ensuring:</p> <ul style="list-style-type: none"> • A sound evidence base underpinning the other substantive actions • Robust evaluation of individual Actions within the national suicide prevention programme as a whole. | Findings of the year 3 SPAP review. |

| SPAP Action no. | Short term outcomes achieved to date | How implementation will contribute to prevention/reduction in suicidal behaviour | Evidence to demonstrate progress by Sept. 2021 |
|--------------------------------|---|---|---|
| 10 | n/a – developmental activities to date. | By analysing deaths by suicide and gaining a better understanding of the factors which lead to suicide in Scotland planning for preventative action should be more effective. This information should also help to identify any potential clusters of suicide, enabling local early intervention. | Evidence of PDSA cycles on the test of change undertaken in three areas. Development of a review process which can be replicated across Scotland. Development of an information sharing agreement which can be used across Scotland. |



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