

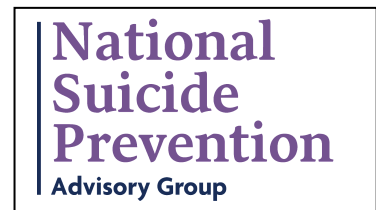
# **National Suicide Prevention Advisory Group**

**Annual Report 2023/2024**

**August 2024**

# National Suicide Prevention Advisory Group

## Annual Report 2023/2024



### Foreword

This is the first annual report of Scotland's new National Suicide Prevention Advisory Group (NSPAG), established in June 2023 to provide independent and impartial advice to the Scottish Government and the Convention of Scottish Local Authorities (COSLA) as the joint owners of Scotland's Suicide Prevention Strategy 2022-2032: *Creating Hope Together*, and to those directly involved in its implementation.

As members of the NSPAG we each bring our own different experiences, knowledge, skills and professional backgrounds to our role and have found not only that our diverse views have helped to enrich our advice, but also that we have been able to promote suicide prevention more broadly in the range of our professional networks across Scotland's society.

Against the background of our personal and professional diversity what we share is willingness to learn from those with their own lived and living experience of the impacts of suicide, from suicide prevention practitioners and from those with academic insights. We have been humbled by the generosity and passion of those who work tirelessly to save lives and prevent the tragic consequences that each suicide brings for families, friends, colleagues and communities.

Scotland's Suicide Prevention Strategy 2022-2032 is rightly ambitious in its vision to reduce the number of suicide deaths in Scotland whilst tackling the inequalities which contribute to suicide. The persistent impacts of the Covid-19 pandemic, the continuing cost of living crisis and the inequalities these pressures compound add urgency and many challenges to realising that vision.

Our Annual Report 2023/24 sets out the context against which implementation of the strategy has begun and our views on its progress this last year. We commend the progress made in establishing a framework for delivering the strategy and its vision, and the collaborative and inclusive leadership culture at its heart. We also welcome plans to undertake measurable action over the coming year in specific areas of implementation and set out our intention to report specifically on those in our next annual report.

In this, our first annual report, we make three specific recommendations focussed on tackling inequalities, improving child and adolescent mental health services and on the costing and resourcing of the strategy's implementation plans. We advise the Scottish Government and COSLA that the timely and effective implementation of these recommendations will be critical to delivering their vision for suicide prevention in Scotland.

Together with the advice and access to professional and policy networks which we have provided throughout this year, we make these recommendations as part of our contribution to the critically important mission of saving lives from the preventable tragedy of suicide. As individuals and in working together as the NSPAG, it has been

our privilege during 2023/24 to play our part alongside all those individuals who – personally and professionally - make up the deeply committed and impressive suicide prevention community in Scotland.

**Rose Fitzpatrick CBE QPM**  
**Chair**  
**National Suicide Prevention Advisory Group**  
**August 2024**

## **1. Scotland's National Suicide Prevention Advisory Group**

### **• Who We Are and What Our Work Involves**

The NSPAG was established in June 2023 by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) to champion and drive suicide prevention in Scotland, following the launch of their joint Suicide Prevention Strategy 2022-2032: [\*Creating Hope Together\*](#).

The purpose of the National Suicide Prevention Advisory Group is to champion and drive suicide prevention in Scotland by:

- advising the Scottish Government and COSLA on the progress, direction and priorities of *Creating Hope Together*, Scotland's Suicide Prevention Strategy 2022-2032)
- advising Scotland's Suicide Prevention National Delivery Lead and Delivery Collective on strategic issues affecting delivery
- advising, including at their request, Scottish Government and COSLA on any broader issues connected with suicide prevention.

The suicide prevention strategy sets out a vision for 'reducing the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide'. With this in mind, the membership of the NSPAG reflects our purpose of providing strategic advice to the Scottish Government, COSLA and all those delivering the strategy, by sharing our insights and strategic perspectives on the context, complexities, intersectionality and inequalities which so often lead to increased risk of suicide.

Members of the NSPAG bring professional leadership experience of, and connections into, a range of policy areas including equalities and human rights, care experience, education, poverty, criminal justice, business leadership, community development, mental health, primary care and health inclusion. We each also bring our own lived and living experience of suicide and its impacts. We expect our membership to flex as appropriate to reflect emerging issues, priorities and opportunities.

## National Suicide Prevention Advisory Group Members 2023/24

Rose Fitzpatrick CBE QPM - Chair

Cath Denholm – Interim Chair, Equalities and Human Rights Commission

Dr Linda Findlay – Psychiatrist and former National Clinical Lead for Distress Brief Interventions

Louise Hunter – Chief Executive, Who Cares? Scotland

Dr Douglas Hutchison – President, Association of Directors of Education Scotland

Peter Kelly – Chief Executive, The Poverty Alliance

Sheriff David Mackie – Board Member, SACRO

Catherine McWilliam – Director of Nations - Scotland, Institute of Directors

Brendan Rooney – Executive Director, Healthy n Happy Community Development Trust

Prof Andrea Williamson – GP and Professor of General Practice and Inclusion Health, University of Glasgow

Alongside our advisory roles, each NSPAG member has committed personally to taking action by contributing to collective leadership on suicide prevention in Scotland. This includes individual members raising awareness, sharing insights, promoting effective practice and encouraging leadership action, within our own areas of influence and across our networks.

Our work involves providing independent impartial advice, including any necessary constructive challenge, to the Scottish Government and COSLA on policy, practice and the delivery of the suicide prevention strategy. This may include identifying any new and emerging priorities. We also provide such advice to the National Delivery Lead for Suicide Prevention and to Suicide Prevention Scotland, which is the collective of people and organisations who have come together to deliver the vision and plans set out in *Creating Hope Together*.

We provide advice in a number of ways. We have a responsibility, as set out in our [terms of reference](#), “to provide an independent and impartial written annual report to the Scottish Government and COSLA on progress of the delivery of *Creating Hope Together*, Scotland’s Suicide Prevention Strategy 2022-2032”. This is our first such report.

In addition to formal reporting, we as a Group and individually give ongoing advice to the Scottish Government, COSLA, the National Delivery Lead and Suicide Prevention Scotland. We do our best to ensure our advice arises out of our direct engagement with their work and reports and is informed by those who have lived and living experience of suicide, by suicide practitioners and academic advice.

This our first annual report reflects our first year working together since the NSPAG was established. It covers the year 2023/24, is formally submitted to the Scottish Government and COSLA and will be published by them. We hope our observations and constructive advice on the Scottish Government and COSLA’s suicide prevention strategy, its priorities and progress in delivering on its plans over the last year will contribute to saving lives from suicide and the tragedy it brings.

## **2. NSPAG Role in Raising Awareness and Making Connections**

**“The NSPAG’s strength for me has been the open and multidisciplinary nature of the Group bringing academic rigour, lived and living experience, frontline health staff and colleagues from the third sector together as well as the justice system. It has been a privilege to be part of the Group.”**  
***Dr Douglas Hutchison, NSPAG member***

During the first year as Scotland’s NSPAG our members have also been laying the groundwork for our individual commitments to raising awareness, sharing insights, promoting effective practice and encouraging leadership action on suicide prevention across our own professional areas of influence and our networks. This has included making connections between those working specifically to deliver the suicide prevention strategy and others who also have important roles to play.

Examples of individual NSPAG member contributions in 2023/24 have included:

- *Cath Denholm (Interim Chair, Equalities and Human Rights Commission)* advising on and providing information on equalities research and data, and on understanding the distinction between tackling inequalities in suicide itself and tackling the underlying inequalities across society as a whole.
- *Dr Linda Findlay (Psychiatrist and former National Clinical Lead for Distress Brief Interventions)* advising on extending engagement across specific networks of health professionals and in relation to specific health policy initiatives, providing a foundational perspective on the Distress Brief Intervention model and its opportunities/learning for suicide prevention, and raising awareness of the suicide prevention strategy and plans with the Royal College of Psychiatrists Scotland.
- *Louise Hunter (Chief Executive, Who Cares? Scotland)* facilitating work with Suicide Prevention Scotland to improve data on suicide and suicide risk among care experienced people and encouraging care experienced people to participate in research into engagement with health services.
- *Dr Douglas Hutchison (President, Association of Directors of Education Scotland)* advising on the role played by education, and local government more widely, in prevention and in supporting children and families touched by suicide. In addition, raising the issues of suicide prevention with ADES groups and networks.
- *Peter Kelly (Chief Executive, The Poverty Alliance)* meeting directly with local suicide prevention leads, organising a seminar for members of the Poverty Alliance to identify practical actions to support suicide prevention including improved signposting and training for staff and volunteers, and raising awareness of suicide and the suicide prevention strategy with the national Child Poverty Programme Board.
- *Sheriff David Mackie (Chair, Hearings for Children Working Group)* raising awareness of suicide risk and the suicide prevention strategy across criminal justice and child protection networks, and advising on common social

determinants of suicide and entry into the criminal justice system, such as poverty and access to timely, effective mental health support.

- *Catherine McWilliam (Scotland Director, Institute of Directors)* highlighting opportunities to embed suicide prevention in the New Deal for Business initiative and engaging with Suicide Prevention Scotland to co-design resources for business leaders to create supportive and inclusive working environments that reduce suicide risk.
- *Brendan Rooney (Chief Executive, Healthy n Happy Community Development Trust)* advising on working with communities on tests of change and engaging across the community development, communities and third sector networks and agencies to raise awareness of the suicide prevention strategy and action plans through articles, workshops, presentations and direct contact.
- *Prof Andrea Williamson (GP and Professor of General Practice and Inclusion Health)* providing advice on integrating the Time Space Compassion approach into primary care, advice on suicide prevention training and support for GPs and primary care practitioners, highlighting specific challenges such as primary care capacity and rurality in mitigating suicide risk, and advising on tackling inequalities in health provision and on the social determinants of health in community settings.

### **3. NSPAG Engagement 2023/24 and What We Have Heard**

**“The session we had – and the individual journeys – of members of the lived and living experience panel will stay with me forever. A stark and thought-provoking reminder of why we are here and why the title of this strategy is so apt.” *Catherine McWilliam, NSPAG member***

Our first NSPAG annual report is based on our wide range of activities, engagement, meetings and reports received during the last year. We are deeply grateful to all those who have given us their time and have generously shared their personal experiences as well as their professional knowledge and skills with us. Their passion to make a difference and save lives has been a constant theme and has helped us immeasurably.

It is clear to us in coming together and establishing our own role as an advisory group that suicide prevention really is everyone’s business and that in every aspect of our communities, services and society we in Scotland all have a role to play in saving lives from suicide and the tragedy it brings.

### 3.1 Lived and Living Experience of the Impacts of Suicide

- Lived and Living Experience Panel and Youth Advisory Group

**“I think engaging with the NSPAG was great! Going into it I felt very scared and nervous and going into a room full of professionals and people who are very successful and knowledgeable but after I got over the nervousness and we actually had a conversation it felt the same as talking to a friend. I felt it was valuable as it showed me that people were actually interested in what I had to say and what young people have to say. Everyone in the room wanted to hear our opinions and you could actually see that they were.”**  
*Youth Advisory Group member*

The NSPAG believes that the experience, knowledge and passion of people with lived and living experience of the impacts of suicide must be at the heart of this work. We understand that the National Suicide Prevention Leadership Group 2018-2022 (NSPLG) had set up a Lived Experience Panel (since renamed the Lived and Living Experience Panel (LLEP)) and Youth Advisory Group (YAG) which were already well-established when development of the current suicide prevention strategy began.

We understand that members of these two important groups were engaged throughout development of the Suicide Prevention Strategy 2022-2032 and that this collaboration was broadened by seeking the views of other people with lived and living experience of suicide through wider online and in-person events across the country, supplemented by an open consultation process.

Our NSPAG [terms of reference](#) specifically set out our own responsibility to maintaining strong working relationships with the LLEP, the YAG and the Suicide Prevention Academic Advisory Group (AAG), the Chair of which attends each of our meetings. Importantly and foundationally, we have committed to ensuring that our work is informed in equal measure by evidence by experience, practice insights, data and academic research.

Earlier this year we welcomed members of the LLEP and YAG to share their thoughts with us on two points: what is important to them in our work together to prevent suicide, and what they want the NSPAG to think about in its advisory role. Three specific issues stood out in that conversation:

- Firstly, members of the LLEP and YAG spoke passionately of the need to tackle the stigma that prevents people – particularly children, young people and men – from talking about suicide and about how they are feeling, and specifically prevents them from seeking help. We heard that stigma also contributes to people across society lacking confidence to know how to raise concerns about others and how to offer help.
- Secondly, members of the LLEP and YAG spoke from their own experience of the importance of tackling not only immediate suicidal crisis but also the circumstances which can continue to put people at risk over longer periods of time, taking them into crisis again. We were told how important it is that people can access safe spaces and compassionate services at the point when they need them, that those services should be joined up, and that peer



support should be available to help people in all communities maintain their wellbeing and reduce suicide risk over time.

- Thirdly, members of the LLEP and YAG emphasised to us that everyone has different experiences and that each person’s individual diversity – including but not exclusively – factors such as cultural differences, differences in social status, age and life stages, understanding of mental health and history of suicide, requires all support for individuals at risk of suicide to be person-focussed.

As well as engaging directly with people with lived and living experience of suicide, members of the NSPAG have participated alongside them in various events and heard their voices in national suicide prevention campaigns and media coverage of suicide prevention. We have heard and seen evidence of regular and extensive consultation with the LLEP and YAG by Suicide Prevention Scotland, and of active co-design and co-production.

Collaboration with people closest to the risk, crisis and tragedy of suicide must continue to be strong, respectful and to result in meaningful influence on and engagement in suicide prevention policy and action.

We therefore welcome the commitment of the Scottish Government and COSLA in the suicide prevention strategy to continuing to fund and support the LLEP and YAG. We consider it helpful that the work of these two seminal groups is in turn supported by a Lived and Living Experience Steering Group (LLESG) which has as its vision to “work to ensure that the voices of adults, children and young people with lived and living experience of suicide are heard, valued and central to the successful delivery” of the suicide prevention strategy.

Members of the LLEP and YAG have told the NSPAG this year that they believe they are using their experiences to make positive change, create hope and save lives from suicide, but also that they have found making change is slow and takes time. We believe it to be absolutely critical to the continuing legitimacy of the suicide prevention strategy and for the effectiveness of its implementation that lived and living experience of the impacts of suicide remain at its heart.

### **3.2 Suicide Prevention Practitioners and Community**

- **Suicide Prevention Scotland Delivery Collective**

**“The important of truly listening to those with lived experience cannot be underestimated. The efforts made across the delivery landscape to engage with lived experience via individual and organisational routes, to date has been encouraging. I will continue to champion meaningful engagement and participation with lived experience experts.” Louise Hunter, NSPAG member**

At each of our NSPAG meetings, the [minutes](#) of which are published online, we have received in-person updates on the work of the Suicide Prevention Scotland delivery collective. The collective was established by Scottish Government and COSLA as the partnership vehicle to deliver the suicide prevention strategy and also to provide a Scotland-wide community for everyone striving to prevent suicide.

Within Suicide Prevention Scotland the Scottish Government and COSLA have appointed Strategic Outcome Leads for each of the four outcomes in the strategy, and a National Delivery Lead to oversee, co-ordinate and be accountable for progress.

We have appreciated this year the constructive way the Suicide Prevention Scotland National Delivery Lead and Strategic Outcome Lead partners have engaged with us, at a time when they have been also establishing themselves in their own new roles. Their professional insights into suicide prevention policy and practice and personal openness concerning their plans and progress have informed our views and advice, including where we see wider engagement and collaboration opportunities to drive sustainable progress in embedding suicide prevention across society in Scotland.

NSPAG members have participated in a number of suicide prevention events during 2023/24. This has enabled us to meet in person and engage directly with people across the broader suicide prevention community, including with those who bring lived and living experience of the impacts of suicide, with suicide prevention practitioners such as local suicide prevention leads across Scotland and with those working in other sectors where social determinants drive suicide risk.

The first national conference organised by Suicide Prevention Scotland, the Creating Hope Together Conference held in Glasgow in March 2024, was attended by a number of NSPAG members including the Chair, Catherine McWilliam (Scotland Director, Institute of Directors) and Brendan Rooney (Chief Executive, Healthy n Happy Community Development Trust). NSPAG member Peter Kelly (Director of the Poverty Alliance) chaired a panel session on the use of evidence in shaping the strategic response to suicide and NSPAG member Louise Hunter (Chief Executive of Who Cares? Scotland) chaired a discussion on how to reduce suicide risk in the care experienced community.

Throughout 2023/24 NSPAG members have also participated in a range of consultation and delivery development events organised by Suicide Prevention Scotland, so as to inform our understanding of progress on delivery of the suicide prevention strategy, and how that delivery is being achieved.

### **3.3 Suicide Prevention Research, Data and Academic Advice**

- **Academic Advisory Group**

**“The amount that has been delivered this year is phenomenal, especially given the context of pressure everyone has been working under.”**  
**Professor Rory O’Connor, Chair, Suicide Prevention Academic Advisory Group**

As members of the NSPAG we are grateful to have had the benefit, since our initial meeting and throughout 2023/24, of expert academic insight into suicide prevention through advice provided by the Suicide Prevention Scotland AAG.

When we first came together as the NSPAG in June 2023 we were joined at our introductory meeting by the (then) Co-Chairs of the AAG, Professor Rory O’Connor, (Professor of Health Psychology and Director of the Suicidal Behaviour Research Laboratory, University of Glasgow) and Professor Steve Platt (Emeritus Professor of

Health Policy Research, University of Edinburgh). They provided us with a detailed academic overview of suicide in Scotland and have throughout 2023/24 been unremittingly helpful in attending all our formal meetings, answering our many questions and in providing access to academic research and perspectives as needed.

The data, research and advice of the AAG, taken together with the insights of those who have direct lived and living experience of the impacts of suicide and the perspective of suicide prevention practitioners, enable us to meet our commitment to ensuring that all our NSPAG work is informed in equal measure by evidence by experience, practice insights, data and academic research.

In this annual report we would like to pay particular tribute to Professor Steve Platt, who recently retired from his roles as Chair of the Scottish Suicide Information Database and as Co-Chair of the AAG, for his lifelong contribution to suicide prevention and more personally for his tireless help to us. It has been abundantly clear to us that the extent of his knowledge of suicide and suicide prevention internationally has been matched by his passion for ensuring that academic research and data contribute effectively to reducing risk and saving lives from the tragedy of suicide.

### 3.4 Suicide Prevention National Delivery Lead

- **National Delivery Lead Annual Report 2023/24**

**“Strengthening communities is precisely the sort of investment that should be made when times are tough. I consider it a reasonable hypothesis that socio-economic benefits flow from that sort of investment and that savings will be made elsewhere in health, criminal justice, the courts and prisons. I am sure it saves lives.” *Sheriff David Mackie, NSPAG member***

In formulating our own NSPAG Annual Report 2023/24 we have considered carefully the [National Delivery Lead Annual Report 2023/24](#), which describes the work undertaken over the last year and provides an update on progress in delivering the suicide prevention Delivery Plan 2023/24 as part of the suicide prevention Action Plan 2022-2025.

The National Delivery Lead reports that the foundational work set out in the Delivery Plan 2023/24 has been achieved, and we want to express our wholehearted appreciation and gratitude to all those who have made this possible. We can see clear evidence in 2023/24 of lived and living experience influence continuing to strengthen suicide prevention action, of commitment to learning and evidence-based practice, and of reach and buy-in building across communities, multi-sectoral partners, national and local government.

In this first year strong foundations have been built with limited resource and against a challenging fiscal environment, with the focus understandably on development work such as establishing connections, building relationships and laying down enablers for the future. In addition, this year has also seen work which began under the previous [Suicide Prevention Action Plan 2018-2022: \*Every Life Matters\*](#) continue and be brought into the Suicide Prevention Scotland delivery collective framework.

The Suicide Prevention Strategy 2022-2032 includes the vision that “all sectors must come together in partnership” and we commend the collaborative leadership culture at the heart of the Suicide Prevention Scotland delivery collective as it has become established in 2023/24.

In providing our advice to the Scottish Government and COSLA we must emphasise how critical it now is to ensure this initial momentum is sustained over the next nine years if the vision of the suicide prevention strategy is to achieve measurable progress and lives are to be saved from suicide. The key enabler for this will of course be sustained resourcing which matches the ambition and vision of the strategy itself.

The National Delivery Lead Annual Report 2023/24 draws attention to the pressures across public sector systems and how these have had an impact on the pace of delivery of the suicide prevention strategy during its first year. This is of course unlikely to change in the short/medium term and makes commitment, prioritisation and clarity of resourcing even more critical in terms of future planning and pace of delivery.

More broadly, the passion for suicide prevention and deep expertise evident to us throughout the last year are of course absolutely necessary if the vision of the strategy to reduce suicide deaths whilst tackling the inequalities which contribute to suicide is to become reality in Scotland, but they are not in themselves sufficient without capacity.

The Suicide Prevention Strategy 2022-2032 commits to building an approach to suicide prevention which engages all sectors and all communities. Every sector and community will therefore require not only the will, confidence and capability to contribute, but also the sustained capacity to do so, which in turn requires certainty of effective resourcing.

#### **4. Progress on Delivering Scotland’s Suicide Prevention Strategy 2022-2032**

##### **4.1 Strategic Context of Suicide Prevention**

- **Related Developments in Scotland**

We note that there have been a number of significant strategic developments over 2023/24 which directly impact on suicide prevention in Scotland and on the Suicide Prevention Strategy 2022-2032: *Creating Hope Together*.

In June 2023 the Scottish Government and COSLA published their joint [Mental Health and Wellbeing Strategy](#), followed by an initial delivery plan and workforce action plan. The vision of the Mental Health and Wellbeing Strategy is of a Scotland free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

Clearly, in offering a framework for promoting good mental health across the country the overall Mental Health and Wellbeing Strategy should also progress suicide prevention. As the NSPAG we advise that it will be important to ensure the Suicide Prevention Strategy and the Mental Health and Wellbeing Strategy continue to complement one another, that there is absolute clarity over resource allocation and that there are no gaps through which the focus on suicide prevention can fall.

In November 2023 the Scottish Government and COSLA published what is believed to be the world's first standalone [Self-Harm Strategy](#). We understand the development of a separate strategy reflects evidence that most people who self-harm have no intention of attempting suicide, and that people with lived and living experience of suicide support this approach.

However, evidence shows a person's history of self-harm to be one of the highest predictors of suicide and we note that Scotland's new Self-Harm Strategy therefore offers new opportunities not only to support people affected by self-harm in a compassionate and effective way, but also to reduce the risk of suicide. It will be important to ensure that Scotland's Suicide Prevention Strategy and its Self-Harm Strategy, together with their delivery plans, are connected effectively. Opportunities for joint working and sharing of resources should be taken wherever possible, reflecting the fact that for example in clinical settings suicide prevention and self-harm responses may involve the same services and workforces.

During spring and early summer 2024 the Scottish Parliament Equalities, Human Rights and Civil Justice (EHRCJ) Committee has been conducting an inquiry into suicide prevention in Scotland. The Committee stated it would focus on scrutinising the progress of the Suicide Prevention Strategy 2022-2032: *Creating Hope Together*, budget allocations, the unequal distribution of deaths from suicide across different population groups and engagement with those with lived experience.

The EHRCJ Committee issued a Call for Views on six specific questions and the NSPAG provided a [written submission](#) on 2 April 2024.

On 28 June 2024, as this annual report was being written, the EHRCJ Committee wrote to the Scottish Government Minister for Social Care, Mental Wellbeing and Sport [setting](#) out the Committee's findings and inviting a response. The NSPAG will carefully consider the Committee's findings and the Scottish Government response together, in due course.

## **4.2 Suicide Prevention in England, Wales and Northern Ireland**

During 2023/24 the NSPAG has made initial contact with and been welcomed warmly by colleagues leading and advising on suicide prevention in England, Wales and Northern Ireland.

In the coming year we have confidence that our relationships with colleagues across the UK will develop and lead to the sharing of insights, evidence and good practice which reflect our shared aim of supporting all those working so hard and so passionately across the UK, whatever their role, to prevent the tragedy of suicide in our communities.

## **4.3 Scotland's Suicide Prevention Strategy 2022-2032: Creating Hope Together**

The NSPAG commends the ambition and breadth of the vision set out in the Scottish Government and COSLA's Suicide Prevention Strategy 2022-2032: *Creating Hope Together* to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

We welcome the readiness with which the Scottish Government and COSLA together embraced the recommendation made to them by Scotland's then NSPLG in



its [June 2020 Covid-19 Statement](#): that they should develop a joint, long term (ten year) evidence-based strategy supported by an agreed cross-government (national and local) programme of work and an outcomes-based evaluation framework, with continuing investment and including those specific wider policy areas beyond mental health policy which also have a role to play in suicide prevention.

A strategic planning framework for the suicide prevention strategy has been introduced which consists of the following elements:

- *Long Term Suicide Prevention Strategy*
  - [Creating Hope Together Strategy 2022-2032 published](#)
- *Medium Term Action Plans*
  - [Current Action Plan 2022-2025 published](#)
- *Annual Delivery Plans*
  - [2023/24 Delivery Plan completed](#)
  - [2024/25 Delivery Plan published, including forward look to 2025/26](#)

As Scotland's NSPAG we understand that what drives someone to suicidal thoughts, suicidal crisis or to taking their own life involves in each tragic case a complex set of factors and complex relationships between those factors. These may include but are not limited to such social determinants and environmental issues as societal inequalities, health inequalities, poverty, deprivation, unemployment, financial stress, discrimination, marginalisation, isolation, stigma, social and family factors, access to means of suicide, timely access to services and the effectiveness and compassion with which services are provided, access to effective support, media reporting of suicide and access to harmful material online.

In addition, we understand that individual factors which also contribute to the risk of suicide may include, but are not limited to, such issues as bereavement by suicide, the experience of psychological trauma, care experience, experience of the criminal justice system, economic pressures, mental and/or physical ill health, alcohol misuse, substance misuse, self-harm, problematic gambling, disconnectedness, family breakdown, personal resilience, help-seeking and the availability of social/peer support, feelings of hopelessness, defeat or entrapment.

It is important also to recognise that economic conditions and policy decisions impact over the long term on suicide risk for particular groups in society. These impacts need to be considered generationally and suicide prevention action understood in terms of the personal, social and economic costs of suicide.

The NSPAG believes that a strategy and implementation plans built soundly on evidence by experience and academic evidence, on data and research, and on the insights of suicide prevention practitioners stand the best chance of achieving a reduction in the number of suicide deaths in Scotland. We are therefore heartened to have heard directly from people with lived and living experience of the impacts of suicide, from academics and from practitioners that they were directly engaged in the development of Scotland's Suicide Prevention Strategy 2022-2032 and its various delivery plans to date, and continue to be actively involved in implementation.

We welcome the prominence given in the suicide prevention strategy to a set of [specific guiding principles](#) which represent important commitments to the values intended to govern this work over its ten year span. We have seen the influence of the guiding principles on work throughout 2023/24 and note that the recently

published Delivery Plan 2024/25 is intended to be more explicit in terms of focussing on those guiding principles relating to stigma, discrimination and inequalities.

We commend also the strong working relationships evident between the Scottish Government and COSLA as the joint owners of the Suicide Prevention Strategy 2022-2032. We have seen at every level a genuinely respectful and collaborative approach and a clear commitment to ensuring this is the culture in which plans are developed and delivered with communities and other partners.

#### **4.4 Suicide Prevention Strategy 2022-2032 - Delivery Infrastructure**

**“This is a humbling time to be involved in the suicide prevention agenda. The recognition of the need for collective, collaborative leadership across multiple areas, the coming together of people and communities across all sectors, and the focus on health and all inequalities is what creates the hope that a difference can and will be made and that we all have a part to play.” *Dr Linda Findlay, NSPAG member***

The creation of a delivery collective – Suicide Prevention Scotland – to provide both a partnership hub for implementing the suicide prevention strategy and a community for geographical, sectoral, national and local partners has clearly been welcomed. As has the appointment of a National Delivery Lead for suicide prevention whose role it is to oversee and co-ordinate the work of the five social/third sector organisations appointed as Strategic Outcome Leads for the strategy’s four strategic outcomes.

We have observed at first hand the expertise and commitment of each of the Strategic Outcome Lead organisations – Samaritans Scotland, SAMH, Penumbra, Change Mental Health and Public Health Scotland – and their willingness not only to work in partnership and within the funding provided to support the strategy, but also to lever in their own knowledge, expertise and discretionary effort. We commend this collaborative approach and note that it will be a critical success factor in ensuring connections and opportunities across and between outcomes are identified so as to optimise the use of resources, rather than working solely in parallel and thereby risking duplicating effort or creating gaps in delivery.

The appointment of a National Delivery Lead to oversee and co-ordinate the work of the delivery collective Suicide Prevention Scotland has given strong impetus to the work as well as clarity in terms of leadership and accountability to the Scottish Government and COSLA for progress on delivery of the suicide prevention strategy. It is important to be clear, however, that ownership of the strategy itself and therefore ultimate accountability to Scotland’s communities for achieving the strategy’s vision remain with the Scottish Government and COSLA.

The scale of work carried out by Suicide Prevention Scotland in 2023/24 has been impressive. It has included the continuation and scaling up of work begun under Scotland’s previous Suicide Prevention Action Plan 2018-2022: *Every Life Matters* and working with the Public Health Scotland suicide prevention team to create new opportunities for individuals, community groups, national and sectoral partners and local suicide prevention leads to come together, as well as developing and delivering the suicide prevention strategy’s formal implementation plans.

We consider that the new delivery infrastructure created to realise Scotland’s ten-year suicide prevention strategy offers real and potentially sustainable opportunities to harness the passion and skills of individuals, communities, practitioners and sectors across the country to reduce deaths by suicide and tackle the inequalities which contribute to the tragedy of suicide.

If Suicide Prevention Scotland is to build on the willingness of all involved to break down cultural, sectoral or organisational barriers in the spirit of promoting an environment in which every person, community and organisation sees and is enabled to play their part with others in reducing suicide, it will require effective resourcing over the long term. Only then will its impact be able to match its potential.

#### **4.5 Suicide Prevention Strategy 2022-2032 - Vision for Tackling Inequalities**

**“These discussions have given me insights into how we turn the ambitions in Creating Hope Together into reality, explore the links between poverty and suicide prevention and what more we can practically do as anti-poverty groups and organisations. They also reminded us of the importance and urgency of efforts to better address the ‘social gradient’ associated with suicide.” *Peter Kelly, NSPAG member***

The NSPAG welcomes the explicit connection made in the Suicide Prevention Strategy 2022-2032 between reducing lives lost to suicide and tackling the inequalities which evidence shows contribute to suicide. We understand this to be an internationally innovative approach to suicide prevention. It is clearly also an ambitious approach, and we believe ambition should always be high in the context of saving lives.

During 2023/24 we have considered the complex interplay across the wide range of social, economic, health and individual inequalities people experience and how these relate to the risk and prevalence of suicide. There is clear evidence of the correlation between these societal inequalities and the inequalities of suicide itself and we have advised Suicide Prevention Scotland that to make measurable progress in realising the strategy’s vision a clear definition of the markers of inequalities in relation to suicide prevention should now be developed. This will provide clarity for prioritisation of actions and the allocation of resources, giving greater impact to the important work ahead.

We understand that while the prevalence of suicide is higher in certain groups of people, the risk of suicide for people within those group varies. We advise that work be undertaken to identify policies and interventions to improve protective factors and remove or mitigate risk factors for people most at risk of suicide within those high risk groups.

This work will require a strong focus on the most disadvantaged in society and those most vulnerable to the risk of suicide. Our NSPAG members have contributed their professional views and advice on this approach: for example on the importance of understanding intersectionality and how it can compound risk; on the value of exploring a cross-cutting health equity approach which will contribute to suicide prevention; and on recognising that while poverty is not in itself an equality characteristic it should be specifically addressed through the suicide prevention strategy and its implementation plans. We have offered advice on opportunities to



progress this approach, such as working with the [Tackling Child Poverty Programme Board](#).

A key challenge to preventing suicide through tackling the inequalities which contribute to risk is the current strain across public services. In our view this could be mitigated by all services taking action specifically to prioritise individuals and groups most at risk of suicide, assisted by the Suicide Prevention Scotland lens on inequalities and based on the absolute priority of saving life.

This focus on communities of geography, background and interest where evidence shows suicide rates are higher should lead to the redirection of service delivery resources and to tackling barriers to partnership working. It should also lead to better support for the wellbeing of workforces, including across health services such as primary care where people at risk of suicide so often come to notice, and for example across education and social work.

We welcome the early engagement of Suicide Prevention Scotland with organisations representing and supporting marginalised communities. Improving understanding of the needs and intersectionality of people experiencing stigma, disadvantage, inequalities, minority stress is essential as a first step.

It is clear that the work required to operationalise this understanding will need to take place at scale and whilst managing significant complexity. We therefore welcome work by Suicide Prevention Scotland during 2023/24 to produce an evidence-based prioritisation framework, aimed at ensuring action in other policy areas and services is focussed on work most likely to protect groups of people at high risk of suicide, whilst also focussing on equalities and human rights.

However, if the vision of the Suicide Prevention Strategy 2022-2032 to tackle the inequalities which contribute to suicide is to be achieved it is now necessary for engagement to shift in 2024/25 into active testing and delivering real change with these communities through co-design and co-delivery approaches.

Based on data and evidence (by experience, practice and research) the new prioritisation framework should be used early in 2024/25 to identify which specific groups and communities are to be prioritised and lead to tangible actions being undertaken to reduce suicide risk, with progress being specifically tracked and evaluated against the suicide prevention strategy's outcomes framework.

This should include focussing on practical ways in which specific groups can access services in the way they need them; for example, the needs of those living in poverty, of LGBTQ and care experienced people, people in the asylum system or those seeking refuge from domestic abuse, while they may intersect at points, may also differ.

In any consideration of tackling the inequalities which contribute to suicide it is important to note the long term reality that around two thirds of those who lose their lives to suicide each year in Scotland are men. It is quite right therefore that work should continue to focus on reaching, supporting and enabling men to be protected from the drivers of suicide. However, we understand that women make proportionately more suicide attempts than do men, and that there are signs of an increasing trend in women losing their lives to suicide. We therefore expect to see gender inequalities addressed in suicide prevention action plans.

**Recommendation 1: The NSPAG recommends that, using its new tackling inequalities prioritisation framework, Suicide Prevention Scotland’s engagement work should move as early as possible in 2024/25 to testing and delivering measurable action with the specific groups and communities most at risk of suicide and impacted by the tragedy it brings.**

#### **4.6 Suicide Prevention Strategy 2022-2032 - Vision for a Whole of Government and Society Approach**

**“Creating Hope Together has been received very well in the community development fraternity. That gives me cause for hope and optimism for the success of the national strategy and action plans.”**  
**Brendan Rooney, NSPAG member**

The NSPAG believes that action to reduce rates of suicide and the tragedy suicide brings to the estimated [135 people affected by that suicide death](#) is the responsibility of our society as a whole, and of every part of national and local government. We therefore welcome recognition in the vision of the Suicide Prevention Strategy 2022-2032 that all sectors must come together and all communities be supported to achieve suicide prevention in Scotland.

As members of Scotland’s society we can all, whatever our role or situation, be enabled firstly to understand that we each have a role to play in removing stigma and preventing suicide, and then to act with knowledge and confidence. As individuals, family members and friends, as communities, in places of work and education, in organisations and social systems, as service designers and providers, and as leaders and policy makers we can all help to reduce the risk of suicide, reduce the loss of life and prevent the associated tragedy suicide brings.

We consider that the primary purpose of suicide prevention – to save lives – is incontestable, and that this should provide a natural entry point to the whole range of policy initiatives in Scotland. It should promote action including and beyond mental health policy. It will require leaders in government and across society – including our NSPAG members – to take responsibility for action which has previously not always been seen in terms of its potential to prevent suicide.

Our NSPAG members recognise that the intention set out in the suicide prevention strategy to build a whole of government and society approach to addressing the social determinants which have the strongest links to suicide risk is both complex and ground-breaking.

Embedding this approach will be extremely challenging, and require huge leadership energy, focus and tenacity across government and society in all their iterations. It will require a strong focus on the most disadvantaged and most vulnerable in Scotland’s communities. It will also require changes in attitudes and behaviour in every dimension of society, reaching beyond the specific label of suicide prevention.

We are clear that, at the same time as a whole of government approach is embedded and extended, a strong focus must also be maintained in communities, where the whole of society approach will take effect only if people have the knowledge and confidence to ask and talk about suicide using language that works for them. Society in Scotland is not fixed in time; this will require working alongside

and providing training and other resources to people in communities, adapting delivery approaches as often as necessary to make them resonant and relatable intergenerationally for communities of place as well as of interest.

We will observe closely during 2024/25 work being undertaken by Suicide Prevention Scotland with the Scottish Community Development Centre to support two geographical communities and two communities of interest. We understand this will design and undertake action research intended to lead to practical tests of change in suicide prevention.

It will be important that this work is properly resourced, that learning is used to spread effective adaptive practice across Scotland, and that tests of change approaches are also developed with high risk groups and in high risk settings.

Without doubt, embedding suicide prevention in wider national and local government policy and associated service delivery will require visible leadership, significant resource and sustained effort, but it is also true that some avenues for this change already exist. As individuals and professionals our NSPAG members have been glad to play our part during 2023/24 in facilitating connections with our own policy areas and networks so as to raise awareness and create opportunities to spread the whole of government and society approach to suicide prevention.

We have advised for example that the [National Trauma Transformation Programme](#) could and should prioritise suicide prevention touchpoints in its roll-out plans.

Similarly, we recognise that benefits are one of the most direct ways to protect people and families against many of the pressures which contribute to the risk of suicide. We have advised that initiatives such as the Scottish Child Payment, minimum income guarantees, fair work and living wage policies therefore provide clear opportunities for suicide prevention action.

Cycles of policy development take significant time, and we therefore welcome early work by Suicide Prevention Scotland which has identified substance misuse, poverty and homelessness as key policy areas for a whole of government and society approach. Alongside these, we advise that consideration should be given to exploring opportunities to work with the criminal justice sector. We also welcome action by the Scottish Government to progress this approach, including working to reduce the number of people with problem drug use in Scotland through [drugs education and prevention](#) activity, expanding access to [childcare services](#) to support low-income parents into work and taking forward [homelessness prevention legislation](#).

We also note and commend the opportunities already taken by the Scottish Government to meet the commitment made in the suicide prevention strategy to incorporate suicide prevention into the development and design of government policies. We note, for example, that suicide prevention is now part of the [National Planning Framework 4](#), meaning that all new applications for development are now assessed for suicide safety. In addition, Social Security Scotland are introducing a process for staff to alert local authorities where they have a concern that a client may be at risk of suicide, so that support can be provided and risk mitigated.

While we support wholeheartedly the intention of the suicide prevention strategy to build a whole of government approach to suicide prevention, we are very clear and

offer our strongest advice that this cannot hope to be successful unless it builds on a firm foundation of effective core mental health provision.

We are aware of the Audit Scotland report published in September 2023 on [Adult Mental Health Services](#) and the subsequent [Scottish Parliament Public Audit Committee scrutiny report](#) published in February 2024. We note that the Scottish Government acknowledged these reports to be comprehensive, balanced and to highlight issues in need of improvement; and that the joint Scottish Government and COSLA Mental Health and Wellbeing Strategy, its Delivery Plan and Workforce Action plan all focus on a programme of work to address that improvement. Core adult mental health services must provide effective assessment and care for people at risk of suicide, and we will therefore follow progress closely.

In the meantime it is of particular concern to the young people and YAG members to whom we have spoken, to parents and to us as Scotland's NSPAG that much-needed improvement in the capacity and performance of Child and Adolescent Mental Health Services (CAMHS) to meet the needs of young people – a group for whom suicide risk is increasing - continues to be very slow.

We understand that the systemic issues identified in previous examinations of CAMHS in Scotland have resulted in recommendations for change which have been accepted, and we do not therefore repeat those here. What we urge is that those recommendations are implemented without delay and with the highest priority. They should of course be matched by similar investment in universal types of support for children and young people who do not need a formal referral (Tier 1) and in early intervention services for those experiencing mild and moderate problems (Tier 2).

As the NSPAG it is our responsibility to highlight the continuing difficulties experienced by vulnerable children and young people in accessing mental health services which can protect them from the risk of suicide, and advise that these issues must be addressed effectively and urgently. Lives will continue to be at risk and work to deliver the vision of the suicide prevention strategy will be hampered until the issues with CAMHS are urgently addressed.

***Recommendation 2: The NSPAG recommends that urgent attention and resourcing be focussed by the Scottish Government on improvement in the capacity and performance of Scotland's Child and Adolescent Mental Health Services (CAMHS), in order to reduce the risk of and prevent suicide among children and young people.***

#### **4.7 Suicide Prevention Strategy 2022-2032 - Outcomes Framework**

The NSPAG considers that transparency and accountability are essential to achieving the vision of the Suicide Prevention Strategy 2022-2032. We welcome the development and inclusion in the strategy of an innovative [outcomes framework](#), as recommended in 2019 by the then NSPLG, against which achievement can be assessed and reported publicly over time.

We also welcome clear lines of responsibility and accountability for implementation against the outcomes framework through the Strategic Outcome Leads of Suicide Prevention Scotland to the National Delivery Lead, and onward to the Scottish Government and COSLA as owners of the suicide prevention strategy.

We note that the suicide prevention Delivery Plan 2023/24 aligned actions to shorter term outcomes set out in the suicide prevention Action Plan 2022-2025. We understand this approach has also been taken in the Delivery Plan 2024/25, and that progress will be informed by a new reporting tool – known as *Outnav* – commissioned from Matter of Focus.

We welcome the introduction of a specific reporting tool for implementation of the suicide prevention strategy. It should lead to a meaningful set of measurable steps for 2024/25 and beyond. This will enable us over the next year and in our annual report for 2024/25 to make a first detailed assessment of impact and progress on achieving explicit short term outcomes, and by extension on progress towards the overall outcomes set out in the Suicide Prevention Strategy 2022-2032.

This tool should also enable and be used by the Scottish Government and COSLA over the years ahead to keep under review the underpinning assumptions on which each set of short term outcomes are based and to make any planning, infrastructure and/or resourcing adjustments necessary to achieve the overall strategic outcomes.

We understand that, alongside all those involved in and passionate about suicide prevention in Scotland, the international suicide prevention community is also observing these developments closely to see how this internationally innovative outcomes framework approach is implemented and how it makes a difference in saving lives.

#### **4.8 Suicide Prevention Strategy 2022-2032 - Funding and Resourcing**

**“Strong relationships between clinicians and patients need to be hardwired back into the health care system so that people can feel professionals know them and ‘have their back’. This is embodied in the ‘time, space, compassion’ approach but too many services are not set up to be able to deliver this – despite desperately wanting to. Time and person resource is needed.” *Professor Andrea Williamson, NSPAG member***

Scotland’s Suicide Prevention Strategy 2022-2032 sets out a long term and rightly ambitious vision to reduce lives lost to suicide together with tackling the inequalities which contribute to suicide. Each life lost to suicide causes incalculable tragic personal and social costs. In addition, the NSPAG understands the current figure used to estimate the economic cost of suicide to be [£1.46m](#) for each life lost. [762 people lost their lives to suicide in Scotland in 2022](#) and the five year average of deaths by suicide in Scotland is currently 771.

We welcome the commitment of the Scottish Government which accompanied the launch of the suicide prevention strategy in September 2022 to doubling its annual suicide prevention budget to £2.8m per annum by 2026. We understand that this commitment is on track to be met, with the National Delivery Lead reporting that £2.5m was allocated and spent in 2023/24, including funding for continuing work under Scotland’s previous Suicide Prevention Action Plan 2018-2022 in addition to work under the current strategy and implementation plans.

We note that the Delivery Plan 2024/25 (unlike the Delivery Plan 2023/24) includes budget allocation for planned work and actions at the outset of the plan. We welcome the transparency of this approach, and the increased certainty it will give



particularly to the Strategic Outcome Leads to enable their own planning across Suicide Prevention Scotland activity.

However, in terms specifically of the Suicide Prevention Strategy 2022-2032 the NSPAG considers it critical to success to determine whether funding is sufficient to match the intention of the strategy and to support plans for its implementation. For clarity and certainty it is essential that all action and delivery plans are fully costed during development in order to establish the true cost of what is required to turn strategy into implementation, and where necessary then to prioritise and make choices – including on the scale and/or pace of implementation - in an evidence-based way. This will require a different approach than setting a budget then allocating spend to actions so that the budget is met.

It is important to acknowledge that separately funded strands of work such as those led by local suicide prevention leads delivering local suicide prevention action plans across the country also contribute significantly to reducing suicide, as does other work led and funded by local authorities, NHS Boards and social/third sector organisations. In parallel, Scotland's Mental Health and Wellbeing Strategy and separate Self-Harm Strategy each have their own funding allocation, against a background of the Scottish Government commitment to spending 10% of the total NHS budget on mental health provision by the end of the current Parliament in 2026.

The NSPAG recognises that long term strategies – including the Suicide Prevention Strategy 2022-2032 – do not align well with shorter government funding cycles. We also recognise that current pressures on national and local finances create constraints on public funding across the board. At the same time, the cost-of-living crisis and post-pandemic consequences are putting significant financial pressure not only on individuals, families and communities, but also on the social sector organisations who are at the heart of implementing the suicide prevention strategy.

Against this challenging background, implementation of the ten-year suicide prevention strategy requires medium and long term financial and workforce planning by every delivery partner, each of these in turn needs financial stability and certainty for the future to plan effectively. This applies across both the social sector and all connected public services.

We welcome the decision of the Scottish Government and COSLA to appoint Suicide Prevention Strategic Outcome Lead organisations for three years, mirroring the duration of the first Action Plan 2022-2025. We note however that grant funding is presently awarded to the Suicide Prevention Scotland Strategic Outcome Leads on an annual basis and we take the view that, if the suicide prevention strategy is to achieve its vision, longer-term multi-year funding is required for them, and indeed for all social/third sector partners, to enable their longer term planning, including investment in the recruitment and retention of staff to support work with the most vulnerable, marginalised and disadvantaged communities. We therefore welcome the Scottish Government commitment to embed a multi-year grant making approach for all social/third sector grants by 2026.

As acknowledged above and as we have advised during the course of this year, in addition to funding provided directly for work set out in the Suicide Prevention Strategy 2022-2032 and implementation plans, clarity is required in understanding what indirect funding also supports suicide prevention so that it can be protected and where necessary enhanced.

We consider it particularly important under current fiscal pressures to ensure that funding for person-centred support services in both the private and social sectors is not eroded. Those support services are crucial in enabling the most vulnerable people and those at greatest risk in our communities to access the statutory services and recovery support which help to protect them from suicide.

For example, in tackling the inequalities which contribute to suicide, people experiencing severe and multiple disadvantage and those from marginalised backgrounds often face additional challenges accessing statutory services. Community link workers and welfare advice workers who are at the heart of supporting such vulnerable people are often in posts subject to bidding for cyclical funding streams, creating uncertainty which increases turnover and vacancies in these critical roles.

A specific and compelling example of work critical to suicide prevention is that of primary care, where the majority of those affected by poor mental health and other suicide risks often present first and subsequently receive their care. We note ongoing Scottish Government commitments to spending 11% of the total NHS budget on general practice and to recruiting an additional (i.e. achieving a net increase of) 800 GPs into primary care. We believe these investments should be prioritised as having a direct impact on achieving the outcomes of the suicide prevention strategy.

Specifically in relation to mental health support, the [national Mental Health in Primary Care Short Life Working Group](#) recommended in 2022 the establishment and embedding of mental health and wellbeing services which provide assessment, advice and support in primary care in areas served by a group of GP practices. We understand there has been limited funding for this multi-disciplinary approach to date and that it is not therefore fully implemented. Again, this is a direct enabler of suicide prevention in Scotland and we strongly support its implementation.

The core primary care and social sector provisions described above are part of the whole of government and whole of society approach and as critical to saving lives from suicide in Scotland as all those specified in the Suicide Prevention Strategy 2022-2032. In addition, the suicide prevention Time, Space, Compassion approach threaded through the strategy and its implementation can only succeed if those in primary care and other such services are effectively resourced and therefore have the necessary capacity to deliver it.

In the context of post-pandemic pressures, a global economic downturn and the cost-of-living crisis, funding for suicide prevention must match ambition. Effective funding is the foundation for effective resource allocation. The key factors of clarity of spend against budget, effective prioritisation, and evaluation of progress towards the outcomes of the strategy and implementation plans should regularly influence planning cycles and action.

***Recommendation 3: The NSPAG recommends that in 2024/25 work is undertaken by Suicide Prevention Scotland to develop and introduce a process for costing implementation plans under the Suicide Prevention Strategy 2022-2032. This should begin with the Delivery Plan 2024/25 and the results should inform both the resources allocated by the Scottish Government and COSLA to support the plans and the process of prioritising action.***

## **5. Recommendations by the National Suicide Prevention Advisory Group**

### **Recommendation 1**

- **Tackling Inequalities – Moving from Engagement to Action**

As independent and impartial advisors, the NSPAG welcomes the commitment set out in Scotland's Suicide Prevention Strategy 2022-2032 to tackling the inequalities which contribute to suicide. We have seen a strong focus in the suicide prevention Delivery Plan 2023/24 on engagement activities aimed at laying the foundations for tackling the inequalities which contribute to suicide. As set out in this report, our NSPAG members have offered specific advice and help to Suicide Prevention Scotland to make connections and take up opportunities to further this approach.

Tackling the social determinants which impact on the risk of suicide will always be challenging; all those we have talked with in 2023/24 who are passionate about suicide prevention both recognise the scale of this challenge and are proud to see Scotland take it on in order to reduce inequalities, save lives and prevent the tragedy which each life lost to suicide causes.

Together with the NSPAG, those stakeholders are now eager to see Suicide Prevention Scotland build on its initial engagement and move to action specifically focussed through the lens of inequalities in communities and groups where the greatest risk of suicide can be reduced.

***Recommendation 1: The NSPAG recommends that, using its new tackling inequalities prioritisation framework, Suicide Prevention Scotland's engagement work should move as early as possible in 2024/25 to testing and delivering measurable action with the specific groups and communities most at risk of suicide and impacted by the tragedy it brings.***

### **Recommendation 2**

- **Urgent Improvement in Child and Adolescent Mental Health Services (CAMHS)**

The NSPAG strongly commends the intention of the Suicide Prevention Strategy 2022-2032 to build a whole of government and whole of society approach to suicide prevention in Scotland. We recognise that all policy areas and sectors have a role to play in saving lives and have been honoured to use our multi-sector knowledge and networks to progress this approach.

What we also recognise, based on listening carefully throughout the last year to the consistent messages arising from the experience of individuals, families and practitioners, is that timely access to effective core mental health services continues to be critical to reducing the risk of suicide. Broadening the policy areas working to prevent suicide should not weaken the focus on mental health policy and services.

In particular and of great concern it is clear that systemic issues with Child and Adolescent Mental Health Services (CAMHS) - identified through expert review involving users of those services before the suicide prevention strategy was created - persist and that they continue to heighten the risk of suicide. These sit alongside resourcing and improvement concerns for universal and early intervention services to support the mental health of children and young people. At a time when evidence suggests an increasing trend in suicide among children and young people, urgent and effective



intervention is required, including the implementation of recommendations previously made.

***Recommendation 2: The NSPAG recommends that urgent attention and resourcing be focussed by the Scottish Government on improvement in the capacity and performance of Scotland’s Child and Adolescent Mental Health Services (CAMHS), in order to reduce the risk of and prevent suicide among children and young people.***

### **Recommendation 3**

- **Costing Plans in Order to Prioritise Action Effectively**

In providing independent and impartial advice during 2023/24 and in this our first annual report, the NSPAG has highlighted the importance of considering funding for suicide prevention not only in terms of that provided for specific activity under the Suicide Prevention Strategy 2022-2032 and associated implementation plans, but also in terms of the broader funding landscape for work which also contributes to saving lives from suicide.

Costing plans is even more important when both national and local government finances and funding for all services, public and social sector, are under intense pressure as they so clearly are at present.

The NSPAG is certain that introducing a process for costing proposed action plans under the suicide prevention strategy so as to inform the allocation of resources, rather than simply allocating budget as at present, is necessary for effective evidence-based prioritisation of actions against the outcomes framework. Without it opportunities and gaps may be missed, and choices – undoubtedly sometimes very difficult choices – on which actions are to be undertaken, at what scale and in what priority cannot effectively be made in a transparent, evidence-based and accountable way.

***Recommendation 3: The NSPAG recommends that in 2024/25 work is undertaken by Suicide Prevention Scotland to develop and introduce a process for costing implementation plans under the Suicide Prevention Strategy 2022-2032. This should begin with the Delivery Plan 2024/25 and the results should inform both the resources allocated by the Scottish Government and COSLA to support the plans and the process of prioritising action.***

## **6. Conclusion**

***“The NSPAG has been a powerful thing to be a member of. I have found our discussions formed by expert experience, data and research expertise available particularly powerful, and also the direct service experience of other members. It has been a real privilege to meet all those involved.”***  
***Cath Denholm, NSPAG member***

As Scotland’s new National Suicide Prevention Advisory Group, we have a specific responsibility to provide an independent and impartial written annual report to the

Scottish Government and COSLA on progress of the delivery of Scotland's Suicide Prevention Strategy 2022-2032: *Creating Hope Together*.

This NSPAG Annual Report 2023/24 is our first annual report and as such we have set out the background to our work and examples of how over the course of the last year, we have discharged another of our responsibilities – to provide independent and impartial advice to those directly involved in implementing the suicide prevention strategy.

Progress over 2023/24 on delivering the suicide prevention strategy has understandably and commendably focussed on establishing connections and building a strong collaborative framework at the heart of the Suicide Prevention Scotland delivery collective. It has been clear to us that the leadership and partnership culture modelled at all levels between Scottish Government, COSLA, the National Delivery Lead, the Strategic Outcome Leads and their social/third and public sector delivery partners is positive and inclusive.

The vision of the Scotland's Suicide Prevention Strategy 2022-2032 to both reduce the number of suicide deaths in Scotland whilst also tackling the inequalities which contribute to suicide is hugely – and rightly – ambitious. It is also urgent and challenging when the impacts of the Covid-19 pandemic persist and are compounded by the continuing cost of living crisis which so deeply and inequitably affects those who are in turn placed most at risk of suicide.

The advice we have given throughout our first year as Scotland's National Suicide Prevention Advisory Group, together with the advice and recommendations set out in this, our Annual Report 2023/24, are intended to be our own contribution to the collective efforts of all those whose passion it is to prevent lives in Scotland being lost to suicide, and to save individuals, families and communities from the devastating tragedy each suicide brings.

**National Suicide Prevention Advisory Group  
Scotland  
August 2024**



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